

RCN New Definition of Nursing

Background research and rationale

CLINICAL PROFESSIONAL RESOURCE



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Introduction

This summary explanation aims to provide the background to developing the revised definition of nursing in support of the Professional Framework. It explains the reasons for the choice of language terms and the emphasis placed on the definition.

Background

There is currently no UK-wide Professional Framework for Nursing, which has been identified as a priority for The Royal College of Nursing (RCN) to address. It is also aligned with the RCN priorities (RCN Plan, 2022) to amplify the voice of nursing to influence policy and practice and to showcase the transformation of the nursing practice that is fit for the future. The development of the first overarching UK Professional Framework for nursing will promote the advancement of nursing as a profession, demonstrate the science and art of nursing, and the education and training opportunities to support the provision of modern health and social care and support the recruitment and retention of the nursing workforce.

Nursing as a profession has continuously modernised through the development of professional knowledge, extending the sphere of its responsibilities and the scope and definition of nursing roles (Jackson et al., 2021). An updated definition of nursing was needed to reflect the progression of the nursing profession that underpins the Professional Framework. The revised definition communicates to all stakeholders, including the public, policymakers, educationalists, registered nurses, and the wider nursing team, how nursing is defined in the context of contemporary health and social care. Particular attention has been paid to the language used in the definition and this supporting explanation.

Development methods

A review of published nursing literature from the past 20 years has been considered to support the development of the revised definition of nursing and to articulate the continuous progression of the nursing workforce. A systematic search of the literature using CINAHL and Emcare databases, limited to peer-reviewed papers published in the last 20 years, was undertaken. Papers were selected and reviewed to capture key points relating to developing a contemporary definition of nursing. The aim was to consider a broad evidence base, including the Nursing and Midwifery Council (NMC) guidance on the Code of Practice, and rearticulate contemporary nursing in today's health care settings. To support the delivery of nursing against this definition, the Principles in Nursing Practice have also been refreshed.

Draft definitions were developed in collaboration with professional forum steering committee members, fellows, and expert members from across the four counties and with RCN specialty staff leads. Through an iterative process, the definition was revised and informed by reviewing the literature and the RCN Professional Nursing Committee's critique.

Developing the definition of nursing

The question of what nursing is and how to articulate it is one that the profession has found hard to answer and is a central theme of many academic papers (Jackson et al., 2021). The current definitions in Box 1 all capture aspects of nursing but predate many significant changes in the profession, for example, becoming a graduate workforce in 2013 (Saghafi et al. 2023). A central principle of a graduate workforce is critical thinking required as a core part of increasingly complex nursing practice (Saghafi et al. 2023) and the recognition of the vigilant and essential role nursing plays in patient safety and the advances in technology (Aitken et al. 2017; Olds et al. 2017).

There is compelling evidence that nursing is seen by the public as a caring and the most trusted profession in the UK (Ipsos 2020; Girvin and Jackson 2021). However, the public's understanding of nursing work is more limited and is informed by images presented in the media and a tone of sentimentality in the narrative used to describe nursing (Girvin et al. 2021; Leary 2017).

Historically, as a profession, we have tended to speak about the values that nursing holds rather than the work that nursing does that is underpinned by the profession's values (Horton et al. 2007). This has contributed to obscuring the full range of nursing knowledge and skills that the profession contributes, with much of nursing work being unrecognised; this gives rise to the misinterpretation of nursing as being only assistive, task-focused and linear. A revised definition must help all stakeholders understand the nature of the work that nursing involves. The revised definition presented in Box 1 builds on and reflects the essence of earlier and complementary definitions in Box 2 but now refers to nursing work and person-centred care; it emphasises patient safety and reflects the four pillars of practice as first described by Manley (1997) within the attributes of the advanced nurse.

Box 1: Revised Definition of Nursing Short and Expanded

Nursing is a safety critical profession founded on four pillars: clinical practice, education, research and leadership.

Registered nurses use evidence-based knowledge, professional and clinical judgement to assess, plan, implement and evaluate high-quality person-centred nursing care.

Nursing is a safety critical profession founded on four pillars: clinical practice, education, research, and leadership.

Registered nurses use evidence-based knowledge, professional and clinical judgement to assess, plan, implement and evaluate high-quality person-centred nursing care. The work of registered nurses consists of many specialised and complex interventions. Their vigilance is critical to the safety of people, the prevention of avoidable harm and the management of risks regardless of the location or situation.

Compassionate leadership is central to the provision and co-ordination of nursing care and informed by its values, integrity and professional knowledge. Responsibility includes leading the integration of emotional, physical, organisational, and cognitive nursing work to meet the needs of people, organisations, systems, and populations. Registered nurses are decision makers. They use clinical judgement and problem-solving skills to manage and co-ordinate the complexity of health and social care systems to ensure people and their families are enabled to improve, maintain, or recover health by adapting, coping, and returning to live lives of the best quality or to experience a dignified death. They have high levels of autonomy within nursing and multi professional teams, and they delegate to others in line with the NMC code.

