**What is nursing in the 21st century: results of a pilot survey on attitudes towards nursing**

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**ABSTRACT**

**INTRODUCTION**

Nursing is one of the most trusted professions yet is poorly defined. There are many definitions and characterisations of nursing. This study sought to pilot a survey exploring the views of nursing in the 21st century.

**METHODS**

This study piloted an electronic survey with open and closed questions. Descriptive statistics were collated for closed questions using Excel. Open-ended questions were analysed with LIWC for tone, emotion and criticality.

**RESULTS**

This pilot study recruited 72 participants from professional and non-professional backgrounds. Respondents displayed diversity in their perceptions of nursing, the role of nurses and the role that nurses perform.

**CONCLUSION**

Nursing is a complex, multifaceted profession. The view of nursing was generally positive and authentic although not easy to define. Nursing was felt to be an inclusive profession; however, it is extremely diverse in nature. Further research is required to explore these concepts in greater depth.

**Keywords**: nursing, attitudes, history, perceptions, future, definition, pilot, survey

# **INTRODUCTION**

Nursing continues to be one of the most trusted professions (Stone, 2019). In 2020, the nursing profession celebrated the 200th anniversary of the birth of Florence Nightingale and the 100th anniversary of the Nurses Registration Act (1919): legislation bringing regulation and recognition for nurses. Approaching these milestones, the profession should explore perceptions o~~f~~ nursing in the 21st Century. There are currently 701,237 registered nurses, nursing associates and midwives in England and Wales (Nursing and Midwifery Council [NMC] 2019). Nursing is complex and multi-faceted, working across all fields; at home, close to home and in hospital (Health Education England, 2017).‘Registered nurse’ is a legally protected title in the United Kingdom, yet there is still no clear definition. In addition, the term ‘nurse’ is not a protected title but whether this should be regulated is a contemporary topic of discussion. There are ongoing debates regarding whether the title ‘nurse’ should also be protected in law. For example, registered nurses who are removed from the NMC register are still legally entitled to call themselves a ‘nurse’ regardless of the reason for their removal (Mitchell, 2021).

The Royal College of Nursing (RCN) (2003, p.3) describes nursing as “the use of clinical judgement 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”. The NMC (2018, p.3) describes nurses as making an important “...contribution to the promotion of health, health protection and the prevention of ill health”. These definitions appear all-encompassing, informing the purpose of nursing however a definition presents complexities due to its paradoxical nature. The RCN (2003) argued we need a definition because we may need to describe nursing to those who do not understand it, to influence policy, and the development of curricula. We should consider differences between the registered professionals and those who provide nursing care, cognizant of the high-level skills and knowledge the registered nurse requires (Beasley, 2006).

Henderson (1964) argued the unique functions of nurses relate to maintaining independence and reaching recovery. She said that each nurse should look inwardly to develop their own concept of nursing, rather than following an authoritative definition. The International Council of Nurses (2002) emphasised the broad spectrum of nursing responsibilities and roles across varied environments. They also acknowledged the roles of the nurse educators within educational settings, contributing to the development of health policy, research, and education. We should therefore consider the defining characteristics of a nurse, particularly to guide development of a single definition and its applicability within a diverse, multicultural society.

Austgard (2008) suggested perspectives towards nurses are rooted in faith and religion, a concept conflicting with ideas within popular culture, the media and social media (Hallam 2000). The history of nursing may impact on current perceptions of what a nurse is (Hall and Ritchie 2009). Nursing is vocational (White, 2002) and we should consider the social, cultural, humanitarian and ethical dimensions of nursing when formulating a definition. Arguably, stereotypical notions of nursing persist (Weaver et al, 2014; Sollami, Caricati and Mancini, 2015; Jinks and Bradley, 2004). In seeking to professionalise nursing, we must consider the impact of gender bias on conventional definitions of the profession (Yam, 2004). 77% of the nursing workforce is female, yet only 37% of senior roles are held by women (NHS Digital, 2018). Anthony (2004) suggested that gender connectivity can be lacking for male nursing students because there are fewer male nurse educators than females. These considerations are relevant in definition development, given current shifts in societal attitudes to gender classification.

Life experiences and how they relate to the expectations of nurses should not be underestimated (Hamilton and Essat, 2008; Taylor, 2003); although many have perspectives on the role of the nurse, these may not accurately represent reality. Caring is considered a fundamental component of nursing (Romero-martin et al 2019) yet it is arguably an individualised, contextual concept (Finfgeld-Connett 2008). Brykczyns (1997) suggested caring has become a ‘contractual issue’ because it is what nurses are paid to ‘do’.

