REPORT ON THE INTERNATIONAL COUNCIL OF NURSES (ICN) CONFERENCE HELD ON 26TH JUNE- 2ND JULY, 2003 AT GENEVA SWITZERLAND.

INTRODUCTION:

ICN is a federal of National nurse’ Association, representing nurses in 125 countries founded in 1899, ICN is the world’s first and largest international organization for health professional operated by nurses for nurses, and works to ensure quality nursing care for all it provide guidance for sound health policies globally, the advancement of nursing knowledge and the presence worldwide of a nursing profession for the provision of competent and satisfied nursing workforce.

Out of the 125 member countries, 80 countries were represented at the conference. At the end of registration, 1, 215 nurses worldwide converged at Geneva to share ideas, take stock of achievement and the way forward.

A three (3) days (27th-29th) scientific section preceded the Council of National Representative (CNR) meeting (30th June- 2nd July, 2003).

Well – seasoned presenters delivered interesting lectures, symposia and debates on varying topics, in all 40 presentations were made some of which included.

- Building Excellence, Through evidence- keynote
- Protecting the girl child
- Patient Safety and Medication use
- Search for quality care- does Patient Satisfaction matter?
- Writing grants Proposal.
A colourful CNR opening and official closing of conference took place on the 29th of June. In attendance to grace the occasion were the Mayor of City of Geneva- Enrico Zuffi, The new Director General of WHO- Dr J. Lee and Princess Muna of Jordan.

Ms Christine Hancock, ICN President addressed the well attend ceremony by first reaffirming all nurses sentiments and sharing the tremendous disappointment of Moroccan Nurses, the Moroccan royal Family, government Officials and citizens who have worked so had and looked forward to welcoming the world’s nurses.

The president condemned to recent tragic bombing in Morocco which led to the very difficult decision to relocate the conference to Geneva.

She said though nurses all over, are stressed and over worked; she believes we have a bright future. In caring, we see the value of our work in the faces of our patients/clients and we step into peoples lives and make a difference. She advised all nurses to use their imagination to innovate, our professional to perform Excellency at work and our openness to collaborate and build strategic partnership.

She concluded by extending a sincere ‘thank you’ to all the participants, speakers, sponsors and exhibitors for supporting in moving the venue from Marrakech to Geneva.

Both the Mayor of Geneva and the Director General of WHO took turns to address the audience. They both acknowledge the tremendous role nurses and midwives play in the health delivery systems and saturated nurses all over the world.

Dr Lee (Director General WHO) observed with great concern the increase of communicable disease and the need for more nurses to be trained. He highlighted on the WHO millennium Development Goal on Nutrition, HIV/AIDS and Maternal and Child Health.

He finally pledged their support for ICN and asked all nurses through the world to join hands with WHO to improve the health status of all. The ceremony ended by a musical entertainment by blue stumppers.
CNR BUSINESS SETION 30TH JUNE-2ND JULY

The council of national representatives (CNR) is made up of the Presidents, secretaries of all member countries. The three days business section was chaired by the Presidents Ms. Christine Hancock. After preliminaries meeting procedures, the following were present:

- Report of the President
- Report of the Chief Executive Director
- Report on Finances

PRESIDENTS REPORT

She highlighted on what she and the board have done during the two (2) years under review (2001-2002). During the past 24 months they have visited many national nurses association (NNAs) and have been impressed by the work nurses are doing and the tremendous volunteer effort some are making. In meeting many NNA leadership in national and regional meeting they have come to appreciate more fully the commonalities and diversity within global nursing community. They have also learned more about the challenges we face at home.

In all over 30 countries were visited. They represent ICN at meetings of ILO, WHO, standing committees of nurses of EU and other ICN affiliate bodies. Visiting African countries (Ghana, Namibia) confirmed the enormous challenges nurses face with HIV/AIDS and from drastic nursing shortage. The continuing brain of nurses and midwives from developing to develop countries is a great concern for the board and therefore support the migration study with WHO and RCN, looking at migration trends and the factors that influence nurses to move ICN has as a result developed a position statement on Ethical Nurse Recruitment.

