Setting and maintaining professional boundaries in paediatric clinical areas from an inter-professional perspective

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Overview of Presentation

- What has influenced the study
- Research Questions
- Methods
- Results
- Conclusions
- Recommendations
What has influenced the study

- Observations in practice
- Feedback from students
- Senior nurses agreeing to be godparents and accepting “friends” invites from patients on Facebook
- NMC guidance (NMC 2008)
- Limited literature in paediatric settings
Research Questions

- How do registered paediatric nurses and hospital play specialists set professional boundaries?

- What challenges and dilemmas do they face in maintaining a therapeutic relationship when caring for children and their families in hospital.
Methods

- Semi structured interview technique.
- Questions based around four themes.
  1. An understanding of professional boundaries
  2. Their importance
  3. Therapeutic relationship
  4. Self disclosure
- Purposive sampling
- Acute Hospital Trust
- N=10 (8 PNs, 2 HPS’s)
Data Collection

- Interviews recorded and transcribed verbatim
- Each lasted approximately 20-30 minutes
- Data downloaded and transcribed within 24 hours following each interview
- Maximum of 2 interviews per day
Data Analysis

- Thematic analysis – field notes and transcripts.
- Each researcher independently read the transcripts several times - systematically identified specific words, phrases or sentences to generate further themes.
- Data then further analysed for categories and themes to generate a description of the respondents experience.
Findings:

Professional boundaries: What are they? How important are they?

- No clear definition given (see table1)
Table 1: What are Professional Boundaries?

- Information sharing – not discuss personal issues or personal details.
- Relationship with family, child, siblings.
- Different to relationship with colleagues.
- Treating all patients equal.
- Continues outside the hospital – remembering your role as a nurse at all times, you are representing the hospital.
- Working within the Code of Conduct.
- Confidentiality
- Professional Distance.
- Defined through role
- Separation between professional and personal.
Findings:

Professional boundaries: What are they? How important are they?

- role of the nurse versus the role of the doctor (n=1)

- Professional Boundaries are important – give protection both emotionally and legally and made it easier to carry out their roles (see table 2).
<table>
<thead>
<tr>
<th>Table 2: How important is it to have Professional Boundaries?</th>
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<tbody>
<tr>
<td>• Shared responsibility</td>
</tr>
<tr>
<td>• Boundaries help you to maintain your own well being</td>
</tr>
<tr>
<td>• Boundaries help you to maintain equality</td>
</tr>
<tr>
<td>• Protection/Guidance</td>
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<tr>
<td>• Clinically beneficial for the child</td>
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<tr>
<td>• Image</td>
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<td>• Makes the job easier</td>
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Band 5 nurses and HPS’s found their Code of Conduct helpful in guiding them.

The most senior nurse (8a) saw reference to the code as punitive.
Challenges to maintaining professional boundaries

Lack of support

“There have been situations where you are just not prepared for it. And if you had just that little bit of guidance just to get confident enough to say I’m sorry but you are never given that. It’s almost as if when you qualify and become a nurse you are expected to know all the ins and outs of communication........................ when you are in that situation... asking for guidance, it’s as if you are given the brush off.”

(band 5 nurse PICU)
Challenges to maintaining professional boundaries

New modes of communication.

- Facebook
- Mobile phone numbers
- One CNS would give personal mobile number
- One Band 5 would accept being a friend on Facebook
- Comments of HPS – child not upset when refused friends request
Challenges to maintaining professional boundaries

What to do when see boundaries being broken?

- Hard to challenge if more senior person
- Could recognise when boundaries broken – meeting socially with families, parents doing nurses shopping, smoking together, babysitting
- Makes it hard when the child is on the ward / readmitted.
Challenges to maintaining professional boundaries

Special patients:
- Try to treat all children / families equally
- Would decline if asked to be a god parent – would feel bad about hurting the family.

“manipulative” families
- “some parents are good at probing”
- Makes it harder for nurse to control the situation - - boundary crossing.
- PICU particularly challenging – 1:1, shift pattern, easier to forget role and over-share.
- Impacts on therapeutic relationship
- Support and guidance seen as lacking from senior colleagues.
Findings:

Therapeutic relationship

- Nurses had a poor understanding
- Difficulty recognising non therapeutic
- Focus on the parent then the child will co-operate.
- Too busy to develop therapeutic relationship with the child – task orientated ie IV’s
- HPS’s had a clear understanding (see table 3)
Table 3: HPS’s view of what constitutes a therapeutic relationship.

- Helping the child by doing what is in their best interest.
- Preparing a child for a procedure
- Helping the child cope
- Advocating for the child
- Empowering the child
Findings:

Self Disclosure

- Poorly understood and defined.
- Focused on child disclosing - Safeguarding
- Some would share personal information with families
- Build up trust and rapport
- Made them human

“I know what it feels like because i’ve had an operation” (HPS)

- Majority felt could lead to over-sharing and boundary crossing
Conclusions

- Limited by small sample size, availability of staff, recruitment challenges.
- Nurses in particular face difficulties defining the concepts.
- Professional Boundaries are important but it is difficult speaking out and taking action.
- Seniority/experience influence how violations are addressed.
- PICU - challenging environment.
- HPS’s better understanding of therapeutic relationship – NAHPS Code.
Conclusions

- Nurses too busy to establish relationship – focus on parent
- Self disclosure – fine balancing act but helped to establish trust, rapport and reduce anxiety (Lussier M-T and Richard L 2007).
Recommendations

- Clinical Supervision
- Preceptorship programmes
- Pre and post registration training programmes – ethics, code of conduct, professional boundaries, communication and “zone of helpfulness” (Holder and Schentha 2007).
- Productive ward – release time to care.
- Policies on use of social media.
References


Any Questions?

Thankyou.