



Crossing the Line

*Real Stories of Boundary Violations
and What We Can Learn From Them*

By April Perry, APN, MEd

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"? Doesn't it always help to extend ourselves and go the extra mile to help patients and their loved ones? The answers are actually yes and no.

We need professional boundaries to guide and direct the relationships we have with patients and families for three very clear reasons—to protect the clinician, to protect the patient and family, and to protect the 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 might like to, we can't really control what happens in the patient's home. Relationships often play out much differently than those which develop in a more public arena.

There are, of course, serious boundary violations that can lead to criminal prosecution and legal liability. While these violations will be addressed in this article, they are the easy ones to spot and, in reality, are the most straightforward to deal with. So this article will focus more on the less-obvious boundary violations. The ones that are apt to elicit responses like "I don't really see anything wrong with that" or preferably, "Ah... I never thought about it that way." They are also based on *real situations* that I have learned about as different hospices have sought help in dealing with this difficult and prevalent problem (with names and other identifiers changed to ensure confidentiality).

The 3 Reason We Need Professional Boundaries

To Protect the Clinician

While many clinicians will view boundaries as restrictive, confining, and just more rules to follow, professional boundaries are necessary to help protect *them*. I have found that clinicians are more likely to pay attention to them when they come to understand this. Let's take Paul for example:

Paul is a hospice clinical social worker. For some reason that is not clear, Paul's elderly patient wants to give Paul an extra computer printer that he has. When Paul comes to visit, the patient has the printer packaged in a box and ready for him. Paul 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 Paul 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 \$100 in cash. The son wants the money and the printer returned immediately.



Put yourself in the executive director's shoes. Paul stated there was no money in the computer box and, from all of your dealings with Paul, you have no reason not to believe him. However, he didn't report the gift to his supervisor, so she had no idea that this situation had even occurred. He did not open the box in front of her 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 Paul 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 from being exploited during their time of vulnerability.

To Protect the Agency

Protecting the agency from professional liability issues is important, but it is equally important to protect the 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 Paul 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 \$100 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 how referral patterns could suffer. All of this can happen before a lawyer is ever contacted.

Remind staff that getting referrals from families and professionals is what keeps their salaries coming in. When referral patterns are damaged, fewer referrals are made, less income is generated, and fewer staff is needed. It is important to everyone that the agency's reputation remain strong within the community.

Some Guidelines for Staying Within the Lines

As you reflect on your interactions with patients and families, the first and most important thing to remember is that everything you do must be *for the benefit of the patient*. That is the foundation of a therapeutic relationship. Hopefully in doing that, you will receive the self satisfaction you need to carry on in this difficult and, at times, emotionally draining work.

However, many staff members will say that most of the situations they deal with are not so black and white. As you work with patients and families, ask yourself the following questions to help evaluate if the interaction is therapeutic for the patient while also professionally appropriate:

- Can I discuss the patient interaction with all members of the interdisciplinary team?
- If this patient interaction made headline news in the local newspaper, would that be okay with me—and my supervisor and agency leadership?
- Am I doing this because it is the best thing for the patient or because it will bring me satisfaction?
- Is it more important that "I" do this for the patient, or can it be done by others in my organization?
- Can I document this interaction in the medical record, 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 it?

Laura is a new nurse going through orientation. She and her preceptor nurse are doing a later afternoon/early evening admission. At the end of the admission, as the case manager is giving the family information on how to contact someone from the hospice in the evening should they need to, Laura interrupts and says, "Oh, if you need something, let me just give you my personal cell number. I live a mile down the road. I can come help if you need anything."

We would all applaud Laura's enthusiasm and desire to help the patient and the family, to be available at a moment's notice, and to provide the care they need. That is good customer service. However, as innocent and as well-meaning as this offer may seem, it has a multitude of ramifications.

Laura has now given the family her own personal information, which they could ultimately use for reasons unrelated to their care. She has also undermined the processes that are in place for meeting patient's needs outside of regular work hours. Without intending to, she may have given the patient and family the impression that on-call staff may not be able to respond as well as she could. Finally, what if the patient calls Laura's number at a time when she is not available or unable to respond in a timely manner? The agency would pay the price for her very innocent and well-intended action. Whether any of these consequences actually happen is irrelevant. It is simply prudent business practice to prepare for the eventualities.

