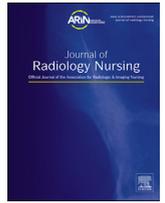




Contents lists available at ScienceDirect

Journal of Radiology Nursing

journal homepage: www.sciencedirect.com/journal/journal-of-radiology-nursing

Literature Review on Comparisons of Advanced Clinical Nurse Practitioner Role in Saudi Arabia and United Kingdom

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A B S T R A C T

Keywords:
ACNP role
Advanced nurse practitioner
Nurse practitioner
Saudi nursing

The role of advanced clinical nurse practitioners (ACNPs) is continuously developing to be viewed as a critical contribution to nursing professional development. There is an agreed understanding of the role of ACNP, yet no definitive definition has been proposed. Debate arises about whether ACNP is a medical extension of the nursing role or a holistic approach for the patient care. According to the Nursing and Midwifery Council in the United Kingdom, the code of professional conduct encompasses advanced practitioner practice, meaning that it does not require its own regulation.

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Introduction

Owing to its growth globally, there has been an increasing need to understand the role of advanced clinical nurse practitioners (ACNPs) (Ljungbeck & Forss, 2017). The role of ACNPs was introduced in the 80s as a response to the shortage of junior doctors (Dunn, 1997). Initially, those nurses working as ACNPs were educated to carry out a number of specific duties which covered the full period of patient treatment. Those duties were involved patient journey from admission process, history taking, different kinds of treatment, and referral. Perhaps, most importantly, their role included clinical examination, interpreting results, and having the responsibility to diagnose and prescribe (Furlong & Smith, 2005). Since then, the role of ACNPs has continued to develop to be viewed as a critical contribution for nursing professional development (Lewandowski & Adamle, 2009). As a result, in the United Kingdom, ACNPs are becoming increasingly common, working in a number of diverse areas (Pulcini et al., 2010).

The growth of ACNP in a short period is very significant to advancing nursing in different countries and even differs greatly within hospital departments (Furlong & Smith, 2005). One country where the role differs greatly to that in the United Kingdom is Saudi Arabia ACNP was first considered in 1999 (Hibbert et al., 2012). The role still has to be fully developed because of many factors, most notably the lack of structure in the health care system in Saudi

Arabia (Hibbert et al., 2017). Currently, ACNP role is actively practiced in King Faisal Hospital, yet it is under consideration in other hospitals (Hibbert et al., 2017). A greater understanding of ACNP role and its contribution to health care in Saudi Arabia is required. This review is started by introducing the background to the ACNP role then by identifying the role and development of ACNP in the United Kingdom through critical analysis, before examining the structure of the health care system in Saudi Arabia and reviewing the role of ACNP within that structure. This article will compare the role of ACNP in the United Kingdom, identifying similarities and where the role differs. Finally, it will highlight the challenges faced in Saudi Arabia and will make recommendations on what can be done to facilitate the role of ACNP in Saudi Arabia.

Literature search strategy

A full literature search was conducted with use of the databases, Cumulative Index of Nursing and Allied Health Literature (CINAHL) and MEDLINE. EBSCOhost via GCU Library was used to gain access to these. Subirana, Solá, Garcia, Gich, & Urrútia, (2005) states that CINAHL and MEDLINE offer the best, most relevant sources when it comes to medical health care, including nursing. The search was conducted through making use of tools including key terms, Boolean operators, synonyms, and truncations. The Boolean operator “OR” was selected for broadening the scope, whereas the Boolean operator “AND” was selected for combining and restricting the results of the research. Cronin et al. (2008) additionally state synonyms alongside substitute or equivalent key terms aid in locating a higher level of information. Truncation was also used in the search, including asterisks (*), which expand the scope of a search through

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restricting the search steps and thus maximizing hits (Aromataris & Riitano, 2014). Utilization of other truncations including the dollar sign (\$) or exclamation mark (!) aids in boosting the results through looking for identical terms at the same time (Aromataris & Riitano, 2014). “Advanced nurse practitioner,” “nurse practitioner,” “ACNP role in SA,” “ACNP role in UK” OR “ACNP intervention,” “ACNP policy \$” OR “nurse practitioner” constitute the key terms utilized. The search included a time period of 2000 to 2017 so that current sources would only be included. In addition, only English language articles are incorporated.

