Journal of Clinical and Nursing Research, 2025, Volume 9, Issue 5
http://ojs.bbwpublisher.com/index.php/JCNR
Online ISSN: 2208-3693
Print ISSN: 2208-3685

Scope of Nursing Practice as Perceived by Nurses Working in China: A Multicenter Cross-Sectional Survey

Ningning Li[1], Ziwen Wang[2]*

[1]Department of Gastroenterology, Peking University Shenzhen Hospital, Shenzhen 518036, Guangdong, China
[2]School of Nursing, Jinan University, Guangzhou 510632, Guangdong, China

**Corresponding author: Ziwen Wang, wangziwen@jnu.edu.cn*

Abstract: *Purpose*: To examine variations in Chinese nurses' Actual Scope of Practice (ASCOP) by educational qualifications and professional titles, and to identify regulatory gaps in competency-based role assignments within China's evolving healthcare system. *Method*: A nationwide cross-sectional study using the validated Chinese Nurses' ASCOP Questionnaire is used. Data from 1,540 nurses were analyzed through descriptive statistics, independent t-tests, one-way ANOVA, and Bonferroni correction. ASCOP scores (1–5 scale) were compared across education levels (diploma, bachelor's, postgraduate) and titles (junior/senior). *Results:* The overall ASCOP score was 3.95, with significant disparities in high-complexity tasks: postgraduate nurses (4.25) and senior nurses outperformed diploma holders (3.71) and juniors ($p < 0.01$). Low-complexity tasks showed no educational differences ($p > 0.05$), though bachelor's or postgraduate nurses reported higher frequencies (4.12 vs. 3.89). Alarmingly, 37.6% of junior nurses routinely performed high-risk procedures beyond their competency. *Conclusion:* A systemic mismatch exists between nurses' qualifications and assigned responsibilities, reflecting inadequate regulatory oversight. To address this, this study recommends: (1) competency-based tiered authorization systems, (2) legal framework updates aligning with China's healthcare reforms, and (3) dynamic monitoring mechanisms. These measures could standardize practice boundaries, mitigate occupational risks, and optimize nursing workforce utilization, particularly in resource-constrained settings.

Keywords: Education; Nursing; Health Workforce; Scope of practice

Online publication: June 5, 2025

1. Background

The shortage of nurses has become a prominent problem globally; specifically, the World Health Organization expects the global shortage of nurses to reach 9 million by 2030 [1, 2]. By the end of 2020, the number of nurses per 1000 population in China was 2.97, which is still a large gap compared with that in developed countries [3].

The shortage of nurses directly affects the quality of nursing services and patient safety. Whether the allocation of human resources is reasonable and the ratio is appropriate directly affects nursing efficiency, service level, and cost consumption, thereby affecting nursing quality and patient safety [4, 5].

Amid an existing shortage of nursing personnel, it is essential to optimize the utilization of available nursing manpower to improve overall efficiency. In numerous clinical settings, nurses are often unable to fully apply the breadth of competencies gained through their education and training [6, 7]. A survey conducted in Italy in 2017 showed that almost all nurses performed some non-nursing tasks during the workday [8]. A survey conducted between 2014 and 2018 among 1,530 nurses in Guangdong Province, China, revealed that one-third of respondents reported spending a substantial portion of their working hours on non-nursing tasks. This finding underscores the necessity of examining the actual scope of nursing practice to ensure that nursing competencies are effectively utilized [9].

The scope of nursing practice is determined by the professional education attained by nurses, relevant legal frameworks, and standards established by the nursing profession. It serves as a comprehensive description of the roles, functions, and activities that nurses are authorized and expected to perform within their professional capacity [10]. When nurses operate beyond their defined scope of practice, patient safety may be compromised [11]. Moreover, engaging in tasks outside their professional boundaries can lead to heightened feelings of challenge, decreased motivation, or a sense of exploitation in the workplace [12]. Ideally, nurses should practice within their optimal scope, leveraging their full educational background and competencies, to deliver high-quality, safe patient care while also enhancing their own job satisfaction [13, 14].

