



الهيئة السعودية للتخصصات الصحية
Saudi Commission for Health Specialties

Scope of Nursing and Midwifery Practice

Nursing and Midwifery Council

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PREFACE

I am pleased to introduce the «Scope of Nursing and Midwifery Practice», a comprehensive guide outlining the full spectrum of functions, responsibilities, roles, activities, and decision-making capacity that nurses and midwives are educated for, competent in, and authorized to perform. This document stands as a crucial framework upon which performance and practice standards, job descriptions, policies, procedures, and educational curricula must be prepared and developed, defining the level of autonomy within the nursing and midwifery profession.

This undertaking is a testament to our commitment at SCFHS to elevating the standards of nursing and midwifery practice in Saudi Arabia. The rigorous process involved in creating this document included a thorough review of the latest evidence related to nursing and midwifery competence, benchmarking against international scope of practice documents from reputable organizations, and the valuable input of stakeholders gathered in a national workshop with representatives from the profession.

Specifically, this document addresses the requirements and scope of practice for four categories: Nurse Technician, Nurse Specialist, Midwife Technician, and Midwife Specialist. It is designed not only to benefit practicing professionals in their respective fields but also to enhance healthcare services and contribute to quality patient outcomes.

Recognizing the ever-evolving nature of healthcare, the document encourages professional self-development through continuous learning and emphasizes the importance of evaluating one's own practice. Moreover, it lays the groundwork for nurses and midwives seeking to advance their roles and build an extended, advanced scope of practice. The expanded scope includes advanced practice roles, integrating advanced nursing or midwifery theory and research, high-level decision-making, and autonomy consistent with advanced education and clinical experience.

The release of this Scope of Practice is a momentous occasion for the nursing and midwifery profession in Saudi Arabia. It is a resource that reflects our dedication to excellence, continuous improvement, and the well-being of the communities we serve. I extend my gratitude to all stakeholders for their valuable contributions to this significant endeavor.

In closing, I am confident that this document will serve as a valuable reference, guiding our professionals in delivering exceptional care and furthering the advancement of nursing and midwifery in Saudi Arabia.

Sincerely,
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The Nursing & Midwifery Council would also like to extend its appreciation to the members and representative of the nursing and midwifery profession who participated in the workshop conducted to evaluate this document.

OVERVIEW

The scope of practice is the full spectrum of functions, responsibilities, roles, activities, and decision-making capacity that nurses and midwives are educated for, competent in and authorised to perform. It defines the level of autonomy of the nursing and midwifery profession and stand as a framework upon which performance and practice standards, job description, policies and procedures, and educational curricula must be prepared and developed. For the nurses and midwives practicing in Saudi Arabia this document is set to outline and define competencies for best practice in general practice settings.

The Nursing and Midwifery Professional Council (NMPC), under the umbrella of the Saudi Commissions For Health Specialities (SCFHS), led the initiative to form the standards of scope of practice for registered nurses and midwives in Saudi Arabia. The process to establish this document went through several stages , from reviewing the latest evidence related to nursing and midwifery competence of practice to utilizing a benchmark of international scope of practice documents from reputable organizations in different countries. The review was followed up by the collection of stakeholders' opinions of in a national workshop with representative from the profession. The resulted domains were established with detailed prescription of related standards to guide professionals of requirements related to their practice. Therefore, Nursing and Midwifery Professional Council is delighted to release the Scope of Practice for Nurses and Midwives in Saudi Arabia to benefit all practicing professionals in their field of practice, the healthcare organizations, the healthcare team, and the community for whom nurses and midwives are providing care.

This document contains information about the requirements and scope of practice for the below mentioned categories:

- Nurse Technician
- Nurse Specialist
- Midwife Technician
- Midwife Specialist

The scope of practice for nurses and midwives acknowledge the potential of extending the practice to support quality patient outcome and enhanced healthcare services.

This document is also considered as a foundation scope of practice work for nurses and midwives seeking to advance their role and build an extended advanced scope of practice for their profession.

The professional self-development domain in the scope of practice directs nurses and midwives to the importance on expanding their practice through continues professional development and taking actions into evaluating their own practice. The expanded scope of practice for nurses and midwives is entitled with the advanced practice roles to integrates the interpretation and application of advanced nursing or midwifery theory and research, high level of decision-making and autonomy in practice that is consistent with advanced level of education and clinical experience is yet to be established.

GLOSSARY

Nurse/Midwife Technician

A healthcare professional who practices within the Nurse/Midwife Technician Scope of Practice and who (a) has successfully completed a minimum of three years* of a nursing/midwifery diploma program, (b) has passed the assessments required by the SCFHS, and (c) continues to meet the national standards of nurse/midwife technician. *National nurses/midwives who completed and classified as technicians and completed two years of education fall under this category.

Nurse/Midwife Specialist

A healthcare professional who practices within the Nurse/Midwife Specialist Scope of Practice, working autonomously and in collaboration with others, and (a) has successfully completed a bachelor's degree in nursing/midwifery or its equivalent, (b) has passed the assessments required by the SCFHS for entry into practice, and (c) continues to meet the national standards of nurse/midwife specialist.

Registered Nurse/Midwife

A self-regulated healthcare professional who is a graduate of a university or college of nursing/midwifery and has successfully passed the licensure exam set by the nursing and midwifery body.

In this document, there are two categories of registered nurses (RN)/midwives (RM): a) Nurse/Midwife Technician and b) Nurse/Midwife Specialist. Whenever registered nurse/midwife is mentioned in this document without specifying the classification level, it can be assumed to include licensed nurses/midwives at all levels.

The Scope of Nursing/Midwifery Practice

'Scope of practice' is a concept that several professions use in the context of professional regulation. The scope of practice sets out the procedures, actions, and processes that the registered or licensed professional is allowed to perform. It also gives them the authority to perform a particular role or task (NMBI, 2015).

The scope is the range of roles, functions, responsibilities, and activities which a registered professional nurse/midwife is educated for, competent in, and authorised to perform. It defines the accountability and limits of practice in Saudi Arabia whilst contributing to their vital role in the promotion, protection, maintenance, and restoration of health.

Standards of Practice

'Standards of practice' describes how registered nurses/midwives should act to provide holistic patient care.

Patient/Client

The patients, persons, women, families, groups, communities, or populations who are the focus of attention and to whom the registered nurse/midwife is providing services as sanctioned by regulatory bodies.

Accountability

Accountability is the formal obligation of a professional to account for his/her actions, activities, omissions, and accept responsibility for them, and disclose the results in a transparent manner.

Accountability is the cornerstone of nursing and midwifery practice. Nurses and midwives are accountable both professionally and legally for their practice as well as to their client/patient, the public, their regulatory body, their employer, and any relevant supervisory authority.

Autonomy

Autonomy is referred to the ability of the registered nurse or midwife to act beyond standard practice and make decision regarding individual patient care by influencing working practices and conditions to ensure they are performing their duties using their professional knowledge, competencies, clinical decision making and critical judgment.

Responsibility

The obligation to perform duties and answer for all actions and decisions.

Competence

Effective application of a combination of knowledge, skills, and judgement demonstrated in everyday practice.

Delegation

The transfer of responsibility for the performance of a task from one person to another. Although the responsibility for the task is transferred, accountability for the process or outcome of the task remains with the person delegating the activity. This means that the delegator is accountable for ensuring that the delegated task is appropriate and that support and resources are available to the person to whom the task has been delegated.

Supervision

Supervision in clinical practice defined as a formal process of professional support, reflection, evaluation and learning that contributes to individual development and provide a support system for one another.

There are two forms of supervision practiced by nurses and midwives in clinical practice. a): Direct supervision, demonstrated by the presence of the supervising nurse or midwife alongside with the supervised healthcare member to regulate or unregulated the delegated work performed under supervision. b): Indirect supervision, demonstrated by nurses and midwives when they do not present to monitor the delegated task yet they evaluate the outcomes. Both direct and indirect supervision include overseeing, direction, guidance, support and evaluation.

Continuing Professional Development (CPD)

Professional development is the process of improving practice through continuous education and training to acquire new knowledge, skills and competencies that relate to one's profession, job responsibilities, or work environment with the intention of improving population health. Nurses and midwives are accountable to remain current and safe in the profession by engaging in ongoing self-directed learning with understanding that knowledge and skills are dynamic and evolving.

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THE SCOPE OF NURSING & MIDWIFERY PRACTICE

Introduction

The Scope of Nursing and Midwifery Practice is defined as the range of roles, functions, responsibilities, and activities that a registered/licensed professional is educated for, competent in, and authorised to perform (ANMC, 2010; ICN, 2016). It defines accountability and the limits of practice as it provides a framework that standardises nursing general practice and core competencies. The scope of practice shall be used in practice settings as a foundation for nursing roles, professional development, and performance appraisal. External factors such as the environment, including legislation, values, policy, education, standards, specific clinical setting, and population health needs will influence the scope of practice (ANMC, 2010).

