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Innovative Strategies for Nursing Education, Practice and Research

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RESEARCH ARTICLES

- Professional Journeys of Nurses
- Echoes of Silence: The Unheard Struggles of the Physically Impaired Learners in the Mainstream Education
- "Quality of Life": Lived Experience of Older Adults in Nursing Homes
- The Con-Triad Response in the Promotion of Healthcare from a Social Networking Site
- Wellness Within Illness: An Evolutionary Concept Analysis
- Teamwork Quality and Clients' Perceived Quality of Care in Health Centers of Manila
- Self-assessed Level of Confidence of Public Health Nurses in Baguio City, Philippines on Global Competencies
- Perceptions on the Return Service Obligation Rendered by Alumnae of UP Manila-School of Health Sciences Main Campus, Leyte

NURSES' VOICE FROM THE FIELD

- Advanced Practice Nursing in the Philippines: Are We There Yet?

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PHILIPPINE NURSES ASSOCIATION, INC.

VISION
By 2030, PNA is the primary professional association advancing the welfare and development of globally competent Filipino nurses.

MISSION
Championing the global competence, welfare, and positive and professional image of the Filipino nurse.

CORE VALUES
- Love of God and Country
- Caring
- Quality and Excellence
- Integrity
- Collaboration

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EDITORIAL



Innovative Strategies for Nursing Education, Practice and Research

As nurse educators, practitioners and researchers, we need to utilize various innovative strategies and tools for facilitating the advancement of our profession. As we continually assume leadership roles in all aspects of health care, we need transformative, futuristic perspective/s on managing not only our professional, but our personal lives as well. We are also continually confronted with contradictions of the ideal and the real world of nursing, as we strive for safe, high-quality care delivery.

This issue captures voices of nurse leaders in their quest of becoming better practitioners, educators, and researchers. It echoes the culture nurse leaders create for the world of nursing – a culture that embraces critical thinking, questioning assumptions, experiences and knowledge in such a way that new knowledge is created, improved, validated and expanded. Only then can we respond to the ever-changing needs of our patients and our profession as we come to understand what it means to be human.

The contributors for this issue provide ideas, insights and evidences for us to examine our professional practice through their research work. Their works can guide us in our teaching and life as nurses. May their contributions offer guidelines for every nurse in improving one's practice. Whether we are beginners or experts, we must always embrace a beginner's mind, that of having many possibilities, allowing new ideas to emerge and consider new possibilities and alternatives.

What innovative strategies can be adopted to provide meaningful experiences and challenges among nurses; and to provide a home away from home for the elderly in nursing homes; and to provide equal opportunities for the PWDs who are in the mainstream? Three phenomenological studies share and capture voices for better understanding of life's experiences. Santos' *Professional Journeys of Nurses*, explored the challenges found in selected Filipino nurses in the pursuit of their profession. The themes revolved around the challenges, the responses to these challenges, future plans, and appreciation of the nursing profession. It is seen that collaborative effort is needed among organizations, directly or indirectly affecting nurses and the profession to "provide greater employment opportunities and more conducive work environments to address the perceived challenges and to, ultimately, improve the plight of the country's nurse practitioners for optimal delivery of quality nursing care." On the other hand, Pasay-an's *Echoes of Silence: The Unheard Struggles of the Physically Impaired Learners in the Mainstream Education* challenges policies or guidelines in supporting students with disabilities in the mainstream. The voices of students with disabilities, described in this study, can enable teachers and students to understand their plight and needs. In the end, "the physically impaired learners could have equal opportunities with the physically abled" and further "urge the authorities to take into consideration the PWDs' pressing concerns." Understanding the lived experiences of elders in nursing home, in a context where family members live together, giving each one a sense of security is the focus of Javier Latosa's paper, *"Quality of Life": Lived Experience of Older Adults in Nursing Homes.*

How about innovative strategies in communication technologies vis-à-vis health promotion? Rivero, et. al's article, *The Con-Triad*

Response in the Promotion of Healthcare from a Social Networking Site, is "anchored in the interesting but less investigated field of virtual health promotion, examined the concept of interactivity relative to two intersecting actors and their corresponding activities at health promotion in a social networking site, namely (1) promoters or *wall posts,* and (2) consumers or *thread comments*." The study forwarded the "need to understand SNS consumers' motivation for engaging in and adopting new communication technologies and the unseen potential of SNS in furthering public health awareness and related teaching."

Concept exploration and analysis contribute to innovative strategies. Moreno-Lacalle's *Wellness Within Illness: An Evolutionary Concept Analysis*, argues that the "concept of wellness has no single, universal acceptable definition. Redefining and refining wellness both as a concept and illness experience lead to "increased conceptual understanding and knowledge development on wellness". This enables nurses in facilitating patient's adaptation during illness, as Lumacad and Llanes explained in their paper, *Teamwork Quality and Clients' Perceived Quality of Care in Health Centers of Manila*. They posit that "teamwork among members of the health care teams is integral in the delivery of quality health care", thus the need to establish their relationship. Nursing leaders and managers need not only rely on the quality of interaction within teams but also reevaluate task processes and other structures of care influencing patient outcome for quality improvement in primary health care.

Bascos article, *Self-assessed Level of Confidence of Public Health Nurses in Baguio City, Philippines on Global Competencies*, determined the self-assessed level of confidence of public health nurses on the global health competencies. This is in response to the emerging global needs that "call for an expanded role of public health nurses in global health, a competency essential in responding to the emerging health challenges and to contribute to the attainment of Millennium Development Goals and Sustainable Development Goals." The study highlights areas for improved education and training, which are essential in attaining the global health competencies.

How should graduates be held "responsible and socially accountable to the demand the country has on them as regards to the provision of health services to the remote, unserved, underserved and marginalized people of the society, most particularly the GIDA communities?." Magsambol's paper, *Perceptions on the return service obligation (RSO) rendered by alumnae of UP Manila-School of Health Sciences Main campus, Leyte* offers strategies not only to promote compliance of its graduates but towards being more relevant and responsive to the health needs of the people.

The nursing profession has advanced tremendously in the past five decades. It continues to respond to the challenges of changing demographics; changing morbidity and mortality; turbulent, rapidly changing health care environment; rapid technology change; budgetary constraints; widening gap between the rich and the poor; increasing inaccessibility of health care, to name a few. All these have an impact on the nurse and the nursing profession. A young nurse offers her thoughts on the potential for advanced practice nursing practice in contributing to the provision of high-quality healthcare. Domocmat's *Advanced Practice Nursing in the Philippines: Are We There Yet?* presents her views on the ability and opportunities for "Filipino nurses to move beyond being mere assistants and be autonomous and experts in their professional practice…Expanding the role of Filipino nurses through advanced practice nursing can have a significant positive transformative effect in the healthcare system of the country." This possibility has long been in the pipeline but the grounds have yet to be prepared. Are our educational, clinical and research settings ready? Are policies and regulations in place? We need to painstakingly assess the barriers to allow us to explore innovative approaches and strategies towards this trajectory of nursing practice.

With the above bits and pieces of evidence, what innovative strategies can we concretely derive? We need to define what we want for us to set the direction we want to follow. With this, we need innovative leaders who are committed to setting coherent, challenging and responsive education, practice and research. May these articles provide insights personally and professionally.



ERLINDA CASTRO-PALAGANAS, PhD, RN
Editor-in-Chief

President's Message



This issue of the Philippine Journal of Nursing highlights the theme, "Innovative Strategies for Nursing Education, Practice and Research", which is very apt in meeting the multifaceted challenges that confront health care and the nursing profession.

Over the past few years, health care and nursing have been continuously beset with a number of challenges brought about by emerging diseases; ageing population; a rise in non-communicable and life style diseases and other long term conditions; increasing and exacting expectations and demands for safe and quality services; technological developments; regional and international agreements - all of which converge and demand new competencies of nurses. Moreover, nursing education has been in the planning stage for a new paradigm in education, the outcomes-based education, which will be implemented in 2018. Furthermore, the field of nursing research is vigorous in generating new knowledge to be utilized for practice, policy development and education.

As we embrace these challenges that are looming before us, it is imperative that we adopt innovative strategies that would not only make our make our tasks more efficient but also give us more confidence that what we are doing are more effective since these are grounded on evidence and scientific principles. It is fitting therefore to employ the latest tools, methods and strategies that were consciously and judiciously selected to improve nursing practice, education and research.

I urge every reader to go over the articles that are relevant to your field of endeavor so you can pick and integrate the new knowledge to your practice and share this to others who maybe needing the same.

I wish to congratulate and express my gratitude, on behalf of the Association, to the authors, peer reviewers and the editorial team in coming up with this issue, an evidence of your continuing commitment to showcase our commitment to provide our members and our readership quality articles that they can use as reference in their field of practice.

Mabuhay!

MILA DELIA M. LLANES, PhD, RN
National President, Philippine Nurses Association, Inc.

Philippine Nurses Association, Inc.
PHILIPPINE JOURNAL OF NURSING

RESEARCH ARTICLE

Professional Journeys Of Nurses



Marian G. Santos, RN MAN[1]

Abstract

This is a qualitative phenomenological study that explored the challenges found by fifteen purposively selected Filipino nurses in the pursuit of their profession. These nurses started to practice their profession within the years 2004 to the present. Data gathering was done through electronic mail using a semi-structured questionnaire as the main instrument and Colaizzi's method was employed in data analysis. Four (4) central themes, together with their corresponding sub themes, emerged from this study: (1) Challenges faced are nurse volunteerism, poor pay, and extreme workload; (2) Responses to these challenges are underemployment, working abroad, rest and recreation, and spiritual beliefs/ practices; (3) Future plans are teaching fellow nurses or peers, advanced studies and clinical specialization, and return to nursing practice (for those who left the profession at the time of this study's pursuit); and (4) Appreciation of the nursing profession due to their heightened awareness of its nobility and importance, learned resilience as individuals, developed desire to continuously learn, and attained competencies as nurses. Professional nursing organizations, in collaboration with concerned government agencies, private healthcare companies, and nursing schools nationwide, should strive to provide greater employment opportunities and more conducive work environments to address the perceived challenges and to, ultimately, improve the plight of the country's nurse practitioners for optimal delivery of quality nursing care.

Key words: *Professional journeys, Filipino nurses, challenges and responses, phenomenology*

Introduction

Official statistics reveal that professional nurses are the second leading number of deployed land-based overseas Filipino workers by the top ten occupational categories (Philippine Overseas Employment Agency, 2013). The surplus of nurses in the country is one of the major factors that had contributed to this reality. In 2001 alone, the Philippines had produced approximately one million nurses who are unemployed and underemployed (Africa, 2013).

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According to the Alliance of Health Workers, there are around 200,000 unemployed nurses in the country (ABS CBN News Channel, 2014). This enduring condition has forced nurses to work for free while paying for training fees (Mateo, 2011). In addition, the Department of Labor and Employment even advised unemployed and newly licensed nurses to seek alternative jobs instead of waiting for job openings in medical facilities (Jaymalin, 2013).

Such travails of Filipino nurses extend to employed nurses who were fortunate to land jobs that are directly related to their profession but who suffer poor working conditions and low wages. A case in point is the situation of employed nurses at the Philippine General Hospital. According to the Chief Nurse Jossel Ebesate, PGH hires entry level nurses through job contracts with only daily minimum wages, no benefits, and without job security (Umil, 2015).

Given the above-mentioned challenges that Filipino nurses have to endure, it is crucial to understand how they perceive their professional journeys in the light of such challenges through a qualitative study. Such study can compel Filipino nurses to do something about these challenges. Being the Chair of PNA's Department of Welfare, Chief Nurse Ebesate urged nurses to be more involved in matters affecting them. He emphasized that the initiative to act on these challenges must come from Filipino nurses themselves (Ebesate and Santos, 2014).

As a Filipino nurse who has joined approximately 200,000 nurses who are going through the maze of pursuing a stable career in nursing, the researcher is determined to discover how nurses like her make sense of their professional journeys given the existing challenges thrown their way.

This study aimed to explore Filipino nurses' perspectives on their respective professional journeys.

Methodology

The qualitative, phenomenological design was used in this study. According to Waters (2015), the goal of qualitative phenomenological research is to describe a "lived experience" of a phenomenon. This design was used in the present study since it aimed to describe the professional journeys of Filipino nurses in order to gain an in-depth understanding of such phenomenon.

Participants of the Study

Fifteen Filipino nurses were chosen from diverse areas locally, in Iloilo City, Marikina City, Quezon City, Manila, Laguna, Tarlac, and Pampanga and abroad, in California. Nurse participants were purposively sampled based on the following criteria: (1) professional nurse practitioners since 2004 to the present; and (2) willingness to participate in the study. The profile of nurse participants is presented below:

PN 1 is a 31 year old, married, and female Filipino nurse. She started as a staff nurse trainee in a private hospital in 2007 until she eventually became employed at a highly-recognized government hospital where she was promoted as a Nurse 3 level staff nurse in the medical ICU. After 3 years of practice, she decided to leave her job and worked as a medical ICU staff nurse in one of Singapore's largest public hospitals. To-date, after 5 years of clinical practice, she is taking up her Masters of Arts in Nursing while being a home-based entrepreneur in Iloilo City.

PN 2 is a 30 year old, single, and male Filipino nurse who began his practice as a nurse volunteer in 2007 and after 3 months of volunteer nursing, he decided to pursue a different career path that is more practical and stable. At present, he is a student activities coordinator at a well-known university in Pampanga.

PN 3 is a 26 year old, single, male Filipino nurse who first practiced as a nurse volunteer in a secondary hospital in 2009 and after 4 months, was hired and is currently a senior staff nurse who trains new nurses in the emergency room at the same hospital in Tarlac.

PN 4 is a 29 year old, female, married Filipino nurse who started out as a staff nurse trainee in an ICU unit of a highly respected private hospital in

2007 until she was promoted as a Senior Resource Nurse where she taught new nurses. After 4 years of clinical practice, she is now pursuing her Master of Arts in Nursing while being a full time mother.

PN 5 is a 28 year old, female, and single Filipino nurse who began to practice nursing as a clinical tutor in one of the most esteemed universities in Metro Manila. At some point in her career in the academe, she left to practice in the hospital for 1 year. Today, she has rejoined the academe, has finished her Masters of Arts in Nursing degree, and has become an active nurse leader.

PN 6 is a 28 year old, female, and single Filipino nurse who got licensed as a nurse in 2007. Given the hardship of finding a stable employment since she passed the boards, she had opted to change her career path and is now a professional dentist in Manila.

PN 7 a 28 year old, female, and single Filipino nurse who started her nursing practice in 2007 as a lecturer at a training school for caregivers and nursing assistants until she eventually landed a job as a clinical instructor at a distinguished university in Metro Manila where she also pursued and finished her Masters of Science in Nursing. After 2 years of stay in the academe she decided to pursue clinical practice in a highly respected private hospital in Metro Manila where she is presently a NICU staff nurse.

PN 8 is a 25 year old, female, and single Filipino nurse who first practiced as a nurse trainee/ volunteer for 1 year in a tertiary hospital in 2012. After a long struggle in gaining hospital employment, she is now an endoscopy nurse at a world class hospital.

