



ICN Nursing Definitions: From Definitions to Regulations



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International Council of Nurses

Presentation Overview



Why a Definition is So Important

Clarity, unity, and trust in the profession



Nursing, Human Rights & the Right to Health

Linking nursing to fundamental human rights



The Definition & ICN Code of Ethics

How the definition expresses the profession's ethical mandate



The Definition & Regulation

How the definition underpins and shapes regulation



ICN 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.

Nursing Looks Different. It's Still Nursing.

Different settings. Different roles. One profession.



Nursing can look very different around the world...
And yet, we still recognise it as nursing.

Hospital & Intensive Care	Remote & Rural	Schools	Prisons	Refugee & Humanitarian	Aged Care	Mental Health	Palliative Care	Policy, Public Health, Research & Leadership
								
At the bedside in critical moments.	Bringing care where it's needed.	Supporting children to thrive.	Caring with professional judgement.	Responding in challenging contexts.	Supporting dignity and quality of life.	Listening, supporting and advocating.	Focusing on what matters most.	Shaping better systems and stronger futures.



These definitions help us see the truth:

Nursing is not held together by one task, one setting, or one job description.

It is held together by something deeper:

a shared purpose, a shared responsibility, and a shared professional identity.



THE RISK:

When nursing doesn't have a clear centre, others start defining it for us.



They define it by **tasks**.



They define it by **workforce shortages**.



They define it by **what is convenient**.



They define it by **what fits the service model**.



These definitions bring nursing back to its centre.

They say: This is the profession.
This is what it stands for.
This is the responsibility it carries.

And that matters.

A profession as broad and as important as nursing needs a clear centre to stay strong, to be understood, and to shape its own future.



The International Right to Health

Nursing turns the right to health
into reality for people.

Nursing:

**A profession with
a clear social
purpose.**



Connected to the right to health

More than providing care – it's about making sure people can receive care, benefit from care, and be treated with dignity within care.



People are seen.

People are heard. People are not left behind.



Care is safe, fair, and responsive.



Nurses know what this looks like.
We see it every day.

What nurses see:



The person who
looks fine on paper
but is not coping.



The person who
does not quite fit
the system.



The person who is
moved through the
process, but not
really cared for.



The person whose needs are not being picked up
because everyone is focused on completing the next thing.

“ Sometimes people hit the target, but they miss the point. ”

Nursing has always involved asking:



**What is really
going on here?**



**What does this
person need?**



What is being missed?



**Who is not
being heard?**



**What needs
to be said?**



That is where the real weight of the definition sits.

The definition tells us the responsibility. The ICN Code of Ethics shows us how to live it.

Together, they protect people, guide our decisions, and hold nursing to its highest standard.

The Definition gives us the centre. The ICN Code of Ethics shows us how we live it out.



Together, they keep us true to who we are.

The **Definition** gives nursing its direction.
The **Code of Ethics** gives nursing its discipline.



This is why the link matters.

A profession with a clear social purpose needs an ethical code to guide the practice.

When We Talk About Regulation, This Matters.

The Definition sets the standard. Regulation protects it.



Regulation is not control.



It is recognition.
It recognises the nature of the profession and protects the public because of it.

It shapes what comes next.



- **Education** has to reflect the definition.
- **Scope of practice** has to reflect the definition.
- **Workforce policy** has to reflect the definition.

It keeps us true to our profession.



Regulation protects the responsibility, judgement, ethical accountability and commitment to people's health and dignity that define nursing.



The risk:
In many places, nursing is still underestimated, oversimplified, and too easily reduced to tasks.



The opportunity:
These definitions reclaim nursing as a profession with breadth, diversity, and a clear centre.

The centre is responsibility.

Not a list of tasks. Responsibility:



To the person in front of you.



To the community around you.



To the quality and fairness of the system you work within.



To uphold the integrity of nursing itself.



This is why these definitions matter.

They give us a stronger starting point.
They help us say, with confidence and clarity: **this is nursing**.
And that clarity puts us in a better position to shape regulation, education, scope of practice, leadership, and the future of the profession.



Conclusion

To conclude:



The ICN **Definition** brings **clarity and consistency** to nursing across diverse settings.



It enables us to **step back** from **fragmented, task-based** views of nursing.