The Healthcare transformation, and specifically of the nursing profession under Vision 2030 is expected to have a profound impact on patient care and healthcare outcomes in Saudi Arabia. By investing in the education, development, and leadership of nurses, the country is laying the foundation for a healthcare system that is not only efficient and effective but also compassionate and patient-centred. Empowering nurses and fostering a culture of excellence in Saudi Arabia is poised to achieve an improved patient's outcomes, reduced adverse events, enhanced disease prevention, strengthen primary prevention (Alsufyani et al., 2020). Therefore, a clearly defined scope of practice will serve as a roadmap for nurses, empowering them to practice with confidence, autonomy, and excellence. With a focus on continuous professional development, collaboration, and innovation, nurses in Saudi Arabia are well-positioned to shape the future of healthcare in Saudi Arabia, ensuring that patients receive the highest quality of health care.

The Saudi Commission for Health Specialties (SCFHS) is the regulatory body responsible for registrations and licensing of healthcare practitioners who wish to work in the Kingdom of Saudi Arabia based on the individual level of education and competence. In addition all registered health care professionals must have valid health practice insurance. Our objective in the Nursing and Midwifery Professional Council (NMPC) is assuring the quality and safety of the provided healthcare services for the citizens and residents of KSA, hence we established this scope to lay the foundation for the practice, based on the education, and regulation in the Kingdom. Aiming to introduce an up-to-date comprehensive Scope of Nursing and Midwifery Practice, the NMPC has implemented a strategy to undertake the task in successive

stages. After each stage, the council members met to discuss findings, debrief, and plan for the next stage. The NMPC held several meetings between 2019 and the beginning of 2022.

The Process:

In the first stage, the taskforce conducted a literature review to explore contemporary concepts of the scope of practice of nursing. After this activity, the team built an inclusive understanding of that scope and assessed the relevancy to local nursing practice. In the second stage, each team member was assigned to review a particular Nursing Scope of Practice from a different regions and countries. The review included Nursing Scopes of Practice from the as American Nurses Association (ANA) in the United States, Canadian Nurses Association (CNA) in Canada, the Royal College of Nursing (RCN) in the United Kingdom, the Nursing and Midwifery Board of Ireland (NMBI), the Nursing and Midwifery Board (AHPRA) in Australia, the International Council of Midwives (ICM), UAE Nursing and Midwifery Council, Qatar Council for Health Practitioners and the Nursing Council of New Zealand. After this stage, each team member prepared a synopsis of the reviewed scope of practice, and the taskforce compared and contrasted the documents. In general, there was a huge similarity among the different countries' scopes of practice. In the third stage, the taskforce was divided into two groups to study and review the different levels of scope of practice, one for nurse technicians and the other for nurse specialists. It is important to highlight that nurse specialists and nurse technicians are both registered nursing professionals. However, the SCFHS classifies nurses based on the level of awarded academic qualification; thus, the classification is meant to distinguish the level of education and, subsequently, the scope of practice. In the fourth stage, each group worked on defining the Nurse Technician and Nurse Specialist Scope of Practice based on the national context. Then the teams worked on identifying and defining the domains of the scope of practice for both. In the last stage, each group set the standards and the sets of competencies for each standard that informed each specific domain. This extensive work has revealed eight domains for the nurse technician and specialist inclusive with some special consideration to the nurse technician.

Several meetings were held after each stage to discuss, review, and reform the findings. Finally the first draft of the scope of practice was ready to be evaluated and validated by experts in the field, and thus the NMPC conducted a workshop in which individuals from different nursing practice levels, including nurse/midwife specialists and technicians, nursing lecturers/educators, nursing academics/researchers, and hospital-based nursing leaders were invited to review the document. The feedback form experts was considered and reflected in this final document.

The Approach:

The approach in this document uses a permissive approach to describe the scope of practice. According to Chiarella, 2002, permissive or client/patient focused approach is the preferred as client needs are considered and paramount.

Permissive approaches are less prescriptive and do not define boundaries around the scope of practice. It clearly transfer the accountability and responsibility for the professional practice from the regulatory body to the individual practitioner and employer. This approach allows for further development in the profession as it sets the basics for all other advance or specialist practice. Furthermore, as health knowledge and technology is evolving this approach allows periodic reviews and revision to ensure that it meets the healthcare demands and changes (ICN, 2021). The current scope of practice for nurses and is concurrent with the level of registration. It accommodates the existing regulatory structures for nurses practice, supports a flexible approach to expand on the level of practice, assist nurses to articulate their role, accountabilities and responsibilities, highlight the contribution that nurses make to safe and competent nursing care, assist to identify clinical decisions with the potential aspects of care to be made by qualified and licensed nurses, highlights aspects of appropriate delegation of activities to others.

Nursing scope of practice provides a framework and structured guidance for activities one can perform based on their nursing license. The Scope of Practice Statement is accompanied by the Standards of Professional Nursing Practice. The standards are authoritative statements of the duties that all registered nurses, regardless of role, population, or specialty, are expected to perform competently. The standards published herein may serve as evidence of the standard of care, with the understanding that application of the standards depends on context. The standards are subject to change with the dynamics of the nursing profession, as new evidence and patterns of professional practice are developed and accepted by the nursing profession and the public. In addition, specific conditions and clinical circumstances may also affect the application of the standards at a given time, e.g., during a natural disaster or epidemic where principles of nursing and midwife care that include, prioritisation, critical thinking and decision making ability, providing safe practice, and interdisciplinary collaboration are paramount (ANA, 2015).

Healthcare Organizations must establish processes, supports and resources such as policies, procedures, privileging system and decision and competency support tools to ensure that nurses and midwives meet the standards of practice set out by SCFHS Nursing and Midwifery Council.

Points for Consideration

In applying the scope of practice nurses and midwives must embody professional values. The following are the considerations in determining the scope of nursing and midwifery practice:

1- COMPETENCE

In determining their scope of practice, nurses and midwives must make judgements about their competency to carry out a role or activity.

Competence is Effective application of knowledge, clinical skills, ethical and professional values and judgement in everyday practice. Thus, nurses and midwives not only fulfil certain roles or complete specific activities, but they also possess many additional attributes that allows them to practice and collaborate with other healthcare professionals with high professional and ethical manners.

As competence is not constant and changes and develops with advancement in health care and evolving of new evidence, nurses and midwives are expected to continually re-evaluate their competence when faced with new practice situation. Each nurse and midwife is accountable for their professional action and, as such, they should refuse delegated or assigned tasks or actions if their competence is limited, and must take appropriate measures to gain competence.

2- RESPONSIBILITY, ACCOUNTABILITY & AUTONOMY

Responsibility, accountability and autonomy are all integral and are cornerstones of professional nursing and midwifery practice. Nurses and midwives hold positions of responsibility and are, therefore, expected to be accountable for their practice.

Responsibility: in nursing and midwifery it is the obligation to perform duties and tasks and being able to answer for all actions and decisions made in doing so.

while Accountability: is the formal obligation of a nurse or midwife to account for his/her actions, activities, omissions, and accept responsibility for them, and disclose the results in a transparent manner. Nurses and midwives are accountable both professionally and legally for their practice as well as to their client/patient, the public, their regulatory body, their employer, and any relevant supervisory authority. A nurse or a midwife should be able to give reasons for the decisions they make in their professional practice and should justify their decisions in the context of legislation,

professional standards and guidelines, evidence-based practice and professional and ethical conduct. In addition Legal accountability involves nurses and midwives being responsible for ensuring they have appropriate professional malpractice insurance in case there is a substantiated claim of professional negligence.

Accountability cannot be achieved unless the nurse or midwife has autonomy to practice. Autonomy: refers to a nurse or midwife's ability to make some decisions and act beyond standard practice and make decision regarding individual patient care using their experience and skills. Nurses and midwives must ensure they are performing their duties using their professional knowledge, competencies, clinical decision making and critical judgment without compromising safety or quality of care. Individual levels of autonomy can vary depending on legislative, organizational and individual factors (Kurt & Gurdogan, 2023, Varjus et al. 2010).

3- DELEGATION AND SUPERVISION

Nurses and midwives working as members of a multidisciplinary health care team may be required to delegate, supervise and educate students and regulated and unregulated health care workers (HCW) in providing safe patient care. Delegation is when a nurse or midwife (the delegator) gives another person (the delegate) the responsibility of a particular task or activity that they are qualified to do. The nurse or midwife who is delegating (the delegator) is accountable for the decision to delegate. This means that the delegator is accountable for ensuring that the delegated role or activity is appropriate to the level of competence of the student or the regulated or unregulated HCW to perform. The delegator must also ensure that support and resources are available to the person to whom the role or activity has been delegated. The nurse, midwife, student or other HCW to whom the particular role or activity has been delegated is responsible for carrying out the delegated role or activity in an appropriate manner and is accountable for the appropriate performance of that role or activity.

There are two forms of supervision practiced by nurses and midwives in clinical practice. a): Direct supervision, demonstrated by the presence of the supervising nurse or midwife alongside with the supervised healthcare member to regulate or unregulated the delegated work performed under supervision. b): Indirect supervision, demonstrated by nurses and midwives when they do not present to monitor the delegated task yet they evaluate the outcomes. Both direct and indirect supervision

include overseeing, direction, guidance, support and evaluation.