There are shortages in the nursing workforce (RCN, 2017), yet in England and Wales, the role of the nurse is being expanded to include proficiencies such as leading and managing nursing care, coordinating care and improving the safety and quality of care (NMC, 2018). Over the last 30 years, nurse training has changed from a work-based learning form of training to a profession underpinned by degree-level study. Although Hallam (2000) questioned whether degrees make better nurses, the benefits of nurse education have been well established and accepted. Aiken et al. (2014) identified a link between decreased mortality and nurse training to bachelor’s degree level. Arguably, enquiries such as the Francis Report (Department of Health, 2013) evidenced poor nursing care despite the introduction of degree-level education.

Evidence surrounding the definitions and scope of nursing are often historic, and a contemporary understanding of nursing has not yet been fully explored within the literature. A focus on a contemporary definition of nursing is therefore timely and is ever more relevant as the nursing family expands and evolves to include the role of the nursing associate. A definition of nursing will develop a clearer role identity and support the recruitment and retention of high-quality registered practitioners. This pilot study aimed to test a survey aimed at exploring views of nursing and to identify concepts associated with nursing so that a definition could be developed.

# **AIMS**

The aims of this pilot study were to:

1. test a survey exploring views of nursing in the 21st Century in the UK;
2. to identify concepts associated with the term nursing which would influence a larger study;
3. to highlight potential differences between the perceptions of Healthcare workers and non-Healthcare workers about what nursing is;
4. to identify further areas of inquiry related to future nursing practice.

# **METHODS**

**DESIGN**

This pilot study used an electronic survey consisting of 15 open and closed questions. Of these, four were demographic questions, four were closed questions and seven were open questions. Two of the questions used a Likert array to determine agreement/disagreement with 18 statements related to nursing. These statements were influenced by historic literature and perspectives on nursing. Ethical approval was granted for this study by the University of [redacted] Health and Social Care Ethics Committee in 2019.

**DATA COLLECTION**

The survey was advertised via social media, emails and a university virtual learning environment with an invitation to participate. The participants of this survey were intended to be broad and inclusive, with the aim of testing the viability and usefulness of the survey. The survey was hosted in Microsoft Forms on Office 365. Beginning with participant briefing information and a confirmation that the respondent was over the age of 18, consent was obtained within the same form at the beginning of the process. If a respondent was under the age of 18, they were diverted out of the survey and prevented from completing it. The survey was open for a period of three months, followed by a month’s ‘cooling-off’ period to allow participants to remove their data before analysis. Data was stored in line with General Data Protection Regulations requirements and no participants requested the removal of their data.

**DATA ANALYSIS**

Data was exported from Microsoft Forms and transferred to Microsoft Excel (Microsoft Office Professional Plus 2016). Descriptive statistics were collated for closed questions including demographic questions. Responses to the Likert arrays were transcribed to numerical integers (strongly disagree=1, strongly agree=5). The higher the number, the stronger the agreement with the question. Mean values were calculated for all responses to each question and placed in a table for comparison (table 4). Mean values were also calculated for respondents involved in nursing (registered nurses, student nurses, nursing associates and trainee nursing associates), allied health professionals, doctors, members of the public, carers and non-carers to determine if any differences were present between these groups. Because of the small sample size, inferential statistics were not performed on this data because results would not have adequate power to demonstrate meaningful insights.

Natural language responses to open questions were collated into bodies of text per question for all respondents, for respondents involved in nursing (registered nurses, student nurses, nursing associates and trainee nursing associates) and for non-nurses as a comparison group. These bodies of text were then analysed with LIWC. LIWC is a natural language analysis software package which determines the linguistic nature and content of words in a corpus. The software gives objective information pertaining to the tone of voice, the positivity or negativity of the text, the strength of the writing and if the text is analytical (Tausczik & Pennebaker, 2010). LIWC provides objectivity in the text analysis process thereby increasing validity, rigour and reliability of the study. LIWC provides a measurement of how analytical the text is; higher scores are indicative of greater use of prepositions and text complexity. Emotional tone determines whether the text has a positive tone or negative tone, with 50 being average. Clout refers to the strength of the text and is affected by the use of personal pronouns, indicating greater ownership of the text written. Authenticity refers to the words in the text associated with humility, honesty and vulnerability (Pennebaker et al, 2014).

