



Research Article

Optimizing the Regulation of Nursing in the Asian Context: Development and Application of a Legal Framework

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SUMMARY

Purpose: It is essential to regulate nursing to protect the population's health. As regulation constantly changes in response to societal trends, periodic reviews of nursing regulations become imperative. Therefore, we developed a legal framework by extracting essential elements for nursing regulation and explored its potential application.

Methods: This study consisted of two parts. First, the legal framework for nursing regulation was developed through reviewing literature that mentions the content that can be included in nursing regulations, and through a content validity assessment by five experts. Second, this legal framework was applied to the nursing laws of China, Hong Kong, Japan, and Taiwan to confirm the suitability of the framework.

Results: In the first part of the study, the legal framework for nursing regulation consists of seven categories (purpose, definitions, standards for practice, license acquisition and registration to practice, regulatory body, protection of the legal authority of nurses, offenses/penalties, and disciplinary procedures) and 17 items was developed. As a result of applying this framework to nursing laws in four countries, the average utilization rate for all 17 items was 68.4%. The matching scores between the framework and the law were over 60% for all four laws.

Conclusion: Regulations, especially in the form of legislation, must be carefully considered because laws involve enforcement and potential penalties. This study is significant for identifying essential nursing regulation elements and offering a practical reference tool, expected to be widely utilized in future nursing policy and regulatory research.

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Introduction

Efforts have recently intensified worldwide to achieve universal health coverage (UHC), with the World Health Organization (WHO) emphasizing the pivotal role of nurses in this pursuit [1]. Since the healthcare industry is labor-intensive, the level of healthcare is determined by the quality of the medical workforce [2]. Nurses are core workers, accounting for the largest portion of the healthcare workforce. Therefore, it is essential to regulate the supply and demand, qualifications, responsibilities, and duties of nurses to protect the health of the population and maintain public health [3]. The International Council of Nurses (ICN) also emphasizes that

profession-led nursing regulations establish standards of nursing practice, further enhance the competence of nurses, and contribute to improving quality patient outcomes [4].

In this context, regulations governing nursing are typically expressed through laws. In an administrative state, laws made through the legislative process are the main means of social regulation [5]. The ICN has urged each country to enact nursing laws and introduced the Model Nursing Act in 2007 which suggests the inclusion of specific components in the law [6]. The WHO (2002) also suggested the inclusion of specific components in the Nursing Act, emphasizing the necessity of regulating nursing [7]. In the United States, the Model Nursing Act was developed by the National Council of State Boards of Nursing (NCSBN) to ensure uniformity of nursing laws across all the states, some of which have been implemented since 1988, and updated periodically (latest version 2021) [8]. These recommendations align with various theoretical frameworks on legal regulations, which argue that such regulations protect public interests. Professions accept certain regulations and responsibilities in exchange for their status, and the law reflects

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and changes social norms, underscoring the crucial importance of legal regulations [9,10].

The nursing laws or regulations proposed so far tend to be centered on Western countries, so there are limitations in properly reflecting the characteristics of other countries and regions. In addition, according to a WHO report that analyzed the global nursing status by region, some Asian countries had relatively fewer regulations on nursing, including educational standards for nurturing nurses, training, continuous professional development, roles of nurses, and working conditions [11]. This difference can be attributed to the historical context in which nursing first developed in the West and later spread to Asian countries [12]. Additionally, the sociocultural background of each country can be an influential factor. Sociocultural factors in each country have a significant influence on the content of the regulation, and the regulation including law constantly changes according to the trends of the times and social demands. Therefore, nursing regulations, including education, qualification recognition, scope of practice, and discipline, need to be modernized [11,13].

Therefore, the purpose of this study is to develop a legal framework by extracting the essential elements that must be included when creating a nursing regulation or enacting a nursing law and to apply this framework to some countries to examine its feasibility.

Methods

Study design

This study consists of two parts: legal framework development and application. The first part was to establish a legal framework and evaluate content validity through a comprehensive literature review and expert consultation. The primary objective of this part is to identify the essential elements that must be included when creating a nursing regulation or enacting a nursing law. The second part was to apply the developed legal framework to the laws of each country. Through the application, we confirmed the usefulness of the framework within the legislative context of each country.