Employers and healthcare organizations should support nurses and midwives in delegation and supervision of a student or a regulated or unregulated HCW by providing appropriate organizational policy, procedure and resources. The activities that can be delegated should be clearly articulated considering education, level of competence, experience, and scope of practice of the person taking the delegated task.

A nurse or midwife who has a particular role or activity delegated to them should take account of the following principles. They should:

1. consider if the role or activity is within their current scope of practice. If the delegated role or activity is beyond their current scope of practice, the nurse or midwife should question the appropriateness of this delegation. In this circumstance, the nurse or midwife should refer to the Nursing and Midwifery Scope of Practice Decision-Making Framework.
2. make the decision whether or not to accept a delegated role or activity;
3. acknowledge any limitations of competence with reference to the role or activity to be performed;
4. provide appropriate feedback to the delegator.

In addition, following the delegation request, the nurse or midwife should examine their own professional development needs in the context of the delegated role or activity.

4- CONTINUING PROFESSIONAL DEVELOPMENT

Continuing professional development (CPD) is the process of improving practice through continuous education and training to acquire new knowledge, skills and competencies that relate to one's profession, job responsibilities, or work environment with the intention of improving population health. Nurses and midwives are accountable to remain current and safe in the profession by engaging in ongoing self-directed learning with understanding that knowledge and skills are dynamic and evolving. Continuing professional and personal developments are required in order to maintain and enhance professional standards and to provide quality, competent and safe patient care.

NURSING SCOPE OF PRACTICE

The Registered Nurse is an individual who holds a current, valid license issued under a national authority or board that authorizes them to practice nursing and use the title registered nurse. Nurses who practice at the basic or entry level of practice have graduated from approved Baccalaureate (4 years) or technical (2.5-3 year) programs with the requirement of 12 years of general education for admission to either program.

Nursing is both an art and science that requires the understanding and application of knowledge and skills specific to the discipline. Nursing is an interactive process and the focus of nursing care includes individuals across the life span, family units, and groups within the health care setting and communities. The functions of nursing are to provide and manage the promotion of health, prevention of illness, care of the physically and mentally ill, the disabled, and dying.

The State of the World's Nursing Report that is published by the World Health Organization (2020) illustrated that strategic investment in nursing education, career advancement, and leadership cultivation is crucial to empower the nursing workforce and enable them to make significant contributions to the realization of the sustainable development goals, improving health outcomes for individuals and communities, and contributes to nations and global health visions (WHO, 2020).

Nursing practice is supported by the values and standards that guide the way in which nursing care is provided. Thus, the purpose of the Nursing Scope of Practice is to provide them with guidance and support on matters of their clinical practice. This resource is also aimed at all clinical, functional roles and settings of registered nurse Technicians and Specialists. In addition, this document will be of interest to legislators, health regulators, students, inter-professional colleagues, and health organizations.

Domains of Competence for Nurses

These core competencies have been developed to ensure that the public of Saudi Arabia can be confident in the abilities of the nurses to provide safe and effective nursing care. Eight domains of practice have been identified.

1. Professionalism and Ethical Practice
2. Patient-Centred Care
3. Evidence-Based Practice and Research
4. Leadership and Management Skills
5. Quality and Safety Management
6. Health Education and Promotion
7. Communication and Information Technology
8. Professional Self-Development

Each domain is described through competency standards that define the requirements that are expected and demanded of the registered nurses.

Domain One: Professionalism and Ethical Practice

Professional practice is defined as a combination of standards of practice, nursing skills and expected professional performance (ANA, 2010). Professional practice establishes the conceptual basis within which nurse practice to ensure quality care in different care contexts. This domain reflects the responsibility and professional accountability of both nurse technicians and specialists in terms of moral, ethical and legal practice for patients, families, the community, and society in accordance with regulatory principles.

Standard 1: The nurse shall accept responsibility and be accountable for the quality of care delivered within the scope of his or her acquired knowledge and skills gained.

Competencies

- Demonstrates accountability for one's own decisions, professional judgement, actions, and continued competence in accordance with the Scope of Practice and national legislation, laws and regulations of health care practitioners in the kingdom of Saudi Arabia (SCFHS, 2018).
- Uses decision-making skills that include critical thinking, questioning and clinical judgement.
- Recognises boundaries, limits and challenges and consults with colleagues and other health professionals to enhance professional growth.
- Acknowledges and respects the accountability and responsibilities of other healthcare professionals.
- Demonstrates accountability for delegated nursing care in line with one's own competence and scope of practice.
- Completes tasks and assists in activities to optimise and ensure patients' safety and access to the full range of services required for effective care.
- Demonstrates professional presence and behaviour and promotes a positive image of the profession.
- Respects the diverse backgrounds and cultures of patients and colleagues.

Standard 2: The nurse shall apply ethical principles of professional conduct, which are a compilation of ethical rules designed to guide the nurse in making the correct decision in clinical practice and difficult patient care situations.

Competencies

- Practices within the standards and competencies of the nursing scope of practice, and the national/ organizational policies and procedures, to protect self, others and the profession.
- Practices in a manner that conforms to the Professional Code of Ethics established by the SCFHS and the employer's code of conduct.
- Practices with compassion and respect towards all patients, individuals or groups.
- Advocates for the dignity, culture, values, beliefs and rights of individuals/groups to protect human rights and questions violations of patients in accordance with the Codes of Ethics.
- Demonstrates self-regulation, responsibility, accountability and professional

autonomy for one's own actions and decisions that are fundamental tenets of nursing practice.

- Accepts the responsibility to function within appropriate behavioural norms suitable to the discipline of nursing and the healthcare organisation.
- Engages in effective ethical decision-making in collaboration and consultation with other team members.
- Maintains confidentiality and privacy of patients and their information at all times.
- Identifies and responds to inappropriate behaviour and incidents of professional misconduct.
- Maintains valid registration and licensure to practice in the Kingdom of Saudi Arabia.
- Attends to emergencies and crisis situation and act promptly and effectively in compliance with the national/organizational disaster plan.

Standard 3: The nurse shall build and actively maintain professional relationships with patients, families and the healthcare team.

Competencies

- Understands the principles of group and organisational dynamics and culture and applies them to teamwork and decision-making.
- Establishes, sustains and concludes relationships with patients and the healthcare team in a professional manner that differentiates between professional and personal relationships.
- Demonstrates honest relationships and professional boundaries with patients and families.
- Appreciates the diversity and expertise of each member of the healthcare team and treats them with respect and dignity.
- Demonstrates professional integrity and ethical conduct in matters where a conflict of interest could be construed and use appropriate escalation procedure as needed.

Domain Two: Patient-Centred Care

Patient-centred care (PCC) is defined as the process by which patients are proactive in their treatment in collaboration with healthcare providers (Kwame & Petrucka, 2021). It promotes collective decision-making and active partnership among healthcare professionals, patients and family members to enable the design and management of an effectively modified holistic care plan (Kwame & Petrucka, 2021). It respects the patient as a partner in offering compassionate, culturally sensitive, age-and gender-safe, appropriate and coordinated care. This domain encompasses the key principles and limitations of the nurse's role in health care provision as well as therapeutic and interpersonal relationships pertaining to patients, families, the community and society (Yang, 2022).

Standard 1: The nurse shall undertake nursing assessment, planning and provision of a culturally appropriate plan of care.

Competencies

- Performs a holistic systematic assessments and uses data and the best available evidence to develop a care plan that provides strategies to achieve the expected outcomes.
- Conducts a comprehensive physical examinations that are integrated with the patient's history and pathophysiology.
- Demonstrates the ability to analyse assessment data to identify patient's problems and implements a prioritised plan of care.
- Collaboratively constructs culturally sensitive nursing care plans until contingencies, options, priorities, goals, actions, outcomes and time frames are agreed upon with the healthcare team.
- Documents, evaluates and modifies the plan of care accordingly to facilitate the agreed-upon outcomes.
- Recognises and assesses the response(s) of patients to nursing interventions and reports results and responses accurately and promptly to the healthcare team.
- Assesses vital signs, including pain level, and subsequently reports and escalates findings to the healthcare team or physician to ensure safe and appropriate care.
- Demonstrates nursing interventions to relieve pain and suffering in light of patient values, preferences and expressed needs.
- Applies advanced clinical technologies in nursing care and interventions.

- Performs specialised and advanced nursing procedures and follows protocols, procedural guidelines and resources.
- Administers medications and therapies after receiving the required education and competencies in a safe, timely and effective manner.
- Supports, enables and promotes independent self-care including activities of daily living.
- Responds promptly to sudden changes in patients' conditions and escalates appropriately.
- Participates in the teaching of patients, families and communities.

Specific to Nurse Technicians

- Assists the nurse specialist in reviewing the plan of care in response to the evaluation of patient outcomes.
- Prioritises delegated workload and effectively manages time.
- Assist in performing specialized and advanced nursing procedure as required.

