

出國報告（出國類別：開會）

參加國際護理協會  
第 25 屆大會出國報告

服務機關：衛生福利部

姓名職稱：鄧素文司長

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## 摘要

國際護理協會第 25 屆大會 2013 年 5 月 16 至 5 月 23 日於澳洲墨爾本會議中心舉行 (Melbourne Convention and Exhibition Centre, MCEC)，計有來自 100 多國 4000 多位護理人員參加，本次大會由澳洲護理學院 (Australia College of Nursing) 與國際護理協會合辦，大會主題為公平及健康照護取得 (Equity and Access to Health Care)，其中國際護理協會於 5 月 15-19 日召開國家代表會議 (Council of Nurses Representatives, CNR)，5 月 18 日進行開幕式，5 月 19-22 日分別以 11 個主題進行平行場次演講及 500 篇研究口頭發表及 592 篇海報展示，5 月 23 日則進行專業參訪，本部本次出席人員因賦有輔選國際護理協會理事長的任務，以觀察員身分參加 5 月 16-19 日國家代表會議及 5 月 19-20 日之大會，其中鄧司長 5 月 17 日啓程前往參加世界衛生大會，洪健榮科長於國家代表會議結束後返台支援世界衛生大會業務。

本次大會雖然理事長競選未成功、但亦獲得理事會一席理事，參加本次大會不管是口頭報告、攤位展示都有很多收穫，作為未來我國推動改善護理執業環境的參考。

## 目錄

一、前言.....	2
二、國家代表會議：.....	3
(一) 新會員入會狀況.....	3
(二) 終止及暫停會籍國家.....	3
(三) 國際護理協會 2014-2017 年策略方向及績效架構.....	3
(四) 未來國際護理協會永續經營變革計畫報告.....	3
(五) 2015 年及 2017 年 CNR 會議.....	4
(六) 理事長及理事選舉.....	4
二、ICN 大會.....	6
(一) 開幕式.....	6
(二) 護理執業範圍討論.....	7
(三) 護理人力及職場相關報告.....	8
(四) 攤位展示.....	11
四、建議事項.....	13
六、附錄.....	14
(一) 我國相關競選文宣.....	14
(二) 護理人員克服疲勞小秘訣宣導單張.....	18

## 一、前言

國際護理協會第 25 屆大會 2013 年 5 月 16 至 5 月 23 日於澳洲墨爾本會議中心舉行 (Melbourne Convention and Exhibition Centre , MCEC)，計有來自 100 多國 4000 多位護理人員參加，本次大會由澳洲護理學院 (Australia College of Nursing) 與國際護理協會合辦，大會主題為公平及健康照護取得 (Equity and Access to Health Care)，其中國際護理協會於 5 月 15-19 日召開國家代表會議 (Council of Nurses Representatives, CNR)，5 月 18 日進行開幕式，5 月 19-22 日分別以 11 個主題 (見下表) 進行平行場次演講及 500 篇研究口頭發表及 592 篇海報展示，5 月 23 日則進行專業參訪，本部本次出席人員因賦有輔選國際護理協會理事長的任務，以觀察員身分參加 5 月 16-19 日國家代表會議及 5 月 19-20 日之大會，其中鄧司長 5 月 17 日啓程前往參加世界衛生大會，洪健榮科長於國家代表會議結束後返台支援世界衛生大會業務。

### 口頭報告主題

- (1) Care systems and access, quality and economics
- (2) Direct care, patient safety
- (3) Equity/ethics/human rights
- (4) Health and well being
- (5) History
- (6) Leadership/ management
- (7) Nursing education and the learning environment
- (8) The nursing workforce and workplace
- (9) Pandemics/disasters/conflict
- (10) Regulation
- (11) Technology supporting equity and access

## 二、國家代表會議：

本次國家代表會議計有 99 國國家代表參加，5 月 15 日下午即有會議導覽介紹，共計有 20 項議題，分別針對上一屆國家代表會議紀錄、理事長報告、執行長 2012-2013 年業務報告，會員國入會狀況、協會財務、會員會籍、國際護理協會 2014-2017 年策略方向及績效架構 (Strategic directions and performance framework 2014-2017)、理事長政見發表、協會章程委員會報告、以及未來國際護理協會永續經營變革計畫報告等議題進行報告與討論。

### (一) 新會員入會狀況

本次會議重點在於因應國際經濟不景氣的關係，很多會員國面臨繳不出會員會的困境，以致國際護理協會亦面臨財務吃緊的問題，另有鑒於部分主要財源國家例如英國已停止繳交會員費，國際護理協會積極招募新會員，目前仍有 62 國護理專業團體未加入國際護理協會，自過去 2 年，執行長已經拜會 36 個國家，計有塞內加爾 (Senegal) 於 2012 年入會、2013 年中國護理學會 (Chinese Nurses Association) 入會、巴勒斯坦 (Palestine) 則因無法於會前提交各會員國進行書面審查，故於會上由以色列擬議、挪威附議的前提下，由全體會員國舉牌表決通過成為第 137 個會員國，其中由以色列表態國際護理協會是以專業為導向的非政府組織，雖然以色列與巴勒斯坦交惡，但以色列為第一家同意巴勒斯坦加入的會員國，具有特別的意義。

### (二) 終止及暫停會籍國家

由於有國家未繳會員費，因此巴西、維京群島 (British Virgin Island)、拉脫維亞 (Latvia) 已被終止會籍，此外祕魯及英國分別自 2012 年 4 月及 12 月暫停會籍。

