


**Hospice Clinician Boundaries:  
Achieving Balance and  
Avoiding Burnout**



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**Disclosures**

Katherine Morrison and Cindy Campbell, the faculty for this educational event have no relevant financial relationship(s) with ineligible companies to disclose



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**Learning objectives**

Upon completing this session, participants will be able to:

- Describe the importance of establishing clear professional boundaries in healthcare at home
- Explain two ways effective boundary-setting impacts compassion fatigue and burnout
- Discuss the impact of maintaining healthy boundaries on patient and family satisfaction



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## Boundary defined

- Something (such as a river, a fence, or an imaginary line) that shows where an area ends, and another area begins
- A point or limit that indicates where two things become different
- Unofficial rules about what should not be done: limits that define acceptable behavior

Source: <https://www.britannica.com/dictionary/boundary>



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## Professional boundaries

- The limits to the relationship between someone in a professional role and the person in their care, the borders that mark the edges between a professional relationship and a personal relationship. They are like the riverbanks to the river, allowing work to take place, in a defined space. (Pbc\_Admin, 2021)
- The spaces between the nurse's power and the patient's vulnerability (NCSBN, 2024)

*'The limits that allow for a safe connection based on the client's needs'. ~ Marilyn Peterson (Author)*



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## What are professional boundaries?

Patients & Families	Teammates
<ul style="list-style-type: none"> <li>• Mutually understood physical and emotional limits of the healthcare professional and patient</li> <li>• Clearly established limits to allow for safe connections and interactions between the healthcare professional and patients</li> <li>• <b>"Being with"</b> the patient, not becoming the patient or part of the patient's family</li> </ul>	<ul style="list-style-type: none"> <li>• Mutually understood physical and emotional limits of the healthcare professional and co-workers</li> <li>• Clearly established limits to allow for safe connections and interactions between the healthcare professional and co-workers</li> <li>• Providing empathic listening and honest feedback to co-workers, not acting as a therapist or rescuer</li> </ul>



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## Professional boundaries cont.

Patients & Families	Teammates
<ul style="list-style-type: none"> <li>Ability to know where you end and the patient begins</li> <li>A clear understanding of the limits and responsibilities of your role as a health care professional</li> <li>Being friendly, not friends</li> </ul>	<ul style="list-style-type: none"> <li>Ability to know where your professional responsibilities end and personal accountability begins</li> <li>A clear understanding of each discipline's scope of practice</li> <li>Being respectful and professional while at work and leaving "friendships" outside of work</li> </ul>



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## Importance of boundaries

- In any professional relationship there is an inherent imbalance of power. The professional's power arises from the patient's trust that the professional has the expertise to help with his/her care.
- There is potential to innocently or inadvertently cause harm.
  - We possess that potential through entering into actions and behaviors we *think* and *believe* are innocent.
  - We enter into those actions and behaviors because we care about the people we serve and those we work with.
- Boundaries are important to protect the clinician, protect the patient/family, and to protect the agency.



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## Significance

Patients & families	Team members
<ul style="list-style-type: none"> <li>Role model to the patient and family, healthy communication, and professional relationships</li> <li>Staying focused on one's responsibilities to the patient and provision of helpful and appropriate services and behaviors to the patient</li> <li>Avoiding the "rescuer" role that promotes martyrdom in the professional</li> </ul>	<ul style="list-style-type: none"> <li>Promote healthy communication that allows each person to grow as a professional</li> <li>Staying focused on one's responsibilities to the patient and the provision of helpful and appropriate services while not becoming enmeshed with co-workers' behaviors or reactions</li> <li>Avoiding the "rescuer" role that promotes martyrdom in one professional while creating victim or less competent status in another</li> </ul>

