

# Scope Of Nursing And Midwifery Practice In Saudi Arabia

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## Abstract

**Introduction:** Saudi Healthcare Sector Transformation Program, which is part of Vision 2030, requires maximum use of nursing and midwifery workforce to propel the national transformations on preventative quality care. The official scope of practice is specified by the Saudi Commission of Health Specialties (SCFHS), and it is a crucial factor in the professional accountability and safeguarding of the population as well as enhancing patient safety. Nevertheless, transferring these high-level regulatory requirements into enforceable clinical practice has been an issue that cannot be solved at the systemic level.

**Study Objective:** The objective is to assess the current state of nursing and midwifery and identify the gaps and challenges faced by these professions, and then to provide recommendations to improve nursing and midwifery.

**Methodology:** The analysis of the key regulatory documents of the SCFHS (official Scope of Practice document and domains of competence) and the Ministry of Health (MOH) standards was carried out using a systematic review approach. The review is based on the research published in the past and, in particular, looks at the barriers to the complete implementation of the scope concerning professional autonomy, adoption of Evidence-Based Practice (EBP), and workforce capacity. It compares the effectiveness in regulation that has led to limited prescriptive authority in the midwives with the legal limitations to the Advanced Practice Nursing (APN) positions..

**Conclusion:** The official scope gives a strong basis to the advanced practice, but its use is highly limited by three systemic problems that are closely interrelated. Examples of these limitations are: 1) a national shortage of practitioners, especially midwives, that is critical; 2) widespread organizational opposition and hierarchical cultures that inhibit professional autonomy and the use of EBP, which has been documented as yet to be established; and 3) regulatory ambiguity that surrounds the legal authority of Advanced Practice Nursing (APN) roles.

**Keywords:** Nursing, Midwifery, Professional roles, Healthcare Workforce, Challenges.

## Introduction and Background

The Saudi Vision 2030 is a large-scale change initiative focused on reorganizing the public services of the Kingdom of Saudi Arabia (KSA), the Healthcare Sector Transformation Program is one of the pillars of the national strategy. This program requires that a more comprehensive, effective, integrated,

and care access and quality improvement health system be developed. [1] Another vital aspect of this plan is the need to change the national health strategy and priorities on curative care to the preventive approach based on community-based care and innovation.

This is a strategic shift that has put the nursing and midwifery professions in the centre of the delivery system reformation. To support the objectives of KSA to provide better population health and sustainable care, it is essential to have non-physician providers to make the best use of their potentials. Saudi Commission of Health Specialties (SCFHS) has acknowledged that an official definition of the professional scope of practice, in the form of government mandates, is a vital measure to organize large-scale national improvement initiatives, as well as to protect the quality and safety. [3], [5] The process of defining and clarifying the professional scope is not the task of the regulatory compliance only: it is one of the essential conditions of attaining the national quality objectives in the tangible state. Evidence provides a direct and significant relationship between the presence of a structured professional practice setting, with sufficient autonomy and role clarity, and the presence of better nurse outcomes (including retention) and measurable patient safety outcome (including a lower infection rate). Consequently, the effective translation of regulatory scope definitions in high levels into clinical practice enforceable rules is the key to achieving quantifiable changes in the quality of care in the country. [8]

### **Foundational Principles**

In KSA, it is the official guide, The Scope of Nursing/Midwifery Practice, which defines the final limits that delineate the profession. The extent is fully defined as the amount of roles, functions, responsibilities, activities, and detailed procedures a registered professional is trained, qualified, and granted to execute. [11] This requirement establishes boundaries of practice and at the same time defines responsibility of the practitioners in their crucial role of fostering, safeguarding and healing health. [13]

The cornerstones of professional practice and midwifery practice are three principles, namely Responsibility, Accountability, and Autonomy. The midwives and nurses are in a position of high responsibility with legal and professional responsibility towards their clients, to the society, to their employer, and to their regulating body. More importantly, the Autonomy concept is clearly outlined as the power of the registered nurse or midwife to make decisions outside of the normal scope of practice and make professional decisions in accordance with his or her professional qualifications. In addition to these fundamental principles, nurses are required to practice ethical principles and rules of professional conduct that are aimed at helping make decisions in complicated situations involving patients. [7]

The SCFHS has developed eight overarching areas of competence that outline the anticipated needs of the registered nurses. These spheres guarantee the comprehensive implementation of professional standards which include clinical, ethical, managerial and academic demands.

