

Professional Boundaries for Caregivers

PARTICIPANT GUIDE

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Center for Career Development (CCDET)

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Learning Points

Let's review the main learning points.

- | Identify professional boundaries for caregivers
- | Maintain a helpful relationship with clients
- | Learn how to stay in bounds
- | Understand why professional boundaries are important

Professional Boundaries

Professional boundaries are guidelines for maintaining a positive and helpful relationship with your clients or residents. Understanding boundaries helps caregivers avoid stress and misconduct, recognize boundary crossings and provide the best possible care.

The Caregiver–Client Relationship

The caregiver has a powerful role in the relationship between caregiver and client. This power comes from:

- 1) Control over the services provided to the client
- 2) Access to private knowledge about the client

It's important not to let the balance of power slide heavily onto the caregiver's side of the relationship. Maintaining professional boundaries helps the caregiver maintain a helpful or **“therapeutic”** relationship with the client.

A good question to ask yourself: Are my actions more about my needs than about the needs of my client? If so, you may be crossing a professional boundary.

Crossing Boundaries

To learn more about how to stay in the zone of helpfulness, let's explore the following chart. The chart gives examples of boundary crossings and offers tips for staying in bounds in specific situations.

Type of Boundary Crossing	Staying In Bounds
<p>Sharing Personal Information: It may be tempting to talk to your client about your personal life or problems. Doing so may cause the client to see you as a friend instead of seeing you as a health care professional. As a result, the client may take on your worries as well as their own.</p>	<ul style="list-style-type: none"> Use caution when talking to a client about your personal life Do not share information because you need to talk, or to help you feel better Remember that your relationship with your client must be therapeutic, not social
<p>Not Seeing Behavior as Symptomatic: Sometimes caregivers react emotionally to the actions of a client and forget that those actions are caused by a disorder or disease (symptomatic). Personal emotional responses can cause a caregiver to lose sight of her role or miss important information from a client. In a worst case, it can lead to abuse or neglect of a client.</p>	<ul style="list-style-type: none"> Be aware that a client's behavior is the result of a disease or disorder Know the client's care plan! If you are about to respond emotionally or reflexively to the negative behavior of a client, step back and re-approach the client later Note that the client may think their action is the best way to solve a problem or fill a need Ask yourself if there is a way to problem solve and help the client communicate or react differently
<p>Nicknames/Endearments: Calling a client 'sweetie' or 'honey' may be comforting to that client, or it might suggest a more personal interest than you intend. It might also point out that you favor one client over another. Some clients may find the use of nicknames or endearments offensive.</p>	<ul style="list-style-type: none"> Avoid using terms like honey and sweetie Ask your client how they would like to be addressed. Some may allow you to use their first name. Others might prefer a more formal approach: Mr., Mrs., Ms, or Miss Remember that the way you address a client indicates your level of professionalism

<p>Touch: Touch is a powerful tool. It can be healing and comforting or it can be confusing, hurtful, or simply unwelcome. Touch should be used sparingly and thoughtfully.</p>	<ul style="list-style-type: none"> Use touch only when it will serve a good purpose for the client Ask your client if he/she is comfortable with your touch Be aware that a client may react differently to touch than you intend When using touch, be sure it is serving the client's needs and not your own
<p>Unprofessional Demeanor: Demeanor includes appearance, tone and volume of voice, speech patterns, body language, etc. Your professional demeanor affects how others perceive you. Personal and professional demeanor may be different.</p>	<ul style="list-style-type: none"> Clients may be frightened or confused by loud voices or fast talk Good personal hygiene is a top priority due to close proximity to clients Professional attire sends the message that you are serious about your job Off-color jokes, racial slurs, profanity are never appropriate Body language and facial expressions speak volumes to clients
<p>Gifts/Tips/Favors: Giving or receiving gifts, or doing special favors, can blur the line between a personal relationship and a professional one. Accepting a gift from a client might be taken as fraud or theft by another person or family member.</p>	<ul style="list-style-type: none"> Follow your facility's policy on gifts Practice saying no graciously to a resident who offers a gift that is outside your facility's boundaries It's ok to tell clients that you are not allowed to accept gifts, tips To protect yourself, report offers of unusual or large gifts to your supervisor

