

Barriers and Solutions in Nursing Roles: Perspectives of Nursing Students and Academics

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ABSTRACT

This study aimed to examine the barriers that nurses encounter in fulfilling their professional roles and to explore solution-oriented suggestions through a phenomenological approach. Nursing is a discipline that encompasses multifaceted professional roles such as caregiver, educator, advocate, researcher, manager, and decision-maker. However, performing these roles effectively can be challenging for nurses due to various barriers arising at individual, institutional, and societal levels.

The research was conducted with 18 participants, including nursing students and faculty members from a foundation university. Data were collected through semi-structured in-depth individual interviews and analyzed using thematic analysis. The findings were categorized under five main themes: individual-level barriers (e.g., lack of motivation, low self-confidence, language barriers), institutional-level barriers (e.g., excessive workload, staff shortages, lack of merit-based management), societal-level barriers (e.g., stereotypes, low professional prestige), role-specific implementation difficulties, and participant-suggested solutions.

Participants emphasized the need for enhanced educational opportunities, stronger managerial support, increased public awareness, and institutional encouragement for professional development to improve the implementation of nursing roles. This study sheds light on the multidimensional nature of the barriers faced by nurses and, with its solution-oriented perspective, is expected to contribute to both health policy and nursing education.

Key Words: Barriers, nursing roles, phenomenology, qualitative research, solution suggestions

1. INTRODUCTION

Nursing is defined by the International Council of Nurses (ICN) as a profession that aims to protect, promote, restore, and rehabilitate the health of individuals, families, and communities through a holistic approach (1). Nursing encompasses diverse roles intended to protect the health of individuals and communities, prevent illness, and support recovery processes. In the literature, the six fundamental roles of nursing are identified as caregiving, education, research, management,

decision-making, and patient advocacy (2). Less commonly adopted roles include communication and coordination, rehabilitation, treatment, career development, autonomy, and counseling (3).

The caregiving role, considered the most fundamental, encompasses all practices directly aimed at meeting patients' health needs. Qualified nursing care can significantly reduce the length of hospital stay (2). The educational role involves planned training activities to protect and improve the health of individuals, families, and communities.

In this role, nurses act autonomously in determining both the content and method of education (4). The researcher role aims to base nursing care on scientific evidence and reflect findings into practice (1). The managerial role involves the effective use of human and other resources, teamwork, and unit organization (5). The decision-making role requires nurses to use professional reasoning processes to plan and implement the most appropriate practices in patient care (2). The patient advocacy role is a contemporary function in which nurses take responsibility for protecting and defending patients' rights (6).

As the nursing profession has progressed, the range of roles has broadened. Jokiniemi et al. (2012), in their systematic review, highlighted that taking on advanced nursing roles is essential not only for clinical decision-making but also for improving patient care and contributing to the healthcare system (7). This highlights the importance of structures that enable nurses' clinical autonomy and reinforce their professional identity. Yet, in practice, putting these advanced roles into action is often limited by insufficient institutional support, unclear role descriptions, and restricted professional autonomy. Bryant-Lukosius et al. (2016) stressed that advanced nursing roles play a key role in providing person-centered care, improving patient outcomes, and making the healthcare system more efficient, suggesting that these roles should be monitored using a multidimensional evaluation approach. These points emphasize the need to examine the barriers that prevent the effective implementation of advanced nursing roles (8).

Beyond structural problems, both public views of the nursing profession and nurses' self-perceptions strongly influence professional practice. When nurses have negative self-perceptions, their motivation and job satisfaction may decrease, which can affect the quality of care (9). How the profession is perceived impacts not only public opinion but also how nurses themselves define their role. Emeghebo (2012) reported that public perception directly shapes nurses' professional identity and that negative stereotypes reduce confidence and job satisfaction (10). Likewise,

misconceptions that present nurses only as doctors' assistants or basic caregivers ignore the independent and professional nature of nursing, limiting the development of a strong professional identity.

Apart from these personal and social issues, systemic problems such as high workloads, staff shortages, and lack of resources also make it harder for nurses to perform their duties, lowering the quality of healthcare services. In this sense, exploring how nurses view their profession, the difficulties they encounter in fulfilling their roles, and how these challenges affect healthcare delivery is an important research topic. Senior nursing students are in a position to observe these obstacles firsthand in clinical settings, while academicians, with a wider perspective, can analyze these issues in more depth. This study aims to identify the barriers that prevent nurses from carrying out their professional roles, show their impact on nursing practice and health policies, and contribute to creating solution-based recommendations.

