GUIDEBOOK FOR NURSE FUTURISTS

A Guidebook for Future-Oriented Planning
In Your National Nursing Association

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PREFACE

We take great pleasure in releasing this **Guidebook for Nurse Futurists** as part of our celebration of the International Council of Nurses' (ICN) 100th anniversary. The Guidebook contains ICN's new *Vision for the Future of Nursing* and a wealth of information on trends affecting our profession. What makes this Guidebook uniquely useful, however, is that it contains instructions for doing participatory strategic thinking exercises within your own National Nurses Association (NNA). We highly recommend these exercises. The outbreak of creativity that could occur as NNA members everywhere participate in these exercises/discussions would be a wonderful way to begin ICN's second century.

This **Guidebook** is one product of the Futures Project that has been underway in ICN over the past two years. It was initiated under one Presidency (and carried forward and completed under another. It was made possible through the continuing support and active involvement of the Board of Directors. Many people have contributed in many ways, from filling out survey forms and attending project workshops to participating in future-oriented discussions within other ICN projects and ad hoc groups. We want to thank all of you who have shared your insights and your aspirations for the future.

We want to give special thanks to members of the Presidents' Task Force on the Future, which was commissioned by the Board of Directors to carry out the Futures Project. They have been serving as exactly the kind of "Nurse Futurists" we need to fulfil the potential of our profession.

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Presidents' Task Force on the Future

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INTRODUCTION

The ICN Futures Project was initiated in 1997 by the Board of Directors. The Board created an ad hoc Presidents' Task Force on the Future to pursue three major goals:

- To use a highly participatory process to identify key trends impacting upon the future of health, nursing, and ICN, and to create scenarios that show the ways these trends could unfold into the future;

- To use the same participatory process to explore aspirations for the future of health, nursing, and ICN; and to summarise these aspirations in a vision statement;

- To make the trend analysis, scenarios and vision available as inputs for ICN strategic planning and in the form of a **Guidebook** that NNAs can use in developing their own plans and activities.

This Guidebook represents the full achievement of those goals. It is an innovative tool for helping our profession shape its own future rather than be at the mercy of outside forces and circumstances. It contains:

- A short course in "Thinking Like a Nurse Futurist" – prepared by the Institute for Alternative Futures (IAF)

- ICN's new *Vision for the Future of Nursing* – prepared by the Presidents' Task Force on the Future and unanimously approved by the Board of Directors

- An analysis of Trends Affecting the Future of Nursing – based on a member survey, a Workshop with NNA Presidents, and other inputs

- Four Alternative 2020 Scenarios for Nursing and ICN – prepared by the Presidents' Task Force on the Future working with IAF

- Exercises for NNA Planning – prepared by IAF

The Exercises for NNA Planning are the centrepiece of this Guidebook. The other material will prepare you for the exercises, but it is <u>doing</u> the exercises that will clarify your aspirations and generate creative new ideas for your NNA. You can use the exercises as a starting point for a major strategic planning effort in your NNA, or you can use them more informally to generate ideas for new activities. However you use them, I guarantee that they will help you think further into the future than you ever usually do. Thinking further ahead will give you an opportunity to dream bigger dreams and come back to the present with a new perspective on what may be worth doing.

Judith Oulton
Chief Executive Officer

Section 1
THINKING LIKE A "NURSE FUTURIST"

The great dilemma of leadership in the nursing profession today is that all our experience is with the past, but all our decisions are about the future. In an earlier, slower moving time, past experience was a fairly reliable guide to the future. Leaders in nursing, health care, and government could reasonably assume that the future would simply be a bigger and better version of the world with which they were familiar. Today, this kind of continuity cannot be taken for granted.

Those of us involved in the nursing profession know tremendous changes are coming in the next two decades, but if we are honest with ourselves we know that much of the future cannot be predicted. We are confronted by *true uncertainty*—that is, we know we do not know what we will become.

There are two basic types of methodologies for exploring the uncertain future. One type focuses on exploring the **preferred future**. This approach involves clarifying our highest **aspirations** for the future. Sometimes these aspirations are expressed in a **vision**, a formal statement describing the future we would like to create. The second type of methodology involves looking at **likely and potential futures**. It includes methods for **scanning** emerging developments, identifying **trends,** and building and using **scenarios** that portray how the **key forces** affecting change could play out.

It is important to keep in mind that these methods do not and cannot "predict the future." There is no preordained future that is fated to occur. Rather, there are many different possible alternative futures. Instead of trying to predict what the future will be—a hopeless task—we need to take on the much more manageable tasks of becoming more aware of the forces and trends that create change, exploring alternative future possibilities, clarifying our aspirations for the preferred future, and developing strategies to achieve our aspirations. We need to 'take back' the future into our own hands and see ourselves as creators of the future rather than subjects of it. This stance toward the future is well expressed by Alan Kay, who first envisioned and coined the term "personal computer":

> ***"The best way to predict the future is to invent it."***

Aspirations: The Preferred Future

Clarifying our aspirations for "the future we want to create" is one of the most powerful ways of thinking about the future. The constant onrush of events and responsibilities diverts us all from doing this kind of thinking. All of us need to pull back from our daily work now and then to reflect on what our aspirations really are and whether our major activities are really directed at pursuing those aspirations.

Figure 1, the 'Aspirations Model' developed by Roger Fritz,[1] illustrates the crucial role aspirations play in personal and organisational life. The easiest way to understand the model is from the personal perspective of your own career experiences.

Take a moment, if you would, to reflect on your career. What experiences stand out to you? What are you most proud of? What would you like your grandchildren to know and remember about what you have accomplished in your career?

You will almost certainly find that the career experiences which stand out positively above all the rest are situations in which you were clear about your aspirations. There was something that was truly important to you that you were intentionally trying to accomplish.

You will also find that you honoured your aspirations with what you did. People often say one thing and do another, but in these best experiences you exhibited a fundamental integrity: your behaviour was aligned with your aspirations.

Figure 1: The Aspirations Model

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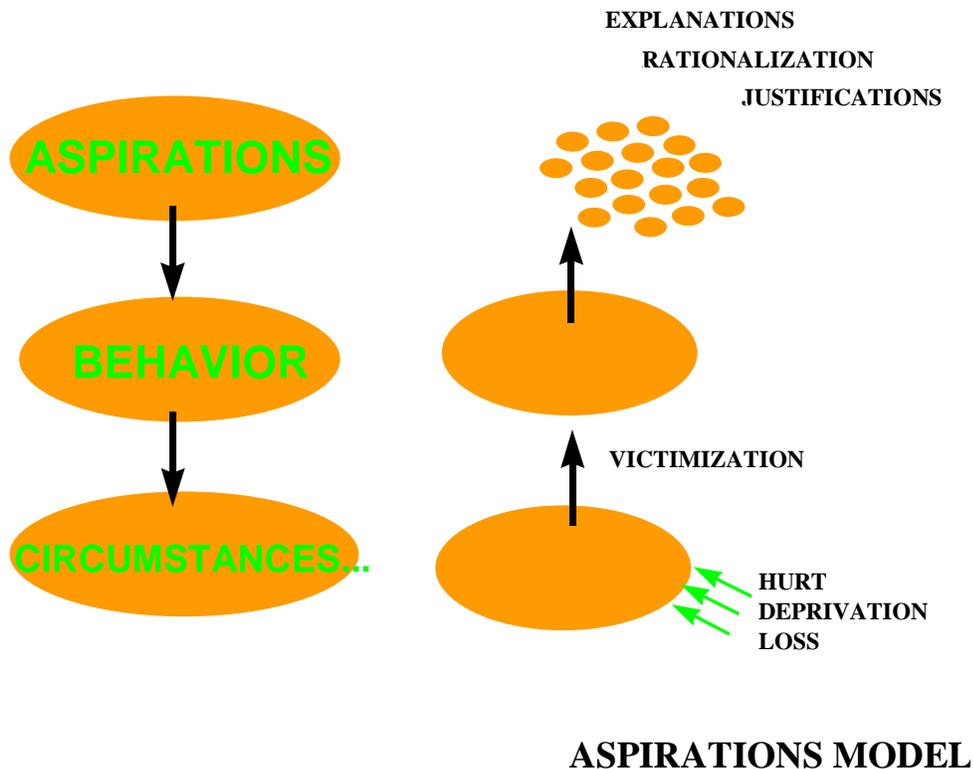
[1] Roger Fritz, "The Aspirations Model." St. Louis: Leadership By Design, 1990.

Finally, the results of what you did were apparent in some way. Your actions shaped the circumstances around you. Your aspirations and your efforts were reflected in those changed circumstances. <u>You</u> made a difference.

This is life at its best—the golden moments. Unfortunately, as we must all confess if we are honest, this is not the way life always works. More often than not, our lives seem to begin with circumstances, as illustrated on the right side of Figure 1. Things keep coming at us all the time and we get preoccupied with simply keeping up. We get so busy that we lose touch with our aspirations. This results in feelings of hurt, depravation and loss, even if we bury those feelings amid the bustle of all our activity.

In this kind of situation, our behaviours become mainly reactive rather than proactive. We feel like we are "victims of circumstances." This sense of victimisation shows up as a kind of psychological exhaust cloud that comes out in the form of explanations, rationalisations and justifications. We get good at complaining about how awful everything is, blaming various circumstances, and explaining why we can do so little about it. We lose the kind of enthusiasm and energy instilled by being in touch with our highest aspirations, and the cloud starts to run our lives.

The only way to get out of this negative state is to focus again on our aspirations: re-explore them, clarify them, see how they have changed over the years, reshape some of them, , look ahead to the future and develop new aspirations, and get our aspirations back in the driver's seat.

