



Registered nurses' knowledge, attitude, practice and regulation regarding their scope of practice: A literature review

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ABSTRACT

Over the years, extensive task shifting and sharing has taken place in nursing. In several countries, especially Botswana and other African countries, nurses are often responsible for duties and interventions they consider to be beyond their Scope of Practice (SoP) or regard as 'non-nursing' tasks. Issues and concerns affecting SoP may have considerable impact on the quality of care and welfare of nurses. The aim of this article is to present the results of a literature review regarding the Scope of Practice of Registered Nurses.

Method: A literature search was performed, using the following internet databases EbscoHost, Nursing@Ovid and Google Scholar. ResearchGate, Science Direct, Sage and Sabinet were also consulted, as well as websites of professional organizations and the Botswana Collection at the University of Botswana Library. Articles published in English between 2000 and 2018 were reviewed. Key search concepts included: scope of practice of nurses and knowledge, attitude, practice and regulation.

Findings and discussion: Knowledge of nurses regarding their SoP appears variable and attitudes are usually positive, as long as scope expansion is congruent with legislation. Literature illustrates that nurses regularly practise outside their scope, either beyond or below, whereas SoP may overlap, both intra-disciplinary as well as interdisciplinary. Although the SoP of nurses appears to be regulated in many countries, regulation often appears insufficient to meet the evolving nature of the nursing profession.

Conclusion: In the current changing worldwide health arena, scoping issues remain relevant and warrant imminent attention.

1. Introduction

During the past decades, in many countries Scope of Practice of Registered Nurses has evolved and expanded. According to the International Council of Nurses (ICN, 2010) a Scope of Practice (SoP) outlines the parameters or boundaries within which Registered Nurses practice and needs to reflect what is distinctly nursing (ICN, 2013). The term is frequently used by licensing bodies, such as national nursing councils, to describe what Registered Nurses (RN's) are legally recognized, educated and competent to implement (Altranais, 2000). Boundaries of nursing practice are considered important to protect the nurse and the public, while providing identity to the nursing workforce (ICN, 2010). The ICN considers it vital that the nursing profession should clearly articulate its SoP in order to ensure safe and competent nursing practice and to respond adequately and appropriately to the changing needs of society. The articulation of nursing's boundaries remains challenging, in terms of balancing restricted and expanded practice (Fealy et al., 2014), in terms of what distinguishes nursing

from other health professions (inter-professional boundaries), and as nursing practice is increasingly becoming more diverse, also in terms of intra-professional boundaries (Daly & Carnwell, 2003). Although many countries, during the past 15 years, have developed legal documents to enact SoP, discrepancies and concerns between SoP and actual practice remain prevalent.

2. Background

Reforms and developments in health care (Fairman, Rowe, Hassmiller, & Shalala, 2011) as well as the effect of economic difficulties (Dovlo, 2004) influence nurses' SoP. According to the World Health Organization (WHO, 2007), nursing is one of the main pillars of the implementation of health services. The WHO (2008) maintains that the limited availability of human health resources implied transferring a range of health care service responsibilities to RN's from other health care professionals. The ICN (McGillis-Hall & Buch, 2009) emphasizes that the increased utilization of RN's, with advanced knowledge and

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skills, is a cost effective approach to meeting increasingly complex health care needs.

Worldwide, RNs undertake activities that were traditionally the prerogative of doctors, whilst certain nursing tasks have been relegated to support staff members (Mee, 2006; Safriet, 2002; Sandelowski, 2000). Tasks are expected to continue to shift to RN's in the foreseeable future, especially within the context of increasing health care costs (Fairman et al., 2011) and the emergence of the global epidemic of non-communicable diseases (ICN, 2011; Trehaerne, Fishman, & Lin, 2014; WHO, 2012). The emergence of HIV/AIDS created new roles for nurses (Willard, 2009), including prescribing of Anti Retroviral (ARV) drugs (Kgatlwane, 2009) and performing circumcisions (Frajzingier, Odongo, Barone, Pwerchal, & Pavin, 2014). According to Munjanja, Kibuka, and Dovlo (2005), in Africa, nurses have been utilized for a variety of extended purposes. Anecdotal evidence further suggests that in Africa significant informal task shifting has occurred especially in rural areas where RNs perform procedures not allowed according to regulations (Dovlo, 2004) or for which they have received inadequate education (Msuya et al., 2017). Contrary, nurses in less-developed countries may migrate to more developed countries, due to not being able to perform according to their optimum scope (Likupe, 2013).

SoP is crucial as it forms the basis for compiling standards of practice, curricula and job descriptions and for protecting nurses through a legal framework specifying who is qualified and authorized to provide specific services and interventions (ICN, 2013). SoP also distinguishes nursing from other health professionals and consequently may prevent scope creep (Price, 2017) from other health cadres.

