



ICN

International
Council of Nurses

Renewing the Definitions of 'Nursing' and 'a Nurse'

Final Project Report
June 2025



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3, place Jean-Marteau, 1201 Geneva, Switzerland

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KEY CONTRIBUTORS

Project Sponsor

Mr. Howard Catton
Chief Executive Officer
International Council of Nurses

Project Director and Expert Group Chair

Prof. Jill White AM RN, RM, MEd, PhD, MHPol, FACN
Consultant
Professor Emerita Nursing and Midwifery
University of Sydney & University of Technology, Sydney, Australia

Project Rapporteur and Stakeholder Engagement Lead

Dr. Michelle Gunn RN, BN, LLB (Hon 1), Grad Dip (Leg Pract), Lawyer QSC, PhD, GNPLI 17, MACN
Consultant

ICN Project Coordinator

Mr. David Stewart
Director of Nursing Policy and Practice
International Council of Nurses

Project Support

Ms. Agustina Soto Acebal
Administrative assistant and coordinator

EXPERT OVERSIGHT COMMITTEE MEMBERS

Project Director and Chair

Prof. Jill White
Consultant
Professor Emerita Nursing and Midwifery
University of Sydney & University of Technology, Sydney, Australia

Project Rapporteur and Stakeholder Engagement Lead

Dr. Michelle Gunn
Consultant

ICN Project Coordinator

Mr. David Stewart
Director of Nursing Policy and Practice
International Council of Nurses

Regulation, Safety and Quality and Health Policy Expert

Prof. Mary Chiarella
Professor Emerita
Sydney Nursing School, University of Sydney, Australia

Public Health and Global Health Policy Expert and past CNMO (USA)

Dr. Marla Salmon
Prof. of Nursing and Global Health
University of Washington, United States

Patient Safety and Health Policy Expert

Prof. Baroness Anne Marie Rafferty
Professor of Health & Nursing Policy
King's College London, United Kingdom

ICN Board liaison

Dr. Fatima Al Rifai
Board Member
International Council of Nurses

EXPERT DELPHI GROUP MEMBERS

**All members of the Oversight Group (above), together with:
World Health Organization Chief Nursing and Midwifery Officer**

Dr. Amelia Latu Afuha'amango Tuipulotu
Chief Nursing Officer
World Health Organization

Global Consumer Representative

Ms. Penney Cowan
Board Secretary
World Patient's Alliance

Global Student Representative

Ms. Soyeon Park
Nursing student
South Korea

Indigenous Representative

Prof. Teresa Brockie
Associate Professor
Johns Hopkins School of Nursing and Center for Indigenous Health, Baltimore, USA

The Americas Regional Representative – Spanish speaking

Dr. Mirliana Ramirez Pereira
Associate Professor
Nursing Department, Universidad de Chile, Chile

European Regional Representative – Spanish speaking

Dr. Adelaida Zabalegui
Deputy Chief Nursing Officer
Hospital Clinic Barcelona, Spain

European Regional Representative

Prof. Charlotte McArdle
Deputy Chief Nursing Officer
NHS England, United Kingdom

European Region Representative – French speaking

Dr. Dan Lecocq
President
Fédération Nationale des Infirmières de Belgique (FNIB), Belgium

African Regional Representative

Prof. Madeleine Mukeshimana
Professor of Nursing & Research Committee Chair
School of Nursing and Midwifery, University of Rwanda, Rwanda

African Regional Representative

Dr. Glory Msibi

President

East Central and Southern Africa College of Nursing and Midwives, Eswatini

Southeast Asia Regional Representative

Prof. Suresh K. Sharma

Professor & principal

College of Nursing, All India Institute of Medical Sciences, India

Western Pacific Regional Representative

Prof. Michael Joseph S. Dino

Director Research Development and Innovation Center

Our Lady of Fatima University, Philippines

Western Pacific Regional Representative

Prof. Chia-Chin Lin,

Professor in Nursing, Alice Ho Miu Ling Nethersole Charity Foundation

Director School of Nursing

Hong Kong University, Hong Kong

Eastern Mediterranean Regional Representative

Dr. Majid Al Maqbali

Director General of Health Services

Buraimi Governorate, Sultanate of Oman



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“It is self-evident
that an occupation,
especially a profession,
whose services affect
human life must
define its function.”

Virginia Henderson¹

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EXECUTIVE SUMMARY

The International Council of Nurses (ICN) as the peak global nursing body, representing the profession and the over 29 million nurses globally, has a mandate, and a responsibility, to define the profession it represents – nursing, and the membership thereof, the nurse.

The ICN definition of ‘nursing’ is the most frequently accessed page on the ICN website and has served the global nursing community well. However, in the two decades since this was last revised, and the 40 years since a completely new definition was crafted, much has changed in the geo-political landscape of health and health care. Rapid escalation in health care costs, innovations in technology in both health care and communications, and a public who is increasingly literate about their own health issues, has meant the role and functions of nurses and nursing have changed and will continue to evolve. It is time for a new definition which reflects contemporary practices, and which will take nursing well into the future.

It was determined by ICN that distinct definitions for ‘nursing’ and ‘a nurse’ were necessary. ‘Nursing’ required focus on the profession, which by definition of a profession has a body of knowledge, is regulated, and has a practice which is in the interest of others. The definition of ‘a nurse’ explored the actions and ethos of the members of the profession and how they engaged in those practices with the people and communities they serve. Whilst some elements of these definitions are, by necessity generic to many health professionals, it is the definitions in their entirety that describe the uniqueness of nursing and a nurse.

Innovations in technology enabled an auditable, rigorous and creative methodological approach to be crafted which facilitated global participation. A multi-element, multi-method approach was used in this Project including deep review of the extant literature, broad stakeholder engagement, and creation of a globally representative 21-person expert group, meeting on five occasions to interrogate the numerous responses for themes and concepts to structure the new definitions. This expert group utilized a modified Delphi approach of iterative engagement via web-based interactive platforms over a seven-month period. The process focused on finding common ground, rather than the things upon which we differ.

The literature review explored the historical perspective of nursing knowledge and research; health, health equity, and social justice; professional regulation; and practice.

The stakeholder engagement included specific consultation with ICN expert groups including National Nursing Associations (NNAs), regulators, educators, advanced practice nurses, nurse practitioners, students, and the ICN Global Nursing Leadership Institute (GNLI) alumni. A general call for participation was made using a QR code on the ICN webpage. These processes enabled participation by many hundreds of nurses globally.

Whilst there were inevitably some areas of contention, such as the inclusion of ‘planetary health’, ‘safety-critical’, ‘privilege of intimacy’, ‘person- vs people-centred care’ and ‘independent vs autonomous practice’, there was remarkable consensus as to what must be present in the definitions. These critical elements included reference to the scientific knowledge underpinning practice, the philosophy of nursing including compassion, person-/people-centred care, social justice, advocacy, cultural safety and reference to regulation. For readers to better understand choices made on specific wording, rationales for final word choices appear in explanatory notes which follow the definitions.

The outcomes of the expert Delphi group deliberations were further considered by both the Oversight Group with risk management responsibilities and wordsmithing expertise, and the Executive of the ICN Board. Minor modifications were made, and the draft definitions were sent for consultation to all the ICN NNAs around the world. The response of the NNAs to the draft definitions was overwhelmingly positive, and with little further alteration the definitions were forwarded to the full ICN Board for approval, after which they were sent to the Council of National Nursing Association Representatives (CNR) for endorsement. The new definitions were launched at the ICN Congress in Helsinki in June 2025.

By clearly articulating the roles and responsibilities of nurses, the definitions elevate the recognition of nursing as a skilled and essential profession. They highlight nursing's expanding scope, including leadership, advocacy, and contributions to health systems, which strengthens the profession's visibility and influence. The shared language provided by the definitions fosters interprofessional collaboration, enabling health professionals to work more effectively together. Alignment with global health priorities, such as Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs), ensures that nursing's contributions are recognized as legitimate for inclusion in broader health care, economic, climate, and humanitarian conversations.

The definitions presented in this report were developed for multiple purposes. Within the profession, these include use in education, regulation, workforce planning, making work-value cases and to encourage greater consistency globally in the work and understanding of nursing and the nurse. Outside the profession, they have a declarative function stating unambiguously the legitimate role the nursing profession has outside direct patient care including inclusion in conversations and actions related to health policy, climate change, humanitarian issues and gender equity and economics.

To fulfil this diverse brief, it has been necessary to provide a more detailed, descriptive definition than the short pithy definition asked for by some respondents and that might be appropriate for the public. These definitions are not, nor were they intended to be, 'elevator pitches'. However, within the definitions there are many quotable passages that may be used with attribution such as, *"Nurses enhance health literacy, promote health, prevent illness, protect patient safety, alleviate suffering, facilitate recovery and adaptation, and uphold dignity throughout life and at end of life."*

The definitions are designed to reflect nursing's enduring values, while being adaptable to different cultural, regulatory, and health care contexts. They accommodate the varying stages of nursing's development globally, ensuring relevance in both high-resource and low-resource settings. Recommendations have been provided for NNAs, national regulators, national educators and academic institutions, the World Health Organization (WHO), the International Labour Organization (ILO) and for ICN itself. The success and impact of the definitions depends on their effective implementation at national and local levels, and integration into national and local systems. They are the product of the thinking of hundreds of nurses and others from all over the globe. It is hoped that they benefit the health for all through nursing and nurses for at least the next 20 years.

PREAMBLE, DEFINITIONS AND EXPLANATORY NOTES

PREAMBLE

The definitions presented below represent the culmination of a year-long project by ICN involving input from many hundreds of nurses and others worldwide. The Definition of Nursing Project used a multi-element, multi-method design to ensure an inclusive, respectful and auditable process.

Whilst some elements of these definitions are, by necessity, generic to many health professionals, it is the definitions in their entirety that describe the uniqueness of nursing and a nurse. It is the closeness of the body work, the scientific basis of the knowledge base, the dexterity of the technical skills, and the depth of the therapeutic interpersonal engagement, that enable nurses and nursing to guide people through some of the most profound moments of their lives. This close association with the experiences of health and illness enables nursing to organize care, to be the glue in the institution, and to advocate and influence policy at all levels, in a process and relationship unlike any other health profession. Nursing contributes to health and health care in partnership with many health professional peers, with patients, families and communities and those whose work is complementary to, or dependent on, the nurse.

The report details the literature review, stakeholder engagements and expert decision-making process that enabled the refinement of the definitions which reflect global nursing now and into the foreseeable future.

A profession is, by definition, a group of people with special disciplinary knowledge and skills; with public expectation of adherence to standards and codes of behaviour; and who apply this knowledge, skills, ethics and behaviour in a practice which is in the interest of others. In common language usage, the word “nursing” is used to describe both the profession and the practice. This professional practice is carried out through the work and lives of the members of the nursing profession, nurses.



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DEFINITION OF 'NURSING'

Nursing is a profession dedicated to upholding everyone's right to enjoy the highest attainable standard of health, through a shared commitment to providing collaborative, culturally safe, people-centred care and services. Nursing acts and advocates for people's equitable access to health and health care, and safe, sustainable environments.

The practice of nursing embodies the philosophy and values of the profession in providing professional care in the most personal health-related aspects of people's lives. Nursing promotes health, protects safety and continuity in care, and manages and leads health care organizations and systems. Nursing's practice is underpinned by a unique combination of science-based disciplinary knowledge, technical capability, ethical standards, and therapeutic relationships. Nursing is committed to compassion, social justice and a better future for humanity.



DEFINITION OF 'A NURSE'

A nurse is a professional who is educated in the scientific knowledge, skills and philosophy of nursing, and regulated to practice nursing based on established standards of practice and ethical codes. Nurses enhance health literacy, promote health, prevent illness, protect patient safety, alleviate suffering, facilitate recovery and adaptation, and uphold dignity throughout life and at end of life. They work autonomously and collaboratively across settings to improve health, through advocacy, evidence-informed decision-making, and culturally safe, therapeutic relationships. Nurses provide people-centred, compassionate clinical and social care, manage services, enhance health systems, advance public and population health, and foster safe and sustainable environments. Nurses lead, educate, research, advocate, innovate and shape policy to improve health outcomes.

Further, nurses play a unique role in health and care for populations of all ages, and in all settings, building trust with individuals, families and communities and gaining valuable insights into people's experiences of health and illness. Building on a foundation of personalized direct and social care, nurses advance their capabilities through ongoing education, research and exploration of best practices.

A nurse's scope of practice is defined by their level of education, experience, competency, professional standards and lawful authority. They play a key role in the coordination, supervision of, and delegation to others who may assist in the provision of health care.

Often at the front line, they respond to disasters, conflicts and emergencies, demonstrating courage, dedication, adaptability and commitment to the health of individuals, communities and the environment.

The first paragraph of the definition provides an authorized abridged version of the official definition of 'a nurse'. Please note that this abridged version should be considered within the full context of the official definition.

ABRIDGED DEFINITION OF 'A NURSE'

A nurse is a professional who is educated in the scientific knowledge, skills and philosophy of nursing, and regulated to practice nursing based on established standards of practice and ethical codes. Nurses enhance health literacy, promote health, prevent illness, protect patient safety, alleviate suffering, facilitate recovery and adaptation, and uphold dignity throughout life and at end of life. They work autonomously and collaboratively across settings to improve health, through advocacy, evidence-informed decision-making, and culturally safe, therapeutic relationships. Nurses provide people-centred, compassionate clinical and social care, manage services, enhance health systems, advance public and population health, and foster safe and sustainable environments. Nurses lead, educate, research, advocate, innovate and shape policy to improve health outcomes.

EXPLANATORY NOTES

The following notes are appended to assist readers understand the thinking behind the choice of specific wording within the definitions. They are presented in the order of appearance in the definitions.

Profession/Professional: By definition, a profession has three main elements: disciplinary knowledge and skills, a form of regulation specifying standards of practice and codes of behaviour expected by the public, and the application of these elements in a practice which is in the interests of others.

Cultural safety: With its roots in Indigenous scholarship, cultural safety expresses the recipient's feeling of safety from racism and discrimination of any form. It requires the exploration of one's unconscious biases and a commitment to treating all people with respect and dignity.

People-centred: The term 'people-centred' is used rather than 'person-centred' as it is more inclusive of the familial, cultural, and community contexts that shape health care practices and designs and the term used by WHO. The scholarship underpinning 'person-centred care' is acknowledged and appreciated, however, wherever possible WHO terms are used in the definitions.

Advocacy: Advocacy is included in the definition of nursing as a key responsibility of nurses is to represent and support those who cannot advocate for themselves, ensuring patients' needs and rights are upheld. This aligns with Henderson's view of the nurse as the "*consciousness of the unconscious*" and the "*love of life of the suicidal*", among other vital roles.

Safe and sustainable environments: This term encompasses the importance of creating environments that are not only safe for patients and communities but also sustainable for the planet. It acknowledges global health concerns like planetary health, emphasizing the interconnectedness of environmental, personal, and public health.

Philosophy of nursing: The philosophy of nursing refers to the core values and principles underpinning nursing practice, including compassion, respect, cultural safety, and ethics. It represents the 'being' or spirit of nursing, reflecting its holistic and humanistic approach to care.

Most personal aspects of people's lives: This is an acknowledgement of the fundamental role that nurses play in people's private experiences and health needs that nurses witness and address, including physical, emotional, and psychological dimensions of care. It was felt to be a critical and often absent recognition of the importance of the private and personal work that nurses undertake with grace and discretion.

Patient/system safety: Patient and system safety is included as nurses play a crucial role in ensuring the safety of individuals, therapies, and health care organizations. This encompasses various forms of safety, including cultural, physical, and psychological safety, with the broader concept being more inclusive than the term 'safety critical', which has a specific definition.

Continuity of care: The smooth transfer of information and care between health care providers and settings, whether this is shift-to-shift or provider to provider, nurses perform this integrative safety and quality function such that health care is experienced by people as coherent and interconnected over time and consistent with their health needs and preferences.

Scientific knowledge: While recognizing the various forms of knowledge in nursing, such as scientific, ethical, personal, aesthetic, and socio-political/emancipatory, it was considered important to distinguish these knowledge forms to better emphasize the depth of study required for nursing and the critical importance of its scientific, evidence-based foundation.

Skills: The term 'skills' is used to encompass the multitude of skills used in nursing practice from the technical capability and dexterity to the interpersonal engagements of mental health nursing, to the advocacy and negotiation skill of shaping policy and more.

Regulated to practice nursing: Regulation is included to ensure accountability, protect public safety, and maintain professional standards. By establishing systems and standards for accreditation, qualification, registration, and practice, regulation works to guarantee that only qualified individuals practice as nurses, which in turn upholds trust and quality in health care. It is noted that regulatory systems vary globally.

Therapeutic relationships: Therapeutic relationships, grounded in the work of Orlando and Peplau, emphasize the importance of active listening and understanding in nursing. These relationships are central to providing compassionate, individualized care that addresses both the physical and emotional needs of patients.

Autonomous: The inclusion of 'autonomy' emphasizes the nurse's ability to make informed decisions and reason through complex problems, aligning with the values and professional responsibility inherent in nursing practice. It contrasts with the term 'independent', which suggests self-sufficiency and is less reflective of the collaborative nature of nursing care.

Delegation and Supervision: 'Delegation' is the process where a nurse assigns specific tasks, within their scope of practice, to another qualified nurse, student, or health care worker, while retaining accountability for the outcome. 'Supervision' – whether direct or indirect – is essential to ensure delegated care is provided safely and competently, with the nurse remaining accessible and responsible for guidance and evaluation.

Compassion: Compassion is central to nursing, encompassing not only empathy but also a strong motivation to help others. It reflects a genuine commitment to care for and about patients/people, going beyond emotional understanding to active support. Clinical and social care: The inclusion of both clinical and social care acknowledges the comprehensive role of nurses in assisting with health-related needs and supporting daily living requirements affected by health conditions, particularly in regions where social care is vital to nursing practice.

Social justice: Social justice is included to acknowledge that nursing advocates for equitable access to health care resources, promotes participation, respects diversity, and upholds human rights, all of which are essential for delivering fair and inclusive care to all individuals.

Better future for humanity: This is a philosophical bedrock of nursing – equitable access to basic needs (food, clean water, health care, education), a sustainable environment and peaceful coexistence between people's and countries, collaborative global problem solving like climate change, all of which have direct or indirect health consequences.

Health literacy, Health promotion, Illness prevention and Health equity: These terms, as defined by WHO, are central to nursing practice, promoting education, prevention, and equitable access to health care to improve overall health outcomes.

Alleviation of suffering: Alleviating suffering is central to nursing, as nurses not only provide physical pain relief but also engage emotionally and psychologically with patients/people to support their well-being. Through presence, therapeutic touch, massage, bodily care and therapeutic management, nurses help people cope with and endure suffering in a compassionate and holistic manner.

Facilitation of recovery and adaptation: Nursing's role in recovery and adaptation is emphasized as nurses not only support physical recovery, such as post-surgery or injury, but also help patients/people adjust to changes in their health status, facilitating long-term adaptation to illness or injury.

Dignity at end-of-life: Providing respectful and compassionate care for a dying patient and their family has long been one of nurses' great contributions. It is used here in its general term, not associated with any movement or specific end-of-life option.

Across settings: The term 'across settings' captures the expansive nature of nursing work, acknowledging that nurses operate in diverse environments such as hospitals, communities, schools, and government settings, adapting their expertise to various contexts.

Health for all: This term reflects WHO's goal of ensuring universal access to health and well-being, emphasizing the importance of health equity and the right of every person to achieve optimal health, a core tenet of nursing practice.

Evidence-informed decision-making: The term 'evidence-based' is commonly used in relation to decision-making, but 'evidence-informed' offers an added dimension. Evidence-informed decision-making allows for the inclusion of other factors that might influence a choice of action, for example: patient's choices, matters of belief or personal preference, and critical factors such as resource availability.



INTRODUCTION

BACKGROUND AND CONTEXT

ICN, as the peak global nursing body representing the profession and the over 29 million nurses globally, has a mandate, and a responsibility, to define the profession it represents – nursing, and the membership thereof, the nurse.

As governments and health providers worldwide grapple with rising health care expenditure, and sustainability post the COVID-19 pandemic, it is timely to consider the way in which we define our discipline and ensure that it adequately captures the breadth and depth of nursing's contribution to health and society. It is important the profession clearly defines its role and function, lest others do it for us and in doing so increase the risk to the health of the public and diminish the voice of nursing in debate.² The work of Aiken and her colleagues in multi-country studies over the past 20 years has demonstrated the critical link between safe outcomes for patients and having nurses in the right numbers, in the right place, and with the right qualifications and experience.³

Given the evidence that NNAs and regulators have begun creating their own definitions, the case for the renewal of the ICN definition for 'nursing' and 'a nurse' was presented at the 2023 ICN Congress in Montreal, where it was agreed that the current definition could be better aligned with contemporary practice and more representative of nursing in many countries. Similar feedback had been received from external bodies such as WHO and the ILO which require a definition that can be used for global data collection and planning purposes. To enable governments to create safe sustainable models for health care delivery, it is essential to have a definition that describes not only professional philosophies, but one that captures the full scope of the contribution of nurses.

Past definitions have tended to conflate the attributes of 'nursing' (the profession, with its discipline and scopes of practice), and 'a nurse', (with their education, regulation and individual practice). The mixing of the two made them difficult to utilize, remember and communicate with diverse stakeholders.

