

Scope of Nursing and Midwifery Practice

Rania Kamal S Jarallah¹, Jmila daher jabhan alenazi², Nourh bade al bagme³, Hashim Abdullah Abed Qashqari⁴, Nashwa Abdulrahman I barnawi⁵, Jawaher salameh awad Alatawi⁶, Anda Daher Al-Adham Alrewily⁷, Kholoud Attiya Ali Alzahrani⁸, Aisha jaber ahmad asseri⁹, Shrouq Saleh Abdurahman¹⁰, Fatima Mohammed Zaher Asseri¹¹, Jabra Ali mugram asseri¹²

¹Nurse specialist, Prince Mohammed Medical City ,aljouf health cluster

²Nurse technician Maternity and Children's Hospital buridah , Al-Qassim Health Cluster

³Nurse technician Al Nahda primary Health care Center , Hotat Sudaier , Riyadh second health cluster

⁴Nurse Specialist King Fahad Hospital, riadh Second Health Cluster

⁵Senior specialist Nurse King Abdulaziz hospital in jeddah , jeddah first health cluster

⁶Nurse technician Maternity children hospital , tabuk health cluster

⁷Nurse technician Home health care , AL Madinah AL Munawwarah , madinah health cluster

⁸Nurse specialist Rabigh General Hospital , jeddah second health cluster

⁹Nurse technician Muhayel general hospital , aseer health cluster

¹⁰AL Khaibari Midwifery Khaybar General Hospital , madinah health cluster

¹¹Medwife Muhayel general hospital , aseer health cluster

¹²Medwife Muhayel general hospital , aseer health cluster

Received: 12.09.2024

Revised: 10.10.2024

Accepted: 09.11.2024

ABSTRACT

Professional organizations and standards, regulations, and recommendations shape nursing practice globally. Education, nursing procedures, collegiality, ethics, teamwork, research, quality, quality of practice, professional practice assessments, resource use, leadership, and communication all have an impact on the duties of registered nurses. Although the RN scope of practice is defined differently by these worldwide nursing practice ideas, the professional nurse's role is universally supported. Since 1992, the Saudi Commission for Health Specialists (SCFHS) has governed the classification and registration of nurses. For foreign certified nurses, their guidelines center on credentials, years of practice, hours of continuous education, and international registration. This present study evaluates the scenario in the light of primary data collected from various sources and thereafter interpreting the same using SPSS ver. 22.0.

Keywords: Midwives, Nurses, Registered Nurses, Scope, future aspects.