Standard 2: The nurse shall provide care that is holistic, individualised and culturally sensitive.

Competencies

- Provides a collaborative nursing care that is sensitive to an individual's psychological, cultural and spiritual values and needs involving multidisciplinary teams.
- Accepts the patient's values, views and preferences regarding their own health needs and concerns.
- Displays compassion and respect during patient care.
- Support patients during palliative and end-of-life care in coordination with the healthcare team.
- Demonstrates the ability to promote patient care through active participation in self-care and healthy practices.
- Respects individuals' religious and spiritual beliefs/practices and determines if nursing care need to be altered to meet patients' needs and preferences.
- Evaluates how cognitive and psychosocial development can affect a patient's response to illness.
- Advocates and defends patients by seeing healthcare situations from patients' point of view.

Standard 3: The nurse shall establish a therapeutic relationship with patients, families and communities.

Competencies

- Engages in a therapeutic nurse-patient relationship based on effective communication that incorporates caring behaviours.
- Establishes therapeutic relationships with patients and communicates using cultural competence and sensitivity.
- Initiates, develops and terminates therapeutic relationships with patients/groups through the use of appropriate communication and interpersonal skills.
- Respects the choices of patients, their right to self-determination and their right to informed decision-making.
- Develops professional competence through a variety of professional activities, such as attending effective and therapeutic communication skills courses.

Domain Three: Evidence-Based Practice and Research

Evidence-based practice, as defined by Connor et al. (2023), means ‘a problem-solving approach to the delivery of health care that integrates the best evidence from studies and patient care data with clinician expertise and patient preferences and values.’

Nursing research is defined as generating new knowledge about health and health promotion to enhance an individual’s ability to respond effectively to actual or potential health problems.

Nurse specialists are expected to initiate research ideas triggered by the needs of nursing practice and collaborate in research and scholarly activities to advance nursing practice, while nurse technicians are expected to work and collaborate in research activities and scholarly activities to advance nursing practice.

Standard 1: The nurse shall integrate evidence and practices consistent with evidence-based guidelines and research findings.

Competencies

- Demonstrates the ability to access contemporary and relevant clinical evidence and information related to health care issues.
- Integrates up-to-date evidence based approach into standards and guidelines for nursing practice.
- Uses best practice and evidence-based knowledge at the patient, clinical and community levels as well as throughout the healthcare system.
- Develops and modify practice through reflection on experience, evidence based knowledge and actions and integrates the latest evidence to shape practice.
- Engages with colleagues to respond to changes in the healthcare system that enhance service delivery.
- Accepts the responsibility of maintaining professional development in clinical practice based on new evidence.

Standard 2: The nurse shall use research, evaluation, service improvement, and audit findings to enhance the quality of care and protect the rights of participating individuals.

Competencies

- Conducts and Participates in research and evidence-based activities that disseminate findings, such as publications, journal clubs, grand rounds, and presentations.
- Promotes nursing research, evaluation, service improvement initiatives, and audits designed to improve nursing practice, disseminates findings to colleagues, patients, families, and communities.
- Complies with ethical conduct in practice and research to ensure proper research process is implemented and followed.
- Develops research capacity by attending training programmes to participate in clinical research.
- Communicates relevant research information/ service Improvement data effectively using language that is readily understood and able to implement change and improvement.

Domain Four (a): Leadership and Management Skills

Specific to Nurse Specialists

Leadership and management are essential for the delivery of excellent health services. Although the two are similar in some respects, they may involve different outlooks, skills and behaviours. Good managers should strive to be good leaders, and good leaders need management skills to be effective. Management skills for nurses can help them generate clarity, address critical issues in the vision and achieve the strategic goals of healthcare organisations (Anders et al.,2021). Furthermore, nursing leadership and management include qualities such as providing direction and support, encouraging, inspiring and motivating, coordinating and collaborating and effectively communicating with and advocating for patients to achieve optimal outcomes (Anders et al.,2021).

Standard 1: The nurse specialist shall demonstrate leadership qualities and management competencies to conduct activities of nursing care in a professional manner that facilitates safe patient outcomes.

Competencies

- Values the importance of the nurse leader's role by promoting a positive and professional image of nursing.
- Recognises the value of clinical governance in healthcare to ensure patient safety and quality of care.
- Acts as a role model for colleagues, students, and other members of the multidisciplinary care team by treating all with respect, trust, and dignity.
- Analyses different situation, use clinical reasoning, problem solving skills and communicates with all parties regarding patient care or organizational issues.
- Demonstrates the ability to adapt to challenging situations to achieve common goals.
- Demonstrates leadership and critical thinking abilities in delivering patient care by establishing prioritised patient centered care.
- Advocates for and contributes to the creation and maintenance of a positive working environment and safe and effective teamwork.
- Accepts new ideas and innovations and remains open to new initiatives and

approaches to improve patient care and work environment.

- Leads teams effectively, through communication, supporting, and motivation of nurses and other healthcare professionals to accomplish their duties and meet expectations.
- Delegates and provides supervision to team members according to their competence.
- Participates in mentorship and coaching of junior staff and students with an aim to improve practice, patient care and the profession.
- Resolves disputes with respect and impartiality and uses sufficient communication skills to attain resolution.
- Seeks ways to advance nursing autonomy and accountability.
- Contributes as appropriate to national and local health policy development, implementation, and evaluation.

Domain Four (b): Coordination and Task Prioritisation

Specific to Nurse Technicians

Nurses play a significant role in coordinating patient care. As patients transition to different healthcare services and different healthcare providers, good coordination and task prioritization are the most important competencies that nurses should possess (Karam et al., 2021). Thus, good time management and leading patient care are crucial fundamental skills.

Standard 1: The nurse technician shall demonstrate care coordination and task prioritisation abilities throughout nursing care management tasks in a professional manner that supports continuity of care and safe patient care.

Competencies

- Recognises the importance of nurses in maintaining care priority and care coordination abilities to promote safety and quality care.
- Displays accountability for delegated tasks and accepts responsibility for completing given work and communicates regarding completed and unfinished tasks.

- Demonstrates the capacity to adjust to difficult situations in order to attain priority care goals.
- Demonstrates critical thinking skills in providing prioritised care to patients and enabling coordination for continuity of care.
- Demonstrates the ability to function as part of a team to ensure safe patient care.
- Recognises one's own limitations and obstacles and collaborates with nursing specialists, colleagues and other health professionals to improve care quality.
- Escalates patient care concerns appropriately.

Domain Five: Quality and Safety Management

Quality management in health care work functions to reduce errors and improve patient care. The safety and effectiveness of treatment are two of the most critical measures of quality. Nurse-sensitive indicators are measures that reveal the nursing structure that is evaluated based on education and skill level and by several nursing staff members. Safety is defined as a reduced risk of harm to healthcare providers and patients through individual performance and the effectiveness of the system (QSEN, 2007; Zaitoun, Said & de Tantillo, 2023). Nurses must ensure that safety is paramount by understanding, maintaining and establishing a safety culture that involves assessing, planning and evaluating patient care while appropriately using technology to provide accurate, well-interpreted information.

Standard 1: The nurse shall maintain high-quality and safe nursing care standards and evaluate the quality and effectiveness of care provided.

Competencies

- Promotes a healthy and culturally safe practice environment.
- Practices in accordance with approved national /organizational quality standards and guidelines reflecting recognized evidence-based best practices that ensures patient safety and outcomes.
- Demonstrates accountability for maintaining a safe culture for both the individual and the system.
- Demonstrates responsibility in communicating observations or concerns related to hazards and errors involving patients, families or the healthcare team.

- Appreciates the importance of transparency in communications with patients, families and healthcare teams regarding safety and adverse events.
- Monitors, documents and reports deterioration in patient condition accurately and punctually to the healthcare team.
- Provides care that aims to avoid preventable errors and patient harm.
- Values quality improvement activities and team collaboration as essential parts of enhancing care and practice.

Standard 2: The nurse shall maintain safe practices while providing nursing care for oneself, patients and the healthcare team.

Competencies

- Maintains an environment that promotes patients' safety, independence, quality of life and health without violating their rights.
- Applies safety measures and guidelines/standards in one's practice.
- Displays effective use of technology and standardised practices that support safe practices.
- Completes safety surveys and error reporting to improve the overall reliability of a complex system.
- Complies with infection control and risk management practices and policies .
- Ensures a safe environment by identifying and reducing actual and potential hazards and risks in compliance with standards /policies for health and safety at work.
- Performs risk management analysis and system enhancement to reduce the risk of harm to oneself and others.

Standard 3: The nurse shall use the principles of quality improvement and safety, as defined by national and international patient safety authorities, and incorporate them into nursing practice.

Competencies

- Applies international patient safety goals and recognises their importance to nursing practice.
- Collects and analyses data about incidents and trends and implements strategies to improve care delivery.
- Initiates and engages in quality improvement practices to improve outcomes and processes.
- Volunteers with data collection to facilitate the valid provision of care and system improvement.
- Demonstrates elements of efficient resource utilisation and management, including human resources.
- Values the importance of the use of data for quality improvement.