Nurses demonstrate an optimal ASCOP when effectively executing the essential duties of their profession, which serves as a hallmark of delivering superior care quality [5, 15, 16]. Given the critical role of nursing in ensuring patient safety and enhancing nurse productivity, additional investigation is warranted to examine nurses' scope of practice across various clinical levels. This study pursues a dual *objective:* first, to address the critical need for defining the scope of nursing practice within the Chinese public healthcare system by evaluating the actual scope of practice among nurses in China; and second, to identify the specific tasks undertaken by nurses across varying educational backgrounds and clinical roles.

2. Methods

2.1. Design

This study is a descriptive cross-sectional study designed to measure the actual scope of practice of nurses working in China.

2.2. Setting and participants

The research encompassed 30 medical facilities in China, comprising general, specialty, and community hospitals, while excluding private hospitals. Frontline nurses are selected using a non-random purposive sampling technique. Data collection took place from May 11 to June 15, 2022.

2.3. Instrument

The research utilized the ASCOP questionnaire in China, which was electronically administered. The questionnaire underwent translation into Chinese with approval from the original authors and demonstrated robust reliability

and validity. Comprising two parts, the instrument includes a self-constructed sociodemographic profile in the first part and 26 items in the second part, evaluating nursing activities across six dimensions. These dimensions are as follows: "Assessment and care planning" (5 items), "Teaching of patients and families" (4 items), "Communication and care coordination" (5 items), "Integration and supervision" (4 items), "Quality of care and patient safety" (5 items), and "Knowledge updating and utilization" (3 items). Responses are rated on a 6-point Likert scale ranging from never (1 point) to always (6 points), with higher scores indicating greater clinical practice proficiency among nurses. The questionnaire is structured to align with varying levels of complexity in practice activities, categorized as low (level 1), moderate (level 2), and high (level 3) complexity. Specifically, items 4, 7, 10, 16, 17, 21, and 25 were classified as level 1 activities; items 1, 2, 5, 9, 12, 18, 19, 20, 24, and 26 as level 2 activities; and items 3, 6, 8, 11, 13, 14, 15, 22, and 23 as level 3 activities [15].

2.4. Data collection

Upon consultation with the nursing department personnel and upon obtaining consent, either the nursing department director or the head nurse disseminated the Chinese version of the ASCOP QR code using the "Questionnaire Star" platform, facilitated through the WeChat group dedicated to hospital or department nurses. Nurses are instructed to scan the QR code to access the questionnaire and complete the introductory section, which was highlighted in bold black font for emphasis. The questionnaire is completed via WeChat, with each user permitted to respond only once. Furthermore, all questions had to be answered for successful submission, and there was no time limit for responses.

2.5. Data analysis

Data analysis is performed using SPSS 27.0. Participant general information was analyzed descriptively using means (M), counts (n), percentages, and standard deviations (SDs). The independent samples t-test and one-way ANOVA are used to test the ability of ASCOP scores to distinguish the actual scope of practice dimensions and the level of complexity among participants. The multiple comparison "post hoc test" is performed using the Bonferroni method. All tests are two-tailed, and a *p*-value less than 0.05 was considered significant.

The data are presented in two stages. First, the characteristics of participants in each group and the corresponding mean ASCOP scores are determined. Second, the means and standard deviations of the ASCOP scale dimensions are explored, as well as their correlation with participant education levels and current nursing titles.

2.6. Ethical considerations

On the page containing the questionnaire, the background, purpose, and significance of the study are explained to the participants in black boldface font, and any personal information about the person completing the questionnaire is guaranteed to be kept strictly confidential; the contents are used for research purposes only. Answering the questionnaire is considered consent and acceptance to participate in the study.

3. Results

A total of 1695 questionnaires were collected, of which 10 were excluded due to response times less than 60 seconds, and 145 were deemed illogical. The final analysis included 1540 valid questionnaires, resulting in a valid

return rate of 90.86%. Participant characteristics are detailed in the table, revealing a predominantly female (97%), married (66%) cohort, primarily consisting of general hospital staff (92%). Bachelor's degree nurses comprised 52% of the sample, with junior nurses accounting for 68%. The majority of participants were front-line clinical nurses (88%) aged between 25–44 years (73%).

