

# Professional Boundaries in TYA Care



# Aims and objectives



1. To remind ourselves of the importance and professional need to self care
2. To describe some anecdotal experiences of personal/professional challenges in working with this group
3. To revisit professional guidance in relation to maintaining professional boundaries
4. To discuss the use of social media in TYA cancer care

# Professional boundaries



- Professional boundaries are central for the establishment of therapeutic relationships for all HCP's
- Tensions exist between the balance of involvement that is beneficial in the therapeutic relationship, to one that is too close?
- This challenge is one that is of common occurrence in CTYA care??

**Discuss**

# Literature



- Medicine and nursing are arguably two of the most, if not the most, intimate of professions

(Maunder, 2006)

- Providing holistic care through excellent communication form the basis from which care is delivered

(Totka, 1996).

- Burns (1994) believes that these facets of being a draws on the true essence of nursing; the art of caring.

# TYA Context



- Providing care to TYA can place significant stressors on those involved in their care  
(Pontin and Lewis, 2008, Bluebond-Langner *et al*, 2010).
- HCP's may experience ethical dilemmas and moral distress
- Distress has a significant and detrimental effect on their wellbeing  
(Meltzer and Huckabay, 2004, Rushton, 2005).

# The growing concern



- Within UK, upsurge in concern about the mental health and well-being of the health service workforce:
  - 2006 – ‘Good doctors, safer patients’
  - 2007 – ‘Trust assurance & safety’
  - 2008 – ‘Mental health and ill health in doctors’
  - 2008 – ‘High quality care for all: next stage review’
  - 2008 – ‘Working for a healthier tomorrow’ (Dame Carol Black)
  - 2009 – ‘The NHS constitution for England’
  - 2009 – ‘NHS health and wellbeing’ (The Boorman Review)
  - 2010 – ‘Invisible patients’

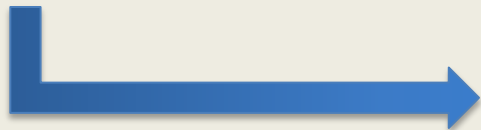
***‘One of our most important resources is our staff, and we are at a moment in history where that is starting to become embedded in our consciousness in a way that it’s not been before’*** (Alistair Scotland, BMJ 2010)

# Why the concern?



## Invisible Patients (Dept. of Health, 2010)

- Costs to the individual
- Costs to the organisation
- Costs to the patient



The Mid Staffordshire NHS  
Foundation Trust Public Inquiry  
(Francis, 2013)

# Principles of care



- Care is based on two basic principles of care;
  - Communication is central
  - Professional codes of ethics guide care in every HCP-patient relationship.



# Defining 'Professional Boundaries'



- In practice what does over stepping a boundary look like.....?

*'Professional boundaries are defined as limits that protect the space between the professional's power and the client's vulnerability'*

# Agree or disagree?



*‘Professional boundary crossings  
and violations are an  
**occupational hazard** in  
healthcare professions’*

# Why are boundaries important?



- Role modelling to the young person
- Promotes healthy communication and professional relationships
- Avoids the “rescuer” role
- Staying focused on one’s responsibilities to the patient & the provision of helpful and appropriate services to the patient
- Avoids burn-out (“compassion fatigue”)

# Professional boundary in context



- Its interpretation is complex
- Protect the space between the professional's power and the client's vulnerability
- Most dramatically highlighted in cases involving sexual relationships
- But less dramatic yet equally important boundary dilemmas face HCP's every day in their practice



***‘In practice what does over  
stepping a boundary look  
like.....?’***

# Examples.....



- Giving/receiving gifts
  - Social contact with current or former patients
  - Developing intimate/sexual relationships
  - Over use or inappropriate use of physical touch
  - Over familiarisation
- Use of inappropriate language
  - Giving 'special attention' to particular patients/families
  - Sharing personal contact details
  - Flirting
  - Befriending

# Professional codes of practice



**Codes of professional Conduct** guide our practice  
(NMC 2015, GMC 2013, HPC 2014)

## **Research**

- is mainly drawn from psychiatry/elderly/mental health/learning disability/Social work
- Often focussed on sexual boundaries
- Little focus on non-behavioural health boundary issues
- Very grey area....open to interpretation