The Presidents' Task Force undertook an extensive process of clarifying aspirations for the future. It summarized these in the ICN Vision for the Future of Nursing set out in the next section of this Guidebook. In developing this vision, the Task Force used several of the participatory exercises described in this Guidebook, held discussions with ICN's Board of Directors, and received suggestions from many sources. Active use of this vision throughout our profession can help us all "get aspirations back in the driver's seat." The exercises at the end of the Guidebook are designed to do just that.

Trends

The other main approach to exploring the future involves looking at the forces shaping change and the different ways those forces might play out over time. The first step in this kind of thinking involves scanning the environment and identifying important trends that are already underway today. **A trend is a pattern of change over time in things of importance to the observer.** Identifying current trends sets the stage for thinking about the future possibilities that may result from the unfolding of these trends. But "trend is not destiny," as the biologist Rene Dubos often said. Awareness of trends makes it possible to head off preventable dangers and to accelerate positive developments.

The next section of this Guidebook highlights eighteen trends that a wide sampling of ICN members and leaders have identified as the most important trends shaping the future of nursing. As you will see, many of these trends move in conflicting directions. As a result, interpreting the meaning and significance of individual trends is not easy. Other forecasting methods such as scenarios can help clarify the potential implications of conflicting trends.

Scenarios or Alternative Futures

Scenarios are alternative stories of how the future could unfold. Scenarios compile information about the most important trends – sometimes called "key forces" – into broad, internally consistent images of plausible alternative futures. Scenarios are not predictions. They are learning tools designed to stimulate the imagination, raise fundamental questions, and make explicit our deeply held values.

The section of this Guidebook on scenarios presents four strikingly different alternative futures for nursing and ICN in 2020. They range from extremely gloomy to highly idealistic. Exercise instructions at the end of the Guidebook will show you how to use the scenarios to clarify your aspirations for the future of nursing and your national association.

The most fascinating thing about scenarios is that they will change the way you see the world if you keep thinking about them—not just in a special exercise but in your day to day life. If you regularly look at events from the perspective of several very different long term stories about what is happening and where things are going, you find yourself paying attention to new things, seeing larger meanings in specific events, finding connections and patterns among developments that used to seem separate, and always relating current events to long term opportunities and threats.

Putting the Guidebook To Use

All of us can be "nurse futurists" who help our organisations take the long view and plan around aspirations rather than just reacting to circumstances. Being a futurist involves a style of thinking more that a formal body of knowledge. The exercises at the end of this Guidebook can help you do this kind of creative and useful "futures thinking."

Section 2
ICN'S VISION FOR THE FUTURE OF NURSING

A primary goal of ICN's Futures Project has been to create a *Vision for the Future of Nursing* that articulates our own highest aspirations for health, the nursing profession, and ICN. The Presidents' Task Force on the Future, the Board of Directors, the Council of National Representatives, a survey of Congress participants in Vancouver, and a wide variety of ad hoc meetings and ICN project participants contributed to the development of this vision.

The vision has been used as the framework for developing ICN's operational plan. Because the vision takes a long term perspective on the possibilities ahead, it can serve to guide and inspire ICN activities well into the 21st century.

The exercises at the end of this guidebook will allow you to use the ICN vision as a framework for planning and developing activities in your own NNA. The exercises will help you clarify *your own* aspirations for the future, whether they are already expressed in the ICN Vision or whether they go beyond it.

The ICN Vision

United within ICN, the nurses of all nations speak with one voice. We speak as advocates for all those we serve, and for all the unserved, insisting that prevention, care and cure be the right of every human being.

Our highest mission is to lead our societies toward better health. Working together within ICN, we harness the knowledge and enthusiasm of the entire nursing profession to promote healthy lifestyles, healthy workplaces, and healthy communities. We foster the health of our societies as well as individuals by supporting strategies of sustainable development that mitigate poverty, pollution, and other underlying causes of illness.

We are in the vanguard of health care progress, shaping health policy around the world through our expertise, the strength of our numbers, the alignment of our efforts, and our collaboration with the public and with other health professionals.

Working together, we are at the forefront of incorporating advanced technology into health care without losing the human element. We are determined that science and technology remain the servant of compassionate and ethical caring that includes meeting spiritual and emotional needs.

Working together, and reaching out to involve nursing students, we are achieving higher levels of nursing education in every nation — education that is liberally and scientifically based, flexible and culturally sensitive, and founded on the core values of our profession. We ensure that nurses are educated for broad provider and policy roles that fully integrate and utilise nursing within multidisciplinary health teams. We equip nurses

to be skilled points of entry for health care, able to care for clients and to guide them to other care givers as appropriate. We continually add new clusters of competencies to lead and reflect dynamic changes in health care, and we insure that health care systems recognise and reward those competencies. Together, we work for values, policies, standards and conditions that free nurses to practice to the full extent of their education and ability.

Our work together is guided by a common philosophy of nursing: a commitment to caring in the fullest sense, being advocates for our patients, helping people to help themselves, and doing for people what they would do unaided if they had the necessary strength, will, or knowledge.

Our mutual efforts assure that the nursing profession is highly valued everywhere, and appropriately utilised, recognised, rewarded, and represented throughout the health care system. Our greatest reward is the certain knowledge that our work is shaping a future of healthy people in a healthy world.

What Vision Is, What ICN's Vision Can Do

A vision is a compelling image of the preferred future that sets out a group's or organisation's highest aspirations in clear, powerful, confident language. It is what futurist Clement Bezold calls "a future for the heart." It is more than an idea. When people really take a vision seriously, it becomes an inspirational "force" in their lives that pulls the present toward the envisioned future, acting as a self-fulfilling prophecy.

A vision's power lies in its ability to **motivate and align efforts**. When people are committed to a vision, they will stretch themselves and their organisations to make it happen. Visions raise people's personal aspirations and provide a focus for collective activity. They create a 'big picture' of 'where we are going' that makes day-to-day activity more meaningful.

For a vision to truly be a force in people's hearts, it must:

- **Be legitimate**

    A vision can never be imposed on an individual or group. To have emotional power, a vision must be inwardly accepted as legitimate. This legitimacy can come from different sources, such as personal involvement in shaping the vision, or high regard for the leader or group propounding the vision, or a belief that the vision is a true expression of one's own aspirations.

- **Be shared**

    A vision only works when it is shared. Vision works by posing a collective challenge, aligning people's efforts so that they self-organise without needing to be controlled, and generating a group spirit in which people acknowledge and appreciate each other's contributions in moving toward the vision.

- **Express people's highest aspirations for what they want to create in the world**

- Vision must reach beyond the group or organisation itself to articulate what people's work together can create in the world, what valuable contributions they can make to society Self-centred visions that talk about 'being successful,' 'being competitive,' 'or being recognised as important' inevitably lack emotional power. Goals of this type are perfectly valid, but vision needs to go further and engage people at the level of their highest aspirations for 'making a difference.' **Stretch beyond the limits of current realities**

     Challenges that are easy to meet never elicit the best efforts of a group. Visions that command attention always push against the limits of what people have assumed to be possible. They are bold enough to make people ask themselves "Is this really possible?" Once the inner answer is "Yes," the vision's very boldness becomes a major source of its power. Because the vision articulates a daring adventure with important outcomes, it gives people who participate in it a sense of adventure and significance. It provides opportunities for 'heroic' activities in which people can make important contributions.

- **Conceivably be achievable within a specific time frame**

Even though a powerful vision must push at the boundaries of change, the people who share it must in fact believe that they can eventually make it happen. They must be convinced of its 'ultimate possibility,' no matter how difficult it may be or how long it may take to achieve.

ICN's **Vision for the Future of Nursing** meets all these criteria. It can be a powerful force for guiding and motivating our efforts if we take it into our hearts, keep it before us, and use it actively in our planning and decision making.

The vision is being publicly released at the end of ICN's first century to point the way to what is possible in the century ahead. To give it force, we should bring it into our lives in every way possible: post it on our walls, publish it in our journals, put it on our Web sites, bring it into our curricula, celebrate our commitment to it in our gatherings.

One of the best ways to share the vision with colleagues is to do some or all of the exercises presented at the end of this Guidebook in workshops within our NNAs. One of these exercises, in particular, uses the vision as a stimulus for helping NNA members clarify their highest aspirations for their own National Association.

Section 3
TRENDS AFFECTING THE FUTURE OF NURSING: NOW TO 2020

In addition to clarifying aspirations, it is important to understand the forces affecting nursing and the different ways those forces could shape the future. This kind of future-oriented thinking begins with **trend** analysis.

ICN members identified the eighteen areas listed below as the most important trends affecting nursing between now and 2020. These trends were identified from a participant survey at ICN's 21st Quadrennial Congress in Vancouver, a workshop with NNA Presidents and advisors at the Vancouver Council of National Representatives meeting, discussions of the Presidents Task Force on the Future, and opinions expressed by participants in a variety of ad hoc groups and ICN projects.

Some people are optimistic about future trends, while others are more pessimistic, so most of the eighteen top-ranked trends involve both positive and negative possibilities. The bulleted phrases after each trend are representative examples of the specific trend forecasts made by ICN members.

