

Volunteer Boundaries and Behaviour:

In Practice, and on Social Media

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Objectives

- ▶ Explore ethical boundaries and expectations for volunteers
- ▶ Understand ethical principles in the context of your day-to-day client interactions
- ▶ Recognize limits and challenges to boundaries for volunteers in the era of social media

Definitions

- ▶ *Conflict of interest* is a situation where the volunteer has, or may be perceived to have, a personal interest that is contrary to the best interest of the client. This includes, but is not limited to:
 - ▶ Accepting gifts, money, or favours from a client;
 - ▶ “Hanging out” with clients outside of the volunteering capacity
 - ▶ Providing goods or services to a client other than the services provided in the course of volunteering;
 - ▶ Receiving or securing any monetary or non-monetary benefit from a client or their family member, whether the benefit is received or secured for oneself or for others;
 - ▶ Taking a client's property out of their possession, whether permanently or temporarily, including borrowing a client's property;
 - ▶ Acting as, or agreeing to act as, a client's substitute decision-maker or personal representative in respect of matters relating to health care, finances, or legal affairs; or
 - ▶ Engaging in a personal or romantic relationship with a client.

Definitions

- ▶ *Fairness*: the quality of making judgments that are free from discrimination.
- ▶ *Distributive Justice*: concerns the nature of a socially just allocation of goods in a society.
- ▶ *Equity*: The quality of being fair and impartial
- ▶ *Equality*: the state of being equal, especially in status, rights, and opportunities

Sometimes, we should proceed with caution

- ▶ Boundaries in the course of volunteering are an intricate aspect of the volunteer's work; they allow for a safe personal connection between clients and those who support them.
- ▶ The power differential generated by the volunteer's position of supporting and the client's potential position of vulnerability creates the need to maintain safe boundaries.

Why should we proceed with caution?

- ▶ Literature suggests that the discrepancy in power, evident within professional provider-patient relationships, accentuates the professional's dominant position of authority and the patient's vulnerability. This can be translated to the volunteer's role to a certain extent.
- ▶ During encounters with clients, volunteers may be privileged to hear a client's health information, perform or assist with potentially personal tasks, and navigate conversations which may require discretion and confidentiality.
- ▶ To a degree, the client may relinquish some control to the volunteer in order to form trust. The client's trust may rely on a belief that the volunteer will act to support the client's best interests.

Why should we proceed with caution?

- ▶ Due to the power imbalance, the concept of informed consent must also be considered.
- ▶ Specifically for non-medical interactions, the power imbalance can result in voluntariness of client consent or permission being compromised.
- ▶ “Even if consent can be given, exploitation can be nevertheless be argued if the fiduciary has acquired information about the client’s vulnerabilities that otherwise would remain concealed.”
- ▶ Examples need not be complicated, and could include a client not feeling comfortable to say no to a volunteer’s request to use the client’s bathroom.

* Feldman-Summers, S. (1989). Sexual contact in fiduciary relationships. In Gabbard, G. O. (ed.), *Sexual exploitation in professional relationships*, pp. 193-209, Washington D.C.: American Psychiatric Press.

What is the scope of a volunteer at CCN?

- ▶ What are expectations of you as a volunteer? What are the boundaries with clients?
- ▶ CCN's Client Relations policy includes that volunteers are prohibited:
 - ▶ to perform any banking transactions on behalf of a client;
 - ▶ to act as the Executor of a Will, or named in the Will of a client;
 - ▶ to act as Power of Attorney for a client including Continuing Power of Attorney for Property,
 - ▶ Non-Continuing Power of Attorney for Property and Power of Attorney for Personal Care;
 - ▶ To act for a client as an Independent Witness to confirm the signing, dating and understanding
 - ▶ of a request for MAiD (Medical Assistance in Death), with the exception by unique
 - ▶ circumstance at Ed's House and on a case by case basis as approved by the Director;
 - ▶ To accept monetary remuneration for providing a service (cash, tips, gifts etc.)

What is the scope of a volunteer at CCN?

- ▶ Guidance to volunteers also includes that:
 - ▶ volunteers must report to their supervisor any significant offer of gifts, bequests or donations of money made by a client. The Supervisor will ensure that the client is aware that while the relationship between clients and volunteers is caring and supportive, it must remain professional and at arms length.
 - ▶ volunteers will notify their supervisory if any concerns arise about their relationship with a client.
 - ▶ volunteers must not give their personal information to clients including their home phone number, personal cellphone number or home address. Volunteers are to encourage clients to reach out to their local office to speak with staff for comments or concerns.