Part 1: Development of the legal framework

Data collection

We conducted a literature review to identify sources discussing content that could be included in nursing regulations or laws to establish a legal framework. The inclusion criteria comprised English-language literature published from 2000 to 2020 mentioning items relevant to nursing regulations or laws. We conducted the review using keywords ("nurse", "nursing regulation", "law", "acts", "legislation", and "framework") on Google Scholar, encompassing both peer-reviewed articles and grey literature such as reports and white papers from organizations like WHO and ICN. This approach was chosen to ensure the inclusivity of diverse perspectives and relevant sources on nursing regulation and law [14]. As a result of the keyword search, 1,880 records were identified. After reviewing titles and abstracts, 1,867 records were excluded as they did not meet the study purpose. The remaining 13 literature were independently reviewed by two researchers, followed by a consensus meeting. During the discussion, eight literature were excluded, and three new literature were added. Finally, eight literature, including studies and reports, were selected [6,7,15–20] (Figure 1).

Data analysis

The first author constructed an outline of the coding matrix by extracting the essential elements of nursing regulation through a careful reading of one of the eight literature. Thereafter, the two researchers independently analyzed the eight literature, extracted

the essential elements required for nursing regulation presented in each framework, and listed them according to the coding matrix. If new elements or elements that were difficult to classify were found during the analysis, we occasionally discussed and reached a consensus via e-mail or meetings. In particular, there were many cases where the definitions of the extracted elements were not explained in the literature, and we clarified the definitions for each element by discussing this as well. As there were many intermediate agreements, no disagreements were found after cross-checking the independent analysis results of the two researchers. Based on a data-filled coding matrix, we grouped similar elements into categories and drafted a legal framework.

Content validity ratio (CVR) was then used to determine content validity. Since the appropriate number of experts is conventionally prescribed as preferably three or more and 10 or fewer [21], five experts participated in the CVR of this study. To ensure validity, we carefully composed a panel of experts with relevant knowledge and practical experience in various fields such as academia, government, and professional associations. In accordance with considerations of representativeness, we selected one expert with more than 5 years of experience from each field of administration, legislation, academia, and advocacy groups. We individually contacted these experts to explain the research purpose, obtain their consent, and conduct written consultations. They were compensated for their participation in the study. The characteristics of the experts, including their educational backgrounds and disciplines, are presented in Table 1. Five experts were asked to measure the validity of each item of the draft framework on a 4-point scale and write their opinions on each item. We modified the framework by reflecting on the CVR results and experts' opinions.

Part 2: Application of the legal framework

Data collection

We selected laws to which the developed legal framework would be applied based on the following criteria: 1) enacted for the purpose of regulating nursing; 2) from Asian countries; 3) written in a language the research team can read; and 4) allowing access to the entire text of the law. As a result, laws from China, Hong Kong, Japan, and Taiwan were selected. In June 2022, we searched and collected laws aimed at regulating nursing in each country from the official online legal website operated by the Ministry of Justice of each country.

Data analysis

Two researchers independently analyzed the laws of the four countries according to the framework. If the laws contain the contents corresponding to each item in the framework, we were marked as "Yes," if only partial contents matched, "Partial," and if no contents corresponded, we were marked as "No." The two researchers' analysis results were compared, and any disagreements were resolved through discussion. In addition, to check the matching score and the utilization rate, "Yes" was given 1 point, "Partial" was given 0.5 points, and "No" was given 0 points. Matching score refers to how similar the country's law is to the framework, and utilization rate refers to how many times one item is included in the four laws.

Results

Part 1: Development of the legal framework

The results of experts' content validity evaluation of the draft framework are shown in Table 2. As there were five experts in the group, the acceptance criterion for the content validity was .99 [22].