# **RESULTS**

This pilot study recruited 72 participants from professional and non-professional backgrounds. Most participants were in the 22-59 age group (89%) (Table 1). Registered Nurses represented a large proportion of respondents (38%) as did members of the public not in a healthcare profession (25%) (Table 2). Most participants were employed either full time or less than full time (76%) (Table 3). 19% of participants declared themselves to be informal carers, with the remainder not having informal carer responsibilities. Gender was not recorded in this study, in line with the contemporary understanding that gender is not binary and any purported insights originating from this distinction may not be helpful (Hyde et al, 2019).

**Table 1: distribution of respondent age**

|  |  |
| --- | --- |
| Under 18 years | 0% |
| 18-21 years | 7% |
| 22-29 years | 18% |
| 30-39 years | 29% |
| 40-49 years | 18% |
| 50-59 years | 24% |
| 60-69 years | 3% |
| 70-79 years | 1% |
| 80-89 years | 0% |
| 90-99 years | 0% |
| 100+ years | 0% |

**Table 2: distribution of respondent profession**

|  |  |
| --- | --- |
| Registered Nurse | 38% |
| Registered Nursing associate | 3% |
| Student nurse | 13% |
| Trainee nursing associate | 7% |
| Allied health professional | 8% |
| Student allied health professional | 0% |
| Doctor | 7% |
| Student doctor | 0% |
| Healthcare administrative staff | 0% |
| Member of the public not in a healthcare profession | 25% |

**Table 3: distribution of respondent employment status**

|  |  |
| --- | --- |
| Employed full time | 56% |
| Employed less than full time | 21% |
| Unemployed | 1% |
| Apprentice | 4% |
| Student | 13% |
| Retired | 6% |