PN 9 is a 28 year old, female, and married Filipino nurse who worked for 3 years since 2007 as a staff nurse in the medical ward at one of the topnotch private hospitals in Quezon City. To-date, however, due to practical reasons, she has shifted to a different career direction as a company auditor of a US-based insurance company in Makati City.

PN 10 is a 27 year old, female, and single Filipino nurse who began her nursing practice as a clinical instructor in 2008 in one of the well known universities in Metro Manila. After 2 years in the academe, due to the decline in student nurse enrollees, she had engaged in other fields such as international research and is now a government training officer in one of the national government's departments.

PN 11 is a 24 year old, female, and married Filipino nurse who first practiced as a nurse volunteer in 2011. Unable to land a hospital employment despite her numerous pursuits, she decided to change her career direction and is currently a police officer in Tarlac.

PN 12 is a 27 year old, male, and single Filipino nurse who started to practice as a volunteer nurse in 2009 in different hospitals. Given the series of his unsuccessful attempts to land a job in these said hospitals, he decided to pursue a different career path and is now a medical representative.

PN 13 is a 22 year old, male, and single Filipino nurse who just passed the boards recently (he is a 2015 nursing school graduate). To-date, he is a nurse volunteer in the emergency room of a tertiary hospital in Tarlac.

PN 14 is a 25 year old, male, and single Filipino nurse who began to practice as a nurse volunteer for 6 months in 2010 at a tertiary hospital in Marikina. To become financially independent, he is currently an airline executive in one of the biggest airline companies in Asia.

PN 15 is a 31 year old, male, and single Filipino nurse who started to practice as a staff nurse in one of the premiere private hospitals in Quezon City in 2004. After 1 year of practice in the said hospital, he then pursued the opportunity to work as a nurse abroad and is presently a staff nurse in one of the tertiary hospitals in California, USA.

Ethical Considerations

This study had been guided by the ethical principles of autonomy, right to know and to withdraw, beneficence, privacy and confidentiality. Firstly, autonomy, right to know and to withdraw, were respected by providing the participants with

all information pertinent to the present study through emailed letters of consent and informed consent forms, and by making them understand that their participation is voluntary in nature which allows them to freely withdraw from the study anytime. Secondly, beneficence was observed by informing the participants about the objectives of the study for their further information and proper guidance. Finally, privacy and confidentiality were secured by the proper handling and storage of data gathered from the participants. In addition, full access to communicate with researcher was provided through phone calls, text messages, and electronic mail notifications concerning the participants' clarifications and requests.

Instrumentation

An open format questionnaire was used in the electronic mail interviews that were conducted. The said questionnaire was formed with the guidance of the principles of Meaning, Transcendance, and Rhythmicity that was derived from Rosemarie Parse' Theory of Human Becoming (Parse, 1981). Hence, this questionnaire comprised of open-ended questions which explored the depth of the many facets of participants' professional journeys e.g. their various experiences since the start of their pursuit of the nursing profession, their learnings about issues that concerns them as nurses, their future plans, and their overall regard of the nursing profession as a result of their individual journeys.

The participants' demographics specifically their age, gender, civil status, start of nursing practice, location, and employment status were also obtained before the interviews were conducted.

Data Gathering Procedure

After receiving participants' verbal consent to participate, letters of consent together with the informed consent forms and semi-structured questionnaires were emailed to them for their perusal. Upon the participants' receipt of these documents, they were also consulted regarding their preferred method of interview and all of them chose to be interviewed through electronic mail.

Participants were given one week to send their signed informed consent forms together with their answers to the semi-structured questionnaire. They were assured that their identities and all data that would be gathered from them would be kept confidential. Validation with the participants regarding the study's findings was observed after the transcription of their interviews was done.

Results and Discussion

Data analysis of each interview's transcript using Colaizzi's method resulted into four central themes, as well as, their corresponding sub themes: (1) Challenges faced. Its sub themes are Nurse Volunteerism, Poor Pay, and Extreme Workload; (2) Responses to these Challenges. Sub themes under this are Underemployment, Working Abroad, Rest and Recreation, and Spiritual Beliefs/ Practices; (3) Future Plans. Its sub themes are Teaching Peers, Advanced Studies and Clinical Specialization, and Return to Nursing Practice; (4) Appreciation of the Nursing Profession. Sub themes under this are Nobility and Importance of the Nursing Profession, Resilience, Desire to Continuously Learn, and Attained Competencies as Nurses.

Theme 1: Challenges faced

This theme pertains to the travails that participants have undergone in their professional journeys as nurses. Most of them perceive such travails with frustration and dismay.

A foremost cause of these said travails is the lack of employment opportunities. This rampant problem had led the majority of this study's participants to experience the painstaking challenge of being nurse volunteers.

Nurse volunteerism (Sub Theme 1) was raised by the participants due to its exploitative process. PN2, PN3, PN8, and PN14 had articulated about this:

"Volunteer work has been abused by the hospital administration." (PN 2)

"Working as volunteer nurse in a hospital that is understaffed (volunteer ka na nga and under

staffed pa) with increased workload, decreased patient interaction leading to poor assessment, and ultimately to poor quality of care…And having no salary." (PN 3)

"As to what I had experienced before, I underwent post graduation for nurses training or PGNT where I was the one who paid the hospital in order to be granted a certification. It was very unfair for my part to work voluntarily knowing that I was the one who's gonna pay for my services to the hospital." (PN 8)

"RNs like me were required to pay for our own training to secure a nursing background in a hospital…" (PN 14)

In a study done on nurse volunteers by Pring and Roco (2012), they discovered that: (1) Majority of the nurse volunteers were newly licensed nurses with ages that ranged from 21 to 24 years old and mostly single females; (2) Their length of stay as volunteers varied from 3 months to 1 year; (3) These nurses saw volunteering as a means to sharpen their clinical skills and as a way to land a job eventually; (4) Nurse volunteers drew inspiration from the people they were able to help get better; (5) Being a nurse volunteer made them feel inferior towards the staff nurses they work with; (6) Some feel trapped in their situations as volunteers; and (7) Others regretted having chosen the nursing profession.

Barcelo (2011, as cited by Mateo, 2011) explained that volunteer nursing is a form of exploitation because nurses who volunteer are asked to pay for training fees that require them to perform the work of regular staff nurses. She also added that nurse volunteers are not liable when they commit errors or carry out nursing tasks because they are not employees. Thus, patients are rendered vulnerable in such trainings. Finally, she said that nurse volunteers, too, are at the losing end because they cannot complain about how these hospitals treat them. Since they are not employed, they cannot go to the Department of Labor and Employment to complain.

Other than volunteer nursing, another pressing cause of participants' travails is the dire work conditions they had experienced. This said cause gave rise to the next challenge of participants' experience of **poor pay (Sub Theme 2)** despite their professional stature, the enormity of their tasks, and their need to sustain themselves and their loved ones. PN1, PN2, PN9, PN11, and PN 14 had articulated about this:

*Another issue which is quite obvious to all nurses in the Philippines is that the compensation here (especially in the private hospitals), can barely maintain a family. (*PN 1)

The minimum wage of registered nurses is below that which they deserve considering that nurses are PROFESSIONALS! (PN 2)

Much of the nurses felt that they were exploited and underpaid. (PN 9)

That in spite of the high tuition fees they have spent during their college days, some nurses work for a low salary. (PN 11)

Extremely low salary of nursing personnel (e.g. staff nurse, nurse supervisor, chief nurse) (PN 14)

According to Ebesate, there are private hospitals who give salaries at approximately 4,000 to 5,000 pesos which is not even within the prescribed minimum wage (Manongdo, 2014). Moreover, this depressing fact also applies to nurses in public hospitals like the Philippine General Hospital where nurses are hired as job contracts with only daily minimum wages, no benefits, and without job security (Umil, 2015).

In addition to poor wages, participants had also voiced out their concern about the challenge of being given **extreme workload (Sub Theme 3)**. The physical exhaustion they endure in balancing their time to carry out nursing care among many patients coupled with other non-nursing tasks is exacerbated by the knowledge that their patients may suffer as a result. PN2, PN4, PN7, PN9, and PN14 had articulated regarding this:

The nurse-patient ratio is not reasonable. (PN 2)

I also had professional issues wherein there were times when I became irritable due to overtime duties and work related stress. (PN 4)

The bulk of the hospital work is shouldered by the nurse. Ang problema ng pasyente, billing, admitting, pharmacy, laboratory, pati ng mg doctor eh problema ng nurse. Ang kasalanan ng ibang department isisisi pa din sa nurse. Si nurse na bugbog na sa paperworks at pagbibigay ng patient care sa iba't ibang klaseng pasyente. Sa dami ng trabaho ni nurse hinde na nya malaman kung pano pagkakasyahin lahat yun sa loob ng 8 or 12 hours ng trabaho. Kawawa naman si nurse na underpaid, walang hazard pay, and overworked. (PN 7)

Unsafe staffing ratios were predominant. A nurse-to-patient ratio of 1:8 was not uncommon. Sometimes, a bedside nurse would have to cater to as much as six level II and III patients with an additional ventilated patient. When this happened, the safety of nursing care delivered diminished. Because of this, overtime was rampant with nurses doing 12-hour shifts or more. This resulted in over fatigue, demotivation, and high levels of stress. (PN 9)

Stressful working hours and high work load (e.g. staffing issues within departments) …Way too far on the ideal Nurse Patient Ratio (both in government and private health agencies)… (PN 14)

According to Herrera (2014), there is nurse to patient ratio of 1: 25 in PGH and 1:45 in provincial hospitals such as in Davao del Sur. These startling figures are a far cry from the nurse to patient ratio of 1:12 that had been set by the Department of Health (Manongdo, 2014).

Theme 2: Responses to these Challenges

This theme depicts how participants were able to respond to the challenges they faced during the course of their professional journeys.

A common response among majority of this study's participants is to leave the Nursing profession and **become underemployed (Sub Theme 1)**. This had been articulated by PN2, PN6 and PN 9:

I wasn't able to tolerate these challenges, which led me to leaving the nursing field. (PN 2)

I took into consideration numerous factors such as: nursing as a career choice, the state of healthcare in the Philippines, and even being able to financially sustain a family. As tough a decision as it was, I decided to set nursing aside and pursued Dentistry. (PN 6)

After the three years at St. Luke's, I moved to an office job, taking an auditor role in a US based insurance company. The decision was driven by financial motives. I am still currently working in this role, and though it is much different from being a bedside nurse, I would say that I am equally stimulated in an intellectual capacity. (PN 9)

According to Cuartero (2014), lack of employment opportunities had pushed nurses to seek different career paths. Underemployed nurses are usually found in BPO industries or "call centers." This trend began in 2012 when Labor Secretary Rosalinda Baldoz advised 100,000 unemployed Filipino nurses in the country to consider a career in the non-traditional health related profession (Tubeza, 2012). According to her, there is an array of non-clinical but medical-related outsourcing opportunities like medical transcriptionists, billers, and health secretaries.

Like most Filipino nurses in the country, a similar response of this study's participants in dealing with the challenge of dire work conditions is by **working abroad (Sub Theme 2)**. PN1, PN8, PN9, and PN 15 had articulated this:

*The first job opportunity that welcomed me and which I pursued was to become a staff nurse at the medical intensive care unit of the National University Hospital of Singapore. I grabbed the opportunity and ventured to a foreign land. (*PN 1)

As soon as I get enough work experience here in the Philippines, I will continue my profession in a different country. (PN 8)
…I find it extremely helpful that I am learning about the US healthcare delivery system because I plan on eventually practicing nursing in the US. I find that this prepares me somehow

to anticipate some of the issues I am likely to encounter there. (PN 9)

I was hired by a US employer and initiated immigration processing that required me to take the NCLEX-RN. I passed the test and became a USRN and migrated to the US to fulfill the American Dream…gained appropriate financial compensation. (PN 15)

This diaspora of Filipino nurses had unfortunately resulted into what is known as the country's "nurse brain drain." Barcelo explained that this phenomenon is a result of the oversupply of fresh nursing graduates and an undersupply of nurses skilled in ICU or critical care, OR, and ER who are targeted by foreign recruiters (Mateo, 2011).

Another response used by the participants to handle challenges in their professional journeys is through **rest and recreation (Sub Theme 3)** in order to take care of their physical well being. PN4 and PN9 had articulated the importance of this response:

It's also a good thing that the hospital where I worked provides employees with annual vacation leaves and seminars to combat work related stress. (PN 4)

With respect to long work hours and fatigue, in all honesty, all one can do is cope and hope that requests for additional staff are granted. Getting adequate rest when off from work and maintaining good nutrition are vital in keeping healthy in order to be fit enough to deliver safe nursing care. (PN 9)

In a study by Cimiotti, Aiken, Sloane, and Wu (2012) regarding nurse staffing, burnout, and health care associated infection, it was discovered that reducing burnout among nurses is a promising strategy that would help control infections in acute care facilities. In another study by Rogers (2008) on the effects of fatigue and sleepiness on nurse performance and patient safety, she learned that "there is a very large, strong body of evidence showing that insufficient sleep has adverse effects on cognition, performance, and mood". Moreover, this same study also revealed that although studies have not always been able to document that the cognitive deficits associated with insufficient sleep lead to medical mishaps, "there is enough evidence to suggest that insufficient sleep can have adverse effects on patient safety and the health of nurses."

Participants' final response in dealing with the earlier mentioned challenges is through their **spiritual beliefs/practices (Sub Theme 4)**. They recognized the crucial need to remain well-grounded in their faith in God and in the ability to hope despite adversities experienced in their professional journeys. PN7, PN8, PN10, and PN13 had articulated this:

With much prayer, devotions/quiet time with The Lord and constant counseling from my parents, church leaders and even my Christian friends both in the profession and those who are not. I value their counsel. They see things in a different way- in a godly way. They always advise me not to conform myself with how the world should respond to these challenges (in the nursing profession)-to still trust and have faith in God's will, to have my peace and true joy to be deeply rooted on God, to wait upon the Lord. (PN 7)

Being optimistic and God-centered. (PN 8)

Keeping a positive mind and looking for various opportunities. (PN 10)

First, is to put God in the beginning of my duty. Seeking His guidance during my duty is a priority for me to deliver quality care. Next is to become more patient, calm, and to think before doing nursing interventions/ procedures. (PN 13)

A study by Abassi, *Farahani-Nia, Mehrdad, Givari, and Haghani* (2014) on nursing students' spiritual well being, spirituality, and spiritual care revealed that "many studies show that internal spirituality and desire for spiritual care are interrelated and that despite this, there is less stress on self-awareness in the area of spirituality and its role in spiritual nursing care." Hence, the said study raised the awareness that deprived of adequate spiritual education for students and

nurses, the spiritual dimension may not be adequately addressed in holistic care. Therefore, as solution, the study proposed two elements that are essential for adequate spiritual nursing care delivery: one is personal development of a spiritual self and the second is knowledge of culturally relevant spiritual interventions to meet those needs.

Theme 3: Future Plans

This theme describes participants' future plans and dreams based on their personal experiences in their professional journeys as nurses.