Historical perspectives

ICN's work to define the terms 'nursing' and 'nurse' reaches back to 1919 and the concerns about variation in training in the aftermath of the First World War. While the professional dialogue persisted over the years that followed, it was not until 1947 that a definition of 'a nurse' was added to the ICN Constitution.⁴

This definition, which persists to this day within the Constitution, defines 'a nurse' as *"a person who has completed a nursing education programme and is qualified and authorised in her country to practise as a nurse"*.⁵ The Constitution makes it clear that this definition is for ICN membership purposes only and does not attempt to capture the work of a nurse.

In 1950, ICN engaged the eminent scholar, Virginia Henderson, to produce a unifying definition of 'nursing'. Released in December 1960, this definition was globally accepted and quoted for nearly 50 years.



“The unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to a peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge. And to do this in such a way as to help him gain independence as rapidly as possible.”ⁱ

Over time and with changing social mores, criticisms arose, citing its gendered language, lack of cultural inclusivity, and narrow focus on individual care.

In 1987, ICN introduced long and short definitions of 'nursing' to address these critiques. While they remain on the ICN website, it would seem they have not resonated with the profession and regulators.

The most recent definition published in 2002 reads:



“Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups, and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles.”⁶

However, as outlined above, this has not met the needs of those developing regulatory frameworks, educational curricula or seeking the best working conditions for nurses professionally and industrially, nor does it have the lyrical and memorable qualities of the Henderson definition. Perhaps surprisingly, given that many countries and organizations have developed their own definitions, the webpage for ICN's definition of 'nursing' remains the most frequently accessed on its website, with over 60 thousand hits per month.

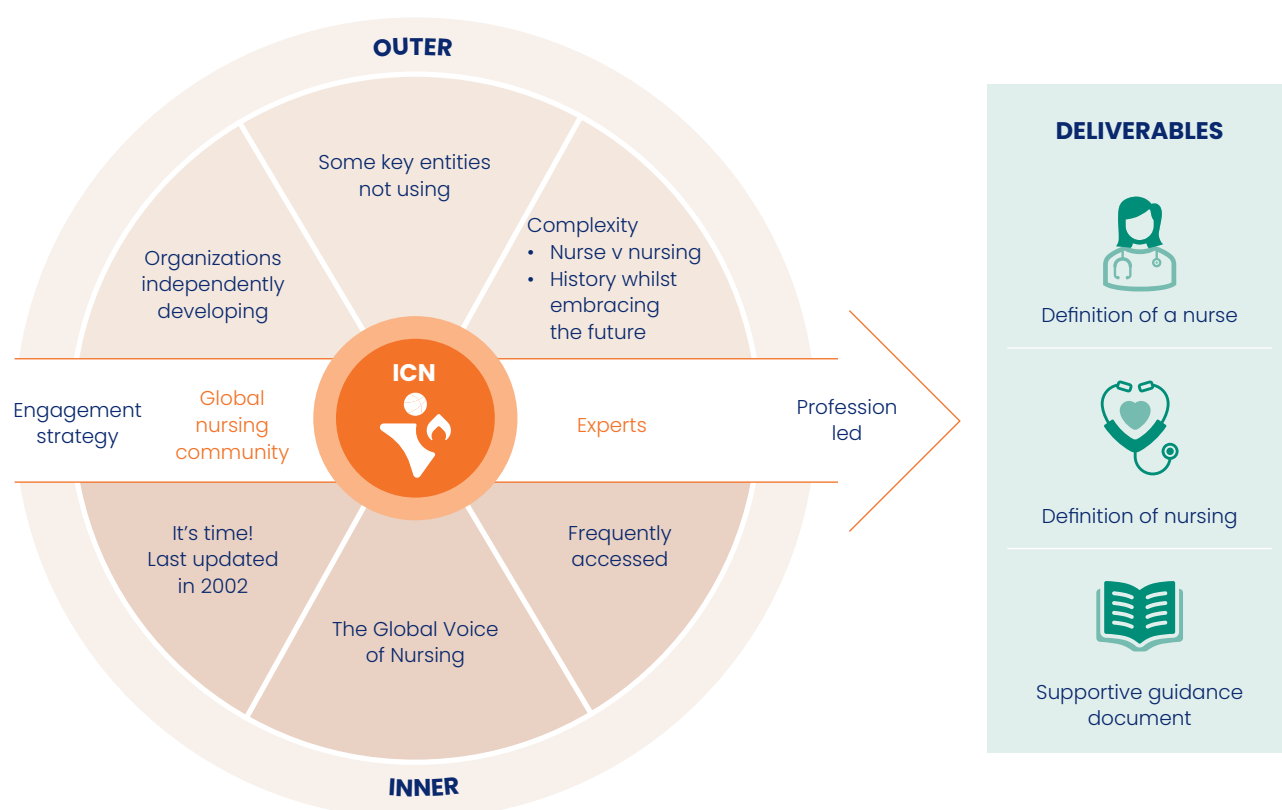
RATIONALE FOR THE PROJECT

This Project was deemed by the ICN Board to be timely for many internal and external reasons. Internally, the definition was due for review, having not been renewed for over 20 years. In addition, the evidence showed that the current ICN definition was not being used universally as the 'source of truth' for the definition of 'nursing', and yet the frequency with which the ICN definition website was being accessed demonstrated that people were looking to ICN to be that 'source of truth'.

Externally, it was clear others were creating definitions of the profession; key entities such as WHO nursing divisions,⁷ were not using the ICN definition; and there was a recognition of the growing diversity of contemporary global nursing practice that needed to be captured.

ⁱ As written in the original ICN pamphlet by Henderson 1961.

About the project



Escalating health care expenditure has governments globally prioritizing more sustainable models of care, with the focus shifting from health care to health, and from hospital to primary health care. With this comes an opportunity, and a responsibility, to realize nursing's potential and innovate with new models of care. However, there are complex funding, regulatory and educational changes needed to enable this, and without a clear understanding of what nursing is, what a nurse is and what nurses can do, nursing leaders at times struggle to articulate coherent policy and convince decision makers.

While it is important that the ICN definitions resonate with nurses' hearts and minds, they must also address the reality that definitions are used in contexts beyond the profession.

This Project has focused on developing separate definitions for the terms 'nursing' and 'a nurse'. For clarity, it was considered pragmatic that the definition of "nursing" encompasses the essence of the profession, which is globally relevant and enduring. This in turn enables the term 'nurse' to focus more specifically on its relevance to issues, such as workforce planning, regulation, and education, which vary across countries, cultures, and time. The Project has focused on common ground, and the things that unite nurses, rather than the things upon which they differ.

THE PROJECT AIM

The Project aimed to critically review and update the ICN's definitions of the terms 'nursing' and 'a nurse'. This initiative acknowledged the evolution of the nursing profession and its adapting role in health care, while also being faithful to its legacy and history.

THE PROJECT SCOPE

The Project scope included:

- Redefining and updating global definitions of 'nursing' by conducting a thorough review of existing definitions, relevant literature, and stakeholder input.
- Creating 'formal' definitions, using the structure of 'term, class and differentiation' to enhance clarity and consistency globally.
- Engaging diverse stakeholders and experts, including the NNAs, ICN Board, Global Nurse Leadership Institute (GNLI) scholars, ICN Educator and Student bodies, national nursing regulators, and WHO, to ensure the definitions reflect contemporary nursing practice and global health priorities.
- Employing a modified Delphi method that iteratively consults a panel of selected nurse leaders representing different interests, diversity, geography and professional areas.
- Drafting and redrafting revised definitions, circulating them for feedback, and validating them through expert consultation and surveys.
- Securing ICN Board approval, and CNR endorsement of the revised definitions.
- Implementing a dissemination plan to ensure widespread communication of the updated definitions across relevant platforms and stakeholders.

The scope excluded addressing country-specific job descriptions or operational protocols, instead focusing on principles that could be applicable globally.

Engagement was online and/or via electronic means. In-person or face-to-face engagement was restricted to conference presentations and selected purposeful interviews.

It is noted that all key terms are defined as per the Explanatory Notes, the Glossary of WHO or, in the absence of the defined term in that Glossary, as per the Oxford Dictionary.



PROJECT METHODOLOGY

The Project was explicitly designed to be as engaging and engaged as possible, mindful of past ICN definitions and of current definitions in use globally, and appropriate for the future of nursing and society. The process was designed to reflect ICN values and was inclusive, culturally safe, respectful and honouring of all voices, with data gathering and analysis both academically rigorous and auditable. Such a comprehensive aim necessitated an innovative approach.

To facilitate input from as wide an audience of nurses and external stakeholders as possible it was designed as multi-element and multi-method.

FIVE PRINCIPAL STEPS





STEP 1 Literature review

An initial review of the literature was undertaken that formed the substance of the first survey for the definition development group. Further literature reviews were carried out throughout the process, including the use of Artificial Intelligence (AI).



STEP 2 Consultation

The broad consultation used two methods of data gathering:

- A general request for input that encouraged anyone wishing to participate to provide their opinion via the ICN website QR code to access a structured survey.
- A targeted consultation in which specific input was requested from named communities of practice: NNAs, the ICN Board, regulators, academics, GNLI alumni, students, advanced practice nurses (APNs) and others. The information gathered from these participants was analysed and the results were regularly presented to the Expert Group.



STEP 3 Expert Group

The expert definition development element consisted of two interconnected parts: an Expert Group who contributed to a longitudinal modified Delphi process; and an Oversight Group (also part of the Delphi process), with additional responsibilities related to data analysis, wordsmithing and project risk management.

The progressive refinement of the definitions was dynamic in nature, as they were provided over a timeline of seven months to both the broad consultation groups and through the Delphi process. At each stage of the process, they were modified according to the feedback from the different groups where appropriate and where consensus on a modification could be reached. Therefore, in understanding the input from the consultation groups, it is important to be aware of the stage of development of the definitions. The timeline below demonstrates the sequencing of the consultations.

The Timelines – Integration of consultations and expert group analysis

- Oversight Group meeting
- Delphi Group Meetings
- Consultations
 1. GNLI Alumni – word cloud and survey
 2. ICN Education Expert Advisory group – presentation and consultation
 3. ICN member NNAs and Specialist Affiliates (20 languages) – survey
 4. Nursing Student Steering Group (NSSG) – presentation and consultation
 5. ICN Board members – survey
 6. APN Network – presentation and consultation
 7. Nursing Policy Forum – presentation and consultation
 8. International Regulator Collaborative – presentation and consultation
 9. Regulators, and key nominated ICN experts: definitions for comment.
- General Public/Profession Invitation

| | JUNE | | | JULY | | | AUGUST | | | | | SEPTEMBER | | | | OCTOBER | | | | | NOVEMBER | | | | DECEMBER | | | | JANUARY | | | | FEBRUARY | | | | | | | |
|----|------|----|----|------|---|----|--------|----|---|----|----|-----------|---|---|----|---------|----|---|----|----|----------|---|----|----|----------|---|----|----|---------|---|----|----|----------|--|--|--|--|--|--|--|
| | 10 | 17 | 24 | 1 | 8 | 15 | 22 | 29 | 5 | 12 | 19 | 26 | 2 | 9 | 16 | 23 | 30 | 7 | 14 | 21 | 28 | 4 | 18 | 25 | 2 | 9 | 16 | 23 | 30 | 6 | 13 | 20 | | | | | | | | |
| OS | ● | | | | | | ● | | | ● | | | | | ● | | | ● | | | ● | | | ● | | | ● | | | ● | | | | | | | | | | |
| DG | | | ● | | | | | | ● | | | | | | | | ● | | | | | ● | | | | ● | | | | | | | | | | | | | | |
| CN | | | | 1 | 2 | | | | | | 3 | | | 4 | | | | 5 | 6 | | 7 | | 8 | | | | 9 | | | | | | | | | | | | | |
| GC | | | | | | | | | | | | | General Web based invitation for submission via QR code | | | | | | | | | | | | | | | | | | | | | | | | | | | |

General Web based invitation for submission via QR code



STEP 4 Refined consultation

The ICN Executive and the ICN Board Executive were consulted on the definitions following the Delphi process for refinement and support. The outcome of this was forwarded to the NNAs for their critique and support.



STEP 5 Approval

Approval of the definitions was then sought from the full ICN Board, followed by endorsement by the CNR.

ETHICAL CONSIDERATIONS AND RISK MANAGEMENT

Core project and oversight team members were all selected by ICN based on their expertise and professional experience. They received formal electronic contracts outlining their responsibilities regarding data, privacy, and confidentiality. Furthermore, all are professionally bound by the ICN Code of Ethics and their national regulatory authority Code of Conduct.

The Project team was mindful from the outset of the strategic importance of this Project and the wide-reaching ramifications of the definitions. As such, they ensured that all participants and stakeholders were fully informed about the Project and expectations. This included the dissemination of detailed project information and regular presentations and updates at the various forums.

The Project materials, records and all information provided were stored on the ICN One Note system and key communications were via ICN's email.

Risk management was an important consideration which began in the planning stage with the development of a risk matrix. This matrix was regularly reviewed as part of the responsibility of the Oversight Group.

Risk matrix

| Area | Likelihood | Consequences | Risk rating |
|--|------------|--------------|-------------|
| Project performance <i>Potential for project slippage due to delays in achieving consensus</i> | Possible | Moderate | High |
| Strategic positioning <i>ICN unable to deliver an appropriate definition which affects global institutions, NGOs, NNAs, donors, professional nursing organizations</i> | Possible | Moderate | High |
| Innovation <i>The status quo remains with little or no change to the definition</i> | Unlikely | Moderate | Medium |
| Quality <i>The content of the work products and supporting data and evidence is inadequate to support changes to the definition</i> | Possible | Major | High |
| Reputation <i>The definition is not supported by consumers</i> | Possible | Extreme | Very high |

3



SECTION



STEP 1

LITERATURE REVIEW

INTRODUCTION

Nursing is integral to global health, health care services and systems design and policy, with its roles spanning the promotion of health, prevention of illness, provision of care, and advocacy for equity.^{8, 9, 10, 11} It is the largest health workforce globally and embodies all the key components of a profession: disciplinary knowledge and skills; a form of regulation specifying the standards and codes of behaviour expected by the public; and application of these in a practice which is in the interests of others.

“A Profession is a disciplined group of individuals who adhere to ethical standards and who hold themselves out as, and are accepted by the public, as possessing special knowledge and skills in a widely recognised body of learning derived from research, education and training at a high level, and who are prepared to apply this knowledge and exercise these skills in the interest of others.”¹²

This literature review examines the historical evolution, contemporary definitions, and conceptual foundations of nursing, focusing on its triple identity as a profession: a discipline, with a body of scientific and other knowledge forms, skills, philosophy and research; its regulation with standards, codes of behaviour and scopes of practice; and these foundational principles of compassion – people/person-centred care, safety, advocacy, cultural safety, and social justice – expressed in its practice.

The review also informed the first survey for the first Delphi round with the Expert Group to begin the process of refinement of new definitions.

HISTORICAL PERSPECTIVES

No matter whether this treatment is carried out by sorcerers, priests, doctors, or old women, we find examples of the historic ancestry of modern nursing and the earliest forms of the art.¹³

Florence Nightingale is credited with establishing the foundations of modern Western nursing in the mid-1800s. Nightingale described nursing as the “...act of utilising the environment of the patient to assist in recovery...”, emphasizing hygiene, sanitation, and environmental factors.¹⁴ Her approach focused on prevention and care, rather than

diagnosis and treatment, positioning nursing as distinct from medicine. Nightingale's emphasis on the relational and environmental dimensions of care continues to influence contemporary nursing, particularly in public health and infection prevention.^{15, 16}

In 1961,¹⁷ Ida Jean Orlando introduced the idea of the critical nature of a *"dynamic nurse-patient relationship"* to positive outcomes for patients, and this work expanded into the introduction of nursing as a 'process discipline', since known as 'nursing process' of assessment, planning, implementation and evaluation. It was defined as a systematic approach to care,¹⁸ the critical feature of which was the ability of the nurse to articulate their thinking and check this perception with the patient, which in turn would influence the planning of care. In many countries, the nursing process is still referred to today. The 1950s and 1960s witnessed an explosion of interest in nursing research and theoretical writing about the disciplinary knowledge base of nursing and the nurse.¹⁹ Virginia Henderson and her team at Yale undertook the mammoth task of cataloguing all studies in nursing from 1900 to 1960 into the Nursing Studies Index. What this collection demonstrated was that the vast number of studies during that time were about nurses rather than nursing. That is, the research was about the worker not the work,²⁰ leading Henderson to advocate for research into the practice of nursing, so that nursing care would be based on the best available evidence.

Virginia Henderson was then commissioned by ICN to define 'nursing' to try to capture the work of nursing. She described nursing as assisting individuals, *"...sick or well, in the performance of activities contributing to health or recovery ... that they would perform unaided if they had the strength, will, or knowledge"*.²¹ Henderson emphasized the empowering aspects of nursing, focusing on enabling patients to regain independence where possible. Her holistic framework, which incorporated health promotion and autonomy, remains a foundation of modern nursing.

The emphasis of caring as a key construct of nursing came particularly with the work of Jean Watson and her *Theory of Human Caring*. Watson claimed that *"...caring is central to nursing practice and promotes health better than a simple medical cure. She believes that a holistic approach to health care is central to the practice of caring in nursing."*^{22, 23} Patricia Benner and Judith Wrubel reinforced this as foundational to nursing helping people cope with stress and illness in *Primacy of Caring*.²⁴ Benner's other work of importance to nursing is *Novice to Expert* in which she describes the stages of clinical skill development. This work was highly influential in education and continuing professional development.²⁵

In 1978, Barbara Carper published an article, *Fundamental Patterns of Knowing in Nursing*, in which she suggested there to be four patterns of knowing: empirical, personal, ethical, and aesthetic.²⁶ Later expanded by Jill White to include 'socio-political knowing',²⁷ then augmented by Peggy Chinn as 'emancipatory knowing', patterns of knowing have influenced curriculum development since that time.²⁸

In recent years, there has been a growing focus in the literature on nursing's role in social justice exemplified in the 2014 book by Kagan, Smith and Chinn *Philosophies and Practices of Emancipatory Nursing: social justice as praxis*.³⁰



Fundamental to nursing are concepts of equity, access and social justice. These have local and global antecedents and impacts. Actions nurses choose to take are reflective of our professional identity and sense of social responsibility. It is about consciousness and professional conscience. "Think global, act local" is something every nurse can do. "Act global, think local" is what our global nursing organisations are tasked to do with us and for us.²⁹

ICN currently defines nursing as encompassing:

“...autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people.”³¹



This definition has also been used by WHO, although not consistently.³² This definition highlights nursing's diverse roles, including health promotion, illness prevention, and patient advocacy. However, unlike the WHO definition, which identifies nursing's contributions to UHC, addressing health inequities and supporting sustainable development,³³ the current ICN definition does not include these broader nursing actions and interests.

The ILO offers a complementary perspective in its Nursing Personnel Convention, 1977 (No. 149). In the preamble to the convention, the ILO states that it recognizes “...the vital role played by nursing personnel, together with other workers in the field of health, in the protection and improvement of the health and welfare of the population”.³⁴ However, when it comes to data collection, the ILO use task-based statements to determine who is a nurse or an assistant in nursing.

This use of task-based statements poses two key issues: firstly, task-based statements cannot cover the breadth and depth of nursing, given the profession's vast and dynamic scope; and secondly, they do not provide adequate differentiation between educated and regulated nurses, who have decision-making and supervisory responsibilities, and others who may perform similar tasks but are not regulated or educated to the same level as a nurse. This has resulted in countries reporting data to the ILO about the composition of their nursing workforce which it is believed may misrepresent the actual number of nurses practising in different roles. This can have serious consequences for national policy making and workforce planning.

The lack of reliable data was an issue of concern during the work ICN supported to bring forward the *State of the World's Nursing* report with WHO, and the implementation of the European Union Directive 2015/55/EU, facilitating the free movement of general care nurses within the EU. This was critical given the impact of the COVID-19 pandemic on the global nursing workforce and the scale of nursing shortages that the world is now facing.³⁵

Beyond data, the ILO is concerned about working conditions for nursing personnel and to ensure that people doing nursing work are neither exploited nor endangered. These are legitimate and still current concerns, particularly in the light of the COVID pandemic. The Australian College of Nursing (ACN) observed in its position statement of 2023 that:³⁶

“The nursing workforce has experienced higher than average incidence of infections, illness, and mortality, resulting in reduced nurse retention rates, burnout, and fatigue. Nurses' psychological distress, depression, and anxiety rates have also risen significantly.^{37, 38, 39} While these immediate effects of COVID-19 are now well known, there are significant secondary effects (e.g. repeated illness, extended absence from work because of 'rolling' family illnesses, etc.). Additionally, there is growing evidence of the phenomenon of long COVID, with early suggestions that younger women are particularly vulnerable.”⁴⁰



More recently, and perhaps also in response to the COVID-19 pandemic, organizations have started to develop their own new definitions of 'nursing' and 'a nurse'. For example, the Royal College of Nursing (RCN) (UK) published a definition in 2024 that begins *"Nursing is a safety-critical profession founded on four pillars: clinical practice, education, research, and leadership..."*^{41, 42, 43}

The French Public Health Code defines a nurse as, *"Any person who habitually provides nursing care on medical prescription or advice, or in accordance with the role assigned to them, is considered to be practising the profession of nurse. Nurses participate in various activities, particularly in the areas of prevention, health education, training and supervision."*⁴⁴

An agreed contemporary definition of 'nursing' is seen as critical to professional identity in both regulation and education, work value and remuneration, scope of practice and professional boundaries and public and government education as to the role of a nurse.ⁱⁱ The fact that people are searching for such a definition is evidenced by the fact that the ICN Definitions page continues to be the most accessed page on its website.⁴⁵

RESEARCH AND EDUCATION

Research and education play pivotal roles in the development of the profession of nursing, and in the assurance of the safety of the care and services that nurses provide to the public as health care changes rapidly.

