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III^e Congrès mondial des infirmières et infirmiers francophones

A great get-together in 2006

The Secrétariat international des infirmières et infirmiers de l'espace francophone (International secretariat of nurses in the French-speaking community) (SIDIIEF) holds a huge conference every three years.

The last one, in 2003, was held in Montpellier, France, and attracted 1,500 nurses from 26 countries. The next one, organized jointly by the Nursing Faculty of Université Laval, the Centre hospitalier universitaire de Québec and the OIIQ, will take place in Quebec City, from May 14 to 18, 2006. The annual Councils of Nurses (CN) conference will be held in conjunction with the SIDIIEF conference. An outstanding line-up of events has been put together and can be consulted on the SIDIIEF Website (www.sidiief.org). This is one get-together you really shouldn't miss, for it won't be back in Quebec for at least another decade.

Knowledge without borders

One of the benefits of globalization is the way new information and communications technologies allow us to enhance knowledge and share ideas more rapidly. The Internet has changed the world, for knowledge of all kinds, including research findings, can now be put online almost immediately. The Web gives everyone everywhere, in theory at least, access to information they can use to guide their local initiatives. But this new freedom calls for strong professional leadership!

A few years ago, the Order experimented with creating online expert nursing networks, with its *virtual nurse* (www.infirmiere.net) and virtual community on cardiac health (www.oiiq.org) sites. Inspired by the

same desire to encourage scientific and professional exchanges within the French-speaking nursing community, the Order took the initiative of creating the SIDIIEF, in 1998.

An indispensable lever

The SIDIIEF is a professional association built around the concept of networking. Its goal is to disseminate and share nursing practices and knowledge. Its activities, designed to pool international expertise, benefit nurses in all areas, from front-line nurses to managers and educators. In today's world, I sincerely believe in the importance of consolidating nursing organizations and giving them the tools to act locally, regionally, nationally and internationally. That is precisely the SIDIIEF's mission.

"In any case, nurses and the organizations representing them have to cope with a plethora of difficulties in the early 21st century. [...] There are many complex challenges to be met, and they seem to be common to nurses around the globe. That is why nurses' organizations need to learn from each other, at least [...].¹

All over the world, hospitals and public health systems are being reformed and professional practices reviewed. The nursing profession is faced with many different issues, calling for a new perspective. It can only benefit from sharing experience. The fact that all university hospital centres in Quebec have joined SIDIIEF as promoting members, as have their associated schools or faculties of nursing, clearly illustrates

1. « CLARK, P.F. and D.A. CLARK. "Problèmes, priorités et stratégies des organisations d'infirmières," *Santé publique*, Vol. 16, No. 2, 2004, p. 207-224.

the pressing need to network nursing knowledge and practices to support clinical and administrative innovation.

The SIDIIEF is an international non-governmental organization (INGO) recognized by the Quebec government, and also plays a cultural role, as a member of the Conference of INGOs of the Organisation internationale de la Francophonie (OIF). Why the Francophone community? Because the French language is part of a global heritage threatened by the dominance of English. The SIDIIEF feels that French cultural heritage must be protected. In fact, an international agreement on protecting cultural diversity was recently drawn up by nearly 150 countries, at a UNESCO general assembly.

A matter of international solidarity

Life is quite different for nurses around the world. Nursing care is regulated in all countries, of course, but the field of practice, the amount of autonomy, the education required, and nurses' collective organizations, working conditions and political weight vary greatly from one place to another. Since nurses are generally women, problems relating to nurses' status can be laid at the door of sexist discrimination in some countries.

Although there are differences from one country to another, one fact remains true everywhere: a nation's health is a crucial factor in its development. The availability of nurses has a significant impact on a country's health and hence on its development. Indeed, the number of nurses in a country is an indicator of its development. According to a report by the International Council of Nurses (ICN),² the average nurse:population ratio in high-income countries is almost eight times that in low-income countries. The average ratio in Europe is ten times that in Africa, and in North America, ten times the ratio in South America.

The relative size of the nursing workforce depends largely on the wealth of a country and its social policies. The equation is very simple: the richer the country, the more developed its technology and healthcare system, and so the more nurses it has! The more its social policies favour widespread access to health care, the more nurses there are.

This is why many international organizations view the availability of qualified health professionals as a major strategic factor in a country's development. A number of organizations have issued alerts or conducted studies on shortages of healthcare workers: the World Health Organization, the World Bank, the

Organisation for Economic Co-operation and Development and the International Council of Nurses.

Our profession is not immune to the global epidemic of poverty and the gap between North and South. Leaving poor countries to fend for themselves raises questions of planetary ethics and global solidarity. Individuals around the world, and especially nurses and health professionals in developed countries, must make a personal commitment to humanizing world socioeconomic policies. Talking about health as a basic human right and working to improve the health of the poor must also be part of wealthy nations' policies, as stated in the Romanow report.³

It is evident that as globalization speeds up, peoples worldwide will become more and more interdependent. We need only think of the lightning-fast spread of the SARS epidemic, drug-resistant strains of tuberculosis and the AIDS virus, diseases that have had major international repercussions on nations' health and economies. Infectious diseases are spreading around the world at unprecedented speed! At a time when the threat of an influenza pandemic is raising the spectre of the horrific plague epidemics of the Middle Ages, the world must make it a priority to involve and coordinate public health systems everywhere.

Only by pooling research, healthcare strategies and best practices can all countries battle common health problems, effectively and co-operatively. This is the challenge that nurses throughout the French-speaking world have taken on, through the SIDIIEF. Can we forge bonds strong enough to share the fruits of our research, our training programs and our standards of practice, and come up with collective strategies? ●

Gyslaine Desrosiers
President



The SIDIIEF is a very young organization, with few resources, and is seeking to expand its membership base. I urge you to join (www.sidiief.org). We are also creating a fund to help nurses in developing countries to attend the Conference. All donations or sponsorships would be very much appreciated.

2. INTERNATIONAL COUNCIL OF NURSES (ICN). *The Global Shortage of Registered Nurses – An Overview of Issues and Actions*, 2004, p. 7. [Online: www.icn.ch/global/shortage.pdf]

3. COMMISSION ON THE FUTURE OF HEALTH CARE IN CANADA. *Building on Values: the Future of Health Care in Canada – Final Report*, Saskatoon, Commission on the Future of Health Care in Canada, Nov. 2002. [Online: http://www.hc-sc.gc.ca/english/pdf/romanow/pdfs/HCC_Final_Report.pdf]