A dream that most participants had expressed to pursue is to **teach their fellow nurses or their peers (Sub Theme 1)** in order to impart not only what they had learned but to also pass on to them their values and ideals as well. PN1, PN5, PN7, and PN13 had articulated about this future aspiration:

> *I would like to teach given the chance, and impart everything I have learned (all the rewards and wisdom) to the younger generation of nurses.* (PN 1)

> *I plan to equip myself further with the necessary knowledge, skills, and attitude so that I can inspire other young people in the future to continue challenging our present practices and finding ways on how these practices could be improved. I might not be able to solve all the problems in the profession in my lifetime, but at least I can transfer my ideals to young nurses who can continue making nursing a better vocation*. (PN 5)

> *... I also want to share what I have learned and experience to other nurses or soon to be nurses. It would be really great if I could do that*. (PN 7)

> *I'm planning to continue my service by sharing my knowledge to my countrymen…* (PN 13)

D'Auria (2014) of a non profit teachers' organization emphasized that the essence of teaching is to transform and to inspire learners. In a study by Stone, Cooper, and Cant (2013) on the value of peer learning in undergraduate nursing education, they concluded that "peer learning is a rapidly developing aspect of nursing education which has been shown to develop students' skills in communication, critical thinking, and self-confidence." In addition, they also learned that "peer learning was shown to be as effective as the conventional classroom lecture method in teaching undergraduate nursing students."

Another future plan by the participants is **to pursue advanced studies and to specialize clinically (Sub Theme 2)** in their nursing practice to be able to progress in their respective professional journeys. Such plan was articulated by PN7, PN9, and Pn15.

> *...I want to pursue advance studies and specializations, well not here but in another country...* (PN 7)

> *With the clinical knowledge I have gained, my hope is to practice as a critical care or palliative care nurse.* (PN 9)

> *Planning on pursuing an advanced practice certification on either critical care, case management or anesthesia if feasible with my work schedule and finances as those programs are expensive as well.* (PN 15)

With regards to participants' goal of getting specialized training, a study by McHugh and Lake (2011) on understanding clinical expertise defined clinical expertise as a hybrid of practical and theoretical knowledge. They recognize that "clinical nursing expertise is central to quality patient care."

On the other hand, when it comes to participants' plan of pursuing advanced studies, the American Association of the Colleges of Nursing (2015) believes that "education has a significant impact on the knowledge and competencies of nurse clinicians, as it does for all healthcare providers."

The last future plan of most participants is to **return to the nursing profession (Sub Theme 3)** when the conditions surrounding its practice have already been improved. This aspiration to return to professional nursing practice was articulated by PN2, PN9, and PN 12:

If these shortcomings in the Philippines will be fixed and the right opportunity will be given, I am still very much willing to pursue my nursing career. (PN 2)

…I find it extremely helpful that I am learning about the US healthcare delivery system because I plan on eventually practicing nursing in the US. I find that this prepares me somehow to anticipate some of the issues I am likely to encounter there…That being said, I am still intent on returning to the clinical side of nursing, becoming a bedside nurse again. My goal is to work as a critical care nurse. (PN 9)

The knowledge of being a nurse is always there. What I can say now is we have just to wait for proper timing. (PN 12)

It is interesting to learn how the participants of this study would feel if and when the opportune time to go back to nursing practice arrives. A reflection by Moodey (2012) on her return to nursing practice after 25 years had cast some light on this matter. She revealed that when she went back to practice as a nurse she was initially gripped with a combined feeling of familiarity and cold fear that was eventually eased with the memory of how she had practiced before.

Theme 4: Appreciation of the Nursing Profession

This theme describes participants' deepened appreciation and heightened sense of pride in the profession's nobility and importance. Most of them perceive their various experiences, especially their struggles, **"**as enriching" because they have come to better understand that the **nobility and importance of the nursing profession (Sub Theme 1)** stems from its main purpose of bringing good service. PN1, PN7, PN9, PN11, and PN15 had articulated this:

I have learned to see the profession in different perspectives, as well as its ups and downs. Looking at the bigger picture, I can see that nursing is one of the most noble professions. Practicing the profession entails so much. It's never just a mental or physical task, but an all around service-focused and patient focused job. It requires a generous heart and spirit to be able to uplift our patients, and make them even just a tad better every shift. (PN 1)

It was exciting, challenging, life changing and sobrang nakaka-bless. (PN 7)

I am now more certain than ever that I chose the right profession because I love the human and caring aspect of nursing and I look forward to remaining a nurse for a very long time. (PN 9)

As of now, I am an active Police Officer…and it is really useful for me and for our organization that I am a registered nurse because whenever there is a medical mission in our organization, I had been keen in joining and supporting such programs that would help our fellowmen. And when there are Barangayan activities in our community, I also gladly share my knowledge to the Barangay Officials on First Aid in Case disaster occurs. (PN 11)

It was a tedious undertaking but very fulfilling. (PN 15)

One of the reasons why participants had came to feel proud of their profession as nurses can be attributed to their achieved professional growth. Participants have mostly become resilient due to their individual encounters with challenges in the nursing professional practice. PN6, PN10, and PN12 had articulated this learned **resilience (Sub Theme 2)**:

I find myself more patient in decision making and I allow myself ample time to consider all possibilities before coming to a conclusion. I've learned that life does not have to be so structured and that it's okay to live life at our own pace. (PN 6)

Much has changed. I believed that I have improved on the so called 'critical thinking' and 'adaptability' skills. (PN 10)

When I passed the NLE it was a joyful feeling because at last you made it. But when the reality strikes that there are only limited

opportunities for nurses in our country you will learn to be more patient and flexible. (PN 12)

In a study by Foureur, Besley, Burton, Yu, and Crisp (2013) on enhancing the resilience of nurses and midwives, the crucial importance of increasing the resilience among these health workers was strongly emphasized since their typical work conditions is viewed as highly demanding and therefore, very stressful.

Moreover, in terms of their achieved professional growth that had contributed to their appreciation of the nursing profession, participants have also developed a strong **desire to continuously learn (SubTheme 3)** in order to become better nurses. PN5, PN7, and PN9 had articulated this:

*I am more inquisitive and eager to discover how things could be improved, unlike before when I was afraid of taking risks and unsure of my potentials. (*PN 5)

I think I am more passionate now with my profession. It has widened my view about nursing. It's like there's this long hallway that has a lot of doors waiting to be opened. There are so many opportunities and blessings just beyond my grasp, waiting for me to just grab and hold on to. There's this excitement and I guess joy within me knowing that I am still about to learn something new. (PN 7)

A lot of what were mere theoretical to me are now more concrete due to the experiences I had gathered in the clinical setting. Where previously I would study sporadically whenever it suited me, I now appreciate the necessity of doing this on a regular basis as part of the fulfillment of my duties to my patients. (PN 9)

A discussion paper by Wetters (2011) on the culture of continuous learning in nursing highlighted the priceless contribution that this kind of learning has on nurses' knowledge and skills. She believes that this culture would help nurses to remain updated with the latest trends, practices, and treatments that are essential in nursing practice.

Finally, in addition to their attained resilience and desire to continuously learn, participants have inevitably become more competent in carrying out safe and effective nursing care that had also, ultimately, inspired their appreciation of the nursing profession. PN1, PN3, PN4, PN8, PN9, PN13, and PN 15 had articulated these **attained competencies (Sub Theme 4)**:

I have matured in so many ways. I think I have experienced my own share of the clinical nursing practice, and reached my peak as an ICU staff nurse. (PN 1)

More confident of doing nursing interventions, critical thinker... with more dependent nursing actions, can manage bulk of patients, can impart more knowledge and educate patients not only in the hospital but also in my community. (PN 3)

*I can say that I have grown professionally as a nurse, and that I can handle patients now on a more holistic approach as well as make assertive nursing. (*PN 4)

Obviously I can practice what I have learned during my college days and also started appreciating life. (PN 8)

I am much more self-assured and confident. When I first started working as a nurse, I was very timid and aimed to please everyone that I worked with. Now, I am much more interested in providing nursing care with the patient as the main priority no matter what the cost. (PN 9)

I am more confident after passing the NLE compared to when I was just a student nurse. I am more reliant on myself in giving quality care and more conscious in providing nursing interventions especially in life threatening situations. (PN 13)

I became more responsible and more careful with provision of care... (PN 15)

In a position statement by the American Nurses Association (2014), they reaffirmed nurses' obligation to demonstrate professional competence all throughout their careers.

Conclusions

The abusive and exploitative consequential nature of the nurse volunteer program, the dearth of employment opportunities for nursing graduates, and the dire work conditions in the country's health care facilities are the common challenges of the nursing profession.

Underemployment through career shifts and migration to other countries are the options for Filipino nurse participants in facing the challenges of their profession. Those who are steadfast in their profession, however, eventually learn to cope (i.e. "grin and bear it").

The challenges faced by the Filipino nurse participants did not deter their desire to help those in need but inspired them to continue serving and to deliver better service through advanced studies and training. Moreover, these said challenges led to a better understanding and a deeper appreciation of the nobility of the nursing practice.

Recommendations

Based on the findings and conclusions, these are the recommendations:

Filipino nurses should strive to become active members of recognized nursing organizations such as the Philippine Nurses Association in order to directly participate in activities and projects that would help promote their professional welfare.

The Board of Nursing, in cooperation with the Commission on Higher Education, should be more vigilant in improving the employability of nursing graduates in the country through a more stringent process of accrediting the schools responsible for their education.

Nursing schools, together with the Philippine Nurses Association and other concerned public and private organizations, could hold regular job fairs and conduct employment enhancement seminars for nursing graduates nationwide.

Government agencies, in consultation with the Philippine Nurses Association, must enforce a salary standardization law that would provide the much needed salary increase of government nurses nationwide. In addition, these said agencies should also look into the salary hike of nurses in the private sector by creating public and private partnership agreements on major healthcare investments that would fund such endeavor.

Future researchers may use this study as a reference for further exploration or to replicate studies on Filipino nurses' professional journeys using a different sampling population.

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About the Author

Marian G. Santos, RN, MAN - Marian, or Maan, as she is known by colleagues in the nursing profession is a former senior municipal councilor in her hometown in Mayantoc, Tarlac and a published writer and editor. Her articles have appeared not only in international publications like the Philippine Journal of Nursing but also in national broadsheets like the Philippine Daily Inquirer and the Philippine Star. She earned her B.A. English Studies: Creative Writing degree from the University of the Philippines Diliman campus in 2004 and her B.S. Nursing and M.A. in Nursing: Nursing Administration degrees from the Philippine Women's University Manila campus in 2010 and 2015 respectively. She is presently undergoing training at the Senor Sto. Nino Tertiary Hospital in Camiling, Tarlac where she had her Master's practicum. She plans to specialize in both pediatric nursing and in critical care and to also continue to embark on researches (clinical and non-clinical) that would benefit nurses in the country and the local populace as well.

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RESEARCH ARTICLE

Echoes of Silence: The Unheard Struggles of the Physically Impaired Learners in the Mainstream Education



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Abstract

The inclusion of the physically impaired learners in the mainstream education has, lately, become a public concern as their manifold struggles will make or break their success academically. Despite this, there is a lack of action to address the problem as evidenced by the absence of a disability perspective in the Philippine context. This study, optimistically, endeavors to serve as one of the voices (amongst many) of the physically impaired. The objective is to further urge the authorities to take into consideration their pressing concerns.

This study utilized the descriptive phenomenological approach. The researcher employed purposive sampling with the following criteria: students from a public school who are in the mainstream; those who are willing to participate; are mentally sound and; those with consent from the schools they are attending and from their guardians. The researcher utilized interview to gather data from the respondents. Documentations and audio recording were used to facilitate the data gathering. This research has gained ethical approval from the UC-IERC.

Data were analyzed using the thematic analysis. Results revealed that the difficulties of the physically impaired learners vary and are dependent on the extent of their impairment. Exploring the verbatim accounts of the six (6) participants, the researcher extracted significant statements and organized the formalized meanings into clusters of themes. Three themes emerged from the data generated in the course of conversation with the physically impaired learners. The three themes are- "Cross to bear"; "Callous consideration", and; "Mind over body".

In conclusion, the participants were found to have common problems and difficulties with respect to their education. They struggled much with the physical structure of the school environment, inconsiderate classmates, lack of social acceptance, and the problem on the curriculum they have. As such, the researcher recommends that there shall be re-structuring of the guidelines or policies for the disabled students in the mainstream. With this, the physically

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impaired learners could have equal opportunities with the physically able. Further, the teachers and physically able students will be informed on how to help and accommodate children with disabilities. Because of the limitations of the study, the researcher recognizes that the findings may not be applied to other locale and to others with physical impairment. Thus, it is strongly recommended that a further study should be done considering a wider setting and population.

Keywords: *Echoes, silence, unheard struggles, physically impaired, learners, mainstream education*

Introduction

The inclusion of the physically impaired learners in the mainstream education has become a public concern as their manifold struggles will, most likely, make or break their success academically. These have been documented by studies that dealt with issues that are related to the structure of the building and the classrooms (Alahmadi, 2007); insensitivity towards physically impaired learners (Al amad, 2001, in Alqaryouti, 2010); and inflexible curriculum and assessment procedures (Peters, 2004). These concerns, however, have not been heard or acted upon by the authorities which means that the struggles of the physically impaired in the mainstream education remain unmitigated.

While numerous researchers (Groce, Kett, Lang and Trani, 2011; Mitra, et al.,2012; Mont, 2014; Sen,2009) illustrate evidences on the strong link between disability and poverty, there is still lack of action to address the problem as evidenced by the absence or lack of a disability perspective in the Philippine context. Indeed, the report of Asian Development Bank (2005) confirmed that there are few schools in the Philippines that admit students with disabilities as there are no suitable facilities and lack of trained teachers. As such problems are not just confined in the Philippines but also to other settings. Chimedza and Peters (2001) claimed that in resource deprived locations, classrooms are constantly congested and there is a dearth of acquiescent educators who are skilled and consistently managing the needs of children with disabilities. Moreover, there are more teachers who have less regard for learners with disabilities as well as their inclusion in general education classrooms (D'Alonzo, Carroll and Giordano, & Cross, 1996; Vaughn, Schumm, Jallad, Jobling, Slusher, & Saumell, 1996 in Carroll, Forlin & Jobling, 2003). For the physically impaired learners, these factors can be construed as detrimental to a successful education. Obviously, what well-abled learners can do in the mainstream education is much more challenging for the physically impaired ones.

Hence, the objective of the study is to shine a light on the problems of the physically impaired in education and to urge concerned authorities to take into consideration their pressing concerns. In effect, this research will, hopefully, provide more understanding to school and government authorities to maintain a constructive stance towards disability, as well as to avert the incidence of stigmatization as one of the major causes of exclusion. Relatively, school authorities may consider the identified problems en route to a more creative and effective learning environment among children with physical impairment.

Method

This research utilized a descriptive phenomenological approach. As such, the researcher interviewed the respondents. Documentations and an audio recorder were used in order to facilitate the data gathering. The researcher employed purposive sampling to identify the participants while taking into consideration the following: (a) students from a public school who are in the mainstream education; (b) those who are willing to participate; (c) are mentally sound and (d) those with consent from the schools they are attending and from their guardians. This research was subjected to the ethical review of the University of the Cordilleras-Ethics Review Committee. Consent from the parents and assent from the participants were gained prior to study engagement. Respect for person, anonymity, and confidentiality were insured throughout the process. Moreover, the thematic analysis was used to analyze the data.