Research into both the 'worker' and the 'work' enables the evidence base for the discipline to flourish and to be part of new health care innovations, such as the use of AI and medical technologies, the roles of which are growing exponentially in health care and treatment. Such research then informs practice both through publication in international peer reviewed journals and through inclusion in the curricula of education programmes.

The complexity of people/person-centred care and health services delivery has mandated the commensurate updating and upgrading of nursing education. To meet the regulatory standards for practice for registration as a new registered nurse, or to be licensed for advanced practice nursing roles, education programmes have increased the calibre of the teaching staff, the teaching/learning methodologies, and the depth of the course content.⁴⁶ Over 45 years ago, Carper, endorsed by many others, identified that nursing knowledge is the integration of science, personal knowing, ethical knowing, aesthetic knowing and socio-political knowing. Each of these knowledge forms has continuously expanded, necessitating a concomitant development in education and its underpinning research levels for entry to nursing in many countries now being a degree, with further post-graduate study towards masters, and doctorates. Today's nurse and the nurse of the future must be well-educated in the arts and sciences and in the practice of nursing to meet society's expectations of effective and safe care.

THE DISCIPLINE OF NURSING: ITS FOUNDATIONAL KNOWLEDGE BASE

Nursing's identity as a profession is shaped by underpinning disciplinary knowledge or patterns of knowing: empirical, personal, ethical, aesthetic and socio-political/emancipatory at times simplified to holistic care, scientific knowledge, and ethical practice.^{47, 48} The continued emphasis of research into nursing (the work), not just the nurse (the worker), has led to significant advances in evidence-informed practice and innovation in health care delivery.⁴⁹ The cardinal work by Aiken and her colleagues has shone a light on the importance of nursing work and nursing workforce staffing to patient safety,⁵⁰ and has continued to do so across many continents for nearly 25 years.⁵¹

ⁱⁱ All of these issues have been raised in consultations and discussions during this study.

Nursing integrates biology, psychology, sociology, and ethics and nursing knowledge to provide a unique and comprehensive understanding of health and illness.⁵² It is underpinned by concepts such as compassion,⁵³ safety (including cultural safety),⁵⁴ and people/person-centred care which guide nursing's approach to practice.^{55, 56} It has a research-based and scholarly foundation that enables nursing's contributions to evidence-informed practice and policy.⁵⁷ It has been founded on a social contract with the public, "...an understanding between people and society and about how society is organized, how benefits are distributed, and how shared responsibilities are defined".⁵⁸ Post the COVID-19 pandemic, there is a view that there needs to be a re-evaluation of that social contract between nursing and the public. Fry-Bowers and Hylton Rushton write:

*"Not surprisingly, nurses have been lauded as heroes and angels, reinforcing tired tropes embraced and promoted by the health care industry, which legitimize expectations of self-sacrifice and prioritize perceived courage over knowledge, skill, competence, and commitment to professional and ethical practice."*⁵⁹



Three contextual factors are identified that explain why this re-evaluation is necessary: nurses as human beings, with the need to promote their own health and well-being as well as that of the people they care for; nursing as relational, with the need for trusting relationships being central to enabling nursing work; and nurses as a linchpin, as the largest segment of the health care workforce and thus both the primary and the most overarching providers of patient care.⁶⁰

THE RIGHT TO HEALTH, HEALTH EQUITY, AND SOCIAL JUSTICE

Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) enshrines the right to health, stating:

*"The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health."*⁶¹



This right extends beyond mere access to health care services to include the broader determinants of health, such as social, economic, and environmental conditions. These factors, ranging from education and housing to employment and income, are essential in determining health outcomes. The right to health, therefore, requires that health systems be designed to ensure equitable access to quality care for all individuals, regardless of their social or economic standing. In this context, health equity is a key component, calling for targeted efforts to reduce disparities and provide care that meets the unique needs of vulnerable or marginalised populations.

Health equity and social justice are integral to the definition of 'nursing', as nurses play a crucial role in addressing these inequalities. The values of compassion, advocacy, and social responsibility inherent in nursing practice align directly with the principles set forth in the right to health. Nurses are uniquely positioned to advocate for policies that eliminate health disparities, provide care that promotes social justice, and ensure that all individuals, particularly those in underserved communities, have access to the resources they need for optimal health. The right to health, encompassing health equity and social justice, is central to nursing because it compels the profession to go beyond clinical care and engage in efforts that challenge and dismantle the barriers, whether social, economic, or structural, that limit equitable access to health care for all. The impact of nursing was well documented in the report of the All Party Parliamentary Group on Global Health, *Triple Impact: how developing nursing will improve health, promote gender equity and support economic growth*.⁶²

REGULATION

As a profession, nursing is defined by regulatory frameworks, ethical codes, and a commitment to public service.^{63, 64} Nurses work autonomously and collaboratively to deliver care and contribute to health system design and policy. ICN emphasizes nursing's accountability and advocacy roles, recognising its essential contributions to patient safety and health system performance.⁶⁵

Key characteristics of nursing as a profession are standards of practice and ethical guidelines, societal obligations to promote health and prevent illness, and a duty to advocate for equity and justice to improve health outcomes and address systemic barriers.⁶⁶

Regulation is a fundamental aspect of any profession, and in nursing it ensures the delivery of safe, competent, and ethical care. It establishes a framework within which nurses are educated, licensed, and held accountable for their practice.⁶⁷ Regulatory systems vary across countries but share common objectives of protecting the public, maintaining professional standards, and promoting trust in the health care system.⁶⁸

The primary purpose of nursing regulation is to safeguard public health and safety.^{69, 70} By setting minimum educational requirements, licensure standards, and professional codes of conduct, regulatory bodies ensure that only qualified individuals are permitted to practise as nurses. Regulation also provides mechanisms for addressing misconduct, maintaining professional accountability, and resolving disputes or concerns raised by the public.⁷¹

Nursing regulation faces several challenges, including disparities in regulatory standards across countries, workforce shortages, and rapid advancements in technology and health care delivery. These challenges complicate efforts to maintain consistent standards, at the same time attempting to ensure the adaptability of regulation to evolving health needs.⁷²

Additionally, in low- and middle-income countries, regulatory frameworks may lack resources or enforcement capacity, leading to variations in the quality of nursing education and practice. Strengthening regulatory systems in these contexts is essential for achieving global health goals, including UHC.⁷³

PRACTICE

Nursing's scope of practice is broad and encompasses individual care, community health, and organizational management and leadership, contributions to health care systems' design, innovation, education, advocacy and policy at the broadest level and much more.^{74, 75, 76, 77, 78, 79}

According to the Nursing and Midwifery Board of Australia (NMBA),

“[a] profession’s scope of practice is the full spectrum of roles, functions, responsibilities, activities and decision-making capacity that individuals within that profession are educated, competent and authorised to perform. Some functions within the scope of practice of any profession may be shared with other professions or other individuals or groups. The scope of practice of all health professions is influenced by the wider environment, the specific setting, legislation, policy, education, standards and the health needs of the population.”⁸⁰



This differs from an individual nurses’ scope of practice which is dependent on their education, training, competence, recency of practice and lawful authority. Furthermore, it is noted that, even though a task is within the profession’s or an individual’s scope, any decision about whether it is to be performed should be based on considerations of:

- *“the person or woman’s health status and any relevant social determinants to their health care*
- *lawfulness (legislation and common law)*
- *compliance with evidence, professional standards, and regulatory standards, policies and guidelines*
- *context of practice and the health service provider/employer’s policies and protocols, and*
- *whether there is organisational support, sufficient staffing levels and appropriate skill mix for the practice.”⁸¹*



For these reasons nursing is not a task-based profession, as the tasks may be performed by nurses with different educational preparation and or regulation. Likewise, they may also be performed by non-nurses. Nursing is moreover an inclusive, rather than an exclusive profession, as much of nursing work involves educating and enabling people to perform care (initially undertaken by nurses) for themselves or their loved ones.⁸²

At this individual level, nurses provide direct care, focusing on promoting health, preventing illness, and alleviating suffering. Nurses support patients in managing acute and chronic conditions, delivering education,⁸³ and empowering them to achieve recovery and adaptation. Virginia Henderson’s concept of lending strength, will, and knowledge is particularly relevant in this context.⁸⁴ Sarah DiGregorio, a journalist, argues that:

“...nursing matters to everyone. It draws much of its power and effectiveness from the relationship between nurse and patient; it is the indispensable foundation of all health care. Nurses are not just there at the most profound moments in people’s lives; they use their knowledge and skills to guide people through them.”⁸⁵



In community and population health, nurses address broader determinants of health and advocate for equity. Public health nursing involves implementing vaccination programmes, conducting health education initiatives, and responding to public health emergencies.⁸⁶ Nurses work to reduce health disparities and improve outcomes for marginalized populations.

Nursing also plays a critical role in health care systems. Nurses lead teams, manage clinical services, and contribute to health system design.^{87, 88, 89} They advocate for policies addressing workforce shortages, inequitable resource distribution, and systemic inefficiencies. Their involvement in leadership and policymaking ensures that health care systems are equitable, efficient, and sustainable. Nurses have been described as the “glue” in the health care system.⁹⁰

Whatever a nurse may name their practice, and justify it by demonstrating appropriate education, experience and continuing competence, be it direct care to international policy work, all nurses function from the same philosophical framework.⁹¹ This is the key integrating foundation: a foundation of compassion, people/person-centred care, trusted relationships, safety (including cultural safety), advocacy and social justice.

ICN cites compassion as one of the key nursing values.⁹² Jean Watson's *Theory of Human Caring* emphasizes the relational aspects of nursing, highlighting compassion as essential for fostering healing and trust.^{93, 94, 95} Compassion involves recognizing suffering and taking action to alleviate it, distinguishing nursing from other technical health professions.⁹⁶

Person-centred care is a foundational concept in nursing, focusing on tailoring care to individual needs, preferences, and values.⁹⁸ Henderson's emphasis on patient independence aligns with this approach, which addresses the holistic nature of health, including physical, emotional, social, and spiritual dimensions.⁹⁹ WHO uses the broader concept of people-centred care as more inclusive of community and population-based interaction.¹⁰⁰



Nursing puts us in touch with being human. Nurses are invited into inner spaces of people's existence without even asking, for where there is suffering, loneliness, the tolerable pain of cure or the solitary pain of permanent change, there is a need for the kind of human service called nursing.⁹⁷

Perhaps one of the unique defining features of nursing is the type of work that nurses must do when people are very sick, and they care for people's bodies in their most intimate and messy detail. This means that nurses are privileged in the access which they have to men's and women's bodies to a far greater extent than probably any other group.¹⁰¹ Although other groups of health professionals also deal with people's bodies for the purpose of treatment, they usually focus on one part of the body, rather than the body as a whole. But for nurses, so much of the care is a form of nurturing by the very nature of the nursing role. Activities such as bathing, massaging, holding and cleansing patients are integral to the sense of well-being which nurses seek to instil in the sick and dying.^{102, 103}

Nursing's role as a safety-critical profession is well established.¹⁰⁴ Nurses ensure safety through risk management, evidence-based practice, and adherence to ethical standards. Florence Nightingale's work on hygiene and infection prevention laid the foundation for modern patient safety practices. The Quality and Safety Education for Nurses (QSEN) framework emphasizes safety as a core competency.¹⁰⁵ Cultural safety focuses on ensuring the care nurses deliver respects the cultural identities and values of patients.¹⁰⁶ Irihapeti Ramsden developed this concept to address systemic inequities in health care and emphasise the need for nurses to examine their biases.¹⁰⁷ Cultural safety is particularly relevant in multicultural societies and post-colonial contexts.

Advocacy is integral to nursing, enabling nurses to address health inequities and promote patient rights. Advocacy extends beyond individual patients to include community initiatives and policy influence. ICN highlights advocacy as a key nursing responsibility, reflecting its importance in promoting access, equity, and justice.¹⁰⁸

Leadership at all levels of service delivery is a fundamental part of nursing practice. Nurses coordinate and lead teams in institutions, they lead groups in the community, they lead innovation in service provision, they lead quality and safety from bedside to policy. The grounding in the cumulative stories that nurses gather of people's experiences of health and illness provides the unique bridge between people and health services. This knowledge not only positions nurses well to demonstrate leadership but also makes it an ethical responsibility to do so.¹⁰⁹

Social justice reflects nursing's commitment to health rights, addressing inequities and promoting systemic change.^{110, 111, 112, 113, 114} Margaret Newman's work positions nurses as agents of transformation, reducing disparities and fostering equity. Social justice aligns with global priorities, particularly the SDGs, which emphasize UHC and reducing inequities,^{115, 116, 117, 118, 119, 120} the underlying tenets of social justice being access to resources, equity, participation, diversity, and human rights.

In conclusion, the late Donna Diers once wrote that *"...nursing is two things: care of the sick (or the potentially sick) and the tending of the entire environment in which care happens."* She explained that *"tending" is a muscular commitment that extends us [nurses] into politics and policy and management and operations and journalism and advocacy*".¹²¹ The definitions of a 'nurse' and 'nursing' will try to do justice to this muscular commitment.



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4

SECTION

STEP 2

STAKEHOLDER ENGAGEMENT



This chapter details feedback and insights gathered from key stakeholders to inform the development of the definitions of ‘nursing’ and ‘nurse’. These consultations assisted the Delphi Expert Group to shape the development of anchor concepts and related sub-concepts, providing a structured framework for understanding the essential components of nursing and the role of the nurse. This chapter also examines areas of convergence and divergence in stakeholder feedback. Points of alignment highlight shared values and priorities, such as the emphasis on professionalism, compassion, and evidence-informed practice. Divergent views reflect the unique challenges and expectations faced by different regions and practice settings, underscoring the need for inclusive and adaptable definitions.

Stakeholder engagement was a critical component of the Project methodology, given that the definitions have not been updated for over 20 years, the scale of change in health care since this time, and the diverse nature of nursing globally.

A robust stakeholder engagement process ensured that the definitions reflected diverse perspectives and that they applied within and across diverse cultures and contexts. A systematic approach was undertaken to identify stakeholders who represented the breadth and depth of the nursing profession. Where possible, existing ICN advisory groups and identified experts were used, ensuring equity of access and verification of expertise. Where gaps were identified, the Project Team selected experts based on professional judgement and using ICN professional networks.

Key stakeholders included the following key groups and methods:

- Members of the Delphi Group, comprising international experts representing clinically, geographical, culturally, linguistically, and demographically diverse backgrounds, provided advice and iterative review of the definitions and core concepts. Engagement was undertaken via electronic survey and video conference meetings.
- The NNAs provided the views of their members, key documents and advice about the definitions used within their organization and area. Engagement was undertaken via email and an electronic survey.
- ICN’s GNLI Alumni, which comprised nurse leaders from clinical, research, education, and regulatory backgrounds, provided views that were culturally, geographically, and demographically diverse. Engagement was undertaken via online workshops, utilising online polling, breakout rooms and surveys.
- ICN’s Nurse Practitioner/Advanced Practice Nursing Network provided stakeholders interested in advancing the scope of nursing practice. Engaging with this group provided insights into how the definitions would apply to and support advanced practice. Engagement was undertaken via an online meeting.

- ICN's National Student Steering Group (NSSG), comprising student representatives, provided insight into the views of novice nurses, and how the definitions may be relevant to future generations. Engagement was undertaken via an online meeting, and follow-up emails.
- ICN's Nursing Policy Forum, comprising leaders from ICN peak clinical advisory groups, provided insight into how the definitions reflect and apply in diverse specialty contexts, such as mental health. Engagement was undertaken by the Project Team providing a presentation and workshop at two forum meetings.
- ICN's Education Experts Advisory Committee (EEAC), comprising international nursing educational experts, advised on the relevant definition to the establishment of educational standards and preparation of nurses for practice. Engagement was undertaken via an online meeting.
- National Regulators, convened by ICN, provided views on regulatory application and implications for the licensing and other functions. Engagement was undertaken via an online meeting and follow up via email.
- The public provided advice on the key words and concepts which the definitions should contain via an online survey accessed via a QR code on the ICN website.

STAKEHOLDER FEEDBACK

The following summarises stakeholder feedback, but for more detail see Appendix A.

In July 2024, the GNLI Alumni workshops engaged over 250 scholars to refine the definitions of 'nursing' and 'a nurse'. Participants highlighted the need for modernized definitions, emphasising terms like 'professional', 'advocate', 'compassion', 'justice', and 'caring'. Nursing was described as a scientific, evidence-based discipline rooted in advocacy and care, with a critical role in primary health care, disease prevention, and addressing social and environmental issues. A clear distinction was made between 'nursing' as a practice and 'nurse' as an individual professional. Follow-up surveys reinforced nursing's contributions to leadership and health policy.

Later in July 2024, the Project leads met with the ICN EEAC. They stressed the importance of representing nursing's scientific foundation alongside its compassionate care. They advocated for definitions that communicate nursing's value to governments and communities, emphasizing public health contributions, economic development, and community well-being. Ethical principles, evidence-based practice, and nursing's theoretical underpinnings were seen as crucial elements. Members highlighted the risk of unregulated labour replacing qualified nurses, underscoring the importance of educated, regulated professionals.

In September 2024, the NSSG consultation underscored the transformative role of nursing in reshaping patient care and health care systems. Participants highlighted nursing's emphasis on holistic care, disease prevention, and patient empowerment. They described nursing as a primary profession within health care, prioritising care over cure while addressing individual preferences and needs. The feedback emphasized the cultural and foundational significance of patient-centred care.

The Project Team attended the ICN Global Policy Forum in October 2024, where the universal nature of nursing was explored, while addressing cultural variations. Discussions emphasized nursing's commitment to health promotion, alleviation of suffering, and the protection of dignity and rights. Participants highlighted nursing's adaptability to changing health care needs, its holistic, person-centred approach, and its role as a bridge between individuals and health care systems. The challenge of balancing global standardization with regional specificity in the definitions was a key theme.

The ICN Global Regulators were consulted on two occasions, 18 November 2024 and again on 20 December 2024. On both occasions they provided positive feedback and support for the respective draft versions of the definitions. They were pleased that the definitions were sufficiently high-level, allowing flexibility for individual countries to

maintain their regulatory specificity, while using the ICN definitions as an international reference point. The group agreed that the ICN definitions could serve as introductory frameworks, complemented by their respective national statements.

The NNA Survey gathered global insights, emphasizing terms like 'autonomy', 'compassion', 'evidence-based practice', 'collaboration', and 'patient-centred care'. Respondents stressed the need for definitions to reflect nursing's diversity, specialization, and leadership roles. Definitions should capture nursing's focus on health promotion, illness prevention, and advanced care. They also called for recognizing nurses as leaders who contribute significantly to health care systems.

The General Public Survey (November–December 2024) reiterated the importance of compassionate, safe, and person-centred care, alongside leadership, advocacy, and evidence-informed practice. Feedback called for broader recognition of nursing's scientific foundation and its evolving roles in advanced practice, interdisciplinary collaboration, and environmental sustainability. Respondents emphasized cultural inclusivity and the global variability of nursing.

KEY THEMES

Key themes across the consultation were:

- Definitions must reflect nursing's evolving nature, incorporating technology, evidence-informed practice, and its role in multidisciplinary teams.
- Nursing must be recognized as providing comprehensive care addressing physical, emotional, and social needs, underpinned by compassion and people/person-centred care.
- Nurses must be acknowledged as leaders and advocates who shape health care policies, promote equity, and ensure systemic fairness.
- Definitions need to reflect the pivotal role nurses play as managers of patient care and health systems.
- Definitions should emphasize the specialized education, and ethical standards required for nursing, reinforcing the need for regulation to maintain professional integrity.
- Nursing's unique role, autonomy and accountability, separate from other health care professions but collaborative, must be emphasized, alongside its advocacy for patient rights and health justice.
- Definitions should be adaptable to diverse global health care settings, while maintaining consistency in capturing the profession's essence and scope.

POINTS OF STAKEHOLDER CONVERGENCE

There was significant agreement regarding advocacy and patient/person/people-centred care. Advocacy remains a cornerstone of nursing. At the individual level, nurses advocate for patients' needs, dignity, and rights, especially for those unable to advocate for themselves. At the system level, advocacy focuses on equitable resource allocation, systemic improvements, and ensuring quality care. At the global level, nurses champion social justice, health rights, and policies addressing population health and sustainability. People/person-centred care is widely valued, emphasizing holistic approaches that respect individual needs and cultural contexts.

There was agreement that nurses must be educated and regulated health professionals. Education ensures the foundation of scientific knowledge and clinical expertise. Regulation promotes accountability, safety, and adherence to professional standards. This consensus reinforces nursing's identity as a skilled, trusted profession balancing autonomy and collaboration.

There was consensus regarding the importance of ethical practice as a foundation for nursing and the nurse. Ethical principles, such as compassion, fairness, respect, and cultural safety are universally valued. These principles underpin both direct care and



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broader responsibilities like advocacy and leadership. Ethics is seen as essential to fulfilling nursing's social contract and building trust with individuals, communities, and health systems.

