

Professional Boundaries

Crossing the Line

On the surface, maintaining professional boundaries may seem like something that isn't all that important. After all, aren't we in one of the "caring Professions?" What is wrong with going the extra mile to help patients and their families?

We need professional boundaries to guide and direct the relationships we have with patients and families for three very important reasons –to protect the clinician, to protect the patient and family, and to protect our organization.

Staff who work in acute care, benefit from having the physical boundaries of a facility to help remind them of their professional boundaries. As home care providers, however, it's more difficult for staff to adhere to these boundaries because, as much as we want to control what happens in a patient's home, we really can't control it. Relationships in a patient's home often play out much differently than those which develop in a more public arena.

Serious boundary violations can lead to criminal prosecution and legal liability. These type of violations are the easy ones to spot and in reality, are the most straightforward to deal with. The more difficult boundaries are the ones where our response might be something like "I don't really see anything wrong with that." Preferably we should be saying "Ah...I never thought about it that way."

The 3 Reasons We Need Professional Boundaries

We may view boundaries as restrictive, confining and just more rules to follow, professional boundaries are necessary to help protect us.

Let's look at Michael for example.

Michael is a hospice clinical social worker. For some reason that is not clear, Michael's elderly patient wants to give Michael an extra computer printer that he has. When Michael came to visit, the patient has the printer packaged in a box and ready for him. Michael accepts the gift without reservation. He doesn't really need a printer, but if he doesn't find a use for it, he will just give it to his neighbor who has three school-aged children. It seems innocent enough – after all, it is just a computer printer. However, several days later, the patient's son calls the executive director of the hospice for which Michael works and is nothing short of irate. He tells the executive director that he just found out his father has given one of the staff the computer printer and in the box, along with it was \$200.00 in cash. The son wants the money and the printer returned immediately.

Put yourself in the director's shoes. Michael says that there was no money in the computer box and, from all of your dealings with Michael, you have no reason not to believe him. However, he didn't report the gift to his supervisor so he had no idea that this situation had even occurred. Michael did not open the box in front of him or anyone else, so there is no verification that the box only held the printer. Consequently, there is no way for hospice leadership to defend the staff member. Had Michael been better able to maintain professional boundaries, his actions may have been easier to defend and he would have been better protected.

To Protect the Patient

All patients are vulnerable on many different levels. Keeping the relationship professional will protect patients and their families during their time of vulnerability.

To Protect the Agency

Protecting the agency from professional liability issues is important, but it is equally import to protect our agency's reputation. If a staff member violates professional boundaries and there is a misunderstanding or hard feelings, the agency's reputation can suffer. The family Michael was caring for was very upset and financial restitution had to be made. However, the damage to the agency's reputation was far greater than the \$200 that had to be repaid.

Data has shown that for every bad experience a person encounters with a business, they will tell at least 12 People. Imagine if each of those 12 people tell even one other person? It doesn't take much to see how an agency's reputation could be damaged through this process and referral patterns could suffer. All of this can happen before a lawyer is contacted.

Getting referrals from families and professionals is what keeps our salaries coming in. When referrals decline, less income is generated and fewer staff is needed. It is important to all of us that our agency's reputation remain strong within the community.

Some Guidelines for Staying Within the Lines

As you reflect on your interactions with patients and their families, the first and most important thing to remember is that everything you do must be *for the benefit of the patient*. This is the foundation of a therapeutic

relationship. Hopefully with this mind set we will receive the self- satisfaction to carry on in this difficult and sometimes emotionally draining work.

Many staff members say that most of the situations they deal with are not so black and white.

We need to ask ourselves the following question to see if the interaction is therapeutic for the patient while also being professionally appropriate:

- Can I discuss the patient interaction that is questionable with all members of the interdisciplinary team?
- If this interaction made headline news in the local newspaper, would that be ok with me, my supervisor and our agency?
- Am I doing this as the best thing for the patient or because it brings me personal satisfaction?
- Is it more important that “I” do this in caring for the patient, or can the action be better achieved by others on our team?
- Can I document this interaction in the chart without any consequences?
- What is the worst-case scenario concerning this interaction and could I live with it? Could my supervisor and agency leadership live with my actions?

Risky Behaviors

The following behaviors can lead to boundary crossings and in some cases violations. We need to be reminded to avoid the following:

1. Interacting with patients outside of regular work hours.
2. Withholding information (or an aspect of our patient interaction) from other members of our team.
3. “Helping” the patient and/or family in areas outside their job description.
4. Working longer than the 45 minute to one hour visit and charging our company for the hours that are not emergent.
5. Going beyond what is requested in the Care Plan.

The following example shows how helping out a patient beyond our job description could be problematic.

Sherrie is a hospice social worker. She has an elderly low income patient who lives in mobile home. It is mid-summer and Sherrie has determined that her patient could benefit from window air conditioning. Her church has a benevolent fund and the fund coordinator agree to provide the funds needed for the air conditioner. During lunch, Sherrie purchased the window unit. It is small enough to fit in her car. Sherrie changes her clothes, and proceeds to the patient's mobile home to install it. Since it is a small unit, she decides she can get the job done during her planned visit and even plugs it in for the patient

We see that Sherrie had identified a need and had gone out of her way to see that the patient's need was met. However, using the worst-case scenario question there are several problems in this real-life situation.

- Potential for a fire, electrical overload or other mechanical problem if the unit wasn't installed correctly – and the resulting liability risks to the agency;
- Risk of injury to Sherrie during the installation. If she had been injured, would she be eligible for worker's compensation benefits?
- Possible HIPAA violation, if the patient had not given Sherrie the permission to share her name with the church's fund coordinator.

On the surface this situation shows compassion, which is often the case in boundary violations. In fact, we can see how this caring gesture could be written in the agency's newsletter as an example of someone who goes “above and beyond” the call of duty. In doing so, however, it sends a mixed message to staff as to what is appropriate and what behavior crosses the line.

When assessing actions and situations we need to ask ourselves do these actions and situations cross the line? Are these actions worth the risk?

Using these guidelines we can continue to provide compassionate care while also honoring the professional boundaries designed to protect us, our agency, and our patients and families.