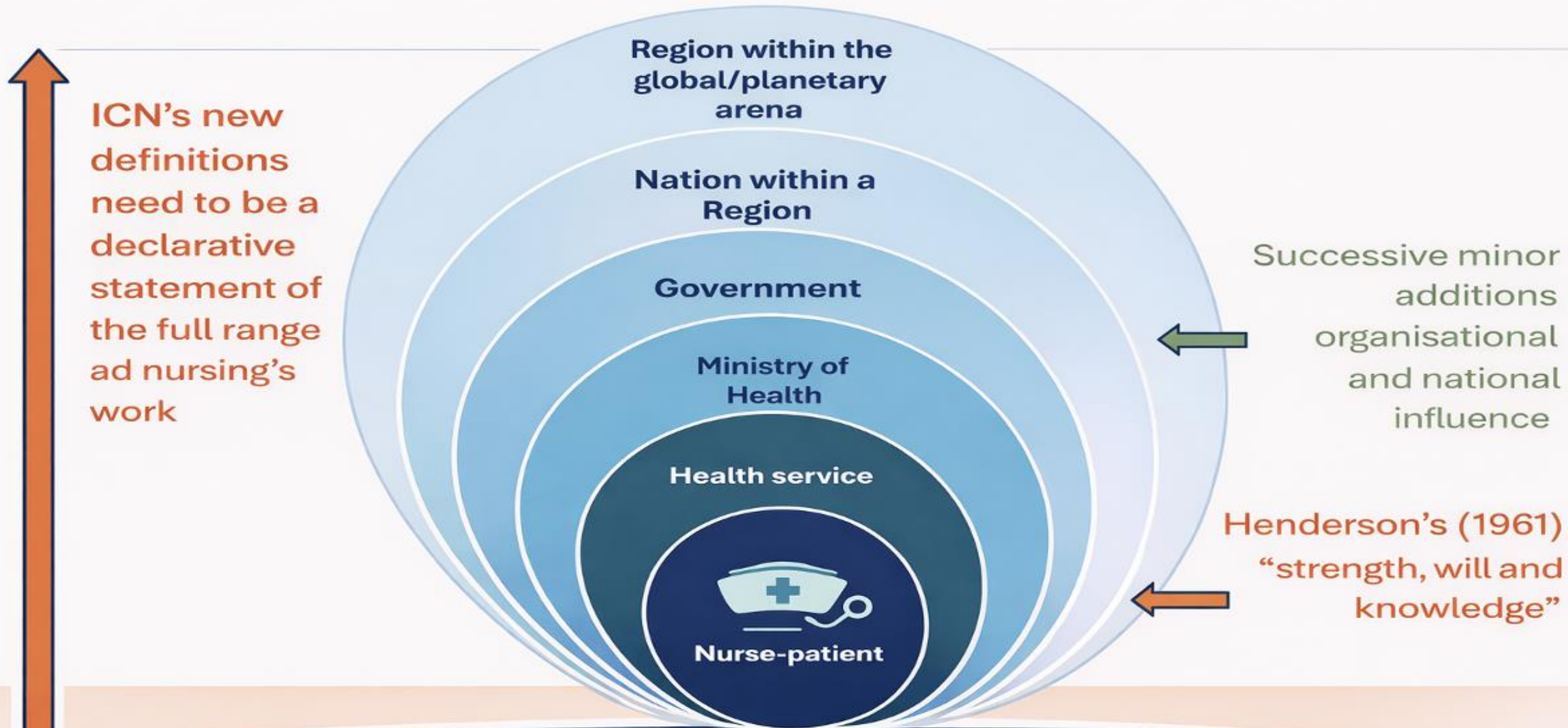
It unifies **purpose, ethics and practice**, providing a coherent foundation for regulation, education, and policy.



And it provides a **shared, global basis** to strengthen nursing's legitimacy and future.

Developing the ICN Nursing Definitions: A Global, Evidence-Informed Process

Professor Jill White
Chair Definition of Nursing Project



ICN's new definitions need to be a declarative statement of the full range of nursing's work

Successive minor additions organisational and national influence

Henderson's (1961) "strength, will and knowledge"

NESTED CONCERNS and INEVITABLE INTERACTIONS

➔ Reclaiming past influence & inspiration

- Statistics, stories, focus on environment, activism, & influential networks



Shaping our future ←

- AI, primary H/C focus, variable public health literacy levels,
- uncertain geo-politics, inevitable future pandemics, climate related issues