**Table 4: Mean values associated with question per respondent group**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **n responses** | **Nursing is a science.** | **The elements of nursing are all but unknown.** | **Nursing is an art.** | **There is a legal definition of nursing.** | **A definition of nursing is important.** | **People are born to be nurses.** | **Gender is not important in relation to being a nurse.** | **Nurses are paid to care.** | **Nursing is low in the hierarchy of professions.** | **Education makes nurses better at their role.** | **Registered Nurses are subordinate to medical doctors.** | **All nursing practice is care.** | **Nurses are required to have an emotional investment in the people they care for.** | **Nursing is intellectual as well as practical.** | **Nursing has a foundation in professional judgement.** | **Nursing has a history in religion and faith.** | **The media has a strong role in the portrayal of nursing.** | **Medical doctors are subordinate to Registered Nurses.** | **Degrees don’t make nurses ‘better’.** | **Uniforms are an important part of nursing.** | **You don’t have to be registered to be a nurse.** | **There are ‘fields’ of nursing.** | **Nursing is exclusive.** | **Nursing is a family.** | **Nursing is inclusive.** | **Nurses have power.** |
| Average score for all | 72 | 3.67 | 2.51 | 3.67 | 3.57 | 3.89 | 3.08 | 4.5 | 3.38 | 2.74 | 4.03 | 2.38 | 3.13 | 3.4 | 4.44 | 4.21 | 3.53 | 4.25 | 2.06 | 3.17 | 3.5 | 2.11 | 4.15 | 2.46 | 3.68 | 3.42 | 3.65 |
| Average score for RN, SN, NA, TNA | 43 | 3.72 | 2.4 | 3.67 | 3.6 | 3.88 | 3.19 | 4.56 | 3.12 | 2.93 | 4.07 | 2.21 | 3.28 | 3.49 | 4.56 | 4.28 | 3.53 | 4.28 | 2.02 | 3.12 | 3.42 | 2.09 | 4.12 | 2.53 | 3.81 | 3.37 | 3.51 |
| Average score for AHPs | 6 | 3.17 | 2.67 | 3.5 | 3.67 | 3.83 | 3.17 | 4.33 | 3.33 | 2.5 | 3.83 | 2.67 | 3.5 | 4.17 | 4.33 | 4.17 | 3 | 4 | 2.17 | 3.33 | 3.5 | 1.67 | 4.17 | 2.33 | 3.33 | 3.33 | 3.67 |
| Average score for doctors | 5 | 3.6 | 2.8 | 4.2 | 2.8 | 3.4 | 3 | 4.8 | 3.8 | 1.6 | 4.4 | 1.6 | 2 | 2.8 | 4.4 | 4.2 | 4 | 4.4 | 1.8 | 2.8 | 4 | 2 | 4.4 | 2.2 | 4.2 | 3.8 | 4.2 |
| Average score for members of the public | 18 | 3.72 | 2.67 | 3.56 | 3.67 | 4.06 | 2.83 | 4.33 | 3.89 | 2.67 | 3.89 | 2.89 | 2.94 | 3.11 | 4.22 | 4.06 | 3.56 | 4.22 | 2.17 | 3.33 | 3.56 | 2.33 | 4.17 | 2.39 | 3.33 | 3.44 | 3.83 |
| Average score for carers | 14 | 3.5 | 2.57 | 3.57 | 3.29 | 3.79 | 2.71 | 3.79 | 3.14 | 2.86 | 3.86 | 2.29 | 3.21 | 3.43 | 4.43 | 4 | 3.29 | 4.14 | 2.07 | 3.36 | 3.64 | 2.14 | 3.79 | 2.36 | 3.57 | 3.29 | 3.93 |
| Average score for non-carers | 58 | 3.71 | 2.5 | 3.69 | 3.64 | 3.91 | 3.17 | 4.67 | 3.43 | 2.71 | 4.07 | 2.4 | 3.1 | 3.4 | 4.45 | 4.26 | 3.59 | 4.28 | 2.05 | 3.12 | 3.47 | 2.1 | 4.24 | 2.48 | 3.71 | 3.45 | 3.59 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Table 5: Results of linguistic analysis of natural language responses** | | | | | | |
| **Question** | **Analytic** | **Clout** | **Authentic** | **Tone** | **posemo** | **negemo** |
| **What do nurses do today? (all responses)** | 87.16 | 78.60 | 8.52 | 94.52 | 6.27 | 1.77 |
| **What do nurses do today? (non-nursing responses)** | 89.57 | 78.74 | 7.75 | 90.42 | 6.23 | 2.32 |
| **What do nurses do today? (nursing responses only)** | 85.39 | 78.51 | 9.04 | 96.33 | 6.30 | 1.41 |
| **What do you consider to be essential qualities and characteristics of a nurse? (all responses)** | 93.58 | 85.60 | 6.04 | 99.00 | 21.96 | 1.65 |
| **What do you consider to be essential qualities and characteristics of a nurse? (non-nursing responses)** | 96.40 | 91.89 | 3.41 | 99.00 | 24.73 | 1.43 |
| **What do you consider to be essential qualities and characteristics of a nurse? (nursing responses only)** | 91.66 | 81.54 | 7.84 | 99.00 | 20.60 | 1.76 |
| **What do you consider to be the features of professional nursing? (all responses)** | 90.49 | 71.02 | 21.53 | 96.65 | 7.23 | 2.26 |
| **What do you consider to be the features of professional nursing? (non nursing responses only)** | 93.26 | 75.56 | 28.81 | 99.00 | 10.38 | 2.42 |
| **What do you consider to be the features of professional nursing (nursing responses only)** | 88.88 | 68.66 | 18.42 | 86.69 | 5.70 | 2.18 |
| **What is a nurse? (all responses)** | 91.57 | 93.04 | 1.88 | 99.00 | 10.15 | 1.45 |
| **What is a nurse? (non-nursing responses only)** | 90.11 | 92.71 | 1.65 | 99.00 | 8.94 | 1.04 |
| **What is a nurse? (nursing responses only)** | 92.28 | 93.21 | 2.01 | 99.00 | 10.80 | 1.67 |
| **What is care? (all responses)** | 77.11 | 90.41 | 5.09 | 99.00 | 10.02 | 0.98 |
| **What is care? (non-nursing response only)** | 74.21 | 90.55 | 5.39 | 99.00 | 10.82 | 1.03 |
| **What is care? (nursing responses only)** | 78.59 | 90.33 | 4.95 | 99.00 | 9.59 | 0.96 |
| **What is nursing? (all responses)** | 95.59 | 72.30 | 6.36 | 99.00 | 9.62 | 1.07 |
| **What is nursing? (non-nursing responses only)** | 97.24 | 70.16 | 2.94 | 99.00 | 9.20 | 1.15 |
| **What is nursing (nursing responses only)** | 94.37 | 73.48 | 9.30 | 99.00 | 9.86 | 1.02 |
| **What is the purpose of nursing? (all responses)** | 96.51 | 83.00 | 2.83 | 99.00 | 10.50 | 0.95 |
| **What is the purpose of nursing? (non-nursing responses only)** | 95.14 | 82.68 | 1.83 | 99.00 | 10.18 | 0.51 |
| **What is the purpose of nursing? (nursing responses only)** | 97.17 | 83.20 | 3.66 | 99.00 | 10.69 | 1.22 |

