

Setting Professional Boundaries and Avoiding Power Struggles

**DMHAS
Statewide
Services**

**Nursing Home
Diversion &
Transition
Program**

Boundaries

Clear Boundaries help us to keep a professional footing with the people we serve.

Apart from the medical or clinical needs of our residents, there are emotional needs that we may not be able to help with.

Sometimes we can find ourselves falling into emotional traps with our residents.

We can sometimes feel like we are getting “sucked into” drama, or that we are going the extra mile for a particular resident too many times, beyond what is appropriate.

We can sometimes develop an over-attachment to particular residents.

- “He reminds me of my grandfather”, or we can feel sorry for a resident which leads us to overstep our bounds .



Boundaries

- ❖ While we want to be caring to our residents, sometimes that caring can lead to emotional burn-out, or playing favorites which is not fair to the other residents and can cause disruption and resentment.
- ❖ It may also lead to setting-up other staff members, “Esther always takes me out shopping, why can’t you?”

What are Professional Boundaries?

Clearly established limits that allow for safe connections between staff and residents, an understanding of the limits and responsibilities of your role as a staff member.

Be approachable and friendly

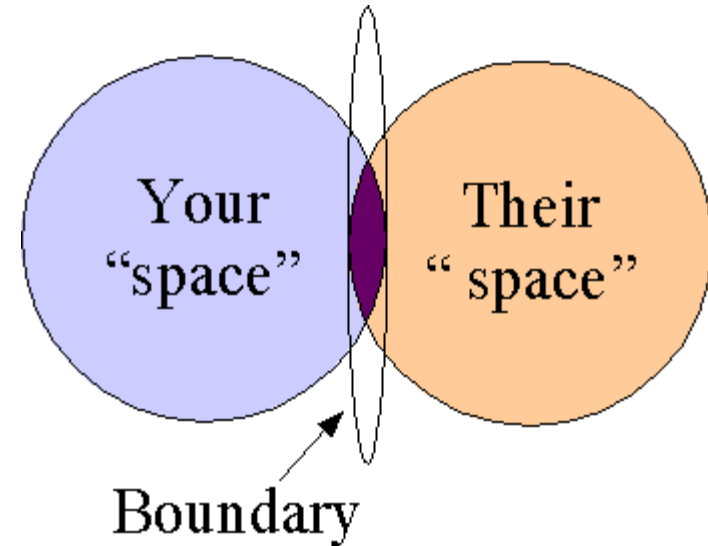
Don't exchange personal information with the resident about your life, family, or history

Having empathy, but not sympathy. It's ok to have compassion for what the resident is experiencing, but not feeling sorry for the resident.



Why Boundaries Are Important

- ❖ We can model healthy communication and relationships for our residents
- ❖ Help to avoid staff burn out or “compassion fatigue”
- ❖ Help to maintain a healthy, communicating, and functioning team, everyone is “on the same page”
- ❖ Help to maintain staff’s physical and emotional safety and well being



Having Poor Boundaries could cause.....



Compassion Fatigue, staff burn out.



Potential for “splitting” staff or team members.



Residents being set up for disappointment or developing an over-reliance on a particular staff member Or
Residents feeling betrayed, abandoned, or poorly served



Having Poor Boundaries could cause.....



Unethical or inappropriate behavior by staff.



For example, borrowing or taking money or credit cards, or other items from a resident.



Kissing, hugging, or becoming too familiar with touch. People who have suffered trauma do not always respond positively to uninvited touching



Having Poor Boundaries could...

Compromise of the facility's reputation.

Can cause emotional trauma or physical danger to staff or residents

Warning Signs of Poor Boundaries



Resident and staff refer to each other as friends. Staff can use a gentle reminder of their role with the resident.



Staff receives or gives gifts to residents.



Resident has staff member's personal cell phone number or other significant personal information.



Warning Signs of Poor Boundaries

Resident asks or expects staff member to socialize with them outside of the professional setting, i.e., attending church with family.



Staff reveals excessive personal information to resident.



Staff member has a previous personal relationship with resident.



Warning Signs of Poor Boundaries

Staff suffers anxiety or sleep disturbance over resident's situation



Talking about the resident dominates or intrudes upon the staff member's personal interactions outside.



Staff offers to provide assistance to the resident outside of their professional role, i.e., babysitting, transportation.



Staff finds themselves venting to the resident about other staff



Why are Boundaries So Hard

Dual Relationships – the staff and resident know each other from a previous setting.

- This may make it more difficult to view them as a resident rather than as a family friend.

Different Values– the resident's beliefs and lifestyle may conflict with the staff's values.

- For example, religious beliefs, cultural differences, sexual orientation.
- What if the resident becomes angry or is delusional and uses racial slurs toward staff?



How to Create and Keep Healthy Boundaries

Early on establish clear agreements with the resident regarding your role as staff.

- “Hello, I’m Nurse Kathy, I will be your nurse, taking care of such things as your vital signs, giving you your medications, and performing your finger sticks.