INTRODUCTION

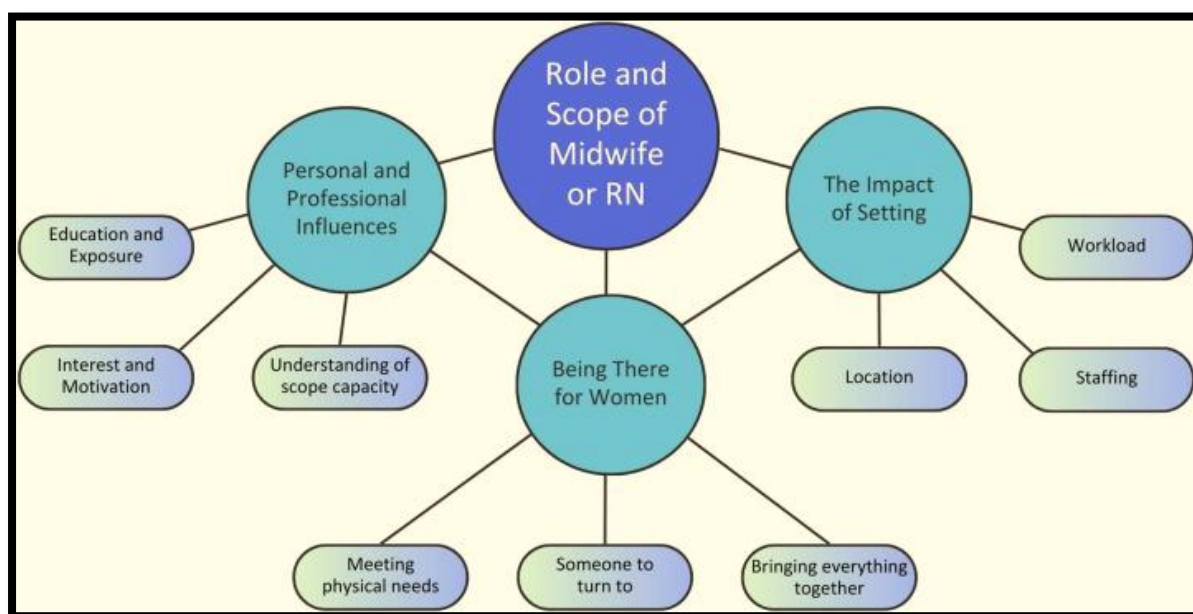
State or federal laws that define professional nursing activities are referred to as the scope of nursing practice. Nurses who are qualified to conduct competencies that align with their nursing certification level and satisfy patient needs are said to have an optimal scope of practice. Patients' requirements can often be too great or too small for a nurse to handle, falling outside of their area of expertise. Thus, to provide a good scope of nursing practice, nurses should be proficient in determining the patients' level of worry. In a clinical setting, safe and effective nursing care is critical. The efforts of researchers, educators, administrators, and registered nurses (RNs) in developing scope of practice guidelines can support and enhance the work of direct care providers and aid in their adaptation to quickly evolving care scenarios. Establishing and disseminating approved policies is therefore necessary in the clinical practice context in order to offer direction for safe and evidence-based practice. Negative consequences for patients result from noncompliance with the nursing scope of practice. Research indicates that the level of practice varies across nurses; some may not demonstrate the entire spectrum of competencies, while others may respond to working demands by performing unrelated duties. The scope of practice must be continuously rethought in order to achieve this.

Professional organizations and standards, regulations, and recommendations shape nursing practice globally. Education, nursing procedures, collegiality, ethics, teamwork, research, quality, quality of practice, professional practice assessments, resource use, leadership, and communication all have an impact on the duties of registered

nurses. Although the RN scope of practice is defined differently by these worldwide nursing practice ideas, the professional nurse's role is universally supported. Since 1992, the Saudi Commission for Health Specialists (SCFHS) has governed the classification and registration of nurses. For foreign certified nurses, their guidelines center on credentials, years of practice, hours of continuous education, and international registration.

Despite taking into account several nurse categories, the rules do not specify the scope of practice within these legal classifications. There aren't many studies in the literature that emphasize the function of Saudi registered nurses in various clinical settings and practice scenarios.

Aldossary thoroughly investigated how patients and the healthcare team in the Eastern province of Saudi Arabia perceived the functions of nurses. A self-administered questionnaire was completed by 1066 individuals in the study. While psychosocial issues and communication were not recognized as components of patient care, domains like physical care, professional elements, and care management were seen to be the primary facets of a nurse's job. The recognized gap in knowledge regarding nurses' responsibilities and, consequently, their contributions to patient care hinders the expansion of the nursing workforce nationwide.



