PROFESSIONAL BOUNDARIES
This continuing education course was approved by the Illinois Department of Financial & Professional Regulation. The instructor has no conflict of interest in instructing this course.
1.0 **Contact Hour** will be awarded to nurses and social workers after completion of the entire course.

Criteria for successful completion of the course and the awarding of contact hours will be shown as evidence by:

- **FULL ATTENDANCE** during the class.
- Completing the Sign-In Sheet.
- Submission of a completed evaluation form.
WHY DO BOUNDARIES MATTER?

• If we know what our boundaries are, we can avoid undesired situations
• There are legal consequences to boundary crossings/violations
• This is why health care professions are regulated
  -to protect the public from inappropriate violations

• What does this mean?
  • A standard of practice and code of ethics is in place to protect the public
  • A license has been granted to you by the licensing organization
  • A license is a privilege, not a right!
Continuum of Professional Behavior

Under Involvement  Therapeutic Relationship  Over Involvement

BOUNDARIES

National Council of State Boards of Nursing. Professional boundaries: A nurses guide to the importance of Appropriate Professional Boundaries. Chicago, IL NSCBN; 1996
What happens when we fall to one side or the other of the therapeutic relationship?

• Under involvement includes distancing, disinterest and neglect, and can be detrimental to the patient and the nurse.

• Over involvement includes boundary crossings, boundary violations and professional sexual misconduct.

CONTINUUM OF PROFESSIONAL BEHAVIOR

National Council of State Boards of Nursing. Professional boundaries: A nurses guide to the importance of Appropriate Professional Boundaries. Chicago, IL NSCBN; 1996
Avoiding the “slippery slope”

Questions to ask:
- Is the health care provider seeking some benefit from the relationship?
- Whose needs are really being met?
- What would a person of admirable character do?
- If someone (e.g., the boss) was watching, what would they want me to do?
- What would my mentor do?
- Can the action be explained and defended?
WHO IS AT GREATEST RISK?

• Nurses who work with more independence and less supervision must be especially careful to safeguard professional relationships.

• Home health and hospice staff
• Home care presents more challenges
• Less access to professional supports
• What is the potential harm of crossing the line?

• We have a legal “fiduciary” relationship with our patients --- one person places complete confidence in another in regard to a particular transaction

• We are present for our patients due to our role within our profession/organization

• If we violate our fiduciary relationship—this means we are no longer acting in the manner we were hired to perform
**HOW TO REDUCE THE RISK OF CROSSING THE LINE**

- Establish clear guidelines with the patient from the start of care
- Practice Self Regulation
- Reinforce guidelines when necessary
  - “It was so nice of you to offer me that picture, but you know I am not allowed to accept gifts” (document)
- Always think of how the patient/family may interpret your intentions
- Keep in mind that if you confide in a patient, they have no oath of confidentiality
  - Anything personal you might share could be shared/misinterpreted by patients and families
SO WHAT IF YOU THINK YOU MAY HAVE GONE TOO FAR...

• Document interaction you feel could be misinterpreted

• Consult with a manager/colleague if uncertain
  • (yes, I stopped and picked up some milk for the patient. I didn’t think anything of it at the time. Now she is calling me on my work cell asking me to run other errands)

• There is a fine line between a nice gesture and a perception of being inappropriate

• It may be time to conclude/terminate the professional relationship
ASK YOURSELF

- Whose needs are being met? Patient or professional

- Will performing this activity cause confusion to patient regarding my role?

- Would I be comfortable with my colleagues knowing I engaged in this activity?

- Are you comfortable with the thought of the patient/family/peers/employer reading about this?
SIGN OF OVER-INVOLVEMENT

- Care provider reveals feelings and aspects of personal life to patient (beyond that related to care)

- Care provider attempts to see patient (or vice versa) outside clinical visit, outside normal working hours

- Care provider receives gifts, continues to see patient/family after care ends

- Patient will only communicate with one particular staff member, refuses visit/care from other staff

- Care provider gives/accepts social invitation

- Texting/social media communication not clinically focused
SOCIAL MEDIA

- Facebook, Linkedin, twitter, texting……..

- Is it ok to “friend” a patient on FB?
- A former patient?
- A Colleague?
- A Coworker?

Are there consequences?