There were six (6) participants who agreed to be included in the study. Of the six participants, four (4)

were females and two were males. The participants were between 9 to 12 years of age, and they were all enrolled in a public school. The respondents and their parents claimed that the public school is all that they can afford since most of them are dependent on the government program for disabled persons under the Department of Social Welfare and Development (DSWD).

Results

The difficulties of the physically impaired learners vary and are dependent on the extent of their impairment. Exploring the verbatim accounts of the six (6) participants, the researcher extracted significant statements and organized the formalized meanings into clusters of themes. Three themes come into view from the data generated in the course of the conversation with the physically impaired learners: (1) Cross to bear; (2) Callous consideration, and (3) Mind over body.

Cross to Bear

Educational struggles are the difficulties that impede the physically impaired to be in the mainstream education. As such, these can be viewed as one of the essential elements to be addressed as these have an impact on the educational success. The "Cross to bear" theme corresponds to the acceptance of their physical situation as they stand to face the implication of their impairment. Indeed, these physically impaired learners have embraced the consequences of their condition as they have become used to these.

While physically impaired learners present their struggles concerning their daily battles in the mainstream, they accept and are optimistic about their physical impairment. However, based from their understanding, their impairment should not be seen as an impediment to success. Here is a description from one of the participants:

> *"Tanggap mi nga kastoy kami basta kuma adda kunsiderasyon ti tao kanyami. Kasla kuma dyay panagserrek ti eskwela…diba kas ma imagine yo, kasano kami ngata nga sumang-at? Marigatan kami nga aglugan ken bumaba-sumang at iti* second floor". (We accepted who we are, but there should be considerations. For instance, when we attend school… can you just imagine how can we go up? We are having difficulties in riding… it is difficult for us to go up and down to and from the second floor.)

The above statement has been corroborated by another participant who is stricken by polio:

> *"Ag-jeep ak santo ak agpara ejay Insular ken magna paumay ditoy classroom ko. Tapos magna ak iti pababa ken pangato idiay overpass. Isu nga kanayon ak nga ma late,"* (I take the jeep from home then drop by Insular and walk going to my classroom. After that, I walk going down and up the overpass that is why I am always late.)

Another participant adds:

> *"Nahihirapan po talaga ako lalo na kung paakyat na ng hagdanan. Pati din sa paglakad dahil hindi patag ang daan."* (It's really difficult on my part especially when climbing the stairs. Also, I have difficulty when I am walking because of the uneven pathway).

Two educational struggles were identified by the physically impaired learners, which include circumstances that increase their difficulty to manage the situation, as described by cluster finding "stumbling block". This also shows that there are situations, preventing them to achieve what is supposed to be attainable in the mainstream as described by cluster finding "spiral out of control".

The struggles of the participants further prevent them from achieving something or "stumbling block" and later on, these become difficult to manage. These further increase their frustration in trying to gain meaningful education.

As verbalized by the participants:

> *"Isu nga haan kon kayat nga apan ag eskwela no maminsan, ta kastoy ak lang garuden ket marigatan ak pay start ti pangruar to ko ti*

balay, panaglugan ken panagsang at mi idiay school. Actually*, baka nga kastoy ti biag ko, haan ko lang ammo ti dadduma nga adda kapansanan na"*. (That is why I am reluctant to attend school at times because of the difficulties in going out from house, riding in a jeep and climbing the stairs in school. Actually, it seems that this might be my life; I don't know about the others who have disabilities.)

"…Kaya po nag usap kami ni mama kung pwede lipat na lang ako ng private school kasi sabi nila, yung mga CR malapit sa classroom at may guard na nag aabang ng jeep para sa mga estudyante. Pero alam nyo po parang lahat ng paghihirap na ito ay parang mahirap na i-manage. Kung private e mas okay daw mga facilities. Lahat daw ng may kapansanan e sa first floor lang." (I talked to my mama if it is possible to transfer to a private school as they said that private schools have better facilities. Students with disabilities stay in the first floor, the CR is nearby the classroom and there is a guard/personnel waiting for a jeep for the physically impaired like me. But, you know, these struggles seem to be difficult to manage. [Participant uses a wheelchair]

Callous Consideration

The callous consideration theme corresponds to no consideration to the cares or needs of the physically impaired. The non-consideration for the needs of these physically impaired learners have been identified based on the physical structure of the environment, class consideration and or any school activities that were just designed for the physically able. One subtheme has been identified which is the "Walk all over another"

The "walk all over another" subtheme implies the insensitivity of others for the needs of the physically impaired.

"Nasasaktan [ako], kasi hindi nila matanggap na may taong meroong kapansanan na nag-aaral pa rin upang makamit ang kanilang pangarap sa buhay." (I feel upset because some still have negative notions with regard to people with disability just like me.)

"No umuli ak ti agdan makabanog ken nagbayag. Sagpaminsan katkatawaan dak dagijay klasmets ko ta maingangato toy paldak met. No P.E. (Physical Education) class *met hanak mabalin no tinarayan ono ag ay ayam ti ball games sunga agbuybuyaak lang*." (Each time I walk through stairs, I feel tired and slow. Sometimes my classmates laugh at me because my skirt gets caught with my crutches exposing my thighs or butt. Also, during P.E class, I can't participate at times, especially if our lesson is on running or playing ball games. I just watch them play.)

Mind over Body

The mind over body theme corresponds to the strong will of the physically impaired learners to pursue their dreams despite their present condition. Indeed, despite the identified difficulties, the physically impaired learners are pushing through with their studies. Two cluster categories emerged under this theme, including: strong determination and battling disability. Strong determination is surpassing their wants to achieve their dreams while battling the disability. This situation emerged as they do not want their disability to be a reason to hinder their achievement of success.

As implied by the participants:

"Pinipilit ko po… maka akyat lang sa jeep para lang maka pasok sa paaralan. Sino pa bang tutulong sa sarili ko kundi ako lang(participant with canes).

(I am trying…so I can get into the jeep and attend my class. Who else can help me if not myself?)

"Nu mabalbalin kuma sir ket amin nga subject mi ket idiay first floor idiay nga agklase. Nu saan ket idiay kami lng room mi talagan agmalmalem ta ni Madam mi nalang ti umalis ti classroom." (If possible, sir our subjects must be held at the first floor or if not, all our subjects must be taught in the same room, our teachers will be the ones to come over. [Participant with wheelchair].

"Sana magkaroon sila ng pang unawa sa mga taong may kapansanan. At mag bigay ng mga gawain na nararapat sa bawat mag-aaral." (I hope they should have a better understanding with regard to people with disability. And they should give activities that would cater to their needs. [Participant with above knee amputation using one cane]

Discussions

The claims of the physically impaired learners seem to be an appeal for them to be considered capable to achieve their dreams despite their physical conditions. Their identified problems are common and these are all related to physical structure of the environment, minimal consideration and the curriculum are designed for the physically able. These problems were found by other researchers, to wit: the structure of the building and the classrooms (Alahmadi, 2007); insensitivity towards physically impaired learners (Al hamad, 2001, cited in Alqaryouti, 2010); inflexible curriculum and assessment procedures (Peters, 2004); and incompatibility with the skills needed for independence from the content and difficulty of the general curriculum taught in general education context (Ruppar, Dymond, & Gaffney, 2011).

From the viewpoint of the participants, being educated could be a means for them to be freed from the negative outcomes of their disability. Such perspective will help them to have pathways to be successful in the same way that normal persons are given options to get ahead in life. Conversely, Filmer (2008) and Mete (2008) regarded that a person with impairment have lesser possibility to go to school and that resulted in the lessened opportunity to raise economic value, reduced employment opportunity and decreased productivity in adulthood. Similarly, this may generally lead to earning less even when employed (Burchardt, 2005). Indisputably, a physically impaired individual experiences a difficulty to benefit from development and break out from poverty (Thomas, 2005) as there is a inequity in employment, restricted access to transportation, and lack of access to resources to support self-employment and source of revenue activities (Coleridge, 2005). There is, therefore, a clear and strong association between these factors and the participants' quality of life as these could lead to the reduction of their ability to work their productivity, and a higher probability of lessened opportunities. One of the findings of this study is the strong determination of the participants to pursue their schooling despite the difficulties they are having. However, the participants felt that there is less concern for them while they are in the mainstream education. Goode (2007) says that disabled students' own perceptions of their teaching and learning experience are clearly important but often neglected.

Conclusions and Recommendations

The participants have common problems and difficulties with respect to their education. They struggled much with the physical structure of the school environment, inconsiderate classmates, lack of social acceptance, and the problem on the curriculum they have. As such, the researcher recommends that there shall be re-structuring of the guidelines or policies for the disabled students in the mainstream. With this, the physically impaired learners could have equal opportunities with the physically able. Further, the teachers and physically able students will be informed on how to help and accommodate children with disabilities. Moreover, the researcher recommends that since the generalizability of findings may not be applied to other locale and to others with physical impairment, a further study should be done considering a wider setting and population.

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"When I'm a bedside nurse, I can only impact one person at a time, but if I'm good at research, I can impact countless numbers of people. Everything I do is still framed as a nurse. Everything I do in the lab has clear clinical applicability."

– Sharon Kozachik, Baltimore Sun, December 19, 2012

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RESEARCH ARTICLE

"Quality of Life": Lived Experience of Older Adults in Nursing Homes





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Abstract

Family is the basic unit of our society where in, there is a trade of different emotions such as love, happiness, sadness even ideas and experiences. A home where families dwell and lived together harmoniously with children, parents and older adults is an important shelter that gives everyone a sense of security most especially to our elders. Living away from your own family is considered complex. This is a common scenario for older adults facing life away from their real home and lives inside a nursing home.

This study aims to describe and understand the lived experiences of older adults living in nursing homes - who they are, their characters, feelings, beliefs and principles in life.

Nine (9) older adult participants were purposively selected from two different nursing homes in Metro Manila in this phenomenological inquiry. Semi-structure interview guide was used in gathering narrative testimonies of the participants. Face to face interview was conducted, fields notes, transcribed verbatim, and then data of testimonies were analyzed using phenomenological approach. Themes were identified based on participant's narrative accounts. Identified themes were as follows: enhancing and deepening of spiritual wellness; acknowledging and easing the feeling of loneliness; gaining joy from children's support; maintaining optimum wellness; finding security and self fulfillment.

Keywords: *Older Adults, (residents), Nursing Home, Filipino family*

Introduction

An individual moves through different stages of life. Aging period can be considered as the most crucial stage of a person. Group like the aged suffer many difficulties of survival, a desire trying to get away from insecurities, (Javier, 2001). As of June 2014, there are older adults aged from 60-64years old which is 5.6% of the country's total population. Older adult life expectancy for male is up to 69 yrs. old and female is up to 75 yrs. old. The dramatic increase in this age group represents a

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great change in the impact that they have in society, (Citizen Intelligence Agency World Fact book, 2015).The Filipino family plays an important role in the lives of every older adult .They are the prime source of support, and caring for them is a Filipino value orientation. (Lacson, 2011).

When family caregivers can no longer provide adequate care to the older adult at home, they may face the difficult task of placing their parents in a long term care facility. Some elderly have been found abandoned in front of hospitals others had left to fend for themselves on the streets. (O'Connel et al.,2004; as cited by de Guzman, 2012) .This group of people try very hard to deal with the sudden change in living arrangement as well as abandoned by their families (de Guzman, 2012). Based on Filipino culture putting an elderly in nursing homes is considered an absurd and humiliating act.

Home for the aged is an organization established by a government and non-government, civic and religious institution that take up the cause and care of these helpless souls. (LIVESTRONG, COM, 2015). Many elderly are forced into living in nursing homes, some of them were brought and personally came there for reason that no family could take care of them. Poverty is perceived as an obstacle to a secured old age (Carlos, 2011). However, the presence of senior citizen centers, help a lot to elderly (Age Demand Action Philippines, 2012).

Several studies were made for inquiry purposes about elders living in a separate household like the study of Jacobsen R. & Sorlei V. in 2010, affirmed that care providers experience and found balance between the ideal, autonomy and dignity in caring older adults in nursing homes. Kellet & Um in their 2009 study explores families' experience of searching on how to find new ways of everyday involvement in caring their relatives in nursing homes.

Study of Salarvan, S. (2008), found out that the increasing rate of transferring an elder in nursing facility extensively affect health promotion and economic status. One scholar observed a changed in family dynamics: "Family loyalties are not what they are used to be: family responsibilities are less binding than they were even a generation ago" (Wise 2001,as cited by de Guzman, 2012). Although in the study of Anonuevo, (2004) surfaced that love as "caring is sometimes equated to expression of responsibility for the person," (Anonuevo, 2004, as cited by Sasa, 2012).

Quality of Life is a study that deals with the lived experiences of older adults sheltered in nursing homes. This study aimed to understand and describe older adults' experiences as they journey to unending process of existence in their new environment. This sudden change in living arrangement as well as living away from their relatives forced them to stay in nursing homes for the remainder of their lives. Thus, exploring their feelings how they view themselves negatively becomes a major concern in caring for them.

Despite the many studies and investigations made for this vulnerable group of people, studies about lived experiences of elderly in a nursing home are limited specifically those which are qualitatively oriented. With these few sources of information about older adults lived experiences the researchers, decided to come up with this study.

Methods

A qualitative descriptive phenomenological method was used in this study, an approach to discover the meaning of people's life experience and to understand the essence of this phenomenon through description and analysis. The study focused on lived experiences among older adults sheltered in a non- government and religious nursing homes in Metro Manila. A letter of request to conduct the study was officially approved by the nursing home administrator. The goal of the study was to develop a deep and valuable understanding of a phenomenon as it exists in the real world, (Polit and Beck, 2008, p.47). Understanding human behavior and describing study participants lived experiences in nursing home as the main subject of inquiry.

The researchers developed a two-part research instrument to gather pertinent data. First, a demographic profile which covers basic information of the residents' participants, second, a semi-structured interview guide a composition of unstructured conversation between the researchers and the participants and was written in English and translated to Filipino. Purpose was to feature a rich narrative data captured through audiotape, verbatim transcriptions and careful observation. Filipino language was used during the interview process so as the residents participants can articulate themselves easily through stories. Prolonged engagement, researcher observation of participants during a face to face interview and continuous communication in the field were the actions performed in order to grow understanding of the values and belief of the participants (Lincoln & Guba 1985, as cited by Borbo and Conde, 2012). Credibility was defined as activities that increase

Table 1. Demographic Profile of Residents Participants

R	Age	Gender	Status	No. of years in the Nursing home	Educational Attainment	No. of Children	Financial support	Reasons in staying in nursing home	Religious Affiliation
1	75	male	widower	2, 6/12	Engineer	3	Children	needs medical services and social services; all children in abroad	Ramon Catholic
2	70	female	widow	1, 1/2 yrs	College under grad	4	Children	needs medical and social services; 2 children in abroad while the 2 children in Philippines no time to take care	Ramon Catholic
3	66	male	widower	1 year	College grad	3	Children	needs medical and social services; children all are working	Christian
4	65	female	widow	3 year	College under grad	2	Children	needs medical and social services; all children in abroad	Ramon Catholic
5	73	male	widower	1year 6/12	College under grad	4	Children	needs medical and social services; 4 children in abroad' 1 in Philippines	Ramon Catholic
6	75	female	widow	1 year	College under grad	4	Social Security Benefit of husband & her own savings	needs medical and social services; 4 children in abroad' 1 in Philippines	Ramon Catholic
7	69	male	widower	2 years	College under grad	3	Children	needs medical and social services; all children are busy	Christian
8	66	female	widow	3 years	College under grad	3	Children	needs medical and social services; all children are working	Ramon Catholic
9	75	female	widow	2 years	College grad	7	SSS pension / children	needs medical and social services; all children are working	Roman Catholic

probability of producing credible results from multiple sources and multiple sites as a means of triangulation. A face to face interview, field notes, field journals were employed assuring the sincerity of data.