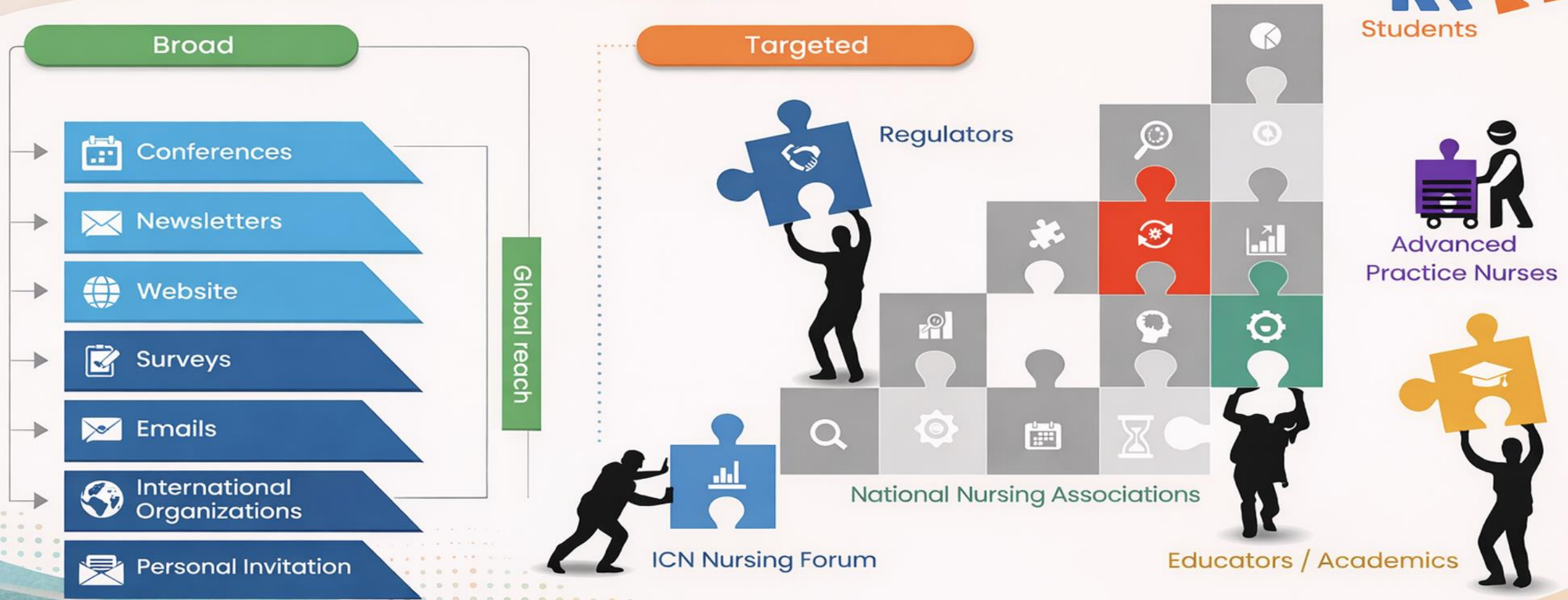
By Definition

Profession: a disciplined group, accepted by the public as appropriate to provide a service in the interest of others

- Special Knowledge and Skills (research and training)
- Regulation (ethical standards and codes of behaviour)
- Applied in a **Practice**



EXTERNAL CONSULTATION



Oversight Group :

- Prof Jill White
- Dr Michelle Gunn (ICN)
- Mr David Stewart (ICN)
- Prof Mary Chiarella (Australia)
- Prof Marla Salmon (USA)
- Prof Baroness Anne Marie Rafferty (UK)
- Dr Fatima Al Rifai (UAE / ICN Board)

The Delphi Expert Group – The Oversight Group plus:

- ★ Dr Amelia Latu Afuha'amango Tuipulotu (WHO CNMO) Geneva
- ★ Ms Penney Cowan (World Patient Alliance) USA
- ★ Prof Teresa Brockie (Indigenous representative) USA
- ★ Ms Soyoen Park (Global Student representative) South Korea
- ★ Dr Mirliana Ramirez Pereira, Chile
- ★ Dr Adelaida Zabalegui, Spain
- ★ Prof Charlotte McArdle, UK
- ★ Dr Dan Lecocq, Belgium
- ★ Prof Madeleine Mukeshimana, Rwanda
- ★ Dr Glory Msibi, Eswatini
- ★ Prof Suresh K Sharma, India
- ★ Prof Michael J Dino, Philippines
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- ★ Dr Majjd Al Maqbali, Sultanate of Oman



- | | |
|------------|-------------------|
| ★ ICN team | ★ Oversight Group |
| ★ ICN team | ★ Delphi Expert |



Webinar: Embedding ICN Nursing Definitions into Global Regulation

From Task-Based Regulation to Capability-Based Practice

Professor Emerita Mary Chiarella AM



CONTENT

- Examine the limitations of task-based regulatory models
- Introduce capability-based approaches grounded in professional judgement, education and competence
- Reframe how nursing practice is understood and supported within contemporary regulatory environments

In my day....

- RN training:- list of tasks to accomplish and be assessed on- dressings, medicines, injections, NG tubes, resuscitation, vital signs management etc – watch 'em, do 'em
- Anaesthetic nursing:-intubation, cannulation, airway management, arterial blood gases etc, resuscitation, vital signs management –watch 'em, do 'em
- Midwifery:- deliveries, breast feeding management, lochia, fundus, maternal and neonatal resuscitation, vital signs management – watch 'em, do 'em
- Each time I moved – can you do these things? I will need to accredit you here to do them!!
- Why????
- Surely this is both a waste of resources and a failure of the education systems if another organisation's preparation of me cannot be trusted

The problem is...

