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From regulation to practice: Supporting safe and accountable critical care nursing

Caring for a critically ill patient requires a multidisciplinary team; professionals with different expertise to make complex decisions, often in rapidly changing situations. Clear roles, responsibilities and accountability are therefore essential. For critical care nurses, this means combining specialist knowledge, clinical judgement, technical competence, communication and collaboration.[1,2] It also means understanding the professional boundaries within which that expertise is used. A critical care nurse provides continuous, specialised care to critically ill patients by assessing and monitoring their condition, recognising and responding to deterioration, managing complex therapies and technologies, and co-ordinating care within the multidisciplinary team (MDT). Professional regulations provide the framework for safe and accountable practice, but a regulation is necessarily broad. It cannot describe every situation encountered at the bedside or explain how a general scope of practice should be applied in every specialist setting. The challenge is therefore not simply to have a scope of practice, but to make it meaningful in the practice setting.

The article in this issue, 'Interpretation of the scope of practice (Regulation 2127) for the South African critical care nurse specialist: A round-table discussion', addresses this challenge. The current South African (SA) nursing scope of practice is not specialisation-specific, and its application to the bedside practice of the critical care nurse specialist (CCNS) may not always be clear. The round-table discussion united expertise in critical care nursing practice, management, education, research and nursing law across the country to consider what the scope means in contemporary SA critical care. The discussion's value, however, extends beyond interpreting a regulation. It also shows how a professional society can help translate a broad professional framework into specialist clinical practice.

A scope of practice helps define professional responsibilities and accountability and provides a framework intended to protect the public. It is shaped by regulation, education, competence, professional role and the context in which care is delivered.[3,4] For the nurse at the bedside, these concepts quickly become practical. When a patient deteriorates, an intervention is required or a concern needs escalation, the nurse must be able to ask: Is this within my role? Am I educated and competent to do it? What am I accountable for? What policy or protocol applies? When should I seek assistance? Role scope interpretation is therefore critical in enabling a nurse's understanding of such questions. A regulation can provide the framework for scope of practice, but clinicians need to understand how that framework applies to the situations they encounter. Feringa et al.,[5] for example, identified uncertainty among registered nurses in Botswana about their scope of practice and described how resource and workforce constraints could influence practice. Although regulatory contexts differ, the study makes a useful regional point: having a scope of practice does not necessarily mean that practitioners understand how to apply it.

Scope of practice is also not only a nursing issue. In a multidisciplinary intensive care unit (ICU), role clarity matters to the whole team and all healthcare professionals involved need to understand what different professionals contribute and where responsibilities lie. If the CCNS role is poorly understood, specialist nursing expertise may be underused and nurses' autonomy undermined. Conversely, nurses may be expected to assume responsibilities for which they are not adequately prepared or supported. Both have implications for patient care. Underlying the issue of role clarity is the question of autonomy and how far a nurse can exercise independent judgement within an agreed scope.

In SA, the South African Nursing Council frames autonomy less explicitly as a standalone concept and more via scope of practice, competence, professional judgement and accountability. Nurses are expected to understand what they are legally and professionally authorised and competent to do, while recognising the limits of their practice and consulting or referring when necessary. Autonomy in nursing does not mean working independently of the MDT; rather, it refers to the nurse's ability to exercise professional and clinical judgement, make decisions and take action within their scope of practice, competence and accountability.[6] Contemporary international nursing literature increasingly frames this as interdependent autonomy: nurses exercise independent professional judgement while collaborating with other professionals and recognising when consultation, referral or shared decision-making is required. This is particularly relevant in critical care, where specialist nurses independently assess, prioritise, intervene and evaluate care while contributing their expertise to MDT decision-making.[7] Nurses' understanding of their scope of practice is therefore fundamental to autonomy, as it defines the boundaries within which the nurse can safely and accountably exercise independent judgement. Thus, autonomy is not the freedom to act without restriction; it is the accountable exercise of professional judgement within an individual's scope and in collaboration with the MDT.

For nurses, clarity on their scope of practice can support clinical decision-making and accountability. For other healthcare professionals, it can improve understanding of specialist nursing expertise. For managers, it can inform staffing, delegation, job descriptions, competency assessment, policies and clinical governance. A systematic review of advanced nursing roles in emergency and critical care found positive effects on a range of clinical, service and patient outcomes.[8] While the CCNS is not synonymous with every advanced practice role referenced in the review, the underlying point is relevant: specialist expertise is most useful when the role is clear, supported and integrated into the team.

