Editorial - Review

NURSING IN 2035: BEYOND WORKFORCE METRICS TOWARD THE RECOGNITION OF NURSING'S INDEPENDENT VALUE REDEFINING NURSING FOR 2035: FROM COST CENTRE TO SOCIETAL ASSET

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DOI: https://doi.org/10.65241/wh.9.2.1

For citation: Luiking ML. Nursing in 2035: Beyond workforce metrics toward the recognition of nursing's independent value, Redefining nursing for 2035: From cost centre to societal asset. World of Health. 2026:2(9):6-9. https://doi.org/10.65241/wh.9.2.1

Received: 2 June 2026 Revised: 10 June 2026 Accepted: 15 June 2026

ABSTRACT

As healthcare systems face demographic shifts, technological transformation, climate-related challenges, and widening health inequities, nursing stands at a critical point of redefinition. Historically, nursing has been framed primarily through workforce concerns such as staffing shortages, retention, and resource management. While these issues remain important, they have contributed to a narrow understanding of nursing as a cost centre rather than a value-generating profession. This editorial argues that by 2035 nursing must be recognized not merely as a component of healthcare delivery but as an independent societal asset with distinct clinical, economic, and societal value.

Drawing on recent evidence and policy developments, particularly the World Health Organization's State of the World's Nursing 2025 report, the article explores how nursing creates measurable returns through improved patient outcomes, enhanced safety, reduced healthcare costs, workforce stability, and strengthened organizational performance. However, the profession's contribution extends beyond economic metrics. Nursing's unique value lies in its sustained presence at the intersection of illness, recovery, vulnerability, and human experience, enabling nurses to provide relational, preventive, and person-centred care that is often overlooked by traditional evaluation frameworks.

The paper proposes a multidimensional framework for understanding nursing's future value, encompassing clinical, economic, and societal dimensions. As artificial intelligence and digital technologies increasingly automate routine healthcare tasks, the distinctly human capabilities of nurses—including empathy, ethical judgment, advocacy, care coordination, and contextual understanding—will become even more significant. Furthermore, nursing's role in promoting public health, community resilience, health equity, and responses to global challenges such as ageing populations and climate-related health threats positions the profession as a key architect of healthcare transformation.

Ultimately, the future of nursing depends on shifting societal and policy perspectives from viewing nursing as a workforce expense to recognizing it as a strategic public good. By 2035, nursing should be acknowledged not only for what nurses do, but for the health, dignity, trust, and resilience their presence makes possible.

Keywords: *Nursing value, Independent value of nursing, Nursing workforce, Healthcare transformation, Leadership, Nursing investment, Nursing as a societal asset.*

INTRODUCTION

As healthcare systems enter an era defined by demographic change, technological acceleration, climate instability, and growing health inequities, the nursing profession stands at a crossroads. (1). For decades, nursing has been discussed primarily through the language of shortages, staffing ratios, retention crises, and workforce planning. While these concerns

remain legitimate, they reveal a deeper problem: nursing continues to be viewed principally as a resource to be managed rather than as a source of value in itself. (1).

The question for 2035 is therefore not simply how many nurses the health systems will require. A more fundamental question emerges: what should nursing be in 2035, and can society finally recognize and measure its independent value?

BEYOND THE WORKFORCE NARRATIVE

Traditionally, nursing has been defined through service delivery. Nurses have been described as caregivers, patient advocates, educators, coordinators, and increasingly as leaders. Yet these descriptions, although accurate, usually position nursing in relation to medicine, healthcare institutions, or policy objectives. Nursing becomes valuable because it supports something else. Such a framework obscures the unique contribution of nursing and limits the profession's influence on future health system design.

The challenge for the coming decade is to redefine nursing not merely as a component of healthcare delivery but as a distinct form of human, social, and economic capital. This shift requires moving beyond workforce metrics toward a broader understanding of nursing as an independent driver of health outcomes, community resilience, and societal well-being. (2).

THE INVISIBLE VALUE OF NURSING

The World Health Organization's State of the World's Nursing 2025 report highlights that nurses remain the largest professional group within the global health workforce and are indispensable to achieve universal health coverage. Despite this recognition, persistent shortages, uneven distribution, inadequate investment, and poor working conditions continue to undermine the profession worldwide. The report argues that investments in nursing are investments in health, economic growth, gender equity, and social development (1). This represents a significant departure from earlier narratives that framed nursing primarily as a cost centre within healthcare systems.

However, even contemporary policy discussions often stop short of fully articulating nursing's independent value. Health economists quantify hospital costs, pharmaceutical expenditures, and technological investments routinely. Yet, the value generated by nursing remains difficult to capture because much of what nurses do is relational, preventive, anticipatory, and invisible within conventional accounting systems (3).

