

Directions and Strategies for Nursing Enrichment : The International Scene*

Kim, Soon Ja RN, PhD**

Nominal definition of enrichment reads (Webster's, 1966) ; to increase intellectual and spiritual riches of life ; to fill with things of value ; add to the content of value ; to improve by additions of certain things ; to make richer with some quality ; to increase proportion of value and to expand and deepen the contents of value.

Nearly 6 billion(5,750 million, UN, 1995) inhabitants are apparently living on this planet 'earth'. What is the value and the quality of prime importance all these people regard? To 'live healthy life' themselves with their families had been, and will be the utmost value for all people. 'The enjoyment of highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition' is the statement of the belief in

the constitution of World Health Organisation(WHO, 1948). Thus, 'health for all' human beings is the major issue for every government on this planet as well as for every health care profession including nursing(WHO, 1981).

Nursing's mission, as a healthcare profession and an integral part of the health care system, encompasses the promotion of health, prevention of illness, and care of physically ill, mentally ill, and disabled people of all ages, in all health care and other community settings.

What are of value, of quality and contents for nursing to increase, to add, to improve and to expand to ensure professional enrichment, and to empower nursing by global linkages? What are the means and methods for nursing to enrich individually and collectively by global linkages?

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** Member, Board of Directors, ICN. Representing the Western Pacific Area

The International Scene :

Nurses' international and global linkages are not scarce to find ; some newly organised, some with long history, i. e. Northern Nurses Federation which celebrated its 75th anniversary in 1995(Wingender, 1995). Yet there are two major formalized 'global linkages'—one governmental and one non-governmental—where by nursing's influence can be mobilized and by which nursing maybe enriched at the international level throughout the world(Styles, 1994). The International Council of Nurses(ICN) and the World Health Organization(WHO) play significant roles in nursing and health care world wide. It is, thus, meaningful to focus on the directions and strategies for nursing enrichment through individual and collective linkages with the ICN, and to link WHO.

The International Council of Nurses

The ICN, founded in 1899, the oldest international professional organization in the health care field, is a non-governmental federation of 114 national nurses associations representing over 1.5 million nurses of the world(ICN-CNR Minutes, 1995). Only one nurses' organization per country which is most representative of nurses of the country is considered the National Nurses Association and is eligible for the ICN membership(ICN Constitution, 1989).

Started with the three nurses' associations in membership in 1904, ICN had grown to include 95 NNAs representing over 700,000 nurses of 79 NNAs(16 NNAs not reported) in 1975, 98 NNAs representing over 1,000,000 nurses of 85 NNAs(13 NNAs not reported) in 1985(CNR-Material, 1987). In the 1990s, dues payment, with the

No. of NNAs in Membership of ICN and WHO by Areas and Regions

Area /Region	No of nations	ICN(1995)	ICN(1995) (adjusted)	WHO(1993)
Africa	49	21	Area I 17	46
Eastern Medit.	21	9	II 16 a	22
Europe	51	28	III 13 b IV 14	50
America	51	North 2 Central/South 31	V 16 c VI 17	36
South East Asia	12	5		11
Western Pacific	35	14	VII 17d	24
total	219	110 e	110	189

a 4 from Africa, 2 from South East Asia and 1(Turkey) from Europe

b 8 NNAs of Eastern Europe and 5 of Northern Europe

c 2 North America, 14 Central and Caribbean

d 3 from South East Asia

e some NNAs(Sao Tome e Principe, Sudan ; on CNR roll call list, newly admitted Morocco) not included in the adjusted ICN areas

report of number of NNA members, had improved, however, ICN has far to catch up the WHO membership of 189 countries world wide(WHO, 1993).

The governing body of the ICN is its Council of National Representatives(ICN Constitution, Article 18), composed of two delegates from each of the member associations(Article 19). Each member association has one vote in the conduct of the ICN business, regardless of the membership size, however, adjustment on voting system, namely the 'weighted voting' was considered and raised as an issue for discussion lately. The CNR meets every two years.

In the interim periods, decisions concerning the ICN programs are made by elected board of directors that meets annually or as necessity occurs. Membership on the board includes a president, three vice presidents, seven area representatives and four members at large. Area members are elected from the seven ICN areas ; Areas I through VII.