The introduction of Evidence-Based Practice (EBP) and Research requires the use of scientific research and critical thinking of clinical judgment. Likewise, Leadership and Management Skills require abilities to delegate, supervise, manage quality and plan. Professional Self-Development field plays a strategic role in making practitioners strive to remain in a state of professional growth (CPD), self-assessment and expansion of practice. [10], [3], [8] The SCFHS has taken the initiative of institutionalizing continuous competence maintenance by structurally connecting re-registration to mandatory educational attainment (through CPD) and making professional self-development one of their main areas. This process keeps the workforce intellectually fit to take up more challenging duties, which means that the future limits to the increase of the scope are more organisational or legal than the shortages in the minimum educational level. The emphasis on Health Education and Promotion makes sure that nurses and midwives are key players in the national policy of moving towards preventative and public health patterns. [14]

### **Classification and Requirement of licensing**

The SCFHS identifies two general categories of nurses and midwives, which are Technician and Specialist. Nurse/Midwife Technicians are those that normally incorporate national practitioners that have finished two years of education. [7] The Nurse/Midwife Specialist would prefer being a graduate of a university or college of nursing usually with a degree of Bachelor of Science in Nursing (BSN).

Experts are supposed to use sophisticated theoretical knowledge, clinical practice skills and competencies in assessment, evaluation and development of detailed nursing and therapeutic care plans.[15]

The Mumaris Plus portal is used to administer the professional classification and re-registration. First licensure requires a BSN degree, an active licensure, DataFlow confirmation, and the passing of the Prometric licensure examination, as well as two years of professional experience. In order to keep such professional license, practitioners have to take mandatory Continuous Medical Education (CME) hours, which are electronically recorded and registered via SCFHS CPD Platform. [12] Such a stringent system of licensure maintenance will help preserve the professional competency of the workforce, which will reduce the risk of the expansion of practice exceeding the educational preparation.

The nursing and midwifery sector is one of the key building blocks of any healthcare facility worldwide whose functions are essential to encouraging good health, warding off disease, and offering holistic care to a wide range of individuals. [16] These professions have experienced an enormous change within the past few years in Saudi Arabia following the desire of the Kingdom to improve the quality and access to healthcare as a part of its Visions 2030 program. This framework is not only in line with the international best practices, but it also embraces the cultural, social, and healthcare peculiarities related to the Saudi Arabian context.[9]

The nursing and midwifery workforce in Saudi Arabia faces distinct challenges, including workforce localization, gender-specific cultural considerations, and the need for advanced educational and professional development pathways. Despite these challenges, there is a growing recognition of the expanded roles nurses and midwives play, extending beyond traditional bedside care to encompass clinical decision-making, leadership, patient education, and community health promotion. This systematic review aims to provide a comprehensive analysis of the current scope of nursing and midwifery practice in Saudi Arabia, examining regulatory frameworks, professional roles, and the contextual challenges faced by practitioners. By synthesizing evidence from policy documents, academic literature, and international guidelines, this review seeks to identify gaps and opportunities for advancing these professions in alignment with national healthcare goals. Ultimately, this review underscores the importance of strategic policy interventions, educational reforms, and workforce development initiatives to empower nurses and midwives, ensuring they can effectively contribute to the Kingdom's evolving healthcare landscape and improve health outcomes for its population.

### **Study Objective**

The objective is to assess the current state of nursing and midwifery and identify the gaps and challenges faced by these professions, and then to provide recommendations to improve nursing and midwifery. In the end, this study will provide information to Health Policy Makers, Educators, and Healthcare Leaders to assist them in supporting the development and growth of Nursing and Midwifery.

### **Research Methodology**

#### **Research Question**

Main research questions of the present study are:

Q1. How does the scope of professional nursing and midwifery practice defined by the Saudi Commission for Health Specialties and other regulatory agencies reflect current trends in the field of Nursing and Midwifery within Saudi Arabia?

Q2. How do Nurses and Midwives in Saudi Arabia meet the international normative and best practices for their profession? What are the various challenges which impact the nursing and midwifery workforce in Saudi Arabia?

