

Influences on and Outcomes of Enacted Scope of Nursing Practice A New Model

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Enacted scope of practice is a major issue for nursing administrators, given the potentially negative effect on accessibility, continuity, safety and quality of care, job satisfaction, and organizational costs of nurses working at reduced scope. Optimal deployment of nurses to a fuller enacted scope of nursing practice holds much promise for addressing all of these larger challenges. In this sense, new model of the Enacted Scope of Nursing Practice presented in this article provides a number of directions for interventions that could improve health system functioning. **Key words:** *autonomy, job satisfaction, nursing, organization and administration, professional practice, professional role, psychological demands, role stressors, scope of practice, workforce utilization*

E NACTED SCOPE OF NURSING PRACTICE is a concept that reflects the professional activities actually carried out by nurses, as opposed to the range of activities for which nurses are educated and licensed, and as distinct from the job responsibilities that might be expected on the basis of nurses' qualifications and training. The latter range of poten-

tial job elements would be considered "optimal" or "full" scope of nursing practice. According to White et al,¹ optimal scope of practice is at least partly associated with nurses' education level, job title, and experience (characteristics of individual nurses), whereas enacted scope is influenced primarily by organizational context and employer policies.¹⁻³

Several factors explain the failure of nurses in many settings to practice to their full scopes. It is well documented that work systems in many health care organizations lead nurses to spend considerable time in activities that do not improve patient care, such as walking long distances or making repeated calls to track down around equipment and supplies, as well as housekeeping tasks, and burdensome documentation and other forms of paperwork.^{4,6} Sometimes it is difficult to distinguish between what is truly "productive" as opposed to "nonproductive" time, but it is widely acknowledged that demands unrelated to nurses' professional education and judgment constrain their ability to do work central to the professional practice of

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nursing such as patient and family teaching, discharge planning, coordination of care as well as initiatives aimed at improving quality and safety of care.^{1,2,4,7,8} Furthermore, in many settings, nurses are still implicitly, if not explicitly, steered by their managers, professional peers, and other health care workers to focus on accomplishing tasks rather than necessarily drawing on their expertise and applying their theoretical and practical knowledge.

Health care organizations pursue the dual goals of efficacy and efficiency in terms of accessibility of service, continuity, as well as quality and safety of care.⁹ Optimized use of nursing human resources by having nurses do more of what they are specifically or uniquely qualified to do could help health care organizations reduce certain operational costs and reduce hospital length of stay, as well as expenses related to poor patient outcomes.⁹⁻¹¹ Restrictions on enacted scope of practice present a major challenge for the management of nursing services because they result in missed opportunities for organizations and patients to benefit from nurses' skill sets and for nurses to find satisfaction in their work, and thereby have negative consequences for organizations, nurses, and patients.^{3,11-13}

For health systems and depending on financing and reimbursement schemes, potentially for institutions themselves, reduced enacted scope of practice may well be associated with negative patient outcomes and increased costs involved in attempting to resolve them. One example includes potentially preventable readmissions for hospitalized patients resulting from deficits in patient teaching and coordination of care or even of inadequate discharge planning.

Other types of incidents potentially resulting in heightened costs would be patient complications related to the failure to collect and analyze data in a timely manner, inconsistent assessments of patient conditions, and a lack of communication between team members, as well as ongoing service quality problems, in health care settings that persist without reporting, analysis, or intervention.¹⁴

Job and career satisfaction of nurses who find themselves unable to use the breadth of their educations in practice or are unable to provide care that is consistent with their expectations is often lowered. The costs created by turnover and absenteeism of disaffected workers can easily stretch into the millions of dollars annually for many health care organizations,^{15,16} especially since dissatisfied nurses declare greater intentions to change jobs.^{17,18} Job satisfaction has been found to be higher when nurses are able to perform activities directly related to their professional role,¹⁹ and reduced enacted scope of practice has been recognized as a negative factor in nurse job satisfaction.³

To our knowledge, no existing model outlines the predictors or causes and consequences of various levels of enacted scope of nursing practice. Following D'Amour et al's work,² in the model described in this article, enacted scope of nursing practice is defined as the range of functions and responsibilities carried out by nurses as a fraction of a larger set of activities. Enacted scope is a concept akin to the idea of "role enactment." As defined by Besner et al,^{20(p6)} role enactment is "the application of knowledge within parameters defined by legislation, experience, competence and contextual factors in the environment." The purpose of this model was to guide research that will deepen understanding of this serious issue and ultimately to support development of setting-specific and public policy strategies that encourage and promote the optimal use of nursing human resources.