2. MATERIALS AND METHODS

2.1. Research Type and Design

This research, using a qualitative approach, examines in depth the obstacles to nurses' professional role performance as perceived by nursing students and academicians. Qualitative research focuses on revealing individuals' experiences, perceptions, and interpretations, and contributes to understanding the contextual nature of social phenomena (9).

A phenomenological approach was adopted as the research design. Phenomenology is a method that enables individuals to express their lived experiences regarding a specific phenomenon from their perspectives (11). In this context, perceptions of nursing roles, barriers, and proposed solutions were explored in depth through participants' experiential narratives.

2.2. Research Group and Sampling

The sample of the study was determined using the criterion sampling method, which is frequently employed in qualitative research. A total of 18

participants—9 students and 9 academicians—from the Department of Nursing, Faculty of Health Sciences, Yeditepe University, were included in the study. The principle of data saturation was adopted in determining the sample size (12). The data collection process was concluded when repetition began to emerge in participant statements and no new information was being obtained.

Fourth-year nursing students, who have the highest level of clinical experience in the program, and academicians were considered appropriate participants based on their professional knowledge and experience regarding the research questions.

2.3. Data Collection

The data for this study were collected in January 2025 through individual in-depth interviews using a semi-structured interview form (Appendix 1). The average duration of the interviews was calculated as 32.78 minutes. Face-to-face in-depth interviews are a technique that enables the co-construction of knowledge and meaning between the researcher and the participant through social interaction (13). These interviews allow participants to comprehensively express their experiences and opinions. In-depth interviews are typically conducted using open-ended, unstructured, or semi-structured questions, enabling detailed responses and an in-depth exploration of the topic (14).

Interviews are divided into three categories according to the level of structuring: fully structured, semi-structured and unstructured (15). In this study, a semi-structured interview form was preferred to enable the participants to express themselves better and to obtain qualified data. The form consists of 10 questions prepared in line with the literature and aims to understand the experiences and opinions of nursing students and academicians in depth. Expert opinions were utilized during the preparation phase. With these expert opinions, they become aware of how their thoughts and ideas develop as they interact more deeply with the data. This awareness is achieved through the notes that the researcher keeps for himself/herself throughout the analysis. In this way, the researcher creates a tool to help him/her

understand what the data mean and how they shape and relate to each other. In this way, the researcher ensures control by documenting his/her thoughts and reactions (16).

The interviews were conducted in appropriate academic settings that ensured privacy. Nursing students and academicians were asked questions about the barriers they encounter at the individual, institutional, and societal levels while performing the multifaceted professional roles of nursing, as well as their proposed solutions to these challenges. The interviews were audio-recorded and later transcribed and analyzed for use in the study.

2.4. Data Analysis

The data in this study were collected through face-to-face in-depth interviews using a semi-structured interview form consisting of 10 questions. The interviews were audio-recorded and transcribed by the researchers. Thematic analysis was used for data analysis. Thematic analysis is a systematic method for identifying recurring patterns of meaning, allowing for a multidimensional interpretation of the research topic (17-18). This method can yield reliable and well-understood findings (17). During the analysis process, the data were systematically coded by all researchers, and the resulting codes were grouped under potential themes. The coherence between codes and themes was evaluated to construct a thematic map, and the findings were reported with an academic approach. The diverse, complex, and detail-oriented nature of qualitative research (19) allowed for an in-depth analysis of the process.

2.5. Research Ethics

The required ethical approval for conducting the study was obtained from the Non-Interventional Clinical Research Ethics Committee of Yeditepe University on January 17, 2025, with the application number 202312Y0731 and protocol number E.83321821-805.02.03-543. Additionally, official institutional permissions were secured from the relevant organization where the study was conducted. Participants were thoroughly informed about the aim, content, duration, and procedure of

the study. They were also notified in advance that a voice recorder would be used during the interviews to ensure accurate and complete data collection. The confidentiality of participants' identities was strictly protected, and each participant was coded as P1, P2, ..., P18. Written informed consent was obtained from all participants, consent forms were signed, and the study was conducted in full compliance with ethical standards and the principles of the Declaration of Helsinki.