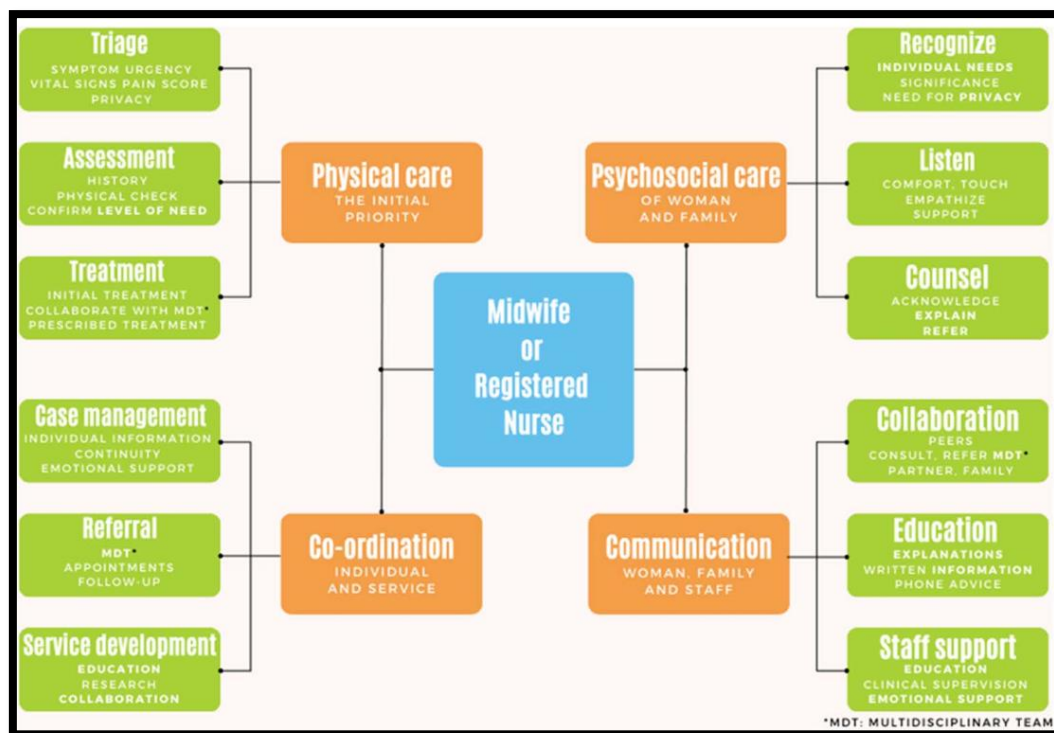
Source: <https://doi.org/10.1016/j.wombi.2024.101643>

Figure 1: Scope of Midwife and Registered Nurses

Thus, more research is required to clear the path for future organizational initiatives and professional development aimed at improving patient outcomes and increasing the use of the nursing workforce at all nursing levels, but particularly advanced nursing, as there aren't many Saudi studies that define the nursing scope of practice. This study has two goals: The first is to address the pressing need for a scope of nursing practice in the Saudi public healthcare system, with a focus on measuring the actual practice of registered nurses in Saudi Arabia. The second step is to determine the activities that nurses with various roles and educational backgrounds most frequently engage in. The findings of this study may help nurse education organizations, policymakers, and decision-makers improve the accomplishments of the nursing workforce.

With somewhat more than half of the available sources influencing this category, the physical care that registered nurses and midwives offer to women with severe early pregnancy concerns was a significant aspect of the review data. Physical care needs are frequently prioritized, especially at the front lines of acute care services. The triage, evaluation, and treatment of women who present with early pregnancy concerns are largely handled by registered nurses who work in the emergency department. It is not surprising that the examination of physical well-being at initial presentation should be the primary focus, given that severe vomiting, discomfort, or bleeding during the early stages of pregnancy can cause fast clinical deterioration if left untreated. However, the lack of privacy at triage and in ED waiting rooms may make it more difficult to conduct a thorough initial assessment of women. Depending on their training and experience, the operational and geographic contexts of their services, time restrictions, and how each employee saw their job duties, midwives and registered nurses had varying scopes of practice. Most registered nurses in emergency departments (EDs) do triage assessments, which include taking a brief history, evaluating symptoms like bleeding, making observations, and scoring pain. They also start treatment in conjunction with other medical professionals and assist with investigations like ultrasounds. Specialist midwifery and nursing positions (such as clinical midwifery consultant and NP) require a

greater degree of autonomy in treatment and decision-making, staff education, and the use of advanced clinical skills.