### (三) 國際護理協會 2014-2017 年策略方向及績效架構

由於本報告與會人員有諸多提問，因此國際護理協會將在次書面徵詢會員國意見後於 2015 年會議進行討論。

### (四) 未來國際護理協會永續經營變革計畫報告

由於各國護理執業人數及會員國會員代表性等議題無法充分反映在各項決策上，ICN 會員費是以各會員國的會員人數之一定比例繳交會員費，但在各項決策上則目前是一個會員國一票，以致會員人數眾多的日本護理協會

(Japanese Nurses Association) 及英國皇家護理學院 (Royal College of Nursing), 多次反應要進行檢討, 本次會議已經決議會員國會員人數如果低於所屬國家執業護理人員數的 6%, 則 ICN 將主動再接洽所屬國家其他護理團體加入 ICN, 至於大國會員人數眾多, 新入會會員國恐無法一次負擔全額會員會費, 將採 25%、50%、75%、及 100%逐年增加比例的方式繳交會員費。

另有關一個會員國是否只能投一票的議題, ICN 採納加拿大的提案, 於 ICN 的 7 個選區中各徵求一國加入討論, 決議由美國主持會議, 由尚比亞、馬爾他、挪威、瑞士、哥倫比亞及香港共同組成工作小組進行討論, 於 5 月 19 日初步決議仍維持一個國家一票, 但是將研議一個依據會員國執業人數及佔率之分層投票機制, 於 2015 年 CNR 會議再次進行討論。

#### (五) 2015年及2017年CNR會議

2015 年 CNR 會議將於 2015 年 6 月 6-10 日在韓國首爾舉行, 2017CNR 會議及第 26 屆 ICN 大會則在西班牙巴塞隆納舉行, 理事長分別請韓國及西班牙代表進行會議說明並播放會議簡介影片。

#### (六) 理事長及理事選舉

5 月 16 日下午進行政見發表, 台灣護理學會本年推薦的尹常務理事祚芊參選理事長, 會中由 Bryant 理事長抽籤決定政見發表順序, 依序由加拿大候選人 Judith Shamian、哥倫比亞 Beatriz Carvallo Suárez、及尹常務理事進行政見發表, 結束後由 Bryant 理事長抽題目由候選人進行 3 分鐘回應, 與會人員提問問題是如何使 ICN 永續經營、及如何改善小會員國例如加勒比海地區會員國的能見度, 相關競選文宣詳附錄 1。

5 月 16 日當晚 7 時台灣護理學會假 MCEC109 及 110 室宴請各國國家代表, 席開 19 桌, 分別由台灣護理學會王桂芸理事長、ICN 理事長 Rosemary Bryant、ICN 尹祚芊第二副理事長、我國駐墨爾本代表處翁瑛司長及本部鄧司長致詞後, 提供三道西式餐點, 每桌並有兩位台灣代表擔任桌長接待外賓。

理事長及理事選舉於 5 月 18 日中午進行投票, 於 5 月 19 日下午 3 時 30 分由 ICN 委託澳洲當地公正單位公布選舉結果, 2013-2017 年 ICN 理事長由加拿大籍 Judith Shamian 拿到 61 票當選, 尹第二副理事長取得 23 票、哥倫比

亞 Beatriz Carvalho Suárez 得到 6 票，我國李選理事則在第七區以 63 票第二高票當選 ICN 理事，ICN 第 7 選區有 4 位參選，每個國家代表最多可以投 3 票，第 7 區總共統計有 211 張票，第一高票為日本現任 ICN 理事 Masako Kanai-Pak 取得 64 票、第三高票為泰國護理學會現任理事長 Jintana Yureband 47 票，紐西蘭現任 ICN 理事 Marion Guy 則以 37 票落選，本次第 7 區競爭激烈，第一輪投票泰國與紐西蘭同票，於 5 月 19 日上午 10 時 15 分在次進行投票後才選出，ICN 理事名單如下表：

序號	姓名	職稱	會員國
1	Judith Shamian	理事長	加拿大
2	Masako Kanai-Pak	第一副理事長	日本
3	Bagooaduth Kallooa	第二副理事長	模里西斯
4	Annette Kennedy	第三副理事長	愛爾蘭
5	Marlen Calvo Solano	理事	哥斯大黎加
6	Elsa B. Friðfinnsdóttir		冰島
7	Sheuan Lee		台灣
8	Ioannis Leontiou		塞浦路斯
9	Elba Olivera Choque		玻利維亞
10	Jürgen Osterbrink		德國
11	Paul Pace		馬爾他
12	Peter Pozun		斯洛維尼亞
13	Eva Reyes Gómez		墨西哥
14	Marlene Smadu		加拿大
15	Pierre Théraulaz		瑞士
16	Jintana Yunibhand	泰國	





2013-2017 理事會合影

前排左起：李選、Ioannis Leontiou, Bagoaduth Kallooa, Judith Shamian, Masako Kanai-Pak, Annette Kennedy, David Benton, Jintana Yunibhand

後排左起：Elba Olivera Choque, Jürgen Osterbrink, Eva Reyes Gómez, Pierre Théraulaz, Elsa B. Friðfinnsdóttir, Jürgen Osterbrink, Peter Pozun, Marlene Smadu, Paul Pace

資料來源：<http://www.icn.ch/about-icn/board-of-directors/>

## 二、ICN 大會

因為平行場次甚多，僅就參與的場次進行以下報告：

### (一) 開幕式

本次會議場地極為寬廣，所有活動皆在MCEC舉行，我國本次計有140位來自全國各醫院及大學護理人員及護理教師進行口頭研究及海報發表，循往例須集合於開幕式同一區域進行造勢，應是本次大會出席人數最多的國家，開幕式最特別的部分是由ICN執行長介紹各國國家代表穿傳統服裝進場，由於近年航空公司行李重量的限制，很多國家代表因為傳統服裝太重而放棄穿，再加上近

