

Strategies to Help Set Better Boundaries

Dealing with other people's emotional and physical needs can be physically and emotionally draining. While you want to be there for your patients, you also need to take care of yourself. Creating and sticking to appropriate CHW-patient boundaries will help you avoid being pulled too deeply into patient relationships. Do this despite your wanting to help, the trust you have built with that patient, and your patient's complex needs. Setting and sticking to boundaries is difficult work. This article presents several boundary-setting strategies that will help you at your job. Nevertheless, remember that you should always talk to your supervisor about questions you might have. You should do this because supervisors have a lot to share with you on this important topic. They can help you improve your skills in this area.



“Taking care of yourself first is the foundation for taking care of others.”

— Barbara Caldwell, PhD, APN-BC
Professor and Specialty Director for Psychiatric Mental Health
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STRATEGY 1 DEFINE YOUR BOUNDARIES

Boundaries, which are the invisible lines that we draw between ourselves and others, are essential to healthy relationships. When you define your duties and responsibilities, you are setting boundaries by clearly defining what you are willing to do for your patients. If you start doing things that go beyond these tasks and activities, you may wind up feeling emotionally and physically exhausted. *Talk to your supervisor or colleagues if you are unclear about appropriate work boundaries.*

TYPES OF BOUNDARIES

There are three types of boundaries: professional, personal, and physical. See the table below for definitions and examples of types of boundaries.

Boundary setting is a good topic of discussion for your weekly staff meeting. It is likely that others on your team can also use help in learning to set boundaries. If you are having trouble setting limits with a particular patient, you can also bring it up in private with your supervisor or one of the nurses.

TYPES OF BOUNDARIES: PROFESSIONAL, PERSONAL, AND PHYSICAL

Type	Definition	Examples
Professional	Setting limits around job responsibilities and duties	<p>If you don't set professional boundaries, patients are likely to ask for help with tasks that are outside of your job responsibilities. They may ask you to help with food shopping, laundry, or even babysitting. They may drag you into family situations that are frankly not your business.</p> <p>You may also get too emotionally involved with your patients. You could lose track of what your role is and how far to get involved.</p>
Personal	Limiting the amount of personal information you share with patients	<p>When you share too many personal details about your kids, family, or personal struggles, it may be hard to draw a line between work and home. Stick to sharing information that would be useful to patients. This isn't about you. It's about the patient.</p>
Physical	Limiting the amount of contact you have with patients outside of work hours	<p>Since you live in the same community, patients may stop you on the street to talk about their issues—even when you are not actively working. Nicely, let people know what your boundaries are and tell them when you are available for work-related conversations.</p>

STRATEGY 2 KNOW WHEN YOUR BOUNDARIES ARE CROSSED

There may be patients who ignore your boundaries, even when you have made it clear what they are. Get in touch with the feelings that indicate your boundaries are being crossed:

- 1 Discomfort: Feeling uneasy, anxious, or embarrassed when you are around someone
- 2 Resentment: A feeling you have when you think someone is taking advantage of you or feeling that you are being treated unfairly

- 3 Guilt: Feeling that you are obligated or responsible to say "yes," even though you really want to say "no."

If you are experiencing feelings of discomfort, resentment, and guilt around certain patients, discuss it with your team and your supervisor. Together you can develop a strategy for addressing these feelings by setting better boundaries.

“I had a patient who was always calling when I was in my college class. Initially, I would leave the class and take the call. I soon began to resent the interruptions, but was uncomfortable telling him that I was busy. After speaking to my manager, I realized how important it was for me to communicate my boundaries and to tell him I could not answer the phone while at school.”

—Victoria Lane (CHW, Supervisor)

STRATEGY 3 COMMUNICATE YOUR BOUNDARIES

Don't expect people to read your mind. Although it may feel cold and unfeeling to set boundaries, doing so prevents your patients from expecting you to do inappropriate favors. If you let patients cross your boundaries even over little things (like

giving them money to buy a donut), you may become resentful. It will be harder to say "no" the next time. Set boundaries and stick to them.

STRATEGY 4 SAY "NO" NICELY

Since your patients are your neighbors they may approach you at inconvenient times, for example, when you're busy with other patients or when you're not working. It is important for you to know how to respond. Most patient requests can be easily handled with a smile and a polite response, such as "I

am happy to see you when I finish with this patient, do you mind waiting?" or "I can talk to you at 3:00. Will that work for you?" Sometimes, though, you have to just say "no" Here are three polite ways of saying "no" to a patient:

The Respectful "No"

Listen to the request and acknowledge it. Add a refusal at the end, but do not offer a reason why you are saying no. For example, "I know you want to want to talk, but I can't right now."

The Reasoned "No"

Give the person a reason for why you are saying "No." For example, "I can't talk right now because I am on my way to pick up my kids at school."

The Rain Check "No"

Tell the person you cannot help them at this time, but will be able to in the future. Only use the rain check if you plan to meet their request. For example "I am busy right now, but stop by the clinic tomorrow during office hours." Remember to say what you mean and mean what you say.

STRATEGY 5 BE A CAREGIVER, NOT A CARETAKER

While you want to be sensitive to patient's concerns and life issues, you must learn not to become emotionally drawn into this type of situation. This is often quite tempting because of the trusting relationship you may have worked hard to establish and your deep desire to help others. If you get too wrapped

up in your patients' lives, you may lose your objectivity to the point where it may interfere with your ability to do your job. It can also cause stress or make you feel run down. If you sense your patients need more help than you can offer, share your concerns with your supervisor or speak to a nurse.

“It is very easy to get so entangled in your patients' personal issues that you start to feel really stressed out at work. Don't feel that you have to fix your patient's problems by yourself, or to carry their problems with you. Ask your co-workers, supervisor or nurse for help. We are here to support you. You should never face this alone.”

—Barbara Caldwell, PhD, APN-BC

PUTTING KNOWLEDGE INTO PRACTICE: Meet Gloria

Gloria is 24 and six months pregnant. She took her on-again, off-again boyfriend out to dinner for his birthday and even bought him an expensive leather jacket. Now, she is running out of money. During one of your counseling sessions with Gloria regarding the need for her to maintain better prenatal care, she asks you for a few dollars to help cover the cost of food. She promises to pay you back. Gloria is a community member. How would you feel? What should you do?

Clearly Gloria is crossing the boundaries of your relationship. Rather than simply giving her a few dollars and feeling that you have been taken advantage of, go back and review your

specific job responsibilities. Ask yourself a simple question, “What have I been hired to do?” and act accordingly.

You have been hired to assist patients with making positive health choices, accompanying them to doctors’ appointments, and teaching them how to have a healthy pregnancy. You have no obligation whatsoever to give Gloria money. Remember, to tell her “no” nicely, using “I statements.” Avoid being judgmental. For example, you could say something as simple as, “Gloria, sorry, but I can’t loan you money. However, let me suggest some food pantries or prenatal programs. We can work together and I can help you put food on your table.”

Additional Resources:

(In addition to professional literature used for background)

<http://psychcentral.com/lib/10-way-to-build-and-preserve-better-boundaries/>

<http://everydaylife.globalpost.com/set-boundaries-coworkers-9806.html>

<http://jpkc.fudan.edu.cn/picture/article/320/00/da/391bb47a43659403fac63ac3d1d7/749193e0-c1d5-4ced-a500-bfbde5f538b7.pdf>

<http://www.stress.org/wp-content/uploads/2011/08/Workplace-Stress-Survey.pdf>