Maintaining Professional Boundaries in Community Care:
Essential skills for Managers and Personal Care Workers

Jenny Bray

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INTRODUCTION

Professional Boundaries is one of the most crucial topics in community care, today.

In this presentation, under the definition of PROFESSIONAL I am including formal volunteers – as the relationship between a formal volunteer and a client is constantly framed by obligations of law and policy, because they are each linked to a service provider.

By boundaries, I mean the distinctions a professional or group of professionals make between *acceptable and unacceptable behaviour, or emotional attachment*, in relation to their clients (or client's families). This can be during or outside of work (Walsh, 2000; Williams and Swartz, 1998).

So what *are* some commonly *understood areas that are seen to require professional boundaries*? When you review the academic literature, and talk to colleagues in our industry, certain topics come up again and again as being related to boundary problems, these are:

- *under or over involvement* (with over involvement being by far the most common and can include: being *overly attached* to the client; showing *exceptional behaviour* towards the client; being *emotionally entangled*; or *showing fluid work/home boundaries*);
- gifts and financial relationships or transactions;
- disclosure of personal information (including excessive self disclosure) by the worker;
- dual relationships (and I include in this category, *considering the client* to be a 'friend', or allowing a client to have that view); and finally,
- *touch which is not essential to the job*.

Interestingly, these Professional Boundary issues are identified in other sectors as well, such as: psychiatry, nursing, social work, medicine and disability services. (Berkman, Turner, Cooper, Polnerow & Swartz, 2000; Brodie, Nagy, English & Gillies, 2002; Canaris, 2003; Farnill, 2004; Galletly, 2004; Gallop, 1998b; Jacobson, 2002; Knapp & Slattery, 2004; Martsolf, 2002; Peternelj-Taylor and Yonge, 2003; Pope & Vetter, 1992; White, 2003; Fronek et al, 2009; Gabbard and Crisp-Han, 2009, Reamer, 2001; Williams & Swartz, 1998; Walsh, 2000; Walker & Clark, 1999; Simon, 1992; Gutheil & Gabbard, 1998.)

OUTLINE

Professional Boundaries is a complex, and often contentious subject, and I will only be able to touch on some key aspects today. I will be discussing:

- firstly, why the issue is so contentious;
- then, I'll link the concept of emotional labour to professional boundaries;
- I'll also touch on some discovery learning that I have found useful when assisting people to explore boundary issues during training, but these could also be used in supervision; and finally,
- *I'll offer some practical pointers about policy development in relation to Professional Boundaries.*

DISAGREEMENT

Talking about professional boundaries is as difficult as it is important. Everyone knows we need to discuss, define and make distinctions in this area, but we are never able to reach complete agreement about the detail. The only firm boundaries we can point to are legal boundaries – apart from that, it's all about differing needs and differing values, and because of this, there will *always* be a level of disagreement. Disagreement within the sector; within an organisation; within teams.

ABN	mail	email	mobile	fax	website
	PO Box 195				
94 980 675 579	Roselands NSW 2196	jenny@jennybray.com.au	0423 153 022	please scan & email	www.jennybray.com.au

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If your organisation is experiencing this kind of disagreement – take comfort, you're not alone. If it's not, then perhaps you're not looking hard enough, or people aren't telling you about it. Because tension around boundary issues is very, very common.

VALUES

So - *why* is this such a contentious issue?

Professional Boundaries are values based. Values vary between individuals, and they are experientially, culturally and historically influenced – they change over time. When people talk about things being right or wrong, good or bad, these distinctions are based on their values– which they often refer to as "common sense". For example, a carer might feel that it's rude for you *not to* accept a gift from their adult child who has a disability (your client), whereas your manager might believe that it's wrong for you *to* accept that gift. Both would probably appeal to common sense to justify their position.

NEEDS

Professional Boundaries are also contentious because they result from competing needs. And our needs will inform the perspectives we have on a boundary issue.

