



Global Nursing Leadership Institute



國際護理協會

2021 全球護理領導培訓營 參訓報告

International Council of Nurses

2021 Global Nursing Leadership Institute (GNLI)

Training Report

服務機關：臺南市立安南醫院委託中國醫藥大學興建經營

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參訓期間：2021/09/14 - 2022/6/21

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一、全球護理領導培訓(GNLI)介紹

全球護理領導培訓(Global Nursing Leadership Institute[™] ; GNLI)是 Burdett 護理信託基金會贊助國際護理協會(International Council of Nurses; ICN)的訓練課程。2009 年開始至今已邁入第 12 屆,GNLI 主要強化護理人員政策參與能力,期望訓練完成後達到下列目標:

(一)制定、發展、支持和推動實證健康和社會政策

(二)進行利益相關者分析和政治環境分析,以影響問題的定義、

建立聯盟和設計解決方案

(三)利用政治、策略和宣傳技能與政策利益相關者有效合作,利

害相關者包括政治家和政府官員、其他衛生系統領導人以

及國際和非政府組織等。

(四)回顧和建立與地方、國家、國際政治、健康和社會關懷相關

的實證內容

(五)創建並策略性地傳達能吸引政治家、決策者和公眾的明確政

策信息

(六)參與區域和全球護士領導者的政策社會網絡

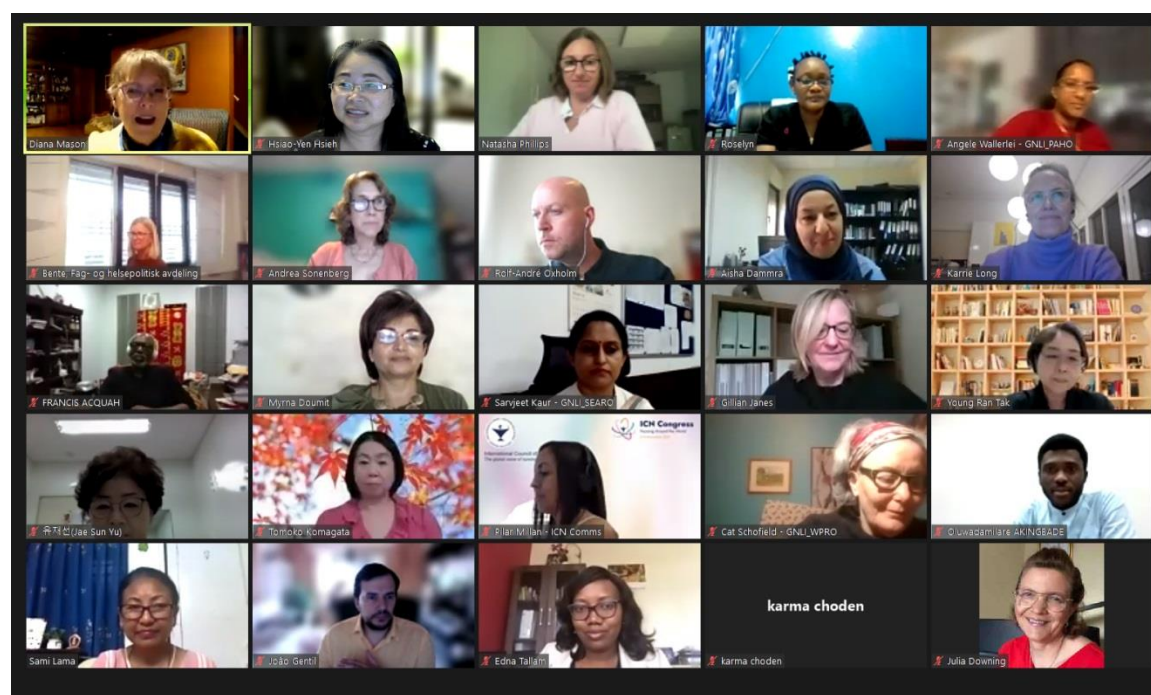
期望過培育後的護理師能有效地改變政策,從而改善當地社區、地區和國家的健康和福祉。