It was agreed that addressing leadership and system integration is important. Nurses are recognized as pivotal leaders in health care systems, contributing to patient safety, health service management, and health system design. Their role as the "glue" holding health care systems together is widely acknowledged, with emphasis on continuity, coordination, and resilience during crises.

There was consensus that nursing has a strong commitment to safety and quality and nurses' critical role in ensuring patient safety and delivering high-quality care is broadly supported. Safety is central to leadership in health services and guiding principles. Quality care underpins advocacy and informs nursing's diverse roles.

It was also agreed that concepts such as holistic care embrace sustainability and global health. Nursing integrates care across individual, system, and global levels, demonstrating its versatility. Nurses provide direct care, contribute to health system improvements, and advocate for sustainability and planetary health.

POINTS OF STAKEHOLDER DIVERGENCE

Regulation was agreed to be important, but its interpretation varied. In high-resource settings, regulation typically involves strict licensing and oversight, reflecting advanced systems of governance. In lower-resource settings, regulation may be less formal, relying on community norms or minimal standards. Concerns arose that rigid definitions of regulation could exclude unlicensed workers in nursing-adjacent roles who contribute meaningfully, especially in under-resourced systems. Debate arose over how to value the contributions of unlicensed workers. In some regions, unlicensed personnel are essential for delivering care, particularly in rural or underserved areas. Others worried that including unlicensed workers in definitions might dilute the professional identity of nursing.

Advocacy was universally valued but differed in scope. In advanced systems, it extended to systemic reform and policymaking. In less-resourced contexts, it focused more on individual patient needs and community-level support due to resource constraints. However, it was recognized that nurses have strong influence on health policy and practice in many low resource countries.

Environmental sustainability was prioritized in well-resourced systems and small island nations, but often seen as secondary in regions facing acute health crises and where the immediate effects of climate change were not so immediately impacting health.

Divergence existed on how much responsibility nurses should bear for advocating for planetary health versus focusing on direct care.

Select words/terms were debated, such as:

Nurse versus Registered nurse versus professional nurse

During the consultation, there was discussion about the terminology used to describe nursing professionals – specifically, the difference between 'nurse', 'registered nurse', and 'professional nurse'. It was agreed to use the term 'nurse' to refer to a regulated professional, recognizing that in some countries, there are

multiple categories of regulated nurses with differing scopes of practice based on their education and licensure. A profession, by definition, requires a form of regulation, a specific body of knowledge, and a practice. Therefore 'nurse', as a professional, is clearly differentiated from unregulated workers such as nursing assistants and community care workers (or however titled dependent on the country or context).



Even problems outside the obvious realm of health care – climate change, policy leadership, the built environment, loss of community – have huge impacts on human health. Nurses see these problems written on their patients' bodies.¹²²

Safety critical

‘Safety critical’ was popular in some contexts for emphasizing nursing’s essential role in safeguarding patients and systems. But in others it was seen as overly technical or burdensome, particularly in resource-limited settings where safety frameworks are aspirational. There was also concern that it has a defined and specific meaning in the broader international safety culture.

Planetary health

‘Planetary health’ was advocated by some for its recognition of nursing’s broader role in promoting environmental sustainability and global well-being. It was criticised by others for potentially shifting focus away from immediate patient care responsibilities. Safe and sustainable environments seemed to capture the intent of either side of the debate.

Human beings

‘Human beings’ vs. ‘people’ vs ‘patients’ vs ‘individuals’ was debated with some preferring “human beings” for its inclusivity and philosophical depth, emphasizing nursing’s care for all individuals beyond clinical settings. Others found it overly abstract, favouring ‘patients’ or ‘people’ as more practical and relatable terms.

Proximity to the patient


‘Proximity to the patient’ sparked differing views, some celebrated it as a defining strength of nursing, emphasizing trust-building and unique insights gained through sustained closeness with patients. Others cautioned against overemphasising physical proximity, arguing it could overshadow nursing’s intellectual, systemic, and policy contributions.

Privilege of intimacy

‘Privilege of intimacy’ raised mixed responses. While some felt it captured the special and close relationship that exists between the nurse and the patient within the clinical context, others felt it was open to misinterpretation and that it may raise concerns related to sexual violence against, or in rare occasions by, nurses.

Evidence based versus evidence informed

‘Evidence based’ suggests that decisions privilege evidence, whereas ‘evidence informed’ suggests that evidence is certainly a critical factor in decision making, but is not the only factor. At times the evidence is outweighed by patient choice and circumstance, by cost and by resource availability. Thus, a decision is informed by the evidence, not dictated by it.



Nurses are involved in the most private aspects of people’s lives, a (we) cannot hide behind technology or a veil of omniscience... Nurses do for others publicly what healthy persons do for themselves behind closed doors. Nurses, as trusted peers, are there to hear the secrets, especially the ones born of vulnerability.¹²³

This chapter highlights the diverse and invaluable insights gathered from global nursing leaders, educators, regulators, professional organizations, and NNAs. Through a range of workshops, surveys, and discussions, stakeholders have provided critical input that informs the development of the definitions. This chapter has captured both areas of convergence, where shared priorities such as professionalism, compassion, and evidence-based practice emerge, and areas of divergence, which reflect the unique challenges and needs of different regions and practice contexts.

By integrating these perspectives, the stakeholder consultation process ensured that the Delphi conversations arrive at definitions that are inclusive, adaptable, and reflective of the profession’s evolving scope and responsibilities. This collective effort strengthened the foundation for defining nursing and the role of the nurse in ways that are relevant, meaningful, and aligned with the expectations of diverse stakeholders worldwide.

5

SECTION

STEP 3

EXPERT GROUP PROCESS

THE DELPHI METHOD

The Delphi method has been used extensively within nursing in response to professional issues, as it seeks the opinion of experts in areas where little research evidence is available, where there is a range of views, and where an outcome is sought by working towards a consensus, or at least expert-informed position.^{124, 125, 126}

The modified Delphi method

The method used in this Project is a modified Delphi technique, as follows:

The participants: The Experts were chosen to be as inclusive as possible. Factors taken into consideration included: reputation as expert, global coverage, ICN GNLI alumni, and participants representing the voice of early career nurses, Indigenous nurses, consumers, and language. The meetings were held in English but included participants with many different first languages. French and Spanish were particularly critical as the outcome needed to translate with consistent meaning in the three ICN working languages.

The Delphi rounds: There were five rounds held. Each round consisted of preparatory work, a 60–90 minute “Teams”/“Zoom” teleconference, inclusive of small group break-out periods, followed by post-teleconference survey submissions. Teleconferences were recorded for purposes of conversation analysis by the oversight group.

Surveys used a combination of a five-point Likert Scale, and open-ended questions, whichever was appropriate to the questions.

The additional role of the Oversight Group

The members of the Oversight Group iteratively analyzed the summaries from the literature reviews, the broad consultation groups, the Delphi group survey responses, and the teleconference conversations, progressively refining the input towards definitions of ‘nursing’ and ‘a nurse’. The Oversight Group was also responsible for ensuring risks were managed throughout the process.

DATA COLLECTION AND ANALYSIS

The original ideas were developed both from the initial literature review and via word clouds and conversations, generated by the Delphi group and refined into draft definitions for both ‘a nurse’ and ‘nursing’. These were circulated as a first Delphi round with both Likert Scale and free text responses available for each sentence of each definition. There was significant consensus around the definition of ‘a nurse’, and a wider range

of views as to what ought to go into the definition of 'nursing', although agreement that the content ought to contain statements that reflected the art, science and spirit of nursing. These processes were repeated to a lesser extent with all consultations, so that there was significant input from a range of stakeholders.

The Oversight Group decided to focus on the definition of 'a nurse' first, as there was consensus within the Delphi Group that the two definitions ought not to be repetitive. Thus, the determination of one of them would help to clarify the content for the second. It was also decided that there ought to be comprehensive definition of 'a nurse', as this definition was more likely to be used in work value cases or policy decisions, whilst politically and expediently there may also need to be an abridged version. It was also agreed that the definition would be of 'a nurse', rather than 'the nurse'.

DEFINING 'A NURSE'

The structure initially chosen for both the long and abridged definitions of 'a nurse' was to answer the questions "*Who, What, How, Where and Why*". Who is a nurse, what do they do, how do they do it, where do they do it and why do they do it? There was some debate in the beginning about specific nomenclature, such as education vs training, autonomous vs independent, regulated vs sanctioned, advocacy vs voice, to name a few. Where this occurred, either two definitions with the differing terms would be provided for discussion, or where only one of the terms was used, discussion on the alternative was encouraged. Both formal and grey literature and AI searches were undertaken and compared against the definitions, and there was confirmatory evidence that the definitions under development were consistent with views expressed in the literature. As consensus was reached on terminology, it was also tested in other languages to see how well a term translated and whether its intended meaning held.



In addition to the wider consultation, the Oversight Group's members reviewed and explored broader concepts and ideas that emerged from the discussions with the Delphi group and modified the definition where it was considered that the literature provided further insight into an idea that had arisen in discussion. These were fed back into further Delphi rounds and the feedback presented for thematic analysis. There was broad consensus by the fourth and fifth Delphi rounds. The definition addresses the work of a nurse at the personal, community and environmental level.

By the conclusion of the Delphi rounds the suggestion had emerged that only the long definition of 'a nurse' was necessary. This debate was referred to the Oversight Group for decision. It was decided that there were varied audiences for the definitions and that both long and abridged definitions of a nurse were important. This decision was supported by the ICN Board Executive.

DEFINING 'NURSING'

The feedback from the first Delphi round provided extensive, diverse and wide-ranging feedback on the original draft definition of 'nursing' that was offered for comment. However, as stated, much of it overlapped with the definition of 'a nurse' and the decision was made to focus on the definition of 'a nurse' first, as there was greater consensus in relation to that. For the second and third Delphi rounds, no feedback was sought in relation to the definition of 'nursing'. The discussions and word clouds prior to the first Delphi round had promoted the concept of nursing as an art, a science and for some members, as also having a spiritual element. These concepts were explored in the first Delphi round with differing levels of consensus. By the time the definition of 'a nurse' had been developed and fundamentally agreed upon, much of the language in relation to the science of nursing was settled. So, in the fourth Delphi round, the participants were asked for more input relating to the art and the spiritual aspects or the soul of 'nursing'. The feedback from Delphi rounds One and Four in relation to 'nursing' was thematically analyzed and the information that was already in the definition of 'a nurse' removed. The data were organized in response to the questions: what, how, why and where? What is nursing, how is it performed, why is it performed and where is it performed? The definition addresses nursing at the personal, community and environmental level.

6



SECTION

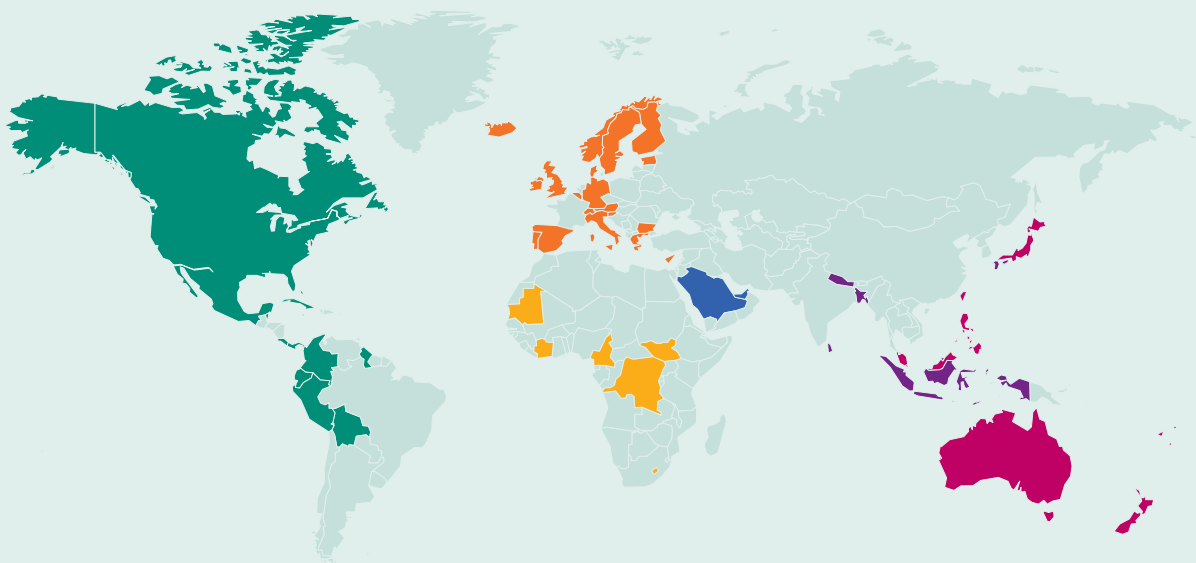
STEPS 4 & 5

THE ICN BOARD AND NATIONAL NURSING ASSOCIATIONS

Following the completion of the Delphi process and external stakeholder consultations, the critical next step was consulting the ICN CEO and Board Executive committee for their input. Minor modifications were made to the definitions at this stage, and they were then sent to the ICN members – the NNAs. As is ICN practice there was a six-week consultation period for NNAs to respond. The NNAs were asked whether they thought the definitions were: a) credible and clear; b) supported by current evidence; c) any omissions or gaps; d) if they constituted any reputational risk to ICN; e) whether there were any essential changes necessary; and f) whether their NNA is likely to support the definitions.

134 responses were received from 57 NNAs.

| REGION | AFRO | AMRO | EMRO | EURO | SEARO | WPRO | Total |
|--------|------|------|------|------|-------|------|-------|
| QT | 8 | 14 | 2 | 20 | 5 | 8 | 57 |
| % | 14% | 25% | 4% | 35% | 9% | 14% | 100% |



Overwhelmingly the NNAs supported the definitions. Some small amendments were made to the definitions as a result of NNA feedback and the further refined definitions were again put to the Executive Committee of the Board. Following the Executive Committee agreement on exact wording, the definitions were sent to the full ICN Board for approval, after which they were to go to the CNR for endorsement and an international launch at the ICN Congress in Helsinki.



THE PROPOSED DEFINITIONS

A profession is, by definition, a group of people with special disciplinary knowledge and skills; with public expectation of adherence to standards and codes of behaviour; and who apply this knowledge, skills, ethics and behaviour in a practice which is in the interest of others. In common language, the word 'nursing' is used to describe both the profession and the practice. This professional practice is carried out through the work and lives of the members of the nursing profession, nurses.

DEFINITION OF 'NURSING'

Nursing is a profession dedicated to upholding everyone's right to enjoy the highest attainable standard of health, through a shared commitment to providing collaborative, culturally safe, people-centred care and services. Nursing acts and advocates for people's equitable access to health and health care, and safe, sustainable environments.

The practice of nursing embodies the philosophy and values of the profession in providing professional care in the most personal health-related aspects of people's lives. Nursing promotes health, protects safety and continuity in care, and manages and leads health care organizations and systems. Nursing's practice is underpinned by a unique combination of science-based disciplinary knowledge, technical capability, ethical standards, and therapeutic relationships. Nursing is committed to compassion, social justice and a better future for humanity.

DEFINITION OF 'A NURSE'

A nurse is a professional who is educated in the scientific knowledge, skills and philosophy of nursing, and regulated to practice nursing based on established standards of practice and ethical codes. Nurses enhance health literacy, promote health, prevent illness, protect patient safety, alleviate suffering, facilitate recovery and adaptation, and uphold dignity throughout life and at end of life. They work autonomously and collaboratively across settings to improve health, through advocacy, evidence-informed decision-making, and culturally safe, therapeutic relationships. Nurses provide people-centred, compassionate clinical and social care, manage services, enhance health systems, advance public and population health, and foster safe and sustainable environments. Nurses lead, educate, research, advocate, innovate and shape policy to improve health outcomes.

Further, nurses play a unique role in health and care for populations of all ages, and in all settings, building trust with individuals, families and communities and gaining valuable insights into people's experiences of health and illness. Building on a foundation of personalized direct and social care, nurses advance their capabilities through ongoing education, research and exploration of best practices.

A nurse's scope of practice is defined by their level of education, experience, competency, professional standards and lawful authority. They play a key role in the coordination and supervision of, delegation to, others who may assist in the provision of health care.

Often at the front line, they respond to disasters, conflicts and emergencies, demonstrating courage, dedication, adaptability and commitment to the health of individuals, communities and the environment.

The first paragraph of the definition provides an authorized abridged version of the official definition of 'a nurse'. Please note that this abridged version should be considered within the full context of the official definition.

ABRIDGED DEFINITION OF 'A NURSE'

A nurse is a professional who is educated in the scientific knowledge, skills and philosophy of nursing, and regulated to practice nursing based on established standards of practice and ethical codes. Nurses enhance health literacy, promote health, prevent illness, protect patient safety, alleviate suffering, facilitate recovery and adaptation, and uphold dignity throughout life and at end of life. They work autonomously and collaboratively across settings to improve health, through advocacy, evidence-informed decision-making, and culturally safe, therapeutic relationships. Nurses provide people-centred, compassionate clinical and social care, manage services, enhance health systems, advance public and population health, and foster safe and sustainable environments. Nurses lead, educate, research, advocate, innovate and shape policy to improve health outcomes.

EXPLANATORY NOTES

The following notes are appended to assist readers understand the thinking behind the choice of specific wording within the definitions. They are presented in the order of appearance in the definitions.

Profession/Professional: By definition, a profession has three main elements: disciplinary knowledge and skills, a form of regulation specifying standards of practice and codes of behaviour expected by the public, and the application of these elements in a practice which is in the interests of others.

Cultural safety: With its roots in Indigenous scholarship, cultural safety expresses the recipient's feeling of safety from racism and discrimination of any form. It requires the exploration of one's unconscious biases and a commitment to treating all people with respect and dignity.

People-centred: The term 'people-centred' is used rather than 'person-centred' as it is more inclusive of the familial, cultural, and community contexts that shape health care practices and designs and the term used by WHO. The scholarship underpinning 'person-centred care' is acknowledged and appreciated, however, wherever possible WHO terms are used in the definitions.

Advocacy: Advocacy is included in the definition of 'nursing' as a key responsibility of nurses is to represent and support those who cannot advocate for themselves, ensuring patients' needs and rights are upheld. This aligns with Henderson's view of the nurse as the "*consciousness of the unconscious*" and the "*love of life of the suicidal*", among other vital roles.

Safe and sustainable environments: This term encompasses the importance of creating environments that are not only safe for patients and communities but also sustainable for the planet. It acknowledges global health concerns like planetary health, emphasizing the interconnectedness of environmental, personal, and public health.

Philosophy of nursing: The ‘philosophy of nursing’ refers to the core values and principles underpinning nursing practice, including compassion, respect, cultural safety, and ethics. It represents the ‘being’ or spirit of nursing, reflecting its holistic and humanistic approach to care.

Most personal aspects of people’s lives: This is an acknowledgement of the fundamental role that nurses play in people’s private experiences and health needs that nurses witness and address, including physical, emotional, and psychological dimensions of care. It was felt to be a critical and often absent recognition of the importance of the private and personal work that nurses undertake with grace and discretion.

Patient/system safety: ‘Patient and system safety’ is included as nurses play a crucial role in ensuring the safety of individuals, therapies, and health care organizations. This encompasses various forms of safety, including cultural, physical, and psychological safety, with the broader concept being more inclusive than the term ‘safety critical’, which has a specific definition.

Continuity of care: The smooth transfer of information and care between health care providers and settings, whether this is shift-to-shift or provider to provider, nurses perform this integrative safety and quality function such that health care is experienced by people as coherent and interconnected over time and consistent with their health needs and preferences.

Scientific knowledge: While recognizing the various forms of knowledge in nursing, such as scientific, ethical, personal, aesthetic, and socio-political/emancipatory, it was considered important to distinguish these knowledge forms to better emphasize the depth of study required for nursing and the critical importance of its scientific, evidence-based foundation.

Skills: The term ‘skills’ is used to encompass the multitude of skills used in nursing practice from the technical capability and dexterity to the interpersonal engagements of mental health nursing, to the advocacy and negotiation skill of shaping policy and more.

Regulated to practice nursing: Regulation is included to ensure accountability, protect public safety, and maintain professional standards. By establishing systems and standards for accreditation, qualification, registration, and practice regulation works to guarantee that only qualified individuals practice as nurses, which in turn upholds trust and quality in health care. It is noted that regulatory systems vary globally.

Therapeutic relationships: Therapeutic relationships, grounded in the work of Orlando and Peplau, emphasize the importance of active listening and understanding in nursing. These relationships are central to providing compassionate, individualized care that addresses both the physical and emotional needs of patients.

Autonomous: The inclusion of ‘autonomy’ emphasizes the nurse’s ability to make informed decisions and reason through complex problems, aligning with the values and professional responsibility inherent in nursing practice. It contrasts with the term ‘independent’, which suggests self-sufficiency and is less reflective of the collaborative nature of nursing care.

Delegation and Supervision: ‘Delegation’ is the process where a nurse assigns specific tasks, within their scope of practice, to another qualified nurse, student, or health care worker, while retaining accountability for the outcome. ‘Supervision’ – whether direct or indirect – is essential to ensure delegated care is provided safely and competently, with the nurse remaining accessible and responsible for guidance and evaluation.