Wherever they went, they encountered the issues at leadership, advocacy and influencing policy. She is however pleased that the ICN’s leadership programmes. Leadership in negotiation and leadership for change is increasingly evident. She noted that it takes time to realize and sustain change and promised that ICN will continue to train its members on leadership, advocacy and influence policy.

She urged NNA’s to continue to communicate with ICN to help keep the board and staff up to date.
She noted that this year's ICN environment scan identified the following as key issues: globalization, conflict, public sector restructuring, poverty, HIV/AIDS and Sars. Within nursing, in addition to HIV/AIDS, the shortage crisis and migration topped the list followed by working conditions, salaries, and access to education. She encouraged NNA's to work hard to resolve these issues. She expressed her gratitude to RCN which funded her trips.

REPORT OF CHIEF EXECUTIVE DIRECTOR

She expanded on the activities of ICN with two (2) years. Which included regional workshops and the various ICN representation and consultation activities with other partners; WHO, ILO, UN, WHA, UNAIDS, etc., and ICN project.

On nursing education, ICN Marck Mobile Library has been instituted to provide current health care information to nurses working in rural and remote areas. It is funded by Merck and Co. Inc. and Elsevier, the publishing company. The sponsors have observed that nurses deliver more than 80% of health care and are the frontline health workers. Learning from information line is very useful and have decided to encourage it.

- Ghana
- Swaziland
- Zimbabwe
- Botswana
- Tanzania
- Zambia

Mrs Banga and the leaders of the countries presented reports on how the libraries are being used. In Ghana the two mobile libraries are cited in East Mamprusi district in the Northern Region and Kwahu South in the Eastern Region. Meanwhile, the two already in would be rotated regionally after every four (4) months.

CNR FORUMS

Four fora were held to discuss major topics to enable ICN develop a position statement and to guide NNA's in their search to solve problems.

- Achieving Alternatives to Nursing Migration
- Workload tools, ratios, and quality care
- Moving Advance Preventive Forward
- Poverty and Gender
ACHIEVING ALTERNATIVES TO NURSING MIGRATION

There was consensus that nurse migration is globally linked to the current increased demand and decrease supply. Though the causative factors may differ may differ from country to country, 32 NNA’s confirmed that career and educational opportunities as well as economic factors lead to nurses migration. The complexity of the nursing shortage is underlined by the multitude of contributing factors, including World Bank and International Monetary Fund (IMF) policies, which impose downsizing and substituting of nurses (sometimes up to 20% of nurse population) as well as an inadequate number of employed nurses. Casualization and job insecurity.

Nurse migration has positive and negative consequences for both destination and source countries. Several strategies were recommended such as

- Forming strategic alliances and creating mechanizes to safeguard nurses’ rights and benefits as individuals and professionals, including the rights to migrate, orientation spread post, migration and the elimination of discriminatory practices.

- Reliable, standardized and comprehensive datasets of the national level which can then serve for international comparison and co-operation between NNA’s perhaps based on national or provincial registries with mandatory license renewal.

- International positions statement on critical issues related to foreign nurse recruitment in support of lobbying and campaigns at levels, including the negotiation of international trade agreements and ethical nurse recruitment.

- Raising the awareness of the values of nurses’ work and contributing to society and safe guarding the positions of nursing as an autonomous profession. Inventories of nursing schools and development of graduate competencies.

- Empowering nurse leaders for political positions

- Encouraging nurses to file complaints when maltreated.

- ILO to formulate standards on migration to project nurse migrants

- Empowering NNAs through the ICN leadership and safeguard patients right to health care.