Table 1. Participant characteristics and corresponding overall ASCOP scores (n=1540)

Characteristics		n	Percentage	Overall mean M (SD)	Statistical test; *P*-value
Gender	Male	49	3.20%	3.89 (1.25)	t=-0.357; P=0.723
	Female	1491	96.80%	3.95 (0.99)	
Age (years)	18–24*	230	14.90%	3.90 (1.03)	F=7.530; P=0.001
	25–44*	1126	73.10%	3.91 (0.98)	
	≥ 45**	184	11.90%	4.21 (1.01)	
Marital status	Married*	1018	66.10%	4.02 (0.99)	F=9.305; P < 0.001
	Unmarried *	501	32.50%	3.81 (1.00)	
	Other	21	1.40%	3.55 (0.68)	
Working experience (years)	0–3 *	303	19.70%	3.77 (1.02)	F=13.018; P < 0.001
	4–20 *	581	37.70%	3.88 (0.97)	
	≥ 21 **	656	42.60%	4.09 (0.98)	
Current nursing position	Junior**	1044	67.80%	3.81 (0. 98)	F=38.920; P < 0.001
	Intermediate**	388	25.20%	4.12 (0.95)	
	Senior **	108	7.01%	4.51 (0.90)	
Current nursing function	Staff	1361	88.38%	3.87 (0.98)	t=-9.041; P < 0.001
	Admin	179	11.62%	4.56 (0.87)	
Education level	Diploma**	709	46.00%	3.85 (1.01)	F=7.998; P < 0.001
	BSN*	801	52.00%	4.02 (0.97)	
	Postgraduate*	30	1.90%	4.30 (1.07)	
Hospital class	Tertiary*	752	48.80%	4.01 (0.97)	F=5.294; P=0.005
	Grade II	695	45.10%	3.91 (1.01)	
	Grade 1*	93	6.00%	3.69 (0.98)	
Type of hospital	General *	1414	91.80%	3.96 (1.00)	F=3.127; P=0.044
	Specialty*	109	7.10%	3.72 (0.92)	
	Community	17	1.10%	(1.20)	

(1)SD=standard deviation.

(2) *represents a statistical difference from one group of data, **represents a statistically significant difference from two groups of data.

(3) BSN represents Bachelor of Science in Nursing.

Table 1 reveals substantial variations in mean ASCOP scores across sociodemographic characteristics. Nurse leaders exhibited the highest ASCOP scores (M=4.56, SD=0.87), significantly exceeding those of staff members

(M=3.87, SD=0.98; t=-9.041, $p < 0.001$). Divorced nurses or those with "other" marital status had the lowest scores (M=3.55, SD=0.68), and a statistically significant difference was observed between the scores of married and unmarried nurses (F=9.305, $p < 0.001$). Gender did not significantly influence the total ASCOP scores of male and female nurses (t=-0.357, p=0.49992). Interestingly, nurses working in community hospitals reported higher scores (M=4.02, SD=1.20) than those in general (M=3.96, SD=1.00) and specialized (M=3.72, SD=0.92) hospital settings.

Table 2 displays the mean scores for the analysis of study dimensions, ranging from 3.39 to 4.25 (M=3.95; SD=-0.99). The predominant activities conducted by nurses included "Quality of care and patient safety" (M=4.25), "Teaching of patients and families" (M=4.20), "Assessment and care planning" (M=4.14), and "Knowledge updating and utilization" (M=3.94). Conversely, activities associated with "Communication and care coordination" (M=3.70) and "Integration and supervision of staff" (M=3.39) were less frequently performed.

An investigation into the influence of educational attainment and professional titles among nurses indicated that senior nurses (M=4.91; SD=0.94) were more engaged in activities related to quality of care and patient safety compared to intermediate (M=4.48; SD=1.02) and junior (M=4.09; SD=1.08) nurses. Statistical analysis revealed significant differences among senior, intermediate, and junior nurses (F=42.925; $P < 0.001$). Furthermore, nurses holding a Bachelor's degree in nursing demonstrated a higher level of engagement in quality of care and patient safety practices (M=4.32; SD=1.05) in comparison to their counterparts with a diploma education (M=4.15; SD=1.10; F=5.639; P=0.004).