Source: Freeman et al (2024)

Figure 2: key elements of midwives' and registered nurses' role and scope

In emergency departments, NPs possess extensive expertise and a growing range of practice. The NP practice parameters that are pertinent to early pregnancy care include diagnosing, ordering tests, interpreting the results, prescribing and administering intravenous fluids and medications, providing nutritional support (parenteral or enteral feeding, using acupressure to treat nausea), scheduling surgeries, and determining whether hospitalization is necessary. Some NPs may also possess extra training tailored to early pregnancy, which allows them to perform and/or interpret early pregnancy ultrasound, perform vaginal and speculum examinations, prescribe and administer injections of Anti-D immunoglobulin, and offer preconception counseling for subsequent pregnancies.

Research Process

- The study used a descriptive cross-sectional approach to gauge Saudi Arabian nurses' perceptions about the scope of practice.
- The study encompassed Ministry of Health (MOH) health facilities and public hospitals in the western part of the Kingdom of Saudi Arabia that had more than 200 beds. The study involved full-time nurses who had worked for at least six months.
- Non-MOH healthcare institutions, private hospitals, and locations outside of the western region were not included. In order to reach 200 nurses who responded, invitations were delivered to the research locations that were specifically targeted.
- Responses were recorded on a 6-point scale.
- Some amount of secondary data has also been used to reach the objective of the study and the evaluated the work done till date in the respective field of study.
- The Arabic Actual Scope of Nursing Practice (A-ASCOP) questionnaire was used in the study in an electronic format. Both the original author and the author of the Arabic translation research gave their consent for the instrument to be used. Sociodemographic information is included in the first section of the study tool. The scope of practice is evaluated in six areas that are pertinent to nursing-related activities in the second section.

These dimensions are:

- assessment and care planning,
- teaching of patients and families,
- communication and care coordination,
- integration and supervision of staff,

- quality of care and patient safety, and
- knowledge updating and utilization.
- The study uses ANOVA (One way) to assess the data recorded as per the above given specifications.
- SPSS Ver. 22.0 was considered to test and interpret the statistical inferences.

Summary of ANOVA Results

On the Basis of Age	F	Sign
Assessment and care planning	.155	.926
Teaching of patients and families	.688	.559
Communication and care coordination	.660	.577
Integration and supervision of staff	.365	.778
Quality of care and patient safety	.889	.446
Knowledge updating and utilization	4.408	3.005
On the Basis of Gender		
Assessment and care planning	3.098	3.016
Teaching of patients and families	.534	.711
Communication and care coordination	.983	.817
Integration and supervision of staff	1.885	1.112
Quality of care and patient safety	1.117	1.348
Knowledge updating and utilization	1.443	1.219
On the Basis of Marital Status		
Assessment and care planning	.209	.890
Teaching of patients and families	.579	.629
Communication and care coordination	.993	.396
Integration and supervision of staff	.593	.620
Quality of care and patient safety	.456	.503
Knowledge updating and utilization	1.111	.344
On the Basis of Social Class		
Assessment and care planning	.082	.970
Teaching of patients and families	.360	.782
Communication and care coordination	1.355	.256
Integration and supervision of staff	.660	.577
Quality of care and patient safety	.313	.416
Knowledge updating and utilization	.503	.680
On the Basis of residential Status		
Assessment and care planning	4.925	2.002
Teaching of patients and families	2.033	1.902
Communication and care coordination	7.056	.000
Integration and supervision of staff	2.923	2.034
Quality of care and patient safety	1.705	1.165
Knowledge updating and utilization	10.697	.000

200 replies were recorded in the survey registry. However, 928 surveys with an 81% response rate were included in the research after excluding surveys from military and academic hospitals as well as those with incomplete questionnaire replies. Based on participant characteristics, the majority of the sample consisted of Saudi citizens (73%), hospital nurses (78%), and females (82%). 98% of the participants in this study were either directly employed by the MOH or through the Hospital Operation Programs (HOP) contracting system; the remaining participants were under locum contracting systems. In the sample, 41% were nursing technicians with a diploma, and 54% were registered nurses with a BSN. The majority were middle-aged (90%) and clinical bedside nurses (68%).