- Using the nursing shortage to strengthen nurses claims for higher pay and better conditions. Workload tools, ratios and quality care
Workload tools and ratios have emerged as mechanisms for managing nursing resources and therefore nursing workforce supply. To date, there is no formal evaluation to determine the relationship between workload tools and ratios, and subsequent quality care. The question remains what the optimal supply of nurses is and in particular, how one measures the environment so that the supply is constant, yet flexible resource.

Three (3) factors contributing to the need for strategies to determine the optimal supply of nurses in health care delivery system were identified.

1. Increased workload demand
2. Insufficient funding for health services
3. Insufficient staffing levels.

The consequences of these contributing factors include stress and burnout, migration, decreased quality patient care, decreased pay nursing services, increased workload and unsafe work environment for nurses.

34NNAs cited examples of workload issues specific to their countries, not only in the context of the number of nurses per patient but also the type of duties required from the nurse (e.g. administrative duties versus hands on care)

1. Developing guidelines to assist in determining how many nurses are actually needed to provide quality care in various health care venues.
2. Setting a research agenda to further evaluate workload and staffing tools and subsequent quality care which will focus on.
   • Number of patients
   • Staff experience
   • Severity of patients conditions, and
   • Support services.

**MOVING ADVANCED PRACTICE FORWARD**

There was consensus that standards and competencies are needed as well as the right combination of education experience and education.

All countries acknowledged the need for education and the training beyond basic level. Some called for increased standardization of advanced practice programmes. The importance of continuing education was highlighted. Many references were made to the need for education of practitioners and teachers at masters and doctorate levels.
It was emphasized that the advancement of practice and the development of nursing roles must be done in response to identified patient need. The need for all nurses to understand the concept of advanced practice and the significance of advance practice role was highlighted.

NNAs should play an active role in moving advanced practice forward.

**POVERTY AND GENDER**

There was reference to the linkages between poverty, gender, and nursing which was highlighted indicated that poverty leads to poor health, and poor health causes poverty. Care and caring are often threatened because of economic constrains. Members acknowledge ICN’s belief in the fundamental right of women to the highest level of health and the need for integrating gender into all aspects of health, including epidemiological studies, planning of health services, care and training. Gender refers to men and women (e.g. men in nursing are a minority and the needs of men and women must be addressed with no bias. Men who are disadvantaged by poverty may cause some social ills such as violence). There was a scene that we have been talking for and it is for action. Actions proposed include:

- Equipping nurses with leadership skills and to help be positioned in national policy making bodies such as the national parliament.
- Work with NNA to increase access to equity in health care (e.g. 90% of health personnel are women but they represent only 4-5% of those in leadership positions).
- We must indignant about poverty and gender inequity and defend patients who have no access to health care.
- Use ethical arguments in advocacy for equity and access.
- Be proactive and present professional image.
- Develop programmes that benefit vulnerable groups (e.g. investing in young people to develop life skills)
- Involve influential stakeholders in programmes.
- Maintain address internal problems within NNAs before we can help others
- Focus on communities and not just individuals to address poverty and gender issues.
- Include men in planning and programmes.

ICN to negotiate with IMF to cancel debt of poor countries and NNAs to strengthen advocacy roles.
The business section of CNR came to a close after Indonesia was officially received as ICN members. The next ICN meetings venues were announced as follows: Taipei, Taiwan 20th-27th May, 2005, Yokohama, Japan 27th May-1st June, 2007, Durban South Africa 2009.

The President thanked all present and forward for a continuous work to realize ICN’s vision of a competent, caring profession together to shape a future of health people in the health world.

CONCLUSION

The Ghana Registered Nurses Association is most thankful to the Minister of Health Hon. Dr. Kweku Afriyie, the Government of Ghana, the Chief Director of MOH and all who made it possible for a delegation from Ghana to attend this very important conference. The rich experience gained would be used to improve the nursing and midwifery care in our dear country.

MRS EMMA H. BANGA                                  MRS ALICE D. ASARE-ALLOTEY
(PRESIDENT)                                                         (GENERAL SECRETARY)