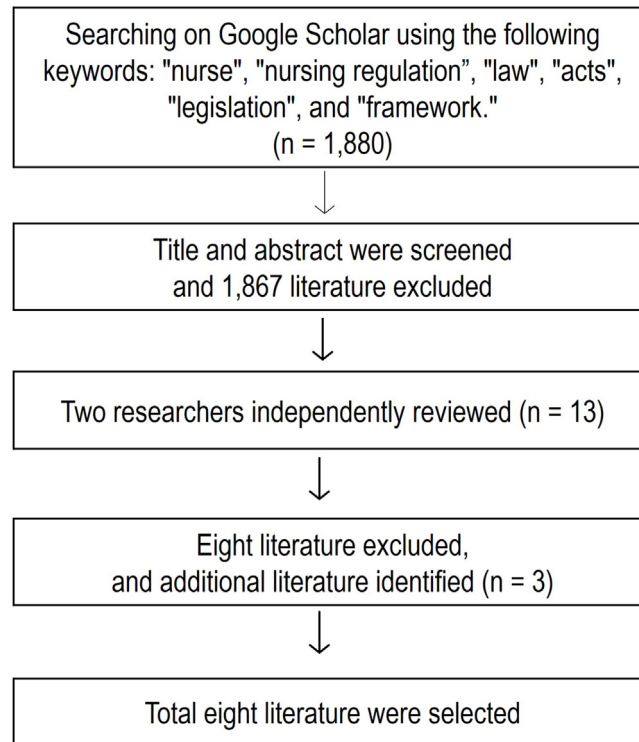


Figure 1. Flow chart of the literature search.

Table 1 General Characteristics of Experts.

No.	Sex	Age	Affiliation	Position	Years of experience	License	Field of expertise
1	Female	30s	Ministry of Health and Welfare, ROK	Expert advisor	over 5 years	Registered Nurse, Lawyer	Law and policy (especially, healthcare field)
2	Female	50s	College of Nursing in ROK	Professor	over 20 years	Registered Nurse	Nursing law and ethics, Nursing management (PhD in law)
3	Male	40s	Korean Nurses Association	Director	over 10 years	Not applicable	Nursing law and policy (PhD in law)
4	Female	50s	National Assembly Research Service, ROK	Legislative research officer	over 15 years	Registered Nurse	Legislative Process (PhD in public health)
5	Female	40s	National Assembly, ROK	Chief Policy Advisor	over 20 years	Not applicable	Legislative Process and Policy participation (especially, healthcare field)

Note: ROK = Republic of Korea, PhD = Doctor of Philosophy.

Therefore, the two items ('practice standards' and 'method of appointment/election to the regulatory body') that fell below .99 were deleted from the framework. Experts left opinions that these items are inappropriate to be regulated by law because they must be revised frequently according to changes in the times and the development of nursing knowledge. In addition, experts presented opinions to improve the framework, and we modified the framework based on these. There were three changes. First, since both initial issuance/registration and renewal of license were included in item 4.3, we separated 'initial' and 'renewal' into separate items. Therefore, the name of item 4.3 has been modified to 'Initial license issuance and registration.' Second, since item 4.4 'Reports' is one of the methods for license renewal, this item was changed to 'Criteria for maintenance and renewal of licensure to practice,' and the contents of the definition were also modified accordingly. Lastly, experts suggested that not only the qualifications of advanced practice nurses (APNs) but also their scope of practice should be included in the framework. Accordingly, we created 'category 5,' moved item 4.5, and also added a new item regarding the scope of APN's practice (5.2 scope of practice defined). Ultimately, the

essential elements identified through literature review and expert consultation were a total of eight categories (17 items). In particular, experts emphasized that item 3.1 (scope of practice defined) is absolutely necessary because controversy over the scope of practice can always arise in clinical settings where various occupations work together.

Part 2: Application of the legal framework

Table 3 summarizes the results of the analysis of the laws in the four countries according to the legal framework developed. The average utilization rate for all 17 items was 68.4%. There were five items stipulated in all four laws (utilization rate 100%). One of the items with a 100% utilization rate is "2.2 Categories/level of nurse," which means 'Types of workers related to nursing.' According to the laws of each country, China has 'nurses', Hong Kong has 'enrolled nurse and registered nurse', Japan has 'public health nurse, midwife, nurse, and assistant nurse', and Taiwan has 'professional registered nurses and registered nurses.' On the other hand, because only Taiwan's law included information on APNs, the

Table 2 The Draft of Legal Framework and Calculation of CVR.

