



Environmental Health: The Growing Impact on Nursing

Foundations and Context

Environmental health has traditionally been framed as a specialised public health concern, often positioned at arm's length from everyday clinical nursing practice. For many nurses, environmental health has meant infection control audits, waste segregation posters taped to sluice room walls, or public health campaigns delivered somewhere else by someone else.

Yet this framing no longer reflects reality. Environmental change is no longer a background variable to health; it is an active, accelerating force shaping disease patterns, care demand, workforce exposure, ethical decision-making and system sustainability.

For nurses working across acute care, community settings, aged care, primary health, rural and remote practice, and specialist services, environmental health is no longer optional knowledge. It is embedded in daily clinical judgement, whether explicitly acknowledged or not.

The growing intersection between environmental health and nursing practice reflects a broader shift in how health systems understand risk, responsibility and care delivery. Climate change, environmental degradation, biodiversity loss, air and water pollution, and unsustainable healthcare practices are no longer distant or abstract concerns. They are increasingly visible at the bedside, in emergency departments overwhelmed by heat-related illness, in respiratory wards managing pollution-exacerbated disease, in rural clinics responding to flood and bushfire displacement, and in aged care facilities struggling to maintain safe environments during extreme weather events.

Nurses are not only witnesses to these changes; they are among the most exposed professional groups, both physically and morally, as they attempt to deliver safe care within systems that are themselves contributing to environmental harm.

This paper explores environmental health as a core and growing influence on contemporary nursing practice. It argues that environmental health is not a future issue, nor a niche interest, but a present-day determinant of nursing work, patient outcomes

and professional accountability. Drawing on Australian and international evidence, the discussion situates environmental health within nursing's ethical mandate, regulatory expectations and practice realities. The focus is not on blame or idealised solutions, but on understanding how environmental factors are reshaping nursing roles, responsibilities and risks, and why this matters for nurses at every level of practice.

Environmental health, at its core, refers to the relationship between people and their physical, chemical and biological environments, and how these relationships influence health and disease. Traditionally, this has encompassed issues such as sanitation, clean water, food safety, housing conditions and occupational exposures. While these remain foundational, contemporary environmental health has expanded significantly to include climate change, ecosystem disruption, environmental justice, and the health impacts of industrial and healthcare-related emissions.

The World Bank identifies climate change as one of the greatest threats to global health in the twenty-first century, noting its role in increasing heat stress, food insecurity, vector-borne disease, displacement and health inequities (World Bank, 2023). These impacts are not evenly distributed; they disproportionately affect vulnerable populations, including older adults, people with chronic illness, Aboriginal and Torres Strait Islander communities, and those living in socioeconomically disadvantaged or geographically exposed regions.

For nurses, this uneven distribution of environmental harm translates directly into clinical workload and complexity. Environmental determinants increasingly shape who presents for care, how often they present, and with what level of acuity.

Heatwaves intensify cardiovascular and renal presentations. Air pollution exacerbates asthma, chronic obstructive pulmonary disease and cardiovascular disease. Flooding increases the risk of infectious disease outbreaks, mental health distress and disruption to continuity of care. Drought and food insecurity contribute to malnutrition, chronic disease progression and psychosocial stress. Nurses are required to assess, respond to and manage these presentations, often without explicit recognition that environmental factors are key contributors.

As a result, environmental health frequently remains invisible in clinical documentation, care planning and system design, even as it drives demand.

The healthcare system itself complicates this picture. Healthcare is widely perceived as a sector dedicated to healing, yet it is also a significant contributor to environmental degradation. Australian healthcare generates substantial greenhouse gas emissions, waste and resource consumption, with hospitals among the most energy-intensive

public buildings in the country (Australian Commission on Safety and Quality in Health Care, 2022).

Single-use plastics, energy-heavy technologies, pharmaceutical waste and high-volume procurement systems all contribute to a healthcare footprint that sits uneasily alongside commitments to patient wellbeing. Nurses operate within this tension daily. They are expected to provide safe, efficient care while navigating systems that prioritise throughput, compliance and cost containment, often at the expense of environmental sustainability.

