Recognizing Professional Boundaries in your Clinical Practice: HIPAA, Social Media

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OBJECTIVES

1. Learn the definition of perception and how it affects the patient service environment.
2. Learn the four components of the staff-patient relationship and how to maintain a professional relationship to avoid boundary violations and more serious consequences.
3. Increase awareness of actions and behaviors on social media that can jeopardize your professionalism and lead to boundary crossing.
4. Learn 3 tips on how to maintain your professionalism in the dialysis setting.
What is Perception?
What do you see?
Why Is Perception Important In Relation To Boundaries?

1. Behavior is based on a person’s perceptions of what reality is;
   ~not on reality itself.

2. The world, as it is perceived, is the world that is behaviorally important;
   ~how you behave/react is based upon what you perceive.
What Factors Influence Perception?

**Individual (the perceiver)**
- attitude, motives, interests, experience, expectation, cultural

**Situation (or the context)**
- time, work setting, social setting
How Does Understanding Perception Help Me?

1. Increases your understanding of patient behavior:
   Why a patient is feeling as they are...relates to how they perceive you or the situation

2. Helps you manage your own responses and maintain your professionalism

*Because We Know Dialysis Is Unique*

Outpatient facilities are “Chronic”; Patients can receive care for many years
Patients are often cared for by the same personnel
Frequent appointments – especially in the beginning
Patients spend multiple hours at the facility
What Is Professionalism?

DEFINITION:

—behavior, actions and attitude that show respectful, reliable and generally have a businesslike manner in the workplace

So, how do we show respectful, reliable and businesslike manners?
# Respectful, Reliable And Businesslike Manner

<table>
<thead>
<tr>
<th>Respectable</th>
<th>Reliable</th>
<th>Businesslike Manner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use proper titles (Mr., Mrs., Ms) with last name unless given permission</td>
<td>Come to work ready to work</td>
<td>Keep relationship boundaries in place</td>
</tr>
<tr>
<td>Avoid using nicknames</td>
<td>Refrain from talk about your personal life</td>
<td>Keep noise level quiet and peaceful</td>
</tr>
<tr>
<td>Say Please and Thank You to patients and staff</td>
<td>Always include the patient when discussing care, not over the patient as if she/he were not there</td>
<td>Make the patients as comfortable as possible</td>
</tr>
<tr>
<td>Introduce yourself to new patients and tell them what your position is (with their care)</td>
<td>Follow through with what you said you were going to do</td>
<td>Address waiting times and explain why</td>
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<tr>
<td>Affirm the patient, notice something positive about the patient and tell them</td>
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Patients expect staff to act in their best interest and to respect their dignity.

This means that staff abstains from obtaining personal gain at the patients expense and refrains from inappropriate involvement in the patients personal relationships.

-National Council of State Boards of Nursing
Continuum Of Professional Behavior

Under Involved  
Cold & Distance

Zone of Helpfulness  
Therapeutic Relationship

Over Involved  
Boundary Violation
Components of Staff-Patient Relationship

POWER – the relationship is one of unequal power; the staff has authority, knowledge and access to privileged information and influence over the patient.

TRUST – patients are vulnerable and trust the staff to provide them with competent and professional care.

RESPECT – Staff respects patients individual needs and values.

INTIMACY – the nature of nursing practice creates an atmosphere of physical, emotional & psychological intimacy.
POWER = INFLUENCE

Therefore power in relationships is about how you influence another person.

Staff
+ Well (enough to work)
+ Strong
+ Well-informed/
  access to
  information
+ Dialysis is work/
  livelihood

Patients
- Sick
- Weakened
- Under-informed
- Dialysis is life
- Emotionally
  vulnerable
Boundaries

Act as an invisible line that should not be crossed

Keep the relationship between staff and patient both appropriate and safe

Protect you from misunderstandings and potential lawsuits (malpractice suits)
Boundary Crossing

The point at which your relationship changes from professional and therapeutic to unprofessional and personal.