Historical background of ACNP

According to the International Council of Nurses (ICN, 2001), NPs/ACNPs are registered nurses who have the knowledge and skills together with clinical skills to make complex decisions. There may be variations of the ACNPs role and practice in the country; however, in most of the countries, a master's degree is necessary (Kleinpell et al., 2014).

The aforementioned definition is supported by that of Dowling et al. (2013) who define ACNPs as nurses who are not only highly qualified but also have many years' experience and the skills required to be able to provide full clinical care to the patient's overall benefit, whereas National Health Service in Scotland (NHS) (2016) defines ACNP is an experienced and highly educated registered nurse who manages the complete clinical care for their patient, not solely on any specific condition. Advanced practice is a level of practice, rather than a type or specialty of practice (Barton et al., 2012).

NPs role was distinguished from traditional nursing when the first NP-specific training took place in Colorado in 1965 (O'Brien, 2003). NPs were required to be a source of knowledge by carrying out research which would be shared (Sullivan, 2012). Later, they were fully integrated into the health care system after receiving professional recognition (Bryant-Lukosius, DiCenso, Browne, & Pinelli, 2004). This was achieved when NPs were regulated through examinations and being licensed (Stanley, 2012).

In addition, in the 1980s, the nurse practitioner role was introduced in the United Kingdom by Barbara Stilwell (Barton et al., 2012). Over the following decades, initially, the role of ACNP was determined to exhibit abilities that were considered as being “advanced” for the nursing profession (Daly & Carnwell, 2003), not to mention that this new role furthers the development of nurses (Daly & Carnwell, 2003). Indeed, according to Barton et al. (2012), being considered an ACNP means that the scope of nursing practice goes beyond the traditionally nursing role. In light of that, nurses require a number of “advanced” skills which has been argued to acquire additional skills rather than a higher number of skills expected from nurses (Rolfe, 2014). Indeed, it has to be underlined that ACNP is not only a “level” of nursing but also entails further competencies to facilitate a physician role (Rolfe, 2014).

Despite the agreed understanding of the role of ACNP, no definitive definition was formed (Schober, 2013). Basically, debate arises of whether to consider ACNP as medical extension of the nursing role or as a holistic approach of patient care (Fisher et al., 2006). In reality, the role of ACNP may sit somewhere in the middle as the role differs not only from country to country but from department to department (Duffield et al., 2009).

According to Nursing and Midwifery Council in the UK (2008), the code of professional conduct encompasses advanced practitioner practice, meaning that it does not require its own regulation. As a result of this view, the Advanced Practice Toolkit was introduced in Scotland (NHS Scotland, 2008). This meant that there was conformity in how the role was practiced across the United

Kingdom, and authorities, nurses, and educators had a framework to which they practice.

Critical Appraisal of the Literature on Advance Nurse Clinical Practitioner Role in the United Kingdom