# Boundaries



***What are the differences  
between a professional and  
a non professional  
relationship?***

# Comparison of professional and non-professional relationships

Characteristic	Professional relationship	Non-professional relationship
Payment	Payment received or if voluntary work/ experience is useful for the worker	No payment received
Length of relationship	Lasts as long as the worker is in post or patient on treatment	Can be lifetime or short time
Location	Related to work undertaken	Wide range of context/situations
Purpose	To help patient/ provide support/ to care	Pleasure/interest/social
Structure of relationship	Support provision to patient/family	Spontaneous/informal/unstructured
Preparation for the relationship	Worker needs care knowledge/ training/development	No knowledge/preparation/training
Adapted from: College of Registered Nurses of Nova Scotia (2002)		

# Crossing Professional Boundaries

## Examples from TYA practice



# Understanding the risks



- Environment is intentionally very informal
- Patients are often treated for long periods
- Higher staff:pt ratios
- Emotionally demanding

- Vulnerable age (development, fear, dependence regression)
- Social networking sites
- Communication style with TYA

# Examples from TYA practice



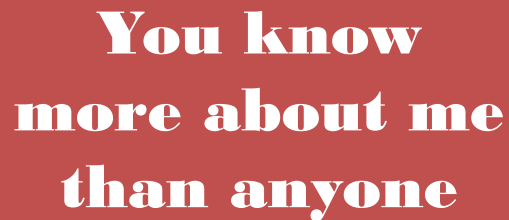
*You're like  
my family to  
me*



*I love it  
when you  
are on duty*



*Its like my  
second home*



**You know  
more about me  
than anyone**



*I miss you lot  
when I'm not  
here*

# Where are your professional boundaries?



- Hugging a TYA when they are upset
- Buying a take away for a teenage patient on your way in to work a nightshift
- Attending a fund raising dinner organised by TYA family as their guest?
- Giving a parent/young person your private mobile number
- Inviting a TYA stay overnight in your house when they for an OP visit
- Hugging a teenage patient you haven't seen for a while when they visit the ward
- Accepting a TYA as a Instagram or Facebook friend



***‘What factors do you think could make you feel more vulnerable and susceptible to crossing boundaries?’***

# What factors can affect HCP's?



- Own circumstances / self disclosure (death/divorce)
- Increased stress level
- Age/experience
- Connection to the patient
- Personal experience
- Children of the same age as TYA (or self!)
- Patient same age as professional

**Major boundary crossings are almost always preceded by a series of minor boundary crossings**

# What warning signs should trigger concerns that boundaries may be crossed?



**KEEP  
CALM  
AND  
RUN LIKE  
HELL**

**You can  
never really  
tell how a  
situation will  
unfold**

# Warning signs.....



- Thinking of the patient frequently when not at work
- Putting the needs of favoured patient before that of another
- Spending own time with the patient
- Sharing personal info
- Feeling a sense of ownership – “my patients”
- Inability to handover
- Care that goes above and beyond duty
- Serial funeral attenders
- Super Nurse/HCP syndrome

# Scenario 1



- A 18 year old male, Diagnosed with leukaemia
- Didn't respond to treatment, 2nd line treatment failed, Autologous transplant
- Patient regular visitor in outpatients but eventually discharged
- Many complications....lost all friends, frequent hospital visits, weight gain, lonely, financial problems,
- After treatment had finished he asked nurse to go for a curry and she went
- Nurse bought him gifts

# Discuss



- Why did she do it?
- What are the risks to both patient and nurse?
- What should have happened?

# Social Media

*YP spend more than 27 hours a week on the internet, Ofcom*



- **A BIG INESCAPABLE ROLE IN TYA LIVES**
- YP create, share, and exchange information in virtual communities and networks.
- It allows participants to be the creators and consumers of content that is then discussed, modified and shared.
- Therefore it can be useful and threatening all at the same time

*50% YP between 8-15yrs have a Facebook profile*

# Word of caution for nurses and midwives.....(1)



NMC registration at risk and students jeopardise their ability to become registered, if they.....

