

Boundaries:

Maintaining Integrity in Patient Interactions

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Presentation Objectives

The participant will be able to:

- ▶ State the primary objective of public health intervention with tuberculosis patients
- ▶ State 3 types of boundaries that impact their role
- ▶ State 3 areas of "danger" where professional boundaries are at risk of being crossed
- ▶ Identify 2 or more subjects which should be discussed with their supervisor before proceeding

The tricky things about boundaries:

It really helps to know they are there!



Not everyone agrees as to where they are!



It also helps to remember our primary objective in TB care

- ▶ To cure the patient
- ▶ To minimize transmission of Mycobacterium tuberculosis to other persons.

“Treatment of patients with tuberculosis is most successful within a comprehensive framework that addresses both clinical and social issues of relevance to the patient. It is essential that treatment be tailored and supervision be based on each patient’s clinical and social circumstances (patient-centered care).”

“Treatment of Tuberculosis, June 20, 2003, MMWR Vol. 52, No. RR-11, pg. 1.

When you hear the term “boundaries” what does it mean to you?

- ▶ Law (Statute, i.e. the Code of Virginia)
- ▶ Policy
- ▶ Cultural practice
- ▶ Geographic border
- ▶ Etiquette; what is polite
- ▶ ETHICS

What are Ethics?

eth·ics

/ˈɛθɪks/ Show Spelled[eth-iks] Show IPA
-plural noun

1. (used with a singular or plural verb) a system of moral principles: the ethics of a culture.
2. the rules of conduct recognized in respect to a particular class of human actions or a particular group, culture, etc.: medical ethics; Christian ethics.
3. moral principles, as of an individual: His ethics forbade betrayal of a confidence.

Boundaries for this discussion:

- ▶ Law and regulation
- ▶ Health department policy
- ▶ Professional ethics in patient-provider relationships

There are laws (statutes) that specify what can and can not be done as an outreach worker:

- ▶ Can NOT perform tuberculin skin tests (TST)
- ▶ Must comply with Federal HIPAA regulations

There are regulations that state an outreach worker:

- ▶ Can NOT accept shipments of medication from the state pharmacy unless certified as a pharmacy tech
- ▶ Can NOT take medications out of the storage location for DOT visits unless a pharmacy tech

There are health department policies that specify what can and can not be done as an outreach worker:

- ▶ CAN measure induration after a TST
- ▶ Can NOT interpret the meaning of a TST measurement
- ▶ CAN observe a client self-administering medication, can NOT administer medication unless help requested by pt.
- ▶ CAN collect sputa if delegated by the PHN to do so
- ▶ CAN perform venipuncture if trained to do so
- ▶ Can NOT accept gifts according to the VDH employee handbook
- ▶ For a patient in isolation, CAN buy food, and assist in other ways to promote isolation

The Root of Health Profession Boundaries – the Hippocratic Oath

- ▶ Hippocrates – Greece (ca. 460 BC – ca. 370 BC – “Father of Medicine”
- ▶ “With purity and with holiness I will pass my life and practice my Art.”
- ▶ “Into whatever houses I enter, I will go into them for the benefit of the sick, and will abstain from every voluntary act of mischief and corruption; and, further, from the seduction of females or males.”
- ▶ “Whatever, in connection, with my professional service, I see or hear, in the life of men, which ought not to be spoken of abroad, I will not divulge, as reckoning that all such should be kept secret.”

Definition of Professional Boundaries

- ▶ “limits which protect the space between the professional’s power and the client’s vulnerability”

(Peterson, 1992)

BOUNDARIES

- ▶ Boundaries are present whenever a person or department interfaces with another person or department. The definition of a boundary is the ability to know where *you and/or your role* ends and where another person or *his/her* role begins."

Setting Healthy Workplace Boundaries, [Human Resources](#), UCSF

BOUNDARIES

- ▶ We go into the health field because we care, but sometimes we care too much or get so involved that our role gets confused.
- ▶ On the other hand some staff may assume distant/indifferent attitudes to protect them from suffering the pains/ills of the patients.

Patient care in Psychiatry, TCHP Ed Consortium, 1999, revised 2008.

Boundary Issues

Under Involvement

Over Involvement

abuse
neglect



caring about
not
caring for

Nursing Council of New Zealand, NCSBN 1996

Difference in Relationships

<u>Health Care</u>	<u>Personal</u>
Paid -----	Not Paid
Service-oriented -----	Not service-oriented
Time limited -----	Open ended
Structured -----	Spontaneous
Asymmetry in power -----	Power is shared
Only meets pt's need -----	Meets needs of both involved
No choice from staff -----	Choice to be involved
Increased responsibility -----	Shared responsibility
Is never sexual -----	May be sexual
Boundaries are strictly kept -----	Boundaries are negotiated

Patient Care in Psychiatry: TCHP Ed Consortium, 1999; revised 2008

Boundary Issues Spectrum

▶ Boundary issues exist on a continuum from **challenges to crossings to violations.**

Most boundary transgressions start out with good intentions by staff.