二、2021 全球護理領導培訓(GNLI)參訓學者

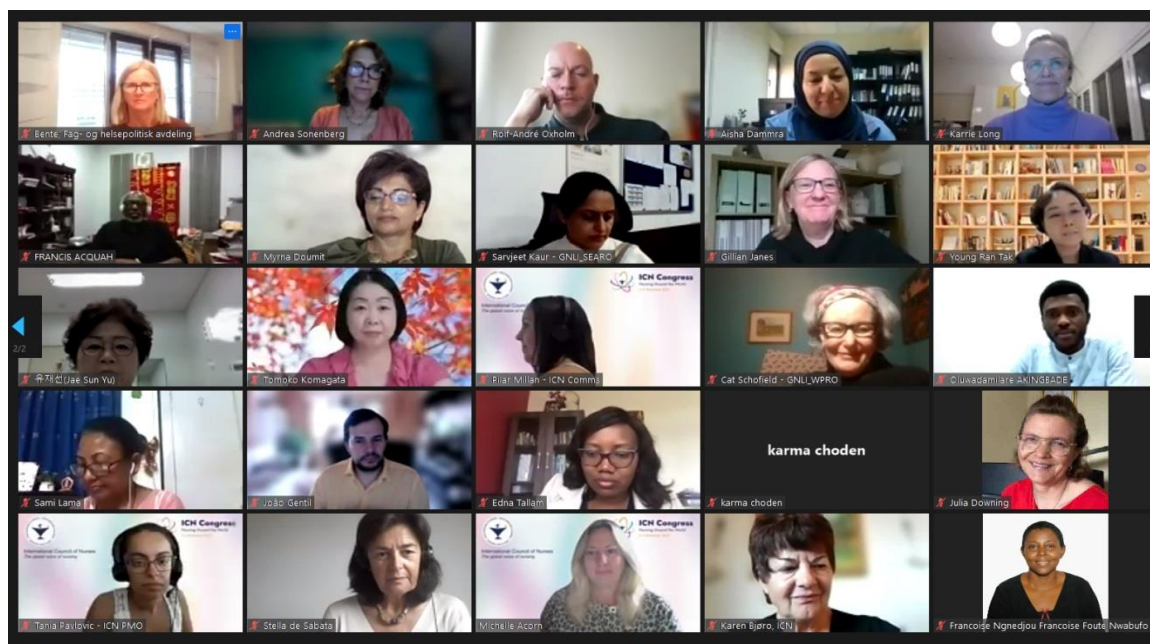
此次參訓者來自 21 個不同國家的學者共有 29 位參訓(圖一)，由於疫情影響課程全程參用視訊方式進行(圖二、圖三)。



圖一 其他國家參訓學者總攬



圖二 第一次視訊會議 截圖一



圖三 第一次視訊會議 截圖二

三、2021 全球護理領導培訓(GNLI)訓練內容

為期十月的訓練內容分為準備期(Preparatory)、集訓期(Intensive)及實踐期(Capstone)三個階段。訓練過程中須完成 10 項作業，個人將其作業歸為四個階段，第一階段：自我了解及自我推銷、第二階段：自我國家的問題探討、第三階段：個人領導能力省思及發展、第四階段：領導能力實作練習(圖三)。



圖三 培訓作業總攬

(一) 模組一：準備期(Preparatory) 2020/9/13- 2021/01/18

此階段訓練學者如何自我介紹並利用媒體/影片行銷自我，亦同時要求學者必須利用自我時間，邀請四位不同區域國家的學者利用視訊/社交媒體有更深入的认识並建立社會網絡。此階段的作業包含自傳(附件一)及國家醫療體系及護理分析(附件二)。