As the ACNP role is still in its infancy, discussions about what exactly the role of an ACNP should be are still taking place. Furthermore, the training of nurses needs to be consolidated to support and manage nurses' learning process, especially in the first year of practice (Schoessler and Waldo, 2006). In the United Kingdom, the role of ACNP is making progress but there are still areas for improvement, which requires constant monitoring (Melnik et al., 2014). Moreover, nurses can find moving up to an ACNP role difficult because of many factors. Making the transition from traditional nursing to the role of advanced practitioner can be daunting and stressful. This requires the transition from being part of a team to being an independent nurse (Carter, 2010; Melnik et al., 2014). In addition, the master's program may impact on the nurse's time and can be difficult to complete (Iglehart, 2013). The UK regulatory board, the Nursing and Midwifery Council (NMC) (2005), defines ACNPs as highly experienced, knowledgeable, and educated members of the care team who are able to diagnose and treat health care needs or refer patients to an appropriate specialist if needed. This is a major responsibility and one of the main reasons that the transition can be stressful. In their role, all nurses make contributions to improve the health care system in their clinical practice, studies, and research. However, it is in the clinical provision in particular that an ACNP differs greatly through practice in a wide range of areas (Polit and Beck, 2004; Brown et al., 2009). According to Joel (2017), the role of clinical nurse specialist has its origins in mainstream nursing education. Clinical practice not only incorporates direct client care but also involves a supportive and consultative role (Ceronisky, 2009). The Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice (2017) describes the role of an ACNP in Scotland as being founded on “pillars” of advanced practice. This role involves not only clinical care, but also research, education, and management and leadership (NHS Scotland, 2016). Furthermore, in the United Kingdom, ACNPs' work field ranges from primary and secondary health care settings to emergency, pediatrics, and oncology (Jones, 2005). Each of the pillars mentioned previously may not be applied in each of these positions or may have different weighting (Bryant-Lukosius et al., 2016). The extent to which the role differs contributes to the confusion regarding whether the ACNP role is a medical extension of the nursing role or full patient care (Gray, 2016). The extent of nursing in patient care will differ in each of the three departments mentioned previously, as will the medical involvement, which leads to the need for a framework.

The Royal College of Nursing (RCN, 2016) developed a framework that specifies the ACNP role. The clinical pillar is at the core of the framework to ensure the quality of care provided. Moreover, the principles espoused in the framework relate to the other pillars (management, education, and research) of advanced practice (NHS Scotland, 2016). The NMC (2005) states that ACNPs are highly skilled nurses with a wide range of practical responsibilities, which include recording detailed patient history, administering physical examinations, and assessing the mental health of patients who require a range of complex health care. This definition of the role of ACNPs is widely agreed by those in health care. However, those who work in mental health and those who work with the disabled have raised concerns that the part of the definition related to physical examinations is too limited with too much emphasis on acute physical health, claiming that the role is more accurately about

performing comprehensive clinical assessments (NHS Scotland, 2012).

According to guidelines set out by NHS Scotland, the role of ACNP entails admitting patients with a variety of, sometimes undiagnosed, problems and discharging patients (NHS Scotland, 2016). ACNPs also develop a patient care plan that focuses on health education and a thorough investigation of results and identification of measures that could prevent illness. The role of ACNPs can be very stressful because of increased responsibility as they manage the complete treatment plan (De Milt et al., 2011). The responsibility manifests most clearly in the tasks of clinical judgment and decision making, which Duffield et al. (2009) identify as being at the core of the ACNP role. They state that these roles empower the ACNP with clinical autonomy and professional accountability. Both clinical judgment and decision making are also identified by Daly and Carnwell (2003) as being demonstrative of the impact made by ACNPs. Without autonomy, it would be difficult for ACNPs to carry out these duties. Decisions and clinical judgments can only be made if ACNPs have the autonomy to consider gains and losses while comprehending requirements.

This highlights the extent of the responsibility of ACNPs. In the United Kingdom, ACNPs are also required to manage and administer all medicines except from controlled medicines (Royal College of Nursing, 2012). Furthermore, ACNPs required to complete an independent nurse prescribing course provided by NMC.

From the above, it can be seen that most of the focus of the ACNP role is on the medical pillar. Consequently, this role has been described as quasi-medical (Fisher et al., 2006), which leads to frustration among ACNPs as they prefer to combine the nursing and medicine professions. Bryant-Lukosius et al. (2004) state that ACNPs are considered as physician support or replacements and the nursing component of their role is becoming eradicated. This has an impact on professional identity as there is a high risk of losing nursing skills and knowledge (Al Mutair, 2015) if the main focus of advanced practice roles does not relate to nursing health care. There is a danger that ACNP practices would reflect more the paradigm and perspective of medicine. Asbridge (2012) argues that this results in professional boundaries not being clear and can lead to job description conflict as ACNPs struggle to be fully accepted as physicians and they fear of role confusion. To ensure best patient care and outcomes, it is critical that there is harmony between ACNPs and physicians to be able to work together (Brooten et al., 2012). Clear roles need to be defined and distinguished (Brooten et al., 2012).