This tension creates a form of moral and professional dissonance for nurses. On one hand, nursing codes of conduct emphasise health promotion, prevention and advocacy. On the other, nurses are required to participate in practices that generate significant waste and emissions, frequently without the authority or organisational support to influence system-level change. Research increasingly links this dissonance to moral distress, particularly among nurses who recognise environmental harm but feel powerless to address it within their roles (PMC12591541). This is not an abstract ethical dilemma; it is a lived professional experience that intersects with burnout, workforce retention and job satisfaction.

Environmental health also intersects with occupational health and safety for nurses themselves. Rising temperatures, extreme weather events and environmental contamination increase workplace risk.

Nurses working in poorly climate-controlled facilities during heatwaves face dehydration, fatigue and heat stress. Community nurses conducting home visits in flood-affected or smoke-exposed areas encounter direct environmental hazards. Emergency and disaster response nurses are exposed to prolonged high-intensity work under environmentally challenging conditions. These risks are often under-recognised in workforce planning and policy, despite their implications for nurse safety and sustainability of care delivery.

The Australian policy context increasingly acknowledges the need for environmentally sustainable healthcare, yet translation into nursing practice remains uneven. The Australian Commission on Safety and Quality in Health Care has identified environmental sustainability as integral to healthcare quality and safety, framing sustainable healthcare as care that improves health outcomes while minimising environmental harm (ACSQHC, 2022).

This framing is significant, as it positions environmental health not as an external concern but as part of core quality and safety obligations. However, policy acknowledgement does not automatically equate to operational change. Nurses often

report limited involvement in sustainability initiatives, lack of education on environmental health, and minimal support to integrate sustainability into clinical decision-making.

Education plays a critical role in shaping how nurses engage with environmental health. Historically, nursing curricula have focused heavily on biomedical and psychosocial determinants of health, with environmental determinants receiving comparatively limited attention. Where environmental content exists, it is often theoretical or public-health oriented, rather than clearly linked to everyday clinical practice. This creates a gap between knowledge and application.

Nurses may understand, in principle, that climate change affects health, yet struggle to articulate how this knowledge should influence assessment, documentation, care planning or advocacy within their specific roles. Closing this gap requires reframing environmental health as clinically relevant, professionally legitimate and practically actionable.

Importantly, environmental health is not only about risk; it also offers opportunities for nursing leadership and innovation. Nurses are uniquely positioned within healthcare systems to influence practice change, given their proximity to patients, workflows and interdisciplinary teams.

Evidence from international healthcare sustainability initiatives demonstrates that nurse-led interventions can reduce waste, improve resource efficiency and enhance patient outcomes when adequately supported (ISSA, 2024).

These initiatives often succeed not because they are technically complex, but because they align environmental goals with clinical priorities such as infection prevention, patient safety and workflow efficiency. Recognising and legitimising this alignment is essential if environmental health is to be integrated meaningfully into nursing practice rather than remaining a peripheral concern.

At the same time, it is essential to avoid placing the burden of environmental responsibility solely on individual nurses. Framing sustainability as a matter of personal behaviour risks reinforcing guilt and burnout, while obscuring the structural drivers of environmental harm within healthcare systems. Effective engagement with environmental health requires organisational leadership, policy coherence and system-level investment. Nurses can and should contribute to change, but they cannot compensate for unsustainable system design through individual effort alone. A realistic discussion of environmental health in nursing must therefore balance professional responsibility with an honest appraisal of power, resources and constraints.

As environmental pressures intensify, the consequences of inaction become increasingly visible. Health systems that fail to account for environmental risk face escalating demand, workforce strain and compromised care quality.

Nurses working within these systems bear the immediate consequences, often without recognition that environmental factors underpin many of the challenges they face. Understanding environmental health as a determinant of nursing practice is therefore not an academic exercise, but a necessary step toward safeguarding both patient care and the nursing workforce.