(二) 模組二：集訓期 Intensive 2021/1/19-2021/3/27

此模組是 GNLI 的核心課程，運用密集上課訓練及互動，介紹內容包括對政策過程及其政治背景、全球實證政策的改革策略、護理師在領導區域和全球衛生與社會政策中的角色功能以及領導者如何有效策略與溝通技巧(包括框架、信息傳遞和媒體使用)等。

密集的課程訓練歸納見圖四，內容主要包含對於政策的影響因素的了解、如何分析利害相關者的利益與權力、如何形政策及運用政策/政治策略及討論中間需要培育那些政策領導能力等內容。過程用要求課程前的書籍閱讀及線上學習，亦邀請具有護理政策參與經驗的前輩分享，並透過學員的討論及互動增加對於內容的融會貫通。

主要課程內容



圖四 課程主要內容摘要

(三) 模組三：實踐期(Capstone) 2022/3/27- 2022/6/21

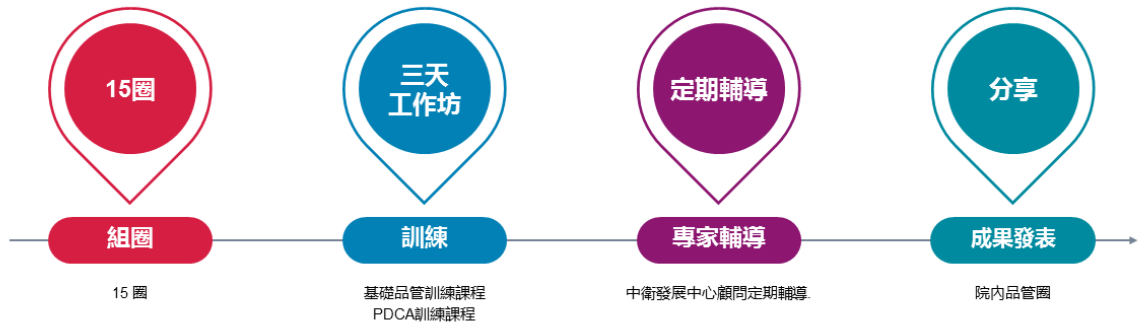
實踐期主要是期望受訓者運用準備期與集訓期所學內容，實踐於個人專案及分區團體專案計畫中。最後邀請學者所在地區與其他重要政策關係人參加虛擬會議，並期望分區團體專案成果可提高參與世衛組織區域政策優先事項的機會。

1. 個人專案計畫

個人專案計畫主要提升機構內醫療照護品質的提升，利用品管圈的推行鼓勵院內同仁提出品質改善方案。為提升專案執行能力，舉辦基礎品管圈系列課程。十五個團隊組圈後每月安排中衛輔導中心顧問定期輔導，預計於年底進行成果發表。

Personal Project

To enhance the quality-of-service delivery by facilitating a cohort of quality improvement teams in Tainan Municipal An-Nan Hospital.



圖五 個人專案計畫總攬

2. 區域團體專案計畫

台灣於世界衛生組織(WHO)之區域中歸屬西太平洋地區 (Western Pacific Region)，此次參訓學者包含澳洲(3 位)、日本(1 位)、韓國(2 位)、台灣共 7 位學者。在團體共識後區域專案主體以探討影響護理整政策相關因素分析，並針對西太平洋地區護理人人力問題提出建議(見圖六至八)。