Perhaps, leadership is not highlighted enough in the ACNP role, which means being able to provide leadership and being available for consultancy. According to Graham (2003), the leadership role in advanced practice should be combined with education, which would allow the ACNP to comprehend the nurse-patient relationship through values and beliefs. Furthermore, according to the pillars, the advanced practitioner's role should involve research skills. However, Grove et al. (2012) states that the information related to this element of the role is limited. Bryant-Lukosius et al. (2004) describe research as fundamental to advanced nursing practice. According to the Nursing & Midwifery Council (2008), ACNPs' research function enables them to provide the best evidence-based practice to the mutual benefit of both patients and the service. This can only be achieved if the ACNP has an understanding of the research process, its use, and analysis (Melnyk et al., 2014). According to Skalla (2006), the ability to achieve this is limited owing to the time constraints of the clinical pillar of the role. Begley et al. (2013) highlight that ACNPs struggle to work to their full core potential due to the amount of time spent on the clinical competency. Furthermore, some ACNPs may have greater

responsibility that might prevent them from conducting research, again highlighting the variance in the ACNP role.

A difficulty that has been experienced in the role of ACNP is consistency because of ACNPs performing different roles in some hospitals or departments, which results in some ACNPs being in more demanding positions than others (Delamaire and Lafortune, 2010). Indeed, there are two fundamental differing approaches of the ACNP role. One approach is that it can be seen as being professionally focused, which means the nurse develops ability (Daly and Carnwell, 2003). The other approach is that the nurse is operationally focused, meaning that the ACNP should provide particular services, usually replacing a nonnursing role (Barton and Allan, 2015). Therefore, the nurse does not develop his/her role and can be out of his/her comfort zone doing something that stretches his/her performance.

It must not be forgotten that the main role of a nurse is to provide hands-on care (NHS Scotland, 2016) and enhance patient experience. Lowe et al. (2011) argue that the role of ACNP should be an evolution of the health care system that allows nurses to develop their skills through greater practice and possibilities that meet the patient's needs. The role of ACNP in particular should lead to the expansion of clinical ability and knowledge (Melnyk et al., 2014).

Based on what have been mentioned previously, ACNPs required a framework that can be structured and specific to their roles and guidelines. Conversely, there is a perception that specific guidelines would limit the possibilities of ACNPs. This is not the aim of the NHS Scotland toolkit; instead, it is seen as a benchmark that can be readdressed (Barton and Allan, 2015). The purpose of the toolkit is to ensure that there is consistency in the role of ACNPs. This is achieved by engaging with the key players to provide regulation and governance support, as well as providing the foundation for educational preparation (NHS Scotland, 2012). Nevertheless, ACNPs are used in diverse roles with different responsibilities (Barton and Allan, 2015).

To conclude, this critical review of the literature pertaining to the ACNP role identified the key attributes and behaviors expected from ACNPs by virtue of their role. Many theorists, including Berger and Luckman (1967) and Searle (1995), consider the role and its development by looking at how social actors organize to learn how the role can be enacted. As discussed earlier, ACNPs' roles are intended to reflect the attributes of advanced practice that is in turn influenced by and in turn influences the ACNPs position.

Structure of Health Care System in Saudi Arabia

The ministry of health care system in KSA is acting to improve the former health care system with government supports for the new strategies. The future of health care system can be seen through the 2030 Saudi vision and the national transformation program 2020. The vision builds upon the encouragement of sectors that have been predominately funded and serviced by the government in the past (Alshuwaikhat & Mohammed., 2017). In Saudi Arabia, the health care system is classified as a local system, which governmental sectors and agencies provide health services for an approximately 28.29 million citizens (Alghamdi & Urden., 2016). Therefore, the Ministry of Health (MOH) in Saudi Arabia is considered the main government agency committed to providing preventive, curative, and rehabilitative health care services for population. There are three different levels: primary, secondary, and tertiary.

Reform of how public health care and related services are delivered in the Kingdom is one of the government's most important priorities (Alshuwaikhat & Mohammed., 2017). According to the National Transformation Program 2020, the Ministry of Health

plans to spend up to SAR 23 billion before 2020 to reform and restructure health care settings (Al-Hanawi et al., 2017).