Purposive sampling was used wherein nine (9) participants were included in the study based on the given inclusion criteria in terms of age, sex, location, health status. These study participants include those (a) elders ages 65 to 75 years old (b) male or female (c) ambulatory that needs of medical and social services and with sound mind (d) must be living in a nursing home for (1) year or more (e) nursing home must be in an urban site. Exclusion criteria include those elderly with dementia and Alzheimer disease, those with emotionally and psychologically unstable. All of them were given information about the research and were invited to be a part of the study. Interview sessions were discussed and explained thoroughly after a letter of request was officially approved by nursing home administrators. Residents participants signed a written consent allowing the researchers to conduct an in- depth interview. Interview session lasted for about (30) minutes to (45) minutes depending on the mood of the participants for two (2) meetings. They were also aware that the researchers were ready to accept any decision made by the participants to withdraw from the study anytime the participants are no longer comfortable. Implementation of the interview process was performed in a private room of the residents participants in a nursing home positioned accessible to their comfort. Strict privacy was observed and maintained during the entire interview session where no one else except the researcher, participant and health care provider were present and could listen to what has transpired in the interview process. A quiet and calm environment was provided to make participants relaxed and at ease during the interview. All answers were strictly documented, narrative responses were transcribed and audio tapes were kept safely and were only accessed by the researchers. Filipino language was entirely used during interview procedure however, one of the resident participant (R#9) communicate fluently in English. The mode of communication of each participant was their own language of choice in order to comprehend and articulate themselves through their narration. Verbatim transcriptions were also done in Filipino and in English.

Confidentiality and anonymity were kept and observed at all times by ensuring the participant rights were protected and provided them with a code number or names. Transcribed interview data were gathered and tape recorded during the process of conversation and stored safely in a locked cabinet in the researcher office. The participants responses were collated and analyzed and the outcome of the analyses were organized. Significant statement of the participant was translated to English.

Ethics approval was obtained through the university Ethics Review Committee (ERC) an institutional review board of Far Eastern University after a series of careful evaluation. Interview guide questions were also submitted for validation to the psychology department of the same institution.

As interviews process had been completed, narrative data had been obtained; the recorded audio had been transcribed. The audio taped interview was listened carefully and repeatedly, and the transcript with code name or number was introduced. Coding the transcripts signifies importance. The statements were categorized for themes and patterns in relation to perceived meanings. The significance of each statement was then expounded; this is known as formulating meanings. The formulated meanings were then arranged into categories (Colaizzi). Researcher identified significant topics and no data from the participant were omitted or manipulated. Bracketing was used, and it refers to the process of identifying and holding in abeyance preconceived beliefs and opinions about the phenomenon under study. (Salustiano, 2009, p.47). This method was applied to prevent misconception of data and information and also minimize biases. Bracketing aided the researchers in saving a reflective journal in a form of account and these accounts were personal thoughts and feelings of the researchers about the phenomenon under investigation. This also allows

the researchers to fully understand more the experience from participants' own points of view and not on the researcher perceived notion.

The researchers applied Colaizzis' (2009) phenomenological method in the data analysis. This method was used because it is the most frequently utilized method for descriptive phenomenology since it recognizes the fundamental inferences of a majority of phenomenological approach. It describes the significance and meaning of human experiences. This phenomenological method of data analysis includes I. data gathering through interviews; II. data processing and analysis, aside from this method the researchers used the 7- step method of data analysis (1) reading and re-reading of text; (2) extracting significant statements; (3) formulating meanings; (4) organizing meanings into themes (5) integrating the findings into exhaustive descriptions ; (6) validating the findings by going back to the study participants; (7) incorporating changes based on feedbacks.

Intuiting is trying to empathize with the participants' present situation a feeling and thought that the researcher experienced. It occurs when researchers remain open to the meanings attributed to the phenomenon by those who have experienced it. Intuiting was completed through continuous contact and prolonged rapport with the study participants, absorbing their way of life, observing them carefully especially with attention to details on their daily activities. As this process was done the researchers kept on recording all the essential data. Recording aided the researchers to focused on the differences regarding researchers thought from idea, interpretations and activities of the study participants (Streubert & Carpenter 2011,as cited by Borbo & Conde, 2012).

Measures were done by researchers in order to establish trustworthiness of this study which comprises four (4) criteria: credibility, dependability, conformability, and transferability (Polit & Beck, 2008, pp.35-36).Credibility was established in this study through a research findings coming from a rich narrative data of different sources and sites as a means of triangulation. Accredited nursing homes was chosen , prolonged engagement (rapport) and persistent observation of the participants, continuous communication in the field, were actions taken by the researchers in order to grow understanding of the values and belief of the participants (Lincoln & Guba 1985,as cited by Borbo and Conde,2012). Credibility was defined as activities that increase probability of producing credible findings. This was done to arrived integrity of the study research outcomes. Again triangulation of different sources of data, such as interviews, field notes, and field journals were employed assuring the sincerity of data. Dependability of the study was achieved through proper documentation or record keeping of raw data, field notes, field journals, audiotapes, and direct observation of the participants to facilitate an audit trail. The researchers continued to create spontaneous notes throughout data collection. To guarantee conformability, researchers compared the summaries of the interviews of each participant to verify the accuracy of the information. Transferability being the last criteria explains that strong descriptions of the time and context, made sure that emerging themes should make sense to the participants and the probability of the application of the study findings to others in almost similar situation , Speziale & Carpenter , (2007).

Results

The five (5) main themes that emerged from the analyses were : (1) Enhancing and deepening of spiritual wellness, (2) Acknowledging and easing loneliness (3) Gaining joy from children support (4) Maintaining optimum wellness (5) Finding security and self fulfillment

Theme 1 - Enhance and deepening of spiritual wellness

Religion is a significant expression of spirituality that involves relationship and feeling. It is one means of expressing spirituality, as a prayer and meditation. It represent the harmonious interconnectedness with self, others, nature, and God, and can also be communicated through relationship with family and community.

If one believes in spiritual wellness, then one must believe that there are resources that are helpful in achieving it, such as a personal concept of God, and religious or spiritual beliefs. Older people who talk about God, religion, spirituality, and reasons for being may need to verbalize concerns or find answers to questions that will help them live peacefully.

All resident said *"we pray before going to bed;* while four of them *"recite the rosary;"* and most of them *"attend Sunday mass"*. Evidence suggests that strong spiritual beliefs facilitate healings therefore; it is therapeutically beneficial to support older adult spirituality and assist them in fulfilling spiritual needs.

Older adult in nursing homes are called "Resident". In religious sector residents said that Nursing Home they are staying has chapel and priests that conduct mass everyday and Sunday that's why they choose to stay in this place. *"We have our own chapel and a priest that officiates mass every day and every Sunday."* On the other hand, one resident in private nursing home has no problem in attending Sunday mass because the chapel is within the community, located just in front of the nursing home *"the chapel is just in front, me and my relative attend mass every Sunday whether I'm on my wheelchair or walk with a wooden stick."* Older adults are religious as per observations and have strong faith with God. Their prayer is to prolong their lives, give them good health. All resident participants weapon is through prayers. *"Whenever I feel sad, I pray."* Prayers are answers to their loneliness being away from home. Spiritual dimensions such as hope, meaning in life and transcendence have been found to be the predictors of successful ageing, life satisfaction and well being in older individuals.

One female resident even narrated *"I want to die here Father"*. Older adults staying in nursing homes have positive attitude in life and with good acceptance of being away from her family. All of them said that they have to accept the reality of life that they are separated from their family with good reasons, their children are living abroad while children in the Philippines are busy with their own family and job.

One of the female elderly resident verbalized *"when I was younger I'm an active member of Legion of Mary and others, I always pray to our Nuestra Senora de Visitacion de Piate, and my wishes were granted, I am a Catholic"*. *Another female resident said "I always attend mass everyday when I was younger"*. Those who joined voluntarily and active church member when they were young tend to be better adjusted in old age than those whose interest and activity in religious organizations are limited.

Two Male elderly residents said *"Every Sunday my eldest son fetch me here to attend Christian fellowship, then after the service we ate in the restaurant"*. For many people religion form a basis for meaning and purpose in life, and provides the moral codes by which to live.

A resident participant narrated that aging and staying in nursing home doesn't stop them from being religious, prayerful, that their interconnection to God is a continuous process that enhanced their spirituality. They believe that God is always with them to protect, and listen to their prayers as they live peacefully in the nursing home.

Theme 2 - Acknowledging and easing the feeling of loneliness

Family unit is the major source of satisfaction for many elders. In aging family affair, identification of family members can be more meaningful if one look for those individual who fulfill family functions. Family functions are to address the special needs of elderly focusing on their physical needs, providing emotional support, maintaining links with family and community, and while the attitude of grown children towards their elderly parents are frequently associated with what they contribute to their good personal and social adjustment.

Based on narration of most older adults said that, *"we don't feel emptiness in our life being away from our family because we have friends* (co-residents), *we have caregiver that take care and*

mingle with us, and the use of Skype and cell phone". Verbal communication is no longer a problem to interconnect with people living away from home, the use of Skype helps a lot in communicating our relatives and friends face to face**.** One residents uses Skype in getting connected with her four children in USA. You can see her excitement and smiling face while narrating about her communication with her family members through Skype. *"They always call through Skype that's why we see each other"* when asked what was her feeling after Skype she answered *" I'm happy because we see each other and can talk to my children and grandchildren."*

Skype helps bridge the distance between people across the world. Its calling and instant messaging services bring people together, even though they are miles apart. Skype has the importance of real-time voice communication for establishing strong family ties.

Other means of communication is the use of cell phone as verbalized by one resident participant which according to her it is more convenient as long as there is signal and much cheaper without using internet connection. *"They call me through cell phone, Skype is expensive and you need an internet* when asked about her feeling after such communication, she answered *happy because I was able to talk to my children"* with a smiling face. True enough that almost resident participant owns a mobile phone, communicating with people we love is available 24/7.

Happiness and contentment in life of older adults residing in nursing home is not only being connected with their kids through Skype, cell phones but also relatives that visit them in nursing home. One of the female resident's son visit often and brought her some fruits, fresh milk, etc. *"I'm visited by my son here regularly and brought me some fruits, fresh milk and others,"*other residents, family visit happened twice a week; weekly; twice a month and monthly. It is important to older adults caring needs to show love and concern to them because it gives satisfying relationship that prevent loneliness.

Resident participants found life in nursing home satisfying and ease the feeling of loneliness because of frequent communication and visitation from their love ones.

Theme 3 - Gaining joy from children's support

Happiness in old age depends upon the fulfillment of the 3 A's of happiness, acceptance, affection and achievement. When any of this is unfulfilled, it is difficult for the elderly to be happy. When they feel that they are neglected by their own children and other family members, when they feel that their past achievements have fallen short of their hopes and expectations, or when they develop a "nobody loves me" complex, it is inevitable that they would be unhappy.

As the researcher conducted the face to face interview and listen to the story of the resident participants, almost all of them are happy, they showed their sincerity in sharing their family life and achievements of their children bringing success in their own lives, their job and place of employment**.** Most of the resident respondent children are all professionals, working abroad, while children staying in the Philippines hold high level positions in their job. Because of strong family ties, children shows their love, care, and concerns to their parents by selecting a pleasant place, a nursing home for them to stay that makes their parents comfortable and well taken cared off while they are away from home.

When older adult speak of affection, this is a concern of emotional aspect that no matter what, older parents should be accorded the love and care that they need**,** that's what resident participants children are doing now. People need to feel that they are loved and cared for. Love is not a quid pro quo which it is offered to obtained something in return. Rather, love is unconditional, offered unselfishly, completely.

"Acceptance is the reality that we are staying in this place because our children lived in a foreign country as citizens; some of them are for employment purposes, "while our children here in the Philippines are tied up with their own family and workload as employee." Answered by all resident participants "What you sow is what you reap". This

old adage is applicable to them because they raise their children and made them better person with high moral values. They have also rendered quality parenting role. Their children are grown up now they are returning the favor to their parents by giving them love, care, and financial support.

Resident respondents claimed that they are happy and satisfied living in nursing home because of their children support, most especially in financial aspect, this includes payment of their monthly obligation to the institution.

Theme 4 - Maintaining optimum wellness

A nursing home care enhances the quality of life and promotes a holistic, family-centered approach to the care of older adults with or without illness. Holistic nursing care addresses the body and mind and spirit interconnected of each older adult and recognizes that wellness encompasses more than physiologic functioning**.** Physiological needs are so important for older adults in order to maintain their good health. Plan activities in nursing home is being observe every day. Every morning they exercise, or simply walk around. Some said *"Every morning we exercise and walk in the yard"* Physical activity is defined as any bodily movement that involves skeletal muscle contraction and the substantially increases energy expenditures. It is typically leisure activity, requires little supervision, and protects against mobility and disability.

Physical activity is an exercise that is important for older adults to maintain health. Preserve the ability to perform ADLs (activity of daily living), and to improve the quality of life. The benefit of physical activity may include prevention of heart disease, reduction of elevated blood pressure, improves circulation, and increase appetite. It also enhances socialization and self image an opportunity for motor and mental stimulation.

There are games just for fun that stimulates their thinking ability and enrich relationship and communication, most residents, like playing mahjong, chess and "dama". *"We also have games like mahjong, we bet one peso for 3 hours, sometimes even our doctors played with us like chess and "dama". There is also time for movies."* There are games just for fun that stimulates their thinking ability and enrich relationship and communication, most residents, like playing mahjong, chess and "dama". *"We also have games like mahjong, we bet one peso for 3 hours, sometimes even our doctors played with us like chess and "dama". There is also time for movies."*

For older adult resident participants taking drug maintenance, verbalized their appreciation that they no longer worry the needed cash for their drug maintenance because their monthly payment includes their medicines, and staff/caregiver are there to administer their medicines on time.*"I don't worry about my bills regarding my medicine because it's included in my monthly bills here in nursing home. There are also the staff and caregiver that administer our drug maintenance on time.*

For them nursing home has a plan of daily activities to keep them active and functioning well. Besides daily activities, older adults need to take their vitamins and other medications like maintenance drug for hypertension, etc. They said that they find contentment staying in nursing home because their physical, mental, social, emotional aspects are being maintained to keep their optimum wellness.