Crossing the boundary means you misused the power in the relationship to meet your own personal needs rather than the needs of the patient.
## Comparison of Professional & Non-Professional Relationships

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Professional Relationship</th>
<th>Non-Professional Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remuneration</td>
<td>Nurses paid to provide care to the patient</td>
<td>No payment for being in friendship</td>
</tr>
<tr>
<td>Length of relationship</td>
<td>Time limited</td>
<td>May last a life time</td>
</tr>
<tr>
<td>Location of relationship</td>
<td>Place defined and limited to where nursing care is provided</td>
<td>Place unlimited; often undefined</td>
</tr>
<tr>
<td>Purpose of relationship</td>
<td>Goal directed to provide care to patient</td>
<td>Pleasure, interest-directed</td>
</tr>
<tr>
<td>Structure of relationship</td>
<td>For nurse to provide care</td>
<td>Spontaneous, unstructured</td>
</tr>
<tr>
<td>Power balance</td>
<td>Unequal power; nurse has more power due to authority, knowledge influence &amp; access to privileged information</td>
<td>Relatively equal</td>
</tr>
<tr>
<td>Responsibility for the</td>
<td>Nurse responsible for establishing &amp; maintaining professional relationship</td>
<td>Equal responsibility to establish and maintain</td>
</tr>
<tr>
<td>relationship</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time spent in relationship</td>
<td>Nurse employed under work agreement that outlines hours</td>
<td>Personal choice for how much time is spent in relationship</td>
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How Do You Know?

Examples Of Poor Boundaries

- Discussing aspects of your personal life with your patients
- Accepting tips, money or gifts
- Touching patients inappropriately
- Dating between staff and patients
- Staff and patients lend/borrow to/from each other
- Patients know your personal phone number, or address
- Friends on Facebook, Twitter or other online communities, social media
- You should not *buy* or *sell* to or from patients, such as: Avon, Girl Scout Cookies, cars...
- Attending parties with patients

Warning Signs Of Crossing Boundaries

- Spending extra time with patient beyond therapeutic needs
- Feeling other members of the team do not understand a specific patient as well as you
- Being guarded or defensive when someone questions your interactions with the patient
- Having nicknames or pet names for favorite patients
- Spending off-duty time with the patient/family
- Ignoring company policies when working with patient
- Keeping secrets with the patient apart from the staff team
- The patient refusing to talk to any one else
Professionalism

Confidentiality And Privacy

Patient information learned by the nurse during the course of treatment must be safeguarded by that nurse.

Confidential information should be shared only with the patients informed consent, when legally required or where failure to disclose the information could result in significant harm.

Privacy related to pts expectation and right to be treated with dignity and respect.

Self Disclosure- Is It Ever Appropriate?

Only to be done for therapeutic needs of the patient:
- refrain from disclosing personal information to meet your personal emotional needs.

Consider the whole context of the situation before using self disclosure:
- patients may feel their problems and feelings are being diminished by your self disclosure of similar problems.

Self disclosure to prompt a patient to talk or reduce denial on an issue you deem important is to be used rarely and cautiously:
- global statements from your nursing career vs. revealing personal specifics is a safer way to go i.e. ‘You seem really down and sad-we’ve all been there, I’ve been there, you are not alone, let’s talk about you’re concerns and together identify ways to feel better’.
Social Media - Facebook, Twitter....