年經濟不景氣，本次開幕式已無2005年第23屆ICN大會在台灣舉辦的盛況，會中請澳洲衛生部部長及墨爾本市的衛生局長致辭，並請澳洲當地原住民進行歌劇表演，會中頒發健康及人權獎（the Health and Human Right Award）給愛爾蘭籍現任聯合國非洲大湖區特使（UN Special Envoy for the Great Lakes region of Africa）Mary Robinson以表揚他致力於氣候變遷對健康等議題影響的持續關注及投注經費，另外頒發發展夥伴獎（the Partners in Development Award）獎項給對護理貢獻良多的非專業團體，本屆由輝瑞藥廠（Pfizer）因持續贊助ICN辦理Global Nursing Leadership Institute及Girl Child Fund獲選，本屆克利斯汀雷蒙獎（Christiane Reimann）由丹麥籍前任ICN理事長Kirsten Stallknecht當選。

## （二）護理執業範圍討論

5月19日上午由美國Madrean Schober教授主持護理執業範疇的討論，由澳洲Curtine University的Phillip Della教授進行報告健康體系變革及執業範圍發展的驅動因子：政治的力量，澳洲近15年在相關的文獻回及政策文件中積極發展護理執業範圍，健康照護體系也因為人口老化、醫事人力短缺、過度強調急性照顧、原住民的健康落差等因素進行變革，因此也出現法規鬆綁的情形，護理執業範圍改變必須邀集相關團體（stakeholder）、社會大眾、政府法規制定者、健康照顧專業團體及雇主共同討論，並且要針對任務交付的趨勢，逐漸討論護理角色的替代性、進階擴展的執業範圍衍生的新角色，Della教授收集2000-2008年澳州的有關專科護理師的國會議事錄文件進行內容分析，發現儘管兩個政黨支持專科護理師的發展，非護理團體的政治影響力使專科護理師的發展陷入泥沼，醫師團體的反對使專科護理師的立法受到攔阻，本研究建議護理人員及專業團體要更熟悉政治的角力與運作（the small p of Politics），我國雖沒有進行相關研究，但我國與其他國家同樣面臨專科護理師執業範圍須邀集相關團體取得共識才能明確界定。

另外報告其進行專科護理師及臨床護理專家服務成效的系統性回顧研究發現自1980年起已經有50篇的RCT研究及30篇的進階護理文獻回顧在國際上發表，進階護理人員在病人健康成果、照護品質、病人滿意度、及生活品質方面被證實是安全及有效的執業人員，但是現行的研究多有代表性不足、追蹤

期間過短或不完整、未進行雙盲的測試及資料收集效度的問題，有待研究者後續用實證護理的角度進行評估作為未來發展成效評價的架構的參考，本部本年度擬進行專科護理師成效評價研究，本研究報告可作為我國研究計畫的參考資料。

### (三) 護理人力及職場相關報告

5月20日上午都留在202-203室聽取護理人力及職場相關簡報如下：

#### 1. 外籍護理人力議題能提供安全及有品質的照護嗎？

上午10-11時分別由美國外國護校畢業生評審委員會 (Commission on Graduates of Foreign Nursing Schools, CGFNS)、澳洲 Hunter New England Local Health District 衛生局護理助產部門報告兩國聘用外國護理人員的適應當地的輔導辦理方式，說明如下：

##### (1) 美國外國護校畢業生評審委員會

CGFNS 於 1977 年成立，是附屬於美國護理協會下的一個辦理外籍護理人員考試及輔導工作的機構，報告人 Davis 博士先點出全球化的議題，到 2050 年，全世界人口總數將高達 90 億人，預估有更多老化的人口在工業化國家，而開發中國家年輕人口會有爆炸性的增加，尤其是在拉丁美洲、非洲、及南亞。開發中國家將照顧眾多人口面臨提供社會服務及工作機會的挑戰。

CGFNS 發現外籍護理人員需花 4-6 個月才能完全上手，到滿 12 個月才能完全適應環境，醫院在溝通方面須著重語言的加強、角色扮演及自信心的建立；在臨床技能方面要強化發藥、科技使用、身體評估及疼痛管理，外籍護理人員工作 1 年內的輔導分四期如下表：

分期	時間點	輔導事項
了解期 acquaintance phase	到達第 1 天至 3 個 月	<ul style="list-style-type: none"> <li>* Orient to the community</li> <li>* Establish a supportive social network</li> <li>* Orient to new practice environment</li> <li>* Establish a professional network</li> <li>* Language skills</li> </ul>

分期	時間點	輔導事項
憤怒期 indignation phase	到達第 3-6 個月	<ul style="list-style-type: none"> <li>* Develop understanding of the healthcare system</li> <li>* Gain understanding of role in the system</li> <li>* Mentor or preceptor</li> <li>* Regional support groups</li> <li>* Language skills</li> </ul>
衝突解決期 conflict resolution phase	到達第 6-9 個月	<ul style="list-style-type: none"> <li>* Functioning within two cultures</li> <li>* Clarify roles</li> <li>* Support groups</li> <li>* Mantor/preceptor</li> <li>* Language skills</li> </ul>
整合期 integration phase	到達 9-12 個月	<ul style="list-style-type: none"> <li>* Renewed enthusiasm</li> <li>* Maintain professional and social networks</li> <li>* Language skills</li> <li>* Preceptor/mentor</li> </ul>