Theme 5 - Finding security and self fulfillment

Mobility is the capacity one has for movement within the available environment. In old age, one moves slowly and purposely sometimes with more forethought and caution. The decision to seek a nursing home care is rarely an easy choice or a first choice. Older patients and families need to understand the realities of nursing home care, know how to select an appropriate facility, recognize and deal with the emotional reactions involved, learn to maintain meaningful relationship, and identify and seek resolution of problems.

Wellness involves achieving a balance of one's internal and external environment and one's emotional, spiritual, social cultural and physical

process all of which are vital components. External environment conditions include caregivers, that influence the body, mind, spirit and functioning of older adults. Older adult is a complex and unique individual whose functioning and well being are influenced by the acquisition of age related changes and risk factors. When risk factors cause older adult to be dependent on others for daily needs, their caregivers is considered an integral part of nursing care. Safety is a broad concept that refers to security and the prevention of accidents of the older adults.

Almost all residents in nursing home verbalized; *"I like the place because of the wide yard with trees with cottages, caregivers are kind and efficient. I have many friends here already."* This was an indicative of residents' recognition that staff work hard and were kind to them; all residents *"I have many friends here"* these are few to mentioned choices made by resident participants. On the other hand, male resident of nursing home #1 likes to walk in the morning and stay under the mango trees for two hours. It is always the best choice decided both by older adults and family. Families consider mobility, safety, and satisfaction of their aging parents, that they are comfortable to their environment, that they like the place, and the people that surround them.

One of the resident participant mentioned in her story telling *"it is nice here because we even go to Ocean Park and we even go malling. Nursing home administrator wrote to Ocean Park and SM to schedule our visit and also inform our children."* The said activity has to be properly coordinated with the institutions, nursing home administrator and mall authority as to the schedule date and time of visiting the mall. Essential element is the consent of the family member or those who are interested to join the outing (waiver)."*I am on a wheelchair for me not to get tired and each of us was accompanied by a caregiver*" There must be one caretaker in every resident, and wheelchair in order to prevent fatigue to elders.

Resident participants said that nursing home is a better place for them to stay rather than living in their own homes where nobody takes care for them. Having efficient caregiver are the key factors in keeping them stay in nursing homes. This also assures them of security and self fulfillment in their lives.

Discussions

Older adult has the right to live a quality life. Quality of life is a concept that has many definitions. It has been defined as a degree of satisfaction or dissatisfaction with life of a person's well being. Older people talk about quality of life in terms of family relationship, social contacts, activities, general health and functional status.(Mauk , K. L.,2007)

As individual ages, their physical and mental capacity changes but their spiritual wellness believed in the power of the supreme Almighty does not change**,(** Matzo, LP., Sherma, D., 2004), instead it becomes stronger because they have already reached the last stage of life which is old age. Evidence shows that resident participants are more prayerful, reciting the rosary, saying novena prayers and attending masses or attending Christian fellowship.

Family relationship is so important to our older adults that when family caregivers can no longer provide adequate care of the older adult home, they may face the difficult task of placing their parents in a long term care facility, (Wolters K., Lippincot W & Wilkins, 2006). Based on the study, the distance of children to their parents and a busy time in their family and jobs, are the main reasons why old parents are sheltered in the nursing home care facility. Nursing homes is a licensed/ accredited institution to shelter older adults and it is regulated by the state agency. Each resident has a private room or shared bedroom and use of common space. It is the responsibility of the staff nurse, the wards attendants and caregivers to assist elders to achieve the highest level of wellness in relation to whatever situation exists. Therefore health, wellness, and aging of the older parents are the concerns both the institution and the grown children. Wellness is defined as a continuous process of maintaining harmony

between a total person and his environment. It involves one's whole being physical, emotional mental and spiritual, all of which are vital components. (Ebersole, H, Thouhy, J., 2005). Staying safe is crucial for older adults, that's why the focus of nursing home care is to minimize negative effects of age related changes so as to promote wellness outcomes. Wellness outcome includes improved safety, function and quality of life. (Miller, C. A., 2012), a safe environment is always to be considered in choosing shelter (nursing home) for older adults, in order that self-esteem of older adults will be lifted through having self confidence and self satisfaction. Liking oneself well is enough to keep going with dignity and acceptance to achieve inner peace and ego integrity. (Ebersole, H., et al, 2012). Philippine nursing homes are paradise for nursing-destitute elderly. Nursing homes provides a "home" away from home whose primary family unable to furnish due to reason beyond their control. In health care facility it is significant to think about three distinctive types of environments; the physical environment, social environment, and organizational environment. (Ham, R., Sloane, P., Warshaw, G., 2014). The researcher agreed with the three distinctive types of environment to consider in the selection of nursing home where older adults should stay.

The physical environment refers to physical setting in which the respondents lives this includes size and décor of spaces, lighting, temperature, acoustics and access to outdoors. (Ham,R.,et al., 2014). As claimed, resident's participants feel that they are happy and comfortable with their nursing home physical facility. Most of them stays in a private rooms, well ventilated, well lighted, with a television and have their own bathroom. Only three resident participants stay in a shared room. Same with private room, it is well ventilated, well lighted. Their leisure time is watching TV and they are also updated with what is going on with the outside world because of mass media (news).

The social (care giving) environment refers to the people who interact directly within the residents/patients – how they approach the person and what they do. Staffs and caregivers are kind efficient, with concerns to them are the descriptions of resident participants to the people who renders quality care to them. They said they are satisfied with the services. Aside from that, health providers have develop their love, respect, and have good relationship with the older adults and treated then with tender, loving care as what we observed.They play a big role in making the lives of older adults meaningful by socializing or even play games with them.

Lastly the organizational environment refers to the rules and regulations that affect a resident life such as when they can eat, whether they can go outdoors, and what amount of services they received.(Ham, R., Sloane, P., Warshaw, G., 2014). Every institution has their own plan of activities for the whole week. They also have set of standard policies for the residents to follow like all residents should have their meals in the dining table in nursing home 1, so that they eat together like a family, while some residents in nursing home 2 stays in a private room with their meals served in their rooms.

Needless to say, these environmental characteristics can have a huge impact not only on the function but on quality of life for a dependent older person. In the Philippines we don't have a well develop Social Security System for elderly. Historically, the Filipino elderly has been dependent to their children for economic, social and physical support but there are some reasons why elderly is being brought to the home for aged. (Livestrong.Com. 2015). Very well said because out of nine (9) resident participants, eight (8) of them are being supported financially by their children, the housing, medicines, and all needs of the old parents. Meeting their basic needs can help them avoid depression. Signs that they lack sufficient support may include difficulty in sleeping, a poor appetite or an inability to concentrate. Emotional care for a senior should include steps designed to deal with vulnerability, loneliness, boredom and isolation.

As individual grow old, they'll look back on the life they had. Witnessing something magical, and that is the first man who walked on the moon, presidents being elected and thru their death and assassination. Having a career, fulfilled dreams, get married, having kids, a family of their own. So for the elderly, who will spend the remaining days of their lives on Nursing homes, is it worth it? As most of the media portray, living in a nursing home is the saddest way could be, being alone, physically abandoned by their relatives, longing for love ones to visit them is a psychological need that needs to be resolved. Active or intentional neglect involves the deliberate withholding of needs needed for daily living like food, medicine, companionship and care. (A D A Philippines, 2012). A study made by Aged Care Extended Services in St. Luke's Medical Hospital in one the country's residential facility shows of abuse. In their study, active negligence has the highest incidence followed by psychological abuse, exploitation, violation of rights and physical abuse. There were reports of psychological maltreatment and provocation of fear or violence. (A D A Philippines, 2012). The Philippines is one of the countries that uphold the value of respect of their parents and elders. However, this honorable act is no longer welcomed in Filipino homes and the sad fact about these things is not exposed. In aid and empowerment of the older adult several law statures are passed to embody the neglected elders to a just system of law, (Defensor M.S, Senate Bill No. 1344, 2007). An act that ensure older adult or disabled persons to be protected from institutional, community, and domestic violence and sexual assaults and to improve outreach efforts and other services available to older or disabled persons victimized by such violence. In this study the desire to continue to live and cope with their present condition made the researchers believed that there are some other sectors that proved that elders are not abused nor neglected as shown in the results of this study. They have a continuous connectedness from their relatives, spending their lives on a pleased way on a day to day basis. They've accepted the fact that they are here, (nursing home) that they have no choice but to live in a nursing home away from home.

Conclusions

Elderly goes through a stage of life which is considered as the last one, in which the life projects have already accomplished, being possible to enjoy what remains of life with peace of mind. Thus, ageing process is of course a biological reality which has its own dynamic, largely beyond human control. However, it is also subject to the constructions by which society especially the family makes sense of old age, giving meaningful and purposeful life to older adults.

This study showed that family is an integral part in upbringing a sense of continuity and the possibility of full life to a successful aging that provides the view that is possible to enjoy life of older adults in the later years in a way that exceeds comprising care management that integrates health care and psychological care with other needed services such as: housing, , nutritional services, assistance with activities of daily living, socialization programs, as well as financial and legal planning. It also emphasized that an elderly person needs quality of life, feel safe, and remain close to their family though living away from home.

Recommendations

For future researchers who intend to conduct the same study on the lived experience of older adults in nursing homes, is to focus the study on government institution since our study was conducted in the privately owned and a religious sector nursing home. This is to determine if older adults in government nursing home will have same quality of life the older adults living in non government institution. The researchers also recommend the use of a mixed method study that of a qualitative research focusing on lived experiences of human phenomenon and a quantitative approach method.

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RESEARCH ARTICLE

The Con-Triad Response in the Promotion of Healthcare from a Social Networking Site



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Abstract

The present study, which is anchored in the interesting but less investigated field of virtual health promotion, examined the concept of interactivity relative to two (2) intersecting actors and their corresponding activities at health promotion in a social networking site, namely (1) promoters or *wall posts* and (2) consumers or *thread comments*. This research made use of bibliometric analysis involving validation through covert non-participative observation of five thousand and twenty-five (5,025) *thread comments* from twenty-three (23) health-related SNS pages. Researchers performed and exhibited a resilient and adaptive procedure to assess the importance of SNS interaction. Results of the analysis aspired to supplement the previous gaps in the literature by advancing three (3) themes eidetic of the thread comments and interactions between the SNS site and the virtual participants, namely: (1) concern, (2) conflict and (3) concept, which was further referred to as the Con Triad Response in Healthcare Promotion. Like implied, the study communicates the need to understand SNS consumers' motivation for engaging in and adopting new communication technologies and the unseen potential of SNS in furthering public health awareness and related teaching.

Keywords: *Facebook; health promotion; social media; social networking sites*

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Introduction

Social networking sites (SNSs) have been defined as "Web-based sources that allow individuals to (1) construct a public or semi-public profile within a bounded system, (2) articulate a list of other users with whom they share a connection, and (3) view and traverse their list of connections and those made by others within the system." (Boyd and Ellison, 2007). In recent years, researchers have been more interested on how it affects lives of the modern generation. As such, SNSs today have very significant impact on health promotion and allow millions of users fast, easy and concise access to the most important and useful medical information (Masic, Sivic, Toromanovic, Borojevic, & Pandza, 2012). Thus, the use of these sites in healthcare promotion has been generally accepted. In addition to that, social networking today is what the internet was 20 years ago. In January 2011, Facebook alone had six hundred million (600,000,000) users who belong to the unique cyber culture (Masic et al., 2012). Facebook is the most commonly used SNS, used by seventy-one hundredths (71%) of all health promotion activities (Gold, Pedrana, Sacks-Davis, Hellard, Chang, Howard, et al., 2011). According to Thakeray, Neiger, Smith, & Van Wgenen in 2012, the majority of Facebook posts, eighty-eight and three hundredths (88.3%), were health-related. Of the health-related posts, seventy-seven and eight hundredths (77.8%), were factual health-related information, six and eight hundredths (6.8%), were about services offered, and fifteen and seven hundredths (15.7%) were event announcements.

However, this concept is challenged by data showing conflicting ideas between health promotion and health literacy. A recent national survey by the Pew Research Center indicates that more than half of U.S. adults (57%) seek health information on the internet updates about health issues (Fox and Jones, 2009; as cited by Park et al., 2011). Although the emergence of new media has made information seeking and sharing more convenient and satisfying (Fox and Jones, 2009; as cited in Park et., 2011), low health literacy remains a major problem in the United States (Berkman, Sheridan, Donahue, Halpern, & Crotty, 2011). A considerable amount of research has been done about *communication* but a little in *interaction*, even though the presence of these SNSs has produced a drastic shift of way in communications, enabling users to interact, observe and exchange knowledge through heaps of accessible frail ties. In spite of the early notifications, the role of SNSs has remained unclear. Hence, additional researches about its function in terms of healthcare promotion are needed.

In this paper, researchers introduced a novel method to show the role of SNSs, Facebook, as the medium. Since Facebook is the most popular SNS in the world and covers a general assortment of topics, it will be used as the platform for empirical validation of the proposal relationships in the communication processing (Alexa, 2011; as quoted by Gold et al., 2011). Also, Facebook is the most frequently used SNS, with over nine hundred and one million (901 000 000) monthly users, five hundred and twenty-six million (526 000 000) daily active users and more than one hundred and twenty-five billion (125 000 000 000) friend connection (Facebook Statistics, 2012). The study is anchored on the Community of Inquiry Model which suggests that learning experience happens through the interaction of three main elements: cognitive, teaching, and social presence. Cognitive presence is an essential element of critical thinking and is the extent to which participants, through sustained communication in online discussion forums, are able to construct meaning. Teaching presence deals with the design and organization of the educational experience as well as facilitation or moderating in online discussions and any student-teacher interactions (Saude et al., 2012). Social presence is the ability of the participants to project themselves socially and emotionally, as real people (Garrison et al., 2001 as cited by Saude (2012) in Learning through the Lounge: Using Social Presence to assess the learning environment in a MyLinE online forum). This deals with the promotion of a sense of community through the development of relationships in order to facilitate critical thinking and knowledge creation (Saude et al., 2012).Since this study primarily focuses on social presence and interactivity online, researchers, aided with the social presence theory, decided to scrutinize only the

third element of the model. The social presence theory, developed by Short, William, and Christie, is understood as "the degree of salience of the other person in the interaction and the consequent salience of the interpersonal relationships" (Short, et al., 1976 as quoted by Saude (2012). With the emergence of online environment, the amount of literature dedicated to theory of social presence is an indication of how important and popular it is as a concept to describe and understand social interaction online (Lowenthal, 2009 as cited by Saude in 2012). In this study, interactivity can be simply defined as a two-way (reciprocal) communication between the promoters (wall posts) and consumers (thread comments); and social presence can be established by the way health information, in the form of wall posts, are posted and how those wall posts are interpreted by consumers.

This present study aims to fill-in the gaps of researches about SNSs interactivity. Through this, by assessing the common health issues presented and how people respond to it: positive, negative or neutral, there would be a clearer perception about the vitality of interaction between promoters (wall posts) and consumers (thread comments).

Research Method

Research Design

Researchers conducted the study with the use of quantitative method in order to analyze the numerical data gathered through bibliometric analysis. This method is utilized to determine the importance of interactivity between promoters (wall posts) and consumers (thread comments) from a social networking site in relation to the promotion of healthcare.