# **DISCUSSION**

This pilot study examined views of nursing in the 21st Century. It aimed to identify concepts associated with the term nursing and influence a larger study, highlighting differences between healthcare and non-healthcare workers.

A significant number of respondents were health or care professionals who were not nurses. Their contribution is valued due to the interprofessional working environment. Results suggested that doctors considered nursing an art more than other respondents, which could indicate doctors view their own role as scientific rather than artistic, or they lack insight into the broad role and competencies of a nurse (The International Council of Nurses 2002). Nursing has a holistic and scientific knowledge base (Yam 2004) which could result in more creative or diverse approaches to interventions. Nurse and doctor respondents agreed that education equals better nurses, correlating with Aiken (2014). Most respondents supported this perspective, considering nursing as intellectual and practical. Additionally, all respondents agreed that nursing involves professional judgement.

Respondents who were non-healthcare professionals could lack insight into the reality of the nurse’s role, perhaps valuing the softer skills associated with the artistic side of nursing, over skills and competencies (Hoeve, Jansen and Roodbol 2014). Respondents who were members of the public attributed greater importance to a definition of nursing than others, this could be because they do not understand the role but want to hold nurses accountable (Grander and Hagedorn 1997). Understanding boundaries between healthcare roles can assist the general public in seeking out and consulting appropriate professionals, reducing confusion and overlapping areas of practice. These considerations are important because public opinion may not appreciate nurses’ expanding skills and competencies (Hoeve, Jansen and Roodbol 2014). Doctor respondents were less likely to perceive that nurses had an emotional investment in care. Weng et al (2008) suggested social skills and associated emotional intelligence may be lacking in medical professionals. These findings could be influenced by limited sample size or by the type, age and speciality of the doctor.

Generally, respondents did not view nurses as low in the healthcare hierarchy, a viewpoint held more strongly by doctor respondents than others. This was supported by the findings that doctor respondents did not view nurses as subordinates. Historic research has identified that nurses may have conceded passively to doctors (Sweet and Norman 1995). Doctor respondents identified most strongly that nurses have power; this is an interesting perspective and could be due to the expanding role and speciality of the nurse. This could represent a shift in attitude by doctors regarding the role of the nurse. Continued cautious interpretation due to small sample size is required.

Uniforms are often considered an important component of nursing heritage (Shaw and Timmons 2010). This study suggests that doctors responded most positively to nurses being in uniform. Further investigation around uniforms may provide clarity of the nursing role as multiple variations in uniforms can cause confusion for practitioners and patients (Skorupski and Rea, 2006). However, wearing uniforms may “inspire public confidence” in the role (Jacob, 2007).

There were a significant number of responses from carers in this study. Carers agreed less than non-carers that gender does not matter in nursing. This could be due to the personal experiences of respondents and may arise because carers are more likely to be one gender than another (Dhalberg, Bambra, and Demack 2007). Women are more likely to be nurses, with 89% being female (NHS Digital, 2018), potentially reflecting societal gender roles (Arber and Ginn, 1995) or gender stereotypes and social biases against women. Although there has been a shift in the roles and responsibilities women undertake in society, women are more likely to care for older adults within their family (Phillips, 2000). All respondents agreed that nurses are paid to care, possibly related to nursing as an occupation and paid profession.

Most respondents agreed nursing is an inclusive profession. This response was verified by two separate questions: one enquiring about nursing as inclusive and one enquiring about nursing as exclusive. This confirmed participants were reading and understanding the survey as expected, however, this is based on the assumption that inclusivity and exclusivity are mutually exclusive concepts. The inclusivity of nursing is an important consideration due to current nursing shortages (RCN 2017) to enable individuals to enter the profession without risk of alienation or prejudice.