What is the scope of a volunteer at CCN?

In the CCN Code of Conduct, volunteers are also expected to:

- ▶ Act in a professional and ethical manner, and not, for example,
 - ▶ Cause harm to another person,
 - ▶ Perform unethical or compromising practices in business relationships,
 - ▶ Willfully damage property
 - ▶ Abuse clients
 - ▶ Use CCN relationships for personal use or gain,
 - ▶ etc.

- ▶ What about actions that are not explicitly described here? Let's consider some examples next.

Volunteer (Professional) Boundaries

- ▶ Consider the aforementioned CCN guidance in examining the following cases:
 - ▶ You are currently looking to buy a new car and sell your old one. As luck would have it, one of your clients is looking for a car and is interested in buying yours! Should you sell your car to this client?
 - ▶ You always go to Tim Horton's for your coffee before going to your first client of the day. For months, your first client has been Mrs. Jones. She notices that you always come with coffee, and asks if you can bring her one during your next visit.
 - ▶ You have recently started to volunteer with a new client. He is smart and charming, and you find him quite attractive. After supporting this client today, he asks if you would like to go to dinner with him the next week. Should you go?

Volunteer (Professional) Boundaries

- ▶ Those may have been more straightforward. How about these situations:
 - ▶ One of the clients you support has recently lost his job and is now struggling to pay his bills. You know that he has gone without in order for his children to have adequate meals. Would it be appropriate to help this client find a job?
 - ▶ Your last client on Wednesday afternoon is frequently asking you to complete tasks that are not within the agreed-upon reasons for your visits/support, (e.g. taking out the garbage, walking their dog, making an extra stop at the store for them). Since this is your last client of the day, you do not usually mind that this might take you an added 15 minutes at the end of your shift. Should you continue to do these added tasks? Would your opinion change if doing so made you late for your next client?
 - ▶ The good deed dilemma

Assessing Boundaries

- ▶ To assess the presented situations with regard to Professional/Client boundaries consider several questions:
 1. When working with a client, am I doing my job in the clients best interests or mine?
 2. Whose needs are being served? Mine or the clients?
 3. Am I taking advantage of the client?
 4. Is my behaviour different with this client than with the other client?
 5. Would I do or say this to a client if a colleague or my boss was present?

Professional Behaviour and Social Media



Attributes of Social Media

- Persistence, search-ability, replicability, and invisible audiences....a permanent digital fingerprint and online reputation
- The online network is not part of the “circle of care,” do not share identifying information!

“The integration of traditional core values of [healthcare] (e.g. privacy, confidentiality, one-on-one interactions, and formal conduct) and the culture of social media (which tends to value sharing and openness, connection, transparency, and informality) present opportunities as well as challenges for [health care] professionalism”

Ethics and Social Media

- Ethics is about determining what constitutes appropriate or inappropriate behavior and action – both personally and professionally – and social media presents unique challenges.
- Social media provides a space where one can engage in both personal and professional activity and expression
- At the same time, social media blurs the boundaries between the “personal” and the “professional”
- Social media creates an identifiable record of behavior that's easily accessible – it allows people to scrutinize whether behavior was “ethical” long after it happened.
- The guidance provided here can also apply, in part, to other media outlets - local newspapers and radio, for example!

Ethics and Social Media (2)

- Unlike traditional communication, most electronic communication fundamentally lacks **context**
- It's very easy to perceive things as inappropriate because the communication is non-verbal (this is why people use emojis! 😊 ... 😞 ... 😳)
- Social media creates the opportunity for very different interpretations of someone's motivations, intentions, tone, and views
- It is very easy to question the appropriateness or acceptability of social media behavior, and it's very difficult to defend one's behavior once it "exists"
- The only thing you can really control is what types of content you create, engage with, and participate in

Health-Care Posts on Social Media

- A supervisor at an Ottawa hospital was fired after making comments about Mike Duffy on Facebook (“When Duffy was a patient at [the hospital], he was nothing short of pompous and arrogant with my staff”).
- During 2014 World Cup in Brazil, a nurse at Foreleza Hospital was fired for filming Brazilian star Neymar arriving at the hospital with a fractured vertebra.
- A nurse at UNM Sandoval was fired for Facebook post saying “Sooooooo sleepy her in ICU. Will someone please code and give me something exciting to do? #isthatbad?”.
- A nursing home worker in Idaho was fired for a Facebook post saying he’d like to “slap the ever loving bat snot out of a patient”