Category	Item	Definition	CVR	Interpretation
1. Purpose	1.1 Purpose of legislation	A description of the purpose for which the law was enacted	1	Remained
2. Definitions	2.1 Definition of nursing	The concept and definition of 'What is Nursing'	1	Remained
	2.2 Categories/level of nurse	Types of workers related to nursing	1	Remained
3. Standards for practice	3.1 Scope of practice defined	Scope of practice that a person holding a nurse's license can perform	1	Remained
	3.2 Code of conduct/ethics as a baseline for practice	Ethical values, responsibilities and professional accountabilities of nurses that defines and guides ethical nursing practice within the different roles nurses assume.	1	Remained
	3.3 Practice standards	Guidelines for practices carried out by nurses within the scope of their duties (e.g. Indwelling catheterization techniques and precautions)	.6	Eliminated
4. License acquisition and registration to practice	4.1 Eligibility criteria for obtaining license	Requirements to obtain a nurse license: (a) education, (b) examination	1	Remained
	4.2 Grounds for disqualification	Status of being unable to obtain a nurse license or register as a nurse (e.g., mental competence, physical competence, criminal background check)	1	Remained
	4.3 License issuance and registration	Procedures and requirements for issuing, registering, and renewing nurse licenses	1	Modified
	4.4 Reports	The obligation of nurse license holders to periodically report their status to the government or nursing regulatory body	1	Modified
	4.5 Specialist/advanced qualifications/certification	Requirements to obtain a specialist/advanced nursing license: (a) education, (b) examination	1	Modified
5. Regulatory body	5.1 Organization and establishment of the regulatory body	The form, identity, and name of the regulatory body (e.g., function independently, part of a single multidisciplinary body, unique structures, self-regulatory professional body only, handling by the Ministry of Health)	1	Remained
	5.2 Description of the purpose and scope of the regulatory body	Roles and functions of regulatory body (e.g., responsible for qualification management tasks such as examination operation, license issuance, and registration)	1	Remained
	5.3 Structure and composition of the regulatory body	Number of members, qualification requirements of members, etc.	1	Remained
	5.4 Method of appointment/election to the regulatory body	How to select members of the regulatory body (e.g. appointments by government, election, government approval after designation by nursing professional members)	.6	Eliminated
6. Protection of the legal authority of nurses	6.1 Protection of titles, etc.	Regulations to protect the expertise of nurses and the safety of nursing recipients (a) prohibition of abuse of the title nurse (b) prohibition of unlicensed nursing practice	1	Remained
7. Offences/penalties and disciplinary procedures	7.1 Offences/penalties listed	Penalties (e.g., imprisonment or fine) or administrative measures (e.g., suspension or revocation of a nurse's license) imposed on nurses depending on the reasons for disciplinary action.	1	Remained
	7.2 Disciplinary procedures	Disciplinary procedures, appeals, remedies, etc.	1	Remained

Note: CVR = content validity ratio, e.g = *exempli gratia*.

utilization rate of items in category 5 was relatively low. Additionally, in countries other than Hong Kong, all regulatory bodies were government such as the Ministry of Health, so item 6.3 only applied to Hong Kong, resulting in a utilization rate of 25%.

The matching scores between the framework and the law were over 60% for all four laws. The law with the highest matching score was Taiwan (73.5%), and China had the lowest (61.8%). Taiwan's Nursing Personnel Act, enacted in 1991, is most similar to the legal framework we developed and includes provisions corresponding to 12 out of 17 items. The contents of the examination as an eligibility criteria for becoming a nurse were stipulated in this law, but the contents of education could not be found, so item 4.1 was classified as 'Partial.' Japan's Act on Public Health Nurses, Midwives, and Nurses was enacted first among the four countries in 1948 and had the second-highest matching score (70.6%). Hong Kong's Nurse Registration Ordinance, enacted in 1961, contained provisions corresponding to 11 out of 17 items (matching score 67.6%). Although there was no provision on the purpose of legislation in this law, the preamble included related content, so item 1.1 was 'Partial.' China's Nursing Regulations, enacted in 2008, had provisions corresponding to 10 out of 17 items. In addition, although there is a provision in this law regarding the prohibition of unlicensed nursing practice, no

provision was found regarding the prohibition of abuse of the title 'nurse', so item 7.1 was classified as 'Partial.'