- The organisations were focussed on the skills
- These skills are undoubtedly absolutely critical for patient safety
- BUT
- They are ultimately not what keeps our patients safe
- It is equally as important to know when NOT to use the skill as it is to know WHEN to use the skill
- So the application of the knowledge that sits around the skill is what defines the professional

Skills, competenc/ies and capabilities

Skill	Competence/ Competency	Capability
The ability to perform a given task safely	The ability to consistently perform a given task safely	The knowledge and insight to know how, when and why there is a need to exercise that competence (or not)
Student	New graduate	Professional

The skills base (of necessity) shifts as technology changes, but our capabilities relate to the whole of our professional domain...



- Whilst some elements of these definitions are of 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 enables 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 organise 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 healthcare in partnership with many health professional peers, with patients, families and communities and those whose work is complementary to, or dependent on, the nurse.
- (White et al, 2025, p.14)

If we are consistently defined only by a set of skills or competencies, then how do we end up running hospitals, health services and even Ministries?



- 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 personalised direct and social care**, nurses advance their **capabilities** through ongoing education, research and exploration of best practices.

In conclusion

- It is critical that we define professional nursing in terms of capabilities and accountability, rather than a list of tasks.
- Our professional scope of practice must also be bounded in the same way, by our capabilities and accountability.
- Then the sky is the limit





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Why Definitions Matter

Every definition of nursing contains four universal components that form the foundation of safe, accountable practice worldwide.

Without a shared definition, regulators cannot ensure consistent, safe practice across jurisdictions.



Protects the public through clarity



Creates legal defensibility



Enables cross-border consistency



Prevents unsafe role drift

The Four Universal Components



Purpose

Why nursing exists — the fundamental reason for the profession's role in society and healthcare.



Functions

What nurses do — the activities, interventions, and scope that define nursing practice.



Conditions

What makes practice safe — the requirements, standards, and safeguards for safe care delivery.



Accountability

To whom and for what nurses are answerable — professional, legal, and ethical obligations.

The Regulatory Operating System

A regulator operationalizes the definition by ensuring every regulatory instrument touches all four components.



The ROS Ensures Every Instrument Addresses:

Licensure & Entry

Scope of Practice

Continuing Competence

Disciplinary Action

Each regulatory function must map back to Purpose, Functions, Conditions, and Accountability.

The Definition Gate

Adding a Definition Gate at the top of every regulatory decision tree

Does this activity advance the defined purpose and functions of nursing?

YES

Proceed to evaluate:

- Competence requirements
- Conditions for safe practice
- Accountability mechanisms

NO

This activity is not nursing.
Prevents unsafe role drift
and inappropriate
task substitution.

This prevents unsafe task substitution and protects the public from unregulated practice expansion.

Definition Crosswalk Table

Map each phrase of the definition to regulatory instruments

Definition Element	Standards	Competencies	Assessment	Disciplinary Grounds
Purpose	Practice aligned with nursing's mission	Demonstrates understanding of nursing purpose	Purpose-aligned clinical judgment	Acting outside nursing's defined purpose
Functions	Scope of practice boundaries	Skill demonstration in defined functions	Functional skill assessments	Practicing beyond defined functions
Conditions	Safety and environmental standards	Knowledge of safe practice conditions	Safety compliance evaluation	Failing to maintain safe conditions
Accountability	Professional and ethical obligations	Ethical reasoning and responsibility	Professional accountability measures	Breach of professional accountability

Federated Systems

How large networks operationalize the nursing definition across jurisdictions



United States

NCSBN + 59 Boards

- 59 state boards
- NCLEX common exam
- Model Act & Rules
- Shared taxonomy



Canada

Provincial/Territorial

- Provincial statutes
- National competencies
- NCLEX-RN exam
- Pan-Canadian collab.



Australia

NMBA National Scheme

- One national law
- Single board (NMBA)
- Unified standards
- National register

Public Protection

The Deep Implications of Definition-Grounded Regulation

01 Predictable

The public knows what a nurse is accountable for. Clear definitions create clear expectations for care.

03 Measurable

Complaints and harm events can be coded by definition domains, enabling data-driven regulatory improvement.

02 Defensible

Regulators can explain decisions using a shared logic. Every regulatory action traces back to the definition.

04 Future-Proof

New care models (virtual, AI-augmented, community-based) can be evaluated against the defined purpose and functions.

Call to Action

Data cannot be interpreted without definitions.

Regulatory data is only meaningful when grounded in a shared, operationalized definition of nursing.