Table 2. Mean (SD) scores on ASCOP scale dimensions by nurse education level and position type (n=1540)

Dimension	Overall M (SD)	Education level			Title		
		Diploma M (SD)	BSN M (SD)	Postgraduate M (SD)	Junior M (SD)	Intermediate M (SD)	Senior M (SD)
Assessment and care planning	4.14 (1.04)	4.05* (1.08)	4.21* (0.99)	4.23 (1.09)	4.05** (1.04)	4.32* (1.02)	4.44* (0.93)
		F=4.504; P = 0.011			F=14.496; $P < 0.001$		
Teaching of patients and families	4.20 (1.04)	4.16 (1.07)	4.24 (1.01)	4.28 (1.24)	4.12** (1.07)	4.22* (0.96)	4.55* (0.99)
		F=1.119; P = 0.327			F=12.029; $p < 0.001$		
Communication and care coordination	3.70 (1.11)	3.59** (1.11)	3.77** (1.10)	4.33** (1.22)	3.56** (1.10)	3.87** (1.07)	4.32** (1.06)
		F=10.086; $P < 0.001$			F=30.131; $P < 0.001$		
Integration and supervision of staff	3.39 (1.17)	3.19** (1.13)	3.55* (1.17)	4.00* (1.26)	3.12** (1.08)	3.86** (1.12)	4.33** (1.17)
		F=22.946; $P < 0.001$			F=106.772; $P < 0.001$		
Quality of care and patient safety	4.25 (1.08)	4.15* (1.10)	4.32* (1.05)	4.54 (1.19)	4.09** (1.08)	4.48** (1.02)	4.91** (0.94)
		F=5.639; P=0.004			F=42.925; $P < 0.001$		
Knowledge updating and utilization	3.94 (1.11)	3.87* (1.13)	3.98 (1.09)	4.38* (1.13)	3.83** (1.12)	4.07** (1.05)	4.48** (1.05)
		F=4.291; P = 0.014			F=20.361; $P < 0.001$		

The ASCOP complexity levels of the participants' practices (**Table 3**) yielded notable findings. Nurse education did not significantly impact the performance of low-complexity tasks (F=1.820; *P*=0.162). However, advanced and mid-level nurses engaged in low-complexity tasks more frequently than junior nurses (F=18.481; $P < 0.001$). In contrast, high-complexity ASCOP tasks were significantly more common among graduate and undergraduate nurses compared to diploma-educated nurses (F=17.749; $P < 0.001$). Senior nurses predominantly carried out high-complexity ASCOP tasks (M=4.43; SD=0.99) (F=72.760; $P < 0.001$).

Table 3. Mean (SD) scores on ASCOP complexity subscale dimensions by nurse education level and position type (*n*=1540)

Dimension	Overall M(SD)	Education level			Title		
		Diploma M (SD)	BSN M (SD)	Postgraduate M (SD)	Junior M (SD)	Intermediate M (SD)	Senior M (SD)
Low complexity	4.26 (1.01)	4.21 (1.03)	4.30 (0.97)	4.40 (1.12)	4.16** (1.02)	4.42* (0.95)	4.65* (0.91)
		F=1.820; *P*=0.162			*F*=18.481; $P < 0.001$		
Moderate complexity	3.99 (1.02)	3.91* (1.05)	4.05* (0.98)	4.30 (1.08)	3.88** (1.03)	4.15** (0.97)	4.48** (0.89)
		F=5.149; *P*=0.006			*F*=23.679; $P < 0.001$		
High complexity	3.65 (1.08)	3.49** (1.07)	3.77* (1.06)	4.23* (1.12)	3.45** (1.03)	3.99** (1.02)	4.43** (0.99)
		F=17.749; $P < 0.001$			*F*=72.760; $P < 0.001$		

4. Discussion

This study offers a preliminary assessment of the scope of nursing practice within Chinese hospitals. The results indicate that the level of nursing practice was moderate (M=3.95; SD=0.99), higher than that reported in a previous international study in Canada (M=3.21), but lower than those reported in studies from Lebanon (M=4.42) and Saudi Arabia (M=4.59)[17–19]. These findings suggest a lack of clearly defined role boundaries for nurses, regardless of their educational background or certification [20]. Specifically, the data imply that diploma-qualified nurses, who may be inadequately prepared for advanced nursing practice, could potentially compromise patient safety [21, 22].

