**Nursing and Midwifery Practice**

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**ABSTRACT**

 Nurse and midwifery practice might involve direct and/or indirect patient care in clinical practice, nursing administration, teaching, research, or support services, depends on the specialization covered by the credential. The role has to be one that a licensed practical nurse might work in. Nursing practice may be obtained if the role is fillable by an RN, even if it may be performed by another licenced healthcare practitioner. A primary goal of the ANA is to protect and expand the field of practice for nurses. Nurses must be allowed to practise to the maximum extent of their training and talents in order to give patients the most efficient, high-quality care possible in the hectic world of health care. The scope of nursing practice is always changing. The public's view of the quality of nursing care is determined by the qualifications and experience of the person in charge of that perception.

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

**Introduction:**

Nursing and midwifery professionals have a societal responsibility to deliver unique services. As a result, nursing and midwifery practise should adapt to the ever-changing demands of the population and the health care system. As a result, nurses and midwives must be proactive in identifying areas where expanding their scope of practise will enhance patient outcomes as well as the quality and breadth of accessible services (Health Service Executive 2012).

Nurses and midwives are typically open to expanding their areas of knowledge because they feel it would enhance patient care, boost overall standards, and make them happier employees (Fealy et al. 2014). Managers, employers, and organisations must develop the necessary policies, procedures, protocols, and guidelines (PPPGs) to facilitate job growth.

 A registered nurse is someone who meets the following criteria: has completed a recognised and approved nursing education programme in the country where the qualification was earned, has obtained the necessary credentials to practise nursing in this jurisdiction and use the title "registered nurse," and demonstrates and maintains competency in the practise 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. Additionally, nurses need to recognize their responsibility for directing and delivering care to other health care providers.

 Nursing practice, according to the International Council of Nurses (ICN), "encompasses autonomous and collaborative care of individuals of all ages, families, groups, and communities, sick or well, and in all settings." National nursing associations define the area of nursing practice further by creating specific practise standards and codes of ethics. The scope of nursing practice is also governed by national and state bodies. These organisations work together to create legal boundaries and regulations for nurses working as physicians, educators, administrators, or researchers.

**Forms of general nursing practice**

**Hospital-based nursing practice:**

 Nursing care includes acute and chronic illnesses, critical care units, emergency departments, surgery rooms, and outpatient clinics. Nurses work in a wide range of settings, including state and municipal health departments, school health programmes, migrant health clinics, community health centres, nursing homes, occupational health programmes, and home care programmes.

**Community health nursing practise :** Focuses on promoting and sustaining population health, including nursing, social, and public health scientific understanding affecting these practises. Nurses work in a variety of contexts, including state and municipal health departments, school health programmes, migrant health clinics, community wellness centres, old-age homes, occupational health programmes, nursing homes, and home care programmes.

**Mental health nursing practice:**

 This specialisation focuses on the care of patients suffering from emotional or stress-related difficulties in hospital inpatient units or outpatient mental health clinics. They work with individuals, groups, and families, providing psychotherapy, advising community organisations, and meeting the emotional needs of patients and families struggling with physical illnesses or injuries..

**The care of children:**

The care of newborns, children, and adolescents is the emphasis of paediatric nursing. Nurses collaborate with national and local governments, private organisations, and other professionals to ensure that mothers and children receive sufficient nutrition, social support, and medical treatment.

**Geriatric nursing practice:**

Geriatric nursing practise is currently growing rapidly, with estimates indicating a large increase in the number of people over the age of 65. Nurse practitioners receive master's degrees in order to provide a wide variety of diagnostic and therapeutic services to people and families. Clinical nursing experts are trained in specific fields such as neurology, cardiology, rehabilitation, and psychiatry and work in hospitals and outpatient clinics.

**Midwifery Practice**

A registered midwife is an individual who has met the requirements to be recognised as a midwife in this jurisdiction, bear the title "registered midwife," and exhibit and maintain competency in the profession of midwifery. The nation in which the qualification was obtained must authorise and successfully finish the midwifery education curriculum. (This content was adapted from a 2011 study published by the International Confederation of Midwives, or ICM.)