Practice Realities, Workforce Impact, and System Pressures

The influence of environmental health on nursing practice becomes most visible not in policy documents or strategic frameworks, but in the cumulative weight of everyday clinical encounters. Nurses rarely document “environmental exposure” as a primary diagnosis, yet environmental conditions increasingly underpin the presentations they manage, the risks they assess, and the care decisions they make.

This disconnect between cause and classification contributes to a form of professional invisibility, where environmental drivers of illness remain under-acknowledged despite their growing clinical significance. For nurses, this invisibility complicates both practice and advocacy, limiting opportunities to address root causes while amplifying workload and complexity.



Across acute care settings, environmental health influences patient acuity and length of stay in ways that are often misattributed to individual behaviour or disease progression alone. Heatwaves, for example, are associated with increased hospital admissions for cardiovascular, renal and respiratory conditions, as well as exacerbations of mental health disorders. Nurses managing these patients must navigate complex physiological instability compounded by dehydration, medication interactions and pre-existing chronic disease. The environmental trigger, however, frequently disappears from the clinical narrative once the patient crosses the hospital threshold. As a result, care plans focus on immediate stabilisation without acknowledging the environmental context that may continue to pose risk post-discharge.

This pattern repeats across other environmental exposures. Air pollution contributes to respiratory disease exacerbations, yet nursing assessments often frame symptoms within narrow biomedical parameters.

Flooding and extreme weather events disrupt access to care, medications and social supports, increasing vulnerability among people already managing chronic illness. Nurses working in emergency departments, community health and aged care frequently encounter patients whose deterioration reflects environmental stress layered onto existing health inequities. The nursing response is necessarily holistic, yet system structures rarely support explicit recognition of environmental determinants within care pathways or funding models.

In community and primary health settings, environmental health shapes nursing work through continuity-of-care challenges and population-level vulnerability. Community nurses conducting home visits encounter housing conditions affected by heat retention, dampness or poor ventilation, all of which influence respiratory health, infection risk and comfort.

Rural and remote nurses face additional environmental pressures, including water scarcity, extreme temperatures and geographic isolation intensified by climate variability. These conditions increase both clinical risk and professional isolation, particularly when infrastructure and staffing levels are already stretched. Environmental health, in this context, is not a distant policy concern but a daily operational reality that shapes clinical judgement and prioritisation.

Aged care settings illustrate the convergence of environmental health and nursing responsibility particularly starkly. Older adults are among the populations most vulnerable to environmental stressors such as heatwaves, poor air quality and extreme weather events.

Nurses working in residential aged care facilities are responsible for maintaining safe environments for residents who may have limited capacity to thermoregulate, hydrate independently or recognise environmental risk.

During extreme heat events, nurses often manage increased falls, delirium, dehydration and medication-related complications, frequently within facilities that lack adequate cooling infrastructure. These pressures raise questions not only about clinical competence, but about system preparedness and investment.

Environmental health also reshapes nursing practice through disaster response and recovery. Bushfires, floods and severe storms have become increasingly frequent and intense in Australia, placing nurses at the forefront of emergency response. Disaster nursing extends beyond acute injury management to encompass chronic disease interruption, mental health support and long-term community recovery. Nurses deployed to disaster-affected areas often work prolonged hours under hazardous

conditions, balancing immediate clinical needs with emotional labour and ethical decision-making. The cumulative impact of repeated disaster exposure contributes to fatigue and psychological strain, yet formal recognition of this burden within workforce planning remains limited.

These practice realities intersect with broader workforce implications that extend beyond individual clinical encounters. Environmental change contributes to rising demand for care while healthcare systems face workforce shortages and retention challenges. Nurses experience this tension acutely, as increased patient acuity and throughput expectations collide with limited staffing and resources. Environmental stressors exacerbate existing pressures, creating conditions in which nurses are asked to do more with less, often without adequate preparation or support.

