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**Perspectives on International Health Policy  
for Advanced Nursing**

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It is a pleasure to be here today and to bring greetings on behalf of the International Council of Nurses (ICN), our Board of Directors and staff, and your colleagues in the 125 national nurses' associations that make up ICN.

As you know, the Korean Nurses Association has been part of the ICN family since 1949. During that time you have shown the people of Korea, as well as your global colleagues, that you are passionately committed to advancing your profession and the health of your society, and are keen to ensure you are meeting global nursing practice standards.

Most recently, your commitment is evident by your continuing efforts to secure a Nurses' Act in this country. ICN supports these efforts. Indeed our historic commitment to assuring the regulation of nursing grows from our belief that statutory regulation is an important mechanism for public protection, a perspective that is shared by the World Health Organization (WHO).

We work closely with WHO regions to promote nursing legislation in countries where it does not exist. These efforts align with ICN's mission, which is to represent nursing worldwide, advancing the profession and influencing health policy.

During our time together today you have asked me to discuss health policy; specifically, *Perspectives on International Health Policy for Advanced Nursing*. We will move to advanced nursing shortly, but first allow me to share some thoughts about health policy and the context in which it is developed.

## The policy context

Today, many developing and industrialized countries are reforming their health care systems so they can best use limited resources to improve the health status of their populations. In this context, health policy has taken on new significance. Governments are changing the structure and management of organizations and how they deliver services. In doing so they are dramatically affecting national health policy in some instances.

This reality is reinforced in the World Health Organization (WHO) publication *The Policy Process*, which emphasizes that for governments to improve the health of their populations, they need sound policies.

If those policies are to be relevant and effective, however, the voice of nursing is greatly needed. Our societies cannot address the serious challenges of our time without making full use of nursing's expert knowledge and experience.

#### Nurses and policy development

In 1999, as we celebrated ICN's centennial, we launched a global vision for ICN and professional nursing in the 21<sup>st</sup> Century. The vision declares, in part, that: *Our mission is to lead our societies to better health.*

If we are to realize this vision, nurses must do more than care, more than advocate, more than conduct research.

Quite simply, we need to be actively involved in shaping healthy policy. In 2000, ICN adopted a position statement to this effect called *Participation of Nurses in Health Services Decision Making and Policy Development*.

As we know, nurses interact closely with health care consumers in a wide variety of settings. This gives us a broad appreciation of health needs, how factors in the environment affect the health of clients and their families, and how people respond to different strategies and services. We help interpret people's needs and expectations for health care.

Further, we conduct nursing and health research that contributes evidence to policy development. And because we constantly work with the cost-quality constraints of health service delivery, we are in an excellent position to advise on policies aimed at cost-effectiveness in health care.

I'd like to take a moment, here, to make a distinction between health policy, and policy relating to health. Health policy usually refers to policy developed within the health sector, or under the control of the health sector, and relates to health and health services.

However, policy that has an impact on health and health services can be initiated and controlled outside the health sector. Examples would include housing, social security, the food and tobacco industries, or public water supplies. Here, private companies, other governmental departments or local and regional government can be major players.

All this to say that nurses need to have a good knowledge of the broader environment that affects health, and of the relevant players and networks. My message is that nurses need to be involved in shaping not just nursing policy, and not just health policy. We need to be involved in shaping social policy as well.

Further, nurses need to clearly understand how policy is developed and implemented, and its wider context. Without this understanding nursing will not be included in the policy process. To assist in this area, ICN has developed a useful primer called *Shaping Effective Policy*. You will find this paper, as well as our policies, guidelines, fact sheets and press releases, on our web site: [www.icn.ch](http://www.icn.ch).

I believe that nurses' associations are a key vehicle for influencing policy, nationally and globally. I commend you for building a dynamic association here in Korea. ICN itself works to shape healthy policy at the global level. We advocate for policies that contribute to the health of populations, sustainable development and the security and just treatment of nurses and health care professionals.

Still, the policy area has traditionally been nursing's area of slowest advancement. I believe your new institute will help move us forward.

The research institute, with its policy focus, seems a natural evolution for Korean nursing. Your legacy has been one of strong nurse leaders with backgrounds in policy and politics -- leaders such as Dr. Hwa-Joong Kim and former ICN president Dr. Mo-Im Kim, both of whom served as Secretary of the Ministry of Health and Welfare; Dr. Susie Kim, a tireless advocate for persons with mental illness; Dr. Soon-Ja Kim, who was an ICN Board member from 1993 to 1997; your current KNA president Dr. Eui-Sook Kim, who is leading efforts toward a Nurses' Act in this country -- and others too numerous to mention.