Footnote The leadership pillar for some nurses will include management responsibilities.

Box 2: Former Definitions of Nursing

The most recent RCN definition of nursing is from 2003 (RCN, 2003)

The use of clinical judgment in the provision of care to enable people to improve, maintain, or recover health, to cope with health problems, and to achieve the best possible quality of life, whatever their disease or disability, until death (RCN, 2003).

International Council of Nurses Definition

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. (ICN, 2002)

Henderson definition of nursing

“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 peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge” (Henderson & Nite, 1978)

Rationale for the definition revisions

Nursing Work

The nature of nursing work has been studied in many ways throughout modern nursing. There is agreement that the work is complex and hard to articulate, meaning that nursing is poorly understood by others, including the public. There is a tendency to express nursing work in definitions of nursing and public narratives only through the concept that nurses are caring, and their purpose is to carry out caring work (Jackson et al., 2021). Nursing also tends to be silent in publicly highlighting the nature and impact of its work (Buresh and Gordon, 2013). The profession globally has many views on caring and how it is best achieved. Nursing is not considered to have a monopoly on caring. It is hard to distinguish between the professional description of care provided by nurses and the care provided by others, such as families (Kitson, 2003). The revised definition of nursing needs to reflect better the complex nature of nursing work and its values, such as the compassionate caring that underpins nursing work. To this end, the RCN's revised long definition of nursing draws on contemporary evidence and states that "Leading the integration of emotional, physical, organisational, and cognitive nursing work to meet the needs of people, organisations, systems, and populations". This statement is made to recognise the complex nature of nursing and to explain the nature of nursing work to others. A brief description of the four types of nursing work are detailed below.

Our understanding of the nature of nursing work has recently been advanced to reveal it as complex and multifaceted. It can be understood as a composite of four types of labour (Jackson et al., 2021).

Nurses do different types of work. We work clinically, directly interacting with patients, managing work, keeping the health care system running and enabling work by building the profession. We constantly adapt to the changing needs of patients and circumstances, such as a crisis, and work to improve care quality. This means that in any setting, nurses do more than directly care for patients; the work involves organising, teaching, co-ordinating, managing, and solving problems. To do this work, nurses integrate four types of labour: physical, emotional, organisational, and cognitive.

Physical work involves the work nurses do with their bodies; physical work is demanding, standing for long hours and walking long distances. Physical work also includes the work done with our senses, listening, watching, and smelling to inform responses to people's needs.

Emotional work involves regulating our emotions to support others, being compassionate, showing empathy, caring and support that help us complete our work.

Organisational work is seen as arranging essential activities for patients, their families, and the organisation, ensuring that patients flow through the health care system.

Cognitive work is defined as developing expertise, remembering, and stacking the long list of tasks involved in all nursing work and continuously reprioritising them; it involves thinking, critical reflection, making judgements, problem-solving and making decisions.

Nurses integrate and synthesise these labours in the different types of work and different settings. Using the terms work and labour is important to define what registered nurses and the nursing team do. Nursing work continues to be underpinned by moral values and the concepts of caring directed towards protecting human dignity and preserving humanity (Horton et al., 2007). The fundamentals of care (Feo et al., 2018), relational and compassionate caring, remain at the core of nursing (Department of Health, 2021); nursing work involves caring about people and caring for people.

What is meant by safety-critical?

Nursing is the largest safety-critical profession in health care (RCN Workforce Standards, 2021). The revised definition of nursing must articulate nursing work's impact on patient outcomes. The professional nurse work environment has adequate staffing, managerial support for nurses, and good nurse-physician relations (Olds et al. 2017; Aitken et al. 2017). Creating work environments that fully support nursing practice is critical to improving the safety and quality of patient care. In many settings, nursing staff work alongside a team of health and social care professionals to ensure the safety and highest level of care. However, it is nurses who understand the complexity of nursing care provision and the nursing workload. It is registered nurses and nursing support workers who provide nursing care.

The RCN guidance **The RCN Nursing Workforce Standards** sets out the evidence and experience demonstrating that having the right numbers of nursing staff, with the right skills, in the right place, at the right time improves health outcomes, the quality of care delivered, and patient safety.

Why use the four pillars?

