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Tēnā Koe Françoise

**RE: ICN STRATEGIC PLAN 2011-2014**

The New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment on the above document. Our comments are informed by discussion and feedback from staff and members who are familiar with ICN's purpose and functions. These include members of NZNO Nursing and Midwifery Advisory Committee (NMAC); Dr Merian Litchfield, distinguished nursing researcher and educator; Beverley Rayna, former member of the Nursing Council of New Zealand, and our professional nurse and policy advisers. Ideally we would have preferred to have consulted more widely, but the short time frame for consultation precluded this.

NZNO members appreciated the opportunity to contribute to ICN planning at the workshops held in Malta earlier this year, but, as CEO Geoff Annals noted in his email to David Benton (28 July 2011), that process was somewhat flawed in that the anticipated collation of feedback from the workshop and further opportunity to engage, appears to have been abandoned<sup>1</sup>. We note that we were unable to access some of the workshop feedback, and that it is not clear whether this strategic plan follows another, in which case an evaluation of its predecessor

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<sup>1</sup> We note that to date, no reply beyond acknowledgement, has been received.

should be available. We strongly recommend that ICN develop robust transparent processes and appropriate timeframes for consultation to encourage genuine engagement, thoughtful feedback and consistent planning.

NZNO acknowledges the need for a focused strategic plan to achieve ICN's purpose, mission and goals, and we congratulate you on taking this step. However, we are concerned about some aspects of the strategic direction, in particular the underlying assumption that the purpose of the ICN is to lead nursing, as if it were an international constant rather than support National Nursing Associations (NNA) to lead nursing that is culturally relevant in their respective countries. We believe that this signals a fundamentally different direction for the ICN from its original intent, and warrants wider discussion than can be encompassed in this submission. Accordingly, we offer some preliminary thoughts on a broader reference framework for the ICN's strategic plan, before commenting on the document specifically. We have also taken this opportunity to append some comments which have arisen through discussion of this document, which, while not directly relevant, do have some bearing on focal areas for the ICN.

## **Discussion**

The ICN was established to facilitate the exchange of nursing information and encourage the development of NNA so each could take a leadership stance on the nursing contribution to health in their respective countries. As global communication has become faster and the global community smaller, however, there is both the opportunity and, perhaps, pressure to use the democratic structure of the organisation as a *proxy* to represent, set standards, and speak for, the global nursing community. This is not tenable because of the diversity of cultures and circumstances of nurses around the world: one body, based in one country and subject to its laws, cannot speak for all, even if equal representation was assured, which it is not<sup>2</sup>.

NZNO's view is that the ICN's function is dialogic - to be inclusive, nurture participation, and celebrate diversity and equity, rather than give direction as if from a senior authoritative body. Aotearoa New Zealand for instance, has a bicultural perspective unique to our own history, culture and people. While we

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<sup>2</sup> Though it is tempting to establish "gold standards", in practice they work very well for some cultures and are irrelevant, perhaps negative, for most others. The International English Language System is an excellent example of a "gold standard" which, in fact, works *against* safe standards for nursing communication, contributes to the exploitation of nurses from developing countries, and wastes health resources. See NZNO submission to the Nursing Council of New Zealand on the proposed changes to the English language policy, 2008. Retrieved September 2010 <http://www.nzno.org.nz/LinkClick.aspx?fileticket=CSlozxNi07A%3d&tabid=511>

aim to share information, innovation and procedures with other nations, how they are used must come from the health systems and express the cultural values of each individual nation.

Similarly, the ICN can represent the diversity of approaches and nursing innovation around the world and advocate for NNA in international health conversations, but it cannot dictate what nursing is or 'should' be in each country. Facilitating dialogue between nations allows the respective NNA to develop their own ideas in the global context, and thus strengthen and add credence to their efforts nationally. We believe ICN's role is to sustain the flow of information, research and evidence to be available to NNA for comparative analysis. This is in contrast to the view that ICN *generalises* from that data itself, to be an authoritative, collective voice. The latter has the potential to weaken the voice of the NNA in their own countries in the event they take a different position from the ICN.

For many NNA, the obvious barriers to full participation in ICN decision making - lack of resources, distance, opportunity, cultural differences - preclude the ICN's ability to be representative of the global multicultural community of nurses. Funding should thus be directed towards facilitating dialogue among NNA and research focussed on health (including illness, disease and disability); the nursing workforce cannot be separated from the national context of health purpose. The ICN may identify international themes and challenges to health it considers being of interest to nurses, but the solutions must be locally relevant. (See addendum for further discussion)

ICN should develop its strategy around a re-envisaged purpose to have relevance in the contemporary era of communication technology - an international hub of dialogue amongst NNA, facilitating the flow of information and engagement in research in support of their respective efforts, including the development of professional practice and education, and participating in the development of health services and policy.

## **ICN Strategic Plan 2011-2014**

### **Our Strategic Plan**

- As indicated above, NZNO cautions against a strategic direction in which ICN takes an authoritative, rather than facilitative, role. We support transparent and outcomes-focused governance.

- NZNO notes that ICN cannot "be the voice of nursing internationally", but can advocate for the diversity of approaches and innovation around the world in nursing and promote inclusiveness and participation through dialogue among NNA.
- We note that the mission statement is different from that expressed in the accompanying document. We suggest the mission statement and goals should include health as well as professional aspirations, for example, influencing health policy to improve health equity.
- We suggest *inclusiveness* should embrace respect for and nurturing of diversity in order to affirm each NNA responsibility to determine its own pathway.
- We suggest replacing *innovativeness* with *innovation*.