Moral distress emerges as a significant theme in this context. Nurses are ethically committed to promoting health, preventing harm and advocating for patients, yet they work within systems that contribute to environmental degradation and, by extension, to future health burden. This contradiction can generate a sense of professional disquiet, particularly for nurses who are aware of environmental impacts but feel unable to influence practice or policy. Research indicates that moral distress linked to environmental concerns is associated with feelings of powerlessness, frustration and disengagement, contributing to burnout and attrition (PMC12591541).

The concept of moral distress in nursing is not new, but environmental health introduces a distinct dimension. Unlike immediate ethical dilemmas at the bedside, environmental harm is cumulative, delayed and diffuse.

Nurses may recognise that certain practices generate excessive waste or emissions yet perceive no viable alternatives within their scope of influence. Over time, this recognition can erode professional satisfaction, particularly when organisational messaging emphasises sustainability rhetorically without enabling meaningful action.



Addressing environmental moral distress requires more than individual resilience strategies; it demands systemic acknowledgement and support.

Occupational health and safety considerations further highlight the workforce implications of environmental change. Nurses increasingly work in environments affected by extreme heat, poor air quality and infrastructure vulnerability. During

heatwaves, indoor temperatures in some healthcare facilities exceed safe thresholds, increasing fatigue, cognitive load and risk of error.

Community nurses exposed to smoke from bushfires or pollutants during home visits face respiratory and cardiovascular risks that may not be adequately mitigated through existing occupational health frameworks. These exposures challenge traditional assumptions about healthcare workplaces as controlled environments, underscoring the need for updated risk assessment and mitigation strategies.

The intersection of environmental health and workforce wellbeing also has implications for equity within the nursing profession. Nurses working in rural, remote and underserved communities often face greater environmental exposure with fewer resources, compounding professional disadvantage.

Aboriginal and Torres Strait Islander health services, in particular, operate within contexts shaped by environmental dispossession and climate vulnerability, adding layers of complexity to nursing practice. Recognising these inequities is essential if environmental health initiatives are to avoid reinforcing existing disparities within the workforce.

System design plays a critical role in mediating the impact of environmental health on nursing practice. Healthcare systems are complex organisations shaped by policy, funding, procurement and governance decisions that often prioritise efficiency and standardisation over adaptability and sustainability.

Nurses operate at the interface of these systems, translating organisational priorities into patient care. When system design fails to account for environmental risk, nurses absorb the consequences through increased workload, ethical tension and compromised care delivery.

Sustainable healthcare frameworks increasingly emphasise the need to align environmental goals with quality and safety imperatives. The Australian Commission on Safety and Quality in Health Care has positioned environmental sustainability as integral to safe, high-quality care, recognising that environmental harm ultimately undermines health outcomes (ACSQHC, 2022).

For nurses, this alignment offers a potential pathway to integrate environmental considerations into existing professional responsibilities rather than treating them as additional tasks. However, realising this potential requires practical mechanisms that enable nurses to participate in sustainability initiatives without adding to cognitive and workload burden.

International evidence suggests that nurse engagement in sustainability efforts is most effective when environmental actions are embedded within clinical workflows and supported by leadership. For example, initiatives that reduce unnecessary consumables, optimise energy use in clinical areas or improve waste segregation can enhance efficiency and safety while reducing environmental impact.

Nurses often identify opportunities for such improvements through their intimate knowledge of daily practice, yet their insights are frequently underutilised. Empowering nurses to contribute meaningfully to system redesign requires not only education, but also organisational structures that value and act on frontline expertise.

Education and professional development are central to preparing nurses for the environmental dimensions of contemporary practice. Environmental health literacy enables nurses to recognise environmental determinants of health, articulate their relevance to care, and advocate effectively within interdisciplinary teams. Without this literacy, environmental factors remain implicit and unaddressed, limiting the scope of nursing practice and professional voice. Continuing professional development offers a critical avenue to build this capacity, particularly for nurses whose initial training did not include substantive environmental content.

However, education alone is insufficient without organisational support. Nurses who acquire environmental health knowledge may experience heightened frustration if systems do not enable application. This gap between awareness and action can intensify moral distress rather than alleviate it. Effective integration of environmental health into nursing practice therefore requires coordinated efforts across education, leadership and policy domains, ensuring that nurses are supported to act on their professional values within realistic constraints.

