

Mapping the characteristics of task-shifting and task-sharing phenomena involving nurses: a scoping review protocol

Martina Bertin¹ • Francesco Musso^{1,2} • Erika Bassi^{1,2,3} • Matteo Maria De Vecchi¹ • Romilda Torregrossa^{1,2} • Elisa Ambrosi⁴ • Federica Canzan⁴ • Alessio Conti⁵ • Marco Clari⁶ • Gaia Magro⁷ • Alvisa Palese⁷ • Alberto Dal Molin^{1,2,3}

¹Department of Translational Medicine, University of Piemonte Orientale, Novara, Italy, ²Azienda Ospedaliero Universitaria Maggiore della Carità di Novara, Novara, Italy, ³JB1 University of Piemonte Orientale for Healthy Aging, Vercelli, Italy, ⁴Department of Diagnostics and Public Health, University of Verona, Verona, Italy, ⁵Department of Clinical and Biological Sciences, University of Torino, Torino, Italy, ⁶Department of Public Health and Pediatrics, University of Torino, Torino, Italy, and ⁷Department of Medicine, University of Udine, Udine, Italy

ABSTRACT

Objective: This scoping review will map the characteristics of task shifting and task sharing involving nurses.

Introduction: Amid a persistent global shortage of health care professionals, task shifting and task sharing are increasingly adopted to meet health care demands. Nurses form the largest group of skilled health care professionals worldwide, and they are key actors in these phenomena. Task shifting involves transferring tasks from one individual to another, while task sharing refers to collaborative responsibility for a task. Although widely discussed in the literature, some aspects involving nurses have not yet been mapped, such as the settings and characteristics of these practices.

Eligibility criteria: This review will consider evidence sources on task shifting or sharing to or from nurses, involving health care or non-health care professionals. Eligible sources will include primary and secondary studies employing quantitative, qualitative, or mixed methods designs. Dissertations and policy documents will also be considered. Only studies published from 2008 onward will be considered, with no language restrictions applied.

Methods: A comprehensive literature search will be conducted in databases such as PubMed, Embase, CINAHL (EBSCOhost), and ProQuest Dissertations and Theses Global (ProQuest), along with gray literature and the reference lists of relevant studies. Two reviewers will independently screen all records and assess full texts for eligibility. Data extraction will be performed using a structured tool developed and piloted by the reviewers. Results will be mapped and analyzed using descriptive statistics and content analysis. Findings will be presented using tables, charts, and graphs aligned with the review's subquestions.

Review registration: OSF <https://osf.io/w748g>

Keywords: nurse; scoping review; task sharing; task shifting

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Introduction

Population aging, chronic diseases,¹ and comorbidities have increased the demand for health care services globally, and will continue to do so, placing further pressure on systems that are already strained.² Human resources are fundamental to any

health care system; however, the World Health Organization (WHO) has identified a substantial global deficit of health care professionals. It is estimated that this shortage will reach approximately 10 million health care professionals by the year 2030. Particularly concerning is the estimated shortfall in the nursing workforce, with an estimated gap of 4.5 million nurses by the same year.³

In a landscape where there is a shortage of health care professionals, strategies such as task shifting and task sharing (TS/S) hold potential to ensure access and provision of care.^{4,5} The concept of *task shifting*,

Correspondence: Erika Bassi, erika.bassi@uniupo.it

MB and FM contributed equally to the manuscript.

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defined as the transfer of a task from one professional to another,⁶ was initially introduced in 2008 by the WHO in response to the challenges posed by staff shortages and the escalating HIV pandemic.⁵ The concept of task sharing is more recent, and is used to describe the sharing of responsibilities between different professions for a given competence.^{6,7} During the COVID-19 pandemic, the Centers for Disease Control and Prevention recommended these approaches to strengthen and expand the health workforce capacity for the delivery of both COVID-19–related care and other essential health services.⁸ The terms for these 2 strategies are used interchangeably, alongside synonyms such as task delegation and skill mix change, generating difficulties in clearly mapping the phenomena.⁹