Trends in the Larger Society

Information Technology
- Rapid advances in information technology
- Improved communication world-wide via international networks and advanced language translation
- Problems of information security and privacy

Social Change/Unrest
- Co-operation and embracing of diversity is what society increasingly expects of itself
- Political and social unrest, stresses from rapid change
- Increase in fundamentalism, split between rich and poor, terrorism
- More focus on achieving real improvements in quality of life – satisfying work, meaningful relationships, lifelong learning, family, community

Globalization
- Globalization of commerce and exchanges of information create greater prosperity and mutual understanding
- There is less of a nation-state orientation, more sense of global identity
- Economic problems are contagious in an interconnected global economy

Environmental Hazards

- Environmental problems have severe health impacts and retard development in several nations (e.g., habitat destruction, top soil loss, pollution, climate change, and water shortages and contamination)
- Global adoption of "green" manufacturing and other environmentally advanced technologies reverses impacts ruining the ecosystem
- Sustainable development principles are adopted throughout the world

Changing Demographic/Disease Patterns

- Older populations world -wide place a burden on health systems
- Many cities in the South have large populations of poor, unemployed, uneducated young people who are angry and violent
- Unmanageable urbanisation causes public health breakdowns
- Immigration stresses society
- Spread of AIDS, other "new plagues" and antibiotic-resistant diseases
- New kinds of antibiotics limit the spread of new and old diseases

Health Trends

Economic Driven Health Care Reform

- Financial pressures to limit the costs of health care
- Restructuring of health care, with nurses increasingly recognised as full partners in cost-effective health care delivery
- Economics that conflicts with the needs of patients

Use of Technology in Caring

- More money goes to high tech
- High tech drives out high touch
- Nurses humanise the use of technology, never forget the importance of personal caring and touch

Research and Development of New Therapies/Techniques

- Discovery of causes of cancer and AIDS
- Research focuses increasingly on problems of the poor such as malnutrition, malaria, water contamination
- Developments in genomics take health care to a higher stage of customised care in which therapeutic selection is increasingly tailored to individual genetics
- The number of available, effective therapeutic agents increases dramatically

Empowerment of the Health Consumer

- People take a more active role in their personal health

- Health professionals are expert consultants for self-managed care
- Technological empowerment through home testing and monitoring, online access to health information

Focus on Community Health

- Growing emphasis on delivering community-oriented health care
- "Healthy Community" building becomes a major focus of public policy
- Breakdown of community and the resulting increases in crime, violence, and clinical depression are leading causes of morbidity and mortality

Culture/Class and its Relationship to Health

- Health status becomes more class-oriented
- "Health For All" strategies are pursued
- Scientific and technological advances create a widening gap where high tech care is available to the affluent but not to others

Rise of Alternative Medicine

- Hierarchical medicine has changed to comprehensive care interdisciplinary teams including alternative providers and nurses
- The most effective combinations of various alternative approaches and conventional health care are now widely known and available
- The growth of medically pluralistic societies with effective evaluation of treatment outcomes provides more tools for people to improve their health

Nursing Trends

Nursing Education Changes

- Budget-constrained governments are less committed to supporting nursing education
- Inflexible nursing programs are out of touch with service needs and increasingly irrelevant to nursing practice
- Visionary and experienced nurses go into schools to teach and serve as mentors
- Higher and broader education of nurses

Advances in Nursing

- Nurses are leading the health promotion effort throughout the world
- Nurses become the entry point into the health care system
- Internet enabled technology helps nursing to establish a strong research base for improving clinical practice

Turmoil in the Nursing Profession

- Shortage of nurses at the bedside with downsizing of nursing profession

- Untrained personnel working as "nurses" world-wide
- Increase in international nursing organisation specialisation

Working Environment for Nurses

- Nurses are stressed, working with declining resources in settings where they often feel in competition with other health care providers
- Strikes and unrest over salary and working conditions are common
- Better pay and conditions
- Effective global standards for nurses' working conditions

Regulation and Governance of Nursing

- Self-regulation has given way to state or agency regulation
- Self-regulation is firmly established and credentialing plays a large role

Nursing Relationships with Other Health Professions

- Tensions between nursing and other health professions play out in both educational and clinical settings
- Increasing linkages between nursing and other health specialty groups
- Nursing is fully integrated into interdisciplinary health teams in all areas – health education, research, clinical care, management, and policy development

Trends Shaping The Future of Associations

The Institute for Alternative Futures was asked by ICN to identify trends influencing the future of associations. The trends listed below are examples of developments that are reshaping the structure and activities of associations in many nations around the world.

Globalisation

Almost all associations are being affected in some way by the globalisation of the world economy. Over the decade ahead, more associations will be formed at the international level, many existing associations will develop a more international membership, and even associations that believe they have only domestic concerns will find themselves dealing increasingly with global issues. Rapidly growing countries such as China, Thailand, Chile and Korea will offer great opportunities for association expansion.

Information Technology

Information networks will drastically restructure association relationships over the next ten years. Members will expect their associations to be online and to provide services for collecting, adding value to and delivering information. New groupings of members and new organisational arrangements are becoming possible through the use of online forums and group

ware (software designed to allow individuals in different locations to work together as a group). Technological changes will also influence governance and volunteer activities, especially as desktop video-conferencing makes it possible to convene committee meetings unhindered by constraints of distance.

Strategic Alliances, Partnerships and Joint Ventures

The massive scale of the global economy is driving many international associations into both making strategic alliances and helping their members make alliances. Business sector associations, in particular, are playing an important role in facilitating alliance- making and negotiating standards for products or delivery of services that form the basis of co-operation among strategic partners.

Vision-Driven Change

A recent survey published by the American Society of Association Executives highlighted five fundamental practices within a growing trend toward vision-driven leadership:
1) Challenge the Process – pull back from routine operations, survey the larger environment, search out dangers and new opportunities;
2) Create a Shared Vision - envision a positive future and attract others to a shared vision of the future of the association and its field;
3) Enable Others to Act - Create a framework in which others can act, empower people, and encourage collaboration;
4) Model Change - Set an example of living in the shared vision and achieve small goals that build commitment;
5) Encourage the Heart - take on goals in line with the vision that are truly meaningful and important, recognise individual achievement and celebrate successes in moving toward the goals.

Entrepreneurial Change

In a world where professions and industries are undergoing rapid change and where member needs are changing and diversifying, associations are being forced to be more entrepreneurial. This includes creating new products and services swiftly by eliminating "wait time" between decisions, steps in work, levels of hierarchy involved in approving actions, and so on. It also involves flexibility in organisation structure, dealing with anyone necessary inside or outside the organisation to get the job done, utilising self-managing teams and other practices common to entrepreneurial firms. In many cases it involves approaching the association itself as a business.

Role Ambiguity

Growing numbers of associations are struggling to clarify their basic identity. This is inevitable in a situation where the nature of industries and professions is undergoing significant change, where specialised fields are being forced to co-ordinate in a more integrated fashion, and where competition is growing between for-profit organisations, associations and government.

High Involvement Orientation

Demonstrated by the use of ad hoc groups of experts and stakeholder groups to address complex issues; by increased empowerment and use of staff to do real work, with complementary partnership with members to guide, advise, review and revise; and reduced dependency on hierarchical structures for review and approval. New information technologies will expand opportunities for high involvement.

Section 4
SCENARIOS: ALTERNATIVE FUTURES FOR NURSING AND ICN IN 2020

The Presidents' Task Force on the Future worked with the Institute for Alternative Futures to develop four scenarios of how, nursing and ICN itself might evolve between now and 2020. The scenarios are:

- Business as Usual
- Gloom and Doom
- Visionary Leadership
- Technology Transformation

These scenarios are simply alternative stories of how the future might unfold — stories that compile information about divergent trends and potential developments into internally consistent images of plausible alternative futures. The scenarios are not predictions. They were designed to span the full range of plausible future conditions. The actual future will probably not fit any one of these four images, but it will probably fall somewhere within the mix of potential future conditions the scenarios portray.

The four scenarios are not equally likely, or equally applicable to every nation, but Task Force members believe they are all within the realm of plausibility. Between now and 2020, things could actually get as bad as they are portrayed in the Gloom and Doom scenario, or perhaps even worse. Many of the amazing technological possibilities in the Technology Transformation scenario could conceivably come to pass, at least in some nations. In other words, there is no single, certain future "out there" to predict and plan around. The future is inherently uncertain. The scenarios force us to face that uncertainty, but they also make the uncertainty easier to think about by capturing it within a small number of stories.

Scenarios have many uses. For ICN, the most important use is *clarifying aspirations for the future*. In the work of the Presidents' Task Force, preliminary scenario exercises helped provoke the imagination of participants, and made both fears and aspirations for the future more explicit. ICN's Vision for the Future of Nursing is bolder for being done in the context of scenario thinking that stretched participants' sense of the possible. One of the exercises at the end of this Guidebook lets you use these scenarios within your NNA to stimulate creative thinking and clarify aspirations.

One of the most striking features of this set of scenarios is that the Task Force concluded that Business as Usual does not lead to desirable outcomes over the long term. As a result, the Task Force believes that *visionary leadership* is needed to make significant changes for the better. This overarching conclusion — that **we must shape a better future, or else things will get worse** — frames the challenge ahead for ICN and for society.

Scenario 1: Business As Usual

Economy and Society

Looking back from 2020, it is clear that a historic shift has been underway from industrial societies to information societies and from national economies to an interconnected global market economy. Information technology, and more recently biotechnology, have been the great engines of acceleration, and education is the critical success factor. As the patterns of technology and development needed for success have become clearer, more and more of the world's nations have leapfrogged to these Information Age patterns. Transnational corporations and international financial institutions increasingly shape economic development in every area of the world.

Despite this rapid progress—or perhaps because of it—the early 21st century has been an extraordinarily turbulent time. The world economy has been rocked by economic problems in Asia, the Year 2000 problems with computers at the end of the century, rising prices for oil and grain, and other problems. The gap between rich and poor has widened within and between nations, as some areas grow rapidly while others stagnate or flounder. Tensions run high between the rich nations of the Northern hemisphere and the poorest, most populous nations of the South. Much of Europe continues to wrestle with problems of unemployment and social unrest. Migration continues on a large scale in the Americas, Southern Europe, and parts of Asia and Africa. New challenges constantly emerge, from rogue states, terrorists, and the spread of weapons of mass destruction to international organized crime, drug trafficking, and outbreaks of new diseases.

