Walking with Moreno Take Two: Integrating Theory with Practice

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Abstract
In an article published in the 2010 *ANZPA Journal*, Wendy McIntosh explored the significant impact of Moreno's work on the nursing profession. In this follow up paper she presents her utilisation of role theory in work with one nursing client who has transgressed professional boundaries. Mindful of Moreno's dictum for nurses to establish and maintain a reciprocal relationship, she demonstrates the client's progress as he develops insights and roles that will assist him to maintain adequate professional boundaries in the future.

Keywords
Moreno, nurse, nursing, patient, professional boundaries, professional identity, psychodrama, role reversal, role training, supervision, systems theory

Introduction

In an article published in last year's *ANZPA Journal* (McIntosh, 2010) I explored the significant impact of Moreno's work on the nursing profession, as well as discussing the ways in which I have integrated psychodrama theory into my personal and professional life. The integration of theory with practice deepens my relationship with self, work and client. This article builds on the previous one by presenting my work with one client, work that was guided by Morenian role theory (Moreno, 1972). James[1], a registered nurse (RN) was referred to me by a state nursing regulatory board, having been found guilty of professional boundary transgressions. My brief involved developing an educational plan with James, one that would assist him to maintain professional boundaries in his nursing work. Through our sessions James developed a greater awareness of the roles he enacted in his personal and professional life, especially regarding boundaries. At times he seriously questioned his ability to maintain his personal integrity while continuing to work as a nurse because his own warm up was at odds with the expectations of the professional nursing body.

Nursing's Professional Boundaries

At an international, national and organisational level there are a number of codes and guidelines that assist nurses to develop and maintain professional boundaries with clients, client's families and colleagues. Every midwife, RN and enrolled nurse (EN) registered and endorsed to work in Australia must comply with the Australian Nursing and Midwifery Council's (ANMC) codes of ethics and codes of professional conduct (ANMC, 2008), as well as professional boundary guidelines (ANMC & Te Kaunihera Tapuhi O Aotearoa Nursing Council of New Zealand, 2010). This strict adherence to good professional boundaries has always been integral to nursing. The ethos is captured in the historic Nightingale Pledge.

> *I solemnly pledge myself before God and presence of this assembly; to pass my life in purity and to practice my profession faithfully. I will abstain from whatever is delirious and mischievous and will not take or knowingly administer any harmful drug. I will do all in my power to maintain and elevate the standard of my profession and will hold in confidence all personal matters committed to my keeping and family affairs coming to my knowledge in the practice of my calling. With loyalty will I endeavour to aid the physician in his work, and devote myself to the welfare of those committed to my care.*
>
> Lystra Gretter (1893, cited in Dock & Stewart, 1920)

I remember standing with my nursing peers at our graduation ceremony in Glasgow in 1983, reciting this pledge out loud. In hindsight I realise that I was naive regarding the pledge's actual requirements of me. The nursing tutors had been explicit about certain parameters of our professional nursing role. For example they advised, "Do not develop friendships with patients. Do not present the profession in a negative way. Always act with dignity and respect towards your patients, peers and colleagues". It all seemed crystal clear and beyond debate.

Complexity in Maintaining Professional Boundaries

Since then, my experiences and those of my nursing colleagues have highlighted the complexities of maintaining professional boundaries. My interest in the topic sharpened as I observed the harsh side-taking culture that tended to develop when a colleague was known to have transgressed a professional line. Those on one side blamed. "S/he should be struck off the register. They should never work as a nurse again." Other colleagues would comment, "I guess this could happen to any of us. Let's support this nurse". I became aware of my own internal conflicts regarding the actions of colleagues who had transgressed boundaries. It took some time to recognise that I too had transgressed boundaries, imperceptively, almost without noticing. The line was very fine at times.

I was curious. Was the complexity, the struggle to maintain professional

integrity specific to nursing? Why, when the boundaries seemed so clear, did some nurses continue to violate them? These reflections motivated me to develop workshops focused on professional boundaries. In time this work was recognised by the state nursing regulatory board. Nurses found guilty of professional misconduct were referred to me for educational development, supervision or mentoring. It was with regards to this work that I encountered James.

The Initial Encounter: James the Surfer

James made initial contact with me by telephone. He asked if I would assist him to complete an educational programme focused on patients' rights, ethics and professional responsibilities, required by the regulatory board in response to a misconduct hearing. James had relocated following the misconduct incident. The practicalities of sufficient contact hours, written assignments, travel and costs were therefore significant. We agreed to meet for an initial face to face discussion followed by two telephone discussions. As I reflected on this first interaction, I appreciated that, following Moreno's dictum to nurses regarding reciprocity (McIntosh, 2010), I had consciously set out to make the relationship reciprocal from the beginning of our connection. I warmed up to the role of *interested open host*. This role assisted me in future interactions when I challenged James regarding some of the professional decisions that he had made. I had established reciprocity, a mutually positive tele with James. I was not intent on punishing him, but rather he sensed that I would be working alongside him. For James, this was to be a significantly different experience of professional relationship compared to that which he had encountered with the regulatory body.

