BOUNDARIES IN HOME CARE – November 2012

How does one balance the power in professional and client relationships? Boundary setting means that you understand your personal and professional boundaries with patients, their support system, and other staff that you work with. We, as home care providers have power that we exert in our every day dealings with our patients. This power is legitimate and based in professional training and credentials. Our knowledge is the basis that our patients use to bestow power on us. This becomes the source of professional power.

Boundary setting occurs within all relationships. Everyone seeks the benefits of closeness, security, and even attachment that any relationship offers. This is especially evident in times of stress. Establishing or building a relationship with the patient and family starts the first time you meet. Feelings and observations made during the initial contact color the impact of the relationship as it moves forward. Clients have needs which we fulfill with our knowledge and skills. This makes them vulnerable. They have needs beyond their control. They need to accept professional influence and control over some of their decisions.

Boundaries are limits that allow a patient and health care provider to connect safely in a therapeutic relationship based on the patient’s needs. Housekeeping issues in boundaries are those issues that refer to day-to-day domestic problems in life that give rise to moral concern. These issues reflect concerns about who we are and who we want to be as we encounter the daily problems of our patients.

Boundary setting is necessary if we expect to establish trust, effective communication, and purposeful work toward a shared goal. We face practical problems about how to do things in ways that preserve the integrity and honor in people’s lives. Some of the issues that may cause problems for boundaries, is our concern about whether the family is able to provide the care; and if not, how the patient will manage without us. These issues stretch the boundaries that create an environment for therapeutic relationships.

Dealing with Moral Issues and Boundaries
Dealing with moral issues and boundaries can be assisted by:
- Being emotionally honest
- Articulating our concerns to management as your first course of action
- Representing patients and families to the team honestly and fairly
- Not taking responsibility for decisions, and allowing the client care counselor to see the big picture
- Recognizing the implications of relationships and how a variety of actions might affect them
- Knowing one’s own moral bottom line and respecting that of others
- Collaborating with other staff members
To maintain appropriate boundaries with patients, health care professionals need to understand and internalize the principles underlying the therapeutic relationship.

1. The needs of the patient always take priority.

2. Stay focused on assisting the patient and the family to reach the planned goals and outcomes.

3. It is the health care professional who is responsible for maintaining appropriate boundaries. Reassure the patient and family that they do not have to become friends in order to receive services.

4. Not every health care provider possesses the knowledge and insight required for identifying boundaries, or they don’t squarely face counter transference issues. All health care providers must continually assess their feelings toward patients.

5. Check in with the patient’s client care counselor with any and all questions regarding appropriate boundaries.

Within health care, there are areas where the opportunity for misconduct is greater than in others. Health care includes long-term care facilities and home care where there is minimal supervision. The staff member is a guest in the client’s home; a home that often is ill suited to the provision of care. There may be no running water, no telephone, or the house may be in a state of disrepair. The home care staff must recognize these values and norms and accept the client’s living situation, even though it may be very different from the one they are accustomed to.

In keeping boundaries, some of the common courtesies that can be used are:

♦ Being careful not to track dirt or mud into the patient’s home.

♦ Removing shoes when they are wet or dirty, or when asked to remove them for cultural or other reasons.

♦ Always wash your hands before starting care.

♦ Contact the client care counselor and then ask permission to arrange furniture in order to facilitate care.

♦ Do not rearrange patient’s belongings because you think it would be helpful.

The following are practical steps to reduce the opportunity for misconduct:

1. Increased supervision

2. Awareness training: The ability to empathize reinforces appropriate boundaries and helps to set limits.

3. Follow workplace policies

4. Not sharing any personal problems or concerns with clients. All information shared with patient should be light hearted and not cause them to worry in any way.
5. Sharing concerns with client care counselor’s on a weekly basis

6. Not giving patient your phone number. All contact to made through the office or client care counselor

Professional behavior exists on a continuum. On one end of the continuum is the under involvement of the health care provider, which is evidenced by cold and distant behavior. The opposite end is over involvement and behavior characterized by boundary violations. The goal is to stay in the middle or zone of helpfulness.

**Boundary violations involve the misuse of professional power.**

**Broken Boundaries**

♦ The Staff member discusses with the patient her/his need to move to an assisted living facility and the need to sell the house, or other ideas about what would be “good” for the patient or family members. (Do not share your “ideas” with clients directly. Always contact your client care counselor with these ideas to consider and discuss with family)

♦ A staff member mentions that she/he has had a lot of debt lately and is having trouble paying bills. The patient offers to loan the staff member money. The loan is made. The employee can’t pay the loan. The patient calls the office to complain. (There is to be NO money exchanged with patients. Even gifts offered should be reported to the client care counselor for approval)

♦ That responsibility for maintaining appropriate boundaries rests solely with the health care provider.

♦ Boundary violations may occur when the health care provider has issues that are not addressed and dealt with prior to the home visit.

♦ When the patient becomes the caregiver and meets the emotional or psychological needs of the professional, boundary violations will unknowingly occur.

♦ Any time the health care provider’s agenda takes precedence over the needs of the client, there is a boundary violation and a misuse of the professional privilege by the health care provider.

