# Professional boundaries in nursing

The scope of work of Assistant Medical Officer is very clearly governed by the Board of Medical Assistants which was comes under the preview formed under Malaysian Medical Assistant Act (Act 180), AMO takes the oath of Medical Assistant Code of conduct which serves as an ethical guide map to morally binds steer AMO to its rules and responsibilities. It is therefore the responsibility and morale duty of every Assistant Medical Officer to uphold the medical ethics with professionalism and honor. At no other circumstances AMO are allowed to carry out other work outside the specified prescribed boundaries. However in reality AMO in my clinical set up does lots of duties actually falls under the scope of other professional such as doctor, psychology counselor and dietitian. While it feels good that as an AMO, we can perform many works normally done by other professions however it is not without possible legal implications. Boundaries are an imaginary line that separates the duties of a particular professional from the others. Boundary is the ability to know where one ends and where another person begins. Professional boundaries are important because they define the limits and responsibilities of the professional with whom we interact in the workplace. When workplace boundaries are clearly defined, the organization can function more efficiently because redundant work assignments are eliminated. improve this rational it is because health professional have specilised skills and high quality pt care is a collaboration of skills the optimum benefit of the pt outcome. When everyone in an organization is made aware who is responsible for what, healthier workplace environments are created.

## Crossing borders

## No professionalism by AMO

## No collective power

Criss – crossing of professional boundaries is the norms of today’ s chores especially working in Haemodialysis Centre . AMO in Haemodialysis Centre especially in my state is working under a great stress. duress and precarious role. Currently, AMo provide care for 000 dialysis care pt over 19 centre through the state requiring close mentoring and care. In Haemodialysis lots of duties specify critical procedures e. g performed by AMO are not legally sanctioned covered under MA act. These porecedures are carried out on the instructions of Renal specialist who by hirechrichal position of power who acts like “ Kings” control the strings where AMO forced to puppet without questions. Being in this precarious position, AMO professional are extremely vulnerable, as if everything goes well, we will get just get condescending a pat at the back, but when something goes wrong’ support strings are quickly cut and one get ‘ ostracized’ for breach of professional boundaries.

Officers nowadays in Haemodilysis centres are not only to ensure that patients comes for three times dialysis treatment, patients gets adequate dialysis treatment but also to carry out mentorship, the staff as a mentor and the patients as the mentee. Through this the Renal doctors expects nurses and AMO to functions as “ mini-doctors”, i. e the mentor are to know the day to day medical conditions, nutritional conditions, medications and blood parameters of their patients. They are expected to know how to make adjustment to tritrate patients medications and dialysis treatment and also to make referral to renal specialist when necessary as there is no. The

ironiny is there is no Renal specialist /doctors through the 18 other rural regionla dialysis centres but a total 12 specilaist ‘ conviently’ stationed in urban hospital in the state`s city. Failure of the mentor to make proper mentorship and care of their patients, the mentor will be scolded admonlished by the doctors and if the mentor disagree question their role with this ruling, they will be asked to leave of the Haemodialysis Centre.

Thus a profession dictated by others without voice of empowerment over a long term cannot mature professionally (RRRRR) and it is for this reason that I have chosen this topic to explore and expose the various flaw, the impact and the possible remedy to our health care system.

Lain lain u buat sendirilah

Nowadays the public or consumers are more knowledgeable, educated and know their rights, medical knowledge can now be easily accessed right at the comforts of their home via internet and as a results any wrong practices will be subject the AMO and nurses to litigations. It is therefore no surprising that patients are more knowledgeable, than the nurses. As a result they have a higher expectation to receive a good quality of health care and thus push the AMO and Nurses to a stressful situation. Although the AMO and Nurses are capable performing the job but with thoughts of professionalism hanging on their heads they feel that patients are not getting the best professional treatment. Though AMO tried everything possible in order to meet the demand of the patient, but sometime patient are not satisfied as they prefer doctors to AMO/Nurses in terms of prescribing medications and blood test and hence AMO and nurses continue to be yelled. (Vondras et al, 2004).

These things make the AMO feel uneasy as at one point they want to be obedient subordinates but at the same time feel that unprofessionalism is practice. And so the AMO/Nurses works about like headless chicken doing their work without much thinking.