We are all at risk.

Patient Care in Psychiatry; TCHP Ed Consortium, 1999; revised 2008.

Boundary Challenges

- ▶ A pt. asking for your home or personal cell phone number
- ▶ Pt. asking for you to pick up cigarettes or food at the store for them (and not in isolation).
- ▶ A pt's. family offering you a gift.

Patient Care in Psychiatry; TCHP Ed Consortium, 1999; revised 2008.

Boundary Crossings

- ▶ Giving your home or personal cell phone number to a pt.
- ▶ Giving your home address to a pt.
- ▶ Doing personal favors for a pt.
- ▶ Providing special privileges for the pt. that fall outside normal procedures.

Patient Care in Psychiatry; TCHP Ed Consortium, 1999; revised 2008.

Boundary Violations

- ▶ Deliberate socialization outside the professional parameters.
- ▶ Excessive self disclosure
- ▶ Disclosure of information about other staff and pts. not pertinent to the health care of the pt.
- ▶ Breach of pt. confidentiality
- ▶ Business deals/ventures with the pt.
- ▶ Sexual/intimate relations with a pt.

Patient Care in Psychiatry; TCHP Ed Consortium, 1999; revised 2008.

The Slippery Slope of Staff/Patient Boundaries

Personal conversation

Dual relationships

Physical contact (touch/hug)

Outside Trips/Gatherings

Intimate/Sexual relations-
(sexual misconduct)

Risk Factors / Warning Signals – 1

- ▶ Attraction to a pt.
- ▶ Over-identification with a pt.
- ▶ Pts. With uniquely similar situations to you
- ▶ Staff stress
- ▶ Prolonged/intense exposure to pt.
- ▶ Pt. favoritism
- ▶ Special attention to pt.
- ▶ Sharing personal info. with pt.

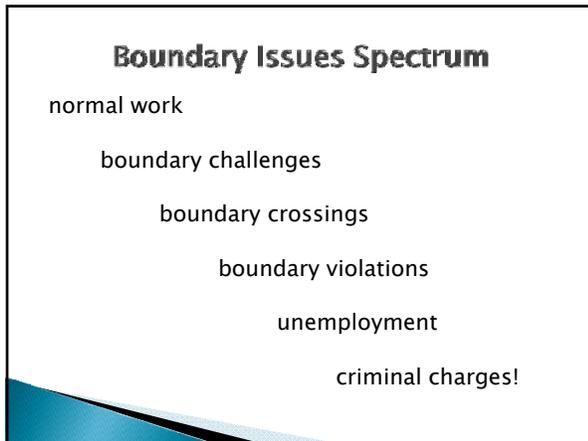
Risk Factors / Warning Signals –2

- ▶ Discussing other pts. with a pt.
- ▶ Giving gifts to a pt.
- ▶ Flirtations
- ▶ Giving selective info. on the pt. to staff
- ▶ Spending too much time with pt. for non-professional reasons
- ▶ Keeping secrets with pt.

Boundary Transgressions

- ▶ “Most boundary violations are preceded by subtle breaks in the therapeutic frame that progress over time, such as extending the session (spending time with the pt.) or hugging the pt.” (1)
- ▶ “The 1st step to healthy boundaries is awareness and that we are all at risk. The pt. may attempt to breach boundaries, but staff must always define and maintain the boundaries.” (2)

1. Psychiatric Times, April 2008. 2. Patient Care in Psychiatry; TCHP Ed Consortium, 1999; revised 2008.



What to do when Boundaries are Challenged?

- ▶ Discuss with the nurse case manager and/or treating physician
- ▶ Decide if the requested activity would be a legitimate part of the patient service plan
- ▶ May proceed if ethical and added to the patient service plan.
- ▶ Discuss with supervisor if necessary.

What Boundaries Have You Encountered?

- ▶ Patient requests
- ▶ Family interactions
- ▶ Interactions with other health professional?

Conclusion

- ▶ Boundaries are important for maintaining health staff-pt. (and staff-staff) relationships.
- ▶ All VDH staff/employees need to be aware of the expected boundaries and adhere to them.
- ▶ The burden and responsibility of compliance falls on you, not the patient!

Comments and Questions?