Let's look at an example:

> *Hiam is receiving a CACP which is delivered by worker Rita. Hiam is very fond of Rita. And Rita **likes** to be the favourite worker. Rita even visits Hiam on her days off.*
>
> *There comes a time when Rita needs to go on annual leave to attend her daughter's wedding. Because she will be going overseas, Rita won't be able to visit Hiam like she usually does during her holidays. Rita will be away for 6 weeks. Hiam refuses to have a replacement worker during that time.*

Let's consider this *Client and Family's perspective*

The family and client want human attachment from their care worker. Hiam and her family love the fact that Rita "is more than a worker". The fact that Rita visits in her own time is proof to the family that Rita genuinely cares for Hiam. To the family, this doesn't feel like outsourced care (which is actually a little shameful in the family's culture). It feels like an extension of familial care.

Let's consider the Management's perspective

- Management want and need staff to be interchangeable. Staff move on, staff get sick, staff have maternity leave, staff go on holidays. Hiam needs care and there will be times when Rita is not able to provide it.
- If the service does manage to put another worker in, the family will expect them to do everything that Rita did. If "everything that Rita did" was in fact above and beyond the paid job description – is this really fair on the replacement worker? And comparisons clients make between Rita and other workers may create tensions within the team; and
- *As for Rita visiting Hiam during Rita's time off, this could be an insurance and/or legal nightmare for the service if something went wrong.*

Now let's look at the worker or volunteer's perspective.

There are countless circumstances that can feed into this issue on a personal level for staff. Rita may be going the extra mile (or two) as an act of altruism; she may feel it's her way of making up in some small way for the lack of services in the community; she may be treating Hiam as she would like to be treated herself (in essence, caring for her future self); she may be meeting her own emotional

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needs of attachment through her work – perhaps she hasn't yet got the balance right in her private life. And of course, it's the worker or volunteer who sometimes has to look the client in the face and say "no". And this can be emotionally very difficult for them. Some staff and volunteers can feel that all the difficulties they see as related to the refused request become their moral responsibility or moral burden. It's not a helpful way of framing the situation, but it's a very common one.

For volunteers there can be an added dimension. Some volunteers will tell you that they are not professionals or workers, and that the whole point of their volunteering is to give selflessly to the community and to do whatever is needed.

We must listen to and appreciate the perspectives of those involved and treat each as having legitimate needs, obligations and assumptions. It takes effort for people to override their perceived and felt needs in order to adhere to policy or procedure, and if the policy goes against their values base – their common sense – they will experience stress, and things can get emotional.

EMOTIONS

And Professional Boundaries can be an *emotional topic*. I have seen staff members brought to tears of anger or vexation because their personal values base on a boundary issue conflicts with the organisational policy.

- I have spoken to *volunteers* who say they ignore boundary policies for that same reason.
- I have had *managers* throwing their hands up in frustration, and asking me: "what can I do to get it through to them?" Which, really, is another way of saying: "how can I get them to see *my* perspective?"
- And, I have heard *carers* criticising Codes of Conduct, and related boundary policies, describing them as 'unfeeling', 'inhuman', 'ridiculous'.
- *And of course, we all know how popular OHS boundaries can be.*

By its nature, community care engages our values *and* our emotions. Many workers and volunteers encounter Professional Boundary problems because of *emotional* impulses. And these are strong, values-based impulses which can trump workplace policy – the need to be loved and praised, for example. The can be a real hook in being told: "You're my FAVOURITE worker". "You're the BEST worker EVER".

Negotiating Professional Boundaries requires a worker or volunteer to manage their feelings and needs in order to show desirable work-related emotion and workplace acceptable inter-personal interactions. The individual worker or volunteer may in fact feel more or less than what is required or expected in the job. The internal emotional effort that an individual must apply in order to get their job done, is referred to in academic circles as "*emotional labour*" (Mastracci, Newman and Guy, 2010).

From the employer's point of view, 'emotional labour' is about the emoting *behaviour* of the worker or volunteer which is expected as "part of the job" (Mastracci, Newman and Guy, 2010). "*Display rules*" are central to this.