Group Project

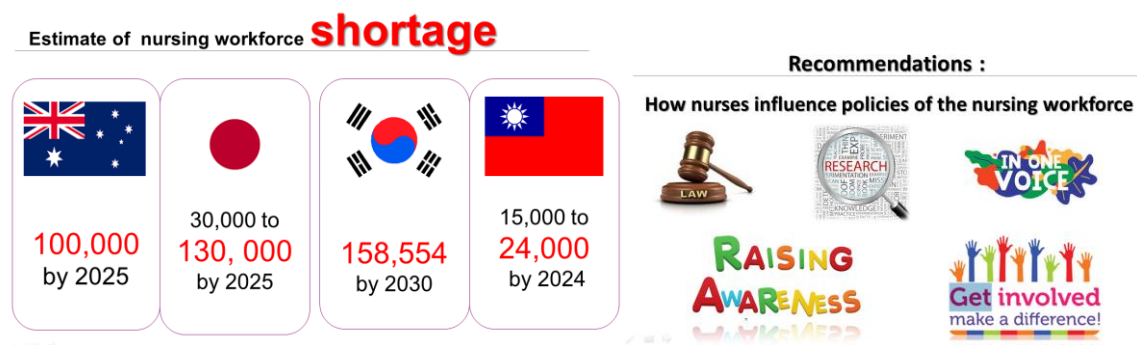
How nurses influence policy related to nursing workforce in WPRO region

Karrie Long, Dr Francis Roger NiiLanteye Acquah, Danielle Causer Australia, Prof Jae Sun Yu, Prof Young Ran Tak Korea, Dr Hsiao-Yen Hsieh Taiwan, Dr Tomoko Komagata Japan

Nursing workforce issues in WPRO

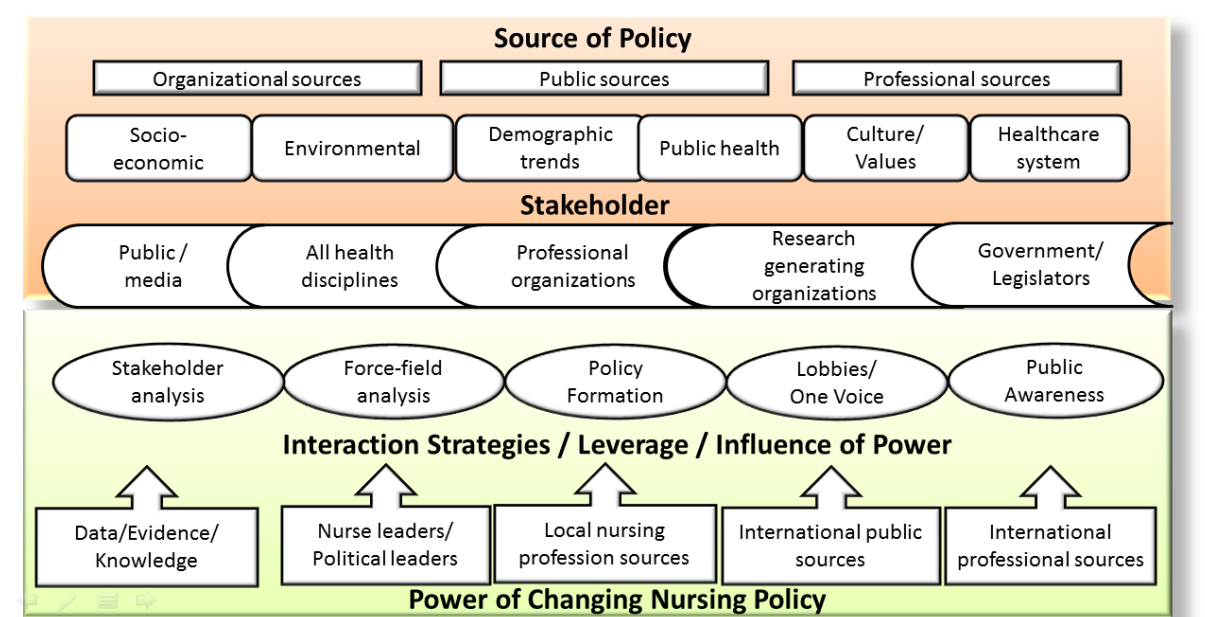
- Nurses are the essential and the largest group of the global healthcare workforce to achieve SDGs includes UHC
- Aging is one of the prioritized health issue.
- ageing health care workforce = future decline