<p>Over-involvement: Signs may include spending inappropriate amounts of time with a particular client, visiting the client when off duty, trading assignments to be with the client, thinking that you are the only caregiver who can meet the client's needs. Under-involvement is the opposite of over-involvement and may include disinterest and neglect.</p>	<ul style="list-style-type: none"> Focus on the needs of those in your care, rather than personalities Don't confuse the needs of the client with your own needs Maintain a helpful relationship, treating each client with the same quality of care and attention, regardless of your emotional reaction to the client Ask yourself: Are you becoming overly involved with the client's personal life? If so, discuss your feelings with your supervisor
<p>Romantic or Sexual Relationships: A caregiver is never permitted to have a romantic or sexual relationship with a client. In most cases, sexual contact with a client is a crime in Wisconsin.</p>	<ul style="list-style-type: none"> While it may be normal to be attracted to someone in your care, know that it is never appropriate to act on that attraction Do not tell sexually oriented jokes or stories. It may send the wrong message to your client Discourage flirting or suggestive behavior by your client If you feel that you are becoming attracted to someone in your care, seek help from your supervisor or other trusted professional right away
<p>Secrets: Secrets between you and a client are different than client confidentiality. Confidential information is shared with a few other members of a team providing care to a resident. Personal secrets compromise role boundaries and can result in abuse or neglect of a client.</p>	<ul style="list-style-type: none"> Do not keep personal or health-related secrets with a client Remember that your role is to accurately report any changes in your client's condition

Getting Back In-Bounds

Have you ever crossed or thought about crossing any professional boundaries? Have you observed others step over that line? What should a caregiver do if s/he believes s/he may be stepping over a boundary?

- | Talk to a trusted colleague
- | Talk to your supervisor or manager
- | Consider a re-assignment
- | Explain to clients that you are unable to behave in certain ways due to professional guidelines (e.g. accept gifts, keep secrets, etc.)
- | To protect yourself, draw a line between your work life and your private life

Why Professional Boundaries Are Important

Can you think of some reasons why maintaining professional boundaries is important for caregivers?

Explore Boundary Crossings

Using what you've learned about professional boundaries so far, we're going to explore some examples of boundary crossings using the scenarios that follow in the guide.

Be sure to **read each scenarios** to get a better understanding of how not to cross the boundaries.

Sharing Personal Information

Polly is a 28 year-old home health aide with two children. Bess, a 90-year old widow, is one of Polly's patients. Polly is going through a divorce and seems to be on an emotional roller coaster lately. Polly feels better when she can talk about her situation. Recently, she has begun to share her experiences with Bess, including details of her ex-husband's infidelity, his failure to pay child support, her dire financial situation, and her children's unhappiness. Bess seems to be a sympathetic "ear" for Polly and listens attentively when Polly shares her experiences.

Not Seeing Behavior as Symptomatic

Carlos, a 40 year-old CNA in a nursing home, often provides cares for Jerry, a 72 year-old resident with Alzheimer's disease. Carlos has come to Jerry's room to assist him to the dining room for supper.

CNA Carlos says to Jerry, "It's dinnertime. Are you ready to go?" Jerry smiles at Carlos and says, "Ready." But then Jerry returns to watching TV. Carlos brings Jerry's walker to him, but Jerry continues to stare at the TV.

After several attempts to get Jerry up, Carlos becomes angry. He walks out of Jerry's room, muttering to himself, "The heck with Jerry, he can just go hungry tonight. I hate it when he ignores me like that! He knows it's dinnertime. He's just trying to annoy me!"

Using Nicknames/Endearments

Edward Maxwell is an 85 year-old resident of a nursing home. Professor Maxwell taught American History at the UW-Stout for many years and after retirement traveled widely with his wife. However, he is no longer able to care for himself and must rely on nursing home staff to assist him with eating, toileting, bathing, etc.

A new CNA, Melanie, age 19, enters Professor Maxwell's room and says, "Good morning, Sweetie. Are we ready for our bath?" Professor Maxwell says to Melanie in a gruff voice, "I'm not having a bath today, young lady. Get out of my room!" Melanie leaves, wondering why it's her bad luck to get stuck with such a crabby old man!

Touch

Michael is a 30 year-old caregiver in a CBRF. Marla is a 25 year-old woman with cerebral palsy and a cognitive disability. Unknown to Michael, Marla was assaulted several years ago by a former boyfriend.

