Understanding Professional Boundaries for Hospice Volunteers

Self-Study

What are boundaries and what do they do?

– Professional Boundaries are mutually understood physical and emotional limits of the relationship between the patient and the hospice volunteer.

– Professional Boundaries give both the volunteer and families a range of acceptable behaviors.

Think of your home and what separates “your space” from your neighbor’s space. That division is a physical boundary. You don’t usually hang out in your neighbor’s space, but you may cross into their space for a brief time if, say, you want to give them a letter for them that the mailman mistakenly put in your mailbox. Professional boundaries are kind of like that. They are like rules that tell volunteers what is ok and what is not ok to do when working with the program’s families.

Why do we need boundaries?

Boundaries help us to provide the safest care possible in the therapeutic relationship between the healthcare worker, including a volunteer, and the patient / family.

Isn’t all the care we provide “safe”?

We work very hard to make sure it is. We keep patients and families safe by knowing and following professional boundaries. This way we don’t put them in the position of being taken advantage of.

For example, volunteers do not accept gifts from patients/families, unless the gift has a dollar value of less than $10.00 – like a homemade loaf of bread or a small handmade item. If we accepted a larger, more valuable gift, the patient/family may then feel they must give us gifts in order to continue to receive the care they need.

We also keep volunteers “safe” by following professional boundaries. For example, patients/families often ask volunteers for personal information. They may ask: “Are you married?” or “Where do you live?” or “What is your home phone number?”
A volunteer who is using good professional boundaries would answer: “My professional boundaries teach me not to share personal information. We should keep focused on you and what I as a volunteer can do to help your family.”

Volunteers should NEVER share their private cell phone or home phone number with patients or their families. All calls should go through the main hospice or APCU phone number. This protects volunteers and keeps their privacy “safe.”

**I use pretty good judgment. Why must I rely on professional boundaries?**

Professional boundaries can become easily “blurred” in Hospice and Palliative Care due to the nature of end-of-life work and of end-of-life workers.

- **Setting of Care:** much of our work takes place in peoples homes, where things are more relaxed and there is an easier opportunity to cross boundaries
- **Vulnerability of patients and families:** Patients and families are often emotionally stressed and overwhelmed. They look to the professional care providers, including volunteers, who are part of the team, for guidance. Due to their vulnerability, it would be easy for someone to take advantage of them.
- **Caring personalities:** Hospice and Palliative Care teams are made up of people who are very caring and want to help people. It would be easy, in an attempt to be helpful, to overstep and become involved in areas of the family’s life that we have no need to get involved in.

**I am a volunteer, not a “professional”, so why pay attention to “professional boundaries”?**

In hospice and palliative care, the volunteer is considered to be part of the professional team and all team members must conduct themselves in a professional manner.

**What is a “Therapeutic” relationship?**

A therapeutic relationship has several distinct characteristics:

- **An agreed upon purpose:** Both the patient/family and healthcare worker/volunteer know why we are working together-to meet the needs of the patient/family as related to the diagnosis. For example, the volunteer is present specifically to deliver flowers or to sit with a patient while the caregiver gets a much needed break.
A specific time frame: Both the patient/family and healthcare worker/volunteer know that the relationship ends when the patient/family no longer need the healthcare services provided. A volunteer also has a specific time frame for a particular visit. Both volunteer and family should understand how long a visit will last.

Interests of patient/family are primary: All team members are focused on the interests of the patient/family. We are not there to meet our own needs.

Worker has specialized knowledge/skill: Team members have special training in end-of-life care.

The relationship is built on trust.

What do you mean the relationship is built on trust?

In a healthcare provider / patient relationship, the patient “trusts” that the healthcare provider has specialized knowledge and skill that the patient/family does not have. The patient/family trusts the healthcare provider to use that knowledge and skill to do the best for the patient. The patient/family are in a vulnerable position because he/she does not have the specialized knowledge and skill.

This is also known as an “imbalance of power.” The healthcare provider has more power than the patient/family because of this specialized knowledge and skill. Volunteers also have special training that equals specialized knowledge and skill. So, in a volunteer / patient relationship there is also an imbalance of power.

How is a therapeutic relationship different from a social relationship?

Social relationships are casual, friendly or romantic. A social relationship also is for mutual interest of both people involved unlike a therapeutic relationship that is solely in the interest of the patient/family.

It is difficult to know how involved a volunteer should get with patients and families. Can you offer some help?