♦ Ethical definitions and agency policies regarding ethics and boundaries need to be inserviced and understood by all staff on an ongoing basis.

♦ Staff should routinely ask client care counselors for assistance with issues and concerns about boundaries and setting limits with themselves and patients.

**The warning signs of boundary violations are:**

1. Making special exceptions outside of team or care plan:
   ♦ Special deliveries
   ♦ Special supplies
2. Misrepresentation of the relationship between health care professional and patient are:
   ♦ Overstepping the boundaries of client relationship
   ♦ Providing patient with your home phone number
   ♦ Offering information not related to the care being provided

3. Pseudo intimacy is:
   ♦ Presenting yourself as more than a health care provider
   ♦ Providing the patient with personal information
   ♦ Providing services outside of the plan of care

4. Relaxation of post-termination therapy boundaries is:
   ♦ Continuing to see the patient after services have ended
   ♦ The need to save, cure, rescue
     ♦ Providing services to a patient without authorization from physician or management
     ♦ Spending extra time with the patient beyond assigned duties
     ♦ Sense of specialness

5. The feeling health care providers may get when the patient flirts, expresses attraction, or makes sexual advances is:
   ♦ Demonstrating favoritism
   ♦ Sense of entitlement
   ♦ Demonstrating possessiveness
   ♦ Meeting patients for other activities
   ♦ Asking clients to do something for you or the agency

**SEXUAL MISCONDUCT**

Professional sexual misconduct has been defined as any expression by a health care provider of "erotic or romantic thoughts, feelings, or gestures that are sexual or may be reasonably construed by the patient as sexual." This would include sexually suggestive or explicit comments, off color jokes, obscene phone calls or letters, non-therapeutic hugs, and indecent exposure, as well as overt sexual acts.

**Preventing Sexual Misconduct**

Educational programs are critical in preventing professionals from engaging in sexual misconduct. These programs should be provided in schools and by employers. The training should include information on how to identify risk factors, warning signs, intervention strategies, and incidence. Role-playing is often a successful tool. (Women should be conscious of dressing appropriately)

**Some Key Guidelines Are:**
♦ Be aware of any sexual attraction that you may have toward a patient. Discuss these feelings with a supervisor or colleague. It is never appropriate to act on these feelings or to discuss them with the patient.

♦ Transfer the care of that patient to another individual in your organization. Such feelings are not wrong, but they are inappropriate to the therapeutic relationship that you have with your patient.

♦ Respect patient dignity and privacy at all times.

♦ Do not discuss your personal problems or private aspects of your intimate life with patients.

**What to do if your patient makes sexual advances:**

♦ Clarify your role as a professional.
♦ Verbally set appropriate boundaries.
♦ Set physical boundaries.
♦ Consult your client care counselor and ask to have patient transferred if the behavior continues.
♦ Document your interactions with the patient per organization policy
♦ Treat your patient respectfully when redirecting inappropriate behavior.

**Are you at risk for professional sexual misconduct?**

To assess your vulnerability, review the following checklist.
1. Are you in an emotional crisis because of a divorce or break-up of a significant relationship?
2. Are you emotionally unfulfilled or overly involved with work?
3. Have you spent more time than is clinically necessary with a patient or treated a patient differently than others?
4. Have you made plans to see a patient outside of work?
5. Have you dressed for work with a particular patient in mind?
6. Do you feel that staff are too critical of your relationship with a particular patient?
7. Are you guarded or defensive about your relationship with a particular patient?
8. Have you flirted with a patient?
9. Has a patient ever turned you on?
Answering these questions honestly can help you assess if you are at risk.

If you answer “yes” to one or more of these questions, it could mean that you need help to evaluate your relationship with the patient.

Bibliography


Durkin, Nancy MSSW, LICSW. “The Importance of Setting Boundaries in Home Care and Hospice Nursing” Home Health Care Nurse July/Aug, 2000.
You are required to turn this in for your file.

The following questions test your knowledge of appropriate boundaries with patients and families.

True or False?

1. The responsibility for maintaining appropriate boundaries is the responsibility of both the patient and professional  
   True [ ] False [ ]

2. Staff members who feel that setting boundaries with a patient will be an issue should notify the CCC as soon as possible.  
   True [ ] False [ ]

3. Non-therapeutic hugs and gestures may be construed as sexual examples of professional misconduct.  
   True [ ] False [ ]

4. It is ok to share personal problems and concerns with patients if you have known them for years.  
   True [ ] False [ ]

5. Staff are more at risk for setting inappropriate boundaries in the home than in the hospital.  
   True [ ] False [ ]

6. If you feel you are getting too attached to a patient and family, it is ok to ask for someone else to see him or her.  
   True [ ] False [ ]

7. It’s ok to give the patient your personal phone number.  
   True [ ] False [ ]

8. List three things you would report or discuss with your client care counselor.
   □
   □
   □

9. List four warning signs of behavior that may indicate the danger of boundary violations occurring.
   □
   □
   □
   □
Time Started: _____________
Time Completed: _____________
Total Time: _____________

I have received, read, and understand the continuing education module, **BOUNDARIES**.

Signed: ___________________________________________________

Name (printed): ____________________________ Title: ___________

Date: ________________________________________________