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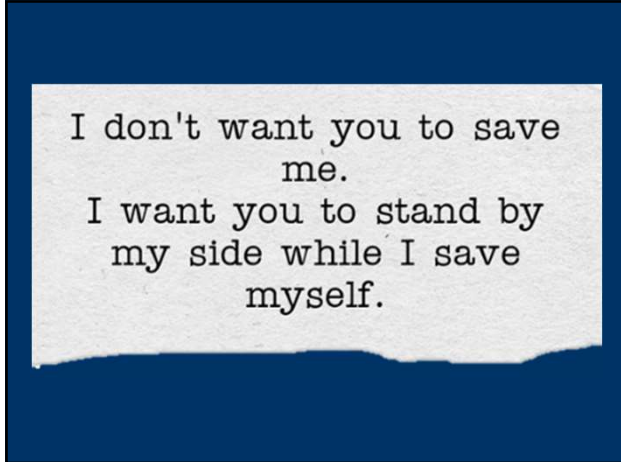
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**Ethical dilemmas**

- Confidentiality
- Informed consent
- Gifts
- Moral beliefs
- Dual relationships
- Laws and regulations
- Agency policies and procedures

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**Boundaries in Hospice**

- Professionals work in an emotionally charged environment
  - Can trigger one's own feelings and responses
    - Mortality
    - Previous loss history
    - Decision making
    - Treatments

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### Difficulty maintaining boundaries

- Conflicts in values
- Perfectionism
- Social conditioning
- Vicarious trauma
- "Hero" role
- Poor teamwork
- Dual or multiple relationships
- Close proximity
- Frequent interactions

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**I'M STRONGER BECAUSE I HAD TO BE. I'M SMARTER BECAUSE OF MY MISTAKES. I'M HAPPIER BECAUSE I HAVE OVERCOME THE SADNESS I'VE KNOWN, AND I'M WISER BECAUSE I HAVE LEARNED FROM MY LIFE.**

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### Self reflection

- What are MY unmet needs?
- Where am I vulnerable?
- What wounds do I have?
- What are my motivations, my causes, or my reasons?
- *Am I a rescuer?*

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## Characteristics of rescuers

- Provide quick fixes
- Take ownership of things they don't own
- Feel caught in the middle
- Drained from resentment
- Hide the truth to protect people
- Like to control the show
- Difficult watching less competent people learn new skills
- Obsess about other people's problems
- Get angry when others don't take their advice
- Difficulty saying "no"

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## A continuum of professional behavior



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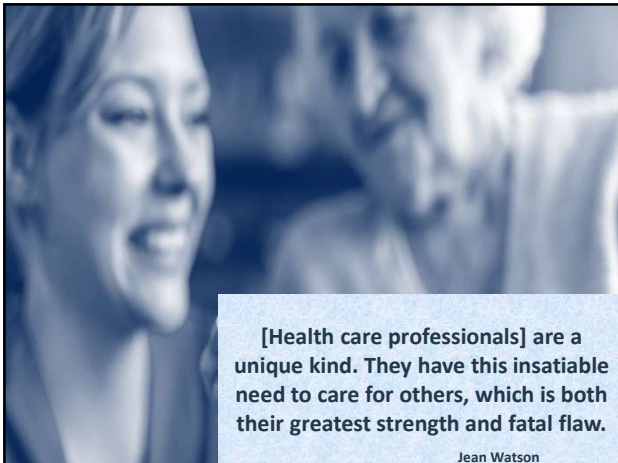
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## Consequences

**Health care professional**

- Burnout/compassion fatigue and excessive emotional grief
- Potential for triangulation or splitting of team members
- Impact on professional decision making
- Team members can feel betrayed or abandoned
- Team members can feel set up for failure if provider is a "rescuer"
- Reputation of the agency can be put at risk
- Provider could violate professional ethical standards
- May be emotionally traumatized and/or put in danger



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## Consequences

**Patient and Family**



- May not receive services necessary to meet their needs
- May be reluctant to accept future services
- May feel betrayed or abandoned
- May feel poorly served by teammates if the primary provider is a "rescuer"
- May feel responsible for the well-being of professional
- May feel additional stress or burden worrying about the professional
- May cheat patient and families of the ability to create new behaviors or develop new skills
- Patient outcomes at risk – can infer loss of rights through overinfluence that disallows patient choice