It can be challenging to know how involved to become. One thing to remember is that we are involved with patients and families to assist them with issues related to the patient’s illness.
The “Professional Behavioral Continuum” is a visual aide that may help to better understand.

The left end of the continuum represents a volunteer who is under-involved with a patient/family. This is a volunteer who is not doing his/her best to meet the needs of the patient/family. An example is a volunteer who spends more time chatting with staff in the Acute Palliative Care Unit (APCU) than they do with patients/families. Another example is a volunteer spending time watching television rather than interacting with a patient in his/her home.

The right end of the continuum represents a volunteer who is over-involved with a patient/family. This is a volunteer who is interacting with patients/families in inappropriate ways. An example is a volunteer on the APCU who meets a patient’s family member at a local restaurant for a social visit. Other examples are: a volunteer who does a patient’s personal banking; a volunteer who makes visits in addition to visits that the Volunteer Coordinator is aware of; a volunteer who gives a patient/family his/her home or personal cell phone number.

The center of the continuum is the Zone of Helpfulness. This is the area we should try to remain in when volunteering – not under-involved, but not over-involved wither.

But, don’t we sometimes get more involved with a patient/family in order to meet their particular need?

Yes, sometimes it is appropriate to be more involved in order to meet a therapeutic need of the patient/family. We briefly cross over the line between the Zone of Helpfulness and Over-involved to meet an illness related need. We then return to the Zone of Helpfulness. This is known as a Boundary Crossing.
So, is it ok to sometimes cross over Boundaries?

Yes, however, we may only cross over if it is to meet the therapeutic need of the patient/family. If we cross over a boundary in order to meet our own need, then it is a Boundary Violation. We are never to violate boundaries.

**Boundary Crossing:** A brief crossing over the line to meet the therapeutic need of the patient/family with a return to the established limits.

Examples of boundary crossings are:

- A volunteer self-disclosing, or giving personal information, in order to build patient/family trust in the relationship
- A volunteer providing a gift that teaches or provides some other therapeutic purpose
- A volunteer accepting a small handmade item from the patient/family

**Boundary Violation:** Crossing over the line to meet the volunteer’s, rather than the patient’s/family’s need.

Examples of Boundary Violations are:

- Discussing your intimate life details with the patient/family
- Buying expensive gifts for patient/family
- Accepting gifts other than small token gifts such as food or handmade items
- Providing your home/cell number to patient/family
- Allowing patient/family to keep in touch after discharge
- Engaging in intimate/sexual contact with patient/family

Are we likely to be aware when we are getting to be over-involved?

Sometimes boundaries become blurred. This can occur one small step at a time and what appears to be small may end up being an unhealthy relationship between the patient/family and the volunteer.

For example: A patient tells the volunteer that she can not afford Christmas gifts for her 2 young grandchildren ages 8 and 10. The volunteer spends her own money and purchases gifts for each child and gives them to the patient. The patient expresses gratitude for the volunteer being so kind and thoughtful. The volunteer is glad she had the extra money this month and she feels good knowing the grandchildren will have Christmas gifts.
During the volunteer’s next visit to the same patient, the patient tells the volunteer how happy she is to know she can now give her 2 youngest grandchildren gifts. The patient then asks the volunteer if she can help her get gifts for her other 3 grandchildren as well.

What began as one kind gesture has now become a burden to the volunteer.

**What are some negative results of boundary violations?**

- A patient's quality of care may be jeopardized if the health care provider loses objectivity – a patient may be harmed
- A patient/family can be encouraged to be dependent
- A healthcare professional, including volunteer, may become resentful of the patient/family
- A healthcare professional, including volunteer, may experience increased stress/burnout

**Have YOU ever crossed the line? Ask yourself:**

- Do you share personal problems or aspects of your intimate life with patients/families?
- Have you ever spent off-duty time with patients/families?
- Do you become defensive when someone questions your interaction with patients/families?
- Have you ever given gifts to, or received them from a patient/family?
- Have you ever flirted with a patient/family?
- Have you felt possessive of a patient thinking that only you could provide the care the patient needs?

**If you are trying to decide if a particular action or behavior crosses the line into a boundary violation, ask yourself:**

- Is this in the patient’s best interest?
- Whose needs are being met?
- How would I feel telling a co-worker and/or supervisor about this?
- Am I treating this patient differently?
- Am I uncomfortable documenting this decision/behavior?

**REMEMBER…** Maintaining a healthy, therapeutic relationship is the key to providing the highest quality, compassionate care to meet the needs of patients and their families.