

The role of nurses in One Health: A public health nursing perspective

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ABSTRACT

One Health, defined as a collaborative and transdisciplinary approach that links human, animal, and environmental health, has gained momentum as the world faces converging crises, including zoonotic pandemics, antimicrobial resistance, and climate change. While medicine and veterinary science have spearheaded its implementation, the nursing profession, particularly public health nursing, remains underrepresented despite its natural alignment with One Health principles. This perspective highlights the essential role of nurses in advancing One Health, emphasizing how their holistic philosophy, preventive focus, and community presence uniquely position them to operationalize this framework. Nurses contribute to One Health through surveillance and early detection, outbreak response, health education, antimicrobial stewardship, climate adaptation, and interprofessional collaboration. They act as trusted community liaisons, bridging scientific knowledge with culturally grounded practices and advocating for equity-driven policies. Yet barriers, including limited awareness, professional silos, workforce shortages, and a lack of formal representation, restrict their full participation. Addressing these requires integrating One Health into nursing education, ensuring nursing representation in governance structures, resourcing nurses for expanded roles, and investing in nursing-led research. Nurses are indispensable to translating One Health from principle to practice. By empowering nurses through education, policy, and research, health systems can enhance resilience and equity in addressing global health challenges. Integrating nursing into One Health is not only a matter of professional recognition but also a pragmatic strategy for building healthier communities, more sustainable environments, and stronger health systems worldwide.

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BRIEF INTRODUCTION

One Health has emerged as one of the most transformative 21st century paradigms in global health. Defined as a collaborative, multisectoral, and transdisciplinary approach that operates across local, national, regional, and global levels, One Health seeks to optimize health outcomes by recognizing the interconnectedness of humans, animals, plants, and the environment (Centers for Disease Control and Prevention [CDC], 2025). The paradigm acknowledges that disturbances in one part of the ecosystem inevitably reverberate across others. For instance, a viral mutation in an animal species may trigger a human pandemic, deforestation may alter the ecology of vectors, and the overuse of antibiotics in livestock may accelerate the spread of antimicrobial resistance (AMR). Therefore, the urgency of One Health has only intensified. The recent decades have been marked by crises that span species and sectors. These encompass the COVID-19 pandemic, originating from zoonotic transmission, and the growing antimicrobial resistance (AMR) crisis, in which resistant microbes are transmitted among humans, animals, and the environment. Additionally, the far-reaching health impacts of climate change, ranging from the emergence and re-emergence of vector-borne diseases to food insecurity, have been significant. These realities underscore the need for a multi-disciplinary approach towards confronting the contemporary health threats faced by the world. Amid this recognition, public health nursing occupies a vital yet underacknowledged role despite nurses being the largest group of healthcare professionals globally and often serving as the most trusted and easily accessible healthcare providers in communities.

Their role transcends bedside care to encompass disease prevention, health promotion, patient and family education, community engagement, and advocacy. This provides nurses with the opportunity to serve as primary advocates and leading executors of the One Health initiative by advancing sustainability in healthcare, preventing illnesses within individuals and communities, delivering essential education on linked health concerns such as antimicrobial resistance, working across various sectors, and incorporating social and environmental considerations into patient care strategies (Austaralian College of Nursing, 2025). These contributions align seamlessly with One Health's preventive, integrative, and collaborative ethos. Moreso, public health nurses embody a holistic vision of health that integrates biological, social, and environmental determinants. This positions them as indispensable actors in advancing the One Health agenda. Despite this alignment, One Health remains underexplored in nursing education, leadership, advocacy, research, and policy. While veterinary medicine has taken leadership, nursing has only recently begun to engage. A survey in Turkey found that over 80% of nurse educators had never heard of One Health, although nearly all agreed it should be incorporated into the nursing education curricula (Ercan Sahin & Oner, 2024). Such findings reveal a paradox: the world's largest health profession is philosophically and practically aligned with One Health yet structurally marginalized from its discourse.

This paper examines the role of nurses in operationalizing One Health, with a particular focus on public health nurses. It examines theoretical underpinnings, practical contributions, policy implications, and systemic challenges, demonstrating why nursing is not a peripheral but a central driver of One Health. By

highlighting the profession's unique positioning at the human–animal–environment interface, this analysis argues that nursing's integration into One Health is essential to building healthier, more resilient communities and ecosystems.