Nurses' educational attainment is positively associated with their nursing practice competencies, as evidenced by their ASCOP scores. Across all dimensions, nurses with postgraduate degrees exhibited the highest ASCOP scores, followed by those with bachelor's degrees, and those with diplomas had the lowest scores [17]. This finding aligns with the results of previous national and international studies, which have consistently demonstrated a positive correlation between higher nursing education and enhanced nursing practice competencies [18,23]. These results underscore the importance of leveraging the nursing workforce's diverse educational backgrounds to deliver the highest quality of patient care.

The findings of this study corroborate previous international research, which has consistently demonstrated that nurses' status and role within the healthcare team significantly influence the expansion of their scope of practice [17–19, 22–24]. Furthermore, the demographic characteristics of the participants in the current study also had a broad effect on their scope of practice ($p < 0.05$). However, there was no strong evidence of widespread differences in the participants' daily scope of practice.

The observed variations in ASCOP scores among nurses employed in different hospital settings can be

attributed to a range of organizational factors, including institutional policies, accreditation status, and level of care provided [25–27]. For instance, nurses working in tertiary hospitals exhibited higher ASCOP scores compared to those in secondary or primary care facilities, while community hospital nurses scored higher than their counterparts in general or specialty hospitals. However, these differences had a limited impact on nurses' day-to-day work practices.

The study also aimed to discern the activities in which nurses with varying educational credentials and positions predominantly engaged. The findings revealed that nurses holding graduate degrees exhibited higher proficiency across all dimensions of the ASCOP questionnaire compared to their counterparts. This was followed by nurses with bachelor's degrees and diploma qualifications, respectively. Likewise, nurses in charge-level positions and above demonstrated a broader scope of ASCOP activities. These results can be attributed to the tendency for nurses with graduate and undergraduate qualifications to occupy leadership roles.

This study found that "Quality of care and patient safety" was the most frequently performed ASCOP (Acute Situation Care of Patients) dimension. This contrasts with previous international studies, which identified different predominant dimensions: "Assessment and care planning" in the USA, "Communication and care coordination" in Saudi Arabia, and "Teaching of patients and families" in Lebanon [17–19]. Assessing patients is a crucial step in recognizing and responding to patient deterioration, and advanced physical assessment is key to diagnosing and managing complex patient conditions [28, 29]. However, the least reported ASCOP dimension in this study and previous international studies was "Integration and supervision of staff," which may be attributed to the fact that the majority of study participants were staff nurses (88.4%), who were rarely involved in the integration and supervision of staff in their daily work [24]. Consistent with earlier international studies, the present study found that high-complexity ASCOP activities were frequently performed by graduate and charge nurses [30]. Interestingly, at lower levels of complexity, the mean ASCOP score also increased with higher nurse education level and title, suggesting that nurses with higher education and positions perform a broader range of nursing practices.

5. Study limitations

This study employed a cross-sectional design, which inherently limits the ability to establish causality or track changes in ASCOP over time. Additionally, the study did not encompass all regions of China, potentially compromising the generalizability of the findings. Subsequent research is warranted to elucidate the present state of ASCOP.

6. Implications for Nursing Practice

The study's results should prompt nursing directors in China to reassess job descriptions and specify the nursing tasks suitable for each educational level or job position. This measure is crucial to prevent nurses from exceeding their skill levels. Tasks involving quality of care, patient safety, and complex nursing care should be assigned to nurses with advanced education or higher job titles. Additionally, the significance of accurate care assessment and planning in ensuring patient safety and quality of care cannot be overstated.

7. Conclusions

Evaluating nurses' scope of practice is crucial for optimizing nursing workforce utilization, enhancing nursing care

quality, and ensuring patient safety. Deviations from nurses' educational boundaries or underutilization of their skills can significantly impact patient safety, care quality, and staff motivation. Amid healthcare system reforms in China, nursing managers face the critical task of efficiently allocating nurses and maximizing the expertise of frontline clinical staff. The Nursing ASCOP guidelines offer a valuable framework for Chinese nursing managers to govern and safeguard nursing practice within legal parameters.