OVERVIEW OF THE ENACTED SCOPE OF NURSING PRACTICE (SCOP) MODEL AND MAJOR CONCEPTS

The Enacted Scope of Nursing Practice (SCOP) model presented in this article was developed to describe (1) the interrelationship between factors influencing the enacted scope of nursing practice, and (2) the effect of enacted scope of practice on outcomes

(initially job satisfaction, but then extended to include outcomes at the organization, nurse, and patient levels). Outcomes are influenced by both variables specific to the job environment and the work itself.²¹ More specifically, it is important to examine the extent to which employees are free to implement all the activities intrinsic to their professional roles. Before reviewing the components of the model, the theoretical frameworks that have influenced its development, which offer different but complementary perspectives on enacted scope of practice, will be discussed briefly.

THEORETICAL UNDERPINNINGS

Job characteristics theory

Job characteristics theory is generally applied in human resources management²² to explain job performance and guide development of strategies to promote efficient use of human resources as well as employee satisfaction. Job characteristics theory deals with job design and examines the relationship between job satisfaction and various organizational factors, such as job characteristics (autonomy, psychological demands, and role stressors). According to Tyler et al,²³ these factors affect the day-to-day activities of the professionals who work in health care organizations. The first premise of this theory is that certain job characteristics, such as autonomy, are essential to maintaining job satisfaction. The second premise is that personal characteristics such as knowledge, skills, and “growth need strength” moderate the relationship between job characteristics and job satisfaction. The most influential of these is growth need strength, the level of an individual’s drive for personal development.²⁴ In building the SCOP model, experience, education, skills, and knowledge (as nurse-specific factors) have been added to the elements specifically mentioned in job characteristics theory because they can directly influence staffing and, ultimately, enacted scope of nursing practice.^{1,2}

Currently, a number of personal characteristics, such as experience and education, are known to directly influence nurses’ scope of practice^{1,2} and job satisfaction.^{18,25} However, it is not known whether these characteristics also moderate the relationships between job characteristics, enacted scope of nursing practice, and job satisfaction, as conceptualized in the SCOP model. Understanding the personal characteristics that influence these relationships is crucial for nurse managers when proposing and implementing strategies for achieving an optimal scope of nursing practice and improving job satisfaction.

Empirical support for job characteristics theory has been found in studies of a number of professions and contexts, including nursing. Studies by Edgar,²⁶ Landeweerd and Boumans,²⁷ and Tonges et al²⁸ all found support for associations between job characteristics and job satisfaction, using concepts from job characteristics theory modified to apply to nursing. However, Taylor et al’s work²³ suggests that not all the job characteristics originally proposed by job characteristics theory are necessarily essential for nurses’ job satisfaction.

Karasek’s job strain model

In job characteristics theory, autonomy is fundamental to job satisfaction. In the development of the SCOP model, autonomy is aligned with decision latitude in Karasek’s job strain model. Decision latitude, a core component of a nurse’s autonomy,²⁹ refers both to the capacity for using personal qualifications to develop new job skills and to opportunities for deciding how to work under various circumstances.³⁰ Karasek’s job strain model also includes psychological demands—amount of work, mental requirements, and time constraints.³¹ A key premise in Karasek’s job strain model is that decision latitude counterbalances psychological demands and prevents heavy demands from compromising job satisfaction.

In nursing, practice environments are often characterized by low decision latitude

and high psychological demands, thereby exposing nurses to a high level of job strain³² whose negative effects on nurses' job satisfaction are well documented.^{33,34} It is also recognized that decision latitude is an essential component in the implementation of professional nursing practice. However, the extent to which a combined lack of decision latitude and high psychological demands undermines the exercise of that role, and the performance of associated professional activities for nurses is unclear. Biddle's role theory³⁵ provided some insights.

Role theory

Although there is no consensus on the conceptual definition of "role,"³⁶ scholars agree that role can be defined from a functional perspective as a set of expected behaviors and activities.^{35,37} Specific expected activities are the constituent elements of the role played by each actor in any given position in the organization.³⁷ In nursing, evidence suggests that many nurses spend relatively low proportions of their working time performing key activities related to their professional roles,^{2,4,5,7,8,20} resulting in a considerable gap between ideal and enacted roles.^{2,21}

Biddle's role theory³⁵ provides a structure for examining this disconnect³⁸ by highlight-

ing specific types of potential role stressors. In nursing, the most frequently studied role stressors are role ambiguity, role conflict, and role overload. Role ambiguity denotes uncertainty relatively to behaviors and expectations associated with a particular role in an organization,^{39,40} whereas role conflict occurs when people are confronted with incompatible role behaviors and expectations.³⁹ Finally, role overload occurs when the demands on the individual are excessive.⁴⁰ All these role stressors can significantly compromise both job satisfaction^{18,25} and performance³⁸ by limiting the scope of nursing practice. Although certain factors limiting the enacted scope of practice have been identified,^{1-3,20} there has been relatively little examination of role stressors, which motivates their inclusion among the job characteristics in the SCOP model.

