

Why I Want To Be A Nurse

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I want to become a nurse because nursing combines science, practical skill, ethical responsibility, and sustained human connection. The profession's broader future also depends on strengthening the nursing workforce and advancing health equity, priorities emphasized by both the National Academies and the World Health Organization (National Academies of Sciences, Engineering, and Medicine, 2021; World Health Organization, 2020). Nurses are present when people are frightened, in pain, recovering from surgery, giving birth, adapting to disability, managing chronic illness, or approaching the end of life. That closeness to patients gives the profession a unique responsibility. A nurse may be the person who notices a subtle change, explains an unfamiliar procedure, listens when a patient is afraid, or helps a family understand what happens next.

My motivation is not based only on the desire to help people. Compassion matters, but safe nursing also requires knowledge, judgment, discipline, and accountability. Nurses assess patients, recognize deterioration, administer and evaluate treatment, educate patients and families, coordinate care, prevent harm, and speak up when something appears unsafe. The 2026 edition of the AACN *Essentials* continues to emphasize competency-based preparation for professional nursing, while the American Nurses Association's revised 2025 *Code of Ethics for Nurses* frames nursing as a profession with obligations to patients, colleagues, self, society, and the global community (AACN, 2026; [American Nurses Association](#), 2025). These expectations fit the kind of career I want: one in which caring and competence must exist together.

Science and Care

Nursing attracts me because scientific knowledge has an immediate human purpose. Anatomy, physiology, pharmacology, microbiology, nutrition, psychology, and pathophysiology are not studied only for examinations. They are used to decide whether a patient is improving, whether a medication is producing the expected effect, whether a new symptom may signal deterioration, and whether the plan of care is still appropriate. I want a profession in which learning can directly protect someone from harm.

Clinical reasoning is especially important to me. A nurse may collect vital signs, observe behavior, review laboratory results, assess pain, examine a wound, and listen to a patient's description of symptoms. None of these findings has meaning in isolation. The nurse has to recognize patterns and decide which problems require immediate escalation and which can be monitored safely. That responsibility makes nursing intellectually demanding rather than merely task-based.

Patient safety is one of the strongest reasons I respect the profession. Nurses verify patient identity, allergies, medications, equipment, and changes in condition. They prevent falls, pressure injuries, infection, and medication errors through reliable processes and constant attention. They also have to recognize their own limits. When something is unclear, the safest response may be to stop, check, ask, or escalate. I want to become confident enough to act decisively while remaining humble enough to admit uncertainty.

Technology will be part of this work, but it should support rather than replace nursing judgment. Electronic health records, automated medication systems, bedside monitors, telehealth, and clinical decision tools can improve coordination and safety. They can also create alert fatigue, documentation burden, and false confidence when people trust the screen more than the patient. I want to learn how to use technology critically while maintaining direct observation and communication.

Continuous learning is therefore not optional, and Benner's novice-to-expert framework remains a useful way to understand how professional judgment develops through education and clinical experience (Benner, 1984). Healthcare changes as new evidence, treatments, medications, and technologies emerge. The updated AACN *Essentials* continue to organize nursing education around demonstrated competencies rather than knowledge alone. For me, this means that graduation and licensure would mark the beginning of professional learning, not the end. I want to become comfortable reading evidence, reflecting on mistakes, and changing a familiar practice when stronger information becomes available (AACN, 2026).

Patient Advocacy

Nursing also appeals to me because patients do not always have equal power within healthcare. Illness, pain, language barriers, disability, financial stress, stigma, or unfamiliarity with medical systems can make it difficult to ask questions or challenge decisions. A nurse can help patients understand their options and make sure their concerns reach the wider team. Advocacy does not mean deciding for the patient. It means protecting informed choice, dignity, privacy, and access to appropriate care.

Patient education is part of that advocacy. A treatment plan can be medically correct and still fail if the patient does not understand it or cannot realistically follow it. Nurses teach medication schedules, wound care, symptom monitoring, nutrition, mobility, equipment use, and follow-up. Good teaching requires more than repeating instructions. The nurse has to consider health literacy, language, culture, cost, transport, family support, and the patient's own priorities. I like the idea that nursing can help people become more confident in managing their health rather than making them permanently dependent on professionals.

Families are often part of care, but their role must be guided by the patient's preferences. Some relatives provide essential support, while other family relationships may be stressful, unsafe, or

unwanted. Nurses must communicate respectfully without assuming that every family should make decisions or provide care. This balance between family involvement and patient autonomy is one of the ethical skills I hope to develop.