Compassion: Compassion is central to nursing, encompassing not only empathy but also a strong motivation to help others. It reflects a genuine commitment to care for and about patients/people, going beyond emotional understanding to active support.

Clinical and social care: The inclusion of both clinical and social care acknowledges the comprehensive role of nurses in assisting with health-related needs and supporting daily living requirements affected by health conditions, particularly in regions where social care is vital to nursing practice.

Social justice: 'Social justice' is included to acknowledge that nursing advocates for equitable access to health care resources, promotes participation, respects diversity, and upholds human rights, all of which are essential for delivering fair and inclusive care to all individuals.

Better future for humanity: This is a philosophical bedrock of nursing – equitable access to basic needs (food, clean water, health care, education), a sustainable environment and peaceful coexistence between peoples and countries, collaborative global problem solving like climate change, all of which have direct or indirect health consequences.

Health literacy, Health promotion, Illness prevention and Health equity: These terms, as defined by WHO, are central to nursing practice, promoting education, prevention, and equitable access to health care to improve overall health outcomes.

Alleviation of suffering: Alleviating suffering is central to nursing, as nurses not only provide physical pain relief but also engage emotionally and psychologically with patients/people to support their well-being. Through presence, therapeutic touch, massage, bodily care and therapeutic management, nurses help people cope with and endure suffering in a compassionate and holistic manner.

Facilitation of recovery and adaptation: Nursing's role in recovery and adaptation is emphasized as nurses not only support physical recovery, such as post-surgery or injury, but also help patients/people adjust to changes in their health status, facilitating long-term adaptation to illness or injury.

Dignity at end-of-life: Providing respectful and compassionate care for one dying and their family has long been one of nurses' great contributions. It is used here in its general term, not associated with any movement or specific end-of-life option.

Across settings: The term 'across settings' captures the expansive nature of nursing work, acknowledging that nurses operate in diverse environments such as hospitals, communities, schools, and government settings, adapting their expertise to various contexts.

Health for all: This term reflects WHO's goal of ensuring universal access to health and well-being, emphasizing the importance of health equity and the right of every person to achieve optimal health, a core tenet of nursing practice.

Evidence-informed decision making: The term 'evidence-based' is commonly used in relation to decision making, but 'evidence-informed' offers an added dimension. Evidence-informed decision making allows for the inclusion of other factors that might influence a choice of action, for example: patient's choices, matters of belief or personal preference, and critical factors such as resource availability.

8



SECTION

CORE CONCEPTS UNDERPINNING THE DEFINITIONS

This section highlights the core values and responsibilities of nursing. These discussions aim to ensure that the definitions reflect the complexity, professionalism, and impact of nursing in modern health care.

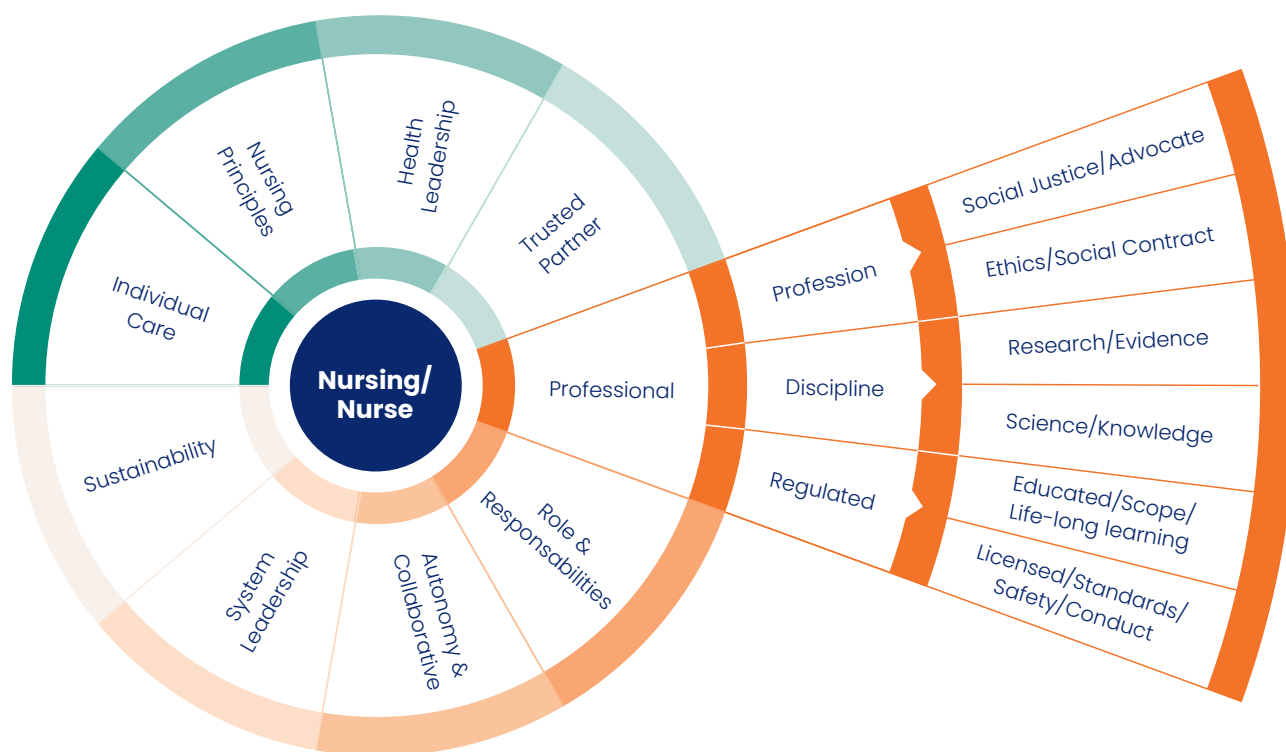
CONCEPTS RELATED TO THE DEFINITION OF 'NURSING'

Profession

The concept of 'health profession' anchors the definition of 'nursing' by establishing it as a regulated, multidisciplinary field that fulfils a social contract to advance health and social justice. This concept integrates knowledge, skills, and philosophy, with ethical and regulated practices. Keywords such as 'discipline', 'regulated', and 'practice' highlight the professional and ethical foundation and a profession's broader societal contribution. What differentiates nursing from other health professions is its combination of specific disciplinary knowledge, regulatory standards and the philosophical underpinning of its practices.



The following diagram is provided as an example of how overarching concepts encompass sub-concepts within the definitions.



People-centred care

The concept of “people-centred care” anchors the definition by emphasizing nursing’s role in empowering individuals and families through culturally safe and individual care. This includes lending strength, will, and knowledge to help individuals address unmet health needs. Keywords such as ‘strength’, ‘individualized care’, ‘assistance’, and ‘cultural safety’ reflect nursing’s commitment to personalized and holistic care that respects cultural values.

Core philosophy and approach

The core philosophy and approach of nursing are anchored in compassionate, person-centred care that is culturally safe and evidence informed. These principles ensure that care is tailored to the specific needs of individuals and communities. Keywords such as ‘compassion’, ‘cultural safety’, ‘evidence-based’, and ‘people/person-centred’ emphasize the ethical and holistic nature of nursing.

Roles and scope of nursing

The roles and scope of nursing anchor the definition by describing its wide-ranging contributions. Nurses provide care to individuals, families, and communities, while also addressing broader issues in population health and sustainability. Advocacy remains central to this concept, as reflected in the keywords ‘person-centred care’, ‘community health’, ‘population health’, and ‘advocacy’. This demonstrates nursing’s influence on both direct care and systemic health initiatives.

Supervision and delegation

In nursing, delegation involves a qualified nurse assigning tasks to a qualified colleague while remaining accountable for the outcome. Supervision, either direct or indirect, ensures safe practice and supports the delegate through guidance and oversight. It is noted that ‘supervision’ and ‘delegation’ must be used selectively and in accordance with professional judgement. They are not processes to be used so that unregulated carers or roles replace nursing roles, expertise or professional judgement.

Quality, safety, and safety-critical responsibilities

The concept of quality, safety, and safety-critical responsibilities anchors nursing's role in ensuring patient safety and delivering high-quality care. Evidence-informed practices and risk management are central to this responsibility, which includes mitigating risks and maintaining safety within health care systems. Keywords such as 'patient safety', 'risk management', and 'safety-critical' underscore the profession's commitment to protecting patients and ensuring the integrity of care.

Broader contributions

The concept of broader contributions anchors the definition by highlighting nursing's influence beyond direct patient care. Nurses play vital roles in leadership, education, advocacy, and innovation, contributing to health system design and policy development. Keywords such as 'leadership', 'advocacy', 'policy engagement', and 'system design' reflect nursing's ability to shape equitable and sustainable health care systems.

Social responsibility

Social responsibility anchors nursing's alignment with its ethical obligations to society by promoting health equity, social justice, and environmental sustainability all of which have direct and indirect impact on people's health. Nurses advocate for systemic changes to address disparities and advance public health. Keywords such as 'social justice', 'equity', and 'sustainability' emphasize the profession's role in fostering societal well-being in all contexts.

CONCEPTS RELATED TO THE DEFINITION OF 'A NURSE'**Health professional**

The nurse as a health professional is anchored in formal education and regulation, ensuring accountability, ethical practice, and adherence to professional standards. Education in nursing science, art, and philosophy forms the foundation of this concept, supported by regulation to uphold codes of conduct and ethical guidelines. Keywords such as 'educated' and 'regulated' capture the professionalism and integrity of nurses.

Roles and responsibilities

The roles and responsibilities of nurses anchor the definition by emphasizing their critical role in promoting health, preventing illness, alleviating suffering and enhancing health literacy. Nurses ensure patient safety through evidence-informed care, trusted partnerships, decision-making, and risk management. Keywords such as 'health promotion', 'illness prevention', 'patient safety', 'trusted partnerships', and 'risk management' reflect their comprehensive and collaborative approach to improving health outcomes.

Scope of practice

The concept of scope of practice anchors the definition by emphasizing the nurse's ability to work to their education, training, competence and lawful authority, in response to an evolving health care environment. This includes direct clinical care, service coordination, and health system strengthening. Keywords such as 'collaboration', 'system design', and 'service coordination' highlight the adaptability and breadth of nursing practice across diverse health care settings.

Independent and autonomous practice

The concepts of independent and autonomous practice anchor nursing's essential role in delivering patient care based on professional judgement, expertise, and evidence-based knowledge. Autonomous practice reflects nursing's ability to make independent decisions, manage patient care, and act with accountability within legal and ethical frameworks. It underscores nurses' capacity to assess, plan, and implement care without direct supervision, ensuring that patient outcomes are optimized through skilled, evidence-informed decision-making.



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Key concepts anchored by independent and autonomous practice include 'clinical judgement', 'accountability', 'professional responsibility', 'leadership', and 'ethical decision-making'. These terms reflect the nurse's ability to lead care delivery, uphold patient safety, and contribute meaningfully to health care outcomes through independent action and responsibility. Autonomous practice reinforces nursing's role as a critical component of a well-functioning health care system, with nurses exercising both leadership and expertise to guide patient care.

Broader impact

The broader impact of nurses anchors the definition by demonstrating their role in promoting population health, advocating for equity, and supporting sustainability. Nurses influence health outcomes on local, national, and global levels, advocating for public health and systemic improvements. Keywords such as 'population health', 'advocacy', 'sustainability', and 'equity' reflect this far-reaching contribution.

Quality, safety, and safety-critical roles

The concept of quality, safety, and safety-critical roles anchors nursing's responsibility for ensuring patient safety and delivering high-quality care. This includes risk mitigation, evidence-informed practice, and complex decision-making in clinical and systemic settings. Keywords such as 'patient safety', 'quality care', 'risk mitigation', and 'safety-critical' emphasize the importance of nurses in maintaining standards in life-critical situations.

Professional engagement

Professional engagement anchors the definition by highlighting the nurse's multifaceted contributions. These include clinical practice, research, education, advocacy, innovation, policymaking, and leadership. Keywords such as 'research', 'advocacy', 'leadership', and 'innovation' showcase the comprehensive and systemic impact nurses have in improving health outcomes and shaping health care systems.

IMPLICATIONS FOR THE NURSING PROFESSION

The adoption of internationally accepted definitions of ‘nursing’ and ‘a nurse’ has transformative potential, influencing health care systems, workforce planning, safety standards, and global collaboration. These definitions provide a shared understanding of nursing’s role and scope, but their impact depends on national and local implementation strategies tailored to diverse contexts.

KEY IMPLICATIONS FOR NURSING GLOBALLY

The key implications for nursing globally are as follows.

Workforce planning and mobility

- **Global workforce standardization:** The definitions create a unified framework for defining nursing roles, enabling more accurate workforce planning at national and international levels. They assist in identifying nursing shortages, determining competency requirements, and allocating resources effectively.
- **Enhanced professional mobility:** Standardized definitions facilitate mutual recognition of nursing qualifications and roles across borders, improving opportunities for nurses to practice internationally. This harmonization supports global health initiatives by enabling the rapid deployment of nursing professionals during crises like pandemics, natural disasters, or conflicts.
- **Addressing workforce gaps:** The definitions highlight the different but at times essential contributions of unlicensed personnel in nursing-adjacent roles, encouraging their inclusion in workforce strategies while promoting pathways for formal education and licensure.

Increased recognition of nursing’s role and scope

- **Elevating the status of nursing:** By defining nursing as a regulated, educated, and ethical profession, the definitions reinforce the critical contributions of nurses to health care systems. The definitions provide a clear articulation of nursing’s expanding roles in advocacy, leadership, education, and innovation, promoting recognition of nursing as a cornerstone of health care delivery. This aligns with the *Triple Impact* report’s argument that investing in nursing has the effect of improving health, increasing gender equity and strengthening economies.¹²⁷
- **Expanding the scope of practice:** The definitions acknowledge nursing’s involvement in broader responsibilities, including population health, planetary health, and health system design. The expanded scope supports advocacy for increased investment in nursing education, leadership programmes, and advanced practice roles.

- **Integration into legislation and policy:** Standard definitions provide clarity for integrating nursing into regulatory instruments, such as Mental Health or Medicines and Poisons legislation, enabling consistency in defining nursing responsibilities across legal frameworks.

International understanding and collaboration

- **Fostering interprofessional collaboration:** A shared understanding of nursing's roles improves collaboration among health professionals, enhancing team-based care and reducing role confusion. Clear definitions help delineate responsibilities, ensuring efficient coordination across disciplines.
- **Global alignment:** The definitions align with global health priorities, such as UHC and the SDGs, fostering international cooperation in achieving shared objectives.
- **Knowledge exchange:** Common definitions facilitate global knowledge-sharing and benchmarking, allowing countries to learn from best practices and innovative nursing models.

Raising safety and quality standards

- **Improved patient safety:** By emphasizing nursing's role in safety-critical practices, the definitions reinforce accountability and quality care delivery. Regulators can use these definitions to set clear competency standards, ensuring that nurses are equipped to manage risk and deliver safe care.
- **Consistency in care delivery:** Globally accepted definitions provide a foundation for standardizing care delivery practices, reducing variability and improving patient outcomes.
- **Ethical and culturally safe care:** The emphasis on cultural safety ensures that nurses are educated to deliver equitable, inclusive, and respectful care, addressing the diverse needs of patients and communities.

Reflecting the evolving role of nurses

- **Acknowledging change:** The updated definitions reflect nursing's evolution from traditional caregiving to a diverse and dynamic profession encompassing clinical expertise, leadership, education, and advocacy. They recognize the varying stages of nursing's development globally, providing a framework that accommodates diverse contexts while promoting a progressive vision.
- **Adapting to contemporary needs:** The definitions incorporate emerging priorities such as planetary health, population health advocacy, and resilience in crisis response, ensuring their relevance in modern health care systems. They balance traditional values like compassion and proximity with forward-looking concepts like autonomy, system leadership, and innovation.

Cultural impact

- **Enhancing health care in diverse settings:** The definitions provide a flexible framework adaptable to different cultural contexts, promoting inclusivity while respecting local practices and beliefs. By emphasizing holistic, culturally safe care, they encourage nursing practices that align with the values and expectations of diverse communities.
- **Bridging cultural differences:** A shared understanding of nursing's core principles fosters mutual respect and collaboration among health professionals from different cultural backgrounds.
- **Strengthening equity:** The definitions advocate for social justice and health rights, supporting nurses in addressing health disparities and improving access to care in underserved populations.

CHALLENGES/OPPORTUNITIES

While these definitions have significant potential, realising their impact requires addressing challenges and seizing opportunities.

Challenges include:

- Varying levels of nursing regulation, education, and development across countries may create barriers to adoption.
- Resistance to new terminology in some contexts could limit acceptance.

Opportunities include:

- Using standard definitions in regulatory instruments to create clear legal classifications for nursing roles, such as in Medicines and Poisons and Mental Health legislation.
- Developing national frameworks for nursing education and regulation that align with global definitions while accommodating local needs.
- Leveraging NNAs, regulators, and educators to drive awareness, training, and integration of the definitions into practice.

The new definitions of 'nursing' and 'a nurse' have the potential to transform global health care by clarifying roles, improving workforce mobility, fostering collaboration, and raising safety and quality standards. However, their success depends on thoughtful national and local implementation, ensuring they are adapted to diverse contexts while driving progress in health care systems worldwide.



10.

SECTION

RECOMMENDATIONS

Recommendations for Implementation of the new definitions are as follows.

NATIONAL NURSING ASSOCIATIONS

Advocate for adoption

Promote the adoption of the new definitions at national and regional levels to clarify understanding of nursing' and nurses' roles. Work with policymakers to integrate the definitions into national health strategies and workforce planning.

Stakeholder engagement

Facilitate discussions among nurses, health care professionals, and the public to raise awareness and build consensus around the definitions. Highlight how the definitions reflect the profession's contribution to health systems, patient safety, and advocacy.

Professional development

Update nursing codes of ethics, practice standards, and frameworks to align with the new definitions. Develop resources, workshops, and training to help nurses integrate the definitions into their daily practice.

NATIONAL REGULATORS

Harmonise regulatory frameworks

Align national nursing scopes of practice, licensing requirements, and competency standards with the new definitions. Address gaps in regulation, particularly in countries where regulatory systems are underdeveloped or inconsistent. Within ICN, there is a specific system called the International Classification for Nursing Practice (ICNP), which provides a standardized terminology for nursing diagnoses, interventions, and outcomes. The ICNP helps nurses across different countries use consistent language in their documentation and practice, promoting better communication and data sharing worldwide.

Distinguish unregulated carers from 'nurses'

Develop guidelines to recognize the roles of unregulated carers while distinguishing them from nurses.

Strengthen oversight and accountability

Use the definitions to reinforce regulatory processes that ensure safety, quality care, and ethical nursing practice. Monitor and evaluate how the definitions are applied in practice to maintain consistency and trust.

Promote equity

Ensure that regulatory practices address systemic inequities, promoting access to nursing education, licensure, and practice for diverse populations.

NATIONAL EDUCATORS AND ACADEMIC INSTITUTIONS

Align curricula

Ensure nursing education programmes are aligned with the new definitions, emphasizing advocacy, safety, ethics, and global health responsibilities.

Support lifelong learning

Offer continuing education and professional development opportunities to help current nurses adapt to the expanded roles and responsibilities outlined in the definitions.

Promote research and evidence-informed practice

Encourage research that explores the impact of the definitions on nursing practice, patient outcomes, and health systems. Use findings to refine educational approaches and advance nursing knowledge.

WORLD HEALTH ORGANIZATION

Global advocacy and leadership

Endorse the definitions as a global standard for nursing and advocate for their adoption in important global documents and with all member states' initiatives. Highlight the definitions' alignment with global health priorities, including UHC, health equity, and SDGs.

Supervision and delegation of 'Community Health Care Workers' and assistants in nursing (however titled).

Clarify that the role of nurses is distinct from that of Community Health Care Workers and highlight the valuable role that nurses play in the delegation of care to non-nurses and their supervision.

Support capacity building

Provide technical support to countries in adopting the definitions, particularly those with underdeveloped regulatory systems or nursing education frameworks. Facilitate knowledge exchange and best practices between countries to ensure effective implementation.

Promote equity and inclusion

Work with Member States to address disparities in nursing education, licensure, and workforce development, ensuring alignment with the definitions.

Monitor and evaluate impact

Partner with ICN in the development of global metrics and monitoring to assess the implementation and impact of the definitions on nursing practice, patient outcomes, and health systems. Use these findings to guide ongoing refinements and advocacy efforts.

INTERNATIONAL LABOUR ORGANIZATION

Adopt the new definitions

Update the definition of 'nursing' in the 1977 Convention and integrate the new definitions into global labour policies and frameworks to ensure consistency in nursing roles and responsibilities.

Support workforce planning

Move away from task-based statements in determining who is a nurse and use the definitions in planning for nursing workforce needs, addressing shortages and promoting sustainability.



Protect worker rights

Ensure that labour policies recognize the many critical contributions of nurses and nursing-adjacent roles, protecting their rights and promoting equity.

Promote professional mobility

Use the definitions to harmonise international standards, facilitating cross-border recognition of nursing qualifications and roles. Support initiatives that address barriers to professional mobility, particularly for nurses from underserved regions.