在此全球化的護理共同體下，CGFNS 提出未來挑戰包括是否重視護理人員遷徙的議題，包括病人安全議題、及領導階層是否有針對國際護理人力遷徙建立全球基礎建設的承諾

## (2) 澳洲 Hunter New England Local Health District 衛生局護理助產部門

依據澳洲健康人力 (Health Workforce Australia, HWA) 2012 年公布的人力推估報告，澳洲 2025 年將短缺 10 萬 9,000 名護理人員，進用外籍護理人員是目前澳洲解決護理人力短缺的策略之一，目前有 8,000 名來自 25 國的外籍護理人員在澳洲工作，他們在適應澳洲的工作環境時會面臨溝通及語言的困難、不同的護理實務、種族歧視、社會文化隔離及文化衝擊等挑戰，因此報告單位發展了外籍護理人員支持計畫 (overseas staff support program)，在外籍護理人員尚未抵達澳洲前先提供工作手

冊並持續以 email 聯繫，於入境後辦理 2 天的環境適應計畫、提供入門所需各種設施、1-5 天額外的臨床實習及導師計畫、3 天針對外籍護理人員特殊需求的訓練課程及辦理下午茶與護理主管茶敘等措施，並進行相關評價顯示本計畫能協助外籍護理人員輕鬆適應新的工作環境。

## 2. 護理人力及工作場所 (the nursing workforce and workplace)

本場次邀請美國護理學會理事長 Karen Daley 分享美國針扎通報的經驗、加拿大 New Brunswick 護理工會報告加拿大職業傷害推動策略、日本 no lifting association 分享參考澳洲經驗於日本推動安全搬運病人的策略及日本護理學會報告推動工作生活平衡所面臨的挑戰。

### (1) 美國護理學會

美國 Daley 理事長 1998 年在美國遭到針扎感染愛滋病毒，經過其現身說法、向各層級政府遊說倡議及護理團體的努力下，美國柯林頓總統於 2000 年 11 月訂定針扎安全防制法 (Needlestick Safety and Prevention Act)，目前已經有 25-26 州政府有相關配套措施，Daley 理事長認為因為針扎還是持續發生、美國也還沒建立全國性的監測系統、安全針具有效性仍有疑慮、仍有很多針扎事件未提報 (under-reporting)、沒有所有的雇主及員工重視針扎預防及遵守法律，目前仍有很多事要持續推動，因此美國護理學會 2011 年的共識聲明包括改善開刀房的銳利器械安全維護、了解並降低非醫療機構的風險暴露、選擇安全針具時要由第一線工作人員進行選擇、強調安全針具取得的落差並鼓勵創新的安全針具設計及技術研發、及強化工作人員的教育訓練。

### (2) 加拿大 New Brunswick 護理工會

依據 CFNU 在 2013 年的調查，2012 年平均每週有 189,000 位護理人員因疾病或失能而請假，此請假率為其他行業的 2 倍並且是醫事人員中最高的，每年並因病假損失 7 億 3,430 萬加幣，另據 Lavoie-Tremblay 在 2008 年研究，43% 的魁北克新進護理人員表示有高度的心理壓力，在 New Brunswick 2005-2009 年資料顯示前三名職業傷害為扭傷、背痛及肌肉受傷，

在 2013 年 1 月有 287 人申請職災補助其中 100 人為精神異常、潰疲 (burnout)、及壓力；85 人是骨骼肌肉傷害，報告單位因此與雇主協商取得協定提出骨骼肌肉損傷防治策略 (Musculoskeletal Injury Prevention Strategy, M.I.P.S.)，報告單位進行防治策略施行 3 年各項傷害率的成效分析，並且針對最佳實務 (best practice) 包括搬移病人的防護政策 (no lift policy) 推廣及員工訓練，本策略在傷害率、職災補助及護理人員滿意度有改善。

### (3) 日本 no lifting association

日本厚生勞動省勞基法規定所有工作人員不可搬移超過本身體重一定比例的病人 (男性不超過 40%、女性不超過 20%)，該協會引用澳洲經驗進行 5,665 位護理人員問卷調查，初步問卷顯示日本健康照護輔助人力 (health care workers) 有很高比例的骨骼肌肉不適而且沒有進行風險控制。

### (4) 日本護理學會

日本因為高齡少子化的影響，護理人力亦面臨短缺問題，因此日本護理學會自 2010 年起協助推動護理人員留任措施，至 2013 年已經有 43 個都道府縣府推動工作生活平衡工作坊 (WLB workshop)，此措施是一為期 3 年的計畫，由日本護理學會先針對護理主管施以 2 天的工作坊，並依據醫院分組共同訂定出行動方案，本計畫確實使產官學通力合作、下降醫院離職率及招募困難、減少超時工作時數、護理人員較有意願與其他部門合作、並在醫院建立互相合作的文化、護理人員也較有時間休假。

## (四) 攤位展示

本次大會共有 65 個攤位展示，較特別的攤位說明如下：

### 1. 澳洲皇家社區護理服務 (Royal District Nursing Services, RDNS)

RDNS 成立於 1885 年，是澳洲第一家居家護理組織，目前聘請超過 2500 位員工、每年提供 2 百萬次、4 萬名個案居家訪視、服務個案語言高達 117 種及照顧個案國籍高達 159 國，該組織服務據點除墨爾本地區外，亦擴及到

紐西蘭，提供以下各項居家護理服務，相較於我國健保給付居家護理所的服務項目更為廣泛，該組織亦成立在職教育中心，提供各種具時正依據之訓練課程，提升社區護理人員能力，可作為我國居家護理服務之參考，該組織網址為 <http://www.rdns.com.au>。