圖六 簡報內容精選一



圖七 簡報內容精選二

Navigating nursing policy : influence map



圖八 護理政策導航地圖

四、參訊心得及建議

(一) 收穫與感謝

非常榮幸能有參與 GNLI 訓練，感謝 ICN 精心設計並排除萬難的舉辦線上訓練課程，也感謝安南醫院全力支持參訓(尤其參訊時期正面臨台灣 Omicron 疫情的高峰)，更感謝 TWNA 培育。過程中謝謝國際護理協會黃璉華副理事長擔任導師(mentor)指導，

謝謝長期默默經營國際關係的相關人員，有大家的努力與支持才能有此培訓機會。十個月的訓練過程中，認識多國的護理精英，擴展國際視野也建立部分社會網絡。此次訓練計畫提供參與政策的良好基石訓練，未來將持續努力精進相關能力與知識。

在個人省思中發現，參與政策的最大障礙是個人的心理建設，因為多數時候發現政策的不完美是相對上容易，但總覺得應該要有人修改政策，但修改政策或推動政策的人不是我。分析多數人不願意參與政策有幾項因素，第一，擔心成為公眾人物，對於發言、行為或公開場合表現，需面臨不同聲音的批評。第二，需要更多心力與時間協調與遊說政策，但多數人原本的工作時間與雇主的支持不足，時間與經費安排上較為困難。第三，參與政策的經驗不足，台灣護理團體相互合作推動政策的模式尚未明確。但經歷訓練後體會到護理專業人員占醫療照護人員比率高達 60%，但參與政策的人數、職位或貢獻相對上較少。但維護全球健康的責任，護理人的參與不能少；參與政策是護理專業社會責任的一部分。

感謝與收穫



圖八 參訓心得及回饋摘要圖

(二)回饋與建議

歷經訓練後，個人對於未來護理專業提供下列淺見：

1. 引進六頂思考帽訓練:訓練過程中發現，運用六頂思考帽分析問題，似乎在歐洲、美國及澳洲是常見方式。在課後經過文獻查閱後發現，六頂思考帽是改變思維的有效方法。在職場上可以協助個人及團隊用不同角度審視問題；不同帽子促進平行思維，在團隊和合作解決問題時可屏除許多個人因素，減少辯論(對抗性思維)及負面衝突，同時更鼓勵群體合作以共同觀點一起創造及腦力激盪。六頂思考帽訓練可有助於邏輯與組織資訊，改變感知並提升創造力與問題解決能力。世界經濟論壇中提到未來人才的工作能力中，重要的能力包含批判性思考及分析(critical

thinking and analysis)與問題解決能力。這也是護理專業訓練中最重要的一部分，若能引進六頂思考帽訓練將成為國內護理教育的良好策略之一。

2. 國際與國內護理政策人才培訓:台灣專業團體長期積極培養護理人才，目前國內全國性的領導人才訓練有南丁格爾學苑護理領導人才培訓、國際護理協會變革領導訓練(ICN LFC™及GNLI等。國內外對於護理人才訓練模式之探討與建議，在個人的文獻查證過程發現其相關文獻較少，亦缺乏完整的訓練模式或整合。國內文獻中除部分對於護理人力政策規劃有較多探討外，對於護理政策參與文章篇幅極少，此為台灣護理界可以持續努力的方向。

表 國內領導人才培育訓練比較

訓練名稱	語文	天數	訓練人數
南丁格爾學苑護理領導人才培訓	中文	3 天	每年/約 35 人
國際護理協會變革領導訓練	英文	12 天	每兩年/約 25 人
全球護理領導培訓營	英文	10 月	每年/約 1-2 人

台灣護理學會持續不段的持續培育領導人才，此方面的努力也榮獲 ICN 的認可。ICN 近年發展出四天短期的護理政策(Nursing Policy Leadership Programme)，2018-2019 年期間於貝里斯(Belize)、義大利及國際癌症護理護士協會於日內瓦均