Health

Developments in biotechnology have had revolutionary impacts on health care, especially in more affluent nations. Gene chips and other new diagnostic tools are available for identifying a wide range of diseases related to genetic disorders. Progress in genomics has sped the development of a wide variety of new therapeutic agents. New generations of genetically engineered antibiotics have stemmed the potential health crisis caused by the proliferation of bacteria resistant to conventional antibiotics. DNA vaccines have proven more effective against a broader range of pathogens than conventional vaccines. Gene therapies have been developed to cure or control major diseases such as cancer, heart disease and diabetes. Unfortunately, many of these new products and procedures are expensive, so that access to them in the South continues to be a problem.

Telehealth technologies based on computers and telecommunications have also changed virtually every aspect of health care, from professional training to personal self-care. At one extreme, simulators have become as commonplace in the training of surgeons as in the training of pilots. Practising surgeons are able to rehearse difficult operations before performing them, using three-dimensional virtual reality simulations of individual patients built up from scanning images. At the other extreme, health professionals in remote rural areas arrange video consultations with specialists at urban health centres. In every nation where home computers and Internet access are common, telehealth applications are increasingly shifting health care into the home.

Few deny the benefits of these dramatic technological advances, but these benefits have come at the price of serious problems. One is worsening inequality in access to high-tech health care

within and between societies. Another is that the dazzle of high-tech has distracted health professionals from making disease prevention and health promotion the priorities they deserve to be. And without anyone intending it to happen, high-tech is often driving out high-touch, interfering with "care" in the fullest sense of the term.

Nursing

Most nurses believe their profession has progressed in important ways, but there is a widespread sense that the profession has taken at least one step backward for every two steps forward. And many nurses have reservations about the direction in which their profession seems to be headed.

Health plans and pressures for cost-containment have provided nurses more opportunities to become the first choice for care. The grip that physicians have held on health care systems is gradually weakening, while nurses are becoming more influential. Nurses are increasingly welcomed into multidisciplinary health teams, although gender discrimination persists in most societies and female nurses are not always treated as equals. More nurses are involved in management. In some nations, more nurses hold government positions and work within international organisations, though they seldom have great influence.

The demand for nurses varies greatly in different places. In some nations the number of hospital beds has fallen by two-thirds since the turn of the century and nurses have gone elsewhere. In others, the "greying" of populations has increased demand and led to nurse shortages. In still others, the development of modern health care infrastructures has prompted nursing schools to turn out record numbers of graduates.

In retrospect, it is clear that inflexible nursing programs have become increasingly out of touch with service needs and irrelevant to nursing practice. With a few exceptions, two, three and even four-year programs are still primarily hospital - oriented. Nursing programs have been moving into universities, but often at the price of isolating themselves from clinical reality. Mentoring has nearly faded away.

Research has increased in nursing, but it has produced no especially dramatic findings. Information technology makes research findings easily available everywhere, but the impact has been marginal because "ivory tower researchers" so seldom produce results that are useful for practising nurses. And some countries continue to ignore nursing research, even when it is valuable.

In nations of the North where many hospitals have been closed, nursing graduates frequently find that there is an oversupply of nurses competing with each other and with technicians who are doing work that nurses used to do. These nurses often go through a painful process of trying to reorient themselves to where needs really exist. Some go into community settings. Many eventually go into private practice in related fields like mental health. Many work part time, whether they want to or not. And growing numbers are unemployed, even though there are parts of the world without nurses due to rapid growth of the health care system, or poverty or poor planning. The frustration level in the profession has been increasing for a long time. Strikes and unrest over salary and working conditions have become commonplace.

Nurses value their role, but more as a job that offers status and income and less for the rewards of nursing itself. Fewer nurses see themselves as "just nurses," but many still feel like they are victims of circumstances, relatively powerless to shape their environments. Nurses are valued

by others, but the extent of their contributions to health and their pivotal role in development in many nations has never been measured or widely understood. Politicians, other health care providers, and citizens define nursing by the tasks nurses commonly perform, not by the actual knowledge that nurses have. Even nurses themselves have had great difficulty articulating the breadth and depth of nursing knowledge, and the unique contribution of nursing to community health.

In most countries, nursing remains an 80 to 90 percent female profession, and the status of nursing in a society usually mirrors the status of women. Nurses have helped improve the status of women in some societies, but they have seldom connected directly to women's organisations that are finding strength through numbers in the quest for equal rights.

Advancing technology is posing ethical dilemmas, from inequality of access to expensive treatments to controversial uses of biotechnology. One of the greatest dilemmas facing the profession is that nurses in the developed nations of the North have increasingly become machine operators without the time to give true care, while the South has poorer technology, and poorer health, but a more caring professional group. In other words, there is high tech with low touch, and low tech with high touch, and both groups are frustrated at their inability to provide the quality of care they know is needed.

ICN

Like nursing itself, ICN has had a mixed fortune. On the one hand, communication satellites and other links have made it possible for National Nurses Associations around the world to be in much more intensive interaction. There is a great deal of sharing of lessons of experience in online forums, computer conferences, and teleconferences. While ICN has increasing become a 'virtual organisation,' ICN Congresses remain important. People who have been sharing ideas in cyberspace enjoy meeting each other face to face.

On the other hand, ICN represents many fewer nurses today than it did at the turn of the century. The growth of specialties and competitor organisations has drawn a significant number of people away. With other groups taking on the role of bringing the profession's voices together, governments are less likely to listen to ICN.

Tensions around priorities, professional practice standards, and regulatory issues continue to grow. NNAs still have self-regulation as a goal, but ICN has become less influential in this area. ICN's range of activities has narrowed, and it attracts fewer strong leaders. ICN's weakening and inflexibility has cost it the support of some sectors of the profession. ICN has not developed strong linkages with other organisations and health professionals, reducing its potential influence. As a result, the value of membership is not as great as it once was, and the world's nurses are less able to speak with one voice.

Scenario 2: Gloom and Doom

Economy and Society

Like a signal of the gloomy times to come, the 20th century ended in a crisis triggered by the "Year 2000 problem." The problem arose because a tremendous amount of date-related information stored in computers — from medical records to bank statements and credit card bills

— used a two-digit number to represent years. When the Year 2000 arrived, computer programs often recognised "00" as 1900 rather than 2000. Some of the computer chips embedded in common devices of every kind, from VCRs to medical instruments and health care devices, experienced similar problems. In many nations, efforts to reprogram computers and replace chips were not started early enough or given the priority they deserved. Most people assumed, wrongly, that the problem would be easy to fix. Programmers in Europe were preoccupied with converting software from national currencies to the Euro. Many Asian nations were preoccupied with immediate economic crises. Some Latin American nations were so absorbed with responding to natural disasters that they hardly responded to this looming human-made disaster.

When 1 January 2000 arrived, the scope of the problem shocked people everywhere. Computer failures in banks, brokerages, insurance companies, utilities, manufacturing plants, airlines, hospitals, and other areas caused a short-term global commercial crisis followed by a long-term global recession. The problem could not have happened at a worse time because so many areas of the world, from China to Russia to Africa and Latin America, were already in the midst of difficult economic transitions.

Surprisingly, the Year 2000 problem actually sparked a boom in high tech sectors of the world economy as nations mobilised to recover. As a result, some economies recovered fairly quickly and began growing again. The nations devastated most completely were developing nations already relying heavily on computer systems, but too poor to cope effectively with the failure of those systems. International economic reforms during the 1980s and 1990s left many developing countries with downsized governments, enfeebled community organisations, and weakened family structures. Some of these nations, unable to adapt to the disruptions caused by the Year 2000 problem, have gone into a "failure spiral" of unemployment, declining incomes, environmental destruction, unmanageable urbanisation, disease, and internal conflict. The gap between the world's rich and poor is widening more rapidly than ever.

In the midst of this chaos and suffering, other critical problems were left untended. International terrorism, organised crime, drug trafficking, civil wars, refugee migrations, and other transnational problems have all worsened. Growing privacy problems and misuses of genetic technology have not been addressed. Every one of these problems is made vastly more dangerous by the proliferation of weapons of mass destruction, including nuclear arms, biological weapons, and missiles to carry them.

Health

The world is facing a health crisis that began decades earlier but was never dealt with adequately. Already in the 1990s, frightening diseases of the past such as pneumonic plague were reemerging. Diphtheria was striking again in Russia and Ukraine, yellow fever was spreading rapidly in Africa, and tuberculosis was making a resurgence in the United States. During the 1980s and 1990s, over 30 "New Plagues" emerged with no known treatment, vaccine or cure. In the early 2000s, the first human-designed plagues were unleashed using genetic engineering to develop new biological weapons. AIDS, the deadliest of all the new plagues, decimated whole generations of people in parts of Africa and Asia during the 2000s and 2010s. Meanwhile, antibiotics were losing their effectiveness, and research had shifted away from infectious diseases to chronic ones such as cancer and heart disease.

These grave reversals in humanity's ancient war against disease were caused by a wide range of factors that amplified the spread of diseases. Countries disrupted by internal conflicts and

economic-environmental breakdowns have produced large numbers of refugees—diseased, crowded, undernourished groups of people with suppressed immune systems and extremely limited access to health care. Other major factors include disruption of biological habitats, the spread of diseases through expanding global travel, contamination of water supplies, the explosive growth of urban slums, unsafe sex, and global climate change which is causing tropical diseases to begin moving into the Northern hemisphere. There is growing agreement that disease is emerging as the single greatest threat to successful global development.