Domain Six: Health Education and Promotion

Health education, as defined by the World Health Organization (WHO), “is any combination of learning experiences designed to help individuals and communities improve their health, by increasing their knowledge or influencing their attitudes”. In principle, people learn to behave in a manner conducive to the promotion, maintenance or restoration of health’ (WHO, 2012).

Health promotion also enables people to increase control over their own health. It covers a wide range of social and environmental interventions designed to benefit and protect an individual’s health and quality of life by addressing and preventing the root causes of ill health and by not merely focusing on treatment and cures.

Standard 1: The nurse shall provide health education and encourage patients to be active participants in their health care.

Competencies

- Takes part in health promotion, health education, and disease prevention initiatives, and contributes to their evaluation with respect to individuals, groups and the community diversity.

- Assesses patients' health learning/education needs in collaboration with the healthcare team.
- Demonstrates proficiency in the delivery of health promotion and preventive care.
- Identifies and sources appropriate resources to support health promotion and preventive care activities.
- Demonstrates the ability to utilise variety of teaching and learning strategies including technology for health promotion, education and disease prevention.
- Involves individuals, groups and communities in health teaching and health promotion activities and empower them to adopt healthy lifestyle.
- Demonstrates communication skills and proper trusted relationships with patients, families and the community.
- Determines patient understanding by seeking feedback on the information provided.

Standard 2: The nurse shall implement evidence-based health promotion and preventive strategies to improve patient outcomes.

Competencies

- Demonstrates knowledge of Applies published theories and evidence -based practices of health for different age groups, disease processes and health promotion.
- Identifies, prioritises and develops strategies for health promotion, disease prevention and rehabilitation with respect to individuals' social, economic and cultural preferences.
- Recognises and understands the importance of using evidence-based knowledge for health promotion and preventive care in general practice.
- Provides relevant health information and education to patients, families and communities to assist in achieving optimal health and rehabilitation.

Standard 3: The nurse shall integrate priority-based health information to improve health literacy and promote self-management.

Competencies

- Uses appropriate teaching methods to promote health that aligns with patients' values, beliefs, practices, learning needs, readiness and abilities.
- Plans and provides accurate and culturally appropriate education to patients,

families and communities to maintain and promote health.

- Seeks understanding based on socio-cultural values, beliefs and preferences.
- Identifies strategies to promote self-management ability.

Domain Seven: Communication and Information Technology

Communication is simply the act of transferring information from one place, person or group to another. While Information technology is defined as the application of information processing systems, comprising both computer hardware and software, to manage, access, exchange, and utilize healthcare information, data, and knowledge, enabling enhanced communication and informed decision-making in the healthcare sector (Pailaha, 2023). By employing information technology skills nurses can communicate effectively and translate care throughout the system to ensure patient centered care focusing on safety, effective care coordination, education, proactive performance, timely access of information and cost-effective resource utilisation. The nurse is also expected to maintain effective communication and interaction with patients and their families, maintaining respect with a focus on optimising patients' outcomes and satisfaction.

Standard 1: The nurse shall recognise the importance of effective and efficient communication with patients and other healthcare providers in all verbal, non-verbal and written forms of communication.

Competencies

- Initiates and develop trusted relationships with patients, families and the community through use of appropriate communication, listening, and interpersonal skill.
- Maintains confidentiality at all times.
- Applies clear, concise, practical, electronic, non-electronic, written, verbal and non-verbal communication skills appropriate to the needs of individuals/groups.
- Values the effects of psychological, physiological, developmental, spiritual and cultural influences on one's own ability to communicate.
- Displays rapport with individuals/groups to enhance their ability to express feelings in an appropriate context.
- Accepts the responsibility of establishing appropriate alternative communication methods for individuals/groups who cannot verbalise their needs.

- Utilises appropriate handover processes and ensures clarity and confidentiality of shared patient information.
- Recognises the importance of communicating new information and revisions to members of the healthcare team as necessary.
- Appreciates the transparency and respect required when communicating with healthcare providers, patients, families and the community.
- Demonstrates honesty, integrity and respect in all professional interactions.

Standard 2: The nurse shall demonstrate proficiency in the use of information technology, data systems and tools that support and enhance the quality and healthcare delivery.

Competencies

- Recognises the importance of utilising information technology within the healthcare system.
- Utilises different communication and documentation tools and both electronic and non-electronic systems.
- Acquires information technology skills required to provide patient care and applies these technologies to nursing interventions.
- Appreciates the use of technology as a tool to improve patient safety and quality of care.
- Demonstrates ability to analyse patient data accurately and comprehensively and implement appropriate care plan focusing on safety and quality care.

Domain Eight: Continuing Professional Self-Development

Professional self-development is a lifelong process. It involves evaluating and improving skills and knowledge. Self-directed learning described as the process in which individuals take the initiative, with or without the help of others, for diagnosing their learning needs, formulating learning goals, identifying human and material resources for learning, choosing and implementing appropriate learning strategies and evaluating learning outcomes (Brunt and Morris, 2022).

Thus, it is essential for each nurse to engage in professional development after graduation to acquire new knowledge and competence to practise effectively in

an ever-changing healthcare environment. Continuing professional and personal developments are required in order to maintain and enhance professional standards and provide quality, competent and safe patient care (Price & Reichert, 2017). Nurses are expected to assess their learning needs, set learning objectives to be achieved, utilise appropriate resources, apply the best learning strategies and then evaluate outcomes of the acquired learning in a continually performed process.

Standard 1: The nurse shall assume responsibility for own professional development and demonstrate ability to seek knowledge to ensure continued competence and performance improvement level.

Competencies

- Identifies personal learning needs through regular self-assessment, reviews, critical examination, evaluation and reflective practice .
- Participates in educational and professional development activities to improve self and others.
- Demonstrates commitment and seeks opportunities for improvement and lifelong learning.
- Seeks knowledge updates when new protocols or guidelines are implemented and enforced for safe, patient centred and evidence -based practice..
- Promotes the profession of nursing, including participation in professional organizations at the local and national levels.
- Maintains a professional portfolio including evidence of continuous education, competencies, and professional development activities.

Standard 2: The nurse shall possess the ability to evaluate and support developments in nursing practices and the profession.

Competencies

- Engages in ongoing professional development and performance activities to support self, other and the profession.
- Represents nursing on relevant committees, taskforces, boards or forums at local/international level to promote and support the profession.
- Shares experiences, knowledge and education with others through engaging and contribution to clinical nursing discussions and professional development activities.
- Acts as a resource person, provides feedback when necessary and seeks feedback

MIDWIFERY SCOPE OF PRACTICE

Introduction

Pregnancy and childbirth are considered normal life events, and the midwife has been identified as the most suitable and cost-effective healthcare professional to provide care in normal pregnancy and childbirth, including risk assessment and recognition of complications (CMO, 2008). Midwife-led continuity of care has been associated with positive outcomes, including reduced maternal and neonatal morbidity, reduced stillbirths, reduced interventions in labour, improved psycho-social outcomes, and increased birth spacing and contraceptive use (Sandall et al., 2016).

The State of the World's Midwifery Report that is published by the World Health Organization (WHO, 2021) showed that midwives, when educated, licensed, and fully integrated into and supported by interdisciplinary teams in an enabling environment, can deliver essential Sexual, Reproductive, Maternal, Newborn, and Adolescent Health (SRMNAH) interventions across the life course, can provide a wide range of clinical interventions, and can contribute to broader health goals.

'A midwife is a person who has successfully completed a midwifery education programme that is based on the International Council of Midwifery (ICM) Essential Competencies for Basic Midwifery Practice and the framework of the ICM Global Standards for Midwifery Education and is recognized in the country where it is located; who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title "midwife" by the licensing body; and who demonstrates competency in the practice of midwifery' (ICM, 2017).

The midwife is recognized as a responsible and accountable professional who works in partnership with women to give the necessary support, care, and advice during pregnancy, labour, and the postpartum period, to conduct births on the midwife's own responsibility, and to provide care for newborns and infants. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance, and the carrying out of emergency measures. The midwife has an important task in health counselling and education, not only for the woman but also within the family and the community. This work should involve antenatal education and preparation for parenthood and may extend to women's health, sexual or reproductive health, and child care. A midwife may practise in any setting, including the home, community, hospitals, clinics, or health units (ICM, 2017).

A midwife who is allowed to use the full range of her skills can positively affect maternal and perinatal morbidity and mortality rates (ICM, 2013). Recent research documents the potential impact of midwives in preventing and reducing maternal and new-born mortality and stillbirths and reveals that investing in midwives could save millions of lives (Nove et al., 2021).

The ICM (2013) concepts that define the unique role of midwives focus on the following:

- Health promotion and disease prevention strategies that view pregnancy as a normal life event.
- Partnership with families to promote self-care and the health of mothers, new-borns, and families.
- Respect for human dignity, family, and mothers as persons with full human rights, and advocacy for women and the amplification of their voices.
- Cultural sensitivity, including working with family and healthcare providers to overcome those cultural practices that harm women and babies.
- Advocacy for normal physiological labour and birth to enhance best outcomes for mothers and new-borns.