Risky Behaviors

Several behaviors that are common to many staff can lead to boundary crossings or violations. Remind staff to avoid the following:

1. Interacting with patients outside of regular work hours.
2. Withholding information or an aspect of their patient interactions with other members of the team.
3. "Helping" the patient and/or family in areas outside their job description.

The third behavior is the one I have found to be the most common and most problematic—as illustrated in the following example (which, again, is based on a real incident):

Marilyn is a hospice social worker. She has an elderly low-income patient who lives in a mobile home in a rural part of the county. It is mid-summer and Marilyn has determined that the patient could benefit from a window air conditioner. Her church has a benevolence fund, so she notifies the fund coordinator of the patient's need. They agree to provide the funds for the air conditioner. At lunch time on Monday, she goes to the local home store, purchases a window unit that is small enough to fit in her car, goes home and changes her clothes, and proceeds to the patient's mobile home to install it. Since it is a small

How to Deal with Staff Who Cross the Line

1. If the act was well-intended and just misguided, acknowledge that the employee's action was the reason that he or she makes a good employee—that it exhibits compassion and the desire to help people in need.
2. Help the employee broaden his or her perspective to imagine the worst-case scenario and see things from the agency's perspective.
3. Assist the employee in defining the real need of the patient and how the need can be met within the policies of the agency and the bounds of professional conduct.



unit, she decides she can get the job done during her regularly planned visit—and even plugs it in for the patient.

We all can see that Marilyn has identified a need and has gone out of her way to see that it's been met. However, using the worst-case scenario question noted earlier, there are *several problems* in this real-life situation that bear closer review:

- 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 Marilyn during the installation (and, were an injury to occur, would she be eligible for worker's compensation benefits?).
- Possible HIPAA violation, if the patient had not given Marilyn the permission to share his name with the church's fund coordinator.

On the surface, this situation has that “feel good” overtone—which is often the case with many boundary violations. In fact, we can even see how this caring gesture could be extolled 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 very mixed messages to staff as to what constitutes appropriate behavior and what crosses the line.

The Problem With Dual Roles

When staff become personally involved with patients and families, it can impact their therapeutic relationship—a situation known as dual roles. Here is one example:

Nancy, the hospice nurse, has a young hospice patient who is dying of pancreatic cancer. His wife, Debra, does house cleaning, but is currently out of work. They have three children and their financial situation concerns Nancy. Since she has often contemplated having a professional housekeeper clean her house, she decides to ask Debra if she'd like to clean her house for pay—which Debra happily agrees to. The first two weekly cleanings go well and Nancy pays Debra her standard fee by check. However, after the third and fourth cleanings, Nancy notices that Debra is not doing as thorough a job and she is no longer satisfied with her work.

No one could fault Nancy for her feelings of compassion towards this family and her desire to help them. Indeed, it is these very qualities which make her the kind of employee this agency wants on its team. But in her misguided desire to help, Nancy has now entered into a dual role in her relationship with this patient and family.

When she arrives at their door for her next visit—who is she? Is she the patient's hospice nurse or his wife's employer? Obviously entering into this dual role dramatically affects the way in which both parties feel toward each other. Nancy may now feel trapped in this employer relationship. After all, how does she tactfully fire her patient's wife from the house cleaning job? On the other hand, the patient's wife may now feel a strong sense of obligation to Nancy because she has given her a job, making it hard for her to tell Nancy, as their hospice nurse, her real needs as the primary caregiver. Finally, from the agency standpoint, management will now have checks written by a hospice staff member to the family of a patient. Regardless of the actual reason, there is the appearance of impropriety. Neither person in this situation will emerge unscathed. And the worst part may be that the patient/family unit in this situation may not receive the care that was needed.



