**Nursing and Midwifery Practice**

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**ABSTRACT**

Depending on the specialty covered by the credential, nurse and midwifery practice may include direct and/or indirect patient care in clinical practice, nursing administration, education, research, or consultation. The position must be one that a registered nurse could fill. If the position can be filled by an RN, even one that can also be filled by another licensed care provider, may count as nursing practice. One of the ANA's key initiatives is defending and advancing nurses' scope of practice. In order to provide patients with the most effective, high-quality care possible in the fast-paced world of health care, it is essential that nurses are able to practice to the fullest extent of their training and skills. The range of nursing practice varies and varies according to the educational background and skills that have been proven by the individual who is responsible for the public's perception of the quality of nursing care.

**Keywords –** Nursing, midwifery, practice, competent nurses and midwives, nursing administration, education, research, quality of nursing care

**Introduction:**

Nursing and midwifery professions have a social mandate to provide distinctive services. So it is appropriate that nursing and midwifery practice should respond to the ever-changing needs of the population and the health service. Nurses and midwives are, therefore, required to be proactive in identifying areas where an expansion in their scope of practice would lead to improvements in patient outcomes and in the quality and range of available services (Health Service Executive 2012).

In general, nurses and midwives are open to broadening their areas of expertise because they believe it will improve patient care, raise standards generally, and make them happier employees (Fealy et al. 2014). Managers, employers, and organizations are accountable for establishing the proper policies, procedures, protocols, and guidelines (PPPGs) to support role expansion.

A registered nurse is someone who satisfies the following criteria, has successfully completed a recognized and approved nursing education programme in the nation where the qualification was earned, has obtained the necessary credentials to be registered to practice nursing in this jurisdiction and use the title "registered nurse and exhibits and maintains competency in the practice of nursing..

**The scope of nursing practice is the range of roles:**

Nursing practice is based on values that guide the care provided by registered nurses. These values include prioritizing patient rights, promoting quality health services, respecting all people without discrimination, fostering a therapeutic relationship, advocating for patient rights, delegating care appropriately, and combining art and science. Nursing care is holistic, based on research and experiential evidence, and must adhere to the principles of professional conduct outlined in the Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (2014). Nurses must also be aware of their role in delegating care and providing supervision to healthcare workers.

According to the International Council of Nurses (ICN), the scope of nursing practice “encompasses autonomous and collaborative care of individuals of all ages, families, groups, and communities, sick or well and in all settings.” National nursing associations further clarify the scope of nursing practice by establishing particular practice standards and codes of ethics. National and state agencies also regulate the scope of nursing practice. Together, these bodies set forth legal parameters and guidelines for the practice of nurses as clinicians, educators, administrators, or researchers.

**Forms of general nursing practice**

**Hospital-based nursing practice:**

Encompasses various types of nursing care, including acute and chronic illnesses, critical care units, emergency departments, operating rooms, and outpatient clinics. Nurses work in various settings, including state and local health departments, school health programs, migrant health clinics, neighborhood health centers, senior centers, occupational health programs, nursing centers, and home care programs.

**Community health nursing practice:**

Focuses on promoting and protecting the health of populations, with knowledge from nursing, social, and public health sciences influencing these practices. Nurses work in various settings, including state and local health departments, school health programs, migrant health clinics, neighborhood health centers, senior centers, occupational health programs, nursing centers, and home care programs.

**Mental health nursing practice:**

Focuses on the care of those with emotional or stress-related concerns, working in inpatient units of hospitals or outpatient mental health clinics. They work with individuals, groups, and families, providing psychotherapy, consultation with community organizations, and meeting the emotional needs of patients and families struggling with physical illnesses or injuries.

**The care of children:**

Also known as pediatric nursing, focuses on the care of infants, children, and adolescents. Nurses work with national and local governments, private charities, and other professionals to ensure proper nutrition, social support, and medical care for mothers and children.

**Geriatric nursing practice:**

Geriatric nursing practice is rapidly growing, with projections showing a significant increase in the number of individuals over age 65. Nurse practitioners are prepared at the master's level in universities to provide a broad range of diagnostic and treatment services to individuals and families. Clinical nursing specialists are prepared in particular specialties, such as neurology, cardiology, rehabilitation, or psychiatry, and work in hospitals and outpatient clinics

**Midwifery Practice**

A registered midwife is someone who has successfully completed a programme of midwifery education that has been recognized and approved in the nation where the qualification was earned; who has attained the requirements to be registered to practice midwifery in this jurisdiction and use the title "registered midwife;" and who exhibits and maintains competency in the practice of midwifery. (Adapted from 2011 International Confederation of Midwives (ICM) document.)