Population and Sampling

The present study is conducted through the assistance of the internet. Within international context, it has a claim of a wide-range milieu, wherein respondents are socially and physically distant with one another via a social networking site, specifically Facebook. Hence, this medium can provide inter-cultural and inter-racial results with English language as its basis of wordings and verbalizations. The type of sampling used in this study is non-probability. In this case, purposive sampling was utilized with a set of criteria prepared to come up with a qualified number of respondents. This has been the basis in choosing which "like pages" and "thread comments" are included. Qualified "like pages" have received "to-inform consents" from researchers. Twenty-three (23) from them agreed and participated in the said study whereas a total number of five thousand and twenty-five (5025) "thread comments" underwent a covert and non-participative observation.

Research Ethics

There are three ethical principles considered by researchers pertaining to this present study. They are as follows: (a) right to self-determination in relation to sending of "to-inform consent" to every "like page" qualified, (b) right to full disclosure in relation to sharing of actual information to "like pages" for them to have adequate knowledge about the nature of the study, and (c) privilege of veracity in relation to telling the truth in accordance to the purpose and intent of the study.

Research Instruments

This research has been made possible with the help of a sheer covert and non-participative observation to analyze results which ended up to a bibliometric analysis of primary data gathered from a social networking site. Through the use of Facebook's "search engine", researchers were able to filter "like pages" with the keyword – HEALTH. A total of one hundred and fifteen (115) "like pages" were collected but only twenty-four (24) were qualified and received a "to-inform consent" either through "Facebook message", if available or if not, through "wall post" from researchers. However, only twenty-three (23) from them agreed and participated in the said study.

Data Collection

To come up with unspecified but qualified (even or odd) maximum number of responses to be

assessed, it is important to collect and choose the conclusive healthcare promoters attaining the presented criteria that were purposively made and prepared by researchers themselves. The promoters were best represented by "like pages", especially their "wall posts" to guarantee substantiality of results. On the other hand, under each health-related "wall posts" were "thread comments" that represented the consumers as they significantly patronize information given by promoters.

Facebook, as the medium and reference, was the wide-range milieu of this research. With the assistance of the "search engine", it was possible for researchers to gather all the health-related "like pages" in an instant accordingly through the use of the keyword – HEALTH. To intensify effectiveness in filtering of related "like pages", initial criteria created by the researches were used as follows: (1) healthcare information, (2) English-based promotions, (3) "likes" of more than 10,000, and (4) existence for two (2) years or more. The moment researchers had already chosen the unspecified but qualified (even or odd) maximum number of like pages, they sent a "to-inform consent" to certain administrators of the said "like pages" through "Facebook message" to have a consent for the occurring study. The "like pages" that were informed and agreed were considered as subjects for the research and preceded to the next phases of the process. Every "wall" of the "like pages" was browsed to gather "posts" related to healthcare promotion. A 3-month-range (April, May, and June 2013) was implemented to solidify results in accordance to time-bounded context. Non-related "posts" in that certain period was excluded whilst related "posts" was categorized into health related topics in terms of commonality and frequency of postings and was led to partition of which majorities and minorities were. Under every "wall post" related to a specific health related topic were "threads". "Comments" in these "threads" were subjected for screening in terms of relativity, sensibility and period accountability. "Comments" that are not relative to healthcare, sensible to the topic, and accountable for the 3-month-range was excluded, while the qualifying ones were assessed for the interpretation of responses as to if they were positive, negative or neutral. Researchers considered the "comment" as (1) positive if it (a) sought help and (b) used affirmative words and sentences like "Yes.", "I agree.", etc.; (2) negative if it (a) presented ideas contradicting to the topic and (b) used negations and curses like "No.", "I don't care.", etc.; and (3) neutral if it (a) showed no affirmation or negation and (b) displayed both affirmations and negations. After classifying which were the existing topics and assessing the interpretation of the responses, the last phases of the process were to analyze data gathered and conclude for the results.

Data Analysis

The result is represented by the frequency and percentage of interactivity happening between promoters and consumers through the help of "wall posts" and "thread comments". This will be significant in knowing how people respond to rationally assessed common health issues presented in relation to (a) health-related topics, (b) responses, and (c) health-related topics versus responses. In effect, researchers were able to determine the presence and the essence of the interactivity exhibited by both parties.

Results

Health-Related Topics

Researchers provided a list comprising of health-related topics that they observed from all the "like pages". They are arranged according to their commonality and frequency status (see Table 1). Among these health-related topics, four (4) are included in the majorities, and six (6) are in the minorities. The former are with more than ten hundredths (10%) of the total percentage which are: (a) nutrition, (b) diet, (c) medication and (d) fitness; while the latter are with less than ten hundredths (10%) of the total percentage which are: (a) sleep, (b) reproductive health, (c) stress, (d) sexual health, (e) diseases and (f) exercise.

A total of five thousand and twenty-five (5025) "thread comments" were gathered by researchers

Table 1
Health-Related Topics

Health-Related Topics	Number of Comments	%	Rank
Nutrition	2046	40.72	1
Diet	636	12.66	2
Medication	619	12.32	3
Fitness	612	12.18	4
Exercise	476	9.47	5
Diseases	228	4.54	6
Sexual Health	198	3.94	7
Stress	99	1.97	8
Reproductive Health	74	1.47	9
Sleep	37	0.74	10
Total	5025		100.00

all in all (see Table 2). Positive comments are mostly observed whilst Negative and Neutral comments are reckoned to be not setting far apart from one another.

Table 2
Responses

	Number of Comments	%
Positive	3624	72.12
Negative	608	12.10
Neutral	793	15.78
Total	5025	100.00

Health-Related Topics versus Responses

A varied stance of responses were observed by researchers in relation to health-related topics. Interactivity seems to be present since Positive comments are mostly apparent in all health-related topics. Promoters have been effective in their posts as shown with low percentages of Negative and Neutral comments while consumers have been optimistic about their views as evidenced by a high percentage of Positive comments. Although in Table 3, in some sort of view, from all the health related topics of all the responses, the highest Positive comment is Medication, whereas the lowest is Sexual Health; the highest Negative comment is Reproductive Health, whereas the lowest is Medication; and the highest Neutral comment is Sexual Health, whereas the lowest is Sleep.

Nutrition

Nutrition pertains to wall posts concerning benefits of food and its nutritional content. Promoters tend to showcase this idea with new-to-eyes foods, colorful pictures and simple explanations of its nutritional value.

Diet

Diet is shown through different recipes in relation to right combination of food, whether they are for breakfast, lunch or dinner. Promoters use techniques such as food photography, easy-to-follow procedures and affordability of the ingredients needed.

Medication

Medication is concerned about herbal and home remedies. Promoters make sure that the plants or ingredients needed are common, affordable and convenient for the consumers. They also take into consideration citation of credible sources, where in fact, written are the important information about the use of the drug especially its benefits, side effects and contraindications.

Fitness

Fitness demonstrates how to improve immune system, especially proper hygiene. Promoters dwell on simple precautions like tooth brushing, hand washing, and bathing with innovative procedures yet entertaining and easy to follow.

Exercise

Exercise pertains to simple to complex aerobics, jogging and some gym mechanics. Promoters give some advices and tips through varied innovative and efficient ways such as putting up a video demonstration, step-by-step picture sequence and even a descriptive outline of an effective routine.

Diseases

Diseases discuss a variety of common problems about health, like diabetes mellitus, stroke, pneumonia and et cetera. Promoters try to explain to consumers some ways on how to prevent it and also some first aid treatments. However, due to language barriers about medical terms and concepts, some lay persons are having a hard time to relate with it.

Sexual Health

Sexual health demonstrates awareness mostly about contraception, safe sexual intercourse and sexually transmitted infections. Promoters use articles and images to share knowledge to people. However, some topics are sensitive and complicated that sometimes people do not find it interesting anymore.

Stress

Stress is concerned about its four subtypes: physical, social, mental and emotional stress. Promoters give advice and tips on how to cope with it. However, it seems that people are not interested to it.

Reproductive Health

Reproductive health shows concepts about healthy pregnancy, functions of the reproductive system and maternal-child care. Promoters offer advices in relation to conception up to rearing a newborn. However, people may read the article and text, but perhaps confidentially wise, they prefer a personal visit to a professional healthcare provider.

Sleep

Sleep is about having a good sleep. Promoters are consistent in providing help to people who need it. However, they lack innovativeness since sleeping problems vary from person to person and a lot of factors are believed to be considered.

Summary of Variables' Frequency and Occurrence

Through the use of interconnecting variables from a social networking site – promoters (wall posts) and consumers (thread comments), researchers were able to gather relative data (see Table 4) to signify the results of this study. Shown below were the ten (10) health-related topics and the three (3) responses. They were arranged from greatest to least when it comes to frequency and occurrence.

Discussion

Researchers consider "wall posts" as promoters since Pempek, Yermolayeva, and Calvert (2009) suggest that social networking sites are designed to foster social interaction in a virtual environment. With that at hand, uses, consequences, and values may aid promoter's provision of a safer, friendlier, and thus more attractive environments for SNSs users (Pai and Arnott, 2012). Hence, this study provides a set of bi-polar ideals of promotion that constructs similarities and contrasts between majorities and minorities of existing health related topics. Through careful analyses of researchers, they have observed that "majorities" are equipped with three (3) special characteristics, namely: (a) innovative, (b) simple, and (c) attractive. These "wall posts" are supported mainly of (a) new ideas and concepts, (b) easy-to-understand explanations and guidelines, and (c) colorful images and graphics. On the contrary, "minorities" are linked with poor quality standards such as: (a) primitive, (b) complicated,

Table 3
Health-Related Topics versus Responses

	Number of Comments	%
Nutrition		
Positive	1447	70.72
Negative	233	11.39
Neutral	366	17.89
Total	2046	100.00
Diet		
Positive	477	75.00
Negative	69	10.85
Neutral	90	14.15
Total	636	100.00
Medication		
Positive	481	77.71
Negative	48	7.75
Neutral	90	14.54
Total	619	100.00
Fitness		
Positive	433	70.75
Negative	96	15.69
Neutral	83	13.56
Total	612	100.00
Exercise		
Positive	364	76.47
Negative	49	10.29
Neutral	63	13.24
Total	476	100.00
Diseases		
Positive	173	75.88
Negative	32	14.04
Neutral	23	10.09
Total	228	100.00
Sexual Health		
Positive	114	57.58
Negative	33	16.67
Neutral	51	25.76
Total	198	100.00
Stress		
Positive	65	65.66
Negative	16	16.16
Neutral	18	18.18
Total	99	100.00
Reproductive Health		
Positive	43	58.11
Negative	22	29.73
Neutral	9	12.16
Total	74	100.00
Sleep		
Positive	27	72.97
Negative	10	27.03
Neutral	0	0.00
Total	37	100.00

and (c) unappealing. These have been associated with (a) preservation of transitional developments of ideas and concepts, (b) complex interconnected parts of explanations, and (c) non-inviting images and graphics or with only pure words and texts. Akin to the frequency and percentage of all the health-related topics, Nutrition had the highest number of responses which constituted of two thousand and forty-six (2046) thread comments or forty and seventy-two hundredths (40.72%) of all summed-up data gathered. At the same time, nutrition and health claims are strong marketing incentives for the food industry (Cheftel, 2005), providing opportunities for product differentiation based on a health-related positioning. On the other note, Sleep had the lowest number of responses which constituted of only thirty-seven (37) thread comments or seventy-four hundredths (0.74%) of all summed-up data gathered. Since according to Shirazi et al. (2013), given the current broadcast nature of existing social networks, users were only concerned with sharing their sleep patterns indiscriminately.

Logging onto SNS to start their day has become a daily routine for many people (Stone, 2009). Understanding this perception generates involving user interactions as well as the rapid uptake and growth for advertising based revenue models (Pai and Arnott, 2012). This has been the basis of researchers to consider "thread comments" as consumers, while Reynold and Olson (2001) argue that consumer's perceptions (knowledge) of product attributes hold different levels of abstraction (i.e., uses, consequences, and values), and these are related hierarchically. These online contexts are similar in nature to SNSs in terms of satisfying user's social, functional and hedonic needs. When someone posts something on Facebook, expect three (3) types of comments. That is, when consumers relate themselves to promoters, the results are threefold: (a) a Positive comment, when a consumer has a concern to express something about the post, (b) a Negative comment, when a consumer has a conflict to resolve something about the post, and (c) a Neutral comment, when a consumer has a concept to share something about the post. This

Table 4
Summary of Variables' Frequency and Occurrence

Health-Related Topics

		Nutrition	Diet	Medication	Fitness	Exercise	Diseases	Sexual Health	Stress	Reproductive Health	Sleep	TOTAL
Responses	POSITIVE	1447	477	481	433	364	173	114	65	43	27	**3624**
	NEGATIVE	233	69	48	96	49	32	33	16	22	10	**608**
	NEUTRAL	366	90	90	83	63	23	51	18	9	0	**793**
	TOTAL	**2046**	**636**	**619**	**612**	**476**	**228**	**198**	**99**	**74**	**37**	**5025**
OVERALL							**4.35**		**0.51**		**High TWQ**	

Note. These data are gathered through a covert and non-participative observation from twenty-three (23) "like pages" that qualified and agreed to participate in the study.

has been known as the "con-triad response". Based on the Oxford Dictionary, published by the Oxford University Press, "con-" is a Latin prefix which means "expressing intensive force together": in addition, (a) "concern" is defined as a matter of interest or importance to someone; (b) "conflict" is defined as a serious disagreement or argument; and (c) "concept" is defined as an abstract idea or a general notion. Taken as a whole, the social networking site, Facebook, is a highly recommended medium for health teaching because of an apparent existence of Positive comments although Negative and Neutral comments are unavoidable, since they are part of the interaction.

Moreover, in the course of analyzing the views of consumers, researchers observed harmonious interaction, in an affirmative form, that happened with responses concerning Medication having the highest Positive comments of seventy-seven and seventy-one hundredths (77.71%) and the lowest Negative comments of seven and seventy-five hundredths (7.75%) in the total number of responses gathered. Likewise to Sexual Health, but in a dissenting form, researchers have observed harmonious interaction that happened with responses having the lowest Positive comments of fifty-seven and fifty-eight hundredths (57.58%) and highest Neutral comments of twenty-five and seventy-six hundredths (25.76%) in the total number of responses gathered. Therefore, it is imperative for promoters to consider interest of consumers to Medication like herbal medicines and home remedies, whereas in Sexual Health to be improved in terms of lessening the degree of sensitivity and sensuality in terms of graphical and textual usage in accordance to the promotion of healthcare.

SNSs permit simultaneous access to multiple communication tools (Dwyer, Hiltz, and Passerini, 2007). Although according to Pempek et al. (2008), consumers spent more time observing content on Facebook than actually posting content. Such consumer-oriented thinking indicates that the utility of an SNS is not so much in its features but rather in the functional and psychological consequences it delivers, which are important for identifying consumer's goals and values (Pai and

Arnott, 2012). Yet, there is an interactivity present between promoters and consumers as long as both parties relate to one another, whether responses are positive, negative, or neutral. Hence, it is good to know what topics consumers are most interested at. In fact, Elison et al., (2007) found a strong positive relationship between Facebook use and social capital, or the resources gained through social interactions.

