No matter why you answered the call for hospice volunteers, you've likely discovered that some days as a volunteer are more difficult than others, some patients or caregivers are more challenging than others, some problems more intractable than others. At the end of an assignment you may feel like every talent and good intention you brought to the work has just been used up by the experience. In the worst possible case you may feel you've been used up in the middle or even the beginning of an assignment. How does this happen? How do some volunteers keep going year after year, patient after difficult patient without suffering compassion fatigue, panic, or the overwhelming burden of being asked to do too much? Perhaps because they have learned to establish boundaries to protect themselves, their patients/caregivers, and the organization (1).

Boundaries are those invisible lines we or someone outside of us set up between “this is ok” and “this is not ok” (2). Sometimes those invisible lines are Duke Health System policies that we internalize to protect the patients, like the policy on Verbal and Physical Abuse sent to Duke Hospice volunteers in August 2008. Sometimes they are social norms that most Americans over the age of 6 know and understand, like the Golden Rule (3)—treating our patients as we would want to be treated. Sometimes the invisible lines come from our faith traditions, our personal experiences, and sometimes they just “are”, those standards we uphold even if we don’t know where they came from, like not overstaying our welcome or sharing our medical “horror” stories with people who have their own burdens. The boundaries cut both ways—protecting us from the actions of others and protecting others from our actions. No matter who is being protected, it is always the volunteer’s place to maintain the boundaries on the relationship—never the patient’s (1).

Boundaries work best when we have them, know we have them, and are able and willing to communicate them to the people in our lives (including ourselves) who might trespass them wittingly or unwittingly. Typical boundaries in hospice work involve smoking, substance abuse, dress codes, gifts/money, personal care and/or administration of medications, scheduling, suicidal ideation in patients or caregivers, and personal relationships. Unfortunately, recognizing our boundaries and communicating them effectively isn’t always easy. Sometimes it’s easier to stuff back our growing discomfort over questionable situations until we are like the poor frog getting hotter and hotter in the pot of water set to boil on the stove, unable to extract ourselves even when we see real problems ahead. How do you know when you’re in too deep?

Some red flags that you might be nearing or have crossed over a boundary set up to protect you, your patient, and the organization include doing things which you don’t want others to know about, not wanting to discuss aspects of your care/relationship with the Duke Hospice staff or the patient’s family. Could you put this questionable information in the reports you send in after each visit? Is this behavior in the best interest of the patient? Or is it the best thing for you? Does it matter that this task gets done by you or just that it gets done (1)?

When we are compassionate with others we often find them revealing problems to us. It is important that we keep ourselves aware of resources available to address these problems. Sometimes we assume we must become involved in all the problems shared with us. We are most able to continue being empathic when we recognize that we supply what we can and refer the patient/family to other sources of help that may be better equipped to handle them (4). Do you detect despair or guilt in the stories you hear from the caregiver or patient? Share them with your
team’s social worker or chaplain. Do you suspect that the patient is being taken advantage of by people in the home or community? Do you suspect that the patient’s medications or supplies are being diverted for another use? Are you being asked to stay beyond the shift you agreed to (because the caregiver who went to the store failed to return on schedule) or to take on tasks you didn’t agree to (yard work when you thought you were fixing lunch or babysitting for children when you thought you were sitting with the patient) or submit to an environment that makes you sick or uncomfortable (pets, cigarette smoke, dangerous or unhealthy conditions)? These problems are indeed problems, but they aren’t necessarily YOUR problems or solely your problems. Communicate with the volunteer services staff or the team nurse or social worker to address these issues.

If you recognize yourself in any of these situations, you may want a little help establishing workable boundaries before the pot boils the frog. Natalie Gahrmann, a work/life coach, offers us “Essential Boundary Setting Steps,” a few of which might help you in your work with patients and families (2):

- **Self Awareness:** Identify where your boundaries are weak or nonexistent. Establish some new boundaries that honor you. What may people no longer do around you, do to you, or say to you? (Be realistic.)
- **Inform:** Educate others about unacceptable behaviors and expressions. Help people understand how they can respect your new boundaries. Communicate without blaming.
- **Verbalize your boundaries.**
- **Request:** Calmly tell each person very specifically what you want them to stop doing or saying. Get their commitment to honoring you.
- **Follow-Up:** Let them know how they are doing on meeting your request. Continue educating and reinforcing. Reward those who are respecting your boundaries.

If after all of this (which will be difficult at first but should become easier with practice), you still find yourself in an uncomfortable situation, just tell someone so you can get help dealing with the issues. If you recognize your own limitations as well as the limitations of the position you fill as a volunteer and communicate those limitations, you have fulfilled your responsibility. Keep in touch with your team and the volunteer services staff and you too should be able to look back at a long, successful career as a Duke Hospice volunteer.

Adapted from

1. “Crossing the Line: Real Life Stories of Boundary Violations,” April Perry, APRN, M.Ed., Duke HomeCare & Hospice