Aged care 老年照護	Haemophilia care 血友病人照護
Nursing assessment 護理評估	HIV/AIDS support 愛滋病支持
Care after discharge from hospital 出院照護	Nursing care for the homeless 無家可歸民眾護理照護
Case management 個案管理	Medicines management 藥物管理
Continence management 失禁照護	Palliative care 安靈護理
Cystic fibrosis services 囊胞性纖維症服務	Personal care 生活照顧
Chronic disease management 慢性疾病管理	Post acute care 急性後期照護
Dementia care 失智症照護	Respiratory care 呼吸照護
Domestic assistance 家事服務	Stomal therapy 造口治療
Diabetes services 糖尿病服務	Veterans' care 榮民照護
	Wound management 傷口照護

## 2. 澳洲 CQ 大學 (CQ University Australia)

該大學成立於 1967 年，剛開始純粹只提供遠距教學，至今建立多點實體課程地點，針對護理人員提供各項養成及繼續教育課程，並針對久未執業護理人員提供回流教育課程，護理課程彈性多元可作為我國護理辦理護理回流計畫之參考，該校網址為 [www.cqu.edu.tw](http://www.cqu.edu.tw)。

## 3. 安大略註冊護理學會 (Registered Nurses' Association Ontario, RNAO)

RNAO 致力於發展各項護理人員臨床最佳實務臨床指引包括健康工作環境指引 (Healthy Work Environments Best Practice Guidelines)，並發展臨床指引的 APP 供護理人員下載於智慧型手機隨時查考，該團體特色與其他護理專業團體有獨特的功能，並提供疲勞的評估參考單張 (如附錄 2) 值得參考，該會網址為 [www.RNAO.ca](http://www.RNAO.ca)。

#### 四、建議事項

- (一) 有鑒於中國已經加入國際護理協會，我國必須持續積極參與國際護理協會相關活動，以維護暨有權益。
- (二) 我國仍須持續推動護理改革工作，針對護理人員勞動條件、排班、職業傷害預防多盡心力，才能使護理人員保持健康、留任職場。
- (三) 持續規劃護理人員所需各項繼續教育及臨床工作指引，提升護理人員工作所需知能。



(一) 我國相關競選文宣

# Dr. Teresa J. C. Yin from Taiwan Candidate for ICN President 2013-2017

## Profile

### Current Position:

- National Ombudsman, National Ombudsman Institute, Taiwan (2008-Present)

### National and International Executive Positions Held

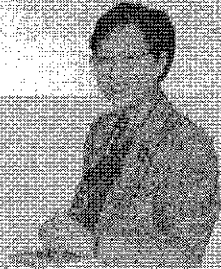
- 2nd Vice President, International Council of Nurses (2009-2013)
- Board Member, International Council of Nurses (2005-2009)
- President, National Union of Nurses Associations, R.O.C. (2004-2009)
- President, Sigma Theta Tau, International Honor Society of Nursing, LB Chapter (2001-2005)
- Commissioner, Taiwan Provincial Government (1995-1998)
- President, Taiwan Nurses Association (1990-1996)

### Professional Experience:

- Professor, Institute of Community Health Nursing, National Yang-Ming University, Taiwan (2005-Present)
- Member, Nursing Consultation Committee, Department of Health, Taiwan (1999-Present)
- Director, Department of Nursing, Taipei Veterans General Hospital, Taiwan (1998-2008)

### Education:

- BSN, Department of Nursing, National Defense Medical Center, Taiwan (1965-1969)
- MPH, Institute of Social Medicine, National Defense Medical Center, Taiwan (1970-1972)
- MSN, College of Nursing, Wayne State University, USA (1980-1982)
- PhD, School of Nursing, University of Michigan, USA (1982-1985)



## Background

*Dr. Yin is an outstanding nursing leader with significant professional experience in academia, industry and government.*

Dr. Yin was the only nurse appointed as a Taiwan Provincial Government Commissioner, the first nurse in Taiwan to earn a PhD in CHN and was elected as TWNA President. She effectively liaised between health and education authorities and nursing organizations to influence national health policies. Ever since Dr. Yin was appointed and took the oath as National Ombudsman in 2008, she has been committed to using this influential position to advance healthcare and enhance the nursing profession.

## Core Contributions to National Nursing

*Significantly Enhanced Nursing Care Quality, Strong & Effective Advocate for Nurses' Rights*

During two terms as president of the TWNA and Nurse Union, Dr. Teresa Yin used her authority to help

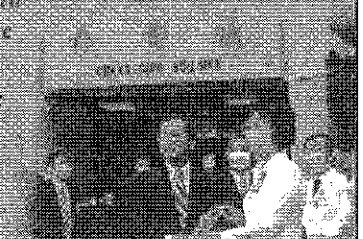
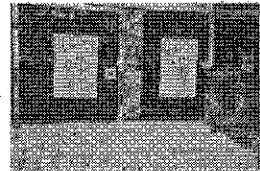
put the nursing profession in Taiwan on the path toward a brighter future. Among accomplishments achieved during her terms include the upgrading of the social status of nurses, the establishment of a standard nurse-to-patient ratio, and the enhancement of healthcare service quality. Dr. Yin also led nursing groups to call on the Department of Health and Legislative Yuan to fight to advance the professional status and welfare of nurses in Taiwan.