MAJOR CONCEPTS OF THE ENACTED SCOPE OF NURSING PRACTICE MODEL (FIGURE 1)

The aim of the SCOP model was first to propose a series of linkages between factors influencing enacted scope of nursing practice and then the influence of this enacted scope of nursing practice on various patient,

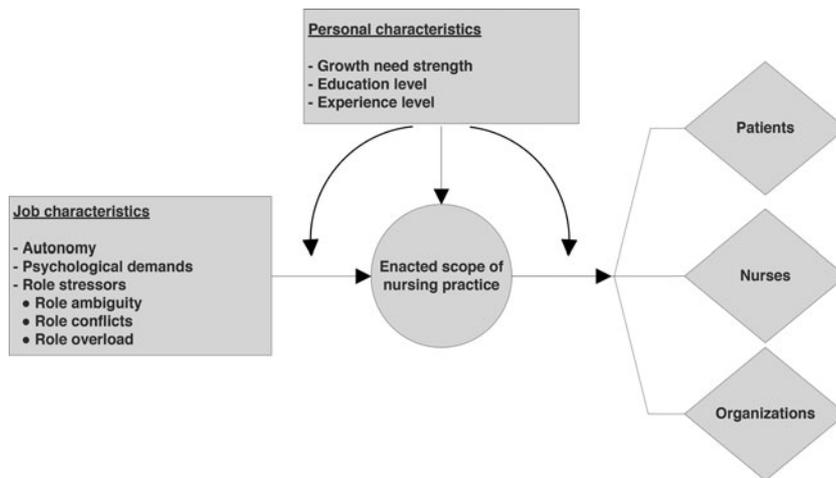


Figure 1. The Enacted Scope of Nursing Practice (SCOP) model.

nurse, and organization outcomes. Job characteristics are proposed to influence on enacted scope of nursing practice. Personal characteristics act directly on enacted scope of nursing practice but also moderate the relationship between job characteristics and enacted scope of nursing practice, as well as the influence of enacted scope of nursing practice on outcomes. Enacted scope of nursing practice itself is posited to act as a mediating variable⁴¹ between job characteristics and outcomes.

Enacted scope of nursing practice

Full scope of nursing practice according to D'Amour et al² has 6 dimensions—assessment and care planning, teaching of patients and families, communication and care coordination, integration and supervision of staff, quality of care and patient safety, and continuing education and knowledge updating and utilization. Of course, execution of the medical treatment plan and technical tasks is subsumed under these activities. A tool developed by D'Amour's team groups 26 care activities specific to the exercise of the nurse's professional role and measures enacted scope by asking nurses how often they carry out these activities in the course of their daily practice (higher frequencies across the range of 26 reflect broader enacted scope). Other measures that capture enacted scope as a proportion of a total possible ("full") range or that operationalize enacted scope differently could also be used.

Job characteristics

In the model, job characteristics hypothesized to affect enacted scope of nursing practice included—autonomy (drawn from job characteristic theories and Karasek's model), psychological demands (from Karasek's model), and role stressors. A number of pertinent role stressors were identified from the Biddle's role theory—role ambiguity (uncertainty about duties and boundaries between one's own role and that of others), role conflict (feelings of being compelled to fulfill

competing or incompatible responsibilities), and role overload (scenarios where expectations overwhelm time, attention, or other resources).

Personal characteristics

Personal characteristics include growth need strength, education level, and experience as just described. Baccalaureate and higher education would be assumed to favor a wide enacted scope of practice because of what is taught in these programs and the socialization that occurs within them. Depending on the setting, nurses with more formal education may be more likely to be encouraged or supported in enacting a broad scope of practice. The technical proficiency, clinical wisdom, and confidence that often accompany clinical experience might be assumed to increase enacted scope, although arguably in some cases, extended experience in work environments that discourage broad scopes of practice could lead to sharply constrained scopes.