Discussion

In this study, we conducted a comprehensive literature review and consulted with experts to identify essential components for enacting nursing regulations or laws. Subsequently, we developed a legal framework comprising seven categories (purpose, definitions, standards for practice, license acquisition and registration to practice, regulatory body, protection of the legal authority of nurses, offences/penalties, and disciplinary procedures) and 17 key items. Applying this framework to nursing laws in four countries revealed a matching score exceeding 60%, with an average utilization rate of items reaching 68.4%. This analysis affirms the practical applicability of the developed legal framework.

The scope of nursing practice extends beyond specific tasks or functions; it involves a combination of knowledge, judgment, and skills. Legislative considerations aim to make it adaptable to dynamic changes in society, health demands, and technological advancements [4]. In clinical settings, various occupations share one goal, 'patient recovery and health,' and cooperate to achieve that

Table 3 Summary of Results of Applying the Framework to the Laws of each Country.

Items	China	Hong Kong	Japan	Taiwan	Utilization rate (%)
Title	Nurses Regulation	Nurses Registration Ordinance	Act on Public Health Nurses, Midwives, and Nurses	Nursing Personnel Act	–
Year of enactment	2008	1961	1948	1991	–
1.1 Purpose of legislation	Yes	Partial ^a	Yes	No	62.5
2.1 Definition of nursing	No	No	No	No	0.0
2.2 Categories/level of nurse	Yes	Yes	Yes	Yes	100.0
3.1 Scope of practice defined	Yes	No	Yes	Yes	75.0
3.2 Code of conduct/ethics as a baseline for practice	Yes	No	Yes	Yes	75.0
4.1 Eligibility criteria for obtaining license	Yes	Yes	Yes	Partial ^a	87.5
4.2 Grounds for disqualification	No	Yes	Yes	Yes	75.0
4.3 Initial license issuance and registration	Yes	Yes	Yes	Yes	100.0
4.4 Criteria for maintenance and renewal of licensure to practice	Yes	Yes	No	Yes	75.0
5.1 Eligibility criteria for obtaining an initial license (APN)	No	No	No	Yes	25.0
5.2 Scope of practice defined (APN)	No	No	No	Yes	25.0
6.1 Organization and establishment of the regulatory body	Yes (The competent health department of the State Council)	Yes (Nursing Council of Hong Kong)	Yes (The Minister of Health, Labour and Welfare)	Yes (The Ministry of Health and Welfare)	100.0
6.2 Purpose and scope of the regulatory body	Yes	Yes	Yes	Yes	100.0
6.3 Structure and composition of the regulatory body	No	Yes	No	No	25.0
7.1 Protection of titles, etc.	Partial ^a	Yes	Yes	Yes	87.5
8.1 Offences/penalties listed	Yes	Yes	Yes	Yes	100.0
8.2 Disciplinary procedures	No	Yes	Yes	No	50.0
Matching score (%)	61.8	67.6	70.6	73.5	

Note: APN = advanced practice nurses.

^a The meaning of 'partial' is as follows. Hong Kong's law does not have individual provisions for legislative purposes, but it is mentioned in the preamble. In Taiwan's law, there is no provision for "education" in the requirements to obtain a nurse license, but there is content for "exam." In China's law, there is no provision for "prohibition of abuse of the title nurse," but there is provision for "prohibition of unlicensed nursing practice."; The sources of law in each country are as follows. China <https://flk.npc.gov.cn/index.html>. Hong Kong <https://www.elegislation.gov.hk/hk/cap164>. Japan <https://www.japaneselawtranslation.go.jp/en/laws/view/3993>. Taiwan <https://law.moj.gov.tw/ENG/LawClass/LawAll.aspx?pcode=L0020166> (last access on 06 January 2024).