The successful implementation of the new definitions of 'nursing' and 'a nurse' requires coordinated action across NNAs, regulators, educators, national governments (CNMOs), WHO, and the ILO. These recommendations provide a roadmap to ensure the definitions are adopted globally, integrated into systems, and leveraged to elevate the nursing profession while addressing diverse cultural, systemic, and workforce needs

INTERNATIONAL COUNCIL OF NURSES

Commit to long-term vigilance and stewardship

Looking ahead, ICN envisions the new definition of 'nursing' standing for at least 20 years, while the definition of 'a nurse' will require ongoing vigilance. As the practice of nursing evolves, staying abreast of developments in both the literature and the field will remain a critical focus. ICN is dedicated to maintaining a 'watching brief' on these changes, ensuring that nursing practice remains relevant and reflective of global health care needs. ICN declares its authoritative role in global stewardship of the definition of 'a nurse' and 'nursing' into the future, and in being the key sponsor of global nursing metrics, in collaboration with WHO.

Promote engagement and collaboration (esp. regulation and education)

For ICN, this Project has been a valuable opportunity for deep engagement with the global nursing community, generating a wealth of insights and suggestions for future initiatives. The process has underscored the need for focused efforts on regulation and education, particularly in developing standards for registered nurses' practice, defining scope of practice, ensuring continuing capability, and establishing global benchmarks for entry to practice, accreditation standards for providers and programmes, and common processes for managing risk to the safety of the public.

Strengthen global and local methodologies

The methodology used in this Project has proven effective for both global and local engagement, offering a template that ICN encourages nurses worldwide to adopt. In situations where issues arise and evidence is scarce, ICN advocates for using a modified Delphi approach, integrating stakeholder engagement at every stage, to ensure comprehensive and inclusive outcomes.

Foster ongoing scholarship and innovation

In addition to the core work of the Project, several valuable ideas emerged that warrant further scholarship. While some concepts were not immediately suitable for inclusion in the new definition of ‘nursing’, they represent rich areas for ongoing exploration. ICN is committed to leading and sponsoring these initiatives to advance nursing knowledge. A few poignant phrases and ideas from the Project that could inspire future scholarship include:

“Nurses move towards a crisis, while others move away.”
(ANMF Australia)

“Where there are nurses, there is access to health care.”
(Majid Al-Maqbali, Delphi member)

“Professionalism vs Professional Identity”
(Owens R et al.¹²⁸)

“Keeping the Nurse in the Nurse Practitioner”
(Wood S.¹²⁹)



It is hoped that these concepts, along with others that may emerge, will continue to shape ICN’s scholarship and influence the future of nursing.

Foster inclusivity and engagement

The process that led to this definition has been characterized by inclusivity, respect, and deep engagement – values that ICN will continue to uphold in future work. Developing mechanisms that ensure these principles are embedded in ongoing discussions and actions is a priority for ICN, reinforcing its position as a leader in advancing the nursing profession globally.

Engagement with the public

The definitions presented in this report were developed for multiple purposes. Within the profession these include for use in education, regulation, workforce planning, making work-value cases and to encourage greater consistency globally in the work and understanding of nursing and the nurse. Outside the profession they have a declarative function stating unambiguously the legitimate role the nursing profession has outside direct patient care including inclusion in conversations and actions related to health policy, climate change, humanitarian issues and gender equity and economics.

To fulfil this diverse brief, it has been necessary to provide a more detailed, descriptive definition than the short definition asked for by some respondents and that might be appropriate for the public. As noted above, these definitions are not, nor were they intended to be, ‘elevator pitches’, and further work may be undertaken on such.

*But nurses can be present
for the worst things and
the best things, moments that
defy description or containment.
Nurses can know who you are,
where you come from,
and what you need.*

(DiGregorio, 2023)¹³⁰



11

SECTION

CLOSING

The Definition of Nursing Project has addressed the pressing need to provide clear, concise, future-focused and globally relevant definitions of ‘nursing’ and ‘a nurse’. These definitions are essential for unifying the profession, guiding workforce planning, and ensuring consistency in how nursing is understood and practiced across diverse cultures and health care systems. With the existing definitions unchanged for over two decades, the Project sought to reflect the evolving role of nursing while maintaining the profession’s core values and principles.

Through a rigorous, auditable methodology which included extensive stakeholder engagement, the Project has developed definitions that meet the needs of nurses, educators, regulators, and global health organizations. These definitions balance tradition with progress, capturing the essence of nursing while accommodating its diverse applications. However, the impact of these definitions will depend on their effective implementation at national and local levels.

A key component of the Project was the Delphi method, a structured approach used to achieve consensus on the core concepts and language of the definitions. An international panel of nursing experts participated in iterative rounds of review and feedback. This process ensured that the definitions were informed by a broad spectrum of perspectives, reflecting the realities of nursing in different cultural, clinical, and geographic contexts. Feedback was gathered through electronic surveys and video conferences, enabling participation across regions.

The Delphi method allowed for systematic refinement of the definitions, ensuring clarity and alignment with contemporary nursing practice while addressing areas of divergence.

Stakeholder engagement was central to the Project, given the diverse nature of nursing globally and the scale of changes in health care over the past two decades. The Project engaged stakeholders from various sectors to ensure the definitions were relevant and applicable across cultures and contexts. Key groups included:

- The NNAs who provided insights into national definitions and their alignment with professional practice through surveys and email communication.
- GNLI Alumni who contributed perspectives from clinical, regulatory, research, and educational roles via workshops and surveys.
- ICN Advisory Groups who provided feedback from advanced practice nurses, student nurses, and policy experts to ensure the definitions reflected diverse nursing roles and future directions.
- International nursing regulators who provided feedback on the regulatory implications of the proposed definitions.
- The general public who through an online survey gathered views from the public, ensuring transparency and inclusion of societal expectations.

This approach ensured that the definitions reflected the shared experiences and aspirations of nurses globally while addressing the realities of different health care systems.

The data collected from surveys, workshops, and meetings were analyzed to identify recurring themes, points of convergence, and areas of divergence. Stakeholders provided input on key concepts such as advocacy, safety, and ethical practice, which were critical in shaping the final definitions.

The new definitions provide a shared framework for understanding nursing and the role of the nurse, with implications across multiple areas. The definitions establish a clear standard for defining nursing roles, improving the accuracy of workforce planning at national and global levels. They support the mutual recognition of qualifications, enabling greater professional mobility and addressing global workforce shortages.

By clearly articulating the roles and responsibilities of nurses, the definitions elevate the recognition of nursing as a skilled and essential profession. They highlight nursing's expanding scope, including leadership, advocacy, and contributions to health systems, which strengthens the profession's visibility and influence.

The shared language provided by the definitions fosters interprofessional collaboration, enabling health professionals to work more effectively together. Alignment with global health priorities, such as UHC and SDGs, ensures that nursing's contributions are recognized in broader health care initiatives.

The definitions are designed to reflect nursing's enduring values, while being adaptable to different cultural, regulatory, and health care contexts. They accommodate the varying stages of nursing's development globally, ensuring relevance in both high-resource and low-resource settings.

The success of the definitions depends on their integration into national and local systems.

Key implementation strategies include:

- Incorporating the definitions into regulatory frameworks to underpin standards of practice and codes of ethics and conduct, and clarify nursing roles and responsibilities, such as in licensing, workforce legislation, and policy development.
- Ensuring nursing curricula are aligned with the definitions, emphasizing core themes such as advocacy, safety, and evidence-informed, people-centred care and services.
- Providing resources and education for nurses and organizations to understand and apply the definitions in their practices.
- Further encouraging partnerships among NNAs, regulators, educators, and policymakers to ensure consistent application of the definitions and a coordinated pan-nursing approach to internal and external challenges.

While challenges such as regulatory differences and cultural diversity may arise, these can be addressed through tailored approaches that balance global consistency with local relevance.

The Definition of Nursing Project has achieved its goal of developing clear, practical, and globally relevant definitions of 'nursing' and 'a nurse'. These definitions provide a foundation for unifying the profession, enhancing workforce planning, and raising safety and quality standards. They reflect the evolving role of nursing, from providing people/person-centred care to leading health system improvements and addressing social justice and safe and sustainable environments. The definitions' impact will depend on thoughtful implementation at the national and local levels, supported by collaboration among stakeholders. They offer an opportunity to strengthen nursing's position as a vital component of health care systems worldwide, and a key informant of wider policies which effect health (e.g. economics, climate change, humanitarian issues, etc.), ensuring the profession continues to adapt and thrive in the face of contemporary challenges.



*“Nursing
is humanity
in motion.”*

Howard Catton, CEO, ICN



Global Nursing Leadership Institute Alumni

During the workshops, discussions highlighted the need to integrate modern concepts and technology into the definition of 'nursing' while maintaining its foundational focus on care, advocacy, and health rights. Participants emphasized nursing's critical role in primary health care, its advocacy for wellness and illness prevention, and its contributions to addressing broader social and environmental issues. There was a consensus that nursing should be distinguished from related professions like paramedics and midwivesⁱⁱⁱ by underscoring its influence on health policy, leadership in multidisciplinary teams, and focus on holistic care.



ICN Educational Expert Advisory Committee Consultation

A consultation by the ICN Education Experts Advisory Committee on 23 July 2024 provided key insights into refining the definitions of nursing and nurse. Members emphasized the importance of encompassing all aspects of nursing, not just the clinical dimension. They called for definitions that highlight nursing's scientific foundation alongside its compassionate care, underscoring its role in decision-making, patient-centred care, and multidisciplinary research.

The Committee stressed the need for definitions to communicate nursing's value to communities, governments, and decision-makers. This includes showcasing nursing's contributions to public health, community well-being, and economic development. Members pointed to the *Triple Impact* report, which highlights the economic and social benefits of nursing. They also advocated for delineating nursing roles based on education, regulation, and scope of practice to ensure clarity and to reinforce nursing's autonomy and advocacy roles.

Concerns were raised about challenges such as post-pandemic economic pressures, which could lead to the employment of unregulated labour instead of qualified nurses. This issue highlighted the need for definitions that emphasize the importance of a well-educated, regulated nursing workforce. The committee also emphasized the theoretical foundation of nursing, rooted in ethics, values, and evidence-based practice, and stressed its contributions to improving quality of life, infection control, and patient safety.

Nursing Student Steering Group

The Nursing Student Steering Group shared their vision for the definitions of 'nursing' and 'nurse' on 6 September 2024. They stressed the transformative nature of nursing, describing its role in reshaping patient care and health care systems. They emphasized the importance of patient-centred care, focusing on addressing individual needs and preferences, and underscored nursing's position as a primary profession within the health care field.

Key elements identified by the association included nurses' role in disease prevention and management and their ability to provide holistic care. Nurses were also seen as connectors within health care systems who empower patients and advocate for their independence. These attributes were viewed as culturally significant and foundational to the profession. Feedback from the group reiterated that nursing prioritizes care over cure and adopts a holistic perspective on health and well-being.

ICN Policy Forum

The ICN Global Policy Forum Consultation on 29 October 2024 offered a platform for discussions, highlighting the complexity of defining nursing in a way that reflects its universal essence while respecting cultural and regional variations. Central themes included the promotion of health and alleviation of suffering, showing nursing's commitment to improving individual and community well-being. The protection of dignity and rights also emerged as a fundamental principle, and the importance of ethics was also emphasized.

Participants emphasized nursing's versatility and its ability to adapt to evolving health care needs, from primary care to specialized roles. This adaptability, a defining feature of the profession, reflects its capacity to address diverse challenges and support global health priorities. They raised concerns about capturing both the breadth of nursing practice and its unique contributions to health care. Balancing these aspects, while ensuring the definition resonates across varied cultural and health care settings, was a key point of discussion.



The Forum reinforced the importance of articulating the distinctive qualities of nursing, such as its holistic, person-centred approach and role as a bridge between individuals, families, and health care systems.

National Nursing Association Survey

The NNA survey gathered insights from nursing organizations globally. Respondents emphasized the importance of including key terms like 'autonomy', 'compassion', 'evidence-based practice', 'patient-centred care', and 'collaboration' to reflect the breadth and complexity of the nursing profession. Definitions should also highlight nursing's focus on promoting health, preventing illness, and supporting patients throughout their lifespan, including at the end of life.

Respondents stressed the need for definitions to capture the diversity and specialization within nursing, acknowledging its role in advanced care, education, and leadership. They highlighted the global variability in nursing roles and called for definitions that balance standardisation with flexibility to accommodate diverse health care systems.

A strong consensus emerged around the importance of recognizing nurses as leaders in health care, not just caregivers, and empowering them through clear definitions that reflect their professional identity and contributions to health systems. There were also concerns about gaps in nursing education and professional values, emphasizing the need for definitions to align with the core values of the profession. Feedback supported the development of concise yet comprehensive definitions that communicate nursing's essence and impact to the public and other health care professionals.

ICN Global Regulators Group

The ICN Global Regulators Group appreciated being consulted in the development of the new ICN definitions of ‘nursing’ and ‘a nurse’ from 18 November to 20 December 2024. They were pleased that the definitions were sufficiently high-level, allowing flexibility for individual countries to maintain their regulatory specificity while using the ICN definitions as an international reference point. The group agreed that the ICN definitions could serve as introductory frameworks, complemented by their respective national statements.

Feedback on the draft definitions highlighted a few key considerations. Regulators recommended avoiding the term ‘first responders’, as it is a protected title in the United States, suggesting ‘often first to respond’ as a suitable alternative. They also expressed concerns about the use of the term ‘intimacy’, which was subsequently revised. There was broad endorsement of both the long and short versions of the definitions, with regulators from Ireland explicitly supporting their adoption. Regulators appreciated the inclusion of concepts such as ‘trust’, but some suggested further emphasis on scientific knowledge and population health. Safety was identified as a critical component of nursing practice, and there was a request to ensure that the definitions would be incorporated into key international reports, such as the *State of the World's Nursing* report.

The updated definitions were shared on 20 December 2024 and the regulators commended their broad yet inclusive nature, which struck a balance between utility and adaptability. They cautioned on the use of the word ‘intimacy’, due to issues regarding sexual assaults, but were otherwise very positive.

General public survey

The ICN public survey, held 9 November to 17 December 2024, gathered feedback from a broad range of participants, including nursing professionals, educators, students, and policymakers from countries such as the United States, Spain, Colombia, Belgium, Kenya, and Portugal, among others. Submissions emphasized core nursing values like compassionate, person-centred care, autonomy, and holistic approaches to health and well-being. Respondents highlighted the importance of acknowledging nursing’s dual role in health promotion and illness care, with a focus on addressing social determinants of health and ensuring equitable care.

Key feedback pointed to the necessity of incorporating terms such as leadership, advocacy, critical thinking, evidence-based practice, and social justice into updated definitions. Many respondents advocated for a broader recognition of the cognitive, technical, and emotional demands of nursing, urging that the definitions highlight the profession’s scientific foundation and its intellectual work, moving beyond traditional notions of caregiving. For example, contributors from Belgium and Spain stressed the need for autonomy and parity with other health care professions, while those from Colombia and Kenya underscored the centrality of empathy, humanity, and community engagement in nursing practice.

Other themes included the evolving scope of nursing, such as advanced practice roles, interdisciplinary collaboration, and policy-making responsibilities. Respondents also emphasized the need for cultural inclusivity, reflecting nursing’s diverse global context. Many advocated for recognizing nursing’s role in public health, research, and environmental sustainability. The feedback indicates that the definitions need to reflect the complexity, breadth, and transformative power of nursing as both a discipline and a profession.

APPENDIX B: DELPHI PROCESS AND RESULTS

The modified Delphi process

The method requires the formation of a group of people recognized by the relevant community of practice as experts. The number usually ranges from 10–25 but can be much higher. The group is then surveyed about the focus of the study, with initial questions often being generated from the extant literature on the topic. Participants are asked to respond to questions usually using a scale such as a Likert Scale. The Likert Scale enables convergence or divergence of opinion to be quickly identified. The responses are then analyzed and both the analysis and the deidentified, verbatim responses are returned to the whole group, enhancing both transparency and trustworthiness. This process is iterative and continues for usually not more than five rounds, by which time the outcome reflects everyone's participation and thinking.^{131, 132} This appendix provides details of the Delphi Group meetings and their outcomes.

A very comprehensive account of responses to Survey #2 has been provided to exemplify the level of detail of the work and its auditable nature.

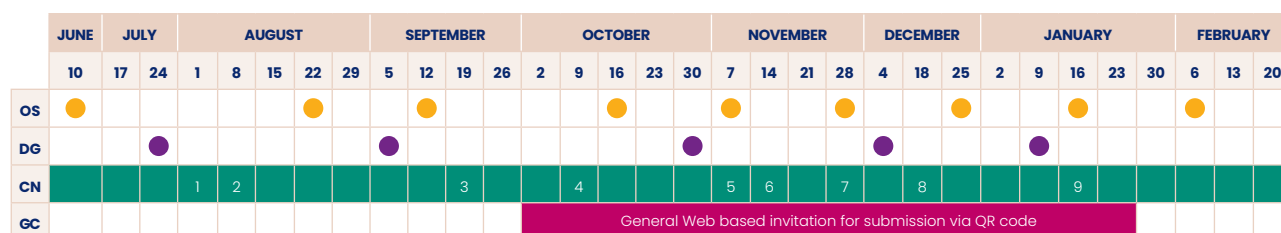
The Experts were chosen to be as inclusive as possible. Factors taken into consideration included: reputation as expert, global coverage, ICN GNLI Alumni, and participants representing the voice of early career nurses, Indigenous nurses, consumers, and language. (The meetings were held via teams or Zoom depending on the infrastructure required. They were conducted in English but included participants with many different first languages. French and Spanish, were particularly critical as the outcome needed to work consistently in the three ICN working languages).



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The experts were invited to be part of the Project Delphi Group by letter from ICN. This letter detailed the Project overview, the Delphi Group process, the commitment and participation expectations. The full group membership appears at the beginning of the report.

There were five planned meetings across a seven month period June to December 2024. The spacing of the meeting was to allow for time for data gathering, reflection and input from the broader consultation process. See timeline below demonstrating interaction between the Delphi Group, The Oversight Group and the consultations.



● Oversight Group meeting

● Delphi Group Meetings

■ Consultations

1. GNLI Alumni – word cloud and survey
2. ICN Education Expert Advisory group – presentation and consultation
3. ICN member NNAs and Specialist Affiliates (20 languages) – survey
4. Nursing Student Steering Group (NSSG) – presentation and consultation
5. ICN Board members – survey
6. APN Network – presentation and consultation
7. Nursing Policy Forum – presentation and consultation
8. International Regulator Collaborative – presentation and consultation
9. Regulators, and key nominated ICN experts: definitions for comment.

■ General Public/Profession Invitation

DELPHI 1 25 JUNE 2024

All participants were invited to participate by letter from ICN and were sent the zoom/teams invitation ahead of time and at the most convenient time to be inclusive. (Meeting 1 – 6am West Coast USA to 11pm East Coast Australia)

In preparation for this first meeting, participants were asked to consider two questions:

1. What three words speak to the **essence** of nursing for you? and
2. In not more than three sentences, what **inspires** you about nursing.

The meeting accessed these responses by a word cloud during the session and a survey directly following the session. The role and expectations were discussed explicitly, the fact that the focus was on finding common ground rather than that which divides us.

The Word Cloud results:



Survey 1 question:

"Having had the opportunity to think and speak about what INSPIRES you about Nursing and heard the thoughts of your expert Delphi colleagues, please try to capture your thoughts in words, particularly focusing on what it is that unites us globally."

Feedback from the Delphi Round 1

Having analyzed the responses to the first questionnaire/survey and considered how the responses might be framed into definitions of 'nursing' and 'a nurse', we believed it was worthwhile to attempt an exemplar, using the words provided by the Delphi Expert Group and supplemented by inputs from the GNLI alumni and conversations with ICN's global educators group.

To this end, please find below an exemplar under the headings: how, what, where, when, with whom, etc. The red text indicates words for consideration and exploration in the Questionnaire 2 which you will be asked to fill out following our meeting. PLEASE remember this is a STARTING POINT, not by any means an end point.

NURSING (Verb) Timeless and global

WHAT: Nursing is a service sanctioned by society, that involves a person, community, and/or nation/environment.

WHY: for the improvement of health, for the safety of the patient/person, for alleviation of pain and suffering, for assurance of dignity and worth, for enablement of potential.

HOW: Nursing is the lending of one's strength, will, knowledge and voice, and by demonstrating the courage to act with kindness, compassion and capability.

WHEN and WITH WHOM: Nursing is a culturally appropriate partnership with all persons, at all times, in all places.

THE NURSE (Noun) Time and context dependent, reflecting contemporary practice

WHO: The professional nurse is a person sanctioned by society to legitimately hold the title nurse and to be engaged professionally and ethically in the safety-critical role in health care, by virtue of having completed an accredited education program, having

had sufficient clinical experience, and be listed on a public register or roll. They are a person who feels privileged to claim their identity as a nurse.

NURSES' CONCERNS: The nurse is concerned for the health of people and populations, including population health, individual patient care, living well, dying well and the care of the environment in which people live and work.

WHAT: To competently, compassionately and ethically practise to the level of their enrolled, registered or endorsed scope of practice. The scope of practice and level of autonomy is dependent on the depth of education and experience and may differ with context, regulation, health need, resource availability and government policy.

WHERE: The nurse legitimately practices nursing in contexts including, but not limited to, clinical, organisational, research, education and policy.

ENABLERS

Role of government: safe working conditions, decent work, decent remuneration, inclusion in policy.

Role of regulators: safety of the public, keeping of rolls and registers, standards for practice, standards for accreditation of education programs and providers.