The ICN has only one standing committee, Professional Services Committee, a very active group vested with responsibility to consider issues and trends in nursing education and practice and to make recommendations to the board for further exploration by the CNR. Ad hoc committees or task force committees are appointed as needed to deal with matters pertinent to the concerns of the ICN. The ICN employs an international corps of five nurse consultants and other professional and support staff highly competent.

The activities of the ICN include ; networking and communicating through publication of books and official magazine ; International Nursing Review, and development

of guidelines focusing on the critical issues in nursing practice today and tomorrow.

The ICN has been assisting member associations and nurse leaders in 88 countries to develop and implement strategies and plans to establish nursing regulatory system that respond to health needs since 1987(ICN-CNR-Material, 1989). A Regulation Workshop was held in Seoul in 1989 for the leaders of nursing in the Western Pacific Region under sponsorship of Korean Nurses Association(ICN-CNR Material, 1991).

The ICN has been involved in developing an International Classification of Nursing Practice to provide with a badly needed nomenclature, language and classification for use in describing and organising nursing data since 1991. In December 1995, a workshop was held in Taipei for the leaders of Western Pacific Region, and Nurses Association of Taiwan sponsored(ICN-CNR Material, 1995).

To provide nurses with the education and tools to assume leadership roles in tomorrow's health care services, ICN has established the International Council of Nurses Foundation, which seeks funds to support critical educational programmes for nurses (ICN-CNR Material, 1993).

Workshops, seminars, and conferences are provided in conjunction with biennial CNR meetings. More than a hundred research papers are presented, film sessions, round table discussions, poster sessions are planned in conjunction with the Quadrennial Congresses of ICN for its members to participate.

The nurse consultants of ICN make field visits to work with the leaders and members of member NNAs to improve associations'

effectiveness ; participate and conduct meetings and workshops where nurse leaders learn about association management, the legislative process, relevant issues in nursing and offer continual support when needed.

Nursing in the World Health Organisation

The World Health Organization, a specialized agency of the United Nations was established by 56 member countries in 1948 in an attempt to recover from World War II and from poverty and disease millions of victims were suffering.

The WHO is an inter-governmental agency. The highest policy-making body of WHO is the World Health Assembly (WHA). WHA is responsible for the execution of WHO policies in collaboration with its employed staff, referred to as the WHO secretariat. The highest officer in the WHO is the director general, elected for a five-year term by the WHA by the nomination by the executive board(Styles, 1994).

WHO's program is decentralized into six regional offices ; the African regional office(AFRO), in Brazzaville, Congo, the Pan American Health Organization which serves as regional office for the Americas (PAHO/AMRO), in Washington D.C., the Eastern Mediterranean regional office (EMRO), in Alexandria, Egypt, the European regional office(EURO), in Copenhagen, Denmark, the Southeast Asian regional office(SEARO), in New Delhi, India and the western Pacific regional office(WPRO), in Manila, Philippines.

WHO constitution specifies 22 functions which have not changed over the years, however, the program activities necessary

for their implementation have been modified considerably with the changing health problems of the world.

The highest administrative post for nursing in the headquarters of the WHO is the position designated as 'chief scientist for nursing'. Nursing chief also holds position in the Division of Development of Human Resources for Health and few other nurses are employed and assigned to positions dealing with specific diseases such as AIDS, immunizations, maternal and child health, and employee health services.

The chief scientist for nursing is the primary voice for nursing in the organization, maintains contacts with numerous international agencies and organizations concerned directly and indirectly with nursing, and with nursing personnel in the six WHO regional offices. The greatest responsibility of the nursing administrator in this interdisciplinary organization is that of communicating, interpreting, stimulating and planning the nursing's contributions to various WHO programs.

Each WHO regional office has its own nursing and other health-related personnel whose responsibilities and programs of work are designed and implemented within the regional areas. The relationship between the WHO headquarters and regional offices is advisory rather than administrative, since WHO operates on a decentralized basis that permits autonomy within broad policy guidelines. As a result nursing maybe organized quite differently in each region. WHO nurses in the region deal with a wide range of programs and problems related to nursing practice, education, training, organization, administration and research.