Domains of Competence for Midwifery

These core competencies have been developed to ensure that the public of Saudi Arabia can be confident in the abilities of midwives to provide safe and effective midwifery care. Eight domains of practice have been identified.

1. Professionalism and Ethical Practice
2. Family-Centred Care
3. Evidence-Based Practice and Research
4. Leadership and Management Skills
5. Quality and Safety Management
6. Health Education and Promotion
7. Communication and Information Technology
8. Professional Self-Development

Each domain is described through competency standards and associated performance criteria that define the requirements that are expected and demanded of the registered midwife.

Domain One: Professionalism and Ethical Practice

Professional practice is defined as a combination of standards of practice, midwife skills, and expected professional performance (ANA, 2010). The professional accountability and ethical practice of the registered midwife is defined in relation to clients, families, other members of the multidisciplinary team, the community, and society. The midwife works within the limits of her competencies, exercising professional 'duty of care' and raising concerns immediately when she suspects that the woman or her infant are at risk (ICM, 2014). Accountability cannot be achieved unless the midwife/nurse has the autonomy to practice. Autonomy ensures that midwives have the freedom to make discretionary and binding decisions in accordance with their scope of practice and to act on those decisions (MOH, 2019).

Standard 1: The midwife shall accept responsibility and be accountable for the quality of care delivered within the scope of knowledge acquired and skills gained.

Competencies

- Demonstrates accountability for own professional judgment, actions, outcomes of care, and continued competence in accordance with Scope of Practice and national legislation and regulations.
- Recognizes the boundaries of the scope of practice and the limits of one's own competence; consults and refers, as necessary, when the woman's needs exceed the competence of the registered midwife.
- Seeks appropriate guidance when encountering situations beyond the limits of her own competence and scope of practice.
- Provides competent autonomous care as the lead professional; treats pregnancy and labour as a normal physiological process.
- Acknowledges and respects the accountability and responsibilities of other healthcare professionals and personnel.
- Assumes accountability for the delegation of aspects of midwifery care.
- Participates in activities to optimise women's access to the full range of services required for effective midwifery care throughout the pre-conception period and

until the end of the eighth week after birth.

- Demonstrates professional behaviour at all times and promotes a positive image of the profession.
- Keeps clear, legible, and accurate records relevant to midwifery practice.

Standard 2: The midwife shall function at all times in accordance with the law and any legislative, regulatory, and policy guidelines relevant to registered midwifery practice.

Competencies

- Practices within the standards and competencies of the midwifery scope of practice, and the national/ organizational policies and procedures, to protect self, others and the profession.
- Practices in accordance with relevant laws and regulations that govern midwifery practice.
- Practices in a manner that conforms to the Professional Code of Ethics established by the SCFHS and the employer's code of conduct.
- Engages in ethical decision-making with respect to their own professional responsibilities or where ethical issues affect healthcare delivery or clinical decision-making.
- Maintains valid registration and licensure to practice.

Standard 3: The midwife shall practice and provide midwifery care with consideration of the socio-cultural needs of women and their families.

Competencies

- Acts as an advocate, protecting the woman's rights and those her family.
- Maintains confidentiality and follows the established policies of the institution to ensure the security of written, verbal, and electronic client information.
- Respects the woman's right to be fully informed, protecting her right to self-determination and informed consent.
- Respects the woman's right to autonomy, including the right to refuse treatments and clinical investigations.
- Respects and maintains the woman's right to privacy and dignity by providing kind and compassionate care.
- Offers advice and midwifery care sensitively and fairly, respecting the cultural

and social needs of each woman and her family and giving due consideration to diversity, including cultural and religious beliefs, race, age, gender, physical and mental state, and other relevant factors.

- Communicates and collaborates with other healthcare professionals and personnel to ensure ethical practice is maintained.
- Demonstrates professional integrity and ethical conduct in matters where a conflict of interest could be construed, especially when advising on the use of drugs, products, devices, or services.
- Raises concerns, using the appropriate escalation procedures, when she suspects that the practice of another health professional is putting the woman or her baby at increased risk. This can include the unnecessary application of technology during a low-risk, spontaneous labour and birth.
- prioritises women and their families interest in care. The registered midwife must make care and safety her main concerns, ensuring that the needs of the woman are recognized, assessed, and responded to at all times.

Domain Two: Family-Centred Care

Family-centred maternity and new-born care aims to increase the participation of women and their families in decision-making processes related to pregnancy, birth, and early postpartum experiences in order to promote optimal health and wellbeing for both mother and child (IPFC, 2017). Midwifery practice includes an emphasis on client-/family-/community-centred care and scope of practice. Decision-making must be evidence-based and must consider the choices and needs of the client. Midwifery care functions in partnership with the clients and their families and support network. This domain encompasses the key principles of the registered midwife's role in the facilitation of a healthy pregnancy and spontaneous birth and in supporting women and their families to adapt and recover during the postnatal period. The role includes assessment of the woman and her family's needs and advice on health promotion, illness prevention, and detection of complications during the antenatal, intrapartum, and postnatal periods.

Standard 1: The midwife shall provide skilled, safe, holistic, culturally relevant, and family-centred midwifery care to the woman, her family, and the community in collaboration with the multidisciplinary team across all healthcare settings.

Competencies

- Provides comprehensive, holistic, evidence-based, and family-centred healthcare.
- Provides a comprehensive programmes for pre-pregnancy, birth and parenthood preparation.
- Engages the woman and her family in preconception counselling tailored to the individual situation, needs, and interests.
- Undertakes a comprehensive and systematic obstetric/health histories and health assessment to determine healthcare needs with the woman and her family.
- Applies the best available evidence to support clinical reasoning, critical thinking, clinical decision-making, and safe practice.
- Facilitates informed decision-making by providing the woman and her family with information during the whole process of pregnancy and childbirth and in the postpartum period.
- Provides safe, responsive, and compassionate care for all women and their families and plans for continuity of carer, including supported transition and discharge.
- Advocates for pregnancy and childbirth to be considered normal physiological processes.
- Administers medication following agreed standing orders and therapies in a safe, timely, and effective manner and in accordance with policy and legislation.
- Develops, implements, evaluates, and revises the plan of care as required, based on a reasoned evaluation of the health of the woman and infant.
- Defines expected goals and outcomes in terms of the individual woman's needs, concerns, culture, and values.
- Cares for and empowers the mother throughout childbirth in a variety of settings, including the hospital/clinic and at home.
- Orders, carries out and interprets laboratory tests and screening procedures for sexually transmitted disease, including HIV, other infections and cervical cancer (if privileged).
- Provides counselling about nutritional supplements, dietary intake, exercise,

updates to immunisations as needed, modification of risk behaviours, prevention of sexually transmitted infections, family planning, and methods of contraception.

- Confirms pregnancy and estimates gestational age from history, physical exam, laboratory test, or ultrasound (if privileged).
- Performs and interprets focused and complete physical examination of the woman and foetus.
- Provides and discuss information about conditions that may be detected by screening with the patient, and mutually determines plan of care.
- Conducts and manages safe, spontaneous, physiological, normal vaginal births from 37–42 weeks gestation, and registers births under the newborns' names on the birth register/notification.
- Provides respectful one-to-one care for both women and for new-born infants.
- Provides care of the new-born immediately after birth and recognizes abnormalities and refers an appropriately qualified healthcare professional in a timely manner.
- Provide care for women and manages emergency procedures in the absence of the physician to protect the wellbeing of the woman and baby. This includes management of ante and postpartum haemorrhage and labour emergencies, including shoulder dystocia, undiagnosed breech, and cord prolapse and escalate as needed.
- Protects the woman's dignity at all times through effective patient care.
- Actively listens to the woman and her family and responds to their needs to provide individualised care based upon a trusting partnership model of care.
- Dedicated to working in partnership with the woman and her family in her care.
- Values, safeguards, and advocates for human rights, especially those related to pregnancy, childbirth, and the infant.

Domain Three: Evidence-Based Practice and Research

Evidence-based practice, as defined by Connor et al. (2023), means ‘a problem-solving approach to the delivery of healthcare that integrates best evidence from studies and patient care data with clinician expertise and patient preferences and values’.

Evidence-based practice and research in midwifery articulates the minimum evidence-based practice requirements that the registered midwife must maintain. Planning of, implementation of, and evaluation of care is to be based upon safe, family-centred, evidence-based practice.

Registered midwives are expected to initiate research triggered by the needs of midwifery practice and to collaborate in research and scholarly activities to advance that practice.

Standard 1: The midwife shall integrate evidence and practices consistent with evidence-based guidelines and research findings.

Competencies

- Utilises an up-to-date evidence-based approach to midwifery practice.
- Incorporates an evidence-based approach when initiating change in midwifery practice.
- Participates in the formulation of evidence-based guidelines, protocols, and audit tools based upon best available credible research and/or national and international professional consensus.
- Critically evaluates research, audit, statistics, and practice development findings that underpin midwifery practice.
- Promotes dissemination, implementation, monitoring, and review of professional standards and best practice guidelines.