Nursing

The nursing profession has declined sharply over the past generation. Older nurses remember the "good old days" of the late 20th century when nurses had considerable power and prestige compared to today.

When the Year 2000 problem triggered a global recession, there were enormous pressures to reduce health care costs, even in the most affluent nations. In hospitals, doctors held on to their role as leaders of the health care team, but nurses were increasingly replaced with less expensive providers such as relatively untrained medical assistants and low-wage workers recruited from other countries. Similarly, in the community, many nursing roles were replaced by low-wage alternative workers and care-givers. The most skilled nurses increasingly became technicians working with high tech, high illness-oriented doctors, losing their nursing identity. Nurses as a whole lost influence compared to other health professionals. They seldom lead health care teams or work in management positions, and their salaries are often lower than more specialized health workers who are not as highly trained. The decline of nursing parallels the general decline in women's status and in human rights in general since the turn of the century.

Tragically, nursing has suffered most in the poorest developing nations where nurses are needed most. Nations struggling to keep their health infrastructures from collapsing have a desperate need for nursing skills, but inevitably must give a low priority to improving education, salaries and working conditions for nurses. Nurses are working overlong hours and playing important and sometimes heroic roles dealing with disasters and training community health workers. Nurses' work is valued and appreciated. But the burn-out rate is enormous, and remuneration is minimal.

Nursing education is in disarray. Budget-constrained governments are less committed to supporting it. Many nurses are leaving the profession, and fewer people are choosing to enter . There are fewer nursing programmes, especially at the Masters and Doctoral levels, and fewer teachers. In many nations, nursing education has moved back again into the service setting. There are fewer researchers, and little development of the evidence base for demonstrating the value of nursing practice. Tensions between the health professions play out in educational settings, increasing fragmentation and frustrating the development of more integrated approaches to care. The quality of some nursing programs has declined sharply, and growing numbers of "bad nurses" have emerged from these programs. This contributes to the loss of legitimacy that the field as a whole is experiencing.

Fewer nurses belong to unions and many national unions have merged with larger non-national ones. Self-regulation, once prized, has given way to state or agency regulation, or to none in nations where the wave of deregulation continued. Nurses are preoccupied with domestic "home scene" problems. They give little attention to global health and nursing issues or to the

ethical dilemmas emerging from biotechnology and from the worsening health care disparities between the rich and the poor.

Nurses everywhere are unhappy with their circumstances. They see their profession in decline and increasingly out of their own control. They are personally stressed, working with declining resources in settings where they often feel in competition with colleagues on their health care team. They feel the unhappiness of patients who are being deprived of the high-touch caring nurses used to provide. Many feel that "nursing" is a dying concept, and their own sense of self-esteem is dying with it. Some nurses have become cynical, adopting a "pay first, care later" attitude. But most labour on, doing the best they can, motivated by the values of their profession and their understanding of the growing threat that disease poses to their communities and to civilisation as a whole.

ICN

No one in the leadership of ICN ever anticipated that such a radical change of state could befall the nursing profession. No one appreciated just how important it was to insulate the profession from decline by forming linkages with other organisations and provider groups, and by raising the awareness of people everywhere of the complexity and wholeness of nurse' knowledge and the critical nature of caring in contributing to health. As a result, ICN has been fighting a losing battle to maintain the status and contributions of the profession.

Many of ICN's members have been absorbed by larger, more powerful groups that aim to represent nurses internationally. Specialisation has become big business, and many former ICN members have left to join specialised associations. ICN's programmes have shrunk with the decline in its membership. ICN itself is now part of a larger professional organisation with physicians in control.

Fewer nurses belong to unions and many national unions have merged with larger non-nursing unions. Self-regulation, once prized, has given way nearly everywhere to state and agency regulation, or to almost no regulation in places where the wave of deregulation continued.

 ICN's international office operations have been steadily curtailed over time. ICN and its remaining members continue to struggle to promote standards and to advance primary health care concepts. But by now, in 2020, ICN is only a small voice crying out mainly through its few remaining National Nurses Organisations, with little influence on governments. These NNAs are focused almost entirely on domestic "home scene" issues. Global issues are no longer of much concern to nurses. There are no funds for education and training, so ICN offers fewer services. It has abandoned its quadrennial conferences. ICN has become so ineffective as an international voice for nurses that strong leaders are no longer attracted to the Board or to serve in expert groups.

Scenario 3: Visionary Leadership

Economy and Society

Success in responding to several "serious but retrievable" global crises has encouraged the rise of more confident and visionary leadership. Instability in Asian economies and the Year 2000 problem at the end of the century threatened the world economy, but international efforts to

stabilise the situation ultimately proved successful. These close calls with economic chaos helped convince many national leaders that the key to assuring prosperity at home is to co-operate in promoting sound economic development in other nations as well.

Then, in 2006, bad weather across Europe and Asia slashed grain yields, prices soared, and scores of millions of people in poorer grain importing nations were threatened with starvation. In populations weakening from malnutrition, epidemics added a new layer of complexity to the crisis. But as the scale of the danger became clear, governments, international organisations, NGOs, and corporations joined in mounting an unprecedented food and medical relief effort that was at the top of the news for over a year. At the end of that time nearly every person in the world understood that a co-operative global effort had headed off what could have been one of the greatest disasters in world history.

By 2010, evidence of global warming was so conclusive that no doubters remained. But more importantly, no one could avoid noticing the success that several countries were having in reducing their greenhouse gas emissions without damaging or retarding their economies in the slightest. These countries were rapidly adopting new energy-efficient, waste-minimising technologies and pursuing patterns of sustainable development consciously designed to expand economic opportunity, protect the environment, and promote health and social well being—all at the same time.

The experience of dealing successfully with such enormous problems has had a profound psychological impact. People everywhere feel a growing social energy in their societies, a sense of expanding possibilities, a confidence that personal efforts can have important social results. Citizens are increasingly active and involved. Voluntary organisations are flourishing and taking bold initiatives. Leaders in organisations of all kinds are increasingly expected to help clarify shared aspirations for the future and then work proactively to achieve them rather than just reacting to circumstances. Enormous problems remain unsolved, and rapid change is disorienting for many people, but there is a widespread conviction that "the future can work," if we co-operate to create it.

Health

The shift in focus to 'health' rather than illness-oriented health care has resulted in changes across the board. At the deepest level, this shift involves a broadened view of health as a wholeness and a potential that goes beyond the absence of symptoms. Preventing disease and promoting healthy lifestyles have come to the top of the health care agenda, along with an emphasis on alleviating poverty and eliminating environmental health threats. In many nations, health values now play an explicit role in the policies of every government ministry. Extensive programs to promote healthy communities, healthy workplaces, and healthy buildings touch nearly everyone's lives. In most nations, health care reform has improved access to care and settled into a process of ongoing rational change. Health care systems everywhere are expected to provide a full continuum of care, ranging from prevention to palliation.

Approaches to dealing with illness have also changed dramatically. There has been a return to caring in the fullest sense of the term. Patients are viewed as multi-dimensional human beings, not assemblages of body parts to be repaired. Care is addressed not just to the physical level but also to the level of emotions, understanding, and ultimate meaning and purpose. A much wider range of treatments is employed, drawn from alternative therapies as well as allopathic medicine, with outcome measures used to evaluate all approaches.

Breakthroughs in biotechnology make possible genetic profiling, systematic prevention, improved diagnostics, and a wide range of new treatments. The ability to assess personal genetic patterns is taking health care from Industrial Era "massified medicine" geared to treating the average population toward Information Age customised care geared to personal biochemical uniqueness and individual responses to treatment. Telehealth technologies not only connect health care facilities, they reach into homes to provide health information access, "video house calls" for consultation with health professionals, expert systems for "health coaching," online support groups, and sophisticated management of chronic diseases.

Nursing

Nurses have slowly but surely become the provider of choice. One of the most important reasons is that research on treatment outcomes has conclusively demonstrated the positive impact of nursing on community health outcomes and cost. Within hospitals, good nursing care improves patients' quality of life, reduces the need for analgesics and other drugs, reduces anxiety, improves early mobility, and reduces both the length of stay and hospital re-admission rates. In senior homes and other community settings, good nursing care produces marked improvements in the physical and emotional health of residents and significant reductions in the need for medical services and hospitalisation. Specialised nursing teams headed by nursing consultants are frequently contracted as experts by hospitals and community programs. These specialised teams are well paid and identified by the knowledge they own rather than by the organisations that pay them.

Another reason for the growth of nursing is that, among all the different types of health care providers, nurses offer the most holistic approach. They have nursing-specific knowledge that is increasingly valued and has contributed to the development of a new healing paradigm that is increasingly used as the basis for the education of all health care providers. They have been the high tech—high touch bridge, at the forefront of incorporating advanced technology into health care while also providing touch, encouragement, understanding, and hope. Nurses are also the health care providers most open to incorporating a wide range of approaches and therapies, including the many alternative therapies that have been in increasing demand. Nurses stand out in terms of their cultural and transcultural sensitivity, their management skills, and their entrepreneurship. Most nurses now hold what would have once been considered non traditional jobs dealing with disease prevention, health promotion and care in communities, local health centres, homes and work places.

These successes result from visionary leadership throughout the nursing profession, including innovations within nursing education. Today's nursing schools are far stronger than they were a generation ago. Their research efforts have led to major improvements in nursing practice and demonstrated the efficacy of nursing services. Their teaching produces nurses well grounded in the critical content of the field, broadly educated for effective participation in interdisciplinary health teams, international in their outlooks, and trained as analytical thinkers and change agents. The emphasis of nursing programs has shifted decisively from illness care in hospitals to a more comprehensive nursing role that includes disease prevention and health promotion as well as patient care in a wide range of settings. Distance learning technologies are widely used to allow nurses to continually add new clusters of competencies. Internationally, nursing education increasingly moved into university education as it became more research based. As a result, 50 percent of nurses now have bachelors degrees, 30 percent have Masters degrees, and 20 percent have doctorates.