TS/S have been described as strategies to address workforce shortages and enhance the long-term sustainability of health care services. Nevertheless, workforce shortages alone should not be regarded as a sufficient rationale for their implementation. TS/S should be adopted only in contexts where patient safety is prioritized and where the potential implications of these strategies are considered, particularly once the original shortage is subsequently resolved. Moreover, for TS/S to be successful, they cannot simply arise from natural or informal professional evolution, shaped by customary practice; instead, they must be supported by appropriate training, planning, and evaluation of the intervention.¹⁰ Long-term planning is essential to embed TS/S-related competencies within standard educational curricula, thus supporting a more effective and sustainable response to the underlying workforce challenge.

By involving different health care professionals, TS/S can foster a more integrated and person-centered model of care.^{7,11,12} In particular, nurses are heavily involved in TS/S.¹³ Over the years, nursing roles have expanded into areas traditionally considered within the domain of medical professionals.⁴ For instance, nurses are now involved in the implantation and management of loop recorders,¹⁴ the insertion of central venous catheters,¹⁵ and the administration of intravitreal injections.¹⁶ They also participate in prescribing medicines⁷ and diagnosing and initiating HIV treatment,⁵ in the identification and management of minor acute conditions, as well as the coordination of complex medical care pathways.¹⁷ However, TS/S are not implemented uniformly across health care systems. The composition

and size of the professionally qualified nursing workforce are deeply shaped by each country's societal context, and this variability determines how the nursing profession is structured and how it functions within each health system.¹³ TS/S adoption is, therefore, highly context-dependent and often shaped by national legal, regulatory, and professional frameworks governing the scope of nursing practice.

In terms of geographical and health system contexts, Das *et al.*⁹ reported that the literature on TS/S has focused predominantly on low- and middle-income countries, with South Africa and India accounting for the largest number of studies. They also observed a substantial rise in publications between 2006 and 2008, coinciding with the WHO's publication of major guidelines for the implementation of TS/S. In terms of clinical focus, HIV and mental health conditions were the most commonly addressed, followed by diabetes, tuberculosis, and maternal conditions.

Regarding the nursing profession, several reviews have been conducted on TS/S involving nurses, but most focus on specific and single clinical settings,^{18,19} a particular disease,²⁰ or a defined geographical area.²¹ Meanwhile, comprehensive mapping of the main characteristics of TS/S is currently unavailable, though this could inform policy development and provide a reference framework for the terminology used and the trends shaping the scope of nursing practice.

The scope of nursing practice is dynamic and continually adapts to evolving health care needs, advances in knowledge, and developments in technology.¹³ However, given the ongoing shortage of nurses, health care systems increasingly rely on health care assistants and other clinical support workers. While this is a global trend observed in many countries, the extent and nature of this support vary significantly across health systems.²² Recent studies have begun to explore the growing phenomena of TS/S toward home health aides, unlicensed assistive personnel, and non-registered support workers, highlighting both opportunities and challenges in maintaining care quality and patient safety.^{23,24}

In that context, this scoping review will map the phenomena of TS/S involving nurses by including evidence sources across all contexts, without restrictions on geographical origin or care setting characteristics. A scoping review is appropriate because the aim is to map the breadth and nature of the available literature, identify key concepts and evidence gaps,

and clarify how the topic has been studied across different contexts. This approach is particularly suitable for areas in which the evidence base is heterogeneous in terms of study design, population, setting, or outcomes, and where a more narrowly focused systematic review may be premature, as applies in this instance. We are particularly interested in exploring the characteristics of TS/S, both in terms of the transfer of tasks from nurses to other health care professionals or lay personnel, and from other health care professionals to nurses.^{17,20}

A preliminary search of OSF, PROSPERO, PubMed, Embase, the Cochrane Database of Systematic Reviews, and *JBIM Evidence Synthesis* was conducted and a single ongoing scoping review protocol was identified.²⁵ Its methodological approach is not consistent with the JBI methodology, its focus is not solely on nurses, and its results are not published. Additionally, a bibliographic analysis⁹ mapping the phenomena of TS/S has been identified and will serve as the foundation for our work; however, this study adopted a non-systematic approach, relied solely on titles and abstracts as data sources, and failed to detail the types of health care professionals or lay personnel involved in the phenomena.