The scope of midwifery practice refers to the expected range of roles, duties, and activities for which a midwife registered with the NMBI is qualified, qualified, and authorised. More precisely, the scope of midwifery practise is defined by the modified EC Directive of 2005 (2005/36/EC).

According to Article 42 of the Directive (2005), the Member State should guarantee that midwives have access to and can engage in at least the following activities. Provide family planning information and guidance, diagnose and monitor normal pregnancies, prescribe or advise on exams for high-risk pregnancies, offer parenting preparation programmes, care for the woman throughout labour, check the baby's condition, and perform spontaneous births. Recognize and aid with any abnormalities in the condition of the mother or child.

 Midwifery practise is fundamentally based on the provision of safe, competent, kind, and compassionate care informed by the best available research, the midwife's personal expertise, and the woman's experiences, preferences, and values (NMBI 2015a). The ideals that guide midwifery practise have an impact on how midwives provide care. According to the Nursing and Midwifery Board of Ireland, the following principles should govern midwifery practise and serve as the foundation for building a midwifery philosophy.

 According to the International Confederation of Midwives, being a midwife is a life-changing experience that helps women, their unborn child, their family, and the community. The best healthcare providers for women throughout pregnancy, labour, delivery, and the postpartum phase are midwives, who can work in conjunction with other medical specialists as needed. They promote women's empowerment to take charge of their families and health and respect all individuals equally. The holistic approach to midwifery care is based on experiences that are social, emotional, cultural, spiritual, psychological, and bodily. Midwives respect, believe, and have faith in women's ability to give birth.

 Midwifery practise must conform to professional conduct guidelines, and the scope of practise of an individual midwife is dynamic and will evolve as they advance in their career. Individual midwifery's scope is governed by elements such as educational preparation, experience, guidelines, practise setting, collaborative practise, and aspects such as the woman's and baby's safety, requirements, and care results.

**Criteria for Determining the Scope of Nursing and Midwifery Practise**

 **Competence**

Nurses and midwives have to assess their ability to carry out a role or task. Competent nurses and midwives require knowledge, technical and practical skills, interpersonal skills, critical thinking, and evidence-based safe and effective practise. They also collaborate with other healthcare professionals, maintain a professional demeanor, and assume responsibility for their job. A gain of knowledge, intellectual capacity, practice skills, integrity, and professional and ethical principles essential for safe, responsible, and effective practice as a registered nurse or midwife is characterized as competence.

 Competence evolves throughout time, impacted by educational preparation, clinical exposure frequency, and experience in specific contexts. When presented with novel practise scenarios, practitioners are required to constantly re-evaluate their competency. They are responsible for their professional conduct and should decline delegated or assigned positions or activities if they believe their competence is restricted. They should take necessary actions to gain competence if they notice a competency gap. The Nurses and Midwives Act of 2011 requires nurses and midwives to maintain their professional competence on a continuous basis. Competence may be attained via ongoing professional growth.

**Responsibility, Accountability and Autonomy**

In nursing and midwifery practice, fundamentals such as responsibility, accountability, and autonomy are critical. Nurses and midwives have positions of responsibility and are held accountable for their actions. Responsibility involves carrying out responsibilities using good professional judgment and being accountable for judgments made. Expanding their scope of practice will entail more responsibilities. Accountability involves retaining proficiency and ensuring great patient care results while being responsible to those impacted by their practise. Nurses and midwives should be able to explain and justify their judgments in the context of legislation, professional standards, evidence-based practice, and code of conduct.

 Nurses and midwives are held legally and professionally accountable for their practise, including the decisions they make and the outcomes of those actions. They must answer to patients, the general public, their regulating body, their employer, and any other applicable supervisory authority. Legal responsibility entails nurses and midwives having proper professional indemnity insurance, since patients have a right to expect them to have this insurance in the event of professional negligence claims.

**Continuing Professional Development**

 Continuing Professional Development (CPD) is a lifetime process that includes experiences, activities, and procedures that help nurses and midwives grow professionally as healthcare providers. It is an important part of pre-registration education and training with the goal of improving nursing and midwifery practise, teaching, leadership, and research. After registration, nurses and midwives must participate in CPD to gain new information and competence, practise successfully in an ever-changing healthcare environment, and maintain and improve professional standards.