Standard 2: The midwife shall use research, evaluation, service improvement, and audit findings to enhance the quality of care and protect the rights of participating women and their families.

Competencies

- Participates in activities that disseminate research findings, such as publications, journal clubs, grand rounds, and presentations.
- Promotes research, evaluation, service improvement initiatives, and audits designed to improve healthcare practice, disseminates findings to colleagues, women, their families, and communities, and supports research in midwifery by participate in midwifery research.
- Undertakes appropriate development to ensure competency to recruit, ensures informed consent is obtained, supports involvement, and facilitates, monitors and, where appropriate, advocates for withdrawal of individuals participating in clinical research and evaluation.
- Develops research capacity by attending training programmes to participate in clinical research.
- Communicates relevant research participation information effectively using language that is readily understood by potential participants.

Domain Four: Leadership and Management Skills

Leadership and management are essential for the delivery of excellent health services. Although the two are similar in some respects, they may involve different outlooks, skills, and behaviours. Good managers should strive to be good leaders, and good leaders need management skills to be effective. Midwives are expected to demonstrate leadership qualities while planning and managing midwifery care safely and effectively. Leadership and management skills are essential elements in the professional identity of midwives. These encompass strategic decisions that influence service delivery in terms of improving maternity care and maternal and women's health (Hewitt et al., 2021).

Standard 1: The midwife shall demonstrate leadership qualities and manage midwifery care safely, efficiently, and ethically.

Competencies

- Applies critical thinking and problem-solving skills to plan, implement, coordinate, and evaluate midwifery care.
- Prioritises workload to effectively manage time and identify resources to optimise care outcomes.
- Provides feedback, offers suggestions for change, and deals effectively with the impact of change on her own practice, on the team's, and on the organization's.
- Advocates for and contributes to the creation and maintenance of a positive working environment and safe and effective teamwork.
- Acts as a role model for colleagues, students, and other members of the multidisciplinary care team by treating all with respect, trust, and dignity.
- Actively seeks ways to maintain and advance midwifery professional autonomy and accountability.
- Uses appropriate evidence-based change processes to improve maternity care practices through innovations and adaptation.
- Utilises a multidisciplinary approach in the management and provision of care when complications arise.
- Uses a flexible leadership style to facilitate effective and sensitive management.
- Resolves conflicts in a professional, non-judgmental manner, making effective use of communication skills and existing mechanisms to achieve resolution.
- Leads teams effectively, communicating their own responsibilities and supporting other healthcare professionals and personnel to accomplish their duties.
- Contributes as appropriate to national and local health policy development, implementation, and evaluation.

Standard 2: The midwife shall delegate and provide supervision to team members according to their competence and scope of practice.

Competencies

- Delegates aspects of care that are commensurate with abilities and scope of practice.
- Uses a range of supportive strategies when supervising aspects of care delegated to others.
- Maintains accountability and responsibility when delegating aspects of care to others.
- Accepts delegated activities in line with one's own competence and scope of practice, avoiding situations that might negatively affect the safety of the mother of infant and circumstances that breach legislation and professional standards.

Domain Five: Quality and Safety Management

Quality management in healthcare works to reduce errors and improve patient care. The safety and effectiveness of treatment are two of the most critical measures of quality. Quality and safety management articulates the requirement that the registered midwife incorporate the best available evidence and assume accountability for improving the quality and safety of the provided healthcare services.

Standard 1: The midwife shall ensure that midwifery practice meets organizational and international quality and safety standards and guidelines and participates in continuous quality improvement.

Competencies

- Practices in accordance with approved quality standards and guidelines reflecting recognized evidence-based best practices.
- Acts immediately and appropriately in accordance with the national and/or institutional disaster plan, as needed.
- Ensures a safe environment by reporting actual and potential risks, and takes timely action to meet national legislation and workplace health and safety principles. This includes understanding the methodology for conducting maternal and infant death reviews and near-miss audits.
- Acknowledges own limitations in knowledge, judgment, and skills, and functions within those limitations.

- Participates in ongoing quality assurance and risk management initiatives.
- Exercises awareness of significant changes in maternal and new-born services and their influence on midwives' practices.
- Assumes the delivery of quality maternity care directly or indirectly in all settings, including hospitals, community clinical settings, and women's homes.
- Awareness of the importance of completing, storing, and retaining records.

Standard 2: The midwife shall use comprehensive professional knowledge and skills to provide safe care for the mother and her newborn.

Competencies

- Acts where the safety of care is compromised and, where necessary, reports risky behaviours that might compromise the safety of women and their families.
- Communicates and records safety concerns to the relevant authority and documents response.
- Reports actual and potential risks, and takes timely action to meet national legislation and national health and safety principles.
- Adheres to and implements infection control policies and procedures.
- Maintains updated documentation and records of all procedures and care provided.

Domain Six: Health Education and Promotion

Health education, as defined by the World Health Organization (WHO), is 'any combination of learning experiences designed to help individuals and communities improve their health, by increasing their knowledge or influencing their attitudes'. In principle, people can learn to behave in a manner conducive to the promotion, maintenance, and restoration of health (WHO, 2012).

Health promotion also enables people to increase control over their own health. It covers a wide range of social and environmental interventions designed to benefit and protect an individual's health and quality of life by addressing and preventing the root causes of ill health and not merely focusing on treatment and cure.

Standard 1: The midwife shall provide health education and promote the health of women and their families from conception to the end of the postnatal period.

Competencies

- Takes part in health promotion, health education, and illness prevention initiatives, and contributes to their evaluation. This includes engaging in health education for women throughout pregnancy and up to eight weeks into the postpartum period, as well as engaging the family and community.
- Applies best available evidence for health promotion and health education.
- Acts to empower the woman, her family, and the community to make informed decisions regarding childbirth and infant wellbeing.
- Demonstrates an understanding of traditional healing practices within an individual's, a family's, and a community's health belief systems and either incorporates appropriately or provides education if belief adversely affects optimum health.
- Applies a variety of teaching and learning strategies with the woman, her family, and the community to affect and evaluate learning.
- Values community-based primary care and uses health promotion and disease prevention and control strategies.
- Promotes wellness in women, babies, and families, taking into consideration the social, emotional, cultural, and physical aspects of a woman's reproductive experience.
- Collaborates with other health professionals to ensure that women and their infants receive the best possible care.
- Promotes and supports breastfeeding.
- Provides family planning services.

Domain Seven: Communication and Information Technology

Communication is simply the act of transferring information from one place, person, or group to another. While Information technology is defined as the application of information processing systems, comprising both computer hardware and software, to manage, access, exchange, and utilize healthcare information, data, and knowledge, enabling enhanced communication and informed decision-making in the healthcare sector (Pailaha, 2023). Midwives are expected to maintain effective communication and interaction with women and their families. By employing information technology skills midwives can also communicate, share and transfer their knowledge and experience to women, families and other healthcare team.

Standard 1: The midwife shall use communication skills to ensure that the woman and her family, as well as other members of the healthcare team, remain fully informed.

Competencies

- Initiates and develops a therapeutic relationship with the woman and her family through the use of appropriate communication, listening, and interpersonal skills.
- Maintains confidentiality at all times.
- Develops professional behaviours that positively affects communication and practice.
- Demonstrates a cultural and spiritual understanding of women and their families.
- Consistently communicates relevant, accurate, and comprehensive information in verbal, written, and electronic forms in a timely manner to ensure the delivery of safe, competent, and ethical care.
- Works with others to build consensus or resolve conflict as part of the wider multidisciplinary team.
- Works effectively and professionally as part of the multidisciplinary maternity care team.

Standard 2: The midwife shall use data systems to enhance the quality and delivery of care for women and their families.

Competencies

- Acquires the information technology skills necessary to inform, provide, and record optimum maternity care.
- Understands the use technology and data to assist in the identification of complications in pregnancy, childbirth, and the postnatal period.
- Understands and completes appropriate risk monitoring records when necessary.
- Analyses data accurately and comprehensively, leading to the appropriate interpretation of findings and development of implementation plans.

Domain Eight: Continuing Professional Self-Development

Professional self-development is a lifelong process that is focused on evaluating and improving skills and knowledge. Self-directed learning described as the process in which individuals take the initiative, with or without the help of others, in diagnosing their learning needs, formulating learning goals, identifying human and material resources for learning, choosing and implementing appropriate learning strategies, and evaluating learning outcomes (Brunt and Morris, 2022).

Thus, it is essential for each midwife to engage in professional development after graduation in order to acquire new knowledge and competence to practise effectively in an ever-changing healthcare environment. Continuing professional and personal development is required in order to maintain and enhance professional standards and to provide quality, competent, and safe patient care (Price & Reichert, 2017). Midwives are expected to assess their learning needs, set learning objectives that can be achieved utilising the appropriate resources, apply the best learning strategies, and evaluate outcomes of the acquired learning in a continuous process.