This scoping review will expand the existing knowledge by systematically examining the current evidence to map the extent, underlying factors, and challenges of TS/S in nursing and the types of health care professionals, lay personnel, and clinical contexts involved. The objective is to deliver a more detailed, comprehensive understanding of TS/S phenomena in the nursing profession.

Review question

What are the main characteristics of TS/S involving nurses, as documented in the existing literature?

The following subquestions will support the primary review question:

- i) Which alternative terms, besides TS/S, have been used to describe these phenomena?
- ii) Which health care/non-health care professionals, besides nurses, have been involved to date in TS/S (eg, health care assistants, physicians, lay personnel)?
- iii) In which countries have TS/S phenomena been documented?
- iv) In which clinical settings (primary, secondary, tertiary care) have TS/S been documented?

- v) For which clinical conditions have TS/S been implemented?
- vi) Which tasks or processes have typically been shifted or shared?

Eligibility criteria

Participants

This review will consider studies, policy documents, and opinion papers that address the phenomena of TS/S involving nurses. Due to the heterogeneity of the global nursing workforce, nurses will be defined in accordance with the WHO's classification of health workers, specifically encompassing all personnel identified as nursing professionals.²⁶ Sources including graduate-level nurses (eg, enrolled in postgraduate or advanced training programs) will be considered eligible. Yet sources will be excluded if TS/S involves undergraduate students (eg, BSc nursing students or equivalent).

Concept

This review will consider sources that explore the phenomena of TS/S to identify the available literature based on the definitions of the phenomena provided by Orkin *et al.*,⁶ which builds on the original 2008 WHO definition of task shifting.⁵ According to Orkin *et al.*,

Task shifting and task sharing involve the redistribution or delegation of healthcare tasks within workforces and communities. Task shifting occurs when a task is transferred or delegated, while task sharing occurs when tasks are completed collaboratively between providers with different levels of training.^{6(p.5)}

For the purposes of this review, *task shifting* will refer to situations in which a task traditionally performed by one professional group is transferred to another, with the expectation that the receiving professional/s will perform the task autonomously. *Task sharing* will refer to situations in which responsibilities for a given task are distributed across 2 or more professional groups, often involving collaboration rather than a full transfer of responsibility.

Distinct from these 2 strategies is the action of *delegation*, which is commonly defined as the assignment of a task to another professional while the delegating professional retains accountability for the outcome.²⁷ However, because the terminology

related to task shifting, task sharing, and delegation is often used inconsistently in the literature, studies using the term *delegation* will not be excluded a priori. Instead, eligibility will be determined based on the way in which the redistribution of tasks is described. When the task is effectively transferred or redistributed within the workforce, the evidence source will be considered relevant to the phenomena of TS/S.

Studies, policies, and opinion papers will be considered if they address the characteristics of TS/S involving nurses, the clinical contexts in which these phenomena occur, the tasks or processes most frequently shifted or shared, and the types of health care personnel involved beyond nurses. Sources will be excluded when they focus on advanced nursing roles with a broader and well-established scope of practice (eg, nurse practitioner) without explicit reference to the redistribution of tasks or responsibilities consistent with the TS/S concepts considered in this review.

Context

This review will consider studies conducted across all contexts, without restrictions on geographical origin or the characteristics of the care setting. The analysis will map specific features of the phenomena in different clinical settings and countries and regarding various clinical conditions.

Types of sources

This scoping review will consider experimental and quasi-experimental, analytical observational, and descriptive observational study designs. In addition, qualitative and mixed methods sources will be considered. Finally, secondary studies (quantitative, qualitative, mixed methods), opinion papers, and policy documents will be considered for inclusion in the proposed scoping review.