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## Signs of boundary issues



- Frequent thoughts or rumination
- "Friends"
- Gifts
- Personal contact information
- Knowledge of personal information
- Socializing
- Providing assistance outside the professional role
- Sharing feelings



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# Strategies for healthy boundaries

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## Preventing boundary issues

Ask yourself:

- Does this serve the best interests of patient and/or family?
- Who's needs are being met?
- How would I feel telling a co-worker or supervisor about this?
- Am I treating this patient/family differently?
- Would I be comfortable documenting this decision/behavior in the medical record?
- Can the patient/family provide care without a "dependence" on me?
- Am I working harder than the patient and family?



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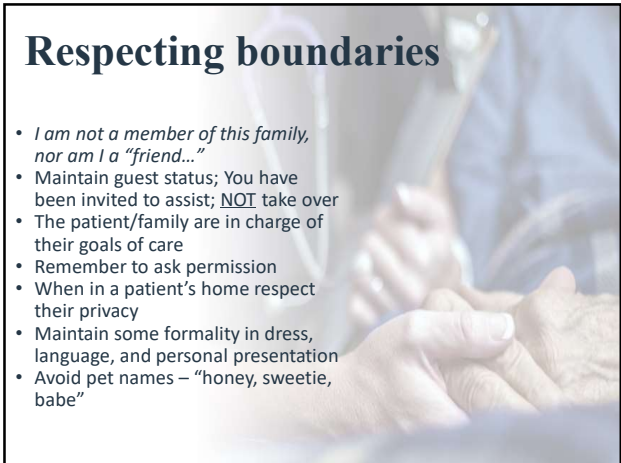
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## Respecting boundaries

- *I am not a member of this family, nor am I a "friend..."*
- Maintain guest status; You have been invited to assist; **NOT** take over
- The patient/family are in charge of their goals of care
- Remember to ask permission
- When in a patient's home respect their privacy
- Maintain some formality in dress, language, and personal presentation
- Avoid pet names – "honey, sweetie, babe"



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## Therapeutic Relationships

- An agreed upon purpose:  
*to meet the needs of the patient/family as related to the terminal diagnosis*
- A specific time frame:  
the relationship **ends** when the pt/family no longer need services
- Interests of patient/family are primary:  
all team members are focused on the interest/goals of the pt/family
- We are not there to meet our own needs
- Professional has specialized knowledge/skill:  
professionals have specialty training in care of the dying



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## Therapeutic Relationship

**Transference:** when a patient or caregiver redirects their feelings about a specific person onto the clinician


*Examples:*

- Patient or caregiver puts unrealistic demands on you
- Patient or caregiver displaces anger onto you during a visit when talking about an abusive relationship

**Countertransference:** when you as the clinician transfer your feelings onto the patient or caregiver

*Examples:*

- A clinician offers advice instead of listening to the patient or caregiver's experience
- A clinician inappropriately discloses personal experiences to the patient or caregiver



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## Boundaries and social media

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## Health care & social media

Social media impacts confidentiality and privacy

**Privacy** is the patient's expectation to be treated with dignity and respect

**Confidentiality** is safeguarding patient information

- Any patient information learned by the clinician during treatment must be protected by the clinician
- Such information may only be disclosed to other members of the health care team with the goal of providing care
- Confidential information should be shared only with the patient's informed consent
- Clinicians are obligated to safeguard confidential information

Source: [NCBSM.org/ProfessionalBoundaries/Complete.pdf](https://www.ncbsm.org/ProfessionalBoundaries/Complete.pdf)



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## Use of social media

- More millennials are entering the healthcare workforce
- Social media use is integrated into daily life
- Many academic programs incorporate social media into distance learning via interactive online learning environments
- Policies and procedures regarding the use of social media for healthcare organizations