舉辦過此訓練^[1]。建議可以評估是否仿照 LFC 模式於台灣舉辦此訓練的可行性。

3. 與教育結合:台灣護理教育近年來積極與國際接軌，106 年發表台灣護理碩士教育共識深明^[2]，其中提到近些護理師專業核心能力中包括倡議能力(Advocacy competency)。若能將護理政策參與融入國內近進階護理師教育將成為推動護理政策參與的重要力量之一。

4. 推動國內護理參與政策:國內對於護理政策的論述中，TWNA 現任陳靜敏理事長 1996 年的論述中提到^[3]護理師多數處於被動甚至不關心政策的問題。文中引用南茜、蜜利歐的指引提供如何讓護理人員漸進式的參與健康政策制定過程值得參考。期望透過教育與培訓，培育更多護理師擔任領導職位共同參與護理政策。

[1] ICN Nursing Policy Leadership Programme<https://www.icn.ch/hat-we-do/projects/nursing-policy-leadership-programme>

[2] 台灣護理碩士教育共識聲明

https://www.twna.org.tw/WebUploadFiles/DocFiles/363_108s005c.pdf

[3] 陳靜敏 (1996) · 護理與健康政策 · 護理雜誌, 43(3), 39-43。

<https://doi.org/10.6224/JN.43.3.39>

一 自傳 Biography

GNLI™ 2021 Programme

Module 1, Assignment 2

About Me Bio



The name I like to be called: Hsiao-Yen

My proper name: Hsiao-Yen Hsieh

My country: Taiwan

My WHO region: WPRO

My current job title and affiliation:

1. Deputy Director, Department of Nursing, Tainan Municipal An-Nan Hospital.
2. Deputy Director, Center for Quality Management, Tainan Municipal An-Nan Hospital.
3. Adjunct Assistant Professor, National Cheng Kung University, School of Nursing
4. Adjunct Assistant Professor, China Medical University, School of Nursing

My areas of expertise and interest:

Advanced nursing practice, cardio-pulmonary nursing, critical care, leadership development, nursing education, nursing administration

My brief bio:

I became a RN in NCKUH in 1995 and worked in general ward and CCU for 8 years. Then I completed Master's degree (CNS and NP program) in 2005 and DNP degree in 2015 in University of Pittsburgh, USA. I was promoted to be Head Nurse (2010-1) and Supervisor (2015-7). Now I work as Deputy Directors in nursing department and center for quality management in An-Nan Hospital.

As an advanced practice nurse, I learned how to put evidence into practice and to develop leadership skills to enhance healthcare outcomes. During past decade, I implemented several healthcare improvement projects and won national awards in Healthcare Quality Improvement Campaign in Taiwan. I have taken on leadership roles with the responsibility of educating a new generation of nurses. In 2017, I completed ICN LFC Program and became an LFC trainer in 2020. Luckily, I've been supported by TWNA to visit ICN for 6 weeks in 2018 and lead Nightingale Challenge in An-Nan Hospital in 2020.

My dream -- How nurses will help to achieve the global Sustainable Development Goals:

Leadership is the most important factor that influences government performance and effectiveness to keep us safe. Nurses provide vital services and move the country forward. My dream is working towards the

global sustainable development goal #3: “Ensure healthy lives and promote well-being for all at all ages” and goal #17 “partnerships for the goals”.

In 2018, Taiwan’s Ministry reported that 14% of the island’s population was over the age of 65. Aging in place is an international goal of elderly policy in Taiwan. The independent practice of advanced practice nurses in Taiwan faces external challenges from medicine and internal barriers with the domain of nursing. As an advanced practice nurse, I learn how to put evidence into practice, how to develop clinical leadership skills to impact health care outcome and how to voice for nursing profession. However, the evidence-based practice movement and advanced practice nursing in Taiwan are still in the developing stage. As an advanced practice nurses, I will devote myself in educating advanced practice nurses for the next generation and promoting the roles of advanced practice nurse in the future.

