

**Redefining nursing power: From bedside presence to health system transformation**Abbas Abbaszadeh <sup>1\*</sup> 

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Received: 27 October 2025

Received in revised form: 5 November 2025

Accepted: 27 November 2025

Available online: 3 December 2025

DOI: [10.29252/jgbfm.22.4.1](https://doi.org/10.29252/jgbfm.22.4.1)

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**Dear Editor**

Nursing, as one of the fundamental pillars of the health care system, possesses a vast capacity to influence individual and societal health outcomes—a capacity that, despite extensive scientific evidence, remains insufficiently recognized and fully actualized.

Within health systems, power may be defined as the ability to exert meaningful and sustainable influence on the health of individuals and communities. Such influence is not realized merely through authority, but rather through the creation of positive change, the facilitation of recovery, and the empowerment of patients and families. From this perspective, nursing can be regarded as the most powerful yet least recognized source of power within the health care system (1).

The scholarly literature strongly supports this view. The Institute of Medicine's landmark report *The Future of Nursing* identifies nurses as key agents of health system transformation (2). Caring theories, including Watson's Theory of Human Caring, conceptualize the core of nursing as human-centered care, which itself constitutes a form of therapeutic power. Similarly, the World Health Organization has described nurses as the "beating heart of the health system," underscoring their indispensable role in the sustainability and effectiveness of health services (3).

Nursing power may be understood as resting on three principal sources. The first is integrative and holistic knowledge, derived from the convergence of biomedical sciences, psychological and social sciences, communication and education, and professional ethics. This integrated knowledge positions nurses as holistic practitioners who simultaneously attend to the patient's physical condition, psychological state, family context, and spiritual needs.

The care of a patient with cardiovascular disease provides a concrete illustration of this approach: monitoring vital signs and managing chest pain occur alongside addressing anxiety and fear of death, attending to occupational concerns and family roles, and supporting the patient in finding meaning amid the suffering of illness. Together, these dimensions form a coherent and comprehensive model of care.

The second source of nursing power lies in continuous access and sustained presence. Nurses are the only health professionals with access to the most comprehensive patient health histories; they witness critical moments and urgent decision-making processes and serve as a consistent point of connection across all stages of prevention, treatment, and rehabilitation. The third source is the coordinating and liaison role nurses occupy within interprofessional teams—a position that renders them key actors in ensuring continuity and integration of care.

These sources of power are manifested across three major domains. At the micro level, nurses influence individual and family health through clinical decision-making, self-care education, and compassionate presence. At the meso level, which encompasses the engineering of care systems, nurses—by virtue of their frontline engagement—are uniquely

positioned to identify systemic failures. Examples include the design of checklists to reduce medication errors, redesigning discharge processes to decrease readmissions, contributing to the development of improved care equipment, and establishing clinical pathways to standardize care and improve outcomes. At the macro level, nursing power extends from the bedside to arenas of health policy, where nurses can function as advocates for community health, advisors to policymakers, and public educators promoting health literacy.

Despite this extensive capacity, a critical question remains: why does nursing power so often remain invisible or ineffective? Among the most significant barriers are internalized perceptions of professional weakness, outdated hierarchical structures that confine nurses to purely executive roles, and excessive workloads that lead to professional exhaustion and energy depletion.

In response to these challenges, a threefold call to action is warranted. First, nurses must recognize their sources of power, consciously claim them, and apply them responsibly. Second, health systems must unlock restrictive structures and create conditions that allow this powerful professional engine to drive meaningful change. Third, society must come to view nurses not merely as service providers, but as personal health managers and trusted partners in health.

Ultimately, it must be emphasized that the true power of nursing is not authority over others, but authority over pain, helplessness, and dependency. Nursing is the art of transforming vulnerability into capability—an art realized through accompaniment, rehabilitation, and the restoration of patient independence. This represents the most humane and elevated form of power within health care systems.

The question, therefore, is not whether nursing holds power, but whether health systems are prepared to acknowledge it, cultivate it, and allow it to shape the future of care.

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**Cite this article as:**

Abbaszadeh A. Redefining nursing power: From bedside presence to health system transformation. *J Res Dev Nurs Midw.* 2025;22(4):1. <http://dx.doi.org/10.29252/jgbfm.22.4.1>