3. RESULT AND DISCUSSION

FINDINGS

An examination of the participants' sociodemographic characteristics revealed that all participants were affiliated with the Faculty of Health Sciences at a foundation university (Yeditepe University). Among them, 9 participants (50%) were fourth-year nursing students, and the other 9 (50%) were academic staff members. In terms of gender distribution, 5 participants ($\approx 28\%$) were male and 13 ($\approx 72\%$) were female. The average age of the participants was calculated as 32.28 ± 3.34 years (Table 1).

Table 1. Demographic Characteristics of the Participants

Participant No.	Age	Gender	Profession
1	32	Male	Academician
2	28	Female	Academician
3	22	Female	Student
4	22	Female	Student
5	23	Male	Student
6	43	Female	Academician
7	65	Female	Academician
8	22	Male	Student
9	48	Female	Academician
10	23	Male	Student
11	22	Male	Student
12	30	Female	Academician
13	23	Female	Student
14	23	Female	Student
15	23	Female	Student
16	40	Female	Academician
17	51	Female	Academician
18	25	Female	Academician

As a result of the thematic analysis conducted within the scope of this study, the barriers encountered by nurses in fulfilling their professional roles and the proposed solutions to these barriers were categorized under five main themes. These themes were structured as follows: individual-level barriers, institutional-level barriers, societal-level barriers, role-specific practice challenges, and proposed solutions. Under each theme, unique subcategories based on participants' experiences were identified, and the challenges in performing nursing roles were presented in a multidimensional manner through direct quotations.

Theme 1: Individual-Level Barriers

Participants reported that nurses face challenges in fulfilling their roles due to certain individual factors. The most prominent barriers included a lack of professional self-confidence, low motivation, insufficient foreign language skills, and fear of malpractice.

"Nurses avoid making decisions due to fear of malpractice." (Participant 1, 32, Male, Academician)

"When a nurse's perception of the profession is weak, motivation decreases as well." (Participant 4, 22, Female, Student)

"Most of the resources are in English, so nurses tend to avoid them." (Participant 1, 32, Male, Academician)

Theme 2: Institutional-Level Barriers

Participants emphasized that structural issues within healthcare institutions limit nurses' ability to fulfill their professional roles. These include understaffing, heavy workloads, unqualified managerial appointments, and a lack of institutional support for education and research.

"In intensive care, ideally one nurse should care for two patients, but we see nurses handling five or six, and the quality of care drops." (Participant 9, 48, Female, Academician)

"Managers organizing certified training programs for their staff is a great initiative, and it should be

expanded." (Participant 4, 22, Female, Student)

"Unqualified appointments make everything harder." (Participant 11, 22, Male, Student)

"The requirement for physician approval to obtain ethics committee approval is demotivating." (Participant 6, 43, Female, Academician)

"There's no proper seating or rest area. No space for exchanging ideas with colleagues." (Participant 7, 65, Female, Academician)

Theme 3: Societal-Level Barriers

Participants stated that social stereotypes and negative perceptions toward the nursing profession make it difficult to implement professional roles. Particularly, the educator role being associated with physicians and prejudices against male nurses were highlighted.

"The public doesn't see us as competent enough to educate; they wait for the doctor." (Participant 2, 28, Female, Academician)

"Society sees nurses as assistants to doctors." (Participant 3, 22, Female, Student)

"We can't strengthen the profession without changing the perception." (Participant 17, 51, Female, Academician)

"Societal stereotypes make it difficult for male nurses to take on caregiving roles." (Participant 5, 23, Male, Student)

Theme 4: Challenges in Performing Professional Roles

Findings showed that nurses face not only individual or societal barriers, but also role-specific practice challenges that are inherent to the nature of professional nursing roles. Participants reported encountering different types of barriers depending on the specific role—such as caregiving, educating, advocating, researching, managing, and decision-making. While time constraints and workload were common challenges, institutional support and limited professional autonomy were also frequently mentioned.

Caregiving Role:

Participants emphasized that the caregiving role is the foundation of nursing. However, the high patient-to-nurse ratio, lack of supplies, and ambiguity in team roles negatively affect the quality of care.

