Maintaining Professional Boundaries
(Orientation Handout)

Introduction

It is the professional caregiver’s responsibility to set and maintain clear, appropriate, professional boundaries with patients. This is especially important in a psychiatric hospital setting. Exceeding professional boundaries indicates that a caregiver is becoming over-involved with and/or exploitative of the patient(s). You cannot be a friend AND a professional caregiver. Boundary violations may be both unethical and illegal.

Defining Professional Boundaries

Professional boundaries may be conceptualized as fences, which function to protect an individual (See Zur, 2004). They are the behavioral limits wherein a safe interaction between a professional and patient can occur. Boundaries include personal space, language, time, location, clothing, money, and personal information and experiences (See Malone et al., 2004).

An interpersonal boundary can be viewed as an imaginary line marking where one person leaves off and the other begins. It is physical, emotional, and psychological. Interpersonal boundaries promote health and wellness (See Dunn, 2005).

On the continuum of professional behavior, the “zone of helpfulness” is between under-involvement (being cold and distant) and over-involvement (engaging in boundary violations and misconduct). The art of professional practice is to understand how to engage with patients with clear and appropriate boundaries (See Smith et al., 1997, p. 30).

Importance of Maintaining Appropriate Boundaries

Nurses and MHAs are constantly modeling appropriate boundaries in their interactions with their patients. This is an important part of the patient’s therapeutic experience in a psychiatric hospital (See Perez, 1990).

When a professional exploits his/her position of power in the therapeutic relationship and meets his/her own needs rather than the patient’s needs, a boundary violation has occurred. Even subtle boundary violations can harm patients and lead to more complex and inappropriate behavior.

When professional boundaries are not clear and appropriate, the relationship is not therapeutic. A professional caregiver should not share secrets, life stories, private experiences, sob stories, etc. This encourages inappropriate intimacy between the patient and the caregiver. These actions can harm patients and damage the integrity of the entire psychiatric hospital.

Co-dependence can result when interpersonal boundaries are not clear. A professional may begin to take responsibility for a patient in ways that aren’t appropriate. He/she may begin to react as if something that goes on in the patient’s life is actually going on in the professional’s life (See Dunn, 2005).

Some Examples of Exceeding Boundaries

Disclosing too much personal information
Being a friend
Choosing a patient's side against his/her family
"Staff splitting"
Keeping secrets with the patient
Sharing your personal problems
Fondling or any other sexual contact with patients
Having financial relationships with patients
Giving personal gifts
Breeching confidentiality by discussing patients with family
Socializing or planning to socialize
Touching with sexual intent

Some Warning Signs

There are usually warning signs of boundary violations. You should be able to recognize some of the warning signs of potential boundary violations, including:

- Strong feelings for/about a patient
- Acting possessively towards a patient
- Gift giving with patients
- Spending more time with a particular patient
- Self-disclosures and sharing of personal information
  (Adapted from Malone et al., 2004; & Smith et al., 1997)

Strategies for Maintaining Clear & Appropriate Boundaries

It is important to note that caregivers who violate professional boundaries often aren't aware of their feelings and/or they don't fulfill their emotional and social needs outside of work. They may not have anyone available to talk with at home.

The following strategies will help in maintaining clear & appropriate boundaries:

- In your interactions with patients, remind yourself, "Whose needs are being met?" Your professional focus should be on patient's needs, safety, and health;

- Recognize that while you have chosen health care as a profession, you can't be all things to all people at all times. These kinds of thoughts can lead to improper interactions and/or compassion fatigue;

- Be aware of the possibility of "Compassion Fatigue," where some health care professionals can experience emotional, physical, and mental exhaustion as a by-product of caring for others;

- Respect others' personal space, physically and verbally. Remember that you are modeling appropriate boundaries for the patients. Seek help from your supervisor as needed, and notify your supervisor if you observe or become aware of boundary violations;

- Seek and maintain healthy relationships and experiences in your own life outside of work. If you are overly involved in your work or if you are in an emotional crisis due
to a divorce or relationship break-up, you may be more vulnerable to discussing personal information and thereby committing boundary violations;

- Be aware of any intimate feelings for patients and discuss them with a supervisor, so you will have assistance in promoting clear and appropriate boundaries. Remember that reassignment may be necessary in some situations.

You should anticipate that patients in a psychiatric hospital might act inappropriately with you. For example, patients may ask personal questions, ask for personal information, flirt, offer or ask for gifts, express attraction, make suggestive/sexual comments, expose themselves, express possessiveness or a desire only to cooperate with you. They may even become jealous or silent if you interact with other patients. However, it is always the professional’s responsibility to control the situation and establish clear and appropriate boundaries.

Always be prepared to:

1. Clarify your professional role; (“My role as a nurse/mental health assistant/therapist is to...” “Right now, we are working on...”)

2. Set appropriate verbal boundaries (“It’s inappropriate when you speak that way; Please don’t say - --, instead please say - -- -;” “Let’s continue working on...”)

3. Set appropriate physical boundaries (Move away from the patient as necessary, redirect behavior as possible, and ask a co-worker or supervisor to assist with that patient’s care)

4. Discuss the situation with your supervisor (Some situations require reassignment and additional therapeutic intervention)

5. Document your interactions with the patient

6. Maintain respect and privacy in your interactions
(Adapted from Smith et al., 1997)

References