Self-regulation is firmly established for nurses and for other professions with shared competencies. Credentialing plays a large role. Union membership in nursing has been stable and unions now represent more nurses than at the turn of the century.

Today's nurses are full members, and often managers, of interdisciplinary health teams in all areas—health education, research, clinical care, management, and policy development. They have plentiful employment opportunities and generally enjoy safe conditions, fair remuneration, and gender neutrality in terms of appraisal systems and opportunities for advancement. Above all, they are proud of their role in the health care system and their contributions to society.

Regional differences in health care and in the extent of technological advancement are still evident, but these differences are narrowing rather than widening. Nurses are playing an important role by helping each other on a global basis. Nurses of the North help nurses of the South, and increasingly the North also helps the North; and the South, the South.

ICN

The reasons for ICN's growth are obvious: it is relevant, successful, and sought after, and it has involved nurses of all kinds, nursing students, and other health care professionals in its activities. ICN has both a strong global focus and an increased regional presence. It is a key participant in all international health policy discussions, and is widely recognised as a leader in the health policy arena. It has become the leading association in the entire field of health care for involving members in serious discussions of emerging bioethical issues.

It has also played major roles in reforming education, leading the nursing profession toward disease prevention and health promotion, incorporating advanced technology into health care without losing the human element, promoting a common philosophy of nursing, and assuring that nurses are appropriately utilised , rewarded and represented. ICN has increased its role in regulation and provides credentialling of specialties and credentialling of nurses working internationally. It continues as a leader in gender issues and in fostering appropriate forms of care for every stage of life, from maternal child health to care for the older person.

ICN began the millennium with a resolve to build strong linkages to all nurses, both generalists and specialists. Its communication network provides members instant access to a broad range of services, including databases on health and human resources, research reports, and information on regulations and international projects. Non-nursing groups joined as affiliates, and nursing and other disciplines jointly hold World Congresses. ICN's new businesses and its new Foundation provide resources to fund its innovative agenda.

Scenario 4: Technology Transformation

Economy and Society

Progress accelerated in nearly every area of science over the past generation as information technology promoted efficiencies in the organisation and sharing of scientific knowledge on a global scale. Advancing knowledge led to technological breakthroughs in artificial intelligence, molecular nanotechnology, biotechnology, renewable energy, high-temperature superconductivity, and other areas. A synergy occurred between technological progress in

many different areas, much as happened in the Industrial Revolution when fossil fuels, steam engines, machine tools and other technologies proved mutually amplifying.

The most remarkable progress, with the greatest potential to shape every other aspect of human life, has occurred in the field of nanotechnology. Nanotechnology is ultra-tiny technology on the scale of nanometers or billionths of a meter. The initial breakthrough occurred in 2007 when techniques developed in protein engineering first made it possible to create an "assembler," a molecular-scale device able to move other atoms and molecules. Once the first assemblers were created, they were put to work building more assemblers. Self-replicating assemblers soon became inexpensive, and vast armies of these submicroscopic machines were deployed to build other nanodevices as well as ordinary objects. Since 2010, nanomanufacturing has been ushering in a new standard of low cost, perfect quality products manufactured with zero waste and zero pollution.

The implications of the breakthrough to nanotechnology are clear to people everywhere. Ultra-low-cost production using nanotechnology is ushering in a new era of Universal Affluence. Everyone, even in today's poorest nations, will be rich within a generation. Any remaining pockets of poverty will be the result of wilful rejection of technological progress or extreme exploitation. If we are careful, it should be possible to have several generations of "clean, green" economic growth that actually improves the environment rather than degrades it. Already, for example, roofs around the world are being covered by cheap, ultra-efficient nanotechnology-based photovoltaic cells, slashing the fossil fuel emissions that cause global warming.

Economic development is already leaping forward. War and violence are fading everywhere as nations focus on present and future opportunities rather than past grievances. Economic structures are in turmoil because it appears that large corporations are not needed in the emerging nanotechnology-based economy. When anything can be produced cheaply anywhere, communities, regions and nations can meet their own needs without extensive global trade. Globalisation of ideas and activities will surely continue, but large corporations for "making things" are becoming obsolete. The gap between rich and poor has already begun to narrow and is expected to close almost completely over the next two generations. Then the great social challenge will not be alleviating poverty but finding meaning and purpose in a affluent society where work is less and less necessary.

Health

Artificial intelligence breakthroughs have revolutionised training and practice in the health professions, and nanotechnology is beginning to have impacts in health care on the same scale as its impacts on manufacturing. *Cell herding nanomachines* have already been developed to heal wounds rapidly, clean out and reinforce the structure of blood vessels, repair joints, strengthen bones, remove scar tissue, and even fill cavities with natural dentine and enamel. *Immune machines* have just been introduced that supplement the body's natural immune system, moving through the blood steam destroying undesired viruses and bacteria. Immune machines can be programmed to protect against any diseases that have been identified in world medicine. An even smaller type of nanodevice, *cell repair machines*, is still in the Research &Development stage. Cell repair machines will be able to repair cellular damage caused by viruses, chemicals or radiation. Genetic surgery will become a procedure as simple as swallowing a pill.

Almost as amazing as the capabilities of nanotechnology is how inexpensive it is. Breakthroughs in nanomedicine are becoming widely available everywhere in the world because it is cheaper and more effective than previous medical technologies by orders of magnitude. With nanotechnology, "Health for All" is clearly an achievable goal.

Almost no one rejects these developments, but they are having some problematic consequences. Other medical technologies—and most of the health professionals trained to use them—are rapidly becoming obsolete. Growing numbers of people appear to be 'letting themselves go,' adopting unhealthy diets and lifestyles, smoking and using drugs, trusting that nanodevices will be able to repair any damage they do to themselves. Life spans are lengthening, and many scientists now believe that nanomedicine will extend the normal human life span to 200 years of age, and perhaps longer. As a result, there is great concern about how large the human population may grow and the problems that growth may cause.

Nursing

Nursing is in a state of turmoil, like all the other health professions, struggling to adapt to the emergence of nanomedicine. The demand for physicians is plummeting because nanomedicine is so effective in preventing illness and repairing injuries. The demand for nurses has not yet begun to fall, however, and some observers believe that nursing will emerge as the dominant profession within the health care field. Nurse practitioners and clinical nurse specialists are widely used in all health care settings. Many of these specialist nurses are self-employed and contract their services.

Despite rapid change and turmoil, nurses have never had broader roles, greater respect, or better salaries than they have today. The ILO codes and conventions are rigorously adhered to and nursing enjoys very high workplace standards. Nurses are at the helm of many national government agencies and international organisations in the health arena. Freed from many of their conventional tasks, nurses spent much more of their time on advocacy and on prevention.

Nursing's continuing success is largely due to the fact that it is proving to be the most flexible of the health care professions. Nursing schools have taken advantage of the dramatic progress in telecommunications, artificial intelligence and learning research to create lifetime learning programs that allow nurses to do effective "just in time learning" throughout their careers. Much nursing education is electronically mediated and occurs at home, but people come to nursing learning centres for the kinds of discussions, networking, and clinical experiences that can still be done best face to face. The emergence of nanotechnology and a new paradigm of healing are leading to dramatic educational innovations, such as the new programs where nurses, physicians, and other health care providers are educated together except for discipline specific courses.

Nurses working with advanced artificial intelligence systems are increasingly able to do things that only physicians and specialists could do before. Nurses have also devoted themselves to the mission of health promotion more whole-heartedly than any other health profession, and this emphasis is proving critical for heading off the trend toward people 'letting themselves go' and assuming that technology can fix everything.

But the most important reason that nurses continue to be needed in the emerging era of nanomedicine is very simple. Nursing is the health care profession most successful in providing the benefits of human caring, touch, and encouragement that no machines can ever give. The

combination of the ultimate in medical technology —nanomedicine— and the best of human care —nursing— may define the future course of health care for generations to come.

ICN

ICN is the largest nursing group and serves as the consensus builder among all nursing groups. It is the leader in health promotion within the profession and a resource center on many key issues such as the nursing environment and human resource planning. ICN reaches all nurses everywhere with virtual offices in every region of the world. International credentialing and certification has become one of ICN's main roles in a global society where nurses move freely from country to country and in the new international floating cities and space stations. ICN's advocacy agenda has changed dramatically with the times. For example, ICN is advocating longer "working spans" for nurses to go along with lengthening productive life spans

With nursing thriving around the world, ICN has taken on roles that are new yet consistent with its history and the core values of our profession. Working with associations of other health professionals, ICN is monitoring progress toward the goal of "Health for All" and calling international attention to "troubled nations" that are not yet making the benefits of nanomedicine available to their entire populations. In societies reeling from rapid change and 'future shock', ICN plays a leading role in advocating for better mental health services. ICN's sensitivity to different cultural norms has made it a leading member of the powerful coalition of international organisations working to preserve many aspects of cultural diversity. It helps nurses and all the health professions deal with a host of new, complex ethical issues posed by genetic engineering, new forms of reproduction, euthanasia, health insurance coverage for lengthening life spans, and the growing black market in cloned body parts. There seems no end in sight to worthwhile tasks in keeping with the high values and common philosophy of nursing.

Section 6
EXERCISES FOR FUTURE PLANNING

This section of the Guidebook contains exercises that you and your organization can use to clarify your aspirations for the future and to identify goals for your National Nurses Association.