Standard 1: The midwife shall assume responsibility for their own professional self-development through lifelong learning to ensure continued competence and performance improvement.

Competencies

- Undertakes regular self-assessment and reviews own practice through reflection, peer review, critical examination, and evaluation.
- Identifies the need for and takes responsibility for updating knowledge and skills for practice.
- Actively engages in ongoing professional development and performance improvement for self and others.
- Achieves excellence in high-technology approaches to care through ongoing education.
- Recognizes advances in practice management and evaluating services and makes due effort to ensure that these are implemented into practice.
- Maintains an accurate record of learning and professional development activities.
- Promotes the profession of midwifery, including participation in professional organizations at the local and national levels.

REFERENCES

Alsufyani, A., Alforihidi, M., Almalki, K., Aljuaid, S., Alamri, A., & Alghamdi, M. (2020). Linking the Saudi Arabian 2030 vision with nursing transformation in Saudi Arabia: Roadmap for nursing policies and strategies. *International Journal of Africa Nursing*, 13. <https://doi.org/10.1016/j.ijans.2020.100256>

American Nurses Association (2021) (4th edn) *Nursing: Scope and Standards of Practice* Maryland. ANA Retrieved from <https://www.nursingworld.org/nurses-books/nursing-scope-and-standards-of-practice-4th-edit/>

American Nurses Association (ANA). (2010). *Scope and Standards of Practice*. Silver Spring. Retrieved January 10, 2021, from <https://www.lindsey.edu/academics/majors-and-programs/Nursing/img/ANA-2015-Scope-Standards.pdf>

Anders, R. L., Jackson, D., Davidson, P. M., & Daly, J. P. (2021). Nursing Leadership for 21st Century. *Revista latino-americana de enfermagem*, 29, e3472. <https://doi.org/10.1590/1518-8345.0000.3472>

Australian Nursing and Midwifery Council (ANMC). (2010). *Standards and Criteria for The Accreditation of Nursing and Midwifery Courses: Re-Entry to The Register* Standards registered Nurses. Retrieved January 10, 2021, from <https://www.anmac.org.au/sites/default/files/documents/Standards%20and%20criteria%20for%20the%20accreditation%20of%20nursing%20and%20midwifery%20courses%20-%20Re%20Entry%20to%20the%20Register%20Standards%20-%20RN%20May%202010.pdf>

Brunt, B.A., & Morris, M.M. (2022). *Nursing Professional Development*. Treasure Island (FL): StatPearls Publishing. Retrieved November 11, 2023, from <https://www.ncbi.nlm.nih.gov/books/NBK531482/>

College of Midwives of Ontario (CMO). (2008). *Canadian Competencies for Midwives*. Retrieved August 2, 2021, from http://www.cmo.on.ca/wp-content/uploads/2015/10/National_Competencies_ENG_rev08.pdf

Connor, L., Dean, J., McNett, M., Tydings, D.M., Shrout, A., Gorsuch, P.F, Hole, A., Moore, L., Brown, R., Melnyk, B.M., et al. (2023). Evidence-based practice improves patient outcomes and healthcare system return on investment: Findings from a scoping review. *Worldviews Evidence-Based Nursing*, 20:6-15, <https://doi.org/10.1111/wvn.12621>

Hewitt, L., Dahllen, H., Hartz, D., and Dadich. (2021). Leadership and management in midwifery-led continuity of care models: A thematic and lexical analysis of a scoping review. *Midwifery*, (98) 1092986. <https://doi.org/10.1016/j.midw.2021.102986>

Karam, M., Chouinard, MC., Poitras, ME., Couturier, Y., Vedel, I., Grgurevic, N., Hudon, C. (2021). Nursing Care Coordination for Patients with Complex Needs in Primary Healthcare: A Scoping Review. *International Journal of Integrated Care*, 19;21(1):16. <https://doi:10.5334/ijic.5518>.

King, C., Edlington, T., & Williams, B. (2020). The «Ideal» Clinical Supervision Environment in Nursing and Allied Health. *Journal of multidisciplinary healthcare*, 13, 187–196. <https://doi.org/10.2147/JMDH.S239559>

Kwame, A., & Petrucka, P.(2021). A literature-based study of patient-centered care and communication in nurse-patient interactions: barriers, facilitators, and the way forward. *BMC Nursing* 20, 158. <https://doi.org/10.1186/s12912-021-00684-2>

Institute for Patient- and Family-Centered Care (IPFC). (2017). *Advancing the practice of patient- and family-centered care in hospitals. How to get started*. Bethesda (MD): Retrieved December 4, 2021 from: http://www.ipfcc.org/resources/getting_started.pdf

International Confederation of Midwives (ICM). (2014). *International Code of Ethics for Midwives*. Retrieved August, 2, 2021, from <https://www.internationalmidwives.org/assets/files/definitions-files/2018/06/eng-international-code-of-ethics-for-midwives.pdf>

International Confederation of Midwives (ICM). (2017). *ICM Definition of the midwife*. Retrieved August 2, 2021, from http://internationalmidwives.org/assets/uploads/documents/CoreDocuments/ENG%20Definition_of_the_Midwife%202017.pdf

International Council of Nurses (ICN). (2021). *Nursing Definitions*. Retrieved January 10, 2021, from <https://www.icn.ch/nursing-policy/nursing-definitions>

Kurt, D., and Gurdogan, E. (2023). Professional autonomy and patient advocacy in nurses. *Collegian*, 30(2) 327-334. <https://doi.org/10.1016/j.colegn.2022.09.015>

Nove, A., Friberg, I. K., de Bernis, L., McConville, F., Moran, A. C., Najjemba, M., ... & Homer, C. S. (2021). Potential impact of midwives in preventing and reducing maternal and neonatal mortality and stillbirths: a Lives Saved Tool modelling study. *The Lancet Global Health*, 9(1), e24-e32.

Nursing and Midwifery Board of Ireland (2015) Scope of Nursing and Midwifery Practice Dublin NMBI. Retrieved from <https://www.nmbi.ie/nmbi/media/NMBI/Publications/Scope-of-Nursing-Midwifery-Practice-Framework.pdf?ext=.pdf>

Price, S., and Reichert, C. (2017). The Importance of Continuing Professional Development to Career Satisfaction and Patient Care: Meeting the Needs of Novice to Mid-to-Late-Career Nurses throughout Their Career Span. *Administrative Sciences*, 7 (2). <https://doi.org/10.3390/admsci7020017>

Pursio, K., Kankkunen, P., Sanner-Stiehr, E., & Kvist, T. (2021). Professional autonomy in nursing: An integrative review. *Journal of Nursing Management*, 29(6), 1565-1577.

Quality and Safety Education for Nurses (QSEN). (2020). QSEN Competencies. Retrieved January 10, 2021, from <https://qsen.org/competencies/pre-licensure-ksas/>

Sandall, J., Soltani, H., Gates, S., Shennan, A., and Devane, D. (2016). Midwife-led continuity models versus other models of care for childbearing women. *Cochrane Database of Systematic Reviews* 4.: CD004667. DOI: 10.1002/14651858.CD004667.pub5. Accessed 12 July 2021.

Saudi Commission for Health Specialties (SCFHS). (2018). Executive Rules of the General Regulations for Professional Classification and Registration. Retrieved November 21, 2023, from Regulations content | Saudi Commission for Health Specialties (scfhs.org.sa)

Saudi Health Council (SHC). (n.d). The Law of Professions and its Executive Regulations. Retrieved November 21, 2023, from Health Rules and Regulations (shc.gov.sa)

Varjus, S. L., Leino-Kilpi H. and Suominen T. (2010) Professional autonomy of nurses in hospital settings - a review of the literature. *Scandinavian Journal of Caring Sciences* 25(1), 201-207.

Watson, J. (2005). *Caring Science as Sacred Science*. Philadelphia, PA: FA Davis Company.

World Health Organization. (2012). *Health Education: Theoretical Concepts, Effective Strategies and Core Competencies*. Retrieved March 20, 2021, from https://applications.emro.who.int/dsaf/EMRPUB_2012_EN_1362.pdf

World Health Organization. (2020). *State of the world's nursing: investing in education, jobs and leadership*. ISBN 978-92-4-000327-9. Retrieved November 21, 2023, from [9789240003279-eng.pdf](https://www.who.int/publications/i/item/9789240003279-eng) (who.int)

World Health Organization. (2021). State of the world's midwifery: a universal pathway. A woman's right to health. New York: United Nations Population Fund, Retrieved October 10, 2021, from https://www.unfpa.org/sites/default/files/pub-pdf/21-038-UNFPA-SoWMy2021-Report-ENv4302_0.pdf

Yang, Y. Effects of health literacy competencies on patient-centered care among nurses. *BMC Health Service Research*, 22, 1172 (2022). <https://doi.org/10.1186/s12913-022-08550-w>

Zaitoun, R.A., Said, N.B. & de Tantillo, L. (2023). Clinical nurse competence and its effect on patient safety culture: a systematic review. *BMC Nursing*, 22, 173. <https://doi.org/10.1186/s12912-023-01305-w>



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