Review Your Definition

Ensure your jurisdiction's definition contains all four universal components

Build the Crosswalk

Map every regulatory instrument back to the definition elements

Apply the Definition Gate

Add a definition test at the top of every scope-of-practice decision

Collaborate Across Borders

Share frameworks and align definitions with international standards



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Implications for Nursing Education and Accreditation

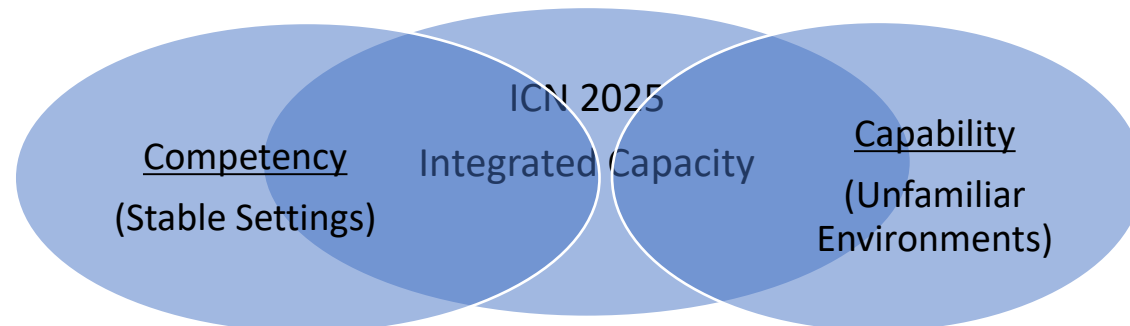
Sung Rae Shin, PhD, RN (shinsr@syu.ac.kr)

Why Definitions Matter

- Professional definitions determine
 - What nursing *is* and what nurses are expected to do
 - The foundation of safe, effective, and high-quality care
- They directly influence:
 - What to Know: Educational content and learning outcomes
 - How to Educate: Competency frameworks
 - How they Practice: Scope of practice

ICN 2025 Definition of 'Nursing' and 'a Nurse'

- Nurse: who possesses an **Integrated Professional Capacity**
 - Blending essential competencies with the dynamic capability
 - Competent nurse: demonstrate the resilience to learn and adapt strategically
- prepare nurses to meet the challenges of tomorrow



The Emerging Gap

- Education systems are not always keeping pace
- This creates a gap between:
 - What nursing is defined to be
 - What is actually taught and assessed
- This gap affects readiness for real-world practice



Implications for Curriculum Design

- Professional definitions function as a **blueprint** for education
- Any change in definition requires:
 - Revision of curriculum structure
 - Updating competency frameworks
 - Alignment of learning outcomes



Role of Accreditation Systems

- Nurses: ... Not only educated- but also regulated- based on standards and ethical frameworks.

- Ensures:

Minimum quality standards

Patient safety and public trust

Consistency across programs

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

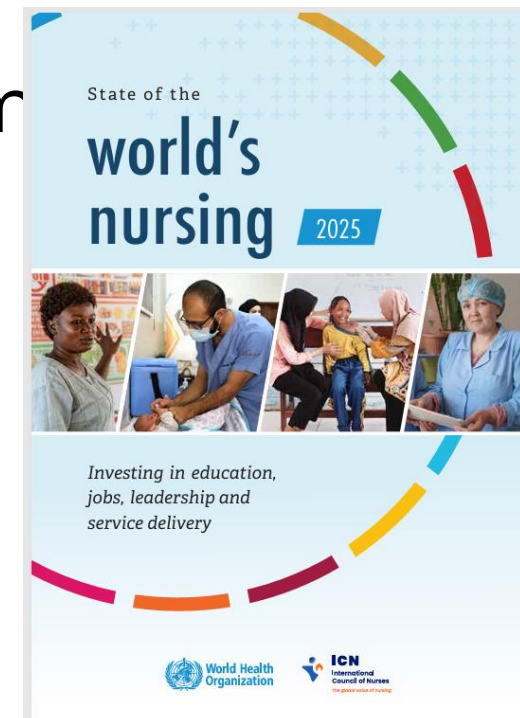
Global Reality: Variability in Accreditation

- Despite a unified global definition of nursing:
 - Accreditation standards vary widely across countries
- Major barriers include:
 - Differences in regulatory systems
 - Resource and infrastructure disparities
 - Limited capacity for implementation and evaluation
- Results in inconsistent educational quality globally

Global Picture?