When most organisations set goals or plan activities, they usually start from the present and think out into the future just a little bit – a few months, a year, or at most a few years. These exercises will help you think further out into the future. Thinking further ahead will give you an opportunity to dream bigger dreams, be more innovative, and then come back to the present with a new perspective on what may be worth doing.

Two Types of Exercises

Four exercises are described here for you to do with your NNA.

- Applying the ICN Vision to Your NNA
- Scenarios of the Future of Nursing and ICN
- Letter to a Grandchild
- Setting Audacious Goals

The first three exercises will help you think ahead to the world of 2020 and clarify your long-term aspirations for nursing, and ICN. The fourth exercise on Audacious Goals will bring you back to the present and help you identify specific goals that you can use as a framework for planning and for creating new initiatives in your NNA.

Choosing Which Exercises to Use

Where possible, do all three of the first three exercises on thinking ahead and clarifying aspirations for the future. There will be overlaps in the results of these three exercises, but each one will identify some additional aspirations. If time is limited, you can scale back to two or even one of the first three exercises. However many of the first three exercises you do, be sure to also do the final exercise on Setting Audacious Goals.

Organising to do the Exercises

You can do these exercises in several ways:

1. Do all four exercises at once in a day long Future Planning Workshop

2. Do two or three exercises – being sure to include the exercise on Setting Audacious Goals – in a shorter Future Planning Workshop

3. If most of your participants are local, you can do an "extended workshop" where you meet three or four times for an hour at a time to do one exercise at each meeting.

4. Do some or all of the first three exercises in a large group. Then, at a later date, have a smaller group (an executive committee or planning committee or special task force) do the Setting Audacious Goals exercise.

We recommend that you use the first or second approach, if possible. Experience shows that it works well to have a full day for a group to get oriented, get comfortable with each other, warm up their mental muscles, and do a deep sharing of each other's best thinking. But each approach has its pros and cons, and all of them will work.

You will need a core group of two or three people to organise the meeting(s), lead the exercises, and integrate results from the exercises. In using any or all of the first three exercises, you will generate a substantial list of "aspirations for the future of nursing and ICN." The core group will need to work together during a meal, or a break, or between meetings, to eliminate the overlaps in this list. The resulting "short list" of aspirations, with overlaps eliminated, will be the basis for the final exercise on Setting Audacious Goals.

Logistics

If you are doing the exercises with more people than can sit around a table and talk together, the best situation is to have a room large enough so that everyone can be in the same room sitting in groups of 6 to12 around circular or square tables. If a sufficiently large room is not available, you will need breakout rooms. The advantage to a larger room is the sense of camaraderie the bustle of neighbouring discussions engenders. When everyone is working together, instructions can be given and questions answered to everyone at once. But if having everyone together will be too crowded and make the noise level too high, it is better to use smaller breakout rooms that offer the advantages of privacy and insulation from distraction.

The instructions for the individual exercises identify the specific supplies and materials you will need. In general, you will want to have a flip chart pad and water-colour magic markers for each small group of 6 to 12 people, and you will want other supplies on hand such as masking tape and coloured dots. If possible, refreshments should be available throughout the day. This is thirsty work.

It is very important for the success of meetings like this that people feel relaxed, comfortable, and informal. Deep sharing about aspirations happens best when people feel free to shed their official roles and positions and "be themselves." Make sure that your invitations stress casual clothes. Arrange your room, or rooms, so that groups work in circles and so people can move chairs and tables around if they feel like it. If they want to, small groups can pull chairs together into tight circles, go off together and sit under a shade tree on a nice day, or get comfortable in any other way they want. Participants should be encouraged to use first names during the exercises if culturally acceptable

Getting Started

To help participants prepare for the work to be done, you should make the relevant materials from this Guidebook available to them two weeks before you hold a meeting. Include a meeting agenda and any material related to your NNA's activities and plans that you want people to see.

If you are organising a day long meeting, you can also plan to have a good speaker, or a panel, or some other activity in addition to doing the exercises.

Begin your workshop with an overview and introductions. It is critical that participants have a good sense of "what this is all about, what we will be doing today, and what will come out of this" before they get immersed in the specific exercises. Let participants introduce themselves, even if this takes a fair amount of time, unless they all know each other already.

Just before you begin the exercises, show participants some preliminary ground rules for their discussions, written in advance on a flip chart. Ask what other ground rules people might suggest to keep the meeting on topic, on schedule, and a good experience for everyone. Record their suggestions and put them on a prominent place. Here are some ground rules you may want to present:

- Everyone participates!
- Listen actively
- Put your mind in 2020 and think about what could be possible by then
- Remember – There are NO WRONG ANSWERS about aspirations
- Build on other's ideas – Be constructive - Don't criticize
- " – Keep your comments short – Share the time
- Focus even more on aspirations for how nursing can contribute to society than on how the future can be better for nurses
- Be WOT* Don't be NOFE**

    *Way Out There!
    **Not Out Far Enough

That's it. Good luck. These exercise-discussions will be fun, and good for team building, as well as valuable for helping your NNA to plan its future.

Facilitation

Someone from the core group organising your meeting, or an experienced facilitator from outside your group[2], should present and lead all the exercises. If more than one table of people are doing the exercises, there should also be a facilitator at each table. You can assign facilitators in advance if you know some people in your group are particularly well qualified. Alternatively, you can have each group choose someone to be the facilitator just before each exercise begins. Either way, make sure everyone has copies of the exercise instructions. When everyone knows how the exercises are supposed to be done, they are easier to facilitate.

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[2] The Institute for Alternative Futures, which designed this Guidebook, can supply facilitators with experience doing all these exercises. Contact Kathy Scott, IAF, 100 N. Pitt St., Suite 235, Alexandria, VA 22201-3108 USA. Phone: 703-684-5880. E-mail: klscott@altfutures.com

There are three key guidelines for facilitating these exercises. First, the facilitator should *facilitate or support rather than engage in the discussion.* Facilitators should focus on the role of encouraging everyone else to express their views rather than talk too much about their own views.

Second, the facilitator should *keep the discussion moving along and make sure people follow the ground rules.* The exercises are similar to "brainstorming" where the goal is to move fast, get everyone to put out their ideas, and avoid getting stuck in a lengthy discussion of any single idea. The ground rules are designed to ensure that everyone has a chance to be heard and that the discussion is really future-oriented, not just a repeat of the concerns of the moment.

Third, the facilitator should make sure the results of the exercises are accurately recorded and reported. The instructions for each exercise include a "Recorder Capture Sheet" which shows what the small discussion groups should record and report. Facilitators can get a volunteer from their group to serve as the Recorder, or they can play that role themselves.

Vision Exercise

Facilitator Resource Sheet

Objective	To identify aspects of the ICN Vision that are particularly relevant and important for your own NNA .
Time Requirements	60 minutes
Number of People	6-12 people per group; the workshop breaks up into small discussion groups for this exercise.
Material Requirements	Copies of the ICN Vision. A pad of paper and pencil or pen for each participant. At least one flip chart pad, and three or four different water colour magic markers per small group; masking tape.
Set up	Best done with participants sitting around a table. In the first part of the exercise, participants will work individually, reading the ICN Vision, identifying aspects of the Vision that seem especially relevant and important for your NNA, and writing those aspects or themes on a sheet of paper. In the second part, everyone in each small group should share their thoughts about the aspects of the Vision they selected, and each small group should seek common ground. In the third part of the exercise, the small groups will share their results and identify the aspects of the Vision that most people believe are relevant and important for their own NNA.
Potential Problems	The group can get side-tracked and spend too much time discussing one particular aspect of the vision. Give the group occasional "time warnings" to help move the discussion along (for example, say "There are 15 minutes left to finish the discussion"). Be sensitive to the state of the group. If really animated discussions are underway, you can give the discussion a little more time. If it looks like many people are finishing early, stop before the hour is up.

Exercise Summary

The Vision exercise uses the ICN Vision statement as a tool for identifying aspirations that are especially relevant and important for your own NNA. Each participant should have a copy of the ICN Vision statement. Take 10 minutes at the start for individuals to work on their own. Participants should read the ICN Vision statement, identify the aspects of the Vision that seem to have particular importance or relevance to their own NNA, and write those aspects or aspirations on a sheet of paper.

Then take 30 minutes in your small group to share your thoughts with each other. Make sure everyone has a chance to speak. As participants share their thoughts, the group should look for similarilies, overlaps, and emerging areas of strong agreement. The Recorder should capture these areas of strongest agreement on a flip chart.

The final 20 minutes should be spent in a facilitated large group session. Have each of the small discussion groups report back briefly to the whole group on which aspirations in the ICN Vision they found most relevant and important for their own NNA. Then invite reflections from participants about which aspirations were most frequently identified by the small groups? Make sure you highlight or write down the key aspirations that emerge from this discussion – the aspirations that were chosen as most relevant and important by several of the discussion groups.

Recorder Capture Sheet

Recorders: If flip charts are available, record on one during the course of the small group sharing so everyone can see what you are writing.

Themes and Aspirations in the ICN Vision that your group identified as most relevant and important for your own NNA:

Facilitator Resource Sheet

Objective	To help participants explore highly divergent future situations, identify the most positive elements in each of them, and imagine the positive alternatives to things they do not like.
Time Requirements	90 minutes or more
Number of People	6-12 people per group; the workshop breaks up into small discussion groups for this exercise.
Material Requirements	The set of four scenarios in this Guidebook. At least one flip chart pad, and three or four different water colour magic markers per small group; masking tape.
Setup	If you have a small group of participants (16 or less), create two small groups and assign two scenarios to each group. Make sure each of the groups gets a positive scenario (Visionary Leadership or Technology Transformation).