#### **Research Design**

The research design of the present study is that of a systematic review, which is utilized to review the expanse of the nursing and midwifery practice in Saudi Arabia. Systematic reviews are the serious procedures that summarize the current studies and policy records to give evidence-based knowledge on a subject. This practice will provide an opportunity to consider professional roles, regulatory

frameworks, and workforce challenges as a whole by the combination of different sources, such as regulatory frameworks, peer-reviewed literature, and international guidelines. Transparency, reproducibility, and minimization of bias are the key characteristics of the systematic review design due to the predefined inclusion criteria and organized thematic synthesis.

### **Search Strategy**

This systematic review search strategy was inclusive and well organized to find out literature and policy documents on nursing and midwifery practice in Saudi Arabia. Various online databases, like PubMed, Scopus, Web of Science, and Google Scholar were searched systematically with a set of keywords and Medical Subject Headings (MeSH) terms, including; nursing practice, midwifery, Saudi Arabia, scope of practice, and healthcare workforce. The search was restricted to publications dating back to 2010 to 2025 to get the most current developments that support the healthcare reforms in Saudi Arabia. The review of grey literature and official documents published on the websites of Saudi Commission for Health Specialties (SCFHS) and the Ministry of Health was done to make sure that such policy frameworks were included. Relevance screening of titles and abstracts and full-text screening on predetermined criteria of inclusion and exclusion were used to select the articles. The data mining was directed to regulatory frameworks, professional roles, workforce challenges, and career growth. It was taken care of that most of the used references collectively hold the temporal and spatial connectivity of the study and were presented in real form, the NLM style of citation was used in the study.

### **Types of Studies Included**

In this research, the systematic review design has been used to collect evidence on the extent of nursing and midwifery practice in Saudi Arabia in a comprehensive and systematic manner to appraise and synthesize the existing evidence. The systematic review methodology is used to make sure that a rigorous and transparent way of identifying the relevant policy documents, peer-reviewed literature, and international guidelines. The design will enable a detailed comprehension of regulatory frameworks, professional roles, and contextual issues, and the evidence base will be powerful to support policy and practice in accordance with the healthcare goals of Saudi Arabia in Vision 2030.

### **Keywords**

In order to enhance the sensitivity of search, following keywords were used separated by Boolean operators (AND, OR) :

(nursing OR midwifery) AND ("Saudi Arabia") AND ("scope of practice" OR "professional roles") AND (regulatory OR policy) AND (workforce OR "healthcare workforce") AND (challenges OR opportunities) AND ("Vision 2030")