Basic Findings

Nurses with postgraduate degrees had higher ASCOP scores than those with bachelor's degrees, while nurses with diplomas had the lowest results. Higher ASCOP was positively connected with advanced education, as was the case in a previous nationwide survey. The findings concur with a previous worldwide study that found nurses with a BSN had a wider ASCOP than those with a diploma. The study's importance was demonstrated by the disparity in outcomes between nurses with postgraduate and diploma degrees, which begs the question of

how to effectively use the nursing profession to improve patient outcomes. Postgraduate-trained nurses practiced broader ASCOP than other nurses in all ASCOP characteristics, according to the study. However, charge nurses were following the larger ASCOP when it came to nursing positions, with the exception of patient and family education. These findings may be accounted for by the fact that nurses who hold postgraduate degrees, such as a Master of Nursing or an advanced nursing practice diploma, are more likely to be charge nurses; hence, the postgraduate qualifications fit the requirements for the charge nurse role.

CONCLUSIONS

Nursing ASCOP guidelines are important in improving patient outcomes in collaboration with multidisciplinary healthcare teams. This study showed that there is a range of variation in nursing practice, but the lack of internal regulations (nursing scope of practice) has no effect on nursing duties. In a country such as Saudi Arabia where changes and massive national improvement initiatives are executed every day, defining a Saudi nursing scope of practice is a persistent need that must be met by authorized governmental parties. Further studies should shed light on national nursing issues. The study's findings should motivate nursing management in MOH organizations as well as newly developed national medical clusters to define borders/responsibilities between different nursing registration categories. More importantly, it is imperative to establish guidelines that protect patients as well as nurses from current loose practice boundaries. From a nursing education standpoint, nursing colleges should work as change agents to establish actual scope of practice. Incorporating international nursing competencies within nursing programs may enhance graduates' understanding of variations among nursing registration categories. Furthermore, nursing colleges should develop or implement nursing regulation courses so nursing students are exposed to Saudi Health Law in order to understand how to protect themselves from practicing out of their competency level. Nursing legislation is the responsibility of the Saudi Commission of Health Specialties and the MOH. These two bodies are best positioned to implement quick changes in nursing policy and legislation to protect patients and professionals. The third party in this formula is the Ministry of Labour and Social Services who has the chance to meet nursing practice needs that have stood for a long time without governmental intervention. This study's results highlight the absence of nursing legislation and support organizations such as a nursing council or a nursing association.

REFERENCES

1. Nicole Freeman, Tracey Moroney, Jane Warland, Kate Cheney, Zoe Bradfield, Midwives' and registered nurses' role and scope of practice in acute early pregnancy care settings in Australia: A qualitative descriptive study, *Women and Birth*, Volume 37, Issue 5, 2024, 101643, ISSN 1871-5192, <https://doi.org/10.1016/j.wombi.2024.101643>.
2. Freeman, Nicole & Warland, Jane & Cheney, Kate & Bradfield, Zoe. (2024). Midwives' and registered nurses' role and scope of practice in acute early pregnancy care services: a scoping review. *JBIR evidence synthesis*. 22. 10.11124/JBIR-23-00483.
3. Schluter, J.; Seaton, P.; Chaboyer, W. Understanding nursing scope of practice: A qualitative study. *Int. J. Nurs. Stud.* 2011, 48, 1211–1222.
4. Chua, W.L.; Legido-Quigley, H.; Ng, P.Y.; McKenna, L.; Hassan, N.; Liaw, S.Y. Seeing the whole picture in enrolled and registered nurses' experiences in recognizing clinical deterioration in general ward patients: A qualitative study. *Int. J. Nurs. Stud.* 2019, 95, 56–64.
5. Thomas, T.; Seifert, P.; Joyner, J. Registered Nurses Leading Innovative Changes. *OJIN Online J. Issues Nurs.* 2016, 21, 3.
6. Hibbert, D.; Aboshaiqah, A.E.; Sienko, K.A.; Forestell, D.; Harb, A.W.; Yousuf, S.A.; Kelley, P.W.; Brennan, P.F.; Serrant, L.; Leary, A. Advancing nursing practice: The emergence of the role of advanced practice nurse in Saudi Arabia. *Ann. Saudi Med.* 2017, 37, 72–78.
7. Birks, M.; Davis, J.; Smithson, J.; Cant, R. Registered nurse scope of practice in Australia: An integrative review of the literature. *Contemp. Nurse* 2016, 52, 522–543.
8. Nursing and Midwifery Board of Australia. Professional Standards. Registered Nurses Standards for Practice. 2020. Available online: <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx>
9. Afenir, C. Shared leadership: Creating a space for truth to empower, engage and strengthen relationships. *Curr. Res. Integr. Med.* 2018, 3, 45–50.
10. Boman, E.; Rn, R.L.; Fagerström, L. Differences and similarities in scope of practice between registered nurses and nurse specialists in emergency care: An interview study. *Scand. J. Caring Sci.* 2019, 34, 492–500.
11. Dyck, M.J.; Novotny, N. Exploring Reported Practice Habits of Registered Nurses and Licensed Practical Nurses at Illinois Nursing Homes. *J. Nurs. Regul.* 2018, 9, 18–30.
12. Ganz, F.D.; Toren, O.; Fadlon, Y. Factors Associated with Full Implementation of Scope of Practice. *J. Nurs. Sch.* 2016, 48, 285–293.