The best way to communicate with me is by phone M-F 8:00-4:00.”

What to do if you see your resident in public?

Do not approach them, but allow them to approach you- let it be the resident’s choice

If boundary issues arise, address them quickly with the resident.

Be sensitive, gentle, and kind in reinforcing your role and commitment to healthy boundaries



How to Create and Keep Healthy Boundaries (cont.)

Self Disclosure – if you choose to share something personal, ensure it is clinically related to the resident's goals.

Too much sharing can shift the focus from the resident to the staff, can confuse the resident, and blur the boundaries.

Consult your Supervisor – seek them out with any questions or issues about boundaries that may arise. Don't go it alone!

For Supervisors – understand that questioning someone's boundaries may cause defensiveness.

Rather than instructing staff to have "better boundaries", use open-ended questions to help staff recognize the need for clearer boundaries

"Why are you feeling that you are the only one who can take Johnny to his Dr's appointments?"

Teammates – remember to promote and serve as a role model for positive, open communication and respectful sharing of information

Remember that you can't and shouldn't do and be everything for your resident.

How to Create and Keep Healthy Boundaries



Take care of yourself – make sure you are getting enough sleep, eating well, exercising, and spending time with friends and family



You can't help anyone if your batteries need recharging.



Leave work at work to the greatest extent possible.



Seek supervision when you notice the warning signs.



Things to Remember:



It's OK to remove yourself and let another staff step in if you are feeling angry, impatient, or defensive.



It's also OK to ask a staff member to step out as you step in- if you notice that your teammate is frustrated, angry, or defensive with the resident.



See the resident as a valuable partner in solving the issue



Be flexible and creative in resolving the issue.



It's ok to let the resident have the last word



It's not harming anyone if they are alone in their room and still talking.



Things to Remember:

Be respectful throughout the process.

Listen to the resident – hear what they are trying to say.

Roll with Resistance – Feeling resistance is a signal to change your strategy.

Change your perspective.

Look for another way to view what is happening.

“Maybe the resident is not trying to be difficult, perhaps he is feeling anxious about getting his laundry done before his daughter visits”.

- Changing perspective can lead to greater understanding.



In Conclusion:

1

Seek Assistance or
Supervision – Don't Go
It Alone

2

Be Respectful – think
of how you would like
your family member to
be treated in the same
situation.

3

Be Flexible – keep all
options open.

4

Take care of yourself.
When you're feeling
good, you'll be in a
better position to take
care of others.

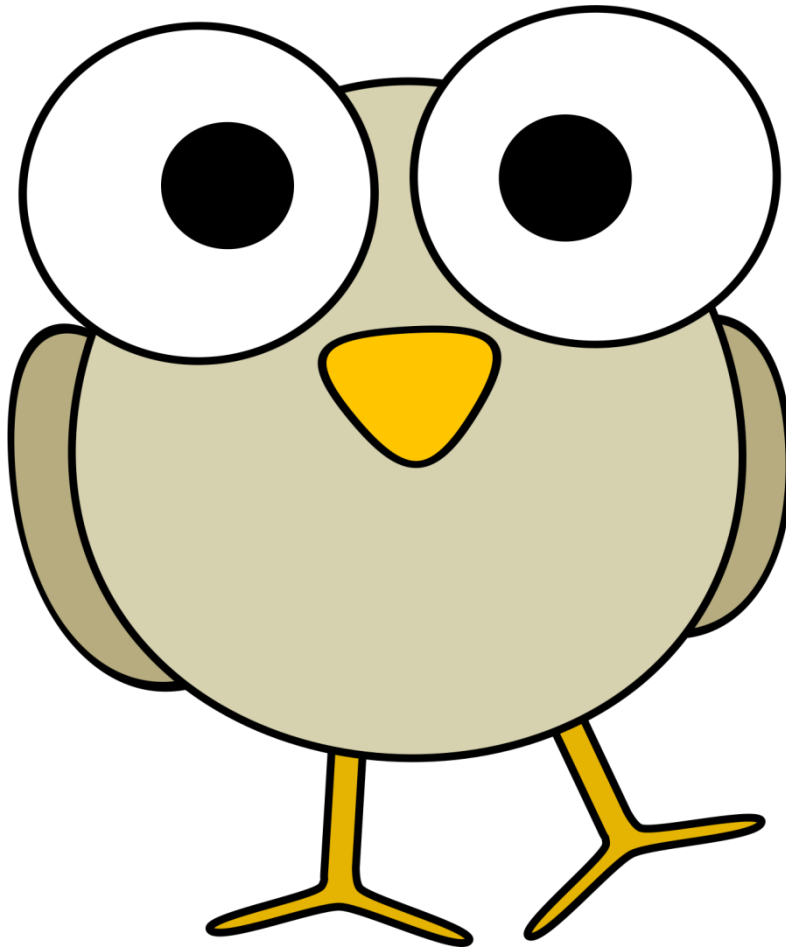


TEAMWORK

Together Each Achieves More

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Questions?



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