Funding

Central Universities Basic Research Fund (Science, Engineering, and Medicine) of Jinan University: "Development of a Nursing Work Time Tracking System Based on the Fourth-Generation Nursing Workload Theory" (Project No.: 21619326)

Disclosure statement

The authors declare no conflict of interest.

References

[1] Aiken LH, Sloane D, Griffiths P, et al., 2017, Nursing Skill Mix in European Hospitals: Cross-Sectional Study of the Association With Mortality, Patient Ratings, and Quality of Care. BMJ Qual Saf, 26(7): 559–568. https://doi.org/10.1136/bmjqs-2016-005567

[2] Aldossary A, 2013, The Role Legitimacy of Nurses in Saudi Arabia. Journal of Health Specialties, 1(1): 28–28.

[3] Aljohani KA, Alamri MS, Al-Dossary R, et al., 2022, Scope of Nursing Practice as Perceived by Nurses Working in Saudi Arabia. Int J Environ Res Public Health, 19(7): 4220. https://doi.org/10.3390/ijerph19074220

[4] Bettencourt AP, McHugh MD, Sloane DM, et al., 2020, Nurse Staffing, the Clinical Work Environment, and Burn Patient Mortality. J Burn Care Res, 41(4): 796–802. https://doi.org/10.1093/jbcr/iraa061

[5] Cho E, Sloane DM, Kim EY, et al., 2015, Effects of Nurse Staffing, Work Environments, and Education on Patient Mortality: An Observational Study. Int J Nurs Stud, 52(2): 535–542. https://doi.org/10.1016/j.ijnurstu.2014.08.006

[6] Copanitsanou P, Fotos N, Brokalaki H, 2017, Effects of Work Environment on Patient and Nurse Outcomes. Br J Nurs, 26(3): 172–176. https://doi.org/10.12968/bjon.2017.26.3.172

[7] D'Amour D, Dubois CA, Dery J, et al., 2012, Measuring Actual Scope of Nursing Practice: A New Tool for Nurse Leaders. J Nurs Adm, 42(5): 248–255. https://doi.org/10.1097/NNA.0b013e31824337f4

[8] Dehghani K, Nasiriani K, Salimi T, 2016, Requirements for Nurse Supervisor Training: A Qualitative Content Analysis. Iran J Nurs Midwifery Res, 21(1): 63–70. https://doi.org/10.4103/1735-9066.174760

[9] Dery J, 2014, L'Etendue Effective de la Pratique d'Infirmieres en Pediatrie: Ses Determinants et Son Influence sur la Satisfaction Professionnelle, thesis, Universite de Montreal.

[10] Dery J, Clarke SP, D'Amour D, et al., 2016, Education and Role Title as Predictors of Enacted Scope of Practice in Generalist Nurses in a Pediatric Academic Health Sciences Center. Journal of Nursing Administration, 46(5): 265–270. https://doi.org/10.1097/nna.0000000000000341

[11] Dubois CA, D'Amour D, Pomey MP, et al., 2013, Conceptualizing Performance of Nursing Care as a Prerequisite for Better Measurement: A Systematic and Interpretive Review. BMC Nurs, 12: 7. https://doi.org/10.1186/1472-6955-12-7

[12] Fares S, Clinton M, Younan L, 2018, The First Arabic Version of the Actual Scope of Nursing Practice Scale: Psychometric

Evaluation. J Nurs Manag, 26(8): 1059–1065. https://doi.org/10.1111/jonm.12635

[13] Grosso S, Longhini J, Tonet S, et al., 2021, Prevalence and Reasons for Non-Nursing Tasks as Perceived by Nurses: Findings From a Large Cross-Sectional Study. J Nurs Manag, 29(8): 2658–2673. https://doi.org/10.1111/jonm.13451