- 90% of countries report having standards for faculty qualifications
- 88% have accreditation mechanisms

→ lack unified global framework



Key Challenges in Alignment

- Avoid:
 - rigid “one-size-fits-all” model
- Consider:
 - Flexibility (geography, culture, resources availability)
 - Context-sensitive implementation
 - Responsiveness to local healthcare needs

Expanding Scope of Nursing Practice

- Nursing roles now extend beyond bedside care:
 - Leadership and management
 - Research and evidence-based practice
 - Policy development and advocacy
 - Health system improvement
- Nurses work across individual, community and population levels

Implications for Education (Paradigm Shift)

- Education must transcend the traditional boundaries of competency
- Integration of:
 - Clinical expertise
 - Critical thinking and decision-making
 - Ethical reasoning
 - Cultural safety
 - Leadership and collaboration
- Education should anticipate future roles, not only current practice

Transforming Nursing Education: From Tasks to Transformative Competencies

Core Vision: Aligning with ICN 2025 Professional Definitions

Category	Traditional Nursing Education	Contemporary & Future Expectations
Clinical Practice	Focus on Physical Dexterity & manual procedures	Digital Health Literacy & Remote Care Coordination (Mikkonen, E. (2025))
Critical Thinking	Solving Bedside Puzzles (Case-by-case)	Leveraging AI & Tech ; Auditing system recommendations (Naqvi, et al., (2025))
Decision –Making	Following Established Procedures	Complex Judgment within Inter-professional teams (Watson, et al., (2026))
Leadership	Management of wards or formal titles	Policy Influence & Strategic Advocacy for Health Equity (Goudreau & Smolenski, 2026)

Challenges

- Structural challenges:
 - Variability in regulation
 - Inequity in resources between countries
- Rapid changes in healthcare systems:
 - Changing population health needs
 - Pandemics
 - Climate Change
 - Digital technology and information systems
- Workforce challenges:
 - Shortages leading to accelerated training pathways
 - Migration

Opportunities for Global Alignment

- Development of global competency frameworks
- Strengthening international collaboration in accreditation

Potential to enhance:

Educational consistency

Global comparability

Equity in healthcare outcomes

Conclusion

- ICN 2025 definitions : A Call to Action
- A strong foundation to rethink how education should prepare future nurses
- Goal:
Prepare nurses who are competent, ethical, and globally ready
Global collaboration is essential for future progress

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Webinar: Embedding ICN Nursing Definitions into Global Regulation

Regulation, Professional Identity and Nurse Well-being

Felipe Cortes Leddy
Chief Nurse Officer
Government of Chile



La enfermería como motor del sistema de salud

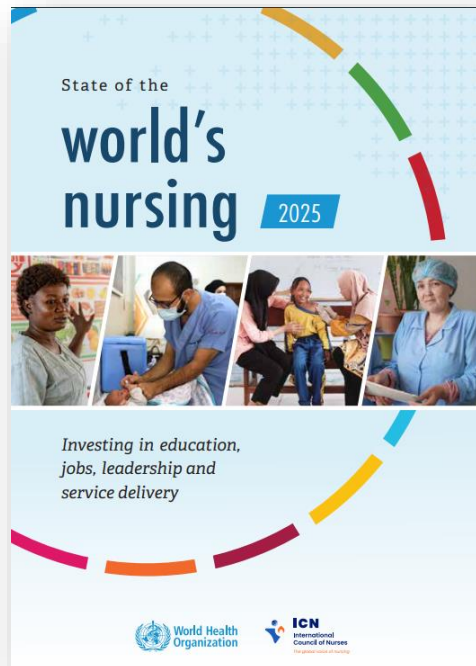
Mayor fuerza laboral en salud a nivel global (30 millones a nivel global, 7.4 millones en Las Américas)

Presente en todo el continuo de atención y en todo el curso de vida, impactando el acceso, calidad y equidad