Had Nancy just taken a few minutes to reflect on the situation in light of the questions noted earlier, she would have probably seen that entering into an employer/employee relationship with this patient's wife—regardless of her good intentions—could easily lead to serious consequences. She could have also discussed the situation with other members of the team who may have been able to assist her in finding appropriate resources for the family without compromising professional boundaries.

The Problem With Gifts

Hospice workers often find themselves in the position of having a gift offered to them by patients and families who are grateful for their services during a difficult time. Is it appropriate to accept gifts? And, if so, under what circumstances?

One can make a case for accepting gifts in order to acknowledge this expression of gratitude. On the other hand, we all get paid for what we do and accepting gifts can easily become problematic. For this reason, the agency for whom I work has formulated a gift policy, with clear guidelines: Staff members are allowed to accept only one gift while the patient is on our service (including bereavement time); the value of the gift cannot exceed \$20, and cannot be in the form of cash or gift cards; and, should a gift card be received in the mail following a patient's termination of service, the gift card must be donated to the agency.

When formulating a gift policy for your organization, consider the following:

- Should employees report all gifts to their supervisors?
- Is there a monetary limit on the value of the gift that may be accepted?
- Is accepting gift cards or cash acceptable?
- How many times in the relationship with the patient/family can the staff member accept gifts?
- Are there other ways in which the patient and family can express their gratitude, such as making a donation to the hospice or a related business (such as a hospice-run thrift store)?

Having a gift policy makes declining a gift or accepting only one gift easier to relay without offending the patient or family. Consider this example:

Carol has taken care of her hospice patient for over seven months, an elderly woman dying of heart failure. On her regularly scheduled visit at Christmas time, Carol's patient presents her with a lovely gift—a holiday ornament that she has made herself. Carol thanks the patient for the gift, but also explains to the patient her agency's policy on accepting gifts: "Mrs. Simons, thank you so much for this beautiful ornament. It is very special to me and I am grateful for it. I just want you to know that our hospice has a policy that I can only accept one gift from a patient, so I'm accepting this lovely ornament as that gift"

Helpful Training Tool

The author presented on this topic at the NHPCO 26th Management and Leadership Conference in April 2011—and the session is now available on CD or as an MP3 file for just \$10.

To review or purchase the tool, visit www.dcpvidersonline.com/nhpc, and enter "2G" in the Keyword Search. Then scroll to the session listing, "Crossing the Line."

Stating up front that the organization has a policy and noting what the expectations are in accepting the gift gives the staff member the opportunity to "fall back on that" should the patient or family offer another gift. If they persist, staff members can explain that they could lose their job or get in trouble if they accept



another gift; this will often diffuse the situation. Staff should also be encouraged to talk to their supervisors about any problems with patients or families related to gift-giving.

There are many other issues and events that provide opportunities for boundary violations: attending a patient's funeral; being offered food or produce gifts; hiring the relatives of families for services such as car repairs or legal work (especially in small communities); giving patients birthday gifts or other gifts; and purchasing items from patients or families.

Using the guidelines described in this article can help us continue to provide compassionate care while also honoring the professional boundaries designed to protect us, our agency, and our patients and families.

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Just Imagine...

Take a moment to imagine the worst-case scenario in each of the following situations:

- A hospice volunteer wants to bring in homemade cookies each week for the lobby waiting room.
- A patient gives \$20 to a CNA and asks him to run down to the drug store to pick up his medications.
- A social worker's husband, who is a professional carpenter, comes out to a patient's house on the weekend to fix a loose handrail.
- A hospice nurse volunteers to babysit for a patient's children to give the patient and his spouse a much-needed night out.
- A patient who is a professional singer offers for sale some CDs of his music; several team members purchase copies.
- A nurse makes a patient visit at noontime and is asked by the patient's wife to join them for lunch.
- A nurse decides that having the patient's bathroom door removed will make it safer for him. She removes the hinges herself, allowing the door to be removed one day during her regular visit.
- Knowing that a patient's favorite food is beef stew, a hospice chaplain purchases two quarts of beef stew from a church sale and brings it to him on her next visit.

Do these actions and situations cross the line? Are they worth the risk?