Cultural humility is equally important. Patients bring different languages, beliefs, identities, family structures, and understandings of illness. Cultural humility is more useful than memorizing stereotypes about groups because it requires the nurse to ask rather than assume. Respect does not mean accepting unsafe care or misinformation without discussion. It means explaining evidence without humiliation and recognizing that professional power can affect how comfortable a patient feels disagreeing.

The ANA's revised 2025 ethics code makes this broader responsibility explicit. It retains the profession's established commitments while adding a tenth provision addressing global ethical issues and health and well-being at a societal and global level. I find that important because nursing is not only about performing bedside tasks correctly. It also involves questions of fairness, access, workplace safety, technology, public health, and the conditions that make healthy choices possible (American Nurses Association, 2025).

Teamwork and Responsibility

Healthcare is delivered by teams. Nurses work with physicians, pharmacists, therapists, social workers, technicians, dietitians, support staff, patients, and caregivers. Nursing interests me because it occupies a coordinating position across these roles. Nurses often see how different recommendations affect the patient throughout the day and can identify where plans conflict or where important information has been lost.

Effective teamwork requires clear handoffs, respectful disagreement, and willingness to ask for help. I do not want to enter nursing with the idea that one profession possesses all relevant knowledge. The best care comes from combining expertise while maintaining clear responsibilities. I want to develop communication skills that allow me to speak calmly with patients, document objectively, give concise handoffs, and raise concerns without becoming confrontational.

Leadership is part of this responsibility even before a person holds a management title. A student can show leadership through preparation, accountability, and willingness to report a safety concern. An experienced nurse may lead quality-improvement work, mentor colleagues, coordinate teams, or influence policy. I would like my leadership style to be based on evidence and trust rather than status alone.

A realistic view of nursing also requires acknowledging workload. Nurses may work nights, weekends, long shifts, and high-acuity assignments. Staffing problems, fatigue, violence, grief, and moral distress can affect both patient safety and professional wellbeing. I do not believe that being caring should require unlimited personal sacrifice. The 2025 ANA code explicitly includes duties nurses have

to themselves as well as to patients and the profession. Resilience should mean recovering, learning, and seeking support, not silently tolerating unsafe conditions.

Professional responsibility also means taking errors seriously without hiding them. I expect to make mistakes during training, and I want to learn to respond honestly: identify what happened, correct what can be corrected, seek supervision, and understand how to prevent recurrence. Confidence should come from preparation and experience, not from pretending to know something I do not.

My Professional Direction

Nursing offers many possible settings, including medical-surgical care, emergency nursing, intensive care, pediatrics, maternity, mental health, rehabilitation, community health, schools, home care, research, education, and administration. I do not need to decide my entire career before beginning training. Clinical placements will help me understand where my abilities, interests, and temperament fit best.

My immediate goal is to become a safe and competent registered nurse. To reach that goal, I will need disciplined study and supervised clinical practice. I plan to strengthen my knowledge of science, mathematics, communication, and academic writing while treating simulation and clinical placements as opportunities to practice professional behavior. Punctuality, confidentiality, preparation, and respect begin while a person is still a student.

I am particularly interested in the possibility of serving people who face barriers to healthcare. Rural populations, low-income families, migrants, people with disabilities, and people experiencing homelessness may encounter problems with transportation, cost, discrimination, or shortages of professionals. Nursing cannot solve every social problem, but nurses can identify barriers, connect people with resources, and advocate for safer systems.

I also want to preserve empathy without confusing it with the belief that I already understand another person's experience. Patients may respond to illness very differently from how I expect. One person may want detailed information, another may need time before discussing choices, and another may prioritize comfort or family presence above goals that clinicians assume are most important. Listening should therefore remain part of clinical skill.

Over time, I may pursue specialization, certification, graduate education, teaching, or leadership. I want any advancement to remain connected with patient needs rather than status alone. Long-term success would mean that colleagues trust my judgment, patients feel respected, and I continue learning even after years of experience.

I want to be a nurse because the profession joins science with service, independent judgment with teamwork, and practical action with human dignity. The work is demanding and includes responsibility, emotional strain, changing knowledge, and structural challenges. Those realities

strengthen rather than weaken my interest because they show that nursing deserves serious preparation. My aim is not simply to obtain a respected job. It is to become a professional who can recognize risk, explain choices, protect patients from avoidable harm, and provide care with competence and respect.

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