One day, Michael walks into the kitchen and sees Marla, crying softly over her breakfast. Michael bends down and places his arm around Marla who suddenly begins to scream and cry harder. She shrinks away from Michael and looks at him with fear in her eyes. The owner of the CBRF comes out of his office and wants to know what Michael has "done" to Marla.

Professional Demeanor

Susie is a 22 year-old CNA at a nursing home in a small town. She is from a large family with four older brothers and a younger sister. As a child, Susie developed an aggressive and loud manner in order to stand up to her older siblings. But her loud voice and “salty” language have now landed Susie in trouble with her supervisor.

In the last few months, three different residents have complained that Susie is being verbally abusive to them. Susie can’t understand it—she always gets her cares done on time and even helps out others. She really cares about the residents, but she doesn’t see any reason to pretend to be something she’s not!

Accepting Gifts/Favors/Tips

Heidi is a 40 year-old personal care worker who travels to the homes of several clients each week. One of her clients is Marion, a 79 year-old single woman. Marion has no children but enjoys the company of her niece, Darla, on holidays.

Marion seems very lonely to Heidi. It’s clear that Marion looks forward to the caregiver’s visits. For the past few months, Marion has been insisting that Heidi take gifts from her. It started with a few small things, like a candle that Heidi admired. Now, Marion is offering Heidi her dining room table and chairs. Marion jokes that if Heidi doesn’t take them, she will think that Heidi doesn’t love her anymore. Heidi finally agrees to take the table and chairs, justifying that the furniture will get more use at her house.

Over-Involvement

Kia is a 25-year old hospice aide. About six months ago, she began to care for a terminally ill patient, Harry, in his home. Harry's wife, Brenda, is such a trooper and both of their children and grandchildren visit frequently. Kia admires Harry and his family—they seem like such a nice, loving group.

Last month, Harry insisted on inviting Kia to a family birthday party at Harry and Brenda's home. Kia felt flattered that Harry invited her—she's feeling a little like family. Not only did Kia attend the party, but she stopped by on her day off to help Brenda prepare the meal and do a little vacuuming. Brenda asked Kia to pick up the birthday cake before the party, which Kia was happy to do.

Last week, Harry took a turn for the worse and Kia knows the end is very near. Although Kia has 5 years experience in caring for hospice patients, she finds herself very depressed at the thought of Harry's death. She will miss Harry and his family very much.

Sexual Attraction/Relationships

Sheila is a 32 year-old CNA who works in a CBRF that serves clients undergoing rehabilitation for addiction to controlled substances. One of the CBRF residents is Ray, a 25 year-old man with an addiction to prescription pain killers.

Lately, Sheila finds herself “dressing up” more for work than usual and spending more time with Ray than other residents. Ray enjoys jogging, so Sheila now stays late to jog with him. Sheila tells herself that she's being supportive of Ray. He seems to appreciate Sheila's efforts, and wants to hug Sheila more often. He asked her if she would like to go have pizza next week, just the two of them.

Yesterday, one of the other residents asked Sheila if she was “going steady” with Ray. Sheila's supervisor overheard the comment and now Sheila is worried that her supervisor will misunderstand her relationship with Ray.

Keeping Secrets

Gloria is a 78-year old woman with Alzheimer's-related dementia and hypertension who receives services from a home health agency. During a recent home visit, the agency RN supervisor noted that Gloria's dementia is progressing to a point where she may soon need full-time skilled nursing care. Gloria is very upset at the prospect of leaving her home and refuses to consider a different living arrangement.

Yesterday, home health aide David, arrived at Gloria's home and discovered a burned dish towel in the kitchen sink. When David asked Gloria what happened, she said that someone must have left the dish towel on the burner. David also noticed that Gloria has forgotten to take her medication again.

Gloria begs David not to tell anyone about the towel or the meds. David isn't sure what to do. He wants to respect Gloria's rights and maintain patient confidentiality, and he doesn't blame her for wanting to stay at home.

Wrap-Up

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NOTE: This material was developed by the Wisconsin Department of Health Services-Division of Quality Assurance and the University of Wisconsin-Oshkosh Center for Career Development and Employability Training (CCDET) as part of the federal Caregiver Abuse and Neglect Prevention Project.

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