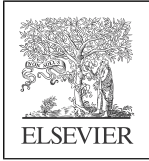




Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.



## Letter to the editor

# Re-visioning the image of nursing

The platform for innovation in healthcare and the redesign of nursing's image has been birthed in the COVID 19 pandemic. Though we have witnessed the horrendous morbidity, suffering and mortality of this pandemic globally, the time has also afforded us some of the greatest opportunities to quickly engage and redesign the work we are doing and has allowed us to publicly re-image the contributions of nursing in diverse areas of healthcare. This disruption has allowed us to seek novel ways of examining our nursing profession and to begin the redesign of our roles in transforming healthcare services.

The public has long seen and acknowledged that nurses are the number one trusted profession. That platform is the most valuable one from which we now can continue to evolve the image of nursing to that we propose for the future. The current image was formed in the early days of our profession around service of nurses in conflict and war. The often-violent war metaphors by which we have built our nursing profession revolve around these images: fighting battles, fighting for patients, fighting disease, working in the trenches, following doctor's orders. These metaphors produced the image of nursing to be one in which the nurse is perceived as loyal, obedient, protective, subservient, and a follower of orders. Additionally, the nurse is also seen as compassionate, caring, nurturing, protecting, and mothering. Those images today remain the predominant ones that the public think about when they think of nursing: individuals with integrity, warmth, and humanity. Many of the images presented in the media during the COVID crisis were of men and women whose faces were bruised from wearing masks, who were exhausted and tired, who were sacrificing their own good for the good of others. Heroes. These are all important aspects of who and what nurses are and do. Highlighting only parts of one's professional identity however does a disservice to the intellectual capabilities of nurses as well as to our artistry. The call to action now is to reframe and expand the platform from which our image must evolve. This requires global consensus of nurses on the elements that will constitute the emerging image of nursing and what is the preferred future state of our profession.

The key to changing image is to first envision the future state. Leading and being key players in the

transformation of health care requires that consensus on this future state and on the attributes and competencies needed for future clinicians be identified. National nursing organizations must align and focus on this as their priority. These organizations need to reach consensus collaboratively on this new image in order to effectively carry out their own specific charters and impact the culture of nursing. The cultures of these national and global nursing organizations must align and design strategically an image that will propel our profession forward over the next decade. These groups need to work to communicate and brand the image standard and develop leaders who collectively will be responsible and accountable for creating the culture that presents nurses as scientists, economists, entrepreneurs, epidemiologist and anthropologists. These national and international nursing organizations must establish standards around education, clinical competencies, leadership, research, practice, innovation etc. Global nursing organizations must collectively play a leadership role if this is to be achieved. Nursing leaders *are* at the table where critical discussions and decision impacting healthcare transformation occur. What oftentimes is not present are the leadership competencies of our leaders to effectively be heard at that table. Leadership development from the moment a student nurse is selected must be visioned and lived in all curricula to which that individual is exposed. The candidate seeking nursing as a profession must bring the *personal values* of caring, compassion, and integrity: our responsibility as educators and organizational leaders must then hone that individual's *professional identity* as a clinician, scientist, epidemiologist etc. Personal values are brought to the profession while their professional identity is learned and lived thru cultures that nurses are exposed to throughout their professional life-long experiences.

Our nursing organizations need to objectively assess their own inadequacies to date and our failures in creating leaders and cultures that produce talented and exceptional professionals every time. We must move from philosophizing about changing culture to activation as our success is based on how quickly we can pivot in these rapidly changing environments. Silence, fear and intimidation must be acknowledged where it exists and replaced with courageous, capable and

accountable individuals who will be respected for their meaningful contributions at whatever table they sit at in their organizations. Culture change and therefore imaging occurs with the leaders of our profession in both academia and practice. Much work is currently being addressed at the individual nurse level however for the greatest change to occur and in the quickest amount of time, it is the leaders who strategically and then operationally set the collective expectations for our future as a profession. This is their primary work if we are to capture the opportunities that COVID-19 has provided to our profession. Focusing the energy of those many bright and talented nurses that support these future images and who are currently actively striving to create innovative and collaborative efforts focused on improving care to their communities can only move us to greater action and impact in the work of healthcare transformation.

The immediate call to action for our leaders of national nursing organizations is to convene an Advisory Board of all these current leaders with an equal representation of nursing executives of healthcare organizations with the specific goal of redesigning the image of nursing of the future. This collaborative activity needs to result in a vision and an image of our

professional identity that will provide a roadmap for our future that results in attracting, retaining and energizing our current and future workforce as they embark on their work of transforming healthcare.

---

### Credit Statement

---

This is to attest that the thoughts put forth in the Letter to the Editor are credited to the author of that letter alone.

Ann Scanlon McGinity, PhD, RN, FAAN  
Houston Methodist Health Care System, Houston, Texas

\*Corresponding author: Ann Scanlon McGinity, Houston  
Methodist Health Care System, 749 Honeysuckle Lane,  
Quitman, AR 72131

E-mail address: [annscanlonmcginity@gmail.com](mailto:annscanlonmcginity@gmail.com)

Available online 3 May 2021

0029-6554/\$ – see front matter

© 2021 Elsevier Inc. All rights reserved.

<https://doi.org/10.1016/j.outlook.2021.03.024>