James impressed me with the warmth of his personality. He had a firm handshake and politely responded to the icebreaking questions about visiting the city and locating the meeting venue. As a further warm up, I invited James to tell me about his new position as a nursing manager and his current university studies towards a master's degree. James sat upright in a chair opposite me, attentive and comfortable. In response to my social investigation, he became a *willing interested engager* and *purposeful self-presenter*. I knew that an understanding of James' social and cultural atom would assist me to work more effectively (Clayton, 1995). This was where I really began to apply role theory with vigour. I wanted to know James, his world views and cultural conserves, so that I could develop a greater awareness of the place where his personal conserves and views might support or be in conflict with the professional cultural conserves of his role as a nurse.

James shared. He told me that he was married with two young children. He and his wife were busy with family, professional and community work. He said, "I don't reward myself with time out". I asked him, "What happens when you stop being busy?" He replied, "I give my children undivided attention. And I

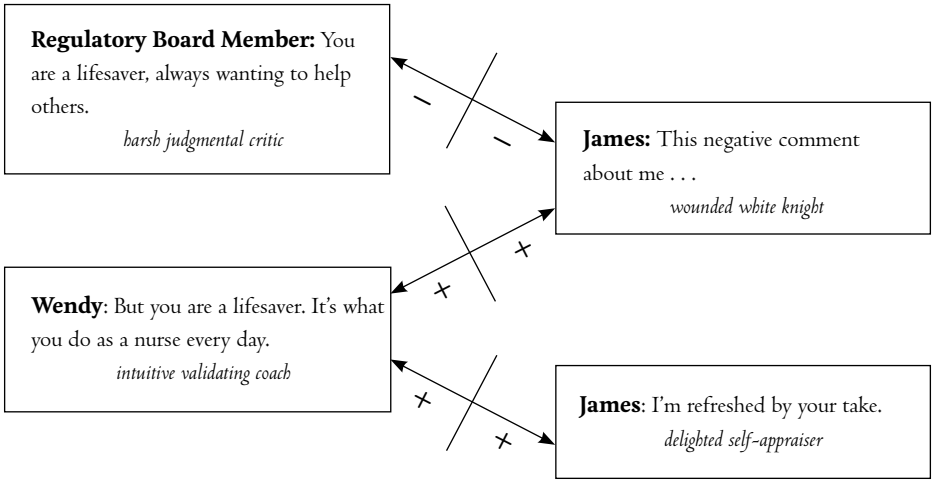
love surfing". Suddenly James' face lit up and his body relaxed. It was immediately apparent that surfing was a vital activity for James. I invited him to express his love of surfing, to imagine that he was on his surfboard and to become aware of his bodily experience as he surfed the waves. He expressed joy, freedom, spontaneity and aliveness. I doubled his experience and became more aware of the roles that James enacted. After this vignette we talked and it became clear that it had been some time since he had been surfing. We discussed the possibilities for him to structure surfing time into his busy life. As I engaged with James in this way, I was conscious that I was operating as a psychodramatist. I was interested in James the living person in the world, rather than James the carrier of a misconduct charge. I knew that for a complementary relationship to further develop between us, I needed to see him beyond the restraint of the problem based nursing framework that I was trained in. I needed to know what it was that gave James a sense of passion and life, the activities that warmed him up to vitality and spontaneity. My assessment of James' role system during this interaction in our first meeting is presented in Table One below.

Table 1: *Assessment of James' Role System during an Early Interaction at the First Meeting*

Overdeveloped	Underdeveloped	Adequate	Embryonic	Conflicted
periodically absent father	excited wild adventurer	willing interested engager	joyful vibrant surfer	ambiguous life-embracer
harsh judgemental critic	life-sustaining surfer	warm obliging participant	delighted self-appraiser	wounded white knight
	loving self-nurturer	purposeful self-presenter		criticised defender

James' wife also worked as a health professional and together they had engaged in a variety of aid and community development initiatives in Australia and abroad. Here was another activity that enlivened James. I noticed his body relax even more and his facial expressions become more open. Both his parents had been school principals actively involved in community development projects and they had warmed James up to this way of life. However, in this moment he became defensive, relating his familiarity with what he called the "rescuer model". During an interview regarding the professional misconduct charge, James had heard himself described by a regulatory board member as "a lifesaver, always wanting to help others". He was deeply affected by what he perceived as "this negative comment about me", warming up defensively to being a *wounded white knight*. In response I suggested that he was indeed a lifesaver and highlighted some positives aspects of this role, especially in relation to his clinical practice as an accident and emergency nurse. James' visibly brightened. Later in the

session he stated to me, "I am refreshed by your take on the lifesaving model". He had moved from being a *criticised defender* to become a *delighted self-appraiser.* The development of this role sequence is shown diagrammatically below.