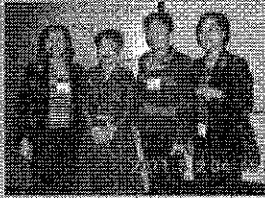
During a serious out-break of severe acute respiratory syndrome (SARS) in Taiwan in 2003, Dr. Yin was awarded by ROC President for her excellent leadership in controlling the SARS in Taiwan in 2003.

## International Nursing Participation

*International Relief and active participation on the International Community*

Dr. Yin has paid close attention to the demands of the international community.





and vulnerable people groups. She directed TWNA financial donations to tsunami in Indonesia and earthquake-devastated Haiti and Japan in 2004, 2009 and 2011. In addition, Dr. Yin is actively involved in a wide variety of international activities such as PPE campaigns, conferences and TWNA training programs for nursing colleagues from other countries. She was ever invited by Mainland China, Hong Kong & Macau nursing associations to deliver a keynote speech at Academic Research Conferences. Meanwhile, as ICN 2nd vice president, Dr. Yin has developed long-term, personal experience working on the NNA status issue, and worked closely with ICN organization colleagues to address and resolve key bottleneck issues.



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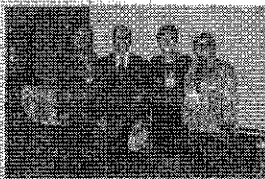
**Candidate's statement**  
*Helped reduce the worldwide shortage of nurses*

While the nursing profession has worked diligently to overcome nursing manpower

shortages, it remains an issue outside the arena of general public concern. Without public pressure, health officials are reluctant to dedicate additional resources to identify underlying problems and seek an appropriate solution. Nursing shortages faced by many countries around the world would certainly get worse if nurses did not stand up for our profession. We must make government officials appreciate the severity of the problem and work toward a practical resolution in order to prevent degradation of nurse and patient safety.

*Organized nursing leader training programs*

Society and healthcare have changed rapidly in recent years. Helping nursing leaders appreciate and respond appropriately to these changes is an urgent and



important task. This affects how effectively and efficiently nursing leaders work; how they manage and lead nurses to deliver nursing care that meets the needs of patients and the public; how they communicate with policy decision makers and opinion leaders; and how they translate the nursing profession to the general public.

Therefore, Dr. Yin believes it is a priority that ICN organize more nursing leader training programs.

*Fought to end workplace violence*

Workplace violence in the health sector is another important issue Dr. Yin would like to address. She has engaged in protect nursing rights and create a positive working environment for nurses.



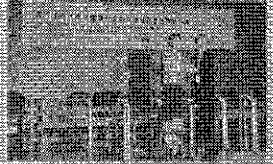
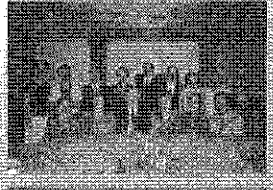
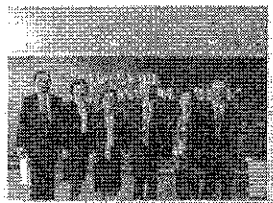
Workplace violence is now a leading cause of nurse turnover that impacts negatively on patient care. Workplace violence should be effectively addressed to restore and maintain a positive working environment for nurses. While we've clearly made progress, there is still a long way to go in order to declare victory in the fight to end workplace violence.

*Formulated evidence-based guidelines*

Some nursing schools in our country maintain instructors and preceptors as separate positions. The result is insufficient collaboration between clinical and educational institutions and a dearth of faculty with recent clinical experience. This situation can foster an unwelcome divide between nursing education and nursing practice. Dr. Yin suggests that the ICN formulate evidence-based guidelines for in-country reference.

*Promoted the inclusive membership model*

Inclusiveness is an ICN core value. The ICN maintains good relationships with a wide spectrum of agencies and organizations necessary to secure the rights and interests of health workers and patients. We must also continue the work to encourage more nursing organizations around the world to join the ICN to expand and strengthen ICN's partnership with the international community. Dr. Yin is committed to proactively pursuing membership for countries that are not part of the ICN family and supporting growth in our existing members. In regard to this, she has made efforts to facilitate, especially CNA's join to ICN.



**With your support  
Yes,  
We can do more.**





# International Council of Nurses, Board of Directors 2013-2017

Candidate: Dr. Sheuan Lee  
Voting Area: 7  
Country: Taiwan

## Profile

### Current Position:

- Minister Without Portfolio, Examination Yuan, ROC (2008-present)
- Professor, College of Nursing and Graduate Institute of Nursing, Chung Shan Medical University (2008-present)

### Professional Experience:

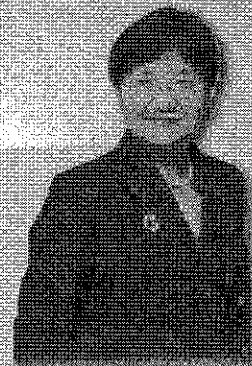
- Dean and Professor, College of Nursing and Graduate Institute of Nursing, Chung Shan Medical University (2001-2008)
- Professor, School of Nursing, Taipei Medical University (2000-2001)
- Deputy Director, Department of Nursing, Taipei Medical University - Municipal Wan Fang Hospital (2000-2001)
- Professor, School of Nursing and Graduate Institute of Nursing, China Medical University (1999-2008)
- Professor, Graduate Institute, Taipei Medical University (1996-present)
- Dean and Professor, School of Nursing, Hung Kuang University (1996-2000)
- Deputy Director, Department of Nursing, Kuang Tien General Hospital (1996-2000)