Outcomes

In the model, nursing job satisfaction, an outcome specific to nurses, was specifically conceptualized as the "nursing staff's opinion of the quality of care they delivered, time to conduct their care activities, and general enjoyment of their position."^{42(p10)} Job satisfaction is a central variable in the frameworks that the SCOP model was initially built around. However, there are other key outcomes at the organization and patient level that deserve attention. These outcomes, as mentioned before, may be related to operational cost, accessibility, and quality of care.

IMPLICATIONS FOR NURSING

The SCOP model was built using strong theoretical and conceptual frameworks. It is a rigorous model with the potential to

generate important new knowledge in nursing. The SCOP model can be used by nursing managers, educators, and researchers to identify job characteristics for which change strategies can be implemented. Characteristics that fall within a manager's sphere of influence are those related to autonomy, psychological demands, role ambiguity, role conflict, and role overload. Hiring decisions in settings seeking to implement wide enacted scopes can be shaped by education, experience, and growth need strength of candidates, and management strategies aimed at widening scope of practice can be tailored to nurses' personal characteristics.

To implement expanded enacted scope, managers will certainly need to reexamine the organization of work and managerial practices as well as the support they provide for the development of nursing competencies. The organization of work must, for instance, be revised to decrease role ambiguity and expand nurses' autonomy in daily practice.²⁰ Furthermore, beyond technical tasks and the implementation of the medical treatment plan, activities such as patient assessment, teaching, planning, and coordination of care must be emphasized, given that nurses have the education and competencies to carry them out. Policies that educate nurses, other health professionals and leaders, and perhaps even the public regarding full scope of nursing practice at the local level or even the regional or the national stage may be needed to accomplish this.

In this sense, practice models built around nurses' professional functions and responsibilities should be developed.¹⁹ Managers also need to adopt a participative management style that allows nurses to judge the best strategies to put in place to ensure optimal deployment of their scope of practice.

Questioning is needed related to the supports offered by organizations in the development of nursing competencies. In fact, all the activities that make up the scope of nursing practice draw upon a group of competencies such as clinical leadership and nursing clinical judgment.⁴³ Beginning in prelicen-

sure education, these competencies, as well as other skills and abilities associated with nursing practice, needs to be developed and maintained throughout nurses' careers. Certainly, nurses must acquire all the theoretical and practical knowledge needed for the application of these competencies.⁴⁴ However, nurses recognize the need for support in the development of their competencies, and organizations bear shared responsibility for the development of professional competencies for all nursing staff, regardless of education level or job title.⁴⁴

This interest on the part of nurses in the development of their competencies translates into their need for individual growth, a personal characteristic highlighted in the SCOP model. Growth need strength is a personal characteristic capturing variation in needs for accomplishment, learning, and personal development. Managers need to recognize the importance of supporting nurses' professional development in line with the optimal deployment of nursing scope of practice.^{2,3} Furthermore, because nurses must work alongside other professionals to ensure continuous development of their competencies,⁴⁴ managers must put mechanisms in place that facilitate exchange and communication with other members of the multidisciplinary team. Development of closer ties with members of the multidisciplinary team is even more important. In this way, revising work processes with all members of the team should be undertaken to ensure greater harmonization between the practices of different professionals involved—that is, toward reduced role ambiguity and conflict.

The SCOP model guides managers to reflect on strategies that bring together the guiding principles underlying Magnet hospitals⁴⁵ and innovative practice models.^{19,46} Among other elements, Magnet hospitals emphasize participatory management, strong and visible nursing leadership at all levels of the organization, as well as professional practice models that facilitate delivery of high-quality nursing care. In Magnet facilities, the preferred

models of practice emphasize professional autonomy and a practice that approaches an ideal nursing role. This presumably has a positive impact not only on levels of nurse job satisfaction, but also on the accessibility, quality, and safety of care⁹.

CONCLUSIONS

Enacted scope of practice is a major issue for nursing administrators, given the potentially negative effect on accessibility, continuity, safety and quality of care, job satisfaction, and organizational costs of nurses working at reduced scope. Optimal deployment

of nurses to a fuller enacted scope of nursing practice holds much promise for addressing all of these larger challenges. Further research is needed to test the propositions in this model and evaluate managerial interventions that are based on it.

Even while it is a largely speculative framework at present, the SCOP model provides a number of directions for interventions that could improve health system functioning. Because nurses are the largest professional group in health care involved in direct patient care, optimal scope of practice could have significant impacts on meeting the challenges facing health care systems today and in the future.

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