



# How PSWs set and maintain safe and respectful professional and personal boundaries with clients

Personal Support Workers (PSWs) are often asked by home care clients to perform tasks that go beyond a care plan or in a way that accommodates their preferences. While many of these requests are reasonable and doable, some of these requested tasks have the potential to compromise PSW and client safety. This study explored compassionate strategies used by PSWs to respond to these requests.

“High-performing PSWs and their supervisors identified key strategies and tactics to establish and maintain professional and personal boundaries in common but challenging situations. The boundary management framework can be used in training programs to help other PSWs successfully negotiate boundaries with clients and caregivers.”



- Dr. Paul Holyoke, VP, Research & Innovation, SE Health

## Project Overview

Personal support workers (PSWs) often work alone in the community. They deliver services based on an established care plan that maps out what tasks (e.g., medication reminders, baths) are required. However, PSWs must negotiate with their clients about how to complete the prescribed activities (e.g., in what order, if additional tasks are completed). These negotiations and choosing when to set limits on client/ family requests, can be challenging for providers. Failure to establish and maintain professional and personal boundaries can compromise PSW and client safety (e.g., putting PSWs at risk for exploitation or harassment; leading to injury for PSWs or clients). Some PSWs are very skilled at setting limits with clients and their families, while maintaining a positive relationship. Exploring how these skilled PSWs establish and maintain boundaries, can lend important insights that can be used in training programs for all PSWs.

## What have we done?

As part of our research portfolio investigating Health and Care Experiences, we invited 13 PSWs and supervisors from 3 regions in southern Ontario to

participate in workshops where we asked them to share how they manage boundary negotiations. Supervisors were included in these workshops, as their support is important for reinforcing PSWs' limits.

Potential participants were identified as high-performing individuals in their work roles by directors and supervisors to whom they report. They were presented with common care scenarios in which a PSW might feel pressured to perform a task unrelated to planned care (e.g., stay late, drive clients to the bank). For each care scenario, participants identified the professional or personal boundary they would establish or enforce, and the specific strategies, tactics, and language they would use. They also discussed supports that supervisors and organizations can provide to help with successful boundary management. All the care scenarios were based on real situations that emerged from conversations with PSWs and their supervisors during the PSW Safety in the Community study conducted at SE Health in 2016-2017. A summary of that project is available.<sup>1</sup>

## What did we find?

**Setting expectations:** PSWs and supervisors establish clear expectations with clients/ family. This helps

ensure everyone has accurate information about the home care services (e.g., visit duration, scheduling expectations). Supervisors can set expectations when visiting the client to develop a care plan. PSWs can review expectations with their clients during the first care visit and remind them when necessary.

**Reinforcing boundaries:** Maintain a positive tone and stay 'on the client's side' when reinforcing boundaries. PSWs can do this by emphasizing what they *can* do to help a client. For example, a PSW can suggest providing care in different and safer ways, or they can connect with a supervisor to seek additional services or supports.

**Making exceptions:** When a PSW makes an exception to established boundaries, they should remind clients of the limits and explain this is not usual care. Providers must also inform their supervisor about the exception. This helps supervisors identify changing client needs and promotes safety for all PSWs.

**Self-awareness:** It is helpful for a PSW to understand the importance of self-care (e.g., not putting yourself at risk to help a client) and to recognize their personal care values. This can guide PSWs when they are considering making an exception for a client (e.g., bringing a loaf of bread to a client who would not have food otherwise). As one PSW put it,

*"We're here to assist you, but we're not here to take away your independence."*

**Supervisor and organizational supports:** Supports for managing boundaries are important to supervisors and PSWs. PSWs in the study trusted their supervisors and frequently came to them for advice or to have the supervisors act as the 'strong foot' if a client's requests are repeatedly inappropriate. Home care organizations can build opportunities for PSWs to get together and to swap advice (e.g., on the best approaches for a client) and establish collective boundaries.

### What are the next steps?

In addition to a recent publication,<sup>2</sup> we are looking for funding to support the translation of the findings into

a training program which may involve both online and in-person components.

Modules for the program are anticipated to include:

- Different types of boundaries;
- Situations where boundaries may be tested;
- Clear and compassionate strategies for establishing boundaries;
- Appropriate responses when they are challenged; and
- How to reinforce boundaries for future visits.

### How is this research funded and supported?

This was funded by Women's College Hospital as part of the Women's Xchange \$15k Challenge and by SE Health, one of Canada's largest social enterprises. Dr. King was supported by MITACS Accelerate and a CIHR Fellowship.

### To learn more about this work

What 'extras' are PSWs providing for clients, beyond what is listed on the care plan?<sup>3</sup>

How High-Performing Personal Support Workers Set and Maintain Boundaries When Providing Care: A Case Study in Ontario, Canada<sup>2</sup>



### To cite this work

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### References