 The Nurses and Midwives Act 2011, Part 11, mandates registrants, employers, and the National Nurses and Midwives Board (NMBI) to maintain professional competency. Formal education programmes, reflective practice, journal clubs, case-conferences, clinical supervision, learning sets, preceptor ship, mentorship, workshops, distance learning, blended learning, e-learning, sourcing information, and self-directed learning are all activities that contribute to a nurse or midwife's professional development. Nurses and midwives may improve their knowledge, abilities, and attitudes by participating in CPD activities, providing excellent, competent, and safe patient care.

**Delegation and Supervision:**

 Health care workers (HCW) in a multidisciplinary healthcare team, including licenced and unregulated HCW, may be assigned, supervised, and trained in safe patient care by nurses and midwives. An assigned job or activity falls within the purview of the nurse or midwife's area of specialisation. Learning and experience can help one develop the ability of effective delegation. 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 accessible to give the delegate with the requisite level of supervision, which might be direct or indirect. Overseeing, direction, advice, assistance, and assessment are all aspects of both forms of supervision.

 Nurses and midwives are held professionally accountable for their actions, attitudes, and practices. The delegator is responsible for delegating, ensuring the delegated function is appropriate for the student's level of ability, and providing assistance and resources. The delegated nurse, midwife, student, or other HCW is responsible for performing the delegated function appropriately and is accountable for that performance. Employers should assist nurses and midwives in delegating and supervising others through the implementation of suitable organizational standards 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 assess their professional development requirements in relation to the allocated work or activity.

**Setting up Practise:** The location and nature of the work environment for nurses and midwives are referred to as the practice setting. It refers to the type of service delivered as well as the patient's degree of care (Nurse Board South Australia 2006). Practise settings can include private and public healthcare organisations, primary care settings, the community, and locations such as industries, schools, higher education institutions, prisons an individual's home, and others. Nursing and midwifery practises vary depending on the setting, which might impact an individual practitioner's ability to practises well and determine their scope of practise (Fealy et al. 2014). Relevant practise guidance, law, and regulation must be in place to assist nurses and midwives in their various practise settings.

**Collaborative Practice**

 Many healthcare providers collaborate to deliver high-quality care to patients, families, and communities through collaborative practises. It is crucial for the professional relationships of nurses, midwives, and other medical workers. It takes respectful documentation and communication to deliver high-quality, risk-managed care that is safe. Healthcare workers must be aware of their specialised fields in order to build ties for cooperative practise. Every nurse and midwife has a responsibility to inform the public about their specialised fields of work. The Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (2014) establishes values, standards, and collaborative supports.

**Expanded Practice**

 The term "expanded practise" refers to a shift in a nurse's or midwife's job to cover areas outside of their scope of practise, such as taking on additional responsibilities or delegating duty. Increased nursing and midwifery practice, according to studies, resulted in better patient outcomes, better healthcare worker outcomes, and greater service quality and development. It should take place in the context of person-centered, high-quality safe care, service needs, and national policy.Through advanced and specialised jobs and ongoing professional development, nurses and midwives are eager to broaden their scope of practise. Intravenous cannulation, medication and ionising radiation prescriptions by nurses and midwives, behaviour modification, and nurse- and midwifery-led clinics in acute and community settings are a few instances of expanding practise in Ireland.

 Advanced practitioners' roles include higher-level decision-making, autonomy in practise, and the understanding and execution of advanced nursing or midwifery theory and research. Nurses and midwives must take on more responsibilities as their careers expand. Managers and employers must work together to enable role expansion, which includes competency evaluations, resource allocation, access to extra education, and policy design.

**Conclusion:**

 Nurses and midwives are essential to basic healthcare because they are often the first, and perhaps the only, medical professionals that patients see. The quality of their initial diagnosis, care, and therapy are extremely important. Because they themselves are a part of the community, with all of its advantages and disadvantages, they are able to design and carry out effective treatments to meet the needs of patients, families, and communities.

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