goal. However, unintentional disputes may occur due to conflicting roles between occupations or gray zones where responsibility is unclear [23]. Therefore, it is essential to define the scope of practice that nurse license holders can perform. This also applies to APNs. There is strong evidence that APNs contribute to increasing patient access to care and improving patient outcomes [24,25]. In a healthcare environment where the number of people with chronic diseases increases worldwide and the aging of the population accelerates, APN will become a key force in achieving UHC that solves the problems of medical manpower shortages and unmet medical service areas. As APNs have been started and developed mainly in Western countries [26], Asian countries remain at a relatively early stage [27]. For reference, in South Korea, the qualification requirements for APNs were stipulated by law, but there were no regulations on their role for a long time.; therefore, APNs have not been activated [28]. However, after considerable effort, public discussions on the legalization of the APN role began in 2018; finally, in April 2022, the scope of practice for APNs was stipulated by law. South Korea's experience like this has great implications. Occupational licensing provides the authority to perform specific tasks only to those who meet a certain level of qualification criteria, thereby maintaining the expertise of workers and providing quality services [29,30]. Therefore, medical personnel who deal with human life are representative occupations for licensing, and the framework developed in this study also includes licensing-related items. However, if there are only qualifications and no scope of practice, it will be almost impossible for the profession to secure its

own area within the complex healthcare environment and will eventually decline [31,32]. Therefore, for any occupation, it is necessary to clearly specify not only the qualification requirements but also the scope of practice permitted by the license.

From a governance perspective, the Nursing Regulatory Body (NRB) is an institution that maintains and promotes professionalism in nursing by managing nurse qualifications, developing practice standards, and disciplining when necessary [33]. Within the framework developed in this study, item 5.1 specifically addresses the 'organization and establishment of the regulatory body.' With the exception of Hong Kong, in all countries analyzed in this study, governmental entities were responsible for regulatory functions related to the management and supervision of nurse qualifications. Unfortunately, these tasks are often handled by people who have nothing to do with nursing. According to a survey of 320 jurisdictions around the world by the NCSBN, NRB members were most often appointed by government authority, followed by the election of officials [34]. In order for NRB to operate properly, it needs members with specialized knowledge in nursing. However, because the structure and form of NRBs vary greatly from country to country, it may be inappropriate to unify the criteria for selecting members or to stipulate them in the laws. In countries such as the United States and Canada, separate organizations or committees are in charge of tasks as part of self-regulation, and in some cases, both national and self-regulation are operated [35]. In addition, depending on the scope of practice, independent bodies may perform only nursing regulatory work or a single body in charge of various tasks may be in

charge of nursing regulatory work [34]. In most of the countries analyzed in this study, the national administration served as NRB. Nevertheless, it seems necessary to seek systematic improvement measures so that appropriate people with expertise can take charge of NRB's tasks. If this role is taken on by the national administration, such as the Ministry of Health, one solution may be to create a dedicated nursing department within the administration that is solely responsible for nursing-related tasks. Additionally, nurses can monitor NRB's activities from the outside while paying attention to policies related to nursing regulation.

The purpose of nursing regulation is to establish nursing standards and secure the expertise of nurses to provide high-quality services to the public [4]. To achieve this goal, nursing regulation is mainly approached from the perspective of controlling nurses. The laws of Japan, China, and Hong Kong in this study included provisions corresponding to the 'purpose of legislation,' and these also had similar contents. However, even nurses with a high level of professionalism cannot demonstrate all their expertise in a work environment with a heavy workload. In many countries around the world, the demand for nursing services is soaring due to changes in the healthcare paradigm; however, they are suffering from a chronic and serious nurse shortage [36]. If providing quality services to the public is the ultimate goal of nursing regulation, regulation at the individual nurse level alone has limitations. There is a need to approach regulation from the perspective of managing and improving the nursing environment. This is related to previous studies that nursing regulation is influenced by sociocultural factors [13,37]. It is true that the social image of nursing has improved compared to the past, and the needs for nursing is also increasing as we move toward a super-aging society [38]. Many countries are feeling a sense of crisis due to the shortage of nurses and are considering ways to retain them. A representative example of reflecting these sociocultural changes in law or policy is the 'California's nurse staffing legislation.' [39]. Unlike other laws, China's Nurses Regulation in this study included provisions such as protection of nurses' rights and duties of medical institutions for nurses, so it appears that it can be a reference in changing the perspective of nursing regulation.