All nurses develop their skills, knowledge and capabilities, which are common across all levels of practice. Nurses also use their knowledge and clinical skills in education, research, and leadership to provide safe, high-quality, person-centred care. Together, these aspects are described as the four “pillars” of practice to clarify the importance of the key foundation elements. This was the conclusion of an action research project published by Professor Kim Manley in 1997. The concept of four pillars is referred to across nursing publications by respective departments of health in the UK and also to other health care professionals (HE&I Wales 2021; Dept of Health NI 2018; HEE 2017; NHSE Scotland 2021).

The revised definition of nursing can assist the public in understanding what professional nursing involves and what they can expect from it. The NMC regulation of registered nurses assures the public by making sure that only those who meet the NMC requirements are allowed to practise as registered nurses or midwives in the UK or as nursing associates in England <https://www.nmc.org.uk/standards/standards-for-nurses>

The **NMC code of practice** presents the professional standards that nurses, midwives and nursing associates must uphold to be registered to practise in the UK. It is structured around four themes – prioritising people, practising effectively, preserving safety, and promoting professionalism and trust. Each section contains a series of statements that, taken together, signify what good nursing and midwifery practice looks like. Referencing the NMC in the definition makes clear what is expected of registrants and the standards by which they must abide.

The support guidance to the revised definition of nursing in the Principles of Nursing Practice is also mapped to the code of practice; guidance can also be found in **The RCN Nursing Workforce Standards**.

What is meant by evidence-based knowledge?

The nature of nursing work makes clear that nursing involves cognitive work. This cognitive work involves problem-solving and planning care based on contemporary evidence.

The needs of the population in the 21st century have continuously changed, as has the development of the nursing profession (Jackson et al., 2021). The publication of the previous definition of nursing predates nursing becoming a graduate profession in 2013; the revised definition needs to reflect the capabilities expected of nursing that are provided by an integrated team and led by a graduate workforce.

Graduate preparation means that registered nurses can apply theoretical knowledge to practice. Health practises may be subject to rapid development and improvements, meaning that the knowledge to manage care risks safely and effectively also changes rapidly. Therefore, registered nurses need to understand how to evaluate knowledge and practice and why different types of knowledge may be needed to be able to nurse safely. Nursing safely and being vigilant to the safety needs of patients also requires the ability to apply ethical and professional behaviour. Registrants need these capabilities to critically reflect on all aspects of knowledge used in nursing and evaluate the effectiveness of that care. Registered nurses, therefore, need to be able to use evidence-based knowledge.

Knowing how to access rapidly changing knowledge and how to apply and evaluate it to ensure that safe, compassionate and clinically effective care is provided requires registered nurses to be able to make evidence-based decisions informed by their professional judgement. This will ensure that care is clinically effective using the capabilities acquired as a graduate and postgraduate educated registered nurse.

Critical reflection is central to nursing work as it enables the continuous learning and development of nursing knowledge required of a 21st-century graduate workforce. Clinical supervision is a form of learning, development and support that can be used to reflect critically. More information about the RCN position on Clinical Supervision can be found at [RCN position on clinical supervision](#).

What is meant by leading the integration of nursing work, the professional and clinical judgement to assess, plan, implement and evaluate high-quality care?

Nursing work is complex, as stated in the section above (Jackson et al., 2021). The revised definition of nursing needs to reflect the complexity of nursing work that requires integrating and synthesising the different types of nursing work that can happen simultaneously and be undertaken by different members of the integrated team at different times. Nursing work requires all registered nurses to make professional and clinical judgments about the assessment, planning and evaluation of care they are responsible for and are leading.

Professional and clinical judgement in planning care

The work of registered nurses is regulated by the NMC, which has set the standards of proficiency expected from all registered nurses. 7 areas of proficiency support the delivery of person-centred care and evidence-based nursing interventions (Ajibade, 2021). The registered nurse is responsible for leading the assessment, planning and evaluation of care that forms a process of care planning (Ajibade, 2021). Registered nurses work with an integrated team that includes registered nursing associates in England. The registered nurse will lead in managing and co-ordinating care with the full contribution from the nursing associate and the integrated care team.

Leading integration

Leading on integrating nursing work requires clinical and professional judgment as set out in the NMC standards and explained in the Evidence-Based Knowledge and Compassionate Leadership section. Leading the integration of planned care may also involve being supported in care delivery by the integrated team. All care must be informed by the concepts of patient-centredness and compassion; leading integration also means ensuring that care delivery from the integrated team is patient-centred and compassionate (Karlsson M and Pennbrant S, 2020).

What is meant by person-centred care?

Person-centred care is fundamental to nursing across practice fields (Manley and McCormak, 2008; Hawksworth, 2016). It involves synthesising and integrating relational practice DeFrino (2009) and the four forms of work described by Jackson et al. (2021).