"The caregiving role is the foundation of nursing; holistic care provides the best service to the patient." (Participant 4, 22, Female, Student)

"In palliative care, we don't even have time to meet the most basic needs due to the high number of patients." (Participant 2, 28, Female, Academician)

"In intensive care, ideally one nurse should care for two patients, but we see nurses handling five or six, and the quality of care drops." (Participant 9, 48, Female, Academician)

Educator Role:

Participants highlighted that the educator role is critical for patient and community health, yet it is often neglected due to workload. In addition to time constraints, societal perceptions that nurses are not qualified to educate also hinder this role.

"If a patient needs a lifestyle change, it's crucial that the education comes from the nurse." (Participant 1, 32, Male, Academician)

"Nurses can't find time to educate because the workload is too heavy." (Participant 12, 30, Female, Academician)

"The public doesn't see us as competent enough to educate; they wait for the doctor." (Participant 2, 28, Female, Academician)

"If the Ministry provided ready-made brochures, it would reduce nurses' workload." (Participant 2, 28, Female, Academician)

Patient Advocate Role:

The advocacy role is considered within the scope of ethical and commercial responsibility. However, due to the lack of existing institutional policies, patient rights, and advancements in healthcare, this role is not fully realized.

"A patient who doesn't know their rights doesn't

understand the nurse's advocacy." (Participant 2, 28, Female, Academician)

"Nurses can't have a say because of the hierarchy." (Participant 9, 48, Female, Academician)

"Being on the patient's side is the most important thing in advocacy." (Participant 8, 22, Male, Student)

"Advocacy is difficult without institutional policies." (Participant 11, 22, Male, Student)

The Researcher Role:

Participants stated that conducting research is important for strengthening the scientific foundation of the profession, but emphasized that the implementation of this role is constrained by both individual and institutional barriers. Language barriers, lack of resources, and the complexity of ethics committee processes were highlighted as key obstacles.

"Most resources are in English, so nurses stay away." (Participant 1, 32, Male, Academician)

"The researcher role is essential for the advancement of the profession." (Participant 8, 22, Male, Student)

"The requirement for a physician to obtain ethics committee approval is demotivating." (Participant 6, 43, Female, Academician)

"Small incentives help motivate research nurses." (Participant 3, 22, Female, Student)

Manager Role:

The managerial role was considered crucial for organizing care processes and ensuring team coordination. However, participants noted that problems such as lack of merit-based appointments, inadequate leadership skills, and limited managerial support significantly restrict the effectiveness of this role.

"The managerial role improves care quality and ensures team cooperation." (Participant 2, 28, Female, Academician)

"Unqualified appointments make things difficult."

(Participant 11, 22, Male, Student)

"Nurse managers should receive leadership training." (Participant 10, 23, Male, Student)

"Policies should support nurses' involvement in decision-making processes." (Participant 9, 48, Female, Academician)

Decision-Making Role:

Participants emphasized that the decision-making role is critical for patient safety and care quality. However, fear of malpractice, exclusion from decision-making processes, and insufficient legal protection were cited as major factors that weaken this role.

"The decision-making role is critical for patient safety." (Participant 11, 22, Male, Student)

"Nurses avoid making decisions out of fear of malpractice." (Participant 1, 32, Male, Academician)

"Nurses should not be left alone in the decision-making process." (Participant 2, 28, Female, Academician)

"Decision-making skills should be developed through simulations." (Participant 10, 23, Male, Student)

Theme 5: Solution Suggestions and Expectations

Participants offered various suggestions at the educational, managerial, and societal levels to enhance the implementation of nursing roles. Prominent proposals included leadership training, in-service education programs, legal and regulatory support, increased media visibility, and organizational improvements.

"These changes will increase nurses' professional satisfaction, and quality and patient satisfaction will improve." (Participant 10, 23, Male, Student)

"I believe that if supported by laws and regulations, things will change." (Participant 18, 25, Female, Academician)

"The burden on healthcare services will decrease, and costs will decrease. If the educational role is not used, patients will return, and the burden will

continue." (Participant 2, 28, Female, Academician)

"Using the caregiving role increases patient satisfaction, and advocating for patient rights reduces malpractice." (Participant 12, 30, Female, Academician)

DISCUSSION

This study examined the barriers that nurses face in the process of fulfilling their professional roles from a multidimensional perspective, categorizing these obstacles at the individual, institutional, societal, and role-specific levels. The findings are largely consistent with the existing literature and highlight both the structural and functional challenges inherent in the nursing profession.

