

International Council of Nurses.

Meetings of Grand Council.*

Stockholm, Sweden, June 8-10, 1949.

IN the Swedish Parliament Building, the imposing structure which "stands as a monument to free thought spoken by free men down the ages," Gerda Höjer, President of the International Council of Nurses, greeted 110 members of the Grand Council and national associate representatives, national executive secretaries, and other invited observers. They met, June 8-10, to discuss problems and outline plans for projecting the programme of the Council to improve nursing service and nursing education. The organisations were increased at the first session from 22 to 30 when the national nurses' associations of Germany, Austria and Japan were reinstated in active membership, and the national associations of Italy, Southern Rhodesia, Korea, Turkey and Haiti were elected into membership. National associate representatives from Portugal and Ceylon were attending for the first time. Miss Höjer and Daisy C. Bridges, Executive Secretary, reviewed briefly activities of the I.C.N. during the past two years. To mention only a few: the removal of the headquarters office from New York and its re-establishment in London; visits by the president and the executive secretary in Italy, Switzerland, Germany, France and the Netherlands; help extended to nurses of many countries not as yet affiliated with the I.C.N.; establishment of official relationships with other international health organisations; compilation of reports from the member organisations. "It is a sign of good omen," said Miss Höjer, "that after only two years we can meet to consider new developments."

Dues Increased.

One of the first actions taken by the Grand Council was the increase per capita of dues paid by the national associations to the equivalent of 8d. in British currency. Action on this increase had been deferred at the time of the 1947 Congress in Atlantic City. The new dues become effective for all member countries on January 1, 1950. It was voted that the Board of Directors shall have power to consider any case of hardship which may arise and to take action as deemed advisable.

Membership Increased.

With the reinstatement of the associations of Germany, Austria, and Japan, and the admission of Italy, Korea, Southern Rhodesia, Haiti and Turkey, there are now 30 national nurses' associations in active membership. Associations having associate membership were increased to 16 with invitations extended to representatives from Bolivia, Chile, Columbia, Ceylon, Egypt, Israel, Lebanon, Liberia, Luxembourg, Malaya, Mexico, Pakistan, Portugal, Siam, Spain, Venezuela.

During the next two years the Membership Committee (Florence Emory, Canada, Chairman) will review the status of the 30 national organisations now having active membership to determine their qualifications for continued eligibility. The committee will also make further study of national student organisations to consider the possibility of setting up machinery by which student nurses of member organisations may have international contacts.

Ethics of Nursing.

The Ethics of Nursing Committee (M. E. Craven, Great Britain) will undertake a study of what the term "ethics" or "nursing ethics" means to the nurses of each member country and will attempt to submit a code for consideration

by the Council. It asked that each member association submit a bibliography of current source material on the subject.

Nursing Service.

A broad picture of the needs for nursing service and ways by which these needs are being met was presented by Mrs. Berthina Bennett (Great Britain), Chairman of the Nursing Service Committee, based on detailed information secured from 16 countries. Although the enrolment of students in nursing schools is increasing, the developments of modern medicine, the extension of both hospital and public health services, and the efforts to improve standard of service has resulted in an increased demand for nursing service which the nursing profession is making a valiant effort to provide. In many countries wide use is being made of the service of non-professional workers, but the place of the nurse within the health team is not clearly defined. In order to do this the total needs of the patients must be analysed, keeping in mind the most economical use of man- and woman-power. "Nurses at present," said Mrs. Bennett, "are ill-equipped to undertake such research, but if they were trained to take a major part in it, the status of the profession would be improved." This committee working with the Nursing Education Committee will undertake the promotion of research in nursing service and the physical facilities of hospitals which effect the quality of the nursing service provided. "The solution of nursing service problems," said the chairman, "seems to depend on a careful investigation of the three R's: requirements, resources and reconstruction."

Exchange of Nurses.

Replies to a questionnaire study made by the I.C.N. Committee on the Exchange of Nurses (Margarethe Kruse, Denmark, Chairman) to the member associations show that foreign nurses (nurses from other nations) were employed in at least 14 countries during the years 1945 to 1948.

In nearly all of these 14 countries, a foreign nurse must be registered in her own country in order to obtain work, and in some cases, she must also be registered in the country in which she was employed. In the western and northern European countries, registration is not required of the foreign nurses if employment is for a limited period. On the other hand, a working permit is necessary in all cases. In a very few countries, salaried employment can be arranged for foreign nurses who have no knowledge of the language of the country to which they go.

In most countries, the national nurses' organisations are responsible for the exchange; in some, for instance, in Ceylon, exchange arrangements are made through the national government; in others, employment is arranged through direct application to the employing institution.

Membership in the national nurses' organisation of her own country is required of foreign nurses seeking employment in most countries.

Salary and working conditions for foreign nurses are generally the same as those for the nurses of the country in which they are employed; if the foreign nurse cannot speak the language, however, her salary for the first month may be lower than that of native nurses.

Nurses from other countries are usually employed in hospitals, in a few countries (for instance, New Zealand, Finland) there is opportunity for employment in public health nursing agencies.

Opportunities for study have been arranged in the United States, Canada, New Zealand, and the northern and western European countries. Registration in these countries is not required of nurses who are on study or observation visits. Arrangements for such visits have been made at the request of the national nurses' organisations and also through the Florence Nightingale International Federation. It is necessary for the nurse undertaking a study trip of this kind to

* Compiled by Editor, *The American Journal of Nursing*, circulated at request of President, International Council of Nurses.

[previous page](#)

[next page](#)