Today, more than ever, we need strong nurse leaders such as these. Because in this complex and too-often disturbing world we live in, it is leadership that will help take us to a new tomorrow.

Today's climate

Today, when we look around the world, we see war, poverty, homelessness, HIV/AIDS, environmental problems, and natural and manmade disasters. We are challenged by new diseases such as SARS and re-emerging diseases

such as tuberculosis, hepatitis and malaria. Meanwhile, our profession is challenged by a global shortage of nurses. And many of our colleagues work in extremely difficult conditions. In rich and poor nations alike, nurses are stressed and overworked.

In most parts of the world, too, the health environment is characterized by the conflict between economic restraint and increased need and demand for health services. This means countries must decide how much and what quality of health care they can afford.

To meet these challenges, many health systems are undergoing rapid change -- change that is occurring within the broader economic reform being implemented by governments worldwide. Each nation is attempting to deal with health care needs in a manner best suited to its people.

#### Global interest in advanced nursing

It is within this climate that strong interest in advanced nursing is emerging worldwide, both within and outside the profession. This is reflected at ICN itself, where we have a very active and well developed International Nurse Practitioner/Advanced Practice Nurse (INP/APN) Network, and I will talk about their work shortly. But I need to clarify what I mean when I say 'advanced nursing' -- I am referring to nurse practitioners and advanced practice nurses.

To facilitate a common understanding and guide further development of these advanced roles, which are evolving globally, ICN, through the expertise of its advanced practice network, has developed a definition and characteristics of the Nurse Practitioner/Advanced Practice Nurse. They represent ICN's official position and current and potential roles worldwide.

ICN defines the Nurse Practitioner/Advanced Practice Nurse as "a registered nurse who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice, the characteristics of which are shaped by the context and/or country in which s/he is credentialed to practice. A Masters degree is recommended for entry level."

Allow me to provide an example of advanced practice nursing from the United Kingdom. There, a multiple sclerosis (MS) Nurse Consultant leads a team of hospital-based MS nurses, working closely with neurologists and multidisciplinary colleagues. Using her expert knowledge, her role is to lead and improve the delivery of MS

care across several hospital sites. With her colleagues, she has developed integrated care pathways, introducing nurse-led clinics that ensure continuity of care through an identified nurse.

In Canada, meanwhile, nurse practitioners might work in a community health centre in collaboration with a physician and other health professionals; in the Emergency Department of an acute care centre; in a nurse-run clinic; or in a long-term care facility. Using a holistic, primary health care approach, they focus on health promotion and disease prevention, as well as some diagnosis and treatment. They can be entry points to the system, order some tests and prescribe from a predetermined list of medications. They work both autonomously and collaboratively in the interests of the patients in their care.

Here in Korea we see that currently more than 2000 Community Health Nurse Practitioners provide primary health care to about twenty-eight percent of the rural population. An average day for the Community Health Nurse Practitioner will include performing physical examinations, screening, and in-clinic consults from 9 a.m. to 12 noon. After lunch, home visits and phone contacts are made out in the community. People can call in after clinic hours with concerns and urgent problems. During the winter, which is a slower time for the farmers, the Nurse Practitioner schedule educational programs on cardio vascular disease, arthritis, communicable diseases, mental health/dementia and other topics of interest to the people.

Examples such as these help illustrate why there is growing interest in such roles worldwide. Current global interest centres on the knowledge that Nurse Practitioners and Advanced Practice Nurses provide safe, comprehensive, cost-effective and holistic care. Research shows that these nurses produce a high level of satisfaction in their patients -- and, incidentally, in themselves. Importantly, they have the potential of improving accessibility to primary care and primary health care.

Advances in technology have added complexity to the health care environment, at the same time offering nurses opportunities to be more innovative in care delivery -- telenursing being one example. We need to remember, too, that health care needs are changing. We are faced with aging societies, more demand for chronic care, and increased opportunities for home- and community-based care -- all areas where advanced practice nurses can be extremely effective.

As well, traditional biomedical practices alone are insufficient for providing the care demanded by today's consumers. Nurses with advanced knowledge and skills expand health care options. I also believe that greater openness to advanced nursing roles is an acknowledgment of the tremendous confidence and trust that people have in nurses.

### Challenges

Still, we have sometimes seen strong resistance to advanced practice nursing roles. This was the case in Canada a few years ago, but time, interests and positions have changed. They have also changes in the United Kingdom, where nurses are running walk-in clinics serving as consultants to patients and other health professionals and doing a wide variety of jobs, once seen as only the role of physicians.