The expected range of roles, responsibilities, and activities that a midwife registered with the NMBI is trained for and is competent and authorized to perform is known as the scope of midwifery practice. More specifically, the EC Directive of 2005 (2005/36/EC) as amended identifies the range of midwifery practice.

The Member State shall ensure that midwives are able to access and pursue at least the following activities, according to Article 42 of the Directive (2005) it states, Provide family planning information and advice, diagnose and monitor normal pregnancies, prescribe or advise on examinations for at-risk pregnancies, provide parenthood preparation programs, care for the mother during labor, monitor baby's condition, and conduct spontaneous deliveries. Recognize and assist with any abnormalities in the mother or baby's condition.

The provision of safe, competent, kind, and compassionate care that is guided by the best available research, the midwife's own experience, and the woman's experiences, preferences, and values is fundamental to midwifery practice (NMBI 2015a). The values that underpin midwifery practice influence how midwives deliver care. According to the Nursing and Midwifery Board of Ireland, the following values should guide midwifery practice and serve as the foundation for developing a midwifery philosophy.

The International Confederation of Midwives states Midwifery is a profound experience that benefits women, their baby, family, and the community. Midwives are the most appropriate care providers for women during pregnancy, labor, birth, and post-natal periods, collaborating with other healthcare professionals when necessary. They respect all people equally and value empowerment of women to assume responsibility for their health and families. Midwifery care is holistic, grounded in social, emotional, cultural, spiritual, psychological, and physical experiences. Midwives have confidence, trust, and respect for women's capabilities in childbirth. Midwifery practice must adhere to professional conduct principles, and an individual midwife's scope of practice is dynamic and will change as they progress in their career.

The scope of individual midwifery is influenced by factors like educational preparation, experience, guidelines, practice setting, collaborative practice, and factors like safety, needs, and care outcomes for the woman and baby.

**Factors to Consider When Determining the Scope of Nursing and Midwifery Practice**

 **Competence**

Nurses and midwives must assess their competency to carry out a role or activity. Competent nurses and midwives possess knowledge, technical and practical skills, interpersonal skills, critical thinking, and safe, effective practice based on evidence. They also work collaboratively with other healthcare professionals, demonstrate a professional attitude, and accept responsibility for their practice. Competence is defined as the attainment of knowledge, intellectual capacities, practice skills, integrity, and professional and ethical values required for safe, accountable, and effective practice as a registered nurse or midwife.

Competence changes over time, influenced by educational preparation, clinical exposure frequency, and experience in specific settings. Practitioners are expected to continually re-evaluate their competence when faced with new practice situations. They are accountable for their professional actions and should refuse delegated or assigned roles or activities if they judge their competence to be limited. If they identify a competence deficit, they should take appropriate measures to gain competence. Under the Nurses and Midwives Act, 2011, nurses and midwives must maintain their professional competence on an ongoing basis. Competence can be achieved through continuing professional development.

**Responsibility, Accountability and Autonomy**

Responsibility, accountability, and autonomy are essential concepts in nursing and midwifery practice. Nurses and midwives hold positions of responsibility and are expected to be accountable for their practice. Responsibility involves performing duties using sound professional judgment and being answerable for decisions made. Expanding their scope of practice will involve greater responsibility. Accountability involves maintaining competency and safeguarding quality patient care outcomes while being answerable to those affected by their practice. Nurses and midwives should be able to give reasons for their decisions and justify them in the context of legislation, professional standards, evidence-based practice, and ethical conduct.

Nurses and midwives are accountable both legally and professionally for their practice, including the decisions they make and the consequences of those decisions. They are accountable to patients, the public, their regulatory body, their employer, and any relevant supervisory authority. Legal accountability involves nurses and midwives ensuring they have appropriate professional indemnity insurance, as patients have a right to expect them to hold this insurance in case of professional negligence claims.

**Continuing Professional Development**

Continuing Professional Development (CPD) is a lifelong process that involves experiences, activities, and processes that contribute to the professional development of nurses and midwives as healthcare professionals. It is a vital component of pre-registration education and training, aiming to enhance nursing and midwifery practice, education, leadership, and research. It is essential for nurses and midwives to engage in CPD after registration to acquire new knowledge and competence, practice effectively in an ever-changing healthcare environment, and maintain and enhance professional standards.