Scope and competence must also be distinguished. An activity may fall within a professional group's scope without every individual practitioner being competent to undertake it. Critical care nursing competence is multidimensional, encompassing clinical knowledge and skills, decision-making, communication, collaboration and professional and ethical practice.[1,2] Competence develops via education, supervised clinical learning, experience and continuing professional development. Equally, repeating a practice does not intrinsically make it appropriate. A practice may become routine in an ICU without its relationship to professional scope, individual competence or institutional governance having been carefully considered.

Such issues are relevant because critical care continues to evolve. Nurses now work with increasingly complex monitoring, mechanical ventilation, haemodynamic support, high-risk therapies and rapidly developing technologies.[2] Professional competence must develop alongside these changes. Full-scope specialist practice should therefore not mean unrestricted practice or simply doing more tasks. It is better understood as alignment between professional scope, specialist

education, demonstrated competence, clinical governance and accountability. When these elements align, appropriately prepared nurses can use their expertise while recognising the limits of their competence and authority.

The SA context adds another layer of complexity. Critical care is delivered across public and private sectors and settings with very different staffing and resources. SA literature has highlighted longstanding challenges related to critical care nurse staffing and the availability of appropriately trained nurses.[9,10] Local expectations may therefore be shaped by workforce pressures and available expertise. Yet, clinical necessity does not remove questions of competence, accountability and governance. What a CCNS is expected to do should not be determined solely by local custom or staffing shortages. Reasonable alignment is needed between education, professional frameworks, institutional expectations and individual competence.

A professional society's role becomes particularly important as they seek to foster collaboration on clinical practice, education, research and professional development. They can identify areas of uncertainty, unite relevant expertise and create a forum for informed discussion. They do not replace the regulator, nor should they redefine regulated professional boundaries. Their value lies in helping clinicians interpret and apply professional frameworks within contemporary specialist practice.

The Critical Care Society of Southern Africa's involvement in supporting the round-table process is therefore significant. By uniting people with expertise in critical care nursing and nursing law, the Society enabled collective examination of an issue affecting everyday practice. This is an important function of a multidisciplinary professional society. Such organisations do more than host scientific meetings or disseminate research: they can identify practice problems, support enquiry and consensus-building, and create platforms for discussion across professional groups and the *Southern African Journal of Critical Care* is one such platform. Publishing the round-table discussion outcomes moves the conversation beyond those who participated in it and invites the wider critical care community to consider what the interpretation of the scope of practice means in their own settings. Importantly, the article is not presented as conclusive. Critical care will continue to evolve, and questions about professional roles and responsibilities will need to evolve therewith.

The most useful outcome of the article is the reflection it prompts. Do critical care nurses understand the professional basis for the care they provide? Are they educated and competent for the responsibilities they assume? Do institutional policies reflect current professional expectations? Are specialist nurses able to use the knowledge and skills for which they have been prepared? Have some activities become accepted simply because they are longstanding local practice? When uncertainty exists, do clinicians know where to seek guidance?

These questions should not arise only after an adverse event or professional complaint. Scope of practice should be part of everyday professional discussion, and should be considered in specialist education, orientation, competency assessment, continuing professional development and the review of institutional policies and protocols. It should also be discussed within MDTs. Thus, scope of practice becomes more than a regulatory document; it becomes part of a culture of role clarity, reflection and accountability.

The round-table article should therefore be viewed as a contribution to an ongoing professional conversation. Its importance lies not only in the interpretation it offers, but also in the process it represents: a professional society identifying an area of uncertainty, uniting relevant expertise and making the resulting discussion available to the wider critical care community. Supporting work of this nature is closely aligned with the broader purpose of improving critical care.

For readers of the *Southern African Journal of Critical Care*, the invitation is not to simply read an interpretation of Regulation 2127. It is to consider how professional frameworks are translated into practice within the MDT and how well critical care team members understand one another's roles. Regulation provides a framework, specialist education develops knowledge and competence, institutions provide governance and the practice environment and professional societies can help connect these elements via dialogue, evidence and reflection.

When these elements align, scope of practice need not be experienced primarily as a restriction. It can provide clarity about what appropriately prepared critical care nurses can contribute, what they are accountable for and when the limits of competence or authority have been reached. For the nurse, that clarity supports confident and accountable practice. For the MDT, it supports collaboration. For the critically ill patient, it supports the shared goal that underpins all of these efforts: safe, appropriate and high-quality critical care.

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