The Saudi health care system is in need of reform (Alkhamis, 2017). Both academics and those working in the Ministry of Health have indicated that privatization of public hospitals may be the best way to improve health care in Saudi Arabia (Alkhamis, 2017). Indeed, the process has already been initiated regarding changes in regulation which have been proceeded by the government (Al-Hanawi et al., 2017). This will lead to public hospitals being sold or rented by private practices (Ghomraoui et al., 2016). This should result in several benefits, particularly for patients. In particular, decision making should be improved (Ghomraoui et al., 2016). The government too will benefit as its expenditure on health care will be reduced, meaning that there will be more money available for the Ministry of Health to improve health care services (Biygautane, 2017). Advanced practice is influenced by and, in turn, influences ACNPs' positionality.

Critically Appraise the Literature on the Current Role of Advanced Nurse Practitioner in Saudi Arabia and How This Compares With the UK ACNP role

Throughout the world, there is no standard for the ACNP role. This might lead to differences in perception of the role and implementations (Kleinpell et al., 2014). There is little information available regarding ACNPs in Saudi Arabia for two main reasons. First, the ACNP role is newly developed in public hospitals. Furthermore, the ACNP role has been practiced in King Faisal Specialist Hospital (KFSH) where no public information can be accessed. Studies have emphasized the benefits of the ACNP role in the light of the World Health Organization's (WHO) recommendations; however, the ACNPs are not integrated into all health care settings in Saudi Arabia (Reed, 2005; Zakari et al., 2010). Nursing functions in the primary health care centers are restricted to traditional nursing tasks that include secondary care (Almalki et al., 2011). Currently, KFSH is the only hospital where the ACNP role is practiced in Saudi Arabia. KFSH has acquired Magnet accreditation, which is an award offered by the American Nurses Credentialing Center. It is accreditation given to the hospitals that meet the standard designed to assess the strength and quality of their nursing (King Faisal Specialist Hospital & Research Center, 2017). KFSH is a tertiary government hospital, where advanced nurse practitioners are recognized as health care professionals with a job description (Hibbert et al., 2017). KFSH has been using ACNPs since 1990 and developed their role without nursing credentialing or a privileging framework. All nurses who work in Saudi Arabia are registered with the Saudi Commission for Health Specialties (Aldossary, While, & Barriball, 2008; Hibbert et al., 2017). However, Abualrub and Alghamdi (2012) state that there is no regulatory professional organization in Saudi Arabia that might enable benchmarking among health care settings.

However, in 2005, a committee of nursing in KFSH developed advanced nurse practitioner protocols in accordance with the American Nurses Association. The nursing scope and standards of practice contribute to the successful achievement of nursing affairs' strategic goals. Herein lies the main difference between ACNPs in the United Kingdom and Saudi Arabia (Alghamdi and Urden, 2016; Hibbert et al., 2017).

As KFSH in Saudi Arabia has chosen to follow the Magnet model, which is the American model, any comparison between ACNPs in Saudi Arabia and the United Kingdom would be similar to that between ACNPs in the United Kingdom and the United States (Alghamdi and Urden, 2016). However, similarities have been noticed between the role of ACNPs in KFSH and in the United

Kingdom. These include clinical skills such as patient health assessment, using diagnostic analysis skills and decision making for the care plan (Youssef, Mansour, Al-Zahrani, Ayasreh, & Abd El-Karim, 2015). Furthermore, nurses in KFSH have been recognized with advanced clinical skills, which allows them to provide consultant services to health care providers (Beer, 2009). They plan, implement, and evaluate programs as they are the first point of contact for the clients (Beer, 2009). ACNPs are under the regulatory mechanism practices, which gives them the authority to diagnose, provide treatment, and make referrals (Youssef et al., 2015). However, in KFSH, the authority for referral, admitting, and discharging patients is limited to doctors and the case management team (Norton-Westwood, Robertson-Malt, & Anderson, 2010). Generally, the role of case manager does not go along with the role of advanced nurse practitioner in Saudi Arabia in comparison to the US policy (Newhouse et al., 2011).