METHODOLOGY

This perspective utilizes a comprehensive and integrative review of literature to examine the changing role of nurses, especially those in public health, within the One Health framework. The discussion is based on evidence from various academic and organizational sources to offer an informed and future-oriented perspective.

To substantiate the arguments and reflections discussed, peer-reviewed articles, policy documents, and authoritative reports were sourced from reputable databases and institutions such as PubMed, Scopus, and Google Scholar, the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC) and the Australian College of Nursing (ACN). The focus was on selecting resources that provided conceptual, practical, or policy-related insights into the intersection of nursing with multisectoral, interprofessional, and transdisciplinary practices that are vital to the One Health model.

A detailed Boolean search strategy was employed using combinations of specific terms and phrases, such as ("One Health") AND ("Nursing" OR "Public Health Nursing" OR "Nurses" OR "community health nursing") AND ("Role") AND ("interprofessional collaboration" OR "multisectoral approach" OR "transdisciplinary practice"). To capture a wide range of literature, filters were not limited by publication year, thus including both foundational and recent works. Additionally, manual reviews of reference lists from key articles were conducted to locate further pertinent literature.

Furthermore, the synthesis of the argument employed an interpretive method, emphasizing new patterns, conceptual deficiencies, and novel opportunities for nursing involvement in One Health. This adaptable and integrative method facilitates a detailed, evidence-based reflection that connects present knowledge with prospects in policy, education, and practice.

INSIGHTS: THE ONE HEALTH PARADIGM AND NURSING'S PHILOSOPHICAL ALIGNMENT

The conceptual foundation of One Health is straightforward yet profound: the health of humans, animals, and the environment is inseparable. This recognition is supported by overwhelming evidence. Almost 60% of infectious diseases in humans are zoonotic and approximately 75% of newly emerging pathogens in recent decades have been zoonotic (Weiss & Sankaran, 2022). Environmental disruptions, ranging from deforestation to industrial pollution, have been linked to outbreaks of diseases such as malaria, Nipah virus, and cholera. The early 2000s signaled a turning point for One Health as successive outbreaks of avian influenza, SARS, and Ebola highlighted the vulnerabilities of global systems at the human–animal interface. These crises catalyzed institutional support. International Organizations such as the World Health Organization, the World

Organization for Animal Health (WOAH), and the Food and Agriculture Organization (FAO) began endorsing One Health as a framework for pandemic prevention and health security. Over time, the approach expanded to encompass AMR, food safety, vector-borne illnesses, and climate-related health threats (CDC, 2025). Additionally, the practical relevance of One Health is evident in national experiences. Rwanda, for instance, established formal One Health coordination structures, enabling decentralized surveillance that empowered community health nurses, animal health workers, and farmers to detect zoonotic threats early. Likewise, in Liberia, they integrated One Health into its Ebola recovery strategy, enhancing cross-sector collaboration for future preparedness (Henley et al., 2021). These examples demonstrate that One Health is not merely aspirational rhetoric, but a pragmatic necessity for resilience, even in resource-limited settings.

For nursing, One Health resonates deeply with the profession's history and philosophy. Florence Nightingale's pioneering emphasis on sanitation, air, water, and environment as determinants of health anticipated the eco-social perspective central to the One Health concept (Cardoso et al., 2021). This nursing theory situates health within a metaparadigm of person, health, nursing, and environment, mirroring the One Health insistence on interconnectedness. Public health nurses embody this philosophy in practice: when addressing diarrheal outbreaks, they assess not only clinical symptoms but also water quality, sanitation infrastructure, and potential animal contamination. Despite these natural synergies, nursing has historically been sidelined in One Health discourse. Veterinary sciences dominate the agenda, while the human interface, especially in nursing, remains underacknowledged, leading to consequences, especially in low-resource settings. Their trusted relationships with communities, preventive focus, and grassroots presence uniquely equip them to operationalize One Health. By embedding awareness of zoonoses, environmental health, and preventive practices into everyday care, nurses can translate global frameworks into household-level realities. (Figure 1).