How do you respond if a patient/family member found your personal information on the internet and asks personal questions?
SEXUAL MISCONDUCT

- Care provider dresses differently when seeing particular patient
- Care provider participates in flirtatious communication with patient
- Care provider becomes dependant on patient, does not encourage self management
- Care provider thinks of patient frequently while away from work
MORE BOUNDARY CROSSINGS

- Patient asks you to balance a checkbook, get money out of a certain place in home—patient is seeking to blur boundary (this is common precursor to sexual misconduct, and is also high potential for accusations)

- What are we inviting when we cross lines? Lawsuit!

- Who are the highest risk patients? Those with borderline personalities

- The patient asks for personal email address to send something they consider important

- Bartering-raises patient dependence (I’ll let you do that if you do this for me first)
Being a professional sometimes requires forgoing some interactions or relationships in which we might otherwise wish to engage.

Our duty is to protect the professional relationship.
BOUNDARIES

• All staff must know that keeping information from a patient’s nurse or their supervisor indicates a boundary problem

• Nurses/supervisors must be able to help aides deal with difficult encounters, and give support and guidance in handling challenging situations
• When boundaries are appropriate and clinical roles are well defined, the patient is empowered and there is more opportunity to learn from other team members.

• Who benefits?
  • The patient, the family, staff

• Properly maintained relationships result in positive patient outcomes, improved staff performance, staff satisfaction and retention.
The American Nurses Association's Code of Ethics states, “When acting within one's role as a professional, the nurse recognizes and maintains boundaries that establish appropriate limits to relationships.”

It is every nurse's responsibility to become knowledgeable regarding the prescribed professional boundary guidelines.

Understanding and complying with these boundaries allows us to best serve the public during all professional nursing interactions.
• Professional ethics are at the core of social work. The profession has an obligation to articulate its basic values, ethical principles, and ethical standards.

• The *NASW Code of Ethics* sets forth these values, principles, and standards to guide social workers’ conduct.

• The *Code* is relevant to all social workers and social work students, regardless of their professional functions, the settings in which they work, or the populations they serve.
As a licensed practical nurse for more than 20 years, Bob knew the importance of safeguarding a patient’s privacy and confidentiality. One day, he used his personal cell phone to take photos of Claire, a resident in the group home where he worked. Bob received permission from Claire’s brother to take the photo since she was unable to give consent due to her mental and physical condition. That evening, Bob ran into William, a former employee of the group home. While catching up, he showed William the photo of Claire and discussed her condition with him. The administrator of the group home later learned of Bob’s actions and terminated his employment for breach of confidentiality.
CASE STUDY #1

- Bob thought it was okay for him to take Claire’s photo because he had the consent of a family member. He also thought it was acceptable for him to discuss Claire’s condition because William previously worked with Claire.
- So why was this behavior wrong? Because, first, merely asking Claire’s brother for permission is not obtaining a valid consent. Second, confidential information should not be disclosed to persons no longer involved in the care of a patient. Even though Bob made an honest mistake, confidentiality rules must be strictly enforced to protect a patient’s right to privacy.
Improper use of social media by staff may violate state and federal laws established to protect patient privacy and confidentiality.

Violations may result in both civil and criminal penalties, including fines and possible jail time.

A nurse/staff member may face personal liability and be individually sued for defamation, invasion of privacy or harassment.

Particularly flagrant misconduct on social media websites may also raise liability under state or federal regulations focused on preventing patient abuse or exploitation.
CASE STUDY # 2

• Nurse wants to show her appreciation to a patient for repeated kindness and gift-giving by writing a thank you note, including the words “I will always treasure your gifts, I am glad we found our friendship”.

• A family member finds the note documenting the nurse has received gifts of food, holiday gifts, and a painting.

• The family member contacts the nurses’ employer.
CASE STUDY #2

- After formal review, the nurse has admitted within the note to breaking the nurse/patient relationship.
- The nurse admitted to misconduct, was suspended, and had to meet with regulatory staff.

- We need to know our own vulnerabilities!
REFERENCES


National Council of State Board of Nursing. *A Nurse’s Guide to the Use of Social Media*, Chicago, IL: NCSBN

Questions
12040 Raymond Court
Huntley, IL 60142
(847) 515-1505
transitions@transitions hospice.com
TO COMPLETE YOUR ATTENDANCE PLEASE LOG YOUR INFORMATION BY CLICK THE BUTTON BELOW

CLICK HERE TO LOG IN YOUR TIME
(You must be log on to Chrome with your Transitions Account)

Please contact Transitions if you have any questions about of the advance directives discussed today.