Physicians have balked when they felt threatened – with a change in roles, income, authority, etc. However, where roles are clearly presented as complimentary and as freeing a physician and others to do other work, and where there is honest and regular communication – resistance quickly subsides.

Other challenges include lack of supportive legislation to facilitate advanced practice roles, some title confusion, and education of the public in terms of what nurse practitioners and advanced practice nurses can do. Worldwide, there also remain some inconsistencies in definition and scope of practice.

Some of the important work being done by the ICN International Nurse Practitioner/Advanced Practice Nursing Network is to develop a guideline document on scope and standards that will help bring us, globally, to a common understanding in these areas. Indeed a draft document was offered for review to the international nursing community earlier this year. Based on the input received, the scope and standards are being refined and will be available as a completed document in 2005.

The scope is based on the approved ICN definition of the Nurse Practitioner/Advanced Practice Nurse, while the standards guidelines are based on the premise that core competencies rest on three pillars: standards for practice, standards for education, and standards for regulation. A current discussion is whether to regulate advanced practice differently than the rest of the profession. But clearly, there is a need for regulation no matter what the level of practice.



Where it is working well, Advanced Practice is currently providing the Consumer, nurse, employer, government and other health professionals increased efficacy, effectiveness and satisfaction. The nurses enjoys added autonomy and job fulfillment is high as we expect it to be when one has the opportunity to work more closely to their full potential.

The future should see advanced practice continue to grow. At the same time it is important that the message is clear: Embracing advanced practice does not mean we no longer need or appreciate nurses in other roles. It means there are usually stable policy status, standards, competencies and known roles and expectations for these nurses. The same is not true for advanced practice - this is why we need to focus attention on it today.

Advanced practice offers the opportunity for us to enhance patient care and advance the nursing profession. We need to ensure a sound policy base for this exciting evolution.

I'd like to return, now, to the topic with which we began, *Perspectives on International Health Policy for Advanced Nursing*.

To review, we have seen how cost pressures and increased health demands are driving governments around the world to explore new approaches to health service delivery and guide health policy development.

We have seen how governments in many countries are looking to nurse practitioners and advanced practice nurses to help address the considerable challenges they face in improving the health of their populations. An estimated 40 countries now have emerging or established advanced practice roles.

And we have seen that in some places there is resistance to such roles and, we might say, some misunderstanding.

At the same time organizations, like the World Health Organization, are looking at how to better utilise nurses and nursing to address the serious global health issues before us -- AIDS and poverty being two striking examples. Today, all societies rely heavily on the work of nurses -- and there are over 12 million of us. And this will continue to be the case in the future.

## Conclusion

What will that future look like? As ICN's vision for the 21<sup>st</sup> Century underlines, it will be a future in which nurses lead our societies to better health.

To do this we must help create a strong, united voice for nursing; develop the leadership skills to make our voice heard; and demonstrate leadership by working with our governments to shape healthy policy.

Whether we are talking about shaping policy related to advanced practice, clean water, gender equity or poverty, we need to be fully engaged in the policy development process. This includes providing evidence to advance our point of view, and to affirm the difference we make in terms of quality care, cost-effectiveness, patient outcomes, and other such measures. ICN's International Classification for Nursing Practice offers a framework for building evidence for nursing and health care outcomes. And for documenting what nurses contribute to health care.

This is where your research institute has such a valuable contribution to make. In the years ahead, the global nursing community will look to institutes such as yours for evidence to advance meaningful policy, including evidence demonstrating the value of advanced nursing roles.

In closing, I would like to return to ICN's vision statement, because I think it aligns nicely with our theme today. I have taken some excerpts only, but I do hope you will take the time to visit our web site and read the statement in its entirety. It begins:

"United within ICN, the nurses of all nations speak with one voice. We speak as advocates for all those we serve, and for all the unserved, insisting that prevention, care and cure be the right of every human being. We are in the vanguard of health care progress, shaping health policy around the world through our expertise, the strength of our numbers, the alignment of our efforts and our collaboration with the public and with other health professionals...."

"Our mutual efforts assure that the nursing profession is highly valued everywhere, and appropriately utilised, recognized, rewarded, and represented throughout the health care system. Our highest reward is the certain knowledge that our work is shaping a future of healthy people in a healthy world."

I invite you to face that future and meet your colleagues from around the world at ICN's next congress, entitled *Nursing on the Move*, to be held in Taipei, Taiwan in May 2005. I hope to see many of you there.

Thank you for this opportunity to speak to you today.