How Close is Too Close?
Recognizing when boundary lines blur.

Objectives:
- Identifying signs you are getting too close to a patient.
- Maintaining a healthy patient/caregiver relationship.
- Recognizing patients that may trigger a transposing situation.
- Learning how to care give and not care take.

Brian Jones, MS

You aren’t a nurse, you are an angel from above…
Some history…

- “a physician’s hand lengthened out to minister to the sick.”
- “self-sacrifice,…devotion to duty,…all the domestic virtues…the spirit which asks not what it is to receive but what it can give.”

The Paradox

- “…in order to create nursing as a profession that would be respectable enough to attract middle-class women who would not be a threat to medical authority, what took place was the downplaying of nursing knowledge and skill and the emphasizing of virtue and ethics. This meant that the very success of nurse reformers in creating the first mass profession for women put nurses in the paradoxical position of playing an important role in health care while sentimentalizing and trivializing the very critical role they played.”
So things have changed…right?

People believe there are beings that come to you in your darkest hour. Guide you when your life hangs in the balance. Cradle you. Calm you. Protect you. Some people call them guardian angels. We call them nurses.

2002 Ohio Health Systems
Nursing the Ultimate Adventure...(video aimed at jr. and sr. high students)

- Beverly Malone, at that time president of the American Nurses Association, declares: “The public loves me as a nurse and they don’t even know my name but if I say I’m an RN, there’s affection and warmth and an experience that means so much to me.” She is then followed by a young woman who advises that “if you really want a job where people will love you,” you should choose nursing.

More…

- 2002 Canadian convention for nursing students, “I didn’t know angels flew this low!”
- *Toronto Star*, “St. Joseph’s Angel of Mercy.”
- *Nothing is Impossible*, “I was like a child and the doctors seemed like parents, while the nurses became older brothers and sisters.”
One more…

- Being a nurse is all about holding someone’s hand. Being a nurse is about giving a really good shot to a six-year-old who’s terrified. It’s about putting an ice pack and making it better on someone…or getting the wrinkles out of the back of a sheet that’s causing someone to be uncomfortable who has to lay on the bed. They don’t have any other place to go. They have to be there. And sometimes, you know, just rubbing someone’s back is the answer to all their prayers.

Okay…so what’s your point?
Nurses are Professionals

- American Nurses Association Code of Ethics...doesn’t contain the “warm fuzzy” of nursing. It discusses the nurse as a true professional.

Who is attracted to nursing?

- History
- Media
- Recruitment
- People who need love?
- People who need affirmation?
- Codependents?
- The research is mixed.
Helping professions…

- “It has been suggested that co-dependency is more prevalent in the helping professions, especially nursing, and, further, that co-dependent individuals are attracted to the nursing profession.”
- “Nurses are often singled out as a group in which co-dependency traits are evident and even encouraged by the healthcare system.”
- “mental health practitioners, are, by definition, codependent…people in the field are non-recovering codependents who have not recognized that their professional practice is closely liked with the practice of their untreated disease.”

However…

- Others state the need for a continuum approach to measuring co-dependency, to ensure that the presence of caring behaviors in measurement tools will not create a bias against nursing, a profession based on caring.
- Some research shows that codependency isn’t any higher in nursing students than it is in sociology or business students.
Codependency—a “bastardized term.”

- “It is impossible for anyone walking the planet…to finish one of these books and not consider the possibility that he or she is codependent…the very act of compromising one’s needs to aid a loved one (or anyone) is now deemed symptomatic of a progressive disease process.”

Okay…so define it…what is it?

- History of the term is rooted in addiction circles.
- It is a fuzzy definition.
- “A codependent person is one who has let another person’s behavior affect him or her, and who is obsessed with controlling that person’s behavior.”
How could it work in healthcare?

1. “A codependent child ‘covers’ for her parent, making excuses and concealing abusive behavior. Don’t we do the same when we go along with dangerously low levels of care due to increasing acuity and chronic understaffing?”
2. Family members who are codependent compete for attention rather than supporting each other. In nursing, one-upmanship and intershift rivalries that are ostensibly over patient care issues duplicate this pattern.
3. A codependent child feels the fate of the family rests in her hands alone. In nursing, similar feelings render us unable to delegate tasks or to hire ancillary staff. They’re behind our readiness to take on non-nursing duties that rightfully belong to other departments.