All respondents disagreed that individuals do not have to be registered to be a nurse. There has been discussion regarding protection of the nurse title (Leary 2017; Leary et al 2017) and this response, whilst not saying someone has to be registered to be a nurse, does still reflect a recognition that registration exists and has a role.

In addition to Likert questions, this survey provided opportunities for respondents to submit natural language answers, allowing authenticity and freedom of response. Linguistic analysis demonstrated a generally positive tone when discussing nursing. All responses were highly analytical, had high tone, and were more positive than negative. This was expected as nurses are typically trusted, respected, and held in high regard (Stone 2019). Respondents involved in nursing wrote more authentically than others (9.3 compared with 2.94), demonstrating they understand their own profession. Although more authentic when discussing the purpose of nursing, they wrote with less tone, clout, authenticity, and positive emotion when discussing the features of nursing. This indicates respondents did not necessarily analyse the features of their roles. Nursing respondents wrote with more positive emotion than non-nursing respondents about what a nurse is and does, demonstrating that these respondents maintain a positive opinion of themselves and have professional pride. External influences and perspectives on nursing are often negative, reflecting the profession as being challenging and difficult (Brodie et al, 2004).

Responses from non-nurses were more analytical and written with more clout when they discussed the essential qualities and characteristics of nurses, perhaps holding nurses to account, expecting particular qualities and characteristics. Respondents involved in nursing may focus more on the process and product of their work, rather than how they should be.

**Limitations and strengths**

As a pilot study, limited sample size prevented inferential statistics being performed. Future exploration requires power calculations to determine the minimum number of participants. There was not an equal distribution of respondents among the groups, potentially preventing meaningful comparison due to skewed data. A small number of participants were unsure how to answer the question ‘what do you consider to be the features of professional nursing?’. These responses were included in the analysis, but only provide limited insight. All respondents answered all questions, providing a complete dataset.

# **RECOMMENDATIONS**

1. Further research is required to understand the nature, scope and complexity of nursing in the 21st century
2. Any future studies should involve a very large sample size to increase the validity, reliability, and rigour of the study
3. Enquire further into the required attributes qualities and characteristics of nursing
4. Determine if there are professional differences between the fields of practice and of registration
5. Make concerted efforts to gain further insights into the context of respondents to determine if there are differences emerging
6. Consider that there may be multiple definitions of nursing, applied to different areas and fields of practice and registration

# **KEY POINTS**

Nursing is a historic, complex, and multifaceted profession. The nursing profession needs a definition to make comprehensive and meaningful contributions to health and care. There are differences in understanding of the role of nursing between respondents. This pilot study involved a small-scale study of responses to a survey, which found that people viewed nursing in a positive way. They spoke about nursing with authenticity and demonstrated varying understandings of the role of nursing. A definition of nursing is needed if we are to ensure nursing remains fit for practice in the 21st century.

# **REFLECTIVE QUESTIONS**

* Reflect on your own role as a registered nurse or healthcare professional: what is your own personal philosophy of nursing?
* Consider the impact of your own life experiences on your role as a registered nurse or healthcare professional: what individual perceptions and experiences do you bring to your professional practice?
* Do you feel historical perspectives of nursing continue to affect your contemporary practice?
* How might you contribute to the contemporary understanding and definition of nursing?

**CONCLUSION**

This pilot study has considered contemporary perspectives of the nurse and the nursing profession, concluding that nursing is a complex, multifaceted profession. There was a general lack of clarity regarding the role of nursing, with a lack of recognition of the depth and breadth of the role. Some perspectives could be considered outdated or stereotypical, for example, the importance of uniforms as a professional image. Despite these perspectives, the view of nursing was positive and authentic although not easily definable. Respondents recognised the importance of registration, and that nurses have power although the scope of this needs further exploration. They felt nursing was an inclusive profession, however, it is extremely broad and wide-ranging.

Without further research it is impossible to define nursing. It is clear we do need a definition of nursing if we are to thrive as a profession in the 21st century. The COVID-19 pandemic has arguably changed the public perception of nurses and healthcare professionals. Repeating this study post-COVID pandemic may yield different results. There are historic definitions of nursing which are arguably not applicable to contemporary nursing practice. Any definition would need to include the rapidly expanding nature, scope and role of nursing. With the introduction of other regulated nursing roles, registered nurses are no longer alone in the practice of professional nursing. There are oncoming challenges for nursing and a definition may help us to face these together. Without defining nursing, we cannot understand ourselves, let alone our place in the future of health and care practice.

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