The growing impact of environmental health on nursing practice also challenges traditional conceptions of professional boundaries. Nurses increasingly find themselves engaging in advocacy, education and system-level discussions related to environmental risk, roles that may fall outside conventional job descriptions. While such engagement aligns with nursing's commitment to health promotion and social justice, it can create tension in workplaces where advocacy is viewed as peripheral or disruptive. Clarifying the legitimacy of environmental advocacy within nursing roles is essential to support nurses who seek to address upstream determinants of health.

Ultimately, environmental health reshapes nursing practice by expanding the context in which care is delivered and redefining the conditions under which professional judgement is exercised. Nurses are required to navigate complexity that extends beyond individual patients to encompass community resilience, system sustainability and future health burden. Recognising this expanded context is not about adding

responsibility, but about making visible the realities nurses already manage and providing the support necessary to do so safely and ethically.

Professional Responsibility, Leadership, and the Path Forward

As environmental pressures intensify, nursing finds itself at a critical intersection between care delivery, ethical responsibility and system sustainability. The growing influence of environmental health on nursing practice is not a passing trend, nor a specialised interest that can be delegated elsewhere. It reflects a structural shift in the conditions under which health and illness are produced, managed and experienced. For nurses, this shift challenges traditional assumptions about the boundaries of practice, the scope of professional responsibility and the sustainability of existing models of care.

One of the most significant implications of environmental health for nursing lies in the dual role nurses increasingly occupy as both care providers and risk managers. Nurses are accustomed to assessing and mitigating risk at the individual patient level, yet environmental health introduces risks that are collective, cumulative and often beyond the control of any single clinician.

Climate-related events, environmental degradation and unsustainable healthcare practices create patterns of harm that unfold over time, complicating attribution and accountability. Nurses working within these conditions must make clinical decisions in contexts shaped by forces that are only partially visible within conventional care frameworks.

This complexity demands a reframing of nursing's contribution to health systems. Environmental health positions nursing not only as a reactive profession responding to illness, but as an active participant in mitigation and adaptation efforts. Mitigation refers to actions that reduce environmental harm and its health impacts, while adaptation involves adjusting care delivery to manage unavoidable environmental change. Both dimensions are relevant to nursing practice and require different forms of engagement.

Nurses contribute to mitigation through practice-informed sustainability initiatives, advocacy for environmentally responsible care models and participation in organisational decision-making. Adaptation, meanwhile, is evident in how nurses adjust assessment, care planning and patient education in response to changing environmental conditions.

Education is central to enabling this expanded role. Environmental health literacy equips nurses to recognise environmental determinants of health, articulate their

relevance to clinical practice and engage confidently in interdisciplinary discussions. This literacy extends beyond knowledge of climate science to include understanding how environmental factors intersect with social determinants, health equity and system design. Without this foundation, nurses risk being positioned as implementers of change rather than contributors to its design. Continuing professional development plays a critical role in addressing this gap, particularly for experienced nurses whose initial training may not have addressed environmental health explicitly.

Leadership is another critical dimension of nursing's response to environmental health. Leadership in this context does not refer solely to formal management roles, but to everyday professional influence.

Nurses exercise leadership when they question unsafe practices, advocate for patients affected by environmental exposure, and contribute insights drawn from frontline experience.

Environmental health amplifies the importance of this form of leadership, as many sustainability and adaptation initiatives depend on practice-level insight to be effective.

However, leadership without institutional support risks becoming another source of moral strain. Organisational cultures that value nurse input, provide education and allocate resources are essential if nurses are to engage meaningfully without bearing disproportionate responsibility.

Regulatory and professional frameworks increasingly recognise the relevance of environmental health to nursing, though translation into practice remains uneven. Codes of conduct and professional standards emphasise health promotion, prevention and advocacy, all of which align with environmental health principles.