The present study had several limitations. First, we focused on whether the literature review mentioned items that could be included in nursing regulations or nursing laws. As a result, some of the eight selected literature are from 20 years ago and may have limitations in reflecting the latest changes in the medical environment. Additionally, we conducted a literature review using Google Scholar, encompassing both peer-reviewed articles and grey literature. However, relying solely on Google Scholar may have limited the comprehensiveness of our review. While Google Scholar is useful for locating a significant amount of grey literature and specific studies, previous research suggests that it alone is insufficient for systematic reviews [14]. Accordingly, we attempted to supplement the limitations of the eight selected literature by allowing additional opinions to be freely expressed in addition to the items in the framework presented at the expert consultation stage. Second, when regulating nursing care in a country, it may not be regulated only in the form of a single law. Sometimes, there are countries where nursing is not regulated at the legal level but in sub-statutes or guidelines [40]. However, we reviewed nursing regulations at the legal level. This limits the integrated approach to nursing-related regulations in one country. In other words, even if a particular item of the framework was marked "No" in our study, it is dangerous to interpret this as a country that has no regulations for that item at all. Finally, the items of the legal framework were confirmed only as "Yes/No." Therefore, we propose additional research that examines the specific details of the law, such as what kind of curriculum, if any, and what the contents of the test are, if

there is one, and the level of regulation. In particular, the form and content of laws may vary depending on the country's legal system, legislative background, and the intentions of legislators, necessitating additional research that considers these factors.

Nevertheless, this study is significant in several aspects. This study is significant in that it identifies the necessary elements for nursing regulation and provides a useful tool that policymakers in each country can refer to when regulating nursing care. In particular, this study can help reflect on the concept of nursing regulation and current tasks in Asian countries where the nursing regulation environment is relatively immature. It is expected to be used extensively in policy and regulatory research on nursing in the future. Additionally, nursing continues to evolve according to medical technology development, the development of new knowledge, and social needs [41]. However, legislation takes considerable time because it must go through a series of procedures and also requires political agreements. In addition, there are cases in which political matters, rather than the necessity of legal enactment, have a greater impact on the legislative process [42,43]. Therefore, putting all regulations in the form of law may not be the right answer. However, in practical areas of legislation or policy-making, this framework serves as a valuable tool to ensure essential elements are not overlooked. Lastly, integrating the legal framework developed in this study into the nursing curriculum can significantly enhance nursing students' and nurses' understanding of the regulatory environment. Educating them on reviewing nursing-related regulations and laws, as well as actively involving them in law-related procedures and policy-making processes, will deepen their engagement in legislative and nursing policy matters. This educational initiative empowers nursing students and nurses to effectively participate in political and policy development processes, thereby ensuring their active involvement in legislative aspects of nursing. Moreover, these initiatives enable them to perform their roles more effectively as professionals and contribute to the advancement of nursing practice. This approach not only prepares them for effective professional practice but also holds profound implications for nursing education, particularly in cultivating professionalism and leadership among nurses [44].

Conclusion

Regulating nursing is difficult and complicated because it must consider various aspects such as the trend of the times and the development of healthcare technology. Purpose of legislation, definitions, scope of practice, license acquisition and registration, regulatory body, protection of titles, and discipline standards are the essential elements of nursing regulation. It is necessary to check and update nursing regulations using the framework developed in this study to enhance the professionalism of nurses and advance the field of nursing. Integrating this framework into the nursing curriculum can deepen future nurses' understanding of the regulatory environment, fostering professionalism and leadership. This integration enables them to perform their roles more effectively and contribute to the advancement of nursing practice. Additionally, this framework serves as a practical tool in legislation and policy-making, ensuring essential elements are not overlooked. This study provides a valuable reference for policymakers and highlights the need for continuously evolving nursing regulations to meet current and future healthcare needs.

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Conflict of interest

The Authors declare that there is no conflict of interest.

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