The paradox is striking. Healthcare leaders consistently acknowledge that patient outcomes depend upon nursing care, yet organizational financial models rarely reflect this dependence. Nursing labour is frequently categorized as an operational expense rather than an investment. As a result, decisions about staffing are often driven by short-term budget pressures rather than long-term value creation (3,4). By 2035, this paradigm must change.

CAN NURSING BE VALUED INDEPENDENTLY?

Emerging scholarship on the economic value of nursing suggests that the profession should be understood through a human capital framework. In this perspective, nurses generate measurable returns through improved patient safety, reduced complications, shorter hospital stays, enhanced patient experiences, workforce stability, and stronger organizational performance. Investments in nursing education, professional development, and workplace well-being should therefore be regarded not as expenditures but as strategic investments that yield substantial returns. (2,4).

Yet, reducing nursing solely to economic outputs would also be insufficient. The profession possesses dimensions of value that transcend financial calculations. Nursing is fundamentally concerned with human vulnerability. Nurses operate at the intersection of illness, uncertainty, suffering, recovery, and death. Their work involves interpreting human experiences that cannot always be measured through productivity indicators or reimbursement models. This raises an important philosophical question: does nursing possess an intrinsic value independent of its economic contribution? The answer is yes.

Nursing's independent value emerges from its unique relationship with persons, families, and communities. Unlike many health professions that focus primarily on diagnosis or treatment, nursing is grounded in sustained presence. Nurses remain closest to patients across the continuum of care. They witness not only disease processes but also human responses to illness. They translate complex clinical realities into understandable experiences. They identify risks before they become crises. They often serve as the primary bridge between technological healthcare systems and the lived realities of patients. (4). Such contributions create value that is not fully captured by traditional outcome measures.

In 2035, nursing should therefore be understood through three interconnected dimensions: clinical value, economic value, and societal value. Clinical value refers to nursing's direct influence on health outcomes. Decades of evidence have demonstrated associations between adequate nursing resources and reductions in mortality, adverse events, infections, and readmissions. The nurse's role in surveillance, coordination, education, and therapeutic communication remains central to safe and effective care (1).

Economic value encompasses nursing's contribution to organizational performance and health system sustainability. Better nurse staffing and healthier work environments improve retention, reduce turnover costs, and support more efficient resource utilization. As healthcare systems face increasing financial pressures, recognizing nursing as a value-generating investment rather than a budgetary burden will become essential (2,3).

Societal value represents the broadest and perhaps most overlooked dimension. Nurses contribute to public health, health literacy, disease prevention, community resilience, and social cohesion. During the COVID-19 pandemic, societies witnessed how nursing extended far beyond hospital walls. Nurses became educators, advocates, coordinators, and trusted public voices. Their influence affected not only individual patients but entire populations (5).

Looking ahead, societal value may become the defining characteristic of nursing in 2035. Several emerging trends support this proposition. First, the ageing population will increase demand for chronic disease management, palliative care, and community-based services. These areas align closely with nursing expertise. Second, technological innovations, including artificial intelligence and digital health platforms, will automate many technical and administrative tasks. Ironically, as technology advances, the distinctly human dimensions of healthcare may become more valuable rather than less.

Artificial intelligence may assist with diagnosis, monitoring, documentation, and decision support. However, empathy, ethical judgment, relational continuity, and contextual understanding remain profoundly human capabilities. The future nurse will likely spend less time performing routine tasks and more time exercising complex clinical reasoning, care coordination, and relationship-centred practice.

Third, climate change and global health emergencies will require adaptable professionals capable of responding across diverse settings and populations. Nursing's holistic orientation positions the profession uniquely to address these emerging challenges (1).

FROM TASKS TO IMPACT

Consequently, nursing in 2035 should not be defined primarily by tasks. Tasks can be delegated, automated, or redesigned. Instead, nursing should be defined by its capacity to generate health through relationships, knowledge integration, advocacy, and ethical action. Such a definition also demands greater professional autonomy. Nurses must increasingly participate in policy development, health system governance, research leadership, and strategic decision-making. A profession responsible for delivering the majority of direct patient care cannot remain underrepresented in decisions that shape healthcare futures. (1,5).

Furthermore, nursing education must evolve. The nurse of 2035 will require expertise in data analytics, digital technologies, systems thinking, implementation science, health equity, and population health. At the same time, educational programmes must preserve the profession's foundational commitment to compassion, ethics, and human connection. The challenge is not choosing between technology and caring. It is integrating both.