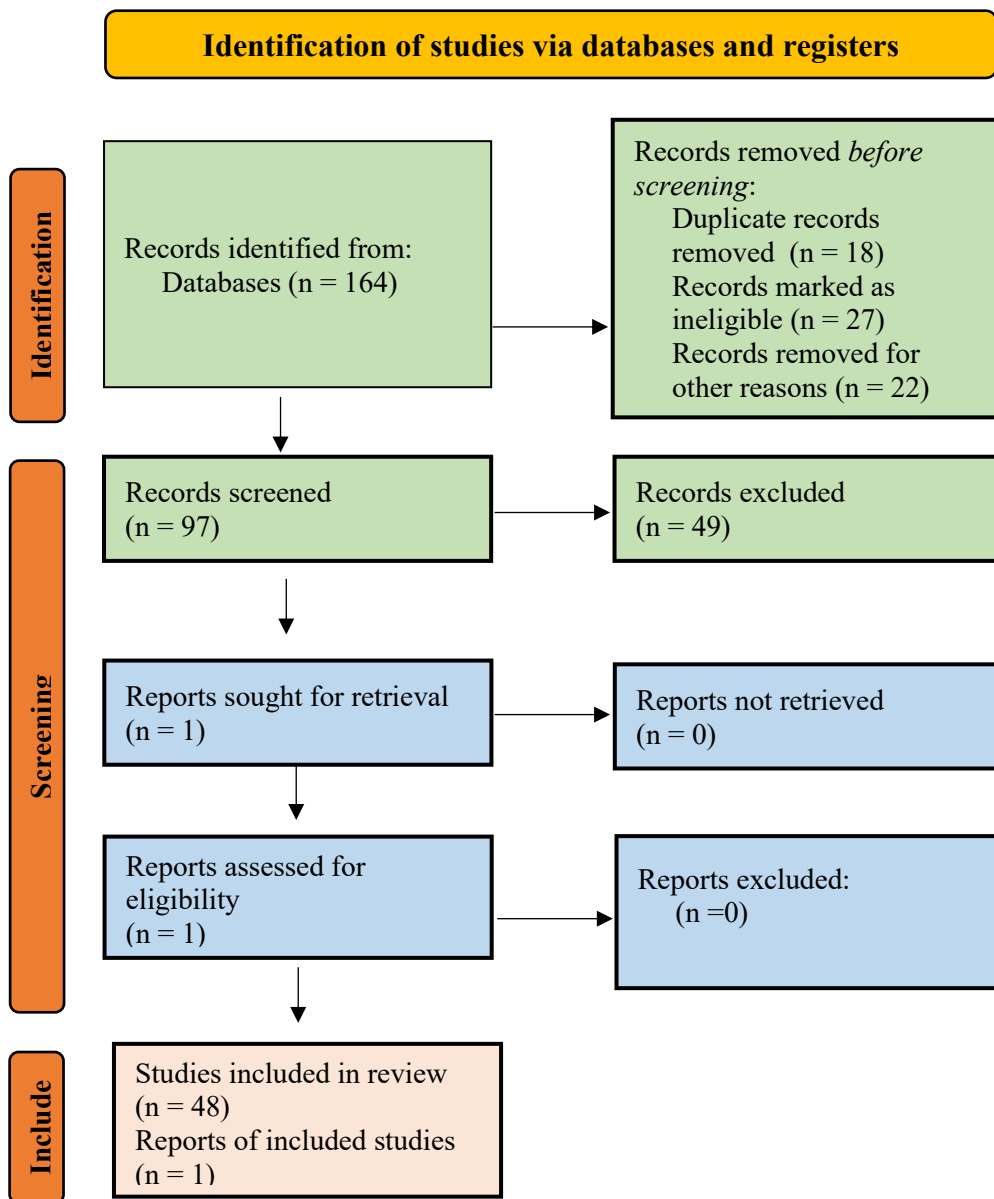
### **Data Management**

For the systematic review process of the systematic review data management, data was systematically managed, organized, stored, and organized, collected throughout the review. To help facilitate efficient screening and de-duplication of identified records, software application, Reference Management Software, was created using the Reference Management Software (RMS). All full-text and documents that met inclusion factors were securely stored within a central digital repository and provided controlled access to help maintain data integrity and the confidentiality of participants and participants. An electronic data extraction form for systematic collection of specific data points across studies was created and piloted to gather this data for participants by study characteristics, by regulatory framework, by provider roles, by barriers faced by providers, and by providers' profile. Discrepancies found in the coding or synthesizing of extracted data from studies or extracted data from the systematic syntheses were resolved in regular team meetings held regularly to ensure that data was accurately and consistently coded and synthesized.

### **Results**

A total of 164 research studies and one report was identified, the studies were collected considering the components related to scope of nursing and midwifery practice in Saudi Arabia. Out of these identified studies, 18 were removed because of duplication of records, references and location and 27

studies were marked as ineligible, as not including the above stated concept and 22 for some other unavoidable conditions.



Source: Page MJ, et al. BMJ 2021;372:n71. doi: 10.1136/bmj.n71  
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Further 97 records were saved for screening, then in the screening process 49 records were further removed on the basis of exclusion criteria. Total studies finalized for review were 49. Two reports were also included in the study.

The Saudi Commission of midwifery and health specialists (SCFHS) has provided distinct classifications of midwifery and nurse practice, which are Nurse Technician, Nurse Specialist, Midwife Technician and Midwife Specialist. This professional code of conduct sets principles of professional competence, autonomy and accountability, which are based on international best practice to facilitate effective and safe delivery of healthcare. [4], [8], [11]

Saudi Arabian nurses are also becoming more involved in clinical decision-making, patient education, leadership, and community health promotion. [3] Their increased workload is indicative of a transition to a less generalized and more specialized practice. Midwives are critical players in maternal and neonatal care including preventive care, family planning, and teaching and, thus, can be highly

involved in the outcomes of the public health. The nursing and midwifery workforce in Saudi nationals is significantly lacking and as a result of this, they are dependent on expatriate medical workers.[7] This is one of the national healthcare strategies that focuses on this workforce localization challenge.