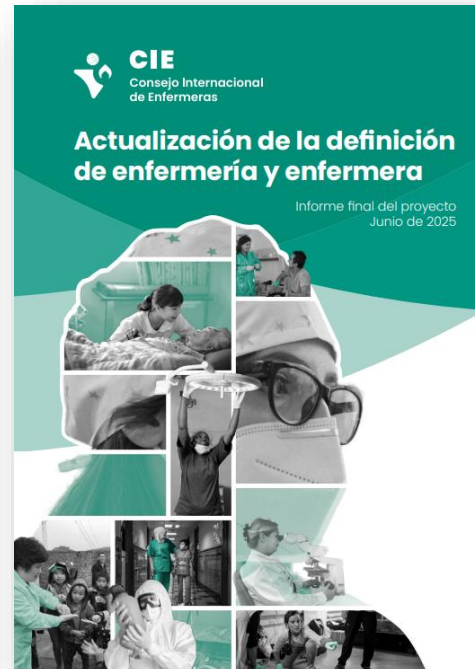
Rol crítico en el logro de los ODS



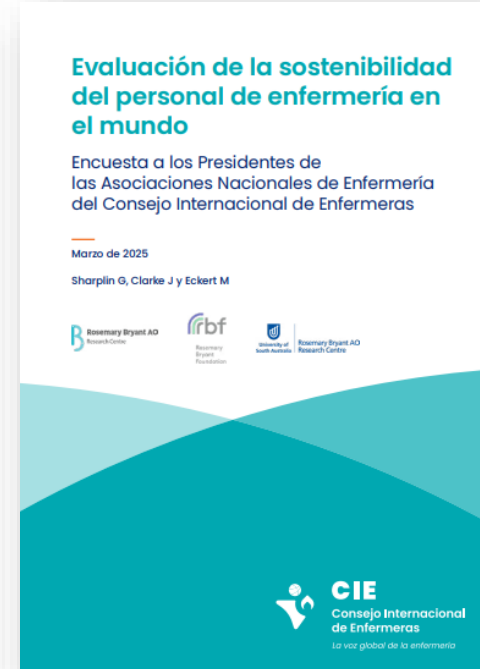
Ecosistema para el fortalecimiento de la enfermería



WHO, 2025; ICN, 2025



La enfermería se desarrolla dentro de un ecosistema estructural que determina el desempeño, la sostenibilidad y el impacto del sistema de salud.



Ecosistema para el fortalecimiento de la enfermería

Regulación

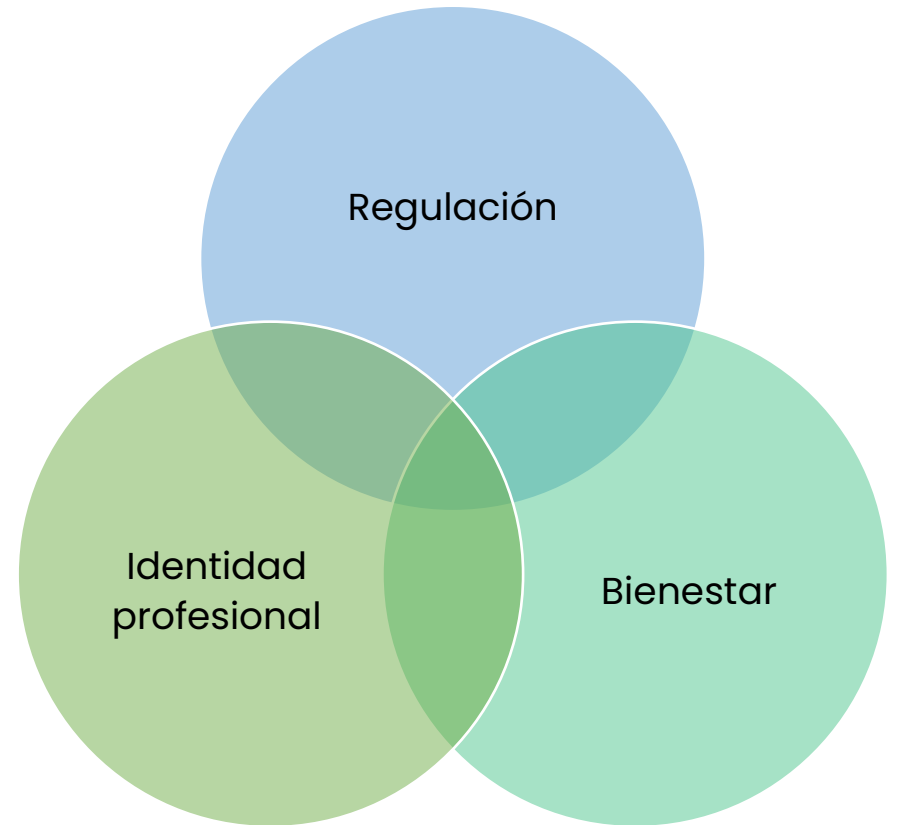
Estructura el sistema

Identidad

Moviliza el sistema

Bienestar

Sostiene el sistema



Regulación como instrumento de gobernanza sanitaria

Define estándares, calidad y seguridad

Habilita autonomía y desarrollo profesional

Favorece la distribución del recurso humano

Alinea el sistema con las necesidades de la población



Estrategias de fortalecimiento – Regulación

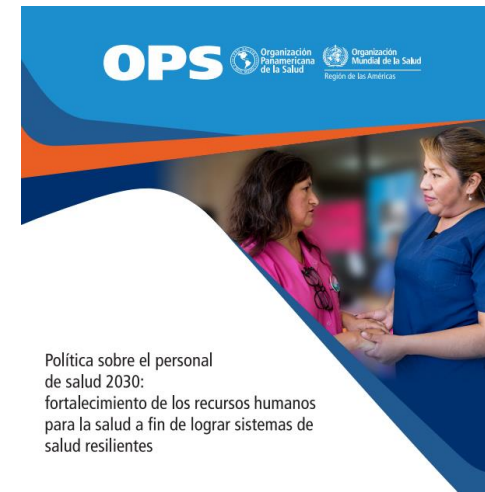
Definición clara de roles, competencias y alcances de práctica en marcos normativos

Regulación diferenciada de la práctica: generalista, especializada y práctica avanzada (APN)