The analysis first focused on individual-level barriers. Participants emphasized that factors such as a lack of professional self-confidence, low motivation, insufficient foreign language skills, and fear of malpractice make it difficult for nurses to perform their roles. These findings align with prior studies in the literature that draw attention to the personal barriers hindering nurses' professional development (20). Furthermore, research has underlined the importance of supportive learning environments and mentorship practices to help nurses gain confidence (21-22). The participants are frequently referred to issues such as lack of motivation, concerns about the future, and struggles in embracing professional roles, which shows a strong link between individual-level barriers and perceptions of nursing. This aligns with the findings of Cici and Yilmazel's (2021) study conducted with nursing students during the pandemic, which reported that COVID-19 had negatively affected students' perceptions of the profession and increased their anxiety levels. In that study, the challenges of the profession during crisis periods and society's contradictory attitudes toward nursing were identified as key triggers for students' alienation from the profession, feelings of inadequacy, and uncertainty about the future (23). Similarly, our findings revealed that participants faced emotional strain due to both professional and social limitations, reported diminished professional self-image, and encountered difficulties in

effectively performing their roles. Therefore, achieving professional roles requires considering not only individual perceptions but also the wider social environment and crisis conditions. Supporting this, Taşkıran et al. (2020) highlighted in their study that perceptions of professional image significantly influence professional attitudes, emphasizing that negative image perceptions undermine students' commitment to the profession (24). In the context of societal-level barriers, participants indicated that misperceptions and social stereotypes about the nursing profession complicate the practice of professional roles. Particularly, the insufficient public recognition of the educator role and the challenges male nurses face in performing caregiving duties are consistent with findings in the literature. The perception of nursing solely as an "auxiliary" profession damages nurses' professional identity and prevents them from fully enacting their roles (25-26). The frequently expressed concerns of participants regarding the lack of professional prestige and perceived external undervaluation not only reduce individual motivation and self-confidence but also negatively impact nurses' sense of professional belonging and their commitment to their roles. This issue was similarly highlighted in Emeghebo's (2012) study, where it was reported that nurses experience difficulties in forming a strong professional identity due to the low societal value attributed to the profession (10). This perception undermines their self-worth and weakens long-term professional commitment. Therefore, enhancing the visibility of nursing, promoting a positive professional image, and raising public awareness about the scope of nursing are essential steps for enabling nurses to effectively fulfill their professional roles.

Under the theme of role-specific implementation challenges, participants expressed a range of difficulties regarding the caregiving, educator, advocate, researcher, manager, and decision-maker roles. In the caregiving role, excessive workload and unclear role definitions within the healthcare team were most prominent, while in the educator role, lack of time and persistent social biases were key barriers. The literature emphasizes

that in order for nurses to effectively perform their educational and advocacy roles, workload should be balanced, supportive institutional environments should be provided, and public awareness should be strengthened(27-34). In the researcher role, language barriers, lack of access to resources, and hierarchical structures in ethics committees limit nurses' engagement. This finding is in line with previous studies that stress the need for financial and moral incentives to promote nurses' participation in research (11, 35). Regarding managerial and decision-making roles, participants often noted problems such as the absence of merit-based appointments, limited involvement in decision-making processes, and inadequate leadership training. The literature points out that expanding leadership training and applying objective standards in managerial appointments are crucial for supporting nurses in these roles (4,36). Finally, the solutions proposed by participants indicate a clear need for systemic improvements across educational, managerial, and societal domains. In this regard, aligning with the literature, the study highlights shared priorities such as reinforcing professional roles through legal frameworks, enhancing the visibility of nursing within society, and promoting nurses' active involvement in decision-making processes (35,37). Our findings show that both individual and institutional barriers preventing participants from fully performing their nursing roles significantly limit the profession's potential for growth. Likewise, Wheeler et al. (2022) emphasized the importance of clearer legal regulations, stronger educational infrastructure, and enhanced professional autonomy for nurses to effectively carry out advanced roles(37). Accordingly, reassessing nursing practices in Turkey with a focus on autonomy and specialization could help address these challenges.

Although this study aligns with the existing literature, it stands out for its comprehensive and simultaneous examination of how nursing roles interact across individual, institutional, and societal dimensions. By addressing systemic, cultural, and structural barriers to role implementation, this layered analysis identifies concrete intervention

areas that are essential for the sustainable advancement of the nursing profession.