Yet nurses often report uncertainty about how far their responsibilities extend in practice, particularly when environmental advocacy intersects with organisational priorities or political considerations. Clarifying the legitimacy of environmental engagement within nursing roles is essential to support nurses who seek to act in accordance with professional values.

Importantly, environmental health also invites a reconsideration of how success is measured in healthcare. Traditional performance indicators prioritise activity, throughput and short-term outcomes, often obscuring longer-term health impacts and environmental costs. Nurses are acutely aware of the limitations of these measures, as they witness the downstream consequences of fragmented care and preventable illness. Integrating environmental considerations into quality and safety frameworks

offers an opportunity to align nursing priorities with broader system goals, reframing sustainability as a component of good care rather than an optional add-on.

The future of nursing in an environmentally constrained world will be shaped by choices made at multiple levels. At the system level, investment in sustainable infrastructure, workforce planning and policy coherence will determine whether nurses are supported or overwhelmed. At the organisational level, leadership commitment and culture will influence whether environmental initiatives are meaningful or tokenistic. At the professional level, education and advocacy will shape nursing's capacity to respond proactively rather than reactively. Nurses themselves will continue to navigate these layers, balancing immediate patient needs with an awareness of longer-term consequences.

Recognising environmental health as a core influence on nursing practice is not about expanding the role indefinitely, but about acknowledging the realities nurses already face.

Environmental change is altering who becomes unwell, how care is delivered and under what conditions nurses work.

Addressing this change requires honesty about constraints as well as ambition about possibilities. For nursing, the task ahead is not to solve environmental health challenges single-handedly, but to ensure that nursing knowledge, values and experience inform the responses that shape future healthcare systems.

Continuing Professional Development (CPD) Relevance Statement

This paper is relevant to continuing professional development for nurses as it addresses emerging determinants of health that directly influence contemporary nursing practice, patient outcomes and workforce sustainability. It supports reflective practice by linking environmental health to clinical decision-making, ethical responsibility, professional standards and system-level care delivery. Engagement with this content may assist nurses to meet Nursing and Midwifery Board of Australia (NMBA) CPD requirements by enhancing professional knowledge, supporting critical reflection and informing practice improvement in response to evolving healthcare challenges.

Declaration

This paper is an original work developed for professional nursing education. While it draws on published literature and policy documents, including the sources cited in the reference list, the analysis, synthesis and interpretation presented are the author's own.

The content has been written to support reflective learning and professional development and has not been copied or reproduced from any single source.

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Questions for Reflection

1. How does environmental health function as a determinant of health within everyday nursing practice rather than as a separate public health issue?

Environmental health operates as a determinant of health by shaping the conditions under which illness develops, worsens and is managed. The paper demonstrates that factors such as heat, air quality, housing conditions, water security and environmental disruption directly influence patient presentations, acuity and recovery. In everyday nursing practice, these determinants appear through increased exacerbations of chronic disease, heat-related illness, infection risk following floods, and mental health impacts associated with displacement or environmental stress. Although these drivers are often not labelled as “environmental” in documentation, nurses routinely manage their consequences, making environmental health an embedded, if under-recognised, component of clinical care.

2. In what ways does climate change increase clinical complexity and workload for nurses across different care settings?

Climate change increases clinical complexity by intensifying existing health conditions, increasing frequency of acute presentations, and disrupting continuity of care. The paper highlights how heatwaves contribute to cardiovascular, renal and mental health deterioration, while extreme weather events interrupt access to medications, services and social supports. For nurses, this results in higher acuity patients, longer lengths of stay, increased monitoring demands and more complex discharge planning. These impacts are evident across acute care, community nursing, aged care, rural and remote settings, demonstrating that climate-related workload pressures are system-wide rather than setting-specific.

3. Why does the invisibility of environmental drivers in clinical documentation matter for nursing practice and health systems?

The invisibility of environmental drivers matters because it limits recognition of root causes and reinforces a reactive model of care. When environmental contributors to illness are not acknowledged, care planning focuses narrowly on immediate symptoms rather than upstream prevention or adaptation strategies. For nurses, this invisibility constrains advocacy, education and system improvement, as environmental factors remain absent from formal data, funding models and quality indicators. The paper argues that making environmental determinants visible is essential for aligning nursing practice with prevention, sustainability and long-term patient outcomes.