Nursing has had an important role in

WHO from the time of the organization's founding. As a discipline within WHO, nursing supports and affirms the programs of the organization and attainment of its goals. Health care planning and implementation uses the team approach, and within the context nursing must carve out its directions, its functions and its role.

Programs of nursing such as ; long- and short-term projects in many parts of the world with goals and objectives that varied according to place and time, local, regional and interregional level, some related to nursing, and some interdisciplinary, have been carried out. Workshop, conferences, and committees have been carried out that have enabled development and dissemination of reports, recommendations, and guidelines. WHO maintains a system of expert panels, representative of the various disciplines that function as advisory bodies to the organization. The expert panel in nursing includes representatives of various specialty areas in nursing and of the geographic regions. Th panel does not meet as a group, but from time to time representatives of the panel meet to deliberate and make recommendations on a matter of concern to nursing and WHO. Each time an expert committee on nursing is convened, report summarizing its deliberations and recommendations is published and made available to governments, professional organizations, educational institutions and other agencies interested and individuals.

A wide varieties of administrative functions and activities have been carried out. WHO collaborating centers for nursing development. For many years, WHO designated a number of health professional colleges or departments in universities and

other health related agencies and institutions' as WHO Collaborating Centers. The first nursing centers so designated were in Europe in 1980 ; the Collaborating Center for Nursing Research and Education ; located at the Danish Institute for Health and Nursing Research, in Copenhagen, Denmark ; and the Collaborating Center for Nursing associated with Hospices Civil de Leon, in Lyon, France. Now 26 such centers are designated throughout the world ; Australia, Bahrain, Botswana, Brazil, Canada, Colombia, Denmark, Finland, France, India, Japan, Kazakhstan, Korea, Philippines, Thailand, the United Kingdom, the United States, and Zaire. In April 1988, the first general meeting of the Global Network of the WHO Collaborating Centers for Nursing Development was convened in Maribor, Yugoslavia. The College of Nursing of the University of Illinois at Chicago was elected the first secretariat of the Global Network and served until 1994, College of Nursing of Yonsei University of Korea succeeded its term of service in 1995. The Network has served as a conduit for information sharing and exchange of materials and expertise between members and their individual centers.

In 1989, the 42nd World Health assembly adopted a significant resolution on 'Strengthening Nursing and Midwifery in Support of the Strategy of Health for all'. The resolution called upon WHO and member nations to engage in strategic planning of their nurseforce ; to develop sound policy, management, and supervision at all levels ; and to improve the standard of nursing education along the lines of primary health care. The resolution further mandated a progress report in 1992. The ICN mobilized

its member NNAs to bring this resolution to the attention of their governments, to press for action on the specific recommendations, and to pursue every avenue to achieve more representation on the member delegations to the 1992 WHA. Nurses showed up in force in close 20 delegations at the 45th WHA and were very active and effective throughout the discussions. With respect to the report on strengthening nursing, they were successful in getting facts on the table regarding nursing's involvement in health care policy and planning throughout WHO and its member nations. As a consequence, a global advisory group on nursing and midwifery, reporting to the highest level of WHO secretariat, was established (Ohlson & Styles, 1994). In 1994, 13 nurses were included among WHA country delegations (CNR Material, September 19–21, 1995, Harare, Zimbabwe).

Directions and Strategies for Nursing Enrichment

The strategic planning process describes an organization's destination, assesses the barriers that stand in the way of that destination, and ultimately selects approaches for moving forward by dealing with the barriers (Luther, 1995).

Trends and issues, 'Future ICN Direction' discussed

The four objectives of the ICN ; to assist national nurses associations to improve standards of nursing and the competence of nurses ; to promote the development of strong national nurses associations ; to serve as the authoritative voice for nurses and

nursing internationally ; and to assist national nurses associations to improve the professional, social and economic positions of nurses (ICN Constitution, 1989), have remained basically unchanged although the emphasis and strategies to achieve those objectives are influenced by social trends and current issues having implications for nursing.

In 1985, the CNR agreed that ICN should undertake an organizational review to meet the emerging challenges facing nursing internationally. The challenges which were envisaged at that time related specialty nursing groups. The increasing number of specialty groups active at international level and not related to national nurses associations, was viewed as a possible problem to ICN and NNAs (1991, CNR Material).