If you have a larger group, create more small groups and have each group discuss the *Visionary Leadership* scenario plus one of the other three scenarios. Give everyone at least 5 minutes to read the first scenario, more time if people need it. Then spend 20 minutes discussing the scenario. Have the recorder take notes as the group discusses: 1) what they like best and 2) positive alternatives to things they do not like. Then repeat this process for the second scenario: 5 minutes or more to read it, 20 minutes for discussion. |
| Potential Problems | Some groups may get bogged down in disagreements about what they like and dislike in the scenarios, or in long discussions about a single point. Stress that the group does not have to reach agreement on anything, so arguments are unnecessary. The objective is to think creatively and hear each other's views about what they "like best" for the future. "Brainstorming" rules apply: move the discussion along at a face pace; do not allow arguments or extended discussions; tell people to simply register their opinions and move on. |

Exercise Summary

It is important to "stretch the canvas" of possibilities for the future that you are willing to consider. This involves imagining future circumstances that are better than we usually allow ourselves to assume are possible. It also involves exploring darker possibilities, and then imaging the positive alternatives to them. Scenarios are an ideal tool to stimulate this kind of innovative thinking.

Your group will be assigned two scenarios to discuss. Begin by taking at least 5 minutes to allow the group to silently read the first scenario. When everyone is done, discuss the scenario for about 20 minutes. Have the recorder takes notes on the flipcart.

First discuss the positive elements in the scenario, the things you like best about it that reflect your personal sense of the "preferred future." Then identify the negative elements, the things you don't like, and discuss what you believe are the *positive alternatives* to these negative elements.

Then repeat this process with your second scenario. Read it. Identify and record the things you like best about it. Discuss what you see as the positive alternatives to the things you do not like.

Each scenario makes assumptions which may or may not fit your own viewpoint. The purpose of this exercise is not to revise or dispute the scenarios. Use the scenarios as tools to clarify your own aspirations for the future. If the discussion begins to focus too much on what people do not like about the scenario, immediately shift the focus back to "what's the positive alternative?"

Recorder Capture Sheet

Recorders: If flip charts are available, record on one during the course of the exercise so everyone can see what you are writing. At the end of the exercise, fill in the final results as follows:

Scenario Name: _____

Most Positive Elements:

Positive Alternatives to Negative Elements:

When you have finished these discussions, come together again into a whole group. Spend 20 minutes having each group report briefly on the *positive elements* and *positive alternatives* they discussed. If many groups are reporting, you can ask each group to report only on *positive aspirations* that previous groups have not yet mentioned. After the small group reports, ask the group to reflect on which positive aspirations were mentioned most frequently or felt to be most important. Be sure to record the aspirations highlighted by this discussion.

Letter to a Grandchild Exercise

Facilitator Resource Sheet

Objective	To explore heartfelt personal aspirations for the future of nursing.
Time Requirements	45 minutes
Number of People	6-12 people per group; the workshop breaks up into small discussion groups for this exercise.
Material Requirements	A pad of paper and pencil or pen for each participant. At least one flip chart pad, and three or four different water colour magic markers per small group; masking tape.
Setup	Best done with participants sitting around a table. In the first part of the exercise, each participant will be writing his or her own "Letter to a Grandchild." In the second part, split the participants into pairs and have them share their letters. Encourage them to take notes while listening to their partners on the aspirations they hear that strike them as most moving and inspiring.
Potential Problems	This is often a deeply moving exercise because it puts people in contact with their hearts as well as their heads. During the part of the exercise when people share their letters in pairs, people who get deeply involved in their discussion may lose track of time. Give the group "time warnings," and announce when it is time to stop discussing one person's letter and shift over to discussing the other person's letter. Be sensitive to the state of the group. If really animated discussions are underway, you can give the discussion a little more time.

Exercise Summary

Think of the "Letter to a Grandchild" as a personal statement to a younger generation, whether you actually have a grandchild or not. It helps to imagine yourself *in the future*, at the end of a long, fulfilling career, leaving important words to a favourite grandchild or young person who you care about deeply. In the letter, you want to express things you are most proud of, things you have been involved with in your career that you want that young person to remember you for, things that helped make the world better. *Go beyond things you have already accomplished.* Stress your hopes for what you can accomplish in the future, writing the letter as if those hopes have come true.

Each participant should take 10 minutes to write their individual letter. Next the groups should be divided into pairs. One person in each pair reads the letter they have written while the other person listens intently and takes notes on thoughts or phrases that seem most inspiring, meaningful, moving, or important. Listeners can ask questions to clarify the meaning of statements in the letter and to draw out further information. After about 7 minutes, shift so that the people who have been listening now get to read and discuss their letters while the other people take notes.

After both people in the pairs have shared their letter with each other, the small group should come back together for 15 minutes to discuss the results. Each person in the group speaks as a "listener," reporting on the things their partner said that struck them as most inspiring, meaningful, moving, or important. The recorder takes notes on the conversation on the flip chart. When this sharing is completed, work together to identify a few ideas or phrases that struck everyone as especially inspiring, meaningful, moving, or important.

Take about 15 minutes for a whole group discussion where the small groups briefly report their results and everyone reflects on the ideas and phrases that seem most inspiring and important.

Recorder Capture Sheet

Recorders: If flip charts are available, record on one during the course of the sharing so everyone can see what you are writing.

Ideas and Phrases People Found Most Inspiring, Meaningful, Moving, or Important:

Audacious Goals Exercise

Facilitator Resource Sheet

Objective	To identify audacious goals for your NNA. (Note: The exercise will probably generate a list of a dozen or more potential goals – more than you can possibly pursue right away. Other meetings of your members or leadership will be needed to decide whether some of these goals should be formally adopted and actively pursued.)
Time Requirements	60 minutes
Number of People	6-12 people per group; the workshop breaks up into small discussion groups for this exercise.
Material Requirements	This exercise works best when a core group of two or three people have summarised the aspirations identified in the previous exercises. The core group should look at those exercise results, eliminate repetitive or overlapping ideas, and prepare a "short list" of aspirations to use in doing this exercise. The list can be typed, copied, and distributed, or put on flip chart sheets in printing big enough for everyone to read. If no time is available to prepare a list like this, the facilitator should simply ask participants to "reflect on the aspirations identified in the previous exercises." This approach will work, although it is less systematic.

A pad of paper and pencil or pen for each participant. At least one flip chart pad, and three or four different water colour magic markers per small group; masking tape. |
| Setup | Best done with participants sitting around a table. In the first part of the exercise participants will be working in pairs, writing a list of audacious goals to propose to their small group. Next, the participants will share their ideas in small groups. Small groups will select their top two or three goals to submit to the full group for consideration. |
| Potential Problems | When setting concrete goals, there is always a tendency to fall away from a long term perspective and only address the concerns of the moment. Remind the participants of the time frame that you are considering – aspirations for 2020, goals to be achieved over the next 4 to 10 years. Encourage people to "think big" about what is possible over five or ten years. |

Exercise Summary

"Audacious goals" are goals that:
- Are aligned with your vision or long-term aspirations,
- Are achievable by target dates in the mid-term future (4 to 10 years),
- Are bold and ambitious,
- Are specific, and
- Are capable of being measured so that progress toward them can be assessed.

A truly audacious goal will be ambitious enough to make everyone take notice and make some people question whether it is achievable. However, an audacious goal will also excite and energise an organisation for action, allowing more to be accomplished than people usually assume.

Begin the exercise working for 15 minutes in pairs, brainstorming possible audacious goals and then selecting your "best one or two" goals to share with others at your table. Consider all the long-term aspirations you identified and discussed in the earlier exercises and develop specific goals that are "big steps" toward achieving those aspirations. Work to make your goal statements specific and measurable, with a target date for achieving each of them.

Next, spend 30 minutes sharing your top-rated goal statements, considering how they overlap, and agreeing on two or three goals to recommend to the whole group. Each pair should share its one or two top goal statements with the small group. As you listen to the goals people are suggesting, consider how they may overlap. The small groups should identify the top 2 to 3 audacious goal statements that people feel are most important and exciting. The Recorder should write down all the goal statements, and then circle the two or three that the group chooses as best. If needed, the goal statements should be rewritten to reflect the entire small group's thinking and be made even more audacious.

Recorder Capture Sheet
Recorders: If flip charts are available, record on one during the course of the sharing so everyone can see what you are writing.
Proposed Audacious Goal #1
Proposed Audacious Goal #2
Proposed Audacious Goal #3

In a 15 minute full group conversation, each small group should propose their 2 or 3 audacious goals statements. The facilitator should combine similar goals, and make sure each proposed goal is understood, measurable, and truly bold.

Section 7
FUTURES RESEARCH GLOSSARY

TERM	DEFINITION
ASPIRATION	A heartfelt desire for a long-term accomplishment or change in the world.
VISION	A compelling, inspiring statement of a preferred future that the person or organisation is committed to creating. A vision serves to inspire and align people and organisations around noble goals or ends. A shared vision, which touches people's hearts, is one of the most powerful tools for change.
SCANNING	The process of searching through a variety of information sources to identify trends and emerging developments.
TREND	A pattern of change over time in things of importance to the observer.
KEY FORCES	The most important trends and developments shaping the aspects of the future that you want to consider.
SCENARIO	A plausible description of how the future might unfold. Generally, a holistic picture which integrates multiple trends into a coherent story. A good scenario set should provoke the imagination, stretch world views, and make explicit deeply-held values.
GOAL	A statement of a desired end state or result. May be either external or internal to an organisation.
STRATEGY	An integrated pattern of actions aimed at achieving one or more of an organisation's goals.