The main differences in the role of ACNP between the United States and United Kingdom include the ability of midwives' nurse to work as ACNP (Hampton and Hampton, 2004; Booth et al., 2006). Therefore, the inclusion of nurse midwife as a recognized advanced practice role in the United States contrasts with the United Kingdom, where a midwife does not need to acquire a master's degree. However, in 1976, the International Confederation of Midwives (ICM) agreed that midwifery was a discipline with its own structure (ICM, 2019). Midwifery is not nursing although nurses can be midwives (Carolan and Kruger, 2011); thus, the United Kingdom distinguishes between the roles of ACNP and midwife. Notably, prescribing medication is one of the major differences between the scope of practice in Saudi Arabia, the United Kingdom, and even the United States, where advanced practice nurses are allowed to prescribe medication independently without physician involvement (Doshi et al., 2005; RCN, 2012). The authority to prescribe is gained from the solid education in pharmacology. Unfortunately, this particular education is not included in the nursing education in Saudi Arabia (Asad, 2015).

Both the United Kingdom and Kingdom of Saudi Arabia (KSA) require a master's degree for advanced nurse practice (RCN, 2012; Gadbois et al., 2015). Although there have been nursing training programs in Saudi Arabia for the last 40 years, a baccalaureate degree is the major degree to be acquired with no further specific postgraduate course to develop advancing practitioner nursing. Therefore, nurses are encouraged to go abroad to obtain qualifications in this area (Alamri, 2011). In particular, they are advised to go to the United States as here they have the opportunity to do clinical practice, which is not permitted for non-European students in the United Kingdom (Humfrey, 2011). This can influence the decision of Saudi nurses to pursue advanced nursing in the United Kingdom. According to Kleinpell et al., 2014, after completing their master's study, nurses need to work as receptors for at least 2 years to face clinical challenges. However, Hibbert states that there is no significant career progression beyond this. Furthermore, nurses who have acquired an ACNP certificate will remain regular nurses in the governmental hospitals, whereas in KFSH, they will play an active ACNP role (Mohammad, 2017). This might lead to a lack of promotion possibilities, which causes senior nurses to leave clinical practice, resulting in a critical loss of specialized knowledge to the detriment of the health service (Kleinpell et al., 2014). This issue could be solved with collaboration of ACNPs. Kleinpell et al., 2014 also highlights the effect of limited roles for ACNPs in Saudi Arabia in many ways. He argues that it is difficult to retain expat practitioners who are working in KSA. He suggests that a possible reason that is being unable to practice the ACNP role as they have learned and experienced in their countries could lead to a further loss of skilled labor and knowledge.

A study conducted by [Swan et al. \(2015\)](#) shows that primary care ACNPs obtain positive outcomes that are comparable with those of their physician colleagues. Indeed, this study highlights that patients in primary care who had been treated by ACNPs did not require as many visits as those treated by physicians. Although care provided by ACNPs was different than that provided by physicians, quality was assured. Moreover, [Swan et al. \(2015\)](#) argue that ACNPs can make a significant contribution to patient care if the nurses' role is implemented with high consideration and acknowledgment of their unique role. In Saudi Arabia, this perception is confounded even more, as the doctors tend to be male and the nurses tend to be female; therefore, the nurses are considered to be subservient to doctors ([Alboliteeh et al., 2017](#)). It is going to take a lot to persuade those in authority within hospitals to allow ACNPs to perform their role to its full potential ([Almutairi et al., 2015](#)) even without the recognition that nurses in Saudi Arabia and traditionally throughout the world have performed a role that is independent and autonomous ([Joel, 2017](#)). ACNPs in Saudi Arabia do not necessarily require the autonomy or recognition, as what is more important and critical is that there is collaboration between physicians and ACNPs that will ensure the best possible results for patients and that will always have priority ([Kelly & Breslin, 2010](#); [Hain and Fleck, 2014](#)). The issue that has affected collaboration between physicians and ACNPs is control and nurses requiring supervision ([Joel, 2017](#)). Both ACNPs and physicians should stop seeing their role as it has been traditionally defined with limits; instead, it is important that they are seen to be collaborative health care providers.