Display rules are written, spoken and unspoken rules about what displays of emotion are and are not acceptable when on the job (Martínez-Iñigo, Totterdell, Alcover, and Holman,2009; Brotheridge and Grandey, 2002).

In the community care sector, empathy and caring helpfulness are expected components of the job, but crossing the line - being under or over involved, or being too close to the client – these are undesirable. Most of our written display rules are about proscribing our actions, whereas rules about our feelings towards or about clients are usually unwritten and are sometimes, even unspoken. But, many behaviours are motivated by emotion (for example giving or receiving gifts).

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	PO Box 195				
94 980 675 579	Roselands NSW 2196	jenny@jennybray.com.au	0423 153 022	please scan & email	www.jennybray.com.au

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In community care – an industry which can be both touching and distressing - managing feelings requires reasonably high levels of "emotional intelligence". *Emotional intelligence* is the ability to be aware of our emotions, and to manage our emotions; to sense the emotions of others; and to use that knowledge in order to choose the best course of action (Cherniss & Goleman, 2001; Kiel, Bezboruah, & Oyun, 2009).

The *ability* to do this is emotional intelligence, *the skill and the willingness to be able to put it into practice* is "emotional competence" (Mastracci, Newman and Guy, 2010).

Academics Mastracci, Newman and Guy (2010) give the analogy of *emotional competence* applying to *emotional labour* in the same way that physical fitness applies to physical labour. For instance, you may have the potential to run 100metres, but are you currently fit enough to do it?

POLICY

We've seen that emotions and values are closely associated with managing Professional Boundaries, but even our attempts at solutions are largely values based. A recent study of British social workers found that manager's decisions on boundary related disciplinary action tended to depend more on the manager's moral stance than on anything else (Doel, Allmark, Conway, Cowburn, Flynn, Nelson and Tod, 2010). In fact, the study concluded that generally, managers have 'exceptional power' when responding to workers who break boundary policies. And because managers relied on their differing moral stances, extreme variations in responses to the same incidents or sorts of incidents, are common. Also, the study found that disciplinary action was more likely to be taken if the issue had come to light through a formal complaint. Probably less surprisingly, the study noted that managers tended to respond to their perception of boundary problems by writing more policies.

The problem is, without careful consultation, this practice of writing more policies, will end up simply codifying the manager's own values system, which will inevitably conflict with someone's values system – worker, volunteer or client.

And most workers do NOT refer to policy in order to guide them through boundary issues, the same study found. They will instead rely on their personal values framework, particularly if they think their actions won't be noticed by management (Doel et al., 2010; Gabbard and Crisp-Han, 2010).

Staff and volunteers tell me that when it comes to boundaries, they only really learn from making mistakes – and usually only after they *personally* have experienced negative consequences. So what we try to do in training, is to bring those experiences into a simulated environment. Like a pilot in a flight simulator, it's best not to practice on the real thing.

TRAINING

This way, workers and volunteers can safely learn through discovery. They discover by exploring their feelings; uncovering issues through questioning, and applying theories or frameworks that are given to them in order to make sense of common patterns (of behaviour).

Let's demonstrate using a scenario where participants are asked to apply a model called The Drama Triangle – the rescuer/victim/persecutor game (Karpman, 1968).

> *A centre-based care worker, Trudy, has driven to the shopping centre to pick up her teenage son. On the way home, Trudy sees Wilma – one of her clients - standing at a bus stop. It's raining very heavily so Trudy {"poor Wilma waiting in the rain"} stops and offers Wilma a lift. {rescuer!} During conversation in the car, Trudy {disclosure of personal information!} tells Wilma that she picks her son up from work every Thursday night.*

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> *From then on, Trudy sees Wilma at the bus stop with her shopping every Thursday night. Wilma waves to Trudy – and Trudy always gives Wilma a lift {"I'd be embarrassed not to"}. In conversation, Wilma talks about the difficulties of age, of frailty, and she talks of what a wonderful person Trudy is, how she couldn't be without her.*

> *After a while, Wilma stops seeing the arrangement as a favour. She behaves as though it is an obligation of Trudy's. She even complains when Trudy is late one day.*