Role of Education: provision of programs leading to successful demonstration of the standards for practice.

DELPHI 2 6 AUGUST 2024

Following the Survey 1 results and input from GNLI consultation the second Delphi focused on the What and Why of nursing in breakout groups.

The meeting was followed by Survey 2 below:

ICN Delphi group responses to questionnaire #2

"Most responses from the Delphi Round 1 focused on the "How" of nursing, and the "How" below statements summarise these responses, but do not include the full range of descriptors that you have provided. As it is important to ensure that we capture the words you see as the most essential for the "How" description, we have conceptualized them relating to Nursing's science, art and spirit and grouped them accordingly. The words below are taken directly from the Delphi Round 1 responses you gave."

NURSING (Verb) Timeless and global

WHAT: Nursing is a **service sanctioned by society**, that involves a **person, community, and/or nation/environment**.

WHY: for **the improvement of health, for the safety of the patient/person, for alleviation of pain and suffering, for assurance of dignity and worth, for enablement of potential**.

WHEN and WITH WHOM: Nursing **is a culturally appropriate partnership with all persons, at all times, in all places**.

HOW: Nursing is the **lending of one's strength, will, knowledge and voice, and by demonstrating the courage to act with kindness, compassion and capability**.

ICN Delphi group responses to questionnaire #2

THE NURSE (noun)

WHO (original text in blue, suggested changes in red italics)

The professional nurse is a person *sanctioned by a regulatory body and society to legitimately hold the title of nurse (or maybe holding the regulated title of nurse) ...*

| 1 (not essential) | 2 | 3 | 4 | 5 (essential) |
|-------------------|---|---|---|---------------|
| 0 | 1 | 2 | 1 | 6 |

...and to be engaged professionally and ethically in the *(their)* quality and safety-critical role in health care

| 1 (not essential) | 2 | 3 | 4 | 5 (essential) |
|-------------------|---|---|---|---------------|
| 0 | 0 | 0 | 2 | 8 |

...by virtue of having completed an accredited education program, having had sufficient *(committed)* clinical experience, and being listed on a public register or roll *(regulated)* Scores

| 1 (not essential) | 2 | 3 | 4 | 5 (essential) |
|-------------------|---|---|---|---------------|
| 0 | 0 | 0 | 2 | 8 |

| 1 (not essential) | 2 | 3 | 4 | 5 (essential) |
|-------------------|---|---|---|---------------|
| 2 | 0 | 1 | 0 | 7 |

Nurses' concerns

The nurse is concerned for the health of people and populations *(across the lifespan)*, including population health, individual patient care, living well, dying well and the care of the environment in which people work...

| 1 (not essential) | 2 | 3 | 4 | 5 (essential) |
|-------------------|---|---|---|---------------|
| 0 | 0 | 1 | 0 | 9 |

WHAT...to competently, compassionately, and ethically practise to the level of their enrolled, registered or endorsed scope of practice.

| 1 (not essential) | 2 | 3 | 4 | 5 (essential) |
|-------------------|---|---|---|---------------|
| 0 | 0 | 0 | 0 | 10 |

The scope of practice and level of autonomy is dependent on the depth of education and experience *(and regulatory provisions)* and may differ with context, regulation, health needs, resource availability and government policy.

| 1 (not essential) | 2 | 3 | 4 | 5 (essential) |
|-------------------|---|---|---|---------------|
| 0 | 0 | 1 | 1 | 8 |

WHERE

The nurse legitimately practises nursing in contexts including, but not limited to clinical, *community, schools, management/*organizational, research, education, and policy *(and any areas where nurses work)*.

| 1 (not essential) | 2 | 3 | 4 | 5 (essential) |
|-------------------|---|---|---|---------------|
| 0 | 0 | 0 | 1 | 9 |

Critical factors

The role of government

Safe working conditions, *(acceptable terms and conditions)*, decent work, decent remuneration, *resources for practice need to be prioritised, the access to advise on health policy, the security and quality of work life.*

Regulation of different Nursing levels: Registered Nurse, APN/NP regulation

Nursing Competencies description

Protect the Nursing title and levels of nursing

Eliminate barreras that limit nurses to fully apply their competencies

Keep updated the registry or list of Nurses

To update the state of Nursing map

The role of regulators

(Protection and) safety of the public, keeping of rolls and registers, standards for practice, standards for accreditation of education programs and providers *(and management of notifications and complaints)*

CPD regulation, setting of ethical standards, advocacy and policy development, public awareness, collaboration with other health regulators. NB: not punitive but corrective.

The role of education

Provision of *(accredited competency-based)* programs *(for a diverse population)* leading to successful demonstration of the standards for practice *(and fitness to practise)*

Planning for present and future workforce needs

Identify the need of new nursing education programs or revisions based on health care needs of the society

This role has to be done in collaboration/partnership with health care system

The role of the professional bodies

Standards and ethics and advocating for all. Providing for the wellbeing of nurses. Ensuring culturally safe care to a diverse patient population. Strong leadership and advocacy, being accountable role models, upholding standard for practice. Impacted by increased stressors relating to climate change and planetary health. Identify new needed nursing roles to respond to society health care needs. Regulate the professionalism of nursing within societal, ethical, and scientific standards

Self-organization, informing governments about the international and national nursing situation. Guiding the professional ethical framework, representing the interest of the professionals nursing organizations at the governmental level

Active participation in decision making at all levels of health care, identify the ethical code of practice, life-long-learning and career development, nursing leadership

NURSING (verb)

Timeless and global

General comment: *How about including in general levels of nursing: Nurse Assistant, Registered Nurse (RN), Specialised Nurse, Advanced Nurse Practice/Nurse Practitioner (ANP/NP), ...*

WHAT

Nursing is a service sanctioned (*recognised and regulated*) by society that involves a person, *family*, community, nation, environment, *and planet*

WHY

For the improvement of health (*and prevention of disease and illness*) for the safety of the patient/person, for the alleviation of pain and suffering, for assurance of dignity and worth, for enablement of potential *and social wellbeing when a person is not able to do so without assistance or action.*

Movement towards health equity,

include care or caring in the why e.g. for professional quality care, ...

change "for assurance of dignity and worth" for "for assurance of human dignity"

In addition, Nursing is also done to Promote Health Equity, Facilitate Recovery and Rehabilitation, Provide Emotional and Psychological Support, Educate and Empower Patients, Prevent Illness and Complications, Support Families and Caregivers, Advocate for Patient Rights and Autonomy. These additional aspects highlight the comprehensive nature of nursing, which is not just about caring and treating illness but about fostering overall well-being and ensuring that health care is compassionate, equitable, and patient-centred.

WHEN AND WITH WHOM

Nursing is a culturally appropriate (*acceptable?*) partnership with all people, at all times, in all places, *at all levels of care*

HOW

Nursing is the lending of one's strength, will, knowledge and voice (*science, kindness, knowledge, skills, compassion, and courage*) *Preference for the term partnership here too. Lending sounds temporary. Should also be adaptive to changing needs*

Science

| Descriptor | 1 (not essential) | 2 | 3 | 4 | 5 (essential) |
|--|-------------------|---|---|---|---------------|
| Deep knowledge | 1 | 1 | | | 6 |
| Administering treatment | 1 | 1 | 1 | 1 | 2 |
| Critical decision making | | | | 2 | 6 |
| Evidence informed | | 1 | | | 9 |
| Alleviate/ameliorate health challenges | 1 | | | 2 | 2 |
| Impact/making a difference | 1 | 1 | | 1 | 3 |
| Person centred | | 1 | | | 9 |

So, the "How" for science seems to be: Person-centred, evidence informed, clinical decision-making

Art

| Descriptor | 1 (not essential) | 2 | 3 | 4 | 5 (essential) |
|-----------------------|-------------------|---|---|---|---------------|
| Caring | | 1 | | 1 | 6 |
| Time | 1 | | 1 | 1 | 1 |
| Healing | 1 | | 1 | 1 | 4 |
| Voice/advocacy | | | | 1 | 7 |
| Collaboration | | 1 | 1 | 1 | 2 |
| Communication | | 1 | | 1 | 4 |
| Inclusivity/diversity | | | | | 7 |
| Cultural competence | | 1 | 1 | 1 | 4 |
| Partnership | | 1 | | 1 | 5 |

Add acceptance? Use cultural safety (instead of cultural competence) Add active listening

So, the “How” for art seems to be: Caring, cultural competence, voice/advocacy, inclusivity, partnership

Spirit

| Descriptor | 1 (not essential) | 2 | 3 | 4 | 5 (essential) |
|--------------------|-------------------|---|---|---|---------------|
| Compassion/empathy | 1 | | | | 6 |
| Love | 3 | | 1 | 1 | |
| Commitment | 1 | 1 | | 1 | 4 |
| Resilience | 2 | | 2 | | 2 |
| Courage | | 1 | 2 | | 2 |
| Ethics/values | | | | | 6 |
| Hope | | | 3 | 2 | |

So, the “How” for spirit seems to be: Compassion, ethics, commitment

DELPHI 3 1 OCTOBER 2024

The Group was sent two versions of a definition of 'a nurse'. A SWOT analysis process was discussed, and breakout groups began the analysis which was then followed individually through Survey 3 SWOT analysis:

Definitions:

A NURSE

Society looks to the nurse to provide care with kindness and compassion, exercising a high level of clinical acumen, together with skilled technical expertise, to manage risk and complexity. This care is expressed through partnerships which are culturally appropriate, and person-centred. Each of these elements are inseparable for safe and effective care. The nurse practices with people of all ages, sick and well, in all settings. Wherever there is a nurse there is access to health care.

In the community and workplace, the nurse demonstrates leadership, teaching, advocacy and innovation in order to improve health equity and health outcomes.

The scope of practice and level of autonomy of the nurse is dependent on the depth of education, depth of experience, and regulatory provisions, and may differ with context, regulation, health needs, resource availability and government policy.

OR

The nurse is concerned for the health of people and populations across the lifespan, including public health, individual patient care, living well, dying well and the care of the environment in which people work. They competently, compassionately, autonomously and ethically practise to the level of their enrolled, registered or endorsed scope of practice. The scope of practice and level of autonomy is dependent on the depth of education and experience and regulatory provisions and may differ with context, regulation, health needs, resource availability and government policy.

The nurse is engaged professionally in the quality and safety-critical role in health care by virtue of having completed an accredited education program, having had sufficient committed clinical experience, and being publicly licensed or registered and thereby eligible to call oneself nurse and offer nursing care.

The nurse legitimately practises nursing in contexts including, but not limited to clinical, community, schools, management/organizational, research, education, and policy and any other areas where nurses work.

SWOT Analysis of the definition of "a nurse"

1. Strengths *Identify internal factors that contribute positively to the definition of a nurse and enhance the profession globally.*

- What are the core strengths of the current understanding of the definition?
- How does the definition highlight the value and skills of nurses?
- What unique qualities of the nurse set it apart in health care?
- How does the definition support professional identity and recognition?

2. Weaknesses *Identify internal limitations or areas where the definition of a nurse may fall short.*

- What gaps exist in the current definition?
- How might the definition exclude certain roles or specializations?
- Are there aspects that could lead to misunderstandings or undervaluing of the profession?
- How does the definition address or fail to address global diversity in differed roles?

3. Opportunities *Identify external factors that could enhance the definition and elevate it globally.*

- What trends or changes in health care could be leveraged to strengthen the definition?
- How can the definition influence policy, education, and professional standards?
- Are there emerging roles or technologies that the definition could incorporate?
- What opportunities exist to align the definition with global health priorities?

4. Threats *Identify external challenges that could undermine the effectiveness or acceptance of the definition.*

- What external factors could negatively impact the profession if not considered in the definition?
- How might changes in health care systems or policies threaten the role of nurses?
- Are there competing definitions or perceptions that could dilute the professional identity of nurses?
- What barriers exist to achieving a globally accepted definition?

5. Risks *Identify risks that could undermine this work.*

- Could the definition undermine the diversity of nursing globally?
- Are there potential misinterpretations of the definition? (think culturally or linguistically)
- How could external stakeholders, such as policymakers (e.g. WHO, ILO) or other health care professionals (e.g. medical), respond to the definition?
- How could the adoption of the definition affect ICN's advocacy efforts, funding, or partnerships (e.g. with NNAs)?
- What are the potential legal or regulatory implications of the definition?

DELPHI 4 13 NOVEMBER 2024

By round 4, the group had not only been considering its own results but also the input from the majority of the external focused consultation groups, including GNLI alumni, educators, students, NNAs, ICN Board members, APN network and the Nursing Policy Forum. These inputs had assisted in fashioning the definitions presented at Delphi 4.

Definitions as discussed at the fourth Delphi round:

Short definition of 'a nurse'

A nurse is a health professional who is educated and regulated to practice nursing.

Nurses are distinguished by their proximity to patients and communities, which fosters trusted partnerships and provides a nurse with a unique perspective on care. They provide direct care, alleviate suffering, protect the public, promote health, enable and support the dignity and right to health of individuals, families, and communities.

A nurse acts both autonomously and in collaborative practice to ensure continuity of care and the sustaining and advancing of health systems, through clinical practice, research, innovation, education, advocacy, and leadership.

Long definition

A nurse is a health professional who is educated and regulated to practice nursing.

Nurses are distinguished by their proximity to patients and communities, which fosters trusted partnerships and provides a nurse with a unique perspective on care. They provide direct care, alleviate suffering, protect the public, promote health, enable and support the dignity and right to health of individuals, families, and communities.

A nurse integrates the therapeutic and professional use of self, encompassing the intelligent use of a high level of clinical acumen and skilled technical expertise, kindness, compassion, courage and respect, to care and manage risk and complexity safely. This care is expressed through partnerships that are culturally appropriate, and person centred. The unifying characteristic of all nurses is the knowledge, skill, drive, and dedication it takes to fulfil their vital role in health care...

A nurse fulfils their purpose through education, regulated by professional standards set by authorities, and is committed to continuing professional development, underscored by research and evidence-based practice. The scope of practice and level of autonomy of the nurse is dependent on the depth of education, depth of experience, and regulatory provisions, and may differ between countries.

A nurse practices independently within a scope of practice and in collaborative practice with people of all ages who may be sick or well, in all settings. The nurse is concerned for the health of people and populations, including public health, individual patient care, living well, dying well and the care of the environment in which people live and work. Wherever there is a nurse there is access to health care. In the community and workplace, a nurse demonstrates leadership, teaching, advocacy, research, policy and innovation, to improve health equity and health outcomes. They draw on their skills and intelligence to mobilize resources to meet complex care needs. Nurses are often first responders in times of crisis, disasters, wars, terrorist attacks and have been proven consistently to move towards a crisis.

Definition of “nursing”

Nursing is a profession and a discipline with a social contract to provide care, improve health outcomes, and advance health equity for the present and the future. Nursing fulfils this role by delivering close and direct care, alleviating suffering, protecting the public, promoting health and wellness, preventing illness, supporting dignity and the right to health, and working in partnership with individuals, families, communities, and other health care professionals.

Nursing uniquely combines strength, will, and knowledge to empower people toward recovery, optimal health, or a peaceful death.

Nursing is characterized by person(s)-centred compassion, competence, intellect, courage, and therapeutic skill, grounded in formal education across sciences, arts, ethics, and cultural concern. The profession is regulated to meet rigorous professional standards that uphold its values and responsibilities.

Survey #4 was then set as

1. How does the definition of the nurse work in your language/constituency, and
2. What touches your soul about nursing?

DELPHI 5 10 DECEMBER 2024

This final Delphi meeting discussed the latest definitions (see below) and explored the anchor concepts and the convergence and divergences that had been revealed in consultations.

Definition of “nursing”

Nursing is a health care discipline, profession **and practice**, with and on behalf of individuals, families and their communities within the context of institutions and systems. Nursing lives out its social contract by advancing health and social justice.

At the individual and family level nursing involves the lending of one’s strength, will, and knowledge when a person is unable to meet their health needs without assistance or action. In health services, nursing plays a dominant role in patient safety, service management and the design and delivery of health systems. At the broader community, country and global levels the profession advocates and acts for population health, access and equity, and a safe and sustainable environment.

Nursing is distinct from other health care professions in that nursing contributes to all aspects of health care with a consistent philosophical approach. While ever changing to meet contemporary need, nursing is guided by compassion, cultural safety, **and evidence-informed** people-centred care.

Short definition of “a nurse”

A nurse is a health professional who is educated and regulated to practice nursing.

A nurse is skilled in promoting health, preventing illness, alleviating suffering, and ensuring patient safety through engaging in trusted partnerships, complex decision-making and risk management. Nurses can work both independently and collaboratively to provide direct clinical care, co-ordinate and manage health related services, and strengthen health system design and delivery for all people and in all settings. The reach of nurses may extend to individuals, communities, countries and globally to promote population health, protect public health and foster a healthy, sustainable environment.

This is achieved through engagement in clinical practice, research, education, innovation, advocacy, policy, and leadership.

Long definition of a nurse

A nurse is a health care professional who is EDUCATED in the science, art and philosophy of the discipline of nursing; is REGULATED to the standards of practice and codes of conduct and ethics of the profession of nursing; and demonstrates evidence-informed, clinical acumen and technical skill in the PRACTICE of nursing.

Nurses play a distinctive role in health care due to their close relationships with individuals, families and communities, building trust and enabling unique insights into their care. Their approach to care is rooted in partnerships that are culturally safe and focussed on the individual within their context. Their responsibilities extend beyond providing direct care to include promoting population health, protecting public health, alleviating suffering, ensuring dignified end-of-life care and promoting a healthy, sustainable environment.

A nurse combines therapeutic clinical expertise and technical precision with kindness, respect and courage. Regardless of their specialty, all nurses share a core integration of scientific knowledge, skill, commitment, guided by safety, and a dedication to their essential role in health care. Nurses practise within a scope defined by their level of education, experience, and the regulatory standards in their region. They continue to grow

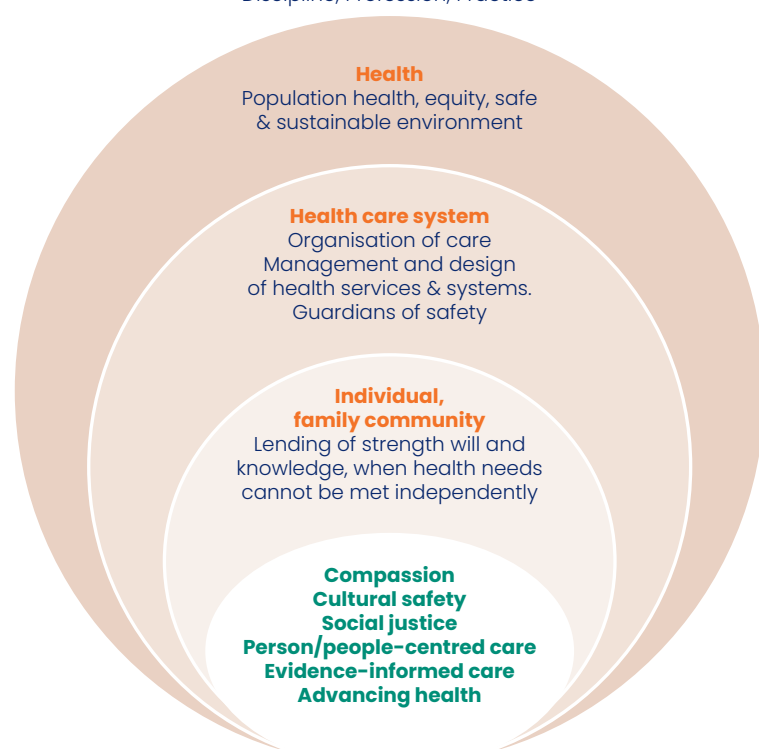
professionally through ongoing education, guided by research and evidence-based practice. Nurses may work independently or in collaboration with others.

Nurses are often on the front line in diverse settings, from communities to workplaces, demonstrating skills of direct care, leadership, teaching, advocacy, research and innovation to improve health quality and outcomes. They skilfully mobilise resources to address complex care needs and frequently serve as the first to respond in crises, including disasters, conflicts, emergencies and pandemics. Their readiness to step into challenging situations is a testament to their resilience and dedication to the health of the public.

A group member with editorial expertise Prof Suresh Sumar was asked to assist with further “wordsmithing” of the long definition.

NURSING

Discipline; Profession; Practice



A NURSE

- Educated in the science, art and philosophy of the **discipline** of nursing
- Regulated to the standards of practice and codes of conduct and ethics of the **profession** of nursing
- Demonstrating evidence informed, clinical acumen and technical skill in the **practice** of nursing, expressed within a trusted partnership; working independently and collaboratively in promoting health, preventing illness, alleviating suffering and ensuring patient safety
- They continually improve Nursing's **service** to the public through clinical practice, research, education, management, innovation, advocacy, policy, and leadership

The inclusion of the last version developed by the Delphi group and the minor changes to the definitions which appear in the document indicate the ongoing grooming of the definitions as we have received feedback from key, relevant institutions.