The Nurses and Midwives Act 2011, Part 11, requires registrants, employers, and the National Nurses and Midwives Board (NMBI) to maintain professional competency. Activities that contribute to a nurse or midwife's professional development include formal education programs, reflective practice, journal clubs, case-conferences, clinical supervision, learning sets, preceptorship, mentorship, workshops, distance learning, blended learning, e-learning, sourcing information, and self-directed learning. By engaging in CPD activities, nurses and midwives can enhance their knowledge, skills, and attitudes, ensuring quality, competent, and safe patient care.

**Delegation and Supervision:**

Nurses and midwives in a multidisciplinary healthcare team may be required to delegate, supervise, and educate students and regulated and unregulated healthcare workers (HCW) in providing safe patient care. Delegation involves the nurse or midwife transferring the responsibility of a role or activity within their scope of practice to another person. Effective delegation is a skill that improves with education and practice. The delegator must be available to provide the necessary level of supervision required by the delegate, which can be direct or indirect. Both types of supervision include overseeing, direction, guidance, support, and evaluation.

Nurses and midwives are professionally responsible and accountable for their practice, attitudes, and actions. The delegator is accountable for the decision to delegate, ensuring the delegated role is appropriate to the student's level of competence and providing support and resources. The delegated nurse, midwife, student, or other HCW is responsible for carrying out the delegated role in an appropriate manner and is accountable for the appropriate performance of that role. Employers should support nurses and midwives in delegation and supervision by providing appropriate organizational policy and resources.

**Principles for delegating a specific role or activity**

When delegating a particular role or activity, the nurse or midwife must take account of several. The individual nurse and midwife must:

* Delegation should serve the patient's interests and needs,
* Assess the risk involved, and be appropriate according to nursing or midwifery definitions and philosophies.
* It should consider the person's experience, competence, role, and scope of practice.
* Delegation should not be to junior colleagues or other HCW tasks beyond their competence.
* The delegated role or activity should be assessed, planned, implemented, monitored, and evaluated, communicated clearly, and supervised and provided with feedback.
* The practice setting should support the delegation, and delegation should be consistent with organizational PPPGs.
* Nurses should consider the role or activity's scope of practice and question its appropriateness if it is beyond their current scope.
* They should also acknowledge any limitations of competence and provide appropriate feedback to the delegate.
* Following the delegation request, nurses should examine their professional development needs in the context of the delegated role or activity.

**Practice Setting**

The practice setting refers to both the location and nature of the work environment for nurses and midwives. It includes the type of service provided as well as the level of care required by the patient (Nurse Board South Australia 2006). Private and public healthcare organizations, primary care settings, as well as the community and places such as factories, schools, higher education institutions, prisons, an individual's home, and other settings, can all be practice settings.

Nursing and midwifery practices vary by setting and can have an impact on an individual practitioner's ability to practice effectively and determine their scope of practice (Fealy et al. 2014). To support nurses and midwives in whatever practice setting they work in, relevant practice guidance, legislation, regulation, must be in place.

**Collaborative Practice**

Multiple health workers from various backgrounds collaborate to provide high-quality care to patients, families, and communities through collaborative practice. It is critical for nurses, midwives, and other healthcare professionals' professional relationships. Communication and documentation must be respectful in order to provide safe, quality care and manage risks. Knowledge of the scope of practice should underpin collaborative practice relationships for all healthcare professionals. It is the responsibility of each nurse and midwife to inform others about their specific scope of practice. The Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (2014) establishes values, standards, and collaborative supports.

**Expanded Practice**

Expanded practice refers to a change in an individual nurse or midwife's role to include areas beyond their scope of practice, which can involve taking on new roles or delegating responsibilities. Research shows that expanded nursing and midwifery practice leads to better patient outcomes, enhanced healthcare staff outcomes, and improved service quality and development. It should occur within the context of quality person-centered safe care, service needs, and national policy. Nurses and midwives are willing to expand their practice through continuing professional development and specialist and advanced roles. Examples of expanded practice in Ireland include intravenous cannulation, nurse and midwife prescribing of medicines and ionizing radiation, behavior management, and nurse and midwifery-led clinics in acute and community settings.

Advanced practitioner roles include the interpretation and application of advanced nursing or midwifery theory and research, higher-level decision-making, and autonomy in practice. Nurses and midwives who expand their roles must assume the associated responsibility. Managers and employers share the responsibility to facilitate role expansion, including access to further education, resource allocation, policy development, and competency assessment.

**Conclusion:**

Nurses and midwives play an important role in primary health care because they are frequently the first and, in some cases, the only health professional that people see, and the quality of their initial assessment, care, and treatment is critical. They are also a part of their community, with its culture, strengths, and weaknesses, and can shape and deliver effective interventions to meet the needs of patients, families, and communities.

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