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## Social media violations

- Citadel Winston-Salem — TikTok
- Spectrum Health — Instagram
- Ballad Health — Online
- Lincoln Hospital — YouTube
- Hospital Corporation of America — Facebook group
- Elite Dental Associates — Yelp
- Glenview Nursing Home — Snapchat
- Northwestern Medical Regional Group — Twitter
- South Carolina Hospice/Home Healthcare — Instagram direct message

Source: <https://etactics.com/blog/social-media-hipaa-violations>



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## Social media risks

- Privacy rights violations
- Impact on work/life balance
- Misrepresentation or damage to an organization or agency
- Discovering personal information that could be concerning
- Personal opinions being seen by a wider audience than intended

Photo: <https://bigthink.com/the-present/social-media-distorts-reality/>

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## To friend or not to friend?

Before clicking "Accept"	Reconsidering after accepting	Making a "Go" of social media
<ul style="list-style-type: none"> <li>What is my intent in creating this connection?</li> <li>Is accepting in the patient's best interest?</li> <li>Am I accepting for the patient's benefit or my benefit?</li> <li>Are there institutional guidelines?</li> <li>Is there a better alternative?</li> </ul>	<ul style="list-style-type: none"> <li>How do I gracefully "unfriend" to minimize damage?</li> <li>Has my online communication detracted from my ability to probe intimate history or to give bad news if needed?</li> <li>Have I considered the affect this may have on colleagues?</li> </ul>	<ul style="list-style-type: none"> <li>Know your audience-social sites may better reach adolescents and young adults</li> <li>Institutions should consider guidelines for success while minimizing risks to patient privacy and professional relationships</li> <li>Utilize ability to quickly disseminate information</li> </ul>

Adapted from Wiener et al. (2012).



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## Patient information

Recreational drug use	Non Compliance	Suicidal ideation	Unreported symptoms	Use of alternative medicine	Risky sexual behavior
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Dilemmas raised:

- Should I report or document it?
- Should I confront the patient?
- What do I say, if anything?
- Are there negative consequences of doing nothing?
- Does this change my view of the patient?
- Could this affect our professional relationship?
- Would I be able to treat this patient the same as others?



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# Personal information

Personal contact information	Other patients in your network	Religious or political affiliations	Relationship status
Statements about your job	Unprofessional images	Health issues	Lifestyle choices

Dilemmas raised:

- ✓ Am I violating rules about patient privacy?
- ✓ Could this affect the patient's view of me as a professional?
- ✓ Could the patient contact me personally outside of work?
- ✓ Could this affect my professional rapport with the patient?
- ✓ Could information learned about my life outside of work negatively affect my reputation?



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# Conclusion

- It is important to establish professional boundaries as they protect the professional, teammates, and patients/families
- Poor boundaries can cause harm/trauma to the professional, co-workers, and patients/families
- Allow patients/families the ability to be the hero of their own story
- Question intent and whose need is being met
- Use caution with social media



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# Scenario 1

Mrs. Johnson who is always the perfect hostess offers Cindy a cup of coffee every time she visits. Cindy accepts the coffee and then starts her care after her coffee and brief chat with Mrs. Johnson.

Mr. Johnson has been on service for over a year now. Mrs. Johnson who is 85 and very small is getting more and more fatigued and is showing signs of her own decline. Despite this, she continues to make sure Cindy has a cup of coffee at every visit.

- Is this a boundary issue?
- Why?



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## Scenario 2

Sandy and Jenny have worked together for a number of years and consider themselves "friends" in and outside of work. One day, Sandy was telling Jenny how frustrated she was that Linda, one of the other staff members had not "finished" what she saw to be Linda's work for the day.

Jenny decided to call Linda and tell her that she needed to complete her work every day and not leave it for Sandy to have to complete later.

- > Is this a boundary issue?
- > Why?