REFERENCES

1. Henderson V (1991). The Nature of Nursing. A definition and its implications for practice, research, and education. Reflections after 25 years. NLN Publ. Nov. (15-2346): vii-xi, 1 PMID: 1780233.
2. Aiken L, Clarke S, Sloane D, Sochalski J & Silber J (2002). Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. *JAMA* 288 (16) 1987-1993.
3. McHugh M, Aiken L, Sloane, S, et al (2021). Effects of nurse-to-patient ratio legislation on nurse staffing and patient mortality, readmissions, and length of stay. *The Lancet* May 22;397(10288):1905-1913. doi: 10.1016/S0140-6736(21)00768-6. Epub 2021 May 11.
4. Williamson L (2023). The Global Voice of Nursing, A history of the International Council of Nurses from 1899 to 2022. ICN, Geneva.
5. International Council of Nurses (1947). Constitution, <https://www.icn.ch/sites/default/files/inline-files/ICN%20Constitution%202019.pdf>.
6. International Council of Nurses (2002a). Definition of Nursing. Available at: <https://www.icn.ch/resources/nursing-definitions/current-nursing-definitions>.
7. World Health Organization (n.d.). Nursing and Midwifery. Available at: https://www.who.int/health-topics/nursing#tab=tab_1.
8. Bates RA, Blair LM, Schlegel EC, McGovern CM, et al. (2018). *Nursing Across the Lifespan: Implications of Lifecourse Theory for Nursing Research*. *J Pediatr Health Care*. 2018 Jan-Feb;32(1):92-97. doi: 10.1016/j.pedhc.2017.07.006. Epub 2017 Sep 7. PMID: 28888348; PMCID: PMC5726902.
9. American Nurses Association, (2024), *Code of Ethics for Nurses*, <https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/code-of-ethics-for-nurses/> at 1 December 2024.
10. Freeman V (2024). *The Role of Nurses in our Society Today*, <https://www.oracle.com/middleeast/a/ocom/docs/role-of-nurses-our-society-today.pdf>.
11. Fitzpatrick J & McCarthy G (2014). *Theories Guiding Nursing Research and Practice*: Ch 1: The Discipline of Nursing. Available at: <https://www.springerpub.com/theories-guiding-nursing-research-and-practice-9780826164049.html#productdetails>.
12. Australian Council of Professions (2003). "What is a Profession?" Available at: <https://professions.org.au/what-is-a-professional/>.
13. Dock L & Nutting M (2000). *A History of Nursing*. Continuum Academic (1st ed).
14. Nightingale F (1992 reprint). *Notes on Nursing*. JB Lippincott, Philadelphia.
15. Kolagari S (2023). Increasing Importance of Florence Nightingale's Theory During the 21st-Century Pandemic Period. *Florence Nightingale J Nurs*. 2023 Oct;31(3): 215-216. doi: 10.5152/FNJJN.2023.23010. PMID: 37847017; PMCID: PMC10724716.
16. Riegel F, Crossetti M, Martini J, Nes A (2021). *Florence Nightingale's theory and her contributions to holistic critical thinking in nursing*. Available at: <https://www.scielo.br/j/reben/a/hLkJwbxtP5hGFPJSpzP9RMd/>. Accessed 1 December 2024.
17. Orlando IJ (1961). The dynamic nurse patient relationship. Function, process and principles. New York, NY: G. P. Putnam's Sons.
18. Orlando IJ (1972). The discipline and teaching of nursing process. New York, NY: G. P. Putnam's Sons.

19. Fulton JS (2023). Defining nurse work: The groundbreaking research of the 1950s. *Clinical Nurse Specialist*, 37(5), 208–210. Available at: <https://doi.org/10.1097/NUR.0000000000000773>.
20. Diers D (2004). *Speaking of nursing: narratives of practice, research, policy and the profession*. Jones and Bartlett Publ. Sudbury, Mass.
21. Henderson V (1960). *Basic Principles of Nursing Care* ICN: Geneva.
22. Watson J (1979). *Nursing: The philosophy and science of caring* Pub: Little Brown.
23. Watson J (1985), *Nursing: Human Science and Human Care* Jones & Bartlett Learning. Available at: <https://nurseslabs.com/jean-watsons-philosophy-theory-transpersonal-caring/#h-theory-of-human-caring-of-jean-watson>.
24. Benner P & Wrubel J (1989). *The Primacy of Caring*. Addison-Wesley, Menlo Park, Ca.
25. Benner P (1984). *Novice to Expert*. Addison-Wesley, Menlo Park, Ca.
26. Carper B (1979). Fundamental patterns of knowing in nursing. *Advances in Nursing Science* 1(1) 13–23.
27. White J (1995). Patterns of knowing: review and critique. *Advances in Nursing Science*. 17(4):73–86.
28. Chinn P & Kramer M (2004). *Integrated theory and knowledge development in nursing*. 6th ed. Mosby Elsevier. St Louis.
29. White J (2023). Global Stewardship: reimagining the adage “think global act local” in the post-pandemic world – every nurse’s business. In Hassmiller S & Daniel G. *Taking Action* Sigma Theta Tau Int. Indianapolis, In p. 181.
30. Kagan P, Smith M & Chinn P (eds) (2014). *Philosophies and Practices of Emancipatory Nursing: social justice as praxis*. Routledge, New York.
31. International Council of Nurses (2002b). *Short definition of nursing*. Available at: <https://www.icn.ch/resources/nursing-definitions/current-nursing-definitions>.
32. World Health Organization (2021). *The WHO global strategic directions for nursing and midwifery (2021–2025)*. Available at: <https://www.who.int/publications/i/item/9789240033863>.
33. World Health Organization (n.d.). *Nursing and Midwifery*. Available at: https://www.who.int/health-topics/nursing#tab=tab_1.
34. International Labour Organization (2005). *Preamble to Nursing personnel convention, 1977 (No. 149)*. ILO.
35. International Council of Nurses (2022). *Sustain and Retain in 2022 and Beyond*. Available at: <https://www.icn.ch/resources/publications-and-reports/sustain-and-retain-2022-and-beyond>.
36. Australian College of Nursing (2023). *Position statement: Impact of COVID-19 on the nursing profession: managing repercussions, enabling opportunities*. Available at: <https://www.acn.edu.au/wp-content/uploads/position-statement-impact-of-covid-19-on-the-nursing-profession-managing-repercussions-enabling-opportunities.pdf>.
37. Dobson H, Malpas CB, Burrell AJC, Gurvich C et al. (2021). Burnout and psychological distress amongst Australian healthcare workers during the COVID-19 pandemic. *Australasian Psychiatry. Bulletin of the Royal Australian and New Zealand College of Psychiatrists*, 29(1), 26–30. Available at: <https://doi.org/10.1177/1039856220965045>.
38. Serrano J, Hassamal S, Hassamal S, Dong F, Neeki M. (2021). Depression and anxiety prevalence in nursing staff during the COVID-19 pandemic. *Nursing Management*, 52(6), 24.

39. Shahrour, G., & Dardas, L. A. (2020). Acute stress disorder, coping self-efficacy and subsequent psychological distress among nurses amid COVID-19. *Journal of Nursing Management*, 28(7), 1686-1695.
40. Sudre CH, Murray B, Varsavsky T, Graham MS, Penfold RS et al. (2021). Attributes and predictors of long COVID. *Nature Medicine*, 27(4), 626- 631. Available at: <https://doi.org/10.1038/s41591-021-01292-y>.
41. Royal College of Nursing (2024). *RCN launches new definition of nursing*. Available at: <https://www.rcn.org.uk/news-and-events/news/uk-rcn-launches-new-definition-of-nursing-210923>.
42. Elton J (2023). Words matter: Does the new RCN definition of nursing devalue the RNA? *British Journal of Nursing*, 32(20). 1009. Available at: <https://doi.org/10.12968/bjon.2023.32.20.1009>.
43. Hill B (2023). RCN's new definition of nursing reflects changes in health care. *British Journal of Nursing*, 32(19), 918. Available at: <https://doi.org/10.12968/bjon.2023.32.19.918>.
44. République Française (2023). Code de la santé publique. Article L4311-1. Available at: https://www.legifrance.gouv.fr/codes/article_lc/LEGIARTI000047568456.
45. International Council of Nurses (n.d.). *Definitions*. Available at: <https://www.icn.ch/resources/nursing-definitions>. Accessed 12 December 2024.
46. Aiken I, Cimiotti J, Sloane D, Smith H et al (2011). Effects of Nurse Staffing and Nurse Education on Patient Deaths in Hospitals with Different Nurse Work Environments. *Medical Care*.49(12) 104-1053.
47. Ambushe SA, Awoke N, Demissie BW, Tekalign T (2023). Holistic nursing care practice and associated factors among nurses in public hospitals of Wolaita zone, South Ethiopia. *BMC Nurs*. 2023 Oct 18;22(1):390. doi: 10.1186/s12912-023-01517-0. PMID: 37853394; PMCID: PMC10583383.
48. Jones TL (2010). A holistic framework for nursing time: implications for theory, practice, and research. *Nurs Forum*. 2010 Jul-Sep;45(3):185-96. doi: 10.1111/j.1744-6198.2010.00180.x. PMID: 20690994; PMCID: PMC2924809.
49. Northern Kentucky University (2023). *The Importance of Nursing Research for Improving Practice and Patient Health outcomes*. Available at: <https://onlinedegrees.nku.edu/programs/healthcare/rn-to-bsn/nursing-research-patient-health-outcomes/>. Accessed 8 December 2024.
50. Aiken, L Clarke S, Sloane, D Sochalski J & Silber J (2002). *Op. cit*.
51. Aiken L, Sloane D, Griffiths Rafferty AM, et al (2017). Nursing Skill Mix in European... *BMJ Qual Saf*. Jul;26(7):559-568. doi: 10.1136/bmjqs-2016-005567. Epub 2016 Nov 15.
52. Umberger W & Wilson M (2024.) Translating the Biopsychosocial-Spiritual Model into Nursing Practice. Available at: [https://www.painmanagementnursing.org/article/S1524-9042\(23\)00232-1/fulltext](https://www.painmanagementnursing.org/article/S1524-9042(23)00232-1/fulltext).
53. Constantinides S & Georges J (2022). To a Centrality of Compassion: Operationalizing the Emancipatory Theory of Compassion *ANS Adv Nurs Sci*. Apr-Jun;45(2):114-126. doi: 10.1097/ANS.0000000000000411.
54. Ramsden I (2002). Cultural Safety and Nursing Education in Aotearoa and Te Waipounamu (unpublished doctoral dissertation) Victoria University of Wellington. NZ
55. McCormack B (2022). Person-centred care and measurement: The more one sees, the better one knows where to look. *J Health Serv Res Policy* Apr;27(2):85-87. doi: 10.1177/13558196211071041:

56. World Health Organization (n.d.). Integrated people-centred care. Available at: https://www.who.int/health-topics/integrated-people-centered-care#tab=tab_1.
57. Fitzpatrick J & McCarthy G (2014). *Theories Guiding Nursing Research and Practice*: Ch 1: The Discipline of Nursing. Available at: <https://connect.springerpub.com/content/book/978-0-8261-6405-6/part/part01/chapter/ch01>.
58. Fry-Bowers E & Hylton Rushton C (2023). Re-imagining nursing's social contract with the public. Available at: <https://www.myamericannurse.com/re-imagining-nursings-social-contract-with-the-public/>.
59. Fry-Bowers E & Hylton Rushton C (2023). *Ibid*.
60. Fry-Bowers E & Hylton Rushton C (2023). *Ibid*.
61. United Nations (1966). International Covenant on Economic, Social and Cultural Rights. General Assembly resolution 2200A (XXI). Available at: <https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-economic-social-and-cultural-rights>.
62. All Party-Parliamentary Group on Global Health (2016). *Triple Impact: how developing nursing will improve health, promote gender equity and support economic growth*. Available at: <https://www.globalhealthpartnerships.org/wp-content/uploads/2024/10/DIGITAL-APPG-Triple-Impact-3.pdf>.
63. Owens R. et al. (2024). Professionalism and professional identity: Clarification will strengthen nursing. *American Nurse journal* 19(9).
64. Brown AS (2001). *Nine Elements of a profession*. Toastmasters Speech October 2001.
65. International Council of Nurses (n.d.). *Op. cit*.
66. International Council of Nurses (n.d.). *Ibid*.
67. Chiarella M & White J (2013). Which tail wags which dog: exploring the interface between professional regulation and professional education. Available at: <https://www.sciencedirect.com/science/article/abs/pii/S0260691713000464>.
68. World Health Organization (2024). *World Health Organization Guidance on Health Practitioner Regulation: An Overview*. Available at: <https://meridian.allenpress.com/jmr/article/110/3/5/503774/World-Health-Organization-Guidance-on-Health>.
69. Lynn B & Boes IL (2024). Advocacy 101: Staying connected with your legislators. *American Journal of Nursing*, 50(3).
70. Sheehan A (2024). 'Advocacy 101: Staying Connected with Your Legislators'. *Pediatric Nursing*. 50(3).
71. Walton M, Kelly P, Chiarella M, Carney T, Bennett B, et al. (2020). Profile of the most common complaints for five health professions in Australia. Available at: <https://pubmed.ncbi.nlm.nih.gov/31658934/>.
72. World Health Organization (2024). *Op. cit*.
73. World Health Organization (2024). *Ibid*.
74. Australian Department of Health and Ageing (2024). *Unleashing the Potential of our Health Workforce – Scope of Practice Review*. Available at: <https://www.health.gov.au/our-work/scope-of-practice-review>.
75. Watson J (1979). *Op. cit*.
76. Watson J (1985). *Op. cit*.
77. American Nurses Association. (n.d.). *Scope of practice*. Available at: <https://www.nursingworld.org/practice-policy/scope-of-practice/>.

78. Australian College of Nurse Practitioners. (n.d.). *Nurse practitioners*. Available at: <https://www.acnp.org.au/aboutnursepractitioners>.
79. Pang S, Wong T, Chun SW, Zhi JZ, Chan H, Lam C & Chan K (2004). Towards a Chinese definition of nursing *Journal of Advanced Nursing* 46(6) 657-670.
80. Nursing and Midwifery Board of Australia (2007). A national framework for the development of decision-making tools for nursing and midwifery practice. Available at: <https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/frameworks.aspx>.
81. Nursing and Midwifery Board of Australia (2007). *Ibid*.
82. Chiarella M (2002). *The legal and professional status of nursing*. Elsevier: Edinburgh.
83. Dzurec LC (2024). Toward a fuller definition for the science of nursing education through hermeneutical analysis. *Journal of Nursing Education*, 63(2), 72-78.
84. Henderson V (1965). 'The Nature of Nursing', *Int Nurs Rev*. 1965 Feb;12:23-30. PMID: 14254240.
85. DiGregorio S (2023). Taking care: the story of nursing and its power to change the world. Harper Colins: US. Available at: <https://www.amazon.com.au/Taking-Care-Story-Nursing-Change-ebook/dp/B0B8D9KWXW>.
86. Thorne S (2023). On the misguided search for a definition of nursing. *Nursing Inquiry*, 30(4), e12610. Available at: <https://doi.org/10.1111/nin.12610>.
87. Havard M, et al. (2024). Defining digital nursing. *British Journal of Nursing*, 33(2), 72-77.
88. Ahonen, O., et al. (2023). The biomedical and health informatics recommendation domains in relation to the nurse competence scale categories. *Studies in Health Technology and Informatics*, 305, 216-219.
89. Clancy, A., et al. (2023). Public health nurses' experiences of ethical responsibility: A meta-ethnography. *Nursing Ethics*. Available at: <https://doi.org/10.1177/09697330231209294>.
90. Duffield CM & NSW Health & University of Technology, Sydney (2007). *Glueing it together - nurses their work environment and patient safety*. Centre for Health Services Management. Available at: <https://catalogue.nla.gov.au/catalog/4504888>.
91. Wood S (2020). Keeping the Nurse in the Nurse Practitioner: returning to our disciplinary roots. *ANS*, 43(1), 50-61.
92. International Council of Nurses (2021). *The ICN Code of Ethics*. Available at: https://www.icn.ch/sites/default/files/2023-06/ICN_Code-of-Ethics_EN_Web.pdf.
93. Watson J (1979). *Op. cit*.
94. Watson J (1985). *Op. cit*.
95. American Nurses Association. (n.d.). *Op. cit*.
96. Ferrell B & Coyle N (2008). The Nature of Suffering and the Goals of Nursing *Oncology nursing forum* 35 (7) 241-247.
97. Diers D (1982). Between Science and Humanity, as quoted in *Speaking of Nursing* (2004) Jones and Bartlett Publishers, Canada, p. 331.
98. McCormack B, McCance T, Bulley C, Brown D, et al. (2021). *Fundamentals of Person-Centred Healthcare Practice* Wiley: London.
99. Henderson V (1969). *Basic Principles of Nursing Care* ICN: Geneva.
100. World Health Organization (n.d.) *Op. cit*.

101. Chiarella M (1990). Imaging nursing – reflecting and projecting 13(4) *Australian Health Review*, 299.
102. Chiarella M (2002). *Op. cit.*
103. Lawler J (1991). *Behind the screens: nursing, somology and the problem of the body* Churchill Livingstone: Melbourne pp 179–186.
104. Royal College of Nursing (2024). 'Definition and Principles of Nursing Available at: <https://www.rcn.org.uk/Professional-Development/Definition-and-principles-of-nursing>.
105. Sherwood G & Barnsteiner J (2017). *Quality and safety in nursing: A competency approach to improving outcomes*. Wiley.
106. Fawcet, J (2024). More thoughts about the evolution of the metaparadigm of nursing: Addition of culture as another metaparadigm concept and definitions of all the concepts. *Nursing Science Quarterly*, 37(2), 183–184.
107. Ramsden I (2002). Cultural safety and nursing education in Aotearoa. *Nursing Praxis in New Zealand*, 8(3), 4–10.
108. International Council of Nurses (2021). *Op. cit.*
109. Salvage J & White J (2019). Nursing leadership and health policy: everybody's business. *Int Nurs Rev*. doi:10.1111/inr.12523.
110. Corporate Finance Institute (2025). Social Justice. Available at: <https://corporatefinanceinstitute.com/resources/esg/social-justice/>.
111. Mayers P (2007). Introducing human rights and health into a nursing curriculum. *Curationis*, 30(4), 53.
112. Afonso M, Andrade M & Cadete M (2012). Relevance of nursing for the right to health in prisons. *Revista de Enfermagem UFPE Online*, 6(11), 2839.
113. Castledine G (2005). 'Recognizing care and compassion in nursing' (1954); Br J Nurs. 2005 Oct;14(18):1001. Available at: <https://pubmed.ncbi.nlm.nih.gov/16237358/>. Accessed 9 May 2025.
114. Silva MA, Teixeira ER, Pereira ER, Silva RMCRA, et al. (2019). 'Health as a Right and the Care of the Self: Conception of Nursing Professionals' (2019) 72(Suppl 1) *Revista Brasileira de Enfermagem* 159.
115. Webb C (2022). What is nursing? *Perspectives in Psychiatric Care*, 58(4), 2353.
116. Kavradim, Selma et al. (2022). "Compassion Is the Mainstay of Nursing Care": A Qualitative Study on the Perception of Care and Compassion in Senior Nursing Students' 58(4) *Perspectives in Psychiatric Care* 2353.
117. Robinson V (2010). Compassion in nursing and its importance in end-of-life care. *End of Life Care*, 4(1).
118. Palos, Guadalupe R, '(2014). Care, Compassion, and Communication in Professional Nursing: Art, Science, or Both' 18(2) *Clinical Journal of Oncology Nursing* 247.
119. Mills, J., Wand, T., & Fraser, J. A. (2015). On self-compassion and self-care in nursing: Selfish or essential for compassionate care? *International Journal of Nursing Studies*, 52(4), 791.
120. Papadopoulos I, et al. (2016). Exploring the cultural aspects of compassion in nursing care: A comparative study of Greece and Cyprus. *International Journal of Caring Sciences*, 9(2), 2.
121. Diers D (2004). *Op. cit.*
122. DiGregorio S (2023). *Op. cit.* p xxxi.

123. Fagin C & Diers D (1983). Nursing as Metaphor. *New England Journal of Medicine* 309: 116–117.
124. Barrett D & Heale R (2020). What are Delphi Studies? *Evid Based Nurse* 23 (3), 68–69. doi: [10.1136/ebnurs-2020-103303](https://doi.org/10.1136/ebnurs-2020-103303).
125. Niederberger M & Spranger J (2020). Delphi Technique in Health Sciences: a map. *Frontiers in Public Health*, 8, (457) doi: [10.3389/fpubh.2020.00457](https://doi.org/10.3389/fpubh.2020.00457).
126. Varndell W, Fry M & Elliott D (2021) Applying real-time Delphi methods. *BMC Nursing*. 20:149. doi:10.1186/s12912-021-00661-9.
127. All Party-Parliamentary Group on Global Health (2016). *Op. cit.*
128. Owens R. et al. (2024). *Op. cit.*
129. Wood S (2020). *Op. cit.*
130. DiGregorio S (2023) *Op. cit.* p210.
131. Keeney S, Hassan F & McKenna HP (2001). A critical review of Delphi technique as a research methodology for nursing. *Int J Nurs Stud.* 38(2), 195–200. doi: [10.1016/S0020-7489\(00\)00044-4](https://doi.org/10.1016/S0020-7489(00)00044-4).
132. McPherson S, Reese C & Wendler MC (2018). Methodology Update: Delphi Studies. *Nursing Research*. 67(5), 404–410. doi:[10.1097/NNR.0000000000000297](https://doi.org/10.1097/NNR.0000000000000297).



International Council of Nurses

3, Place Jean Marteau
1201 Geneva, Switzerland
+41 22 908 01 00
icn@icn.ch

www.icn.ch