13. Fares, S.; Clinton, M.; Younan, L. The first Arabic version of the Actual Scope of Nursing Practice Scale: Psychometric evaluation. *J. Nurs. Manag.* 2018, 26, 1059–1065.
14. Déry, J.; Clarke, S.P.; D'Amour, D.; Blais, R. Education and Role Title as Predictors of Enacted (Actual) Scope of Practice in Generalist Nurses in a Pediatric Academic Health Sciences Center. *JONA J. Nurs. Adm.* 2016, 46, 265–270.
15. Younan, L.; Clinton, M.; Fares, S.; Samaha, H. A Descriptive Study of the Composition and Scope of Practice of Nursing Staff in Acute Care Hospitals of Lebanon. *J. Nurs. Regul.* 2019, 9, 34–41.
16. Cho, E.; Sloane, D.M.; Kim, E.-Y.; Kim, S.; Choi, M.; Yoo, I.Y.; Lee, H.S.; Aiken, L.H. Effects of nurse staffing, work environments, and education on patient mortality: An observational study. *Int. J. Nurs. Stud.* 2015, 52, 535–542.
17. Hickey, P.A.; Pasquali, S.K.; Gaynor, J.W.; He, X.; Hill, K.D.; Connor, J.A.; Gauvreau, K.; Jacobs, M.L.; Jacobs, J.P.; Hirsch-Romano, J.C. Critical Care Nursing's Impact on Pediatric Patient Outcomes. *Ann. Thorac. Surg.* 2016, 102, 1375–1380.
18. Aiken, L.H.; Sloane, D.; Griffiths, P.; Rafferty, A.M.; Bruyneel, L.; McHugh, M.; Maier, C.B.; Moreno-Casbas, T.; Ball, J.E.; Ausserhofer, D.; et al. Nursing skill mix in European hospitals: Cross-sectional study of the association with mortality, patient ratings, and quality of care. *BMJ Qual. Saf.* 2017, 26, 559–568.
19. Salimi, T.; Dehghani, K.; Nasiriani, K. Requirements for nurse supervisor training: A qualitative content analysis. *Iran. J. Nurs. Midwifery Res.* 2016, 21, 63–70.
20. Copanitsanou, P.; Fotos, N.; Brokalaki, H. Effects of work environment on patient and nurse outcomes. *Br. J. Nurs.* 2017, 26, 172–176.
21. Lee, E. Safety climate and attitude toward medication error reporting after hospital accreditation in South Korea. *Int. J. Qual. Health Care* 2016, 28, 508–514.
22. Lee, S.; Lee, D.K. What is the proper way to apply the multiple comparison test? *Korean J. Anesthesiol.* 2018, 71, 353–360. Correction in *Korean J. Anesthesiol.* 2020, 73, 572.