

HUDDLE UP

Tips and Strategies for Improved Communication - Series #3

Boundary Issues to Avoid

There are several boundary problems that can indicate staff behavior is no longer within a zone of helpfulness and can be detrimental to the patient-provider relationship. These include:

1. Over Self-Disclosure

- Sharing personal information about yourself should be rare and only done if it is a benefit to patient care in some way.
- If you are feeling emotional about something you are sharing, it is probably too personal and not in the best interest of the patient.
- When staff discuss personal issues, it often adds anxiety and worry for the patient.
- Over self-disclosure can lead to the belief that there is a special relationship and the patient may have expectations that can lead to conflict and put the patient at risk of psychological harm.

2. Developing Friendships with Patients

- Keep relationships with patients on a strictly professional level. These relationships do not require a mutual give and take, which is common in healthy friendships.
- Avoid spending time with patients outside the clinic. Do not plan “off duty” activities.
- Do not “friend” a patient on social media. Social media can blur the boundaries between staff’s personal and professional lives.
- If you can, avoid having dual relationships where you know the patient from an outside setting, such as school or church.

3. Special Treatment

- Avoid “super staff” syndrome. This is a feeling that you are the only one who understands the patient and are obligated to solve the patient’s problems.
- Avoid spending a disproportionate amount of time with one patient or trading assignments with other staff to care for a patient.



Boundaries and Violations

To maintain professional boundaries, staff must balance their level of involvement. Staff must ensure that they are not **under involved** in the patient’s care (ie. ignoring health information or keeping information from patients) and that they are not **over involved** (ie. engaging with patients outside of dialysis, giving patients money or special treatment).

Staff need to be aware of their own behavior and communicate the importance of boundaries when a patient challenges them. If staff are uncertain about a situation, they should seek guidance from the clinic manager, social worker and/or risk management.

There are several questions staff may ask when evaluating their own behavior regarding professional boundaries.

Consider the golden rule of boundaries: ***do – or say - nothing in private or in public that cannot be documented in the patient’s medical record.***

Ask yourself:

- Would I do this for every patient?
- Would I feel comfortable telling a room of my peers or my boss what I did?
- Why am I sharing this information with the patient?
- Will it help him/her, or is it more about me?
- Is this information more like something I would share with a friend?
- Am I taking advantage of the patient?
- Can I document this in the patient’s medical record?

4. Gifts, Favors and Rule Bending

- Do not do a favor or bend a rule for one patient that you would not do for another.
- Staff should refrain from giving or taking gifts or favors from patients because:
 - Patients may think you owe them something.
 - Patients may think you want a relationship with them.
 - It may look like you are showing favoritism. Other patients may notice, which can lead to feelings of anger, resentment and grievances.

5. Intimate or Sexual Relationships

Patients are vulnerable, so these types of relationships are never appropriate, even if the patient wants the relationship.

- The nature of the relationship does not allow you to be neutral or objective about the patient and their care.
- Other patients notice and can feel slighted, which can cause conflict.
- These relationships can go sour and cause tension.
- Most professional ethical codes prohibit dating. Nurses and social workers have both been successfully prosecuted in areas concerning dating and relationships with patients.
- Consider your company policies related to dating patients.

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