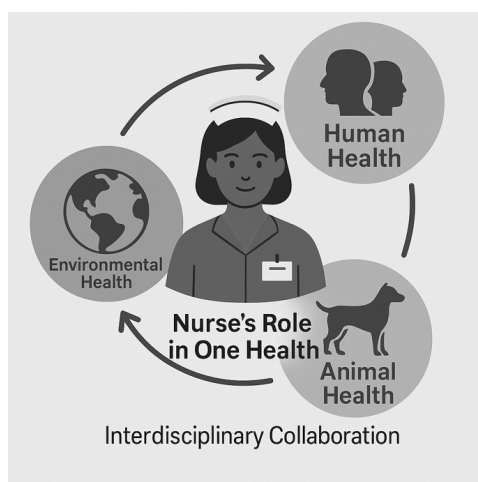


Figure 1. Interdisciplinary and Collaborative Role of Nurses in One Health

Thus, the current state of One Health reveals a mix of promise and neglect: it is a model consistent with nursing's philosophy and practice, but the profession has not been actively involved. To fully realize the transformative potential of One Health, addressing this gap via improvements in education, policy, and research is therefore essential.

Contributions of Nurses in One Health

Nursing contributions to One Health are wide-ranging, spanning surveillance, outbreak response, education, AMR stewardship, environmental health, and policy. What makes nursing distinctive is its integration of technical expertise with relational trust. Nurses not only deliver interventions but also build the confidence that sustains them, making their contributions foundational rather than supplementary. (Figure 2)

1 Disease Surveillance and Early Detection

Nurses often function as the “eyes and ears” of health systems. Embedded in communities, public health nurses detect unusual patterns of illness that may escape formal surveillance systems. A sudden rise in fevers coinciding with livestock deaths, for instance, may signal a zoonotic outbreak. Because of their community trust, families report concerns to nurses earlier than to other authorities. This role is especially critical in rural or resource-limited settings where nurses may be the sole health professionals regularly present. For example, in Sub-Saharan Africa, community health nurses are integral to sentinel surveillance networks that report both human and animal health concerns (Sangong et al., 2025). Rwanda's decentralized model which integrated community nurses, park rangers, and farmers, demonstrated that grassroots surveillance significantly improves early detection (Shyaka et al., 2024). Such systems underscore that the integration of nurses into the One Health agenda is crucial.

2 Outbreak Response and Infection Control

During crises, nurses are indispensable responders at the human–animal–environment interface. Their contributions during the 2014–2015 Ebola epidemic in West Africa illustrate the breadth of their roles: providing clinical care under extreme conditions, educating communities on safe burial practices and collaborating with veterinary authorities investigating animal reservoirs (Holmgren et al., 2019). The COVID-19 pandemic further reinforced this role globally. Nurses conducted testing, contact tracing, risk communication, and vaccination campaigns while also addressing environmental concerns such as waste disposal from testing sites. This integration of clinical, preventive, and environmental tasks exemplified One Health in practice.

3 Health Education and Community Engagement

Education and community engagement are hallmarks of public health nursing which are transformative in One Health. Nurses translate scientific knowledge into

culturally appropriate and accessible messages that shape behaviors and reduce risks. In areas vulnerable to avian influenza, nurses have been found to conduct community workshops on safe poultry handling (Ho & Parker, 2006). In dengue-endemic regions, they also educated families about mosquito control and safe water storage (Abel et al., 2023; Lagunday et al., 2024). The effectiveness of such education stems from nurses' trust-based relationships. For example, rabies-prevention campaigns often succeed because nurses teach children safe interactions with animals while simultaneously encouraging vaccination of pets (Mapatse et al., 2022). De Mello et al. (2024) emphasize that nurses' proximity to families makes them particularly powerful agents of grassroots One Health awareness.

4 Antimicrobial Stewardship

AMR epitomizes the One Health challenge. Resistant organisms move fluidly between humans, animals, and the environment. Nurses are crucial in addressing this crisis. Infection control nurses monitor resistance patterns and ensure rational prescribing in hospitals. Public health nurses counsel families against the inappropriate use of antibiotics and discourage the purchase of over-the-counter medications without a prescription. In agricultural contexts, nurses collaborate with farmers to reduce non-therapeutic use of antibiotics in livestock, advocating for veterinary oversight. By promoting vaccination, sanitation, and infection prevention, nurses reduce antibiotic demand at its source. Manning (2025) warns that unless nurses assume leadership in AMR, the profession risks "sleepwalking into the AMR pandemic." Bonacaro et al. (2024) note that nurses' equity-oriented approach ensures that AMR strategies address social determinants, not just microbes.