Obstacles Facing Nursing Profession in Saudi Arabia

Nursing in Saudi Arabia has always suffered from a poor image ([Almalki et al., 2011](#)). In most families, it is not considered a good career and hospitals have had to depend on nurses from outside Saudi Arabia to perform some of the key roles ([Mebrouk, 2008](#)). These nurses provide a vast array of experience, skills, and knowledge as well as different levels of autonomy and accountability ([Aldossary et al., 2008](#)), which affect the Saudi nurses career development. However, without recognition and career development, these nurses are not going to remain in Saudi Arabia for a long period ([Al-Ahmadi, 2009](#)). According to WHO (2015), the nurse to population ratio in Saudi Arabia was 48.7 to 10,000, whereas in the United Kingdom, almost twice as many people, 88, worked in the nursing sector. Furthermore, the population in Saudi Arabia is growing rapidly yet the infrastructure has hardly changed ([Walston, Al-Harbi, & Al-Omar, 2008](#)). Both medicine and medical technology have benefited from investment, whereas nursing lacks a structure, without which there can be no foreseeable future development ([Zakari et al., 2010](#)). In addition, there is little formal nursing education within Saudi Arabia and those seeking a career have to go abroad to obtain qualifications ([Alamri, 2011](#)). Despite the time and effort taken to obtain the qualifications abroad, nurses are hindered on their return as not only doctors but also patients do not recognize the ACNP role ([Aboshaiqah and Baker, 2013](#)). Furthermore, there is little support and ACNPs lack the autonomy that the role requires ([Aboshaiqah and Baker, 2013](#)). As a result, professional self-confidence is affected and despite the advanced nursing qualification, nurses are still considered as subordinates whose role is to assist physicians ([Halligan, 2006](#)). An issue that holds nursing back in Saudi Arabia is that most management roles in the Ministry of Health and hospital departments are occupied by physicians ([Miller-Rosser, 2006](#)). This means that all decisions are made by physicians without nursing representation, which may underestimate the nursing point of view in the clinical field ([Miller-Rosser, 2006](#)). Furthermore, with the shortage of junior doctors in KSA,

the role of ACNPs has not been embraced as a proposed solution in this matter. Frankly, this can be a clear indication of the general attitude toward nurses in Saudi Arabia ([Almalki et al., 2011](#); [Kleinpell et al., 2014](#)). It is not only the role of nurses professionally that has to change, but also their role as viewed by the culture. This was discussed by [May \(1993, 1995\)](#) and more than 20 years later, little changes have occurred despite efforts to improve health care in Saudi Arabia in the past 20 years. Physicians remain at the core of not only patient care in practice but also in management ([Halligan, 2006](#)). It could be argued that this reflects the Middle Eastern culture in general with most male physicians versus the majority of female nurses ([Yesilada, 2005](#)). Middle Eastern culture specifies that the role of women is assisting males and having no autonomy ([Kelly & Breslin, 2010](#)). Until there is a radical change in the Middle Eastern culture, nurses' opportunity to progress as well as their role, knowledge, and skills required will be restricted. In 2010, the Institute of Medicine, being aware of the difficulties that ACNPs faced, advocated the removal of barriers that hindered nurses from being able to practice and fully use their knowledge to assist with a health care system that is undergoing change ([Swan et al., 2015](#)). Physician groups, who cited worries about patient safety, voiced reservations about this at the time, although research suggests safety is enhanced by teamwork ([Swan et al., 2015](#)). In Saudi Arabia, this is very much the view of physicians even in recent times ([Alboliteeh et al., 2017](#)).

Significance of the Study to Saudi Nursing

As has been highlighted on various occasions, there are already nurses in Saudi Arabia performing the role of advanced practice nurses, without the recognition. These nurses lack the formal education required to be an ACNP and they often work without medical supervision ([Almalki et al., 2011](#); [Al-Ahmadi & Roland., 2005](#)). What this shows is that there are nurses in Saudi Arabia who have the ability to work as ACNPs. Thus, structured implementations are required to recognize nurses who are skilled and talented to provide them with the opportunity to study advanced nursing. This will empower nurses to have the title that encompass to be recognized with given autonomy to their career. At present, there is no regulatory mechanism to protect these nurses and the public when they function in this advanced role. Furthermore, there is no structure or framework.