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## Scenario 3

Sara has been the professional caring for Mrs. Smith for many months. Recently Mrs. Smith has taken a turn for the worse and despite Sara's expertise and diligence, Mrs. Smith develops a UTI. She is non-responsive, so the Medical Director opts not to treat with antibiotics. Sara takes this very hard and apologizes to the family for not preventing this from happening. The niece who has become very fond of Sara, consoles her and tells her this is not her fault.

- > Is this a boundary issue?
- > Why?



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## Scenario 4

Sally had been managing Mrs. Jones' case for over a year. Sally is very fond of Mrs. Jones and her family. After considering changes in assignments by management, Sally notifies Mrs. Jones' daughter that she may no longer be the team member on her case. She informs the daughter how important continuity of care is and that her mom probably wouldn't do as well with another team member. The daughter becomes upset and calls the office to speak with a supervisor.

- > Is this a boundary issue?
- > Why?



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## Scenario 5

Kelly has been asked to help Julie with a particular patient. When getting all the items necessary to deliver care, Kelly complains to Julie about how many miles she must drive to some of her patients. Julie takes the opportunity to remind Kelly that she too has patients many miles apart at times as do other staff members. Kelly ignores this and starts to discuss patients she has had in the past and that she was the only one that has had to drive that far.

- > Is this a boundary issue?
- > Why?



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## Scenario 6

Jasmine has been taking care of Mr. Card for many months now. His appetite has always been poor but whenever he was offered a Wendy's Frosty, he would drink the whole thing. Jasmine made a habit of picking up a Frosty before each visit. With very short notice, Jasmine's husband was transferred to a new location, and she had to give up her position caring for Mr. Card. Viola was asked to replace Jasmine. She was informed of the Frosty "deal" but Viola who was recently divorced did not have the financial means to continue this practice.

- > Is this a boundary issue?
- > Why?



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## Scenario 7

Mrs. Poe's daughter Shelby tells Tim that she needs a specific piece of equipment because of the pain she experiences. Tim tells Shelby that he's "old school" and that she doesn't need that fancy new stuff, he can show her a better way to move her mom. Shelby again tries to explain that they have tried other things and it is too much for her mom without this piece of equipment.

- > Is this a boundary issue?
- > Why?



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## Scenario 8

Sammie has been caring for Markus who has high needs and a high needs family. The patient/family have her personal cell phone number and call whenever they have a "crisis." Markus has frequent "crises" and talks to Sammie almost daily. None of the other members of the team have been part of the plan of care and Sammie complains of being overwhelmed with the high needs of this patient/family.

- > Is this a boundary issue?
- > Why?



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## References

Cambridge Dictionary. (2022, June 8). *boundary meaning: 1. a real or imagined line that marks the edge or limit of something; 2. the limit of a subject or... Learn more.* Retrieved from <https://dictionary.cambridge.org/us/dictionary/english/boundary>

Daigle, A. (2020). Social media and professional boundaries in undergraduate nursing students. *Journal of Professional Nursing, 36*(2), 20–23. <https://doi.org/10.1016/j.profnurs.2019.08.007>

Dane-Schultz. (2022, October 26). Social media Utilization in Undergraduate Nursing Education: An Integrative Literature review. HIMSS. <https://gkc.himss.org/resources/social-media-utilization-undergraduate-nursing-education-integrative-literature-review>

Laporte, L. & Ramirez, E. (2019, November 5). Ethics and boundaries: recommendations for direct care workers. Retrieved from <http://www.norcocmh.org/wp-content/uploads/ATTACHMENT-D-PROVIDER-BOUNDARIES-AND-ETHICS-PRESENTATION.pdf>

Lee, K. (2018, September 11). Why is it so hard to set boundaries? [Blog post]. Retrieved from <https://www.psychologytoday.com/us/blog/rethink-your-way-the-good-life/201809/why-is-it-so-hard-set-boundaries>

Maintaining professional boundaries in home health care. (2024, September 13). NurseMagic. <https://www.nursemagic.ai/post/maintaining-professional-boundaries-in-home-health-care>