In 1987, the Council of National Representatives approved the two resolutions ; one ; that the Board of Directors review various models of inter-relationship of nursing interest groups nationally and internationally, develop several models for relationship of ICN with international nursing groups, receive input from NNAs on these models, mechanisms which would allow for the participation of international nursing interest groups within ICN. And two, that the ICN Board of Directors immediately instigate a review of the functional performance of ICN to ensure any changes necessary to provide more effective support of a relevant nature to NNAs in strengthening their role, particularly with respect to the achievement of one national voice for nursing within the membership of ICN (1989, CNR Material). Thus, review of the functional performance as stipulated in ICN Constitution (Article IV, the purpose) and

some of the activities carried out by the Board, Professional Services Committee and staff were summarised.

The ICN, through the Board of Directors and staff workshop in 1990, identified the issues and trends affecting health care internationally ; namely socio-political, environmental, demographic, epidemiological and technical factors and health care policies and priorities. The ICN also identified the impact of these issues and trends on ICN (Report of the Board of Directors and Staff Workshop on ICN Future Direction, 1991).

The impacts these issues and trends on ICN socio-politically such as ; coping with the heterogeneity in culture, politics, income and language of national nurses' associations ; development of strategies to help NNAs maintain an adequate and appropriate supply of nurses ; sources of income to enhance the work of ICN and NNAs ; development of guidelines to assist NNAs obtain grants and foundation support for innovative activities ; and demonstration workshops on a regional level, were specified.

The professional impacts on ICN identified were : educational similarities and differences between and among regions and countries ; development of increased numbers of nurse practitioners and education of nurse managers ; development and implementation of standards of practice ; development of regulations for identification of personnel ; development of guidelines for recruitment of nurses and other auxiliary personnel ; dissemination of information regarding retention of nurses and other auxiliary personnel migration, effect of brain drain in developing countries and exploitation of migrant nurse in other

countries.

The organizational impacts identified were ; coping with the needs of the generalists and specialty groups ; types of personnel required for hospitals and for primary health care ; future of entrepreneurs in the nursing profession ; and the need to increase NNAs ability to represent all nurses within the respective country.

These issues and trends facing the profession emphasize the universality throughout the world as well as variability in volume, frequency and intensity in individual countries.

How the nursing profession respond to the impact of these issues and trends in their respective countries as well as the countries around the world will determine nursing's future value in the health care systems. It is, thus, crucial that nurses be well-informed of the issues and trends, visible, well-organized and effective in the pro-active adaptation to changes taking place

While ICN's focus as expressed in its Constitution of the ICN (ICN Constitution, Geneva, 1989), remains unaltered, the accelerating rate of change worldwide dictates that ICN adopt a mission and plan that set a relevant, realistic and dynamic agenda for future action.

'Future ICN Direction with (Mission Statement and Strategic Plan)' was developed by the Board and was presented at the CNR in 1991 for discussion by the CNR (CNR Material, June 25-27, 1991, Kingston, Jamaica, CNR material). In 1993, 'Towards the 21st Century ; ICN's Strategic Plan 1994-1999' was adopted by the CNR (CNR Material, June 21-22, 1993, Madrid, Spain).

'Towards the 21st Century : ICN's Strategic Plan 1994 - 1999'

The document which set forth the strategic plan of ICN for the years 1994-1999 provide brief background on the socio-political climate and trends of the decade and implications for ICN ; it presents ICN's historical mission ; outlines compelling aims for ICN ; and finally it reflects the foregoing climate, mission and aims within a strategic plan comprised of goals and related objectives and strategies for each.

In fulfilling its mission in the 1990s, ICN aims to ensure ; the professions message regarding health policies and priorities is clear and consistent ; standards of nursing education and practice are high, and the nurses are enabled to practice to their fullest capacity ; on all levels the voice of nursing is enlarged through membership, united through professional linkages, and potentiated through coalitions and liasions with other groups with a common interest in health care access, quality and efficiency ; the leadership potential of nurses is realized throughout the health care and health policy arenas ; the objectives, expertise and effectiveness of national nurses associations continue to be developed to maintain a profile indicative of their importance and worth to their society ; a sound, easily accessible knowledge base is available for nurses to participate effectively in nursing practice and in health care management and systems development ; nursing resources are adequate and appropriate ; nurses are appropriately utilized, recognized, rewarded, and represented throughout the health care system ; and nursing is a satisfying career and a highly valued public service.