- Share confidential info on line
- Post inappropriate comments and colleagues or patients
- Use social networking sites to bully or intimidate colleagues
- Pursue personal relationships with patients or service users
- Distribute sexually explicit material
- Use social networking sites in any way which is unlawful

# Using it as a ***social*** tool



- Profs may be more familiar about using it as a social thing rather than as a professional tool
- Remember we leave a **DIGITAL TATTOO**
  - What do you do when a patient asks you to be a friend on any social network site?
  - Is it impairing your fitness to practise?

# Maintaining YOUR boundaries



- Once a professional becomes involved in the 'patients world' there is potentially no going back
- Boundary transgressions occur across **all** professions
- Your ability to deliver care professionally is compromised

# Top Tips – stop and think!



1. Think of the needs of the patient not yours
2. Is the professionals behaviour therapeutic for the patient?
3. Does the HCP behaviour make it more or less likely that the needs of ALL the patients will be met?
4. Are there crossing boundary signs that alert you, know when to ask for help?
5. Know the difference between advocating for a patient and interfering with their lives.
6. Remember it's a grey area, don't take risks.
7. How tight are your boundaries?



**Any Questions?**

# References (1)



- Bluebond-Langner, M., Belasco, J.B. and Wander, M.M. (2010) "I want to live, until I don't want to live anymore": Involving children with life-threatening and life-shortening illnesses in decision making about care and treatment. *Nursing Clinics of North America*. 45 (3), pp.329-343.
- British Columbia Rehabilitation Society, now known as the Vancouver Hospital & Health Science Centre, 1992; Milgrom, 1992; CRNBC, 2006.
- Burns, M. (1994) Creating a safe passage: the meaning of engagement for nurses caring for children and their families. *Issues in Comprehensive Pediatric Nursing*. 17 (4), pp.211-221.
- Fischer, H.R., Houchen, B.J. and Ferguson-Ramos, L. (2008) Professional boundaries violations: case studies from a regulatory perspective. *Nursing Administration Quarterly*. 32 (4), pp.317-323
- Gabbard, G.O. and Nadelson, C. (1995) Professional boundaries in the physician-patient relationship. *JAMA: Journal of the American Medical Association*. 273 (18), pp.1445-1449.
- Granados Gámez, G. (2009) The nurse-patient relationship as a caring relationship. *Nursing Science Quarterly*. 22 (2), pp.126-127.
- Gutheil, T.G. and Gabbard, G.O. (2008) The concept of boundaries in clinical practice: Theoretical and risk-management dimensions. In: Bersoff, D.N., ed. (2008) *Ethical Conflicts in Psychology* (4th Ed.). Washington, DC US: American Psychological Association, pp.222-230.
- Lopez, E, and Vargas, R (2002) Interpersonal communication in relation to the ill patient. *IMSS*. 10 (2), pp.93-102.
- Maunder, E.Z. (2006) Palliative care for children and young people: a community paediatric nursing perspective. *International Journal of Palliative Nursing*. 12 (7), pp.329-333.



# References (2)



- Meltzer, L.S. and Huckabay, L.M. (2004) Critical care nurses' perceptions of futile care and its effect on burnout. *Am J Critical Care*. 13 pp.202-208
- Nursing and Midwifery Council (2012) NMC Code of Conduct. Available from <http://www.nmc.org.uk/standards/code/> (accessed 11<sup>th</sup> May 2015)
- Peterson, E. and Solomon, D. (1998) Maintaining healthy boundaries in professional relationships: a balancing act. *Home Care Provider*. 3 (6), pp.314-318.
- Pontin, D. and Lewis, M. (2008) Managing the caseload: a qualitative action research study exploring how community children's nurses deliver services to children living with life-limiting, life-threatening, and chronic conditions. *Journal for Specialists in Pediatric Nursing*. 13 (1), pp.26-35.
- Rushton, C. (2005) A framework for integrated pediatric palliative care: being with dying. *J Pediatric Nursing*. 20 (5), pp.311-324.
- Rushton, C.H., Armstrong, L. and McEnhill, M. (1996) Establishing therapeutic boundaries as patient advocates. *Pediatric Nursing*. 22 (3), pp.185.
- Sheets, V.R. (2001) Professional boundaries: staying in the lines. *Dimensions of Critical Care Nursing*. 20 (5), pp.36-40.
- Totka, J.P. (1996) Exploring the boundaries of pediatric practice: nurse stories related to relationships. *Pediatric Nursing*. 22 (3), pp.191.

