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Nova Scotia College of Physiotherapists

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Post Office Box 22, Smiths Cove, NS B0S 1S0

(P) 902-221-7254 (F) 902-245-3134



# Managing Professional Boundaries





PROFESSIONAL VERSUS PERSONAL RELATIONSHIPS		
Aspects of a Relationship	PROFESSIONAL Relationship	PERSONAL Relationship
Money	Money is paid to the physiotherapist for patient care	Shared
Length	Limited to the duration of physiotherapy	May last a lifetime
Location	Confined to the treatment location	No boundaries
Purpose	To provide care to patient	To enjoy oneself
Structure	Defined by the appointment length (and nature of care required)	Spontaneous and unstructured
Power balance	The physiotherapist is empowered by professional skill and has access to the patient's private information	Shared
Responsibility for the relationship	The physiotherapist establishes and maintains the professional relationship	Shared

Adapted from: British Columbia Rehabilitation Society, 1992.

# Setting the Stage for a Therapeutic Relationship

As physiotherapists, there are things we can do to establish clear **professional boundaries**.

These include:

- √ **Introducing ourselves** by name and professional title and providing a description of our role in the patient's care.
- √ **Obtaining informed consent** for assessment and treatment (*Informed Consent Practice Standard*)
- √ **Adhering to privacy regulations** (*Personal Health Information Act or Freedom of Information and Protection of Privacy Act*).
- √ Maintaining **professional** social media pages as **separate** and distinct **from personal** social media. (*Ref: Social Media Advisory*)

***Physiotherapists have a responsibility to be aware of the vulnerability of patients and the imbalance of power. They need to create an environment that is respectful and ensures dignity so that patients feel safe and able to ask questions.***

# Be Sensitive to Context in Which Care is Provided

The relationship between a physiotherapist and their patient is fundamental to the delivery of safe, effective physiotherapy care. A **therapeutic relationship** is based on trust and respect. Regardless of the setting or the length of the interaction, the physiotherapist is expected to use professional judgement and act ethically to manage the boundaries of the relationship.

**Personal Closeness** is part of a therapeutic relationship. This does not refer to sexual intimacy in this context, but rather includes such aspects of the treatment as *physical closeness, disclosure of personal information, varying degrees of undress/exposure, and sometimes emotional behaviours.*

*Some environments may feel very informal, and the boundary between professional and personal relationships may seem less clear. While it is important to be nice, it is also important to maintain professional boundaries.*



## When in doubt, ask yourself:

- Is this therapeutic...am I doing something to assist the patient in achieving their therapeutic goals?
- Will the patient expect all physiotherapists to perform in the same way?
- Could the activities cause confusion for the patient as to the role of the physiotherapist?
- Will the payer fund these activities as part of the physiotherapy care plan?
- Would I be comfortable telling a colleague about this activity?

# Accepting Gifts



## Are There Strings Attached?

In general, accepting gifts is part of a personal relationship; not a professional relationship.

Accepting a gift from a patient always carries some degree of risk.

### Context is everything.



Ask yourself ...:

- ◆ What motivated my patient to give this gift?... A desire for a 'special relationship' or future preferential treatment?
- ◆ Did my self-disclosure (i.e. my upcoming birthday) make the patient feel obligated to bring the gift?
- ◆ How will accepting the gift impact my ability to make objective, unbiased clinical decisions?
- ◆ Could others perceive that accepting the gift constitutes fraud or theft, or be a result of manipulation?

## Assessing the Risk in Accepting Gifts

Gift to group  
Token gift  
Spontaneous gift  
'Thank you' gift on discharge

Gift to an individual  
Valuable money/gift  
Solicited gift  
Gift given during treatments  
Gift from 3<sup>rd</sup> party insurer

# Rural & Specialized Practitioners

Rural practitioners may have to treat members of their community with whom they have business /casual relationships or friendships, if they are the only provider available.

Professional boundaries ensure that **the person's needs come first** when they are in the role of a patient, and that confidentiality is always upheld.

## **Tips:**

- ◇ Develop strategies to redirect treatment-related questions to the clinic setting when they arise in the community.
- ◇ Don't discuss patient care in non-clinical settings.
- ◇ Ensure you have an upfront conversation with your patient about your professional accountability related to privacy and what that means, in your community.

# Sensitive Practice... Standard Precaution

*The incidence of abuse/trauma suggests that "sensitive practice" should be a standard precaution in all patient interactions.* (Schachter et al., 2009).

## **Sensitive practice can be demonstrated by:**

- ▶ Investing adequate time to develop a rapport with the patient.
- ▶ Letting patients know they can bring someone with them to their treatments.
- ▶ Explaining the subjective and objective assessment before you proceed.
- ▶ Providing an opportunity for patients to ask questions.
- ▶ Completing the history *before* asking a patient to remove any clothing for the physical examination.
- ▶ Ensuring privacy for undressing and dressing.
- ▶ Re-visiting consent as assessment and treatment progresses.

The physiotherapist may not learn of the patient's vulnerability until a later time, if ever. By demonstrating sensitive practice, we can decrease the likelihood of inadvertently re-traumatizing survivors of abuse

*(Schachter et al., 2009)*

# Treating Family, Friends & Co- Workers

While this may seem appealing, the overlap between a personal and a professional relationship makes maintaining appropriate boundaries particularly difficult.

## What are the risks?

- ▶ The physiotherapist's ability to be objective may be compromised.
- ▶ The physiotherapist may make assumptions instead of asking thorough questions.
- ▶ The patient may not want to answer questions honestly (due to potential embarrassment, or not wanting to hurt the physiotherapist's feelings if they are not improving or are non-compliant).
- ▶ The physiotherapist's documentation and maintenance of the health records may not adhere to regulatory standards.
- ▶ The professional relationship may be compromised by the quality of the personal relationship, and vice versa.

**College Registration Regulation 50:3 (c) prohibits billing 3rd party payers for treatment of immediate family members.**

# Boundary Blurring



## Yellow Lights: Warning Signs For Boundary Crossings

Boundary blurring often results from “innocent” or “inadvertent” actions and choices.

- Scheduling more or less time /sessions than required to meet therapeutic goals.
- Providing differential treatment based on looks, age, or social standing.
- Accepting personal invitations, either online or in person.
- Sharing excessive personal information, or personal problems with a patient.
- Dressing differently when seeing a particular patient.
- Frequently thinking about, or communicating with, a patient outside of the context of the therapeutic relationship.
- Being defensive, embarrassed, or making excuses when someone comments on or questions your interactions with a patient.
- Providing the patient with personal contact information unless required in the context of a therapeutic relationship.
- Accepting gifts that may create a sense of obligation to provide special treatment, or that would compromise clinical judgment.

*It may be tempting to do more for a patient than is warranted by the care plan. (e.g. Share a meal, answering their phone and taking messages, transporting the patient in your personal vehicle, etc). While these may be helpful in nature, they may also be perceived to be outside the professional role.*