Methods

The proposed scoping review will be conducted in accordance with the JBI methodology for scoping reviews,²⁸ and reported in line with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR).²⁹ This protocol has been registered in OSF (<https://osf.io/w748g>). No AI tools will be used for study selection, data extraction, or data analysis, which will be performed entirely by the reviewers. DeepL Translator (DeepL, Cologne, Germany) will

be used solely for the translation of sources published in languages other than English and Italian. Machine translation supports the consideration of non-English sources, reducing language bias, and translated text will not be used for any analytic purposes beyond eligibility assessment and data extraction, with verification by a second reviewer, as described in the following section. Limitations include reduced accuracy for domain-specific terminology and low-resource languages.

Search strategy

The search strategy will aim to locate both published and unpublished primary studies, reviews, policies, and opinion papers. An initial limited search of PubMed and Embase was undertaken to identify articles on the topic. The text words contained in the titles and abstracts of relevant articles, and the index terms used to describe the articles, were used to develop a full search strategy for PubMed (see Appendix I). The search strategy, including all identified keywords and index terms,⁹ will be adapted for each included information source. The reference lists of articles included in the review will be screened for additional papers.

Sources in all languages will be considered, with those published in languages other than English and Italian translated into English using DeepL. Translations of passages relevant to eligibility decisions and data extraction will be verified by a second reviewer by cross-checking the DeepL output against an independent machine translation (eg, Google Translate); discrepancies will be resolved through discussion. Sources published from 2008 to the present will be considered as this was the year in which the WHO first formally defined the concept of task shifting.⁵

The databases to be searched include Embase, PubMed, and CINAHL (EBSCOhost). Sources of gray literature and policy documents to be searched include ProQuest Dissertations and Theses Global (ProQuest), the WHO's Institutional Repository for Information Sharing, the European Commission website, and publications produced by the Organisation for Economic Co-operation and Development.

Study selection

Following the search, all identified records will be collated and uploaded into Covidence (Veritas Health Innovation, Melbourne, Australia) and duplicates removed. A pilot test will be conducted by the 4

reviewers involved in study selection on a randomly selected sample of the retrieved records (approximately 5%), which will be repeated until an acceptable level of agreement ($\geq 80\%$) between reviewers is achieved. Following the pilot test, titles and abstracts will then be screened by 2 reviewers independently for assessment against the eligibility criteria for the review. Potentially relevant papers will be retrieved in full and their citation details imported into Covidence. The pilot test previously described will be run again. Then, the full text of selected citations will be assessed in detail against the eligibility criteria by 2 reviewers independently. Reasons for exclusion of full-text papers that do not meet the eligibility criteria will be recorded and reported in the scoping review. Any disagreements that arise between the reviewers at each stage of the selection process will be resolved through discussion or by consulting 1 of 2 senior reviewers. The results of the search will be reported in full in the final scoping review and presented in a PRISMA flow diagram.³⁰

Data extraction

Data will be extracted from sources included in the scoping review by 2 reviewers independently using a data extraction tool developed by the reviewers (Appendix II). The extraction tool was developed in accordance with the Participants, Concept, Context (PCC) mnemonic and informed by the Concepts and Opportunities to Advance Task Shifting and Task Sharing (COATS) Framework proposed by Orkin *et al.*⁶ The data extracted will include specific details about the participants, concept, context, study methods, and key findings relevant to the review question. Examples of data to be extracted include the following:

- i) Terminology used to describe the phenomena (eg, task shifting, task sharing, other related terms)
- ii) Country/s in which the study was conducted
- iii) Clinical setting/s where TS/S was implemented (eg, primary, secondary, tertiary care)
- iv) Clinical condition or health problem addressed
- v) Health care and non-health care professionals involved in TS/S (in addition to nurses)
- vi) Tasks or care processes that were shifted or shared
- vii) Whether TS/S was preceded by a training program for the professionals involved.

The tool will be piloted on 2 studies and 1 policy paper by 2 reviewers and modified if required. Then, the draft data extraction tool will be modified and revised as necessary during the process of extracting

data from each included source of evidence. Modifications will be detailed in the full scoping review. Any disagreements that arise will be resolved through discussion or by consulting 1 of 2 senior reviewers. Authors of papers will be contacted once to request missing or additional data, where required. If no response is received, the source will be retained and the missing information reported as not available.