4. CONCLUSION

This study systematically identifies the barriers nurses face in fulfilling their professional roles across individual, institutional, and societal dimensions. The findings indicate that nurses must navigate not only issues related to professional knowledge and skills but also structural, cultural, and psychological challenges.

At the individual level, the results show that nurses often struggle with personal difficulties while performing their duties. Common barriers include lack of self-confidence, limited foreign language proficiency, low motivation for research, poor time management, and fear of malpractice. These issues particularly hinder the execution of educational, research, and decision-making roles. In addition, insufficient professional identity and viewing their work as merely an "auxiliary" role contributes to decreased motivation and job dissatisfaction.

Institutional barriers emerged as the most widespread and systemic obstacles to fulfilling professional responsibilities. Key issues include staff shortages, heavy workloads, inadequate resources, unqualified managerial appointments, exclusion from decision-making processes, and lack of support mechanisms.

To effectively perform managerial, decision-making, and caregiving roles, nurses require sufficient time, resources, and institutional support. However, in the current system, these roles are often carried out independently, without organizational backing. Furthermore, the implementation of the researcher role is significantly limited by bureaucratic constraints, ethical review procedures, and the absence of internal institutional support.

At the societal level, the findings reveal that public perceptions and stereotypes heavily influence the nursing profession. Viewing nurses solely as caregivers or assistants to physicians undermines the independence of the profession and complicates the recognition of distinct nursing roles. Lack of public trust also weakens the effectiveness of advocacy and educational roles.

Gender-related stereotypes, particularly those concerning male nurses, reinforce a gender-specific image of the profession, which reduces inclusivity and diversity. Moreover, insufficient awareness among patients and their families about the scope of nursing roles limits nurses' ability to perform less visible tasks such as management, advocacy, and education.

Recommendations

Individual Level:

- Regular in-service training programs should be increased to support the professional development of nurses.
- Accessible digital resources and guidance materials should be developed to support educator and researcher roles.
- Foreign language support, academic writing skills and workshops to increase research motivation should be organized.
- Provide supportive supervision and counseling mechanisms to increase psychological resilience.

Institutional Level:

- The number of personnel and workload balance should be organized according to scientific norms and sufficient manpower should be provided.
- Horizontal management models that encourage the participation of nurses in decision-making processes should be developed.
- Material and technical equipment deficiencies should be eliminated and holistic care should be supported.
- Institutional policies and procedures should be clearly defined and put into practice to strengthen the advocacy role.

Social Level:

- Public awareness campaigns should be conducted through the media to reduce stereotypes against the nursing profession in society.
- Multidisciplinary team education should be encouraged for interprofessional cooperation

and respect.

- Promotion of professional roles and responsibilities should be strengthened for both the public and health professionals.
- Nurses' role practices should be facilitated by developing health policies that support professional autonomy.

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APPENDIX

Appendix 1. Semi-Structured Interview Form

1	Could you briefly describe your educational background and current academic status? (For example: Are you a nursing student or currently working as an academician?)
2	What is the importance of the caregiving role in nursing? What challenges do nurses face in fulfilling this role, and what are your suggestions for overcoming these challenges?
3	What is the importance of the educational role in nursing? What challenges do nurses face in fulfilling this role, and what are your suggestions for overcoming these challenges?
4	What is the importance of the patient advocacy role in nursing? What challenges do nurses face in fulfilling this role, and what are your suggestions for overcoming these challenges?
5	What is the importance of the researcher role in nursing? What challenges do nurses face in fulfilling this role, and what are your suggestions for overcoming these challenges?
6	What is the importance of the managerial role in nursing? What challenges do nurses face in fulfilling this role, and what are your suggestions for overcoming these challenges?
7	What is the importance of the decision-making role in nursing? What challenges do nurses face in fulfilling this role, and what are your suggestions for overcoming these challenges?
8	What were your initial perceptions of the nursing profession before entering the field, and how have these perceptions evolved over the years? How has the inability of nurses to fully perform their professional roles affected your perception of the profession and your motivation?
9	In the institution(s) where you have worked or completed internships, were there any opportunities provided to support nurses in fulfilling their professional roles? Could you share your experiences with us?
10	In your opinion, could the solutions you suggested help nurses perform their professional roles more effectively? What kind of contributions do you believe these changes could make to the nursing profession and to healthcare services?