[14] Hickey PA, Pasquali SK, Gaynor JW, et al., 2016, Critical Care Nursing's Impact on Pediatric Patient Outcomes. Ann Thorac Surg, 102(4): 1375–1380. https://doi.org/10.1016/j.athoracsur.2016.03.019

[15] Iwu EN, Holzemer WL, 2017, HIV Task Sharing Between Nurses and Physicians in Nigeria: Examining the Correlates of Nurse Self-Efficacy and Job Satisfaction. J Assoc Nurses AIDS Care, 28(3): 395–407. https://doi.org/10.1016/j.jana.2017.02.005

[16] Lee E, 2016, Safety Climate and Attitude Toward Medication Error Reporting After Hospital Accreditation in South Korea. Int J Qual Health Care, 28(4): 508–514. https://doi.org/10.1093/intqhc/mzw058

[17] Li X, Zhang Y, Yan D, et al., 2020, Nurses' Intention to Stay: The Impact of Perceived Organizational Support, Job Control and Job Satisfaction. J Adv Nurs, 76(5): 1141–1150. https://doi.org/10.1111/jan.14305

[18] Liming Y, 2008, A Discussion on the Scope of Nursing Practice. Chinese Nursing Management, 2008(03): 12–15.

[19] Liu H, Ye Z, 2020, China Statistical Yearbook, China Statistical Press.

[20] Liu X, Liu J, Liu K, et al., 2021, Association of Changes in Nursing Work Environment, Non-Professional Tasks, and Nursing Care Left Undone With Nurse Job Outcomes and Quality of Care: A Panel Study. International Journal of Nursing Study, 115: 103860. https://doi.org/10.1016/j.ijnurstu.2020.103860

[21] Massey D, Chaboyer W, Anderson V, 2017, What Factors Influence Ward Nurses' Recognition of and Response to Patient Deterioration? An Integrative Review of the Literature. Nurs Open, 4(1): 6–23. https://doi.org/10.1002/nop2.53

[22] McCorkle R, Engelking C, Lazenby M, et al., 2012, Perceptions of Roles, Practice Patterns, and Professional Growth Opportunities: Broadening the Scope of Advanced Practice in Oncology. Clin J Oncol Nurs, 16(4): 382–387. https://doi.org/10.1188/12.Cjon.382-387

[23] Michel O, Garcia Manjon AJ, Pasquier J, et al., 2021, How Do Nurses Spend Their Time? A Time and Motion Analysis of Nursing Activities in an Internal Medicine Unit. J Adv Nurs, 77(11): 4459–4470. https://doi.org/10.1111/jan.14935

[24] Mijovic H, McKnight J, English M, 2016, What Does the Literature Tell Us About Health Workers' Experiences of Task-Shifting Projects in Sub-Saharan Africa? A Systematic, Qualitative Review. J Clin Nurs, 25(15–16): 2083–2100. https://doi.org/10.1111/jocn.13349

[25] Muller R, Cohen C, Delmas P, et al., 2021, Scope of Nursing Practice on a Surgery Ward: A Time-Motion Study. J Nurs Manag, 29(6): 1785–1800. https://doi.org/10.1111/jonm.13318

[26] Nomura AT, Silva MB, Almeida MA, 2016, Quality of Nursing Documentation Before and After the Hospital Accreditation in a University Hospital. Rev Lat Am Enfermagem, 24: e2813. https://doi.org/10.1590/1518-8345.0686.2813

[27] Organization WH, 2016, Global Strategy on Human Resources for Health: Workforce 2030, Geneva.

[28] Powers J, 2013, Are You Practicing to Your Full Potential? Nursing Made Incredibly Easy, 11(3): 4.

[29] Younan L, Clinton M, Fares S, et al., 2019, A Descriptive Study of the Composition and Scope of Practice of Nursing Staff in Acute Care Hospitals of Lebanon. Journal of Nursing Regulation, 9(4): 34–41.

[30] Zambas SI, Smythe EA, Koziol-Mclain J, 2016, The Consequences of Using Advanced Physical Assessment Skills in Medical and Surgical Nursing: A Hermeneutic Pragmatic Study. Int J Qual Stud Health Well-being, 11: 32090. https://doi.org/10.3402/qhw.v11.32090