The Background Drama Unfolds

With me continuing to investigate the socious (Moreno, 1951) as an *encouraging supportive engager* and *wise life-giver*, James related the events that had led to his current situation. He was charge nurse in a hospital accident and emergency department (A&E) one busy day when a client, well known to the service, presented herself. She told James that she intended to take a medication overdose because she did not wish to "go through the anniversary of her marriage". As James talked, I reflected on the roles he may have warmed up to as he engaged with this client, *empathetic therapist, guardian of life, soothing healer*. When the client absconded, James contacted the police who brought her back to A&E against her wishes. James had nursed two clients who had committed suicide and he had been the charge nurse at the time of one of the suicides. He was therefore very alert to the client's safety, persuading her to stay in the hospital until she was assessed by the mental health team. At this point James's tone of voice dropped and he said, "The referral system was not good. My faith in the service is not good". Still concerned the next morning, James phoned the A&E department to discover that the client had been assessed by the mental health team as 'no longer a high risk of suicide' and discharged. James "still felt concerned about the client" and phoned her at home to leave a voice message. "I'm concerned, concerned that you didn't tell the team what you told me, about the anniversary. Please ring the hospital." An assessment of the roles that emerged during this interaction is displayed in the second table.

Table 2: *Assessment of James' Role System during a Second Interaction at the First Meeting*

Overdeveloped	Underdeveloped	Adequate	Embryonic	Conflicted
desperate lifesaver	collegial informer	concerned systems analyst	enabling confessor	wishful rescuer
over-concerned guardian	objective boundary analyst	empathetic therapist		disillusioned service provider
soothing healer	discerning life guard			helpless confessor

In regard to the nursing guidelines (ANMC, 2008), James had transgressed several professional boundaries:

- He had worried about the client whilst away from work.
- He had phoned work from home to enquire about the client.
- He had accessed the client's phone number but could not remember how.
- He had not documented his attempt to contact the client.
- He had not informed his healthcare colleagues although his wife was in the room when he made the phone call to the client.
- He had phoned the client from home, left a message about his concern and advised her that she should contact the hospital, but had not communicated this to the mental health team or the police.

The Story Continues

James continued expressing himself to me. The client had subsequently made allegations regarding James' conduct to the district health authority, the police and the relevant regulatory board. She claimed that in his professional role as a nurse, he had phoned and harassed her more than once, stood outside her house and touched her inappropriately. James agreed that he had phoned the client once but denied all other allegations. As he related the events, he was clear and without conflict. Except for the one phone call, the police had investigated and dismissed all charges as unsubstantiated. As I listened, I led our discussion back to the two suicides that had a significant impact on James. James agreed that the suicides had had an enormous emotional cost. He maintained that he should have done more to assist, especially for the client who died whilst he was in charge. He was the *thwarted saviour*.

James and his colleagues did not receive debriefing or counselling following the suicides and through our discussions he recognised that he had been traumatised by the experiences. He felt tremendous guilt about 'failing' to save the clients. James warmed up to a previous situation that he had related during

his regulatory board hearing. He had recognised a female client, whom he had nursed previously, in an argument with a male person at a petrol station. James witnessed the male push the woman over and drive away in a car with others. James approached the female and offered assistance, either to phone the police or drive her home. On arriving at her home, her 'so-called' partner turned out to be this same male person who had pushed her over. He strode out aggressively and called to the woman regarding James. "Who's he? What are you doing with him?" James encouraged the female to contact the police especially as there was a small baby involved. He also provided her with his home phone number. One week later the police contacted James. The woman's male partner had made a complaint against him, claiming that James inappropriately touched the female. James provided his account of the evening and the police dismissed the case.

These stories illustrated James' desire to 'do good', to rescue those in distress. In a sense he was more than a *life saver*. He was a *life saviour*. He went where angels feared to tread, but in so doing ignored professional boundaries and social protocols, and potentially put himself and his family at risk. In the second case he responded impulsively to the woman, while remaining blinkered to the wider system of domestic violence. Initially the woman was appreciative of James' assistance but was bound to side with her partner eventually because her survival depended on it. Thus it was inevitable that James would become a target, cast as a perpetrator rather than a saviour in this system. My assessment of James' role system regarding this incident is presented in a third table below.