Visionary leadership is one of the core values of ICN. AS a participator and co-trainer of LCF program, I would like to train more leaders to speak up for our profession and to contribute in global health and public policies. I will try to work on participating to cultivate more nursing leaders of young generation in Taiwan and in Southeast Asia. I will try to facilitate or participate in building nursing partnerships through nursing leadership.

附件二 國家健康體系與護理分析 Country Profile-Taiwan



GNLI™ 2021 Programme
Assignment 7 Country Profile



Taiwan (Republic of China), WPRO

Name: Hsiao-Yen Hsieh

Country and WHO region: Taiwan, WPRO

General Country and Health Information:

Description of the country: Taiwan, officially known as the Republic of China (ROC), is a country located in East Asia, sharing maritime borders with the People's Republic of China (PRC) to the northwest, Japan to the northeast, and the Philippines to the south. Taiwan has had a convoluted history of colonization within the last 400 years, having been controlled by the Dutch East India Company (VOC), the Kingdom of Tungning, the Qing Dynasty, Japan, and now the ROC. The area of Taiwan is 36,188 km², which is slightly larger than Belgium.

Health of the Population: Taiwan has a total population of 23.4 million inhabitants; this makes Taiwan one of the most densely populated countries in the world. It currently consists of 2.9 million (12.41%) youngsters, 16.6 million (70.9%) working age people, and 3.9 million (16.7%) elders, with the elderly consisting of over 14% of the population. Taiwan is now considered an “aged society”. According to the Population Reference Bureau, the birth rate in Taiwan is 1.0, it is the second lowest among countries. The World Population Review’s report in 2021 predicts that Taiwan’s population will decrease to 22.7 million in 2035, and to 20.4 million in 2050. In addition, the report points out that the proportion of Taiwanese women over 35 years old will increase from 1990’s 5% to 33% since 2020. The increase in the proportion of advanced-age mothers in the past 30 years has only lagged behind South Korea.

The health care and health care system:

There has been a rapid transition from an agricultural-based to an industrial-based

economy in Taiwan in the last 70 years. Since 1995, Taiwan adopted a national healthcare insurance system. The single-payer closed system provided for more than 99% of the country's residents. The healthcare delivery system in Taiwan is market-driven with a mix of public and private owned hospitals, clinics and independent ancillary services from pharmacies and midwifery clinics.

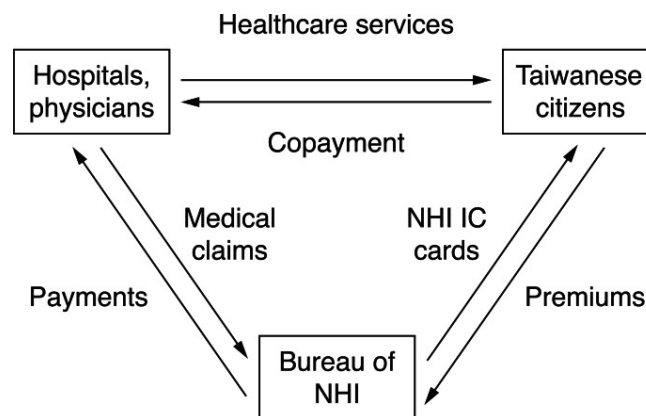


Figure 1 Financial structure of the Taiwanese NHI system

Table 1 Vital health statistics of Taiwan

Items	health statistics
The life expectancy	76.2 year (male), 82.7(female)
Maternal mortality rates	13 per 100,000 live births (2020)
Infant mortality rates	3.6 per 1,000 live births (2020)
Newborn mortality rate	2.4 per 1,000 live births (2020)
Main causes of death	(1) Malignant tumors (cancer) (2) Heart disease (3) Pneumonia (4) Cerebrovascular disease (5) Diabetes (6) Accident injury (7) Hypertension Disease (8) Chronic lower respiratory tract disease (9) Nephritis nephropathy syndrome and nephropathy (10) Chronic liver disease and cirrhosis

Health workforce and nursing

The total number of licensed healthcare personnel was 337,942 in December 2020. That included 160,795 of RNs (68.3% per 10,000 population), 51,045 physicians (21.7% per 10,000 population), 29,989 of pharmacists (12.7% per 10,000population), and 15,429 of dentists (6.6% per 10,000population).

