1.0 INTRODUCTION

1.1 In order to provide our patients with the safest care, we must ALL understand the need for professional boundaries. These boundaries define the therapeutic relationship and give patients and hospital staff a range of acceptable behaviour. The potential for harm exists when we fail to put the patients’ needs first.

2.0 FORMING A RELATIONSHIP

2.1 Staff facilitate the creation of therapeutic relationships when patients seek their specialised knowledge and skills to help them understand their individual problems.

2.2 The staff’s authority comes from our professional position and our access to patients’ private information. The therapeutic relationship between patient and staff, therefore, is based on trust.

2.3 A powerful differential exists, i.e. the discrepancy between the staff’s influence and the patients’ vulnerability. This difference is both positive and negative. It creates an opportunity for staff and patients to engage, but it also creates a potential for misuse or abuse, i.e. taking advantage of the patient, or increasing the patient’s vulnerability.

2.4 It is recognised that staff could suffer if not monitored/supervised.

3.0 SETTING THE BOUNDARIES

3.1 Professional boundaries outline acceptable and appropriate behaviour for staff while working with patients in their care. These boundaries are intended to control power differential, allowing safe connection with patients based on their needs and providing the necessary space between the staff’s power and patients’ vulnerability. It is imperative that staff establish and maintain professional boundaries, and act at all times within their own code of professional conduct (where applicable).

4.0 CREATING THE CULTURE

4.1 A service culture that values ethical practice will use careful staff selection criteria, clear service policies and procedures, accessible staff support/supervision, thorough and timely record keeping, an objective complaints review, investigation and resolution of clinical incidents.
4.2 By implementing clear, concise and appropriate policies for professional boundaries, the service thereby creates an objective and consistent policy for dealing with problems. The best rule to instil in staff is: **SAY OR DO NOTHING IN PRIVATE THAT YOU CANNOT DOCUMENT IN THE PATIENT’S RECORDS.**

4.3 Employees should ensure they understand this procedure and discuss the content thoroughly with their managers.

4.4 It is acknowledged that staff may require support in maintaining their relationships. Awareness of the importance of professional boundaries will be promoted. Holding discussions before problems occur will help staff recognise potential problems and make better decisions. Regular staff support groups, supervision and individual counselling as appropriate with professional personnel can usually meet this need.

4.5 If a member of staff has concerns about boundary issues regarding a colleague, these issues should be brought to the attention of their Line Manager.

5.0 CROSSING THE LINE

5.1 When staff cross or change professional boundaries, the therapeutic relationship becomes ambiguous. Ambiguity threatens patients’ safety.

5.2 Boundary crossings are brief excursions over the line with a return to the established limits of the professional relationship.

5.3 Boundary crossings may be accidental or thoughtless or intended as kindness or courtesy. They can also be trivial. In certain circumstances a member of staff may intentionally cross over to meet a specific need. For example, one may:

- Disclose a specific personal experience to encourage a patient and provide hope of recovery.
- Give a gift that encourages, teaches or meets other therapeutic purposes, such as an inspirational book signed by the staff member.
- Accept a gift, such as a hand-painted scene from a patient who would be hurt if the gift was rejected.

5.4 Crossing professional boundaries purposefully usually has no harmful effects and may enhance the therapeutic relationship. However, **CONTEXT** is everything – what is appropriate professional behaviour in one situation may be inappropriate in another. Staff must use careful judgement when intentionally crossing boundaries and should **NOT** cross them repeatedly.
5.5 Signs that a therapist or nurse is improperly crossing the patient-therapist boundary include:

- Repeatedly touching or hugging the patient.
- Non-therapeutic contact outside of the hospital.
- Hiring the patient or using the patient as an unpaid volunteer.
- Talking to patients about other patients.
- Disclosing personal problems or intimate details of personal life, such as sexual experience.
- Talking to patients about the intimate details of personal life of other members of staff.
- Criticising or otherwise undermining other members of staff with a patient.
- Giving or accepting a valuable gift or loan and excessive exchange of gifts.
- Addressing patients with a pet name or nickname.
- Dressing seductively.
- Permitting a patient to run errands or do other small favours for members of staff.
- Using information gained from patients or relatives (such as inside knowledge of a good investment) for personal gain.
- Spending time talking about the therapist’s or nurse’s problems.
- Promoting one’s own religious beliefs.
- Promoting involvement in a social or political cause that the staff member is fond of.
- Joining with a patient in an investment or business venture.
- Encouraging patients to engage in cult-like behaviour with the staff member as a guru.
- Entering into financial transactions.
- Loaning of patient property to staff.
- Showing of favouritism.