Table 3: *Assessment of James' Role System during his Interaction with the Woman at the Petrol Station*

Overdeveloped	Underdeveloped	Adequate	Embryonic	Conflicted
misguided police officer reactive protector thwarted saviour	judicious systems analyst	attentive citizen	reflective trauma survivor	failed redeemer hobbled prince charming

I thought about James' social and cultural atom. I wondered about his original family experiences. Which role relationships was James repeating in over-reacting to others in distress, especially women? Was there a damsel in distress that he could not rescue, or was he the *damsel in distress* himself? When his parents were busy community workers, did he become a neglected son in need of rescue? Was this then replayed in his own role of father to his children, specifically the role of *periodically attentive father*?

James had felt diminished by the regulatory board process. The identity that was an integral part of his upbringing had been negated by regulatory board

members. This, he said, had affected his mental health. With the questioning of his professional integrity he now felt less allegiance to the nursing profession and had left the health district. Following the regulatory process, James had integrated significant changes into his practice, such as an open door policy, maintenance of visibility when working in his office and third person accompaniment when travelling with female clients and staff members. He had "checked out this place" (my office) before coming to the appointment. He had developed the role of *self-protective detective*.

James and I developed an educational plan that would meet the requirements of the regulatory board and also benefit him. James agreed to complete and send an essay reflecting on his experiences, and his learning about professional boundaries and the ways that he would integrate it into his practice. He also worked on questions and scenarios that focused on professional boundary issues, agreed to submit his written work for my feedback and to stay in contact with me by phone. James' role development at closure is shown below in Table Four.

TABLE 4: *ASSESSMENT OF JAMES' ROLE SYSTEM AT CLOSURE*

Overdeveloped	Underdeveloped	Adequate	Embryonic	Conflicted
lifesaver extraordinaire tireless crusader	thoughtful lifesaver	relaxed self-appreciator loving self-nurturer self-protective detective attentive father enthralled surfer objective reflector of practice	discerning systems analyst realistic community developer organised forward planner committed self-healer	

Reflections and Recommendations

The psychodramatic roles of *superhero* and *lifesaver extraordinaire* were core to James. As a community developer himself, he was able to fully embody them in his social roles as did his parents. To his cost however, these roles were in conflict with his profession role as a nurse working within a hospital system. As I reflected on our work together I identified a number of other interventions that may have helped James. I thought about broadening the content of his reflective essay to encompass the perspective of the client and the system, facilitating role reversal through writing. This may have assisted James to role reverse and come to know experientially the views of the other side of the coin, 'the rescued ones'. As well,

role reversing with the health system, especially when he expressed himself from the role of *disillusioned care provider*, may have developed his role of *systems analyst* and even *profession protector*. This would have aided his warm up to, and understanding of, the objective and legislative frameworks that he must work within as a nurse.

James' story also caused me to reflect on the requirements of *A Nurses Guide to Professional Boundaries* (ANMC & Te Kaunihera Tapuhi O Aotearoa Nursing Council of New Zealand, 2010). A nurse is required to fulfil the role of providing care to and for clients. The guidelines for boundaries state, "The community trusts that nurses will act in the best interest of those in their care and that the nurse will base that care on an assessment of the individual's specific needs" (p.2). There is no prerequisite that nurses care about the clients they nurse. Yet when I asked student nurses about their motivations for becoming nurses many of them responded, "because I care about people". This may be causing nurses conflict between intrapersonal and interpersonal roles in the health system. James' experience, as set out in the table below using the Focal Conflict Model (Stock-Whitaker, 1989), may represent a broader professional concern.

TABLE 5: *JAMES' FOCAL CONFLICT*

Disturbing Motive I want to be able to care about patients.	**Reactive Fear** I will get into trouble if I do that.
Focal Conflict How can I be caring when the rules do not allow me to personalise relationships with patients?	
Restrictive Solution over involvement with client *boundary violator* complies reluctantly with regulatory board requirements *disappointed complier*	**Enabling Solution** professional supervision and peer involvement *objective reflector of practice* new career options *realistic community developer*

Conclusion

When James warmed up to being an *enthralled surfer* I was able to appreciate his work as a nurse in the context of his larger world view as a community developer, lover of life and proud father. Together we recognised the importance of a greater balance in his life, a balance between his work and his personal life, which significantly created time for him to surf in the ocean and experience his being as whole and integrated.

At the conclusion of our third and final conversation, James told me that he and his family would be moving overseas so that he could take up new career options. He reflected that he had learnt much from the work we had undertaken together, in terms of his roles and the conflicts between his personal world views and the professional boundary framework that guides nurses in Australia. He

recognised the importance of establishing clear boundaries in his professional life and in relation to time out for himself. This included spending more quality time with his children and wife. He identified strategies that he was putting in place for his new international role, which included regular debriefing sessions and the seeking of support from colleagues.

End Notes

1. In the interests of anonymity and the ethics of privacy and confidentiality, the name of the nurse has been changed.

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