The use of the term person-centred care in the revised definition of nursing refers to compassionate, personalised, dignified care that is given through the therapeutic relationship created between professional nursing and the person (patient/client) as it is recognised as impacting on positive patient outcomes (Terry and Kayes, 2020). The role of the person is active rather than a historically passive role. There may be differences in the perception of the meaning of the term (Byrne, Baldwin and Harvey, 2020). Therefore, when using it in your practice, it will be necessary to clarify its meaning and application with your nursing team.

What is meant by autonomy?

This word is widely used as a defining characteristic of a profession (Friedson, 1970), and it is notable that with the professionalisation of nursing in the 1980s, the importance of their ability to demonstrate autonomous practice has featured widely in the literature, nursing policy and regulatory standards (Skar, 2010). The dictionary defines autonomy as “The right or state of self-government, freedom to determine one’s actions, behaviours etc”. Laperriere (2008) has added that staying autonomous is not only freedom for action but also freedom of thought.

However, autonomy is a highly debated concept with arguments that no clinicians, including consultant-level doctors, can truly work autonomously in a health and social care environment where clinical governance, evidence-based practice standards, ethical frameworks, organisational structures and management systems, and external quality assurance, regulatory, legislative and budgetary controls prevent true freedom to practise and self-governance. In addition, the shared decision-making model has challenged the power dynamic implied by the clinician’s autonomy to acknowledge the importance of the patient’s own autonomy (Entwistle et al., 2010). Clearly, at its extreme, there is a fine line

between freedom to practice autonomously and total freedom of action, which can lead to unsafe, maverick practitioners.

Writers such as Cassidy and McIntosh (2014) have described a middle ground where nurse's autonomy can be expressed within conditions determined by their scope of practice and the set-up in which they work. Friedson (1994) called this the "zone of discretion", where the individual deploys their autonomy as micro-level power to utilise their knowledge and skills for making decisions and enact their responsibilities in the complex health and social care context. It would be impractical and highly inefficient for registered nurses to rely on others to sanction every decision and action they take. Therefore, having the opportunity to utilise autonomy to the full within parameters set by the scope of practice, the organisation, their employment, professional code, and legislation, amongst others, is key.

What is meant by compassionate leadership?

Recognising the importance and centrality of nursing leadership (Newman et al., 2019) in the revised definition of nursing was essential. Leadership, management, and teamwork are core components of nursing work, as reflected in Platform 5 of the NMC Future Nurse Standards. The RCN Workforce Standards also explain that clinical leadership should be conducted in style and behaviour with compassion.

The differences between leadership and management are suggested below. Whether leading or managing, it is accepted that how leaders and managers conduct themselves impacts the work experience of others in the team and that the quality of staff experience impacts the quality of patient outcomes (Wong et al., 2013).

Professional caring is challenging, and the recent COVID-19 pandemic highlighted the importance of caring for nurses' health and wellbeing (West, 2020). Compassionately conducting nursing leadership to ensure wellbeing, support motivation at work and minimise stress is the responsibility of nurses as leaders. Creating a culture through inclusive leadership, which is considered a compassionate approach because it involves empathy, being present and focusing on others (Dean, 2021), will help team members experience a sense of authority, belonging and being able to contribute to the team (West, 2020). A culture that enables people to flourish will help minimise frustration and distress and contribute to facilitating the team to provide safe and high-quality care.

What is the difference between management and leadership?

Much of the evidence that underpins the views on leadership and management has been adopted by the health and social care sector from business and industry. The way in which the terms are used evolves over time and is often revisited in the literature and policy.

It is generally accepted in the literature that leadership involves motivating and influencing others to move towards a goal. The goal is most likely associated with a vision of how to improve care standards or how to improve the way a team, service or organisation works. Leadership can be a formal role involving management or an informal role as part of everyone's responsibility to improve care standards and patient experience.

Management is complementary to leadership and involves planning, implementing, organising, measuring work, and ensuring that everyone is clear on their role and contribution towards completing the work task. The way leadership and management are conducted and experienced is influenced by the context in which it is being conducted and the individual's knowledge, skills, attitudes, behaviours, and preferences (Bennis WG, 1989; Beech M, 2002; King's Fund, 2011; Kotter J, 2013; Edwards and Bolden 2023).

What are the principles of nursing practice?

The Principles of Nursing are applicable to all in the nursing workforce. The principles describe what everyone, from nursing staff to people and populations, can expect from nursing to deliver safe and effective nursing care. They cover the aspects of behaviour, attitude and approach that underpin good care and are mapped to and comply with the **NMC Code**.

Safe and effective care based on the Principles of Nursing will consider how compassionate and fundamental aspects of professional care might be met. This assessment of the needs of a person is informed by taking a person-centred approach, which also requires further consideration of the relevant evidence base and the use of professional judgement (Kitson A, Athlin A and Conroy T, 2014; Feo R, Kitson A and Conroy T, 2018).

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