ICN proposes two major goals and seven specific objectives at the international and national levels respectively. The two goals are ; Goal I, the Global Goal ; 'to influence matters of health and social policy, professional and socio-economic standards worldwide', and Goal II, the National Goal ; 'to empower NNAs to act on behalf of nurses, nursing and the public well-being'. To achieve goal I, the Global goal, three objectives are set and for goal II, the National goal, four objectives are set.

To achieve the Global objective 1 ; 'to speak knowledgeably and authoritatively for nursing and to strengthen nursing's contribution within the international health related organisations', seven strategies are adopted ; to promote the appointment of nurses to leadership positions in health related international organisations, and encourage participation of nurses in international and regional committees of these organisations ; collaborate with international organisations in areas of mutual concern ; encourage NNAs to increase the number of nurses in the national delegations to the assemblies of the organisations such as the WHO and the International Labor Organization ; encourage NNAs to be more visible and active in the preparatory activities for important health-related national, regional and international meetings ; promote active participation of nurses in health-related national, regional and international meetings ; disseminate ICN position statements and guidelines where appropriate in the international area ; and increase the number of NNAs in membership with ICN.

To achieve the Global objective 2 ; 'to provide direction to the profession world-

wide for the development, dissemination, implementation and evaluation of standards for education, practice, management, ethics, regulation, health policy and research', six strategies ; to continue to develop and promulgate position statements, standards and guidelines for nursing education, practice, the nursing services, research, regulation and ethical behavior ; monitor the implementation of ICN position statements, standards and guidelines ; promote the recognition of the value of care through the development of relevant research-based nursing practice systems and reward structures ; stimulate the development and use of nursing research as an integral part of nursing practice, education and health policy and systems development in and among countries ; establish mechanisms to work with special interest and specialists groups, and to encourage NNAs to collaborate with similar groups in their countries ; and develop frameworks and facilitate mechanisms for gathering appropriate data base, are adopted.

To achieve the Global objective 3 ; 'to enable nurses to participate actively at the international level in work-related policy and standard-setting ; improving levels of job satisfaction ; and strengthening the health and safety aspects of the working environment, two strategies ; to continue to develop and promulgate position statements, standards and guidelines on priority socio-economic areas, and collaborate with relevant international agencies so that international occupational and environmental standards and requirements for systems of health surveillance are adequate to protect nurses and promote healthy work environments, are adopted.

To achieve the National objective 1 : 'to assist NNAs to strengthen their organisational structures and processes in order to provide clear leadership on matters of concern to nurses, nursing and the public well-being' seven strategies ; prepare guidelines on the structuring, organisation, management and financing of NNAs ; provide support and direct technical help on association management during field visits, and through other mechanisms ; provide general materials to assist in planning, implementation and evaluation of programmes to meet NNAs' organisational, professional and socio-economic goals ; provide tools and assistance to help NNAs improve their skills in preparing proposals for external funding and in managing projects ; provide guidelines on approaches to increase membership, including specialists groups ; Encouraging inter-NNA partnerships for the purpose of association growth and strengthening within and/or between associations ; provide special assistance to emerging or new NNAs, namely, are adopted.

To achieve the National objective 2 ; 'to support NNAs' goals for quality nursing care through the promotion of high standards of nursing practice, education management and research', six strategies ; continue to provide materials for NNAs on nursing standards as well as to recommend approaches to achieve and monitor the implementation of such standards ; strengthen leadership and managerial effectiveness efforts ; promote NNAs' capacities to develop and offer continuing education programmes that fit national nursing and health needs ; encourage NNAs to develop mechanisms for the conduct, communication, exchange and application of re-

search findings ; provide guidance for NNAs' activities related to planning human resources for nursing ; promote complementary development of the professional and socio-economic aspects of nursing within NNAs, respectively, are adopted.