Ultimately, redefining nursing requires a shift in societal imagination. For too long has nursing been framed through narratives of sacrifice, resilience, and selflessness. Although these qualities are admirable, they can inadvertently justify underinvestment and exploitation. A profession should not derive its legitimacy from its willingness to endure hardship.

Instead, nursing should be recognized as a strategic societal asset. Its value lies not only in what nurses do, but in what becomes possible because nurses exist. Health systems function more effectively. Communities become more resilient. Patients experience greater dignity and safety. Families receive support during their most vulnerable moments. These outcomes generate benefits that extend far beyond healthcare institutions.

Can a real value be assigned to nursing? Increasingly, the answer is yes. Economic models are becoming more sophisticated and capable of measuring nursing's return on investment. Financial metrics can and should demonstrate nursing's contribution to organizational performance and population health. Yet nursing's full value cannot be reduced to a monetary figure alone. (4).

The profession's independent value resides in its capacity to create health, preserve dignity, reduce suffering, and strengthen social trust. These contributions possess economic consequences, but they also represent moral and societal goods that exceed market valuation.

THE FUTURE VALUE OF NURSING

As 2035 approaches, nursing must reject the false choice between measurable value and intrinsic value. The profession embodies both. Its future depends on articulating this dual reality with greater confidence and clarity. Nursing creates measurable outcomes through improved patient safety, reduced mortality, enhanced care quality, and greater health system efficiency. At the same time, it delivers less tangible, but equally important benefits through human connection, advocacy, trust, dignity, and compassionate presence. One form of value should not be prioritized at the expense of the other; rather, the future of nursing lies in recognizing that both dimensions are inseparable and mutually reinforcing (4).

The central challenge is no longer proving that nursing matters. The evidence has already done that. The challenge is ensuring that healthcare systems, policymakers, and societies finally value nursing according to the magnitude of its contribution. This requires a shift from viewing nursing as a cost to be controlled toward understanding it as an investment that generates returns across multiple domains, including health outcomes, economic productivity, social well-being, and community resilience (2,3). Such a shift demands new models of evaluation, funding, and leadership that make nursing's contribution visible within health policy and organizational decision-making.

By 2035, the profession should also be positioned as a key architect of healthcare transformation rather than simply a participant in it. Nurses represent the largest segment of the global health workforce and possess a unique understanding of how healthcare systems function at the point of care. Their

perspectives are essential in shaping responses to emerging challenges such as population ageing, workforce shortages, digital transformation, climate-related health threats, and widening health inequities (1). The future value of nursing will increasingly be determined not only by what nurses do for individual patients, but by their influence on the design and delivery of health systems themselves.

The need to strengthen nursing's voice in public discourse is equally important. The profession has often been characterized by service and commitment, yet it has sometimes struggled to articulate its broader societal contribution in ways that resonate with policymakers, economists, and the public. Nursing must become more confident in demonstrating its value, not as a means of professional self-promotion, but as a necessary step toward securing the resources, authority, and recognition required to meet future healthcare needs. Recent international nursing strategies have emphasized the importance of leadership, policy influence, and professional visibility as critical determinants of nursing's future impact (1,5).

Looking ahead, the greatest value of nursing may lie in its ability to integrate what increasingly fragmented healthcare systems often separate. Nurses connect technology with humanity, evidence with experience, and clinical expertise with person-centred care. In a future where artificial intelligence, precision medicine, and digital platforms will continue to reshape healthcare delivery, nursing will remain the profession most closely associated with understanding the person behind the patient. This integrative role may become nursing's most significant contribution to twenty-first-century healthcare (4).

Only then can nursing move beyond being counted as a workforce and be recognized as one of the most important investments any society can make. More fundamentally, nursing must be viewed as a public good—one that contributes not only to the treatment of illness but also to the creation of healthier, more equitable, and more resilient societies. If healthcare systems of the future are to be judged by their ability to improve lives rather than simply deliver services, then nursing will not merely be part of that future; it will be central to defining it (1,2,6).

ETHICS STATEMENT

None

AUTHOR CONTRIBUTION

The author confirms sole responsibility for the conception, design, execution, and preparation of this manuscript. The author approved the submitted version.

FUNDING

The author declares that no financial support was received for the research, authorship, and/or publication of this article.

CONFLICT OF INTEREST

The author declares that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

GENERATIVE AI STATEMENT

The author did not use a generative AI tool to assist with language editing, formatting, and journal-specific manuscript preparation. No AI tools were used for data collection, analysis, or interpretation.

ACKNOWLEDGMENTS

None.

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