I feel that Innocent Nurses and AMO are the most vulnerable groups in the medical professions as they can be force by their superior to carry out jobs which is not in their list of jobs descriptions . However in the last line of the list of jobs descriptions, it states that, “ to carry out orders or instructions as ordered by a higher authority from time to time “. I personally feel that this statement has been long abused by higher authorities such as doctors as this controversial statement is deemed to be a license for doctors and higher authorities to compel the nurses and Assistant Medical Officer to carry out clinical or non clinical activities. Somehow the order of carrying out a “ mini-doctors” job which is a vertical substitution with controversial permissions, are reluctantly carried out by the Nurses and AMO because of the unavailability of Renal specialized doctors and moreover if they don’t do the job then the patient will suffer and may even cost the patient life. The mentors which is working under stressed however carry out their jobs minus their heart and with frustrations and they may eventually burnt out, Curci, Linda. (2004) Therefore the Associations of Dialysis for Medical Assistant and Nurses (ADMAN) must stand up and issue a strong collective voice to protects the AMO/Nurses from this continuous exploitations. . However the more important questions is, are the nurses or AMO adequately protected from the law when carrying out certain task which may be a risky procedure and may have a medico-legal implications? The Medical Assistant Board has

underline codes of Ethics and professional conduct of AMO which must be observed by all Assistant Medical Officer

As not all AMO task are specified, I wonder if the ministry of health will go all the way to protect her staff in the case of law suits. The experience faced by AMO and Nurses is therefore akin to “ force labor”. This abuse is therefore professionally wrong as it lays the major platform of destroying the medical support industry. As a protective strategy in the medical profession, doctors have given the nurses low regard therefore making them to have low self esteem towards their profession and assume subordinate perspectives (Fritz, 2008, p. 82)

However jobs which are not listed in the main AMO job’s descriptions are Credentialed and privileged. It is therefore important that all terms and conditions of the process of credentialing and privileging must be observed and documented in order to comply the requirement of credentialing and privileging. “ How To” Document on Credentialing and Privileging Applications. Available at : http://www. ashp. org/s_ashp/docs/files/SCSS_HowtoCredPrivdoc. pdf accessed 30 September 2010 .

While credentialing is the process of obtaining, verifying and assessing the qualifications of a healthcare practitioner and to provide patient care services privileging is the process used to identify, document, and approve the specific procedures and treatments that may be performed in a specific setting. Privileges are granted based on the findings of the credentialing function and should only be granted for services that are currently offered by

the hospital. Available at : http://knol. google. com/k/kathy-matzka/credentialing-and-privileging/3ep8m4hgro5l7/1# accessed 30 September 2010.

The noble mission of ministry of health Malaysia is to lead and inspire through excellence in medical device regulatory system., to influence change and forge partnership that ensure public health and safety, to ensure that only high quality, effective and safe medical devices are available in Malaysia, to encourage and support the innovation and development of technology in medical device industry.( Medical Device Bureau Ministry of Health, Malaysia ). And in Nursing, professional boundaries simply means to establish the immediate legislations and requirements that differentiate the nurses and doctors scope of works (Ruth Constance , 2008, p. 39). Nursing profession is born out of ethics and desire to ensure that high levels of purity and integrity of life is observed (Barbara & Lynn, 2008, p. 109).

When there is lack of clear definition of specific boundaries in terms of specialization, the doctors are considered to have more impact in treatment of the patients than the nurses (Anne, 2008, p. 277). Nurses are not allowed to challenge any of the surgeons’ decisions but just to follow instructions as the surgeons finish the patients operations within short periods and then leave the nurses to carry out nursing care of the patient (Fritz, 2008, p. 82). Besides being a clear generalization, assumption, deliberate or unintentional underrating of the nurses profession, it is a clear indicator of torn delineations that lacks clear outlining for harmonious operations (Bessie & Huston, 2008, pp. 752-753). Nurses are therefore required to assume their

major activities when they are away irrespective of the main reason (Ruth & Constance, 2008, p. 40).

With lack of proper institution for defining the boundaries, the nurses are consumed in their calm built nature of service towards humanity (Colyer, 2004, pp. 408-104) . Using strong legislative framework and policy guidelines, nursing should be guarded like other professions and define the required relationship with the doctors in their areas of work (Bridgit, 2008, p. 569).

When there is a criss crossings violations by doctor intrusions they allow do but wont empower you. Surface icing doctors may need AMO/Nurses helps but in reality they don’t allow the AMO/Nurses to practice outside making the AMO/Nurses only the tool of convenience . However If everybody wants their own border of practice, everything have to wait for the doctors thereby causing a mark increase of public complaints. Therefore care should now be multi-taskings and coordinating care .

Why I do cross boundaries, I do for the following reasons :-

- Because I am facing the patients
- If I don’t do the public will complaints
- Critical to do patient will do

Sometimes expatriate doctor with questionable qualifications patients may die but if my mother or relatives I want them to do it correctly.

What happen if I do then

1. Patient recovered really well

2. I will save reputations of the my hospital
3. Pat on the back from the doctor however it not done openly
4. However patient will not be happy .

But what happen if there is a complications when I do it then I will be

Trying to be smart

Trying to be a doctor

## Model for crossings borders

Counsellings deepressed patients suicidal

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