Facebook has 2.45 billion active users as of 3rd quarter 2019

Twitter has 68 million users as of 1st quarter 2019

Source: https://www.statista.com/statistics
A Board of Nursing may investigate reports of inappropriate disclosures on social media by a nurse on the grounds of:

- Unprofessional conduct
- Unethical conduct
- Moral turpitude
- Mismanagement of patient records
- Revealing a privileged communication
- Breach of Confidentiality

Resulting in possible reprimand or sanction, assessment of a monetary fine, or temporary or permanent loss of licensure
Myths and Misunderstandings of Social Media

- That the communication or post is private and accessible only to the intended recipient. *(It can be shared with others)*

- Even if you delete a post it is still accessible

- A mistaken belief that it is acceptable to discuss or refer to patients if they are not identified by name, but referred to by a nickname, room number, diagnosis or condition. *(this is a breach of confidentiality and demonstrates disrespect for patient privacy)*

- Well intentioned posts are always okay
Illustrative Case Regarding Social Media

20 year old Nursing student was excited to be in her pediatrics rotation. She had always wanted to be a pediatric nurse. She was assigned to care for a 3 yr old pt in a major academic medial center’s pediatric unit. He was receiving chemo therapy for leukemia. When the mother went to get coffee the nursing student took the child’s picture as she wheeled him into his room because she wanted to remember his room number. When she got home that night she posted his picture on her Facebook page so her fellow nursing students could see how lucky she was to be caring for such a cute pt. Along with the phone she commented, “This is my 3 yr old leukemia patient who is bravely receiving chemotherapy. I watched the nurse administer his chemotherapy today and it made me so proud to be a nurse.” In the photo room 324 of the pediatric unit was easily visible.

A nurse from the hospital was browsing Facebook and found the photo. She reported it to hospital officials who promptly called the nursing program. Even though the nursing student had not intended to breach the pts confidentiality it didn’t matter. Not only was confidentiality compromised, but the hospital faced a HIPAA violation. People where able to identify the pt as a cancer pt, and the hospital was identified as well. Following a hearing the student was expelled from the program, the nursing program was barred from using that pediatric unit.
Points Related To The Illustrative Case

1. Even if the photo had been deleted it is still available. **It would be discoverable in a court of law.** Anything that exists on a server is there forever and could be resurrected later, even after deletion.

2. Anyone can access Facebook, take a screen shot and post it on a public website.

3. This is a violation of HIPAA, even though the student was well intentioned with her post. It could also put the student, hospital and nursing program at risk for a lawsuit.
Consequences of blurring the line would be..........................
When you accept gifts, you run the risk of feeling pressured to reciprocate by offering special care, or the patient may expect special care because they gave you a gift. Other patients see the special care given and can become upset, angry. Confuses the patient with respect to roles and expectations.
Prevention Is The Best Medicine

Set Your Boundaries

The best interactions
- Are goal-directed
- Have patient’s best interest at the root
- Promote *self-care* and independence
- Are consistent across all patients

- “Surface” information OK to discuss: married, kids, hobbies, etc (things you would tell a stranger)
- Past surface information should be off limits: Problems within the staff, relationship problems, gritty details of your life.
- Interaction is during on-duty time only
- No financial involvement

Check your answers

Ask yourself these 3 questions:

1. Am I willing to do this for **all** patients?
2. How does this activity assist the patient in the care of his or her ESRD and home dialysis care?
3. Can my actions be documented in the medical record?
Case Scenarios
Let’s Talk About Boundaries....

1. You’ve struggled for months with a challenging older male patient that has belittled you verbally and questioned everything you do. During one of his treatments in December he presses a folded $100 bill in your hand as he leaves the center. You don’t look at it until he is gone. What do you do?

2. The spouse of a 35 year old male patient sells Avon to ‘make ends meet since my husband got sick and lost his job’. During a visit she hands out a small gift bag to all the female employees with Avon products in it and says with tears in her eyes, ‘...if it weren’t for all of you I wouldn’t have my husband, please take this as my thank you.’ What do you do?

3. You are excited because today is your last day of work before you go on vacation. You spend the morning talking about all your plans; where you are going, with whom, what a great deal you were able to get. You then tell the pt that the airport shuttle is $150....so expensive!! The retired patient offers to pick you up and drive you to the airport to save you money. How do you respond to this patient?
YOUR QUESTIONS ANSWERED!
Bibliography


www.esrdnet5.org. Communication Training Modules, Professionalism in Dialysis Care