To achieve the National objective 3 ; 'to provide guidance and technical support to the NNAs' socio-economic programmes' six strategies ; continue to develop and disseminate materials relevant to socio-economic programmes ; encourage NNAs to use ICN materials for developing socio-economic programmes and for the purpose of training ; assist NNAs in establishing mechanisms for assessment and participation in the policy formulation and decision-making processes which relate to employment conditions, recruitment and retention practices, career structure, salary and pay equity ; encourage interchange of expertise in socio-economic welfare among NNAs ; conduct training workshops which develop leaders skilled in the techniques of Socio-Economic Welfare(SEW) programme development ; strengthen NNAs' capacities in negotiation, lobbying and decision-making skills, are adopted.

To achieve the National objective 4 ; 'to promote the NNAs' role in national social policy development and implementation' two strategies are adopted. The two strategies are ; foster NNAs' efforts to develop clear goals and strategies for influencing key policy and decision makers ; encourage NNAs to prepare leaders with the knowledge and political skills necessary to influence and contribute to public policy debates and decisions ; assist NNAs in becoming active partners in public policy development, particularly those areas related to the health

field.

The objectives of the 'Towards the 21st Century ; ICN Strategic Plan 1994-1999' clearly state the future directions for ICN and its member NNAs, and at the same time, set forth the specific strategies for the achievement each of the objectives.

Closing remarks

Nursing is essentially a social activity, and the profile of nursing is profoundly influenced by the ever-changing social context within which nursing is practiced. Nurses practice nursing within economic, political and sociocultural context at a local, regional, and national level. Further, each of these factors are subject to international influence(Buenza, et al., 1994).

The world scene in the late twentieth century is experiencing political, socio-economic, technical and demographic upheavals which, in turn, are changing the ideologies, values and goals of healthcare systems. These changes taking place worldwide are both threatening and opportunistic for nurses. How the nursing profession responds to the changing healthcare challenges will determine its future effectiveness in healthcare system. The ICN and its member associations have been answering many of these needs through effectively networking, communicating, participating and representing.

The 21st Quadrennial Congress of ICN, with the theme 'Sharing the Challenge' is to be held in Vancouver, British Columbia, Canada, in June 15-20, 1997. I urge you to participate and enrich yourselves by sharing ideas, keep up-to-date with the newest

trends, and uniting globally toward quality nursing for all mankind.

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간호전문직 강화를 위한 방향과 전략 : 국제적인 차원

김 순 자*

인류가 추구하는 궁극의 가치는 건강한 삶이며 이는 인간의 기본적인 가치이다. 건강관호전달체계에 주어진 사명은 인간의 기본권을 수호하는데 있다. 건강관호전달체계의 주요 구성요원인 간호전문직은 여러차원의 조직(단체)화된 교류를 통해 주어진 사명을 완수하기 위하여 끊임없이 자신들을 강화한다. 간호전문직의 국제적인 교류(단체, 채널)는 다양하나 그 대표적인 조직은 1889년에 회원국 간호협회들에 의하여 설립되어 100주년을 맞는 국제간호협의회 즉 비정부 조직(NGO)과 1848년 세계대전의 종식과 더불어 회원국 정부에 의하여 조직된 세계보건기구 즉 정부조직(GO)이다.

본고는 첫째, 이 두 공인된 국제적인 조직의 정관에 명시된 목적을 재조명하고 이를 통한 간호전문직 강화에 이바지하는 역할을 간략하게 요약한다.

둘째로 1999년도에 창립 100주년을 맞는 국제간호협의회가 20세기를 마무리하고 21세기를 맞이 위한 준비로서 이사와 직원 workshop, 여러차례의 이사회 및 회원국대표자회의 (CNR : Council of National Representatives)를 거쳐 'Towards the 21st Century : ICN's Strategic Plan 1994-1999'를 확정된 과정을 간략하게 논 의한다.

셋째로 'Towards the 21st Century : ICN's Strategic Plan 1994-1999'의 3개의 Global Objectives와 4개의 National Objectives를 통하여 국제간호협의회가 제시하는 간호전문직의 강화의 방향과 각 목적의 성취를 위한 구체적인 전략을 논의하였다.

* 고려대학교 간호학과