Cultural factors that apply to a female nurse (midwife), their hiring, retention, and career progression require culturally-oriented policies and the creation of favorable working conditions. The necessity to develop better educational career trajectories, life-long learning, and career growth opportunities are essential in supporting the nursing and midwifery workforce. [10], [7], [5] The development of advanced practice nursing, in the form of nurse practitioners, provides a possibility to enhance the quality and access to healthcare. Midwifery can be better incorporated into the strategies of maternal and child health to improve prevention and health outcomes. Workforce localization, better working conditions, and professional recognition policies are necessary as the means of sustainable growth and development of such professions in Saudi Arabia.

## **Discussion**

### **Advanced Practice Nursing**

The principle of Advanced Practice Nursing (APN) is placed at the right point to meet the needs of complex care and improve special service provision in KSA. An ANP is usually supposed to possess at least a Master degree in nursing (preferably a Doctorate in advanced nursing) in a recognized academic institution. [4] The educational profile provides them with high-level skills in more complicated spheres of work, such as pathological diagnosis, clinical decision-making, and the knowledge of complex medicine. The mentioned purpose of the specialization is to allow practitioners to operate independently in the healthcare ecosystem, possibly by opening their independent clinics or by becoming the heads of research and education institutions. [15], [13]

Even though there is a definite education route and education that is highly trained, the scope of the Advanced Practice is now undergoing a serious regulatory lag. Although the SCFHS recognizes the importance of nurses and midwives who aspire to enlarge their responsibilities, the broader range of the practice that incorporates research, advanced theory, and great extent of decision-making and independence is official status quo, waiting to be established. This poses a huge legal and operational loophole. [17], [18] The APNs with high education levels, who would be able to conduct the most complicated diagnostic tests, are restrained due to the absence of supportive laws of scope of practice and absolute requirements by the licensing body. Research proves that such ambiguous scope of practice among Nurse Practitioners is a significant obstacle, obstructing the desire to take the position and ability to use the costly, specialized education. [15], [3] This lack of harnessing the full legal capabilities of APNs with high educational attainment is a significant resource and expertise waste, which is directly against the efficiency and quality requirements of Vision 2030. It is not the holding of more educational output that is urgent but the obtainment of the legislative amiability that is essential to convert theoretical competence into license practice. [8]

### **Prescriptive Authority**

The Saudi Midwifery Clinic Standards indicate that the successful scope expansion can be made possible with the assistance of specific regulation tools. Such standards provide midwives with significant autonomous clinical roles, such as the requirement to conduct full risk evaluation and establish the categorization of the case as low or high risk to refer to an obstetrician. Most importantly, midwives have the legal right to prescribe a specific range of popular antenatal medication and required vaccines including Vitamin D, Folic acid, Ferrous sulphate (iron), Anti-D (when the mother is Rh negative), paracetamol, and some antifungal and heartburn drugs. [12], [18] They also offer the complete antenatal and postnatal services such as person-centered birth planning and execution of structured breastfeeding interventions. This effective experience of the restricted prescriptive power and autonomous risk regulation liability illustrates that sector-specific policy evolved by the MOH is able to realize rapidity in scope growth where the general regulatory records might be feebly. As such, the Midwifery Clinic Standards ought to be regimented as a modern day roadmap of sharing the same advanced diagnostic and therapeutic powers with the other specialized Advanced Practice Nursing disciplines.[7]

### **Barriers and Facilitators**

A workforce shortage is a significant limitation to the complete implementation of the expanded midwifery scope and can happen in the nearest future. [21], [6] The statistics of MOH indicate that there is a severe shortage in terms of facilities and the national average ratio of midwives to births is 1:182. [14] This is a very poor reference compared to the recommendation of 1:29.5 at the international level. This gap is converted to a numerical gap of 7, 777 midwives who are needed to offer safe normal care in MOH facilities. This situation is further worsened by the fact that the entire workforce in the already available MOH midwifery is already diploma trained (98%). [15], [22] Such shortage of BSN-qualified or post-graduate qualified staff severely restricts the capability of the system to embrace the high-quality and comprehensive models of care as defined in the standards, and the best care delivery models are not feasible. [20]