More…

• “The codependent nurse’s compulsion to help conflicts with the patient’s need for autonomy and a return to self-sufficiency. She relates unwholesomely to her patients because she’s hoping that their gratitude will compensate for her childhood pain. She’s angry, too, because she caters to others’ needs while her own can never be satisfied.”
How can I avoid this stuff?

- Obsession over my patients.
- Over involvement with my patients.
- Taking better care of my patients than I take care of myself.
- Trying to fix my inner hurts by getting constant “kudos” from families?
- Thinking I am the only one who can take care of this patient.

Let’s talk about boundaries…

- Remember you are a professional.
- Yet, you are also a caring person.
- You want to “help” people. That’s okay.
- But you can’t do for people what they are unwilling to do themselves. That’s on them and not on you.
Boundaries

- Spaces between the nurse’s power and the client’s vulnerability.
- Crossings are brief excursions across boundaries that may be inadvertent, thoughtless or even purposeful if done to meet a special therapeutic need.
- Violations can result when there is confusion between the needs of the nurse and those of the client.

A Continuum of Professional Behavior

Zone of Helpfulness

- Under Involved
- Over Involved

Every nurse-client relationship can be plotted on the continuum of professional behavior illustrated above.
Boundary Guidelines…

- Are you serving the therapeutic needs of the patient or your own personal needs?
- Are you spending additional time with a specific patient once their therapeutic needs have been met?
- Do you manipulate patient assignments in order to care for specific patients?
- Do you disclose personal problems and/or information to a specific patient?

Boundary Guidelines…

- Do you withhold information regarding a specific patient from other members of the IDT?
- Do you give your home telephone number and/or address to a specific patient?
- Have you ever spent off-duty time with a patient?
- Do you keep secrets with patients?
- Do you become defensive if someone questions your interactions with a patient?
Boundary Guidelines

- Have you felt possessive of a patient, thinking that only you could provide the care the patient needs?
- Have you given gifts to or received them from a patient?

“It’s the professional’s responsibility to set boundaries.”

- Vicki R. Sheets, JD, RN, director for practice and responsibility for the National Council of State Boards of Nursing.
Appropriate Crossings…

- A nurse or patient may purposely cross a professional boundary for a period of time to establish or maintain a therapeutic relationship. The key is being able to differentiate between a helpful crossing and a harmful one.

Why are boundaries so important?

- They provide safe, competent and ethical nursing care.
- They give each person legitimate control.
- The patient’s dignity, autonomy and privacy are safeguarded.
- The nurse is recognized as a professional with certain obligations and rights.
- Each relationship will have unique boundaries. There is no “one size fits all.”
Transference/Transposing

- **Transference** refers to redirection of a patient's feelings from a significant person to the nurse. Transference is often manifested as an erotic attraction towards a nurse, but can be seen in many other forms such as rage, hatred, mistrust, parentification, extreme dependence, or even placing the nurse in a god-like status.

- **Counter-transference** is defined as redirection of the nurse’s feelings toward a patient, or more generally as a nurse’s emotional entanglement with a patient. A nurse’s attunement to her own countertransference is nearly as critical as her understanding of the transference.

Balanced Approach

- Right up front, set clear expectations with patients and families as to your role in the context of their care, your availability and the best ways to communicate with you.

- Recognize you are part of a care giving team with various disciplines having special expertise.

- Use professional colleagues or a mental health professional as a sounding board when you are uncertain about your patient/family behaviors.
Balanced Approach

- Address issues as they arise.
- Always check your objectivity.
- Rejecting a requested behavior does not imply a lack of caring.
- Seek professional counseling for yourself if you find you are constantly “over involving” yourself in the lives of your patients.

Balanced Approach

- Recognize that all work and no play makes for a dull boy.
- Realize there may be appropriate times to self-disclose and boundary cross.
- Self-reflection has to be ongoing.
Conclusion…

- Set the boundaries and stay within them.
- Nursing is a challenging profession needing excellent clinical skills along with a caring attitude.
- The best nurses take care of themselves so that they can properly take care of their patients.

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