The most effective use of nurse resources (ICN., 2014) implies that nurses are able to practice to the full extent of their education, training and capabilities. Duffield, Gardner, and Caitling-Paul (2008) also conclude that nurses can perform more effectively by practising according to their knowledge and skill level, whilst Dery, Clarke, D'Amour, and Blais (2018) maintain that practising according to one's SoP or optimum level increases job satisfaction. White et al. (2008) argue that it is crucial to understand the SoP. Appreciating the importance- and understanding the SOP concept is vital to the appropriate deployment of the health workforce (Baranek, 2005; Besner et al., 2005) and prevent potential and actual SoP overlaps within nursing and other health disciplines. Currie and Carr-Hill (2012) add that role boundary exercises will have significant international relevance, only when consensus has been reached about the various concepts constituting nursing.

The WHO (2007) as well as the ICN (2010) recommend that as part of a regulatory framework, a SoP for nurses should be developed. An article in the African Policy Dialogue Review (*Challenges of Nursing in Southern Africa, 2001*) confirms an urgent need in Southern Africa to draft appropriate legislation to address the SoP specifying what nurses should be permitted to do with and without supervision. Whilst Kilpatrick, Lavoie-Tremblay, Ritchie, Lamothe, and Doran (2011) concluded that such work is important for full SoP development, the effectiveness of inter-professional teamwork and the integration of new roles in the health care system. Nurses comprise the largest group of employees within the healthcare sector; they are generalists who can be deployed in different settings and are economically more affordable than cadres that are more expensive.

The aim of this literature review was to identify and review literature to explore and describe the knowledge, attitude, practice and regulated vs. actual practice of the SoP of Registered Nurses in Botswana, Africa and internationally.

3. Methods

A search question was developed using the key concepts within a modified PICO framework. The acronym population (P), context (C), intervention (I) and outcome (O) formed the foundation of the question: In reviewing different types of sources, what are the knowledge,

attitudes, practice and regulated vs. actual practice (I) amongst RN's (P) in Botswana, Africa and internationally (C), regarding their SoP in providing safe care (O)?

The initial literature search was conducted between search was conducted October 2014 and November 2015, additional sources were identified during 2017 and 2018. Co-authors and the university librarian provided assistance.

The following key concepts and combinations thereof were used in the search: Scope of Practice of Registered Nurses and Scope of Practice of Nurses and knowledge, attitude, practice, regulation, Botswana and Africa. Search sites included EbscoHost (Medline and Health Source: Nursing/Academic Edition), Nursing@Ovid, Google Scholar and Science Direct, Sage, Sabinet and ResearchGate. The Botswana Collection at the University of Botswana Library was consulted for country-specific research. Relevant reports were obtained from websites of various international professional organizations.

Global interest in SoP gained momentum in the last decade of the previous century. Articles published between 2000 and 2018 were included in the review. Searches generated 1940 sources, including articles, reports and additional publications, identified through examining the reference lists of selected sources. After assessment of titles for relevance and duplicates, 1514 were excluded. Identified abstracts and reports were retrieved and scrutinized. After excluding sources that were not relevant, 204 full text articles and reports were reviewed for potential inclusion. A further 144 records were excluded, resulting in 60 publications for inclusion in the review. The PRISMA diagram (Fig. 1) illustrates the literature search process.

Publications in English were eligible for inclusion if they addressed the SoP-related criteria; including relevant aspects and context of the extent of knowledge about SoP, the nature of attitude towards SoP, relevant features of actual and evolving practice and actual vs. regulated practice and the impact and extent of legislation, were in line with the purpose of the literature review and were published in the stipulated time frame. The review comprises scholarly articles as well as some selected reports, studies, columns and editorials where applicable to gain an improved perspective. For the purpose of the following review, a total number of 60 references were identified as relevant and are reflected in Table 1.

Research addressing SoP issues is usually described in terms of associated concepts, such as barriers, descriptions, challenges, facilitators, influencing factors, conflicts and specific skills of extended practice or specialist nursing (Besner et al., 2005; Kilpatrick et al., 2011; Poghosyan et al., 2013; White et al., 2008). Moreover, SoP research tends to focus on advanced practice nurses; studies addressing SoP of generalist nurses, in general practice and in less developed countries appear limited (Benton, Cusack, Jabbour, & Penney, 2017; D'Amour, Dubois, Dery, & Clarke, 2012; Oelke et al., 2008). For the purpose of this review, RN's included nurses who may or may not have additional qualifications. Practice included generalist as well as advanced or specialized nursing practice.

4. Findings and discussion

The review is categorised under the headings knowledge, attitude, practice and regulation.

4.1. Knowledge

Correct interpretation and application of the SoP is crucial for implementation of effective and safe nursing interventions (Bell, 2005). Furthermore, knowledge of SOP is important to prevent legal or employment consequences (Brooke, 2009). The inability of nurses to clearly articulate SoP in terms of facts, awareness, comprehension or application is evident in literature (Aroke, 2014; Lilibridge, Axford, & Rowley, 2000; White et al., 2008). A study conducted in Botswana found that most RN's were unsure about their SoP (Chokani-Namane,

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