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THE ROLE AND RESPONSIBILITIES OF NURSES IN MODERN MEDICINE

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Abstract. Nursing is the largest and most patient-facing profession within contemporary health systems, yet its scope has expanded far beyond bedside care to include education, advocacy, research, and health policy leadership. This article examines the evolving role and responsibilities of nurses in modern medicine through a narrative review of professional, institutional, and policy literature. Following the IMRAD structure, the review synthesizes findings from international nursing bodies and health workforce reports to characterize five core domains of contemporary nursing practice: direct clinical care, patient education and advocacy, interprofessional collaboration, leadership and policy involvement, and research participation.

Keywords: nursing roles, nursing responsibilities, modern healthcare, patient care, interprofessional collaboration, nursing leadership

INTRODUCTION

Modern medicine depends on a complex division of labor among health professionals, and within this system nurses occupy a uniquely central position. Nurses are typically the health professionals with the most sustained and direct contact with patients, responsible for continuous monitoring, treatment administration, and the coordination of care across multiple providers and settings. Historically framed as physician assistants carrying out delegated tasks, nursing has, over the past several decades, been redefined as an autonomous and collaborative

profession grounded in its own scientific knowledge base, ethical standards, and scope of practice.

This redefinition is reflected in the evolution of professional definitions of nursing itself. The International Council of Nurses (ICN), the global federation of national nurses' associations, has periodically revised its definition of "nurse" and "nursing" to keep pace with changes in health systems, technology, and public expectations. Its most recent definition, unveiled in 2025, marks a shift in professional identity from a focus on education completion and regulation toward a greater emphasis on scientific knowledge, ethical standards, and therapeutic relationships, while recognizing nurses' roles in policy-making, innovation, disaster response, and population health. This represents a considerable evolution from earlier, more task-based characterizations of the profession.

The purpose of this article is to examine, through a structured review of professional and institutional literature, what the roles and responsibilities of nurses in modern medicine actually consist of, and what challenges accompany this expanded scope. The review is organized according to the IMRAD format (Introduction, Methods, Results, and Discussion) commonly used in health sciences literature.

METHODS

This article is based on a narrative literature review rather than primary empirical data collection. Sources were identified through searches of official publications and statements from international nursing and health organizations, including the International Council of Nurses (ICN), the World Health Organization (WHO), the Nursing and Midwifery Council (NMC), and the Royal College of Nursing (RCN), as well as secondary reporting on these organizations' major reports and policy statements. Search terms included combinations of "nurse role," "nursing responsibilities," "scope of nursing practice," "nursing workforce," and "nursing definition." Priority was given to the most recent authoritative definitions and

reports (2018–2025) to ensure the review reflects the current state of the profession, supplemented by foundational nursing scholarship where relevant for historical and conceptual context. Sources limited to promotional or non-substantive content were excluded. Information extracted from each source was organized thematically into the domains presented in the Results section below.

RESULTS

Synthesis of the reviewed literature identifies five interrelated domains that characterize the contemporary role of nurses.

Direct clinical care. The foundational responsibility of nurses remains direct patient care: assessment, monitoring of vital signs and clinical status, administration of medications and treatments, wound care, and management of medical equipment. The ICN's working definitions have consistently anchored nursing in the care of individuals of all ages, families, groups and communities, whether sick or well, across all settings, including the promotion of health, prevention of illness, and care of the ill, disabled, and dying.

Patient education and advocacy. Beyond task execution, nurses are responsible for teaching patients and families about conditions, treatments, and self-management, and for advocating on patients' behalf within the healthcare system. This advocacy function has become more formally recognized in recent professional definitions, which describe nurses as building trust with individuals, families, and communities and gaining valuable insights into people's experiences of health and illness as part of their core practice.