The Saudi Health authorities can follow the framework and toolkit created by NHS Scotland because of its successful results especially with the clarifications about ACNPs role in regard to performance.

Such changes might happen if implemented clearly and gradually. The public needs education about the importance of nursing role in general and ACNPs role in particular. A greater understanding of what nurses are capable of would result in more respect, increase nursing autonomy, and enhance nursing image among society. In addition, ACNP needs to be recognized of its role before its implementation in critical health settings. It is imperative that ACNPs are allowed to perform their role as defined by the four pillars; however, there is a need for consistency in different hospitals, which was ensured by the NHS Scotland toolkit.

The aforementioned recommendations are going to be difficult to implement in Saudi Arabia. Perhaps, the first step would be to have collaborations between universities in the United Kingdom and hospitals in Saudi Arabia, where nurses who are recognized as having the skills required to be an ACNP can go to the United Kingdom to study as this would allow them to understand the framework and toolkit and be aware of how the role functions in NHS. This should then be followed by clinical practice in hospitals in Saudi Arabia. What is important is that the collaboration continues

once the nurses have returned to their role in Saudi Arabia as support will be necessary and it can be seen that the framework and toolkit are being implemented.

Furthermore, cultural change in Saudi Arabia is necessary for the role of ACNPs recognition. Nurses need formal authority in Ministry of Health and hospital departments, to be actively involved in the policy making and making strategic plans. Otherwise, it seems that nurses' positions are powerless in regard to nursing profession development which are led usually by physicians who are going to be protective of their position. It might be a huge challenge for now; however, Saudi Arabia is taking the first steps toward cultural change with 2030 Vision. If the aforementioned proposals were incorporated into this program, then it would be a great opportunity for nurses to make any required change to get the respect and recognition which they deserve. Correspondingly, this project is aiming to create an open society that is nourished and encourage nursing profession by different means.

Throughout the world, ACNP role has been seen as being beneficial for patients and for physicians, its integration has taken time and there have been difficulties, but with frameworks and aids such as the NHS Scotland toolkit, the role of ACNPs has become clearer and ACNPs have the recognition their role merits.

In Saudi Arabia, with the right commitment, the ACNP role can be similarly successful.

Conclusion

This review has identified that the role of ACNP is perceived differently throughout the world. Furthermore, disagreement about their roles occurs in different hospital departments around the world. By saying this, ACNPs can be performing different tasks, some more difficult than others, which might be thought by others as a confusing role. The toolkit which has been created by NHS Scotland has led to more consistency in how the role is performed. This can be a template for other countries to follow. What is consistent in the role of ACNP throughout the world is that it is built on four pillars: clinical, leadership, education, and research. What varies is the extent that each is performed. In Saudi Arabia, despite a desire to introduce the ACNP role in public hospitals, it is currently only adopted in the King Faisal Hospital which follows the Magnet model which promotes continuous education and nurse empowerment. However, even after they have obtained their Masters, ACNPs in Saudi Arabia have little power and what is more is that there is little recognition of their role, indeed there is resistance from physicians who want to protect their own position. The role of ACNP in Saudi Arabia, as does nursing in general, needs a radical overhaul. A structure is required to empower nurses at management level to implement and develop a framework, which will allow nursing improvement. This can only be achieved if there is more openness in Saudi culture to promote nursing as a worthy profession to maintain and empower the skilled workforce which exists. This could be achieved with universities and hospitals internationally who would provide not only education but also a framework and leadership, which would allow the role of ACNP to develop in Saudi Arabia.

Conflict of interest statement

There are no conflicts of interest to declare.

Ethical procedure

The research meets all applicable standards with regard to the ethics of research integrity, and the following is being certified/declared true.

Acknowledgment

This research was funded by the Deanship of Scientific Research, Saudi Arabia at Princess Nourah bint Abdulrahman University through the Fast-track Research Funding Program.

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