Data analysis and presentation

The results of this scoping review will be presented using descriptive and thematic approaches. Data will be charted and summarized in tabular and graphical formats to provide an overview of the characteristics and scope of the included evidence, and to illustrate how the evidence addresses the review objective and question. Descriptive statistics (eg, frequencies, counts) will be used to summarize study designs, settings, roles, and activities related to TS/S involving nurses. In addition, a qualitative content analysis will be undertaken to identify and categorize the main concepts and contextual factors described across the included sources. A narrative summary will accompany the tabulated and/or charted results, providing an integrated synthesis that explains how the findings relate to the purpose of the review and identifies areas of limited or inconsistent evidence. The overall findings will inform recommendations for future research, practice, and policy on nursing TS/S.²⁸

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Author contributions

All authors developed the research question and drafted the initial review strategy. MB, FM, RT, MMDV, EB, and ADM designed and conducted the literature search and prepared the first draft of the manuscript. EB, ADM, EA, FC, AC, MC, GM,

and AP critically revised the manuscript and provided methodological and conceptual guidance.

Availability of data, code, and other materials

Materials used to develop the protocol are available from the reviewers upon reasonable request.

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Appendix I: Search strategy

PubMed		
Search conducted: October 14, 2025.		
Search	Query	Records retrieved
#1	("Task Shifting"[MESH] OR "Task Shifting"[title/abstract] OR "Shifting, Task"[title/abstract] OR "Task Sharing"[title/abstract] OR "Task Transfer"[title/abstract] OR "Task Delegation"[title/abstract] OR "Delegation"[title/abstract] OR "Delegation, Professional"[MESH] OR "Delegation, Professional"[title/abstract] OR "Professional Delegation"[title/abstract] OR "Personnel Delegation"[MESH] OR "Personnel Delegation"[title/abstract] OR "Delegation, Personnel"[title/abstract] OR "Delegation of Authority"[title/abstract] OR "Skill* Mix"[title/abstract] OR "Task Substitution"[title/abstract] OR "Task Sh*" [title/abstract] OR "Role* Delegation"[title/abstract] OR "Task Reallocation*" [title/abstract] OR "Role* Reallocation"[title/abstract] OR "Role* Transfer" [title/abstract] OR "Task Redistribution"[title/abstract] OR "Role* Redistribution"[title/abstract] OR "Non Nursing Role*" [title/abstract])	6143
#2	("Nurses"[MESH] OR "Nurs*" [title/abstract] OR "Nursing Personnel"[title/abstract] OR "Personnel, Nursing"[title/abstract] OR "Registered Nurs*" [title/abstract] OR "Nurse, Registered"[title/abstract] OR "Nurses, Registered"[title/abstract] OR "Nursing Staff"[MESH] OR "Nursing Staff"[title/abstract] OR "Nursing Staffs"[title/abstract] OR "Staff, Nursing"[title/abstract] OR "Staffs, Nursing"[title/abstract])	340,895
#3	#1 AND #2	1774
Limited to sources published from 2008, while there will be no language restrictions.		

Appendix II: Draft data extraction instrument

Study characteristics	
Title	
Authors	
Year of publication	
Study aim/s	
Study design	
Participants	
Nursing professional involved (qualification)	
Health care/non-health care professional involved rather than nurses	
Concept	
Terminology used to describe the phenomena	
• Task shifting • Task sharing • Other term used to define the phenomena.	
Activity/s subject to TS/S	
Purpose that guided the implementation of TS/S	
Opportunities arising from the implementation of TS/S • Diversify care options • Redistribute responsibilities • Delivery more culturally and contextually appropriate care • Permit essential intervention delivery scale-up • Change conventional hierarchies.	
Training provided (yes/no)	
Supervision of TS/S activities after implementation	
Context	
Geographical setting (country/s)	
Clinical context (primary, secondary, tertiary care)	
Clinical conditions for which TS/S has been implemented	

TS/S, task shifting and task sharing