Interprofessional collaboration and care coordination. Modern nursing practice is explicitly collaborative. Nurses coordinate between physicians, specialists, therapists, and social services, and increasingly hold formal responsibility for the coordination, supervision of, and delegation to others who may assist in the provision of health care. The UK's Royal College of Nursing has similarly reorganized its 2023 definition of nursing around pillars that integrate

specialized clinical intervention with evidence-based, team-based practice, reflecting the urgency of capturing contemporary roles and responsibilities that have shifted with medical technology, demographic change, and evolving health policy.

Leadership, innovation, and health policy. A significant and relatively recent expansion of the nursing role concerns leadership and policy engagement. Contemporary definitions explicitly position nurses to lead, educate, research, advocate, innovate, and shape policy to improve health outcomes, describing them as innovators, educators, researchers, and policy leaders who are shaping the future of care delivery. Despite this, workforce data suggest a persistent leadership gap: although approximately 90% of the global nursing workforce is female, women remain underrepresented in senior health leadership positions.

Research participation. Nurses are also expected to contribute to and apply nursing research, participating in the generation of evidence that informs clinical guidelines and improves patient outcomes, a function now embedded directly within professional definitions of the discipline rather than treated as a specialist add-on.

Workforce scale and challenges. The scale of the nursing profession underscores its centrality to modern medicine. According to the WHO's State of the World's Nursing 2020 report, produced jointly with the ICN and the Nursing Now campaign, the global nursing workforce stood at approximately 27.9 million, of which about 19.3 million (69%) were classified as professional nurses, and nurses and midwives together made up roughly 59% of the global health workforce. The same report identified a global shortfall of 5.9 million nurses and warned that one in six of the world's nurses is expected to retire within the next decade, pointing to significant sustainability risks for health systems that depend heavily on nursing labor.

DISCUSSION

The findings indicate that the role of nurses in modern medicine has shifted substantially from a historically subordinate, task-execution model toward one of

professional autonomy, clinical judgment, and system-level influence. This shift is not merely rhetorical: it is encoded in the formal definitions used by regulatory and professional bodies to set standards for education, licensure, and accountability. The expansion into advocacy, leadership, and research reflects broader changes in healthcare delivery, including greater emphasis on patient-centered and team-based care, the growing complexity of chronic disease management, and the increasing recognition that health outcomes depend on factors beyond acute clinical intervention alone.

At the same time, the review highlights a gap between the scope of responsibility assigned to nurses in principle and the structural conditions under which they practice. Workforce shortages, gender-based barriers to leadership advancement, and regional disparities in nursing education and regulation constrain the extent to which nurses can exercise the full range of responsibilities described in contemporary professional definitions. This gap has direct implications for health system performance: a workforce responsible for the majority of direct patient contact, yet facing a multi-million-person shortfall and an aging profile, represents a material risk to continuity and quality of care.

These findings align with international policy recommendations calling for stronger investment in nursing education capacity, harmonized regulatory standards, and deliberate efforts to build nursing leadership pipelines. They also suggest that debates about the “role” of nurses can no longer be framed solely around clinical task delegation; they must account for nurses' documented contributions to health policy formation, innovation, and population health, domains increasingly central to the profession's own self-definition.

This review has limitations. As a narrative rather than systematic review, it does not exhaustively cover all relevant primary research, and it draws heavily on definitions and reports from a limited number of major international bodies, which may not fully capture variation in nursing roles across national health systems.

Future work would benefit from systematic comparison of nursing scope-of-practice regulations across countries and empirical studies of how expanded nursing responsibilities translate into measurable patient outcomes.

CONCLUSION

Nurses in modern medicine occupy a role that extends well beyond bedside task execution to encompass patient education, interprofessional coordination, research, innovation, and health policy leadership. This expanded and increasingly formalized scope of responsibility positions nursing as a central determinant of health system capacity and quality of care. However, realizing the full value of this expanded role requires addressing persistent structural challenges, particularly workforce shortages and underrepresentation of nurses in leadership. Sustained investment in nursing education, regulation, and leadership development is therefore not a peripheral concern but a core requirement for the functioning of modern health systems.

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