4. How does environmental health contribute to moral distress among nurses, according to the paper?

Environmental health contributes to moral distress by placing nurses in situations where they recognise harm but lack the authority or resources to prevent it. Nurses are ethically committed to health promotion and harm reduction, yet work within systems that generate significant environmental damage and future health burden. The paper explains that this contradiction creates ongoing ethical tension, particularly when nurses are aware of unsustainable practices but feel powerless to influence organisational decisions. Over time, this unresolved tension contributes to frustration, disengagement and burnout rather than isolated ethical discomfort.

5. What occupational health and safety risks related to environmental change are increasingly affecting nurses?

Environmental change introduces occupational risks such as heat stress in poorly climate-controlled facilities, respiratory exposure to smoke and pollutants, physical hazards during disaster response, and fatigue associated with prolonged high-demand periods. The paper notes that these risks challenge traditional assumptions about healthcare workplaces as controlled environments. Nurses working in community, rural and disaster-affected settings are particularly exposed, yet these risks are often under-recognised in workforce planning and occupational health frameworks, increasing vulnerability and compounding existing workforce pressures.

6. Why is it inappropriate to place responsibility for environmentally sustainable healthcare solely on individual nurses?

Placing responsibility solely on individual nurses is inappropriate because environmental harm in healthcare is driven largely by system-level design, procurement, infrastructure and policy decisions. While nurses can contribute to sustainability through practice-informed initiatives, the paper emphasises that individual behaviour change cannot compensate for structurally unsustainable systems. Framing sustainability as a personal responsibility risks increasing guilt and moral distress while obscuring organisational accountability. Meaningful change requires leadership commitment, resourcing and system redesign, with nurses supported as contributors rather than burden-bearers.

7. How does environmental health intersect with health equity, and why is this particularly relevant to nursing?

Environmental health intersects with health equity because environmental harms disproportionately affect vulnerable populations, including older adults, people with chronic illness, rural communities and Aboriginal and Torres Strait Islander peoples. The paper highlights that nurses often work closest to these populations and therefore witness how environmental exposure compounds existing social disadvantage. This intersection is particularly relevant to nursing because it reinforces the profession's role

in advocacy, culturally safe care and addressing social determinants of health, while also increasing the complexity and emotional labour of nursing practice.

8. What role does education and continuing professional development play in preparing nurses to respond to environmental health challenges?

Education and CPD are essential for building environmental health literacy, enabling nurses to recognise environmental determinants, articulate their relevance to care, and engage confidently in interdisciplinary and organisational discussions. The paper argues that without education, environmental factors remain implicit and unaddressed, limiting nursing's professional voice. CPD is particularly important for experienced nurses whose initial training may not have included environmental health, supporting both competence and confidence while reducing frustration associated with awareness without agency.

9. How can environmental sustainability be aligned with nursing priorities of quality and safety rather than treated as an additional burden?

Environmental sustainability can be aligned with nursing priorities by embedding it within quality and safety frameworks rather than positioning it as a separate initiative. The paper explains that sustainable practices often improve efficiency, reduce waste, enhance infection prevention and support safer care environments. When environmental actions are integrated into existing workflows and supported by leadership, they complement rather than compete with nursing priorities. This alignment legitimises environmental engagement as part of good nursing practice rather than an optional extra.

10. Based on the paper, what limits should exist around nurses' responsibility for addressing environmental health issues?

The paper suggests that nurses have a professional responsibility to recognise, document and advocate around environmental health impacts, but that this responsibility has clear limits. Nurses cannot be expected to resolve systemic environmental harm without organisational authority, policy support or adequate resources. The appropriate limit lies where responsibility shifts from individual professional action to collective, system-level accountability. A balanced approach acknowledges nursing's ethical commitment while rejecting unrealistic expectations that place disproportionate responsibility on the nursing workforce.