### Elected Nursing Posts or Offices (National & International):

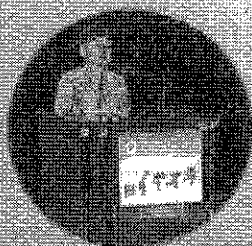
- Board Member, Taiwan Nurses Association (2009-2014)
- Supervisor, National Union of Nurses Association, ROC (2009-2013)
- President, Taiwan Nurses Association (2003-2008)
- Standing Director, Taichung Nurses Association (1997-2013)

### Education:

- BSN, School of Nursing, National Defense Medical Centre, National Defense University, Taiwan (1973)
- MSN, School of Nursing, University of Texas at Austin, USA (1982)
- Ph.D, School of Nursing, University of Texas at Austin, USA (1987)



## Background & Contribution to Nursing:



▲ ICN 23<sup>rd</sup> Quadrennial Congress opening in Taiwan (2005)

Dr. Sheuan Lee served as TWNA President from 2003-2008. During her tenure, she organized the 2005 ICN 23<sup>rd</sup> Quadrennial Congress in Taipei, which earned an "excellent" rating from attendees.

While a professional nursing educator, administrator, researcher and hospital advisor, Dr. Lee also currently

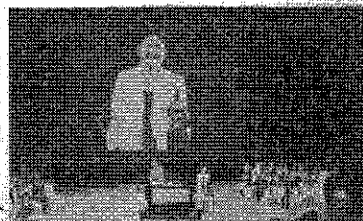
serves (term: 2008-present) in a national cabinet-level capacity as Minister without Portfolio in Taiwan's Examination Yuan. She is the first professional nurse in Taiwan's history to serve in a ministerial position.

Throughout her career, Dr. Lee has worked to strengthen professional organiza-

tions with the goal of improving professional nursing and healthcare standards.

Elected as TWNA President in 2003, she led TWNA's co-hosting of the ICN Girl Child Project (2007-2008) and the 2008 ICN Asia Workforce forum.

In addition, she was actively involved in the launch of TWNA's on-line e-learning system (2006), the establishment of advanced nursing practice certification (2004-2008)



▲ ICN 23<sup>rd</sup> Quadrennial Congress co-hosted with ICN in Taiwan (2005)



▲ Cutting-ribbon Ceremony for opening Ceremony For Advancing ICN 23<sup>rd</sup> Quadrennial Congress Exhibition Center (2005)

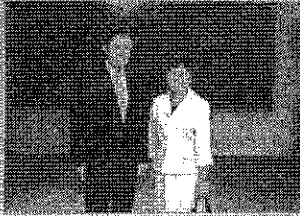
▲ ICN 23<sup>rd</sup> Quadrennial Congress in Taiwan (2005)



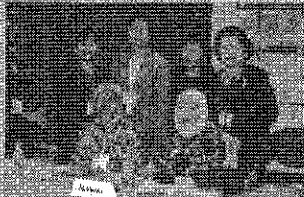




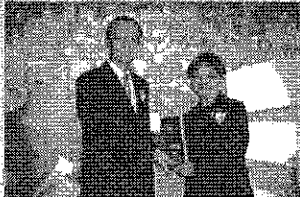
▲ Lobbying the government to revise the national RN examination



▲ Taiwan President Ying-jui Ma is a close supporter of Dr. Lee and nursing profession improvements (2010)



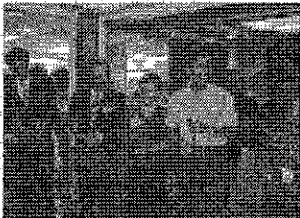
▲ TWNA co-hosted AWFF & AANA with ICN in Taiwan during Dr. Lee's term as TWNA President (2008)



▲ TWNA's online e-learning system was launched during Dr. Lee's term as TWNA President (2008)

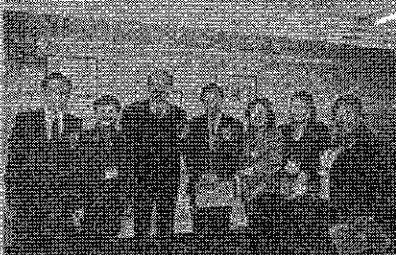


▲ Participation in Taiwan-China Academic Exchange on Nursing Profession (2008)



▲ Ribbon-cutting ceremony for the opening of TWNA's international convention centre. (2007)

development of Taiwan and China academic exchanges, and purchase of TWNA's new international conference facility. She effectively and constantly worked for nursing and healthcare improvement in her capacity as TWNA President.



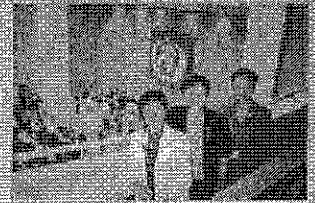
▲ With Minister of Department of Health, Dr. Wen-ja Chia (middle)

public nursing staff standards to create a better work environment, and publishing a series of books designed to improve the leadership skills of nursing leaders and managers. In 2012-2013, Dr. Lee continues to work to implement accreditation and training programs for Taiwan supervisors in nursing - particularly in the realm of trans-cultural empathy enhancement.