Estándares regulatorios para formación, certificación y recertificación profesional

Sistemas regulatorios que vinculan educación, ejercicio profesional y necesidades del sistema (task sharing /task shifting)

Fortalecimiento de organismos reguladores y su articulación con políticas públicas



Identidad profesional como fuerza transformadora

Punto de contacto principal con las personas

Rol clave en la equidad en salud

Conecta atención clínica con comunidad

Sustenta liderazgo en todos los niveles

NASEM, 2021



Estrategias de fortalecimiento – Identidad

Desarrollo de liderazgo en todos los niveles del sistema

Posicionamiento de Chief Nursing Officers en estructuras de gobierno

Fortalecimiento de Asociaciones Nacionales de Enfermería

Desarrollo de redes de acción: academia, servicios de salud y comunidad

Consolidación de equipos de enfermería como unidades de gestión del cuidado

Original research

Roles and responsibilities of government chief nursing and midwifery officers in the Americas

Bruna Moreno Dias,¹ Jordana Salma,² Susan R. Cooper,³ Natalia Andrea Henao Murillo,⁴ Patsy Edwards Henry,⁵ Sonia Abad Vásquez,⁶ Edwin Vicente C. Bolastig,⁷ Eduardo Benjamin Puertas Donoso⁸ and Wendy Denise Sealy⁹

Suggested citation Moreno Dias B, Salma J, Cooper SR, Henao Murillo NA, Edwards Henry P, Abad Vásquez S, et al. Roles and responsibilities of government chief nursing and midwifery officers in the Americas. *Rev Panam Salud Pública*. 2026;50:34. <https://doi.org/10.26633/RPSP.2026.34>

ABSTRACT **Objective.** To analyze the roles, responsibilities and scope of current government chief nursing and midwifery officers or equivalent senior leaders in the Region of the Americas. **Methods.** This was a descriptive observational study. All government chief nursing or midwifery officers or equivalent senior leaders from 35 countries in the Region of the Americas were considered eligible to participate. An online survey was conducted that included items on demographic variables, the officer's roles and responsibilities, and a self-assessment of competencies. Data were analyzed using descriptive statistics, disaggregated by role, subregion and country income level. Content analysis was used for responses to open-ended questions. **Results.** Twenty eight officers from 28 countries participated in this study, representing 80% of the 35 countries in the Americas. About 82.1% (23/28) of the officers or equivalent leaders were exclusively responsible for nursing issues. Most of the participants had the job title of chief nursing officer (53.6%, 15/28), were female (92.9%, 26/28) and were aged 55-64 years (46.4%, 13/28). Regarding leadership roles, 57.1% (16) of participants reported that their countries had an executive model, with the officer having line authority over nursing or midwifery, or both. The responsibilities of these officers were mainly related to leadership, influence and policy advice. In the self-assessment of competencies, participants rated themselves as less skilled in global health priorities and management. **Conclusions.** Although the role of a government chief nursing officer or midwifery officer exists in most countries in the Americas, there is a need to further strengthen it. It is important for governments and stakeholders to create a policy environment conducive to empowering these leaders, recognizing their strategic role in the human resources for health agenda, and in expanding the contributions of nursing and midwifery towards achieving more resilient and equitable health systems.

Keywords Nursing; nurse's role; leadership; nursing staff; health workforce; decision making; planning; health policy.

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Bienestar como pilar de la sostenibilidad del sistema

Indicador del funcionamiento del sistema

Determinante de calidad y seguridad

Clave para la sostenibilidad de la fuerza laboral

Vinculado al desempeño económico

WHO, 2025; ICN, 2025



Enfermeras/os saludables → sistemas más fuertes

Estrategias de fortalecimiento – Bienestar

Políticas institucionales de seguridad y protección del personal

Estrategias de retención: condiciones laborales, remuneración y desarrollo profesional

Dotación segura y adecuada de personal (safe staffing)

Acceso a apoyo en salud mental y bienestar psicológico

Prevención de violencia y entornos laborales seguros

Liderazgo organizacional que promueva culturas de cuidado

- Solo **47,6%** de países cuentan con apoyo en salud mental para enfermería.
- Más de **86%** reportan violencia hacia el personal .
- Más de **64%** presentan escasez que compromete la seguridad.

El bienestar se diseña y depende de factores individuales, organizacionales y sistémicos

ICN, 2025

Call to Action

Reconectar con nuestra identidad profesional como base del cuidado

Actuar con responsabilidad y coherencia, conforme a la regulación vigente

Abogar siempre por la seguridad de la atención, con un enfoque interprofesional

Reconocer el bienestar como un pilar fundamental de la enfermería, abordándolo desde una perspectiva sistémica y sistemática

Ejercer con humanidad, integridad y respeto: **ser buenas personas, ante todo**



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