Administrative barriers, like time constraints, lack of organizational resources, and managerial support, are regular violations of the implementation of Evidence-Based Practice (EBP), which is one of the core competencies. [23], [13] In addition, the research shows that nurse autonomy development and expansion are met with a high resistance rate among colleagues, nurse leaders, and managers towards organizational change. The second limitation to the scope of practice is resistance to the full integration of comprehensive midwifery services which suggests that the current organizational culture has not internalized the requirements of autonomous full-scope practice. [18], [19], [21]

### **Workforce Diversity Issues**

The dependency of KSA on a big and varied expatriate labor pool poses systemic threats of standardization. Although the SCFHS is trying to harmonize standards of competence, there is still inconsistency in proficiency and prior knowledge of scope of practice among practitioners of other countries. [17], [24] This dependence prompts the necessity of strict organizational orientation and training to overcome culture shock, language barrier, and cultural competence that are the keys to patient safety and patient satisfaction. It is reported that lack of organization support towards cultural and language orientation leads to barriers to communication and challenges by the staff in addressing the cultural and spiritual needs of patients. [18] The preservation of quality and standard scope of practice in this heterogeneous professional environment depends on the organizational investment in cultural and language training beyond the elements of the minimal regulatory standards.

### **Association to Patient Results**

The data provided is a strong indication of the correlation between empowered professional environment and improved patient care. Better nurse well-being is inherently connected with a supportive nurse practice environment that is characterized by moderate autonomy, high collaboration, and professional fulfillment. This favorable working environment stabilizes the work force thereby playing a significant role towards better patient outcomes. Greater physical and emotional well-being of the nurse is associated with an augmented quality of work life (QNWL). [20], [22], [23] As QNWL is one of the main determinants of job satisfaction and retention, the intervention that proves to be crucial to stabilizing the nursing environment and directly benefiting patient safety parameters, like infection rates decrease, is the organizational policy that provides full scope and autonomy. Nurse-patient communication, which involves such aspects as empathy, trust, and emotional intelligence is a vital clinical skill that has an immense impact on patient satisfaction, safety, and clinical outcomes. [9], [7], [22]

### **Economic Benefits**

The focus on the use of digital health which involves large-scale projects like the SEHA Virtual Hospital demands a workforce that is technologically savvy. [6], [8] Use of IT tools in consultations and improved prescriptions allows increased access and efficiency in order to maximize the expanded scope and offer an efficient technological platform to deliver care at a low cost. The Kingdom can mitigate the threat of higher expenditure of the population with its prevention centers and the prevention of further expenditure by using non-physician providers, which benefits the economic system of the sector as a whole. [17]

### **Conclusion**

In Saudi Arabia, regulations regarding the nursing and midwifery professions are strong, competitive with the support of continuing professional development opportunities at all levels as well as identifying advanced practice roles for both types of personnel through the Ministry of Health awarding midwives limited prescribing powers, the first such legislation enacted successfully by the Ministry of Health. Through systematic reviews, the limitations of being able to prescribe and limited advanced practice are greatly diminished with three interrelated deficiencies within the systems in place, a severe shortage of practitioners including midwives, widespread resistance and hierarchy of the organizational structure against nurse-midwifery autonomy and evidence-based nursing and midwifery practices; and lack of a definitive regulatory conclusion regarding the legal parameters of Advanced Practice Nursing. As a result of these deficiencies, highly-qualified personnel are unable to be utilized at the level that their education warrants, the stability of the workforce is compromised.

### Future Scope of Study

Opportunities that have emerged include more extensive use of advanced nurse roles like nurse practitioners and clinical nurse specialists (CNS), which will improve health care and patient outcomes. Furthermore, the integration of midwifery within the national maternal/child health initiatives can be strengthened through an increased focus on preventive health and community-oriented care. Enhanced educational frameworks and ongoing professional development programs will provide the nursing and midwifery workforce with new competencies and leadership abilities.

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