5 Environmental Health and Climate Interventions

The impact of climate change, including rising temperatures, extreme weather events, and shifting disease vectors, directly intersects with nursing practice. After floods, nurses provide emergency care, coordinate sanitation, and distribute safe water to prevent outbreaks. During heatwaves, they check on vulnerable populations, especially older adults and children. Nurses also play a growing role in climate adaptation and advocacy. The American Nurses Association (2023) declared climate change a critical public health issue, urging integration of climate science into practice. Additionally, nurses implement adaptation strategies such as mosquito-control campaigns in warming climates and provide psychosocial support after climate disasters (Gaudreau et al., 2024). These interventions place nurses at the nexus of environmental change and public health action.

6 Interprofessional Collaboration and Policy Influence

As advocates, nurses are uniquely skilled at interprofessional collaboration, navigating between patients, communities, and health systems. This ability translates directly to One Health initiatives. For example, the Knights Landing One Health Clinic in California pairs nursing and veterinary students to provide integrated human-animal care for underserved populations, strengthening both access and trust (Badeaux, 2023). With regards to policy, public health nurses contribute to preparedness plans, AMR strategies, and influence climate

adaptation policies, ensuring that equity and community perspectives remain central. Their inclusion ensures that One Health governance reflects lived realities rather than abstract frameworks.

7 Embedding Sociocultural Health

Although literature specifically associating the nurse's role with advancing spiritual and cultural care within the One Health framework is not widely available, there is a pressing necessity to acknowledge and enhance the nursing profession to fulfill this essential role. In the broader context of health, nurses are in a unique position to serve as a crucial link, particularly in addressing the social, cultural, and spiritual determinants of health, which are often overlooked in biomedical approaches. Additionally, to successfully implement comprehensive One Health strategies, which inherently involve diverse communities and ecosystems, practitioners must possess a deep understanding of the populations they serve. This is precisely where the concept of cultural competence becomes essential. Culturally responsive practitioners are called to engage in lifelong self-reflection, challenge power imbalances, and genuinely value the diverse perspectives of the individuals and communities they work with (Nikpour et al., 2022). For nurses, this translates into moving beyond a simple checklist of cultural traits. It demands cultivating a genuine interest and profound respect for the beliefs, values, and practices that shape a community's health. This includes understanding traditional healing practices, dietary customs rooted in religious beliefs, and the spiritual worldviews that define a community's relationship with its environment, and by extension, its holistic well-being. Recognizing and nurturing this capacity within nursing is fundamental to achieving the truly integrated and sustainable outcomes envisioned by One Health.



Figure 2. Contributions of Nurses in One Health

Policy Implications

The breadth of nursing contributions underscores the need for deliberate policy reforms to institutionalize their role in One Health. Without structural recognition, nursing's contributions risk remaining fragmented and dependent on individual initiative.

1 Integrating One Health into Nursing Education

Formal integration of One Health into nursing curricula is foundational. From undergraduate to postgraduate levels, structured modules should include zoonotic epidemiology, eco-social determinants, AMR, and interprofessional collaboration. Case-based learning can help students think across disciplinary boundaries. Continuing professional development must also provide accessible training and certification in One Health competencies. As Zhou and Zheng (2024) argue, building a transdisciplinary workforce requires early and sustained engagement across professions, with nursing included from the outset.

2 Representation in Governance

Nurses are often absent from intersectoral One Health committees, depriving policy of community-grounded perspectives. Their inclusion is essential. National nursing associations should advocate for representation on One Health task forces, while global organizations like ICN must collaborate with WHO and WOAHP to ensure nurses have a voice in international policymaking.

3 Leveraging Nurses in Health Security

Preparedness frameworks must formally designate nurses as One Health liaisons. Public health nurses should be authorized and resourced to collaborate directly with veterinary and environmental sectors. Cross-training in environmental sampling or even joint animal vaccination, under supervision, could expand capacity in resource-limited areas.