### **Achieving our Purpose**

- NZNO **does not support** reference to improving *the standards of nursing* in the second bullet point, for the reasons outlined above.

### **Domains of Work**

- As indicated, the ICN is not and cannot represent the voice of nurses in multiple nations and regions; it can only advocate for the efforts of NNA.

### **Influencing Nursing, Health and Social Policy**

- Bullet point one - amend *futures* to *future*.
- Bullet point two - use lower case for Fact Sheets; it is not clear what the asterisk is for; clarify that information published is for sharing and comparison (i.e. collating evidence) not for standardisation.
- Bullet point three - amend *implements* to *implement* and all acronyms should be written in full.
- Bullet point four - amend *influences* to *influence*.
- We suggest an additional point re international collaboration, such as identifying common themes and challenges for nursing, for example health equity; attracting and disseminating research funds for research which will

have relevance for the international dialogue on health and support NNA to achieve their goals.

### **Improving standards of nursing and the competence of nurses**

- NZNO does **not support** the definition of international standards or core competencies for nurses outside the context of national health systems and cultural values, which are diverse in every way.
- We strongly recommend that the strategy articulates ICN's support for diverse representation through disseminating the achievements of NNA and facilitating them to develop their own appropriate standards and competencies.
- The first bullet point - 'increasingly harmonised' is both vague and subjective; 'internationally recognised' standards may have more to do with political trade agreements, locally-framed pragmatism or cultural dominion than 'health', and therefore can only be assessed within the context of the particular health system, which is the prerogative of the NNA, not the ICN.
- We suggest replacing *unified nursing language* with *common nursing understanding and reference points*.
- We recommend that the fifth bullet point be expanded to include specific reference to strengthening regional structures, for instance the South Pacific Nurses Forum (SPNF), particularly where there is potential for NNA with well established nursing structures to engage with those of developing countries in their regions.

### **Promote the development of strong national nursing associations**

- NZNO strongly supports the ICN purpose, as the hub of nursing networks to strengthen NNA be the hub of nursing networks and recommends enhancing regional structures which promote dialogue and collaboration.
- The acronyms need expanding in the penultimate bullet point.

### **Represent nurses and nursing internationally**

- We do not support the phrase *leading representative of the national nursing community* in the first bullet point and suggest replacing it with something along the lines of *leading the operation of an inclusive, participatory hub of the international nursing community*.
- We suggest that *attractive* (bullet point two) be replaced with *user friendly*

- We note the ICN network has significant potential to influence health and social policy via NNA.

### **Establish, receive and manage funds...**

- NZNO suggests rewording the last bullet point to read *ICN raise funds..... to the advancement of the nursing profession within and between NNA worldwide.*

### **Measuring our performance**

- Evaluation is an important management tool, and NZNO is pleased that the measures associated with each perspective of the 'balanced scorecard' approach will be monitored routinely by the planning and finances committee and open to NNA scrutiny.
- We would also recommend independent assessment from time to time.

In conclusion, NZNO supports ICN having a strategic plan, but believes that the processes followed and the content of this draft plan indicate the need for a more in-depth discussion around ICN's purpose and core functions in relation to the diversity of nursing and NNA in the contemporary world of information and communications technologies .

Nāku noa, nā



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## ADDENDUM

*The following comments and suggestions arose from discussion of the ICN Strategic plan with a small group of nursing leaders.*

Supporting smaller, regional fora, for example, may achieve more than is possible through the large ICN national conference which often lacks relevance and is prohibitively expensive for many participants. While assistance can and should be provided for those from developing countries to attend, several NZNO members note that very large meetings, which try to cover too much, "lose their usefulness". While there is a genuine mandate for the ICN to hold an annual conference for its members, this is not the case with the triad biennial conferences and NZNO takes this opportunity to question whether these should continue. We recommend ICN facilitating member participation in smaller, more variously- focused regional fora as the support for NNA to address their national health policies, rather than trying to engage directly with policy makers at a global level.

A more localised approach may also encourage more awareness of ICN's strategic role. NZNO's experience is that, in spite of the significant membership fee we pay, generally members are only peripherally aware of ICN, and interaction is limited to International Nurses Day and we are aware that we need to increase the visibility of the ICN and to promote it as a credible, relevant source of information/discussion on nursing issues important to our members. NZNO has already achieved some of the outlined NNA objectives, but we believe that with ICN support, for example, through the South Pacific Nurses Forum, we could collaborate more closely with the smaller NNA to develop strong, coherent policies to improve health outcomes for the region. We suggest ICN's strategic plan should be focussed on enabling equitable participation and self determination for developing countries.

### **ABOUT NZNO**

*NZNO is the leading professional and industrial organisation for nurses in Aotearoa New Zealand, representing over 45 000 nurses, midwives, students, kaimahi hauora and health workers on a range of employment-related and professional issues. Te Runanga o Aotearoa comprises our Māori membership and is the arm through which our Te Tiriti o Waitangi partnership is articulated.*

*NZNO provides leadership, research and support for professional excellence in nursing, negotiates collective employment agreements on behalf of its members*

*and collaborates with government and other agencies throughout the health sector. Nurses are the largest group of health professionals comprising half the health workforce.*

*The NZNO vision is “Freed to care, Proud to nurse”. Our members enhance the health and wellbeing of all people of Aotearoa New Zealand and are united in their professional and industrial aspirations to achieve a safe, sustainable and accessible system of public health care for all New Zealanders.*