She was instrumental in getting Objective Structured Clinical Examination (OSCE) adopted as the framework for Taiwan's National RN Examination, amending national

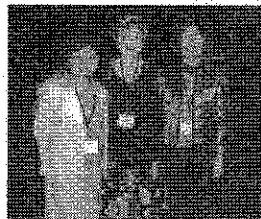
### Candidates' statement addressing the issues facing ICN

Since 1899, ICN has been a continuous and positive force driving the development of the



▲ Participation in the World Health Assembly (WHA, 2004)

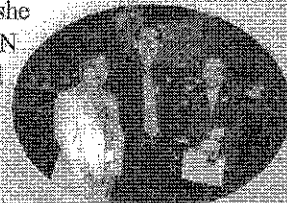
global nursing profession and upgrading the professional status of nurses. Challenges currently facing the ICN include financial issues arising from ongoing global economic instability, recruiting new NNAs, establishing an evidence-based databank, and fostering shared and common perspectives amongst NNAs around the world. It is thus critical that global nursing pioneers to be united to guide the nursing profession forward - especially in our increasingly interdependent global



▲ Triad Meeting with Ms. Rosemary Bryant (Current ICN President) (2008)

village. Sheuan Lee, a nursing leader from the TWNA, wants to share her successful experiences with ICN and unite nursing voices from around the world to lead nursing into a better, more professional and more equitable future. As ICN Board Member, she will devote herself to the following:

1. In business, she will strengthen ICN leadership of NNAs to grow ICN membership and improve health care in all member countries. She will also focus on resolving ICN financial issues and recruiting stronger support from the nursing profession worldwide.
2. In branding, she will focus renewed creative efforts to promote the professional image of ICN, NNAs and nurses.
3. In globalization and technology, she will support the creation of an ICN databank to share professional experiences internationally.
4. In multilateral affairs, she will nurture the abilities of nursing leaders worldwide to shape and positively influence medical policies and governance.
5. In terms of economic inequalities, she will assist NNAs to develop and use social resources in order to eliminate professional development gaps.
6. In law, she will assist nurses to protect their rights in close cooperation with NNAs.



▲ Triad Meeting with Mr. David Benton (Current ICN CEO) and Dr. Hisko Minami (ICN President, 2008-2009) (2009)

As a member of the ICN leadership team, Dr. Sheuan Lee will continue working toward achieving the best professional environment for nurses. This has been and will remain her commitment as a global nursing leader.

Refresh Your Mind

## The Facts

### Fatigue:

- It is the body's response to sleep deprivation or to prolonged physical or mental exertion.
- Is a subjective feeling ranging from tiredness and weariness to exhaustion.
- Results in a loss of energy and reduction in work performance.
- Affects the ability to concentrate and react to sudden emergent situations.

### Fatigue is not:

- Sleepiness, which is the tendency to fall asleep (Lerman, Eskon, Flower et al. 2012).
- Burnout, but contributes to burnout which is conceptualized as a work-related condition.

### What causes fatigue?

- The main cause is lack of sleep.
- It is influenced by many factors including:
  - work demand, the time of day that you work,
  - frequent shift rotation
  - stress
  - sleepiness
  - compassion fatigue
  - Emotional exhaustion,
  - pattern of work, sleep habits, quality of sleep

## Tips for work:

- Assess yourself prior to starting work for energy level, alertness, memory.
- Assess yourself during work for alertness, memory, decision making ability, judgement, effective communication.
- Ask for assistance in decision making and safety checks, if feeling fatigued.
- Alert your supervisor or manager if you're feeling fatigued.
- Ensure adequate recovery time between scheduled work periods.
- Take entitled breaks and support colleagues to do the same.
- During the work period, find short periods to stretch, change your pace, carry out breathing exercises, engage in humor.
- Limit overtime, and assess for fatigue level before accepting additional shifts.
- Communicate shift preference where there are known personal impacts related to specific shift patterns.
- On your scheduled break, leave your immediate work environment, take a power nap if possible.



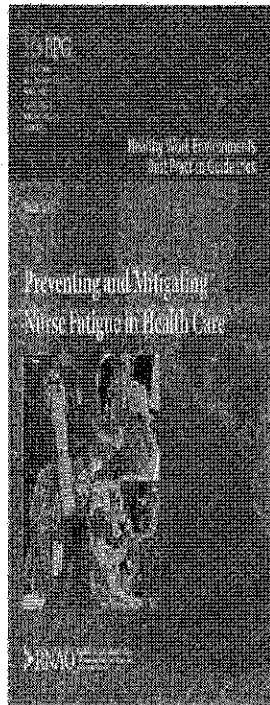
Link to full online version of the RPG:

## Tips for the team

- Openly discuss, and acknowledge fatigue as a critical aspect of a culture of safety.
- Establish team norms to avoid negative impacts of fatigue:
  - ask for help
  - support each other
  - advocate for quiet spaces in your work environment

## Tips for sleeping

- Maintain the same sleep/work/leisure time sequence on days off regardless of the shift worked.
- Get a minimum of 6 to 8 hours of uninterrupted sleep.
- Sleep in a comfortable and completely darkened room to simulate the night.
- Practice relaxation techniques which can reduce stress i.e. breathing techniques, soothing music.



## Tips for self-care

- Make getting enough sleep a priority.
- Participate in a physical activity consistent with your health and lifestyle i.e. yoga, walking, swimming, gym, jogging.
- Schedule your physical activity with a colleague or friend.
- Pay attention to your body cues and learn to recognize when you need special time/activities for yourself to regenerate.
- Monitor yourself for health issues i.e. depression, irritability, difficulty sleeping, digestive problems, physical aches and report these to your healthcare practitioner.
- Avoid medications that make you sleepy.

## Tips for diet

- Generally, keep a regular eating schedule, establish a routine that is compatible for the time frame you work.
- Include an intake of adequate fluids.
- Prepare healthy, portable snacks i.e. cut vegetables, fruits, water, milk.
- Maintain a balanced and nutritious diet. Avoid a high protein, high fat meal just before going to bed.
- Limit intake of stimulants like caffeine, sugar and avoid caffeine for five hours before bedtime.
- Set aside at least one meal or activity per day with family or friends to avoid social isolation.