According to the statistics of Taiwan Union of Nurse Association, the total number of employed RNs in Taiwan is 180,865 which is approximately 62% of all RNs in October 2021. Of them, 96.3% are female and 3.7% are male. The hospital vacancy rate of nursing staff was 4.48% and the nurses' turnover rate was 10% in 2019. According to the nursing manpower consultation meeting of the Ministry of Health and Welfare, it is estimated that the shortage of RN is about 5,500 to 15,000 and it will reach 15,000 to 24,000 by 2024. The major challenges of the nurse profession in Taiwan are shortage of manpower, high nurse-to-patient ratio, overload of clinical practice environment, limited ANP/NP roles and lower reimbursement of nurse service from the national health insurance.

Impact of the pandemic:

Because of Covid Alfa-variant infection, Taiwan went through the biggest outbreak of COVID-19 pandemic between May 19 to July 23. According to the statistics on Oct 30, 2021, the total case diagnosed with COVID is 16,406 and the death number is 847 which is 5% mortality. The vaccination rate of first and second doses are 72.3% and 32.1% respectively. Currently the number of new cases reported for the most recent day of complete data, within the last 3 days is 5.

The strategies of Taiwan's success in fighting pandemic included the early establishment of a command center, precision-prevention model which includes tight border control, and strict quarantine policy, providing sufficient anti-pandemic medical supplies, and educating residents about public health awareness such as promoting face mask wearing, proper social distance, handwashing and vaccination.

Indeed, the pandemic affected Taiwan to a wide extent. People living in Taiwan can enjoy free movement and usual public services. Schools, offices, restaurants and retail stores are open for domestic consumption, though with much reduced revenue. But the impact of the domestic economy is more controllable. However, Taiwan's export-dependent economy is highly vulnerable to global recession. The major contributor to Taiwan's GDP are net exports which account for more than 65%. The economy is highly susceptible to reduced global trade flows and recession. However, Taiwan has contained its recent Covid-19 outbreak successfully. This will allow real GDP to grow by 5.7% in 2021.

Summary:

Economy and international relations: According to Taiwan's national statistics, the unemployment rate was low at 3.67% in December 2019. Labor force participation rate was equal to 60%. The unemployment rate in the whole year of 2019 remained steady at 3.8%, but is estimated to increase slightly to 4.4% in 2020 due to the outbreak of the COVID-19 pandemic. Social challenges include an aging population, low birth rates, and still tense relationship with China. Despite operating as an independent country, Taiwan has only been able to participate in WHO meetings as an observer.

Healthcare issues: Due to the aging population, social impacts including declining labor force, increasing population of chronic diseases, the rising demand for health care and the increased cost of healthcare services has generated attention. In order to solve the current situation in Taiwan and the influence of various external factors on the development of nursing manpower, with the support of the forum of the Ministry of Health and Welfare and the National Institutes of Health, nursing experts were invited to build a consensus for the development of nursing manpower in Taiwan in the next 10 years, and proposed four goals as below:

1. Improve the retention and practice rate of nursing staff across the country, and maintain the quality and safety of patient care;
2. Use Taiwan's advantages in information technology to explore innovative models of technology to improve the efficiency of nursing manpower (new care model);
3. Research and analyze advanced nursing manpower systems and businesses
4. Enhance the effective application of nursing manpower and the development of the nursing profession.

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