Health-Care Posts on Social Media

- A number of workers at St Mary Medical Centre in Long Beach were fired after posting photos of a man who had been stabbed more than a dozen times by one of his fellow nursing home residents, on Facebook
- Two NHS nurses and another worker were fired for Tweeting about patients and posting embarrassing photos of themselves – one nurse posted a photo of herself wearing an incontinence pad. They also joked about being too hung-over to work and using hospital drugs to alleviate their hang overs.
- A New York City nurse from the reality show *New York Med* posted a photo of a trauma room to Instagram after a man had been hit by a subway. The photo included the caption “#Man vs 6 train”

Health-Care Posts on Social Media

Johor Bahru Hospital in Malaysia

Birthing unit photo while delivering a baby.....



Health Care Volunteering and Social Media

Other issues.....

- What if a client sends you a friend request on Facebook or follows you on your personal Twitter (“X”)?
- Does re-tweeting a tweet imply that you endorse the original tweet?
- Does “liking” something on Instagram imply that you endorse it?
- Should you identify yourself as an volunteer of your organization on social media?
- Is it ok to “snoop” on a client (through social media, news, Google, etc)?
- What privacy settings should you use on social media?
- What do you do if someone sets up an account with your name (fraudulent account)?
- Should you *expect* social media interactions to be private?

Acceptable Guidelines: Social Media Policy Examples

Organization 1 – Key Points

1. “It is expected that personal participation with social media will occur in a respectful, honest and transparent manner and will be consistent with corporate expectations related to its policies”
2. “Employees will respect the wishes of their colleagues if a request to connect on social media is declined/ignored. If a patient or caregiver asks an employee to connect on any social media network, the employee should decline due to the risk of conflict of interest. If an employee is connected with an individual on social media who then later becomes a patient of the [organization] then the employee will advise their Manager for direction”

Acceptable Guidelines: Social Media Policy Examples

Organization 2 – Key Points

1. Social media users are responsible for all communications using their personal social media accounts when referring to [the organization] or representing themselves as a [...] staff member or volunteer.
2. Users with [the organization] listed as their place of employment or volunteering should keep in mind that their actions reflect on the [organization].
3. Once informed of the presence of improper content on [the organization's] social-media website or application, the responsible manager must review the information in order to determine whether an intervention by Human Resources is required.

This policy provides examples of inappropriate use of social media

Examples of Guidelines: RNAO

From the nursing perspective, but applicable to all of us!

1. **Build your brand** – are you speaking for yourself or as a nurse (or other HCP or volunteer)?
2. **Transparency** – identify yourself, write in first person
3. **Honesty** – don't make false/misleading statements
4. **Respectfulness** – use discretion, avoid fights, threats
5. **Add value** – post meaningful content, aim for quality
6. **Be diligent** – check your sources, separate opinion from facts
7. **Stay engaged** – stay informed, respond to comments in timely manner
8. **Protect Privacy** – don't disclose personal information
9. **When in doubt, don't post** – take time before posting
10. **Get off the Internet** – There's nothing wrong with unplugging

Privacy and Confidentiality – Helpful Tips

- Don't post personal information or personal health information
- Just because you don't use someone's name doesn't mean they aren't identifiable
- Even “publicly available” information can be sensitive - avoid ethical “grey zones”
- Manage privacy settings on accounts
- It's probably not *reasonable* to expect that social media interactions are private.
- Be cautious with your own personal information – don't post things you wouldn't want people to see, including clients and coworkers

Boundaries in Health-Care Relationships

- Social media blurs boundaries between the “professional” and the “personal”
- We have an ethical responsibility to create and maintain therapeutic relationships
- Avoid personal relationships as they can compromise your ability to maintain a professional relationship as a volunteer, and result in conflicts of interest – a difficult ethical issue to manage
- Clients may be able to access personal information about you
- May compromise objectivity and personal/professional judgment
- May create pressure on other clients to establish personal relationships – i.e. to access ‘added benefits’

“Professionalism”

- We have obligations (Professionalism) toward colleagues and our organizations, and some content can undermine this view of professionalism
- Some content can undermine trust and confidence in a volunteer and the organization
- Organizations may view social media content before making human resources decisions (e.g. volunteer ‘hiring’)
- At the same time, social media can be a way to enhance the view of professionalism if done correctly
- Avoid making comments about organizations – deal with them internally
- What are your ethical obligations when a volunteer or staff member are using social media inappropriately?

Questions?

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