4 Supporting Nursing-Led Research

Nursing-led research on One Health remains scarce. Funding agencies should explicitly support nurse investigators exploring questions such as the impact of nurse-led zoonotic education or integrated human–animal clinics. Evaluation metrics should include equity and trust outcomes often prioritized by nurses but overlooked in biomedical research.

Challenges and Barriers

Despite nursing's natural alignment with One Health, several intertwined barriers blunt its full impact. Significant gaps persist, as many nurses graduate without formal exposure to One Health and enter the workforce unaware of its importance, mainly because these concepts are not systematically integrated into nursing curricula worldwide. Even when nurses grasp the paradigm, rigid silos and

entrenched hierarchies across human health, veterinary, agriculture, and environmental sectors, often reinforced by gendered norms, limit their voice in intersectoral fora and keep collaboration dependent on personal relationships rather than institutional pathways. Chronic workforce shortages and underfunded primary care further squeeze already stretched nurses, making added responsibilities for surveillance, community engagement, or cross-agency coordination appear like unfunded mandates. There is also a lack of diversity at the healthcare leadership level, which can lead to a lack of inclusive healthcare policies and procedures that fail to explicitly position nurses within One Health governance structures. Even when Nurses grasp the concepts, there is insufficient access to data systems or technology that would empower nurses in one health practice. Moreover, nurses are faced with inadequate funding and institutional support for nurse-led research on zoonotic diseases, AMR or environmental health. Compounding this is a thin evidence base that rarely isolates nursing-specific outcomes within One Health programs. When success is attributed primarily to veterinary vaccination or biomedical interventions, the educative, liaison, and trust-building roles that nurses play become invisible and, therefore, under-resourced. Ambiguity about the scope and authority of who reports animal illness, who collects environmental samples, and whether nurses can participate in joint vaccination under veterinary supervision creates hesitation at precisely the moments when speed matters. Finally, systemic weaknesses, such as fragmented information systems, unclear referral and feedback loops between agencies, and policies that appear well-defined on paper but lack implementation guidance, stall frontline action. Together, these gaps in knowledge, power, resources, evidence, role clarity, and system design form a mutually reinforcing cycle of under-recognition. Breaking that cycle requires simultaneous investment in education and continuing professional development, as well as formal nurse representation in One Health governance.

CONCLUSION

The One Health paradigm emphasizes the inseparability of human, animal, and environmental well-being. In this framework, the nursing profession, particularly public health nursing, emerges as an indispensable yet underrecognized partner. Nurses' holistic philosophy, community trust, and systems orientation uniquely equip them to operationalize One Health across surveillance, outbreak response, education, AMR stewardship, environmental health, and interprofessional collaboration. However, their potential remains constrained by lack of awareness, professional silos, inadequate resourcing, and systemic neglect. Embedding nurses into education, governance, preparedness, and research is therefore essential. Doing so is not merely a matter of professional recognition, but a pragmatic strategy for building stronger, more resilient health systems. Furthermore, nurses have long embodied the principles of One Health, often without a mention. In this era of converging crises, pandemics, climate change, and antimicrobial resistance, recognizing and empowering nurses is urgent. By placing nursing together with other public health professionals at the center of One Health, the vision of "health as one" can move from aspiration to reality, securing a healthier and more sustainable future for humanity, animals, and the planet.

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Author Contributions

JAADLS conceptualized the idea and wrote the original draft. JAADLS, KLDV, JMCB and SSM curated the data, wrote, reviewed and edited the manuscript. All authors approved the final version of the manuscript for publication.

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Availability of Data and Materials

This perspective paper did not generate or analyze any primary datasets. All information presented is derived from published literature and publicly available sources, which are cited in the reference list. Therefore, no new data were collected for this work.

Ethical Considerations

This article is a perspective paper and did not involve the collection of primary data from human participants or animals. As such, ethics approval and informed consent were not required.

Competing Interest

The authors declare no competing interest.

Declaration on the Use of AI

The authors declare that generative AI (Grammarly) was used solely for grammar and syntax enhancement. All ideas and content presented in this manuscript were conceptualized and developed entirely by the authors.

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