Miles, L. (2014). Draw the Lines: The Art of Setting Boundaries. Pallimed – A Hospice & Palliative Care Blog. Retrieved from <https://www.pallimed.org/2014/09/draw-lines-art-of-setting-boundaries.html>

National Association of Social Workers (NASW). (n.d.). NASW – National Association of Social Workers Code of Ethics. Retrieved from <https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English/Social-Workers-Ethical-Responsibilities-to-Clients>

NCSBN: National Council of State Boards of Nursing. (2024). *A Nurse's Guide to Professional Boundaries.* [https://www.ncsbn.org/public-files/ProfessionalBoundaries\\_Complete.pdf](https://www.ncsbn.org/public-files/ProfessionalBoundaries_Complete.pdf)

NCSBN. (2018, June). *A nurse's guide to the use of social media.* NCSBN Leading Regulatory Excellence. Retrieved from [https://www.ncsbn.org/NCSBN\\_SocialMedia.pdf](https://www.ncsbn.org/NCSBN_SocialMedia.pdf)

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## References

O.C.S.W.S.W. (2023, May 12). *ETHICS→A: Ethical Decision-Making Tool.* OCSWSSW. Retrieved from <https://www.ocswssw.org/ocswssw-resources/ethics-a-ethical-decision-making-tool/>

Overstreet, K. (2021, January 26). *Transference vs. Countertransference: What's the big deal?* Therapist Development Center Blog. <https://www.therapistdevelopmentcenter.com/blog/transference-vs-countertransference-whats-the-big-deal/>

Pbc\_Admin. (2021, August 20). *Professional Boundaries FAQ.* The Professional Boundaries Company. <https://professionalboundaries.org.uk/faq/>

Perry, A., APN, MEd (2011). *Crossing the Line. Real stories of boundary violations and what we can learn from them.* NHPCO Membership Publication: NewsLine. Retrieved from [https://nhpc.org/wp-content/uploads/2019/08/Crossing\\_the\\_Line\\_October\\_2011\\_NewsLine.pdf](https://nhpc.org/wp-content/uploads/2019/08/Crossing_the_Line_October_2011_NewsLine.pdf)

Professional Boundaries FAQ. (2021, August 20). The Professional Boundaries Company. <https://professionalboundaries.org.uk/faq/>

Sanders, S., Bullock, K., & Broussard, C. (2012). Exploring Professional Boundaries in End-of-Life Care: Considerations for Hospice Social Workers and Other Members of the Team. *Journal of Social Work in End-Of-Life & Palliative Care, 8*(1), 10–28. <https://doi.org/10.1080/15524256.2012.650671>

Seed, S., & Walton, J. (2012). Caring for Self. *Journal of Hospice & Palliative Nursing, 14*(7), E1–E8. <https://doi.org/10.1097/JHNP.0b013e31825c1485>

Unhjem, J. V., & Hem, M. H. (2025). Nurse-patient relationship boundaries and power: A critical discursive analysis. *Nursing Ethics.* <https://doi.org/10.1177/09697330251314093>

van Sickle, C. B. (2022, June 30). *Practice Notes: ETHICS→A.* Perspective. Retrieved from <https://perspective.ocswssw.org/practice-notes-ethics-a/>

Wiener, L., Crum, C., Grady, C., & Merchant, M. (2012). To Friend or Not to Friend: The Use of Social Media in Clinical Oncology. *Journal of Oncology Practice, 8*(2), 103–106. <https://doi.org/10.1200/jop.2011.000352>

Wolf, K. & Krebs, F. (2008, July). *Maintaining professional boundaries in interpersonal work.* Retrieved from [http://www.hhvna.com/files/HCI/Maintaining\\_Professional\\_Boundaries\\_in\\_Interpersonal\\_Work\\_Handout.pdf](http://www.hhvna.com/files/HCI/Maintaining_Professional_Boundaries_in_Interpersonal_Work_Handout.pdf)

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**The End**



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