A Drama Triangle can start at any point – for example, a person can behave as a victim and attract or create a rescuer, or a rescuer (Trudy, in this example) can perceive a victim, and by rescuing, create one. And the roles aren't always static. If a rescuer tries to pull back or put in limits, the victim may shift roles to become a persecutor – they may start to criticise, cajole or sulk (Wilma chastising Trudy for being 'late'). The rescuer may, in turn, then shift their role and become a victim – resentful, powerless…

If this Drama Triangle persists, Wilma is likely to become more dependant – she would be in a worse situation than before. And for Trudy it could lead to frustration and burnout. Simply breaking the established Drama Triangle could lead to bad feeling and resentment between Trudy and Wilma. Help and guidance is needed assist Trudy to extract herself from the Drama Triangle without damaging her working relationship with Wilma.

And training can help staff to spot potential Drama Triangles or other unhelpful behaviour patterns, and be able to avoid them. It's not about Trudy not giving Wilma a lift, it's about recognising and avoiding potentially unhelpful *patterns* of behaviour.

Now let's look at another brief example of the discovery learning technique, where *simply by questioning and reframing*, a different perspective was revealed.

> *A worker once told me that she kisses all her clients as they disembark from the bus.*

> *"Why"? I asked.*

> *"Because they are all like grandparents to me. They see me like their grand-daughter", she said.*

This is known as being cast as "fictive kin" (Barker, 2002; Weicht, 2009).

> *"But your not their grand-daughter", I said to her.*

> *And then as an exercise, I asked her to imagine the clients getting off the bus, but this time, imagining that they are all 35 years old. Instantly the emotional associations and feelings of grandchild were erased – and she said "Oooooh, I'm thinking of kissing Harry and Ted now, and it's a bit creepy".*

Time prevents me from following these examples with a discussion on how staff and volunteers might transition from established patterns of behaviour with clients, to new boundary aware patterns. But, I envisage that the move to enabling models of care, will uncover an established Drama Triangle or two.

My final point on training, and one that is highlighted by many academics and adult educators who work in the area of professional boundaries, is that boundaries training MUST include opportunities to explore professional values alongside personal values, using hypothetical scenarios based on real examples, and it must NOT rely on teaching rigid ethical rules and policies (Fronek, Kendall, Ungerer, Malt, Eugarde, Geraghty, 2009).

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CONCLUSION

In conclusion, I will leave you with some simple messages.

Firstly, keep Professional Boundaries on the agenda. Permanently.

Professional Boundaries policies may need updating and reviewing more often than others, and certainly, they need to be published and promoted regularly.

When developing professional boundary policies, be consultative. Try multiple strategies to invite differing views, and to provide the organisation with opportunities to explain some of the non-flexible boundaries that it has to work with – legal, insurance etc.

Beware of using only the top-down approach. You simply can't be judicial about this, you have to be consultative, and you have to compliment it with values based training, and I think discovery learning is particularly suited to this area.

Foster an understanding that professional boundaries exists in the territory of values and because of that, there are different perspectives and that it can be an emotionally charged topic.

Approach the topic not as right and wrong, good or bad, but as a field of differing, competing and shifting values, on which decisions and actions are based, and from which consequences result.

In training and supervision, develop in your staff, volunteers and managers, a working knowledge of phenomena such as transference and projection; and behaviour patterns such as the Drama Triangle. It doesn't have to be heavy duty psychology – just plain language and lots of examples -- & examples of real consequences. Provide opportunities for all to explore how common these issues are, and that the feelings we all get are not as unique as we might think.

Introduce and explore the concept of emotional work and emotional competence to assist staff to navigate that aspect of their work.

And finally, keep in mind that this may be a topic that will never be finished, and may never be totally agreed upon. All we can do is define the territory, to be clear about the black and white, but also provide a framework and opportunities to explore and manage the many shades of grey.

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	PO Box 195				
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	PO Box 195				
94 980 675 579	Roselands NSW 2196	jenny@jennybray.com.au	0423 153 022	please scan & email	www.jennybray.com.au