Conclusion

This probing study deepens understanding of SNS consumer's behavior, which can benefit both researchers and promoters. Theoretically, this study contributes to research by improving interactivity of two essential variables – promoters and consumers – that are both related to promotion of healthcare. Practically, the results should help SNS promoters design platforms that more closely fit their consumers' needs. Thus, the creation of a hedonic environment would facilitate reciprocal relationships among consumers. Social networking sites like Facebook allow a coming together of observational and interactive media, which may become even more pronounced. Although interactivity is touted as a hallmark of newer media, online users spend a considerable amount of time just watching others. It is imperative for promoters to understand SNS consumer's motivation for engaging in and adopting new communication techniques. Overall, promoters can improve quality of posts with the use of three (3) assumed characteristics, namely: (a) innovative, (b) simple, and (c) attractive in order to get more Positive comments from consumers. Interactivity concerning healthcare promotion has now an active online space wherein promoters (wall posts) and consumers (thread comments) have played an essential role. Dissemination of health education will be fast, easy and concise. Thus, it favors to healthcare professionals and prospers public health as well.

Recommendation

Although this study offers valuable insights into promoters and consumers interactivity in healthcare promotion from a social networking site, it has some limitations. First, it did not measure the relationship between health promotion and health literacy. Hence, it needs further research. Second, it is prudent to improve the bibliometric analysis that exists in the changing environment of Facebook such as: (a) "like" to each thread comment, (b) "reply" on each thread comment, and (c) "@mention" reply of promoters to consumers. Third, it is significant to know the basis of consumers why they "like" that certain "like page". Fourth, it is beneficial to gather more health-related topics since researchers were only able to gather ten (10). Lastly, comparison of interactivity happening among varied social networking sites would be interesting and essential in the world of online communication. In relation to the result of the study, researchers are humbly recommending this paper to whomever of the following: to the online community who gives importance to SNSs especially when it comes to healthcare promotion; to businessmen who use SNSs especially Facebook, to sell and endorse healthcare products; to health organizations who utilize the functions of SNSs for health teaching and awareness; to SNSs enthusiasts or to those people who have interest in online interactivity, and also to ethnologists and sociologists who are conducting studies about online community; to professors who want to share knowledge about this topic; and to sheer fellows, researchers are hoping that you will continue to provide studies akin to this topic or even improve it to enhance its specificity and comprehensiveness as this paper is bound to be done. This paper certainly needs further novel studies.

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RESEARCH ARTICLE

Wellness Within Illness: An Evolutionary Concept Analysis



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Abstract

The concept of wellness has no single, universal acceptable definition. The situation gives room to developing and refining wellness both as a concept and an experience. This paper aimed to substantiate the concepts surrounding wellness within an illness experience. Beth Rodger's evolutionary method of concept analysis provided the organizing framework for this paper. The data source was a search of literature published from 2010-2016 on CINAHL, Medline, EBSCO, and Google scholar database. Trailing process is organized with particular focus on antecedents, attributes, and consequences.

The analysis found four attributes of wellness within illness namely: normalizing, independence, empowerment, and finding meaning strengthened by antecedents such as strong social support, motivation, constructive coping strategies, and cognitive reframing. Subsequently these may lead to adaptation to illness, being well, and living to illness. Looking at wellness and illness in dichotomy may lead to rote deftness thus expansion of the panorama of wellness within an illness experience may lead to more depth on the scientific understanding and varied application. Increased conceptual understanding and knowledge development on wellness will enable nurses in facilitating patient's adaptation during illness.

Keywords: *wellness; illness; concept analysis; disease; health promotion; fitness, chronic; critical; burden; disease*

Introduction

Wellness is a complicated concept. The definition and utilization varies from situation to situation. This seemingly convoluted past gives way to no single definition of wellness (Miller, 2005). Oftentimes the definition of wellness is situated as an anti-thesis of the illness paradigm (Mackey, 2009). To some extent, these blur the definition of wellness because one would have difficulty

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studying wellness concept as state of wellness independent of illness or disease.

Dunn (1959) positioned wellness in the future as the attainment of optimum level of functioning. This is called the potential wellness. While Mackey (2009) highlights the 'here and now' experience of wellness including awareness of body, time, and priority otherwise known as the actual wellness. Both of these seminal works made wellness less complicated. Nonetheless, it partially explains why a patient suffering from intractable stage IV cancer pain can perform day-to-day activities and considers himself on high-level wellness.

Frankl (1992) posited that to live is to suffer but suffering without meaning is pathological. This makes illness (and suffering) inevitable. Thus there is an imperative need to look at wellness not only as the opposite of illness but the process of how human being can evolve to look at the concept from an opposite direction. The purpose of this paper is to examine the concepts of wellness as it relates within illness using Beth Rodger's (1989) evolutionary concept analysis.

Methods

Evolutionary concept analysis was employed to answer the thesis of this paper. This was utilized because concepts are viewed as dynamic, conceptual, evolving, and do not have clear boundaries (Rodgers, 1989). This concept analysis includes defining attributes, antecedents, and consequences of wellness.

The sample literature used for this analysis limit to CINAHL, Medline, EBSCO and Google Scholar database. The keywords "wellness," "health promotion," "fitness," "chronic," "critical," "illness," "burden," and "disease" were used. The database yielded 19,516 articles full-text result as relevant to advance search using the time frame 2010-2016. Articles that addressed wellness within illness were included in this review. Each title was assessed on relevance. Difficult to understand abstract were weeded out. Only articles with full text and written on English were included in the study. The following serves as the exclusion criteria of the concept analysis: not addressing the concept of wellness, focus on wellness opposite of illness, and articles on psychometric development of wellness tool.

The trailing process is structured and organized. All articles were given a number and read to immerse in the concept. Code sheets were used to ensure rigor and auditability. Rodger's standard recommends a minimum of 30 study references (Tofthagen & Fagerstrøm, 2010). This paper included 33 studies, adequate to meet Rodger's prescribed standards. The studies were conducted in the following countries: Australia, Canada, China, New Zealand, Taiwan, United Kingdom, and USA.

Results and Discussion

The concepts of 'wellness' and 'illness' have become parallel spreadsheet entries. If you don't feel pain you are probably on the wellness state. Wellness extends beyond this. Both illness and wellness concepts have never been studied from a standpoint of symbiotic and altruistic relationship (Beech, Arber, & Faithfull, 2012; White & Czaplinski, 2012) as shown in Table 1.

Attributes are the characteristics of the concepts (Tofthagen & Fagerstrøm, 2010). These constitute the events or phenomena that associated wellness within illness experience intuitive differences. Table 1 shows interdependent attributes including normalizing, independence, empowerment, and finding meaning.

Normalizing as an attribute to wellness within illness shifts from illness as an emotional state to cognitive (perception) constructs often termed as "depathologizing" (Wand, 2013; Maher & de Vries, 2011). This conclusively embraces the pain as part of human existence (Stevenson & Higgs, 2011). Beck (1976) postulated that a mental illness can be a result systematic bias of thinking, whereas, once a person perceived illness as a mean to stop activities then s/he will be, thus the conventional illness state. A person to flick from illness to wellness need to

Table 1. WELLNESS WITHIN ILLNESS

Attributes	Antecedents	Consequences
Normalizing ▪ Depathologize person, encouraging a person to see that illness is part of life. ▪ Disconnection from pain. ▪ Maintaining normality and adjusting to the illness. **Independence** ▪ Self-management of illness. ▪ Group session including individual and group exercises, personal sharing, and voluntary homework. **Empowerment** ▪ Enhancing control when ill. ▪ Accepting strengths, achievements, hopes, and dreams from the context of the person and social situation. **Finding meaning** ▪ Relating to the "One" intangible or non-material concerning or affecting the soul. ▪ Development of self-concept beyond illness ▪ Being at peace with oneself. ▪ Positive adaptive responses	**Social Support** ▪ Family, carers and health professional support. ▪ Genuine interest and curiosity from the person's difficulties. ▪ Multidisciplinary collaboration as shown by communal preventive activities. **Motivation** ▪ Ability to accept the difficulty of the person. ▪Problem solving skills **Constructive coping strategies** ▪ Still being employed ▪ Self-management of illness **Reframing** ▪ Awareness that emerges through paying attention on purposes and unfolding of experiences. ▪ Insight formation.	**Adaptation to Illness** ▪ Developmental plasticity ▪ Improvement of symptoms and recovery outcomes ▪ Positive state of mind. **Being well** ▪ Holism ▪ Interplay among psycho-socio- physical influence. ▪ Sense of connection, belonging, coherence, and value-based sense of self. **Living to life** ▪ Awareness and enjoyment of the physical, emotional, spiritual, and social aspects of life. ▪ Reflexive health habits ▪ Joining aesthetic activities e.g. art and music therapy.

independently manage her/his own body (Jowsey, Pearce-Brown, Douglas, & Yen, 2014) through learning from group session, personal sharing, and voluntary homework (Fukui et al., 2011; Scott & Wilson, 2010). This is geared towards the promotion of self-efficacy (Garcia et al., 2010). Bandura (1977) defined self-efficacy as the belief in owns capacity (set of proximal determinants) to complete tasks and reach certain goals. He hypothesized that personal expectation determines the extent of effort that will be initiated to "struggle with aversive or obstacle experiences."

The concept empowerment has become a popular and powerful term. It traces its modern roots from the works of Freire (1970). In achieving wellness state, within an empowerment strategy envelops enhancing personal control, sustained by accepting strengths, achievements, hopes, and dreams from the individual and social context (Cook et al., 2013; Wand, 2013). The person will acknowledge his/her personal resources to promote choice then act and ultimately cope from illness. From a Freirerian perspective, the important thing is for the patient to take charge of his own conscious choices awakening the inside power.

The ability to find meaning in your experience in the midst of illness is another attribute of wellness. Williams-Orlando (2012) explains that a person who knows that One powerful Being is out there controlling everything maybe has given the illness for a reason. With this framework, patients are more likely to find wellness often termed as 'meaning-making.' This integrated spiritual attribute is not solely confined to a Higher Being but to things that circumstance can't take away from you- your self-concept, peace with oneself (Holt-Lundstand, Steffen, Sandberg, & Jensen, 2011), and positive adaptive responses (Litchfield, 2010). This is expounded by Frankl (1992) in an equation, despair minus meaning equals suffering. In this paper, illness plus meaning equals wellness.

Concept antecedents are the occurrence prior to wellness within an illness experience (Rodgers, 1989). The synthesized presentation on Table 1 concept analysis identified the following: strong social support system, intrinsic and extrinsic motivation, constructive coping strategies, and reframing of thoughts.

Family members, carers, and health professional may constitute a social support (DeCoster, Killian, & Roessler, 2013). Supportive environment might lead to a meaningful suffering. That a sick person have someone (if not something) to live for. Notably, social support do not limit to proximity. It extends to community and policy makers (Lu & Hsieh, 2013). Extra-social factors may empower or disempower individuals (Bard, 2011). Van Metre, Chiapetta, Siedel, Fan, & Mitchel (2011) relates this concept to the availability of resources such as health promotion, educational programs, and information health resources.

Motivation is an internal process (affected by external factors) that directs and sustains behavior. Part of this is acknowledging and complementing the difficulty of the person (Garcia et al., 2010) and awareness of illness (Maher and de Vries, 2011). Jowsey et al. (2014) hypothesized that extrinsic and intrinsic motivational factors must work synchronically. Underscoring the compatibility between the internal need and what is offered externally.

Kidd, Kenny, & McKinstry (2015) posit constructive coping strategy as a process of accessible employment and self-management. That is to say that a person with illness might need healthy and distractive activities that occupy his time and mind to create more choices and promote independence (Devine and Usher, 2015). These could be met by a person who is ill as gainfully employed and be treated as partners not as a passive recipient of care. All these tangible and profound experiences contribute to the development of schema or the cognitive constructs.

If part of the schema are changed, challenged, or modified, the process is called cognitive reframing. From a behavioral standpoint, illness is the stimulus while the responses are the reactions we create. In this paper, I posit that we choose to put meaning in illness, we choose how to react on it, and we choose to magnify or minimize it. During illness, we can shut-off and refuse to perform what is expected from us or go on with our day-to-day activities and change how we see our current condition.

Consequences are the outcome of wellness within an illness experience (Rodgers, 1989). Table 1 shows the consequences of wellness within illness namely adaptation to illness, being well, and living to life.

Adaptation to illness emphasizes positive state of mind (Ronzio & Ronzio, 2012) developmental plasticity (Green, 2010), and improvement of symptoms and recovery outcomes (Cook et al., 2013; Beech et al., 2012), operating in a mechanical manner. A positive cognitive framework facilitates developmental plasticity while this internal state may result to improvement of condition. Developmental plasticity is the body's capacity to adopt and adapt to environmental changes (Green, 2010). Both these processes are exemplified by the synchronic movement of body, mind, and spirit. In the same way, being well highlights the integrated holism (Pesut, Clark, Maxwell, & Michalak, 2011) and co-dependency (Stevenson & Higgs, 2011). Being well is the interplay of physical, social, mental, and spiritual aspects of life. Therefore, if developmental plasticity is the kinesthetic dance, being well on the other hand is the genre, technique, and the form. These are further strengthened by the sense of connection, belonging, and valuing of self.

Living to life includes the awareness, enjoyment (DeNora, 2012), and reflexive health habits (Scott and Wilson, 2010). In order to live for life, DeNora (2012) suggested the use of arts. She expounded that being well is to appreciate the work of art (in various forms) because it releases the tensions of the negative experience and it brings balance to the aspects of life. That is to say that consequences of wellness within illness are aesthetic, personal, and overlapping processes likened to an obra maestra of symphony.

Conclusion

The concept of wellness within illness is a holistic and personal evolutionary process. Hickman (2011) described the attainment of health as 'nonlinear entity', so as wellness. There is no one direct, smooth, and parsimonious way to wellness. Awareness of our choices decreases the dichotomous thinking of wellness and illness. It is suggested that addition to the usual nursing care are empowerment, promoting independence, normalizing, and facilitating finding meaning for our clientele. This concept analysis supports a relativistic, ontological process of knowledge development.

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RESEARCH ARTICLE

Teamwork Quality and Clients' Perceived Quality of Care in Health Centers of Manila





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Abstract

Teamwork among members of the health care teams is integral in the delivery of quality health care. Being highly advocated in settings such as primary health care, studies establishing the relationship between teamwork and quality of care are indeed necessary. The purpose of this study is to determine the extent and relationship of teamwork quality as perceived by primary health care team (PHCT) members and quality of care as perceived by clients. This descriptive-correlational study made use of two-stage cluster sampling method to select the 22 health centers of Manila wherein 195 PHCT members and 300 clients were purposively selected. Translated short version of Teamwork Quality Survey and Health Center Assessment Questionnaire were also utilized in data gathering while descriptive statistics and structural equation modeling (SEM) were used for data analysis.

Results revealed a high perception of teamwork quality (mean=4.35) and quality of care (mean=4.23) among respective subjects. However, a significant negative relationship was found to exist between teamwork quality and quality of care (r=-0.129 p=0.032), indicating that high perception of teamwork is related to low quality of care as perceived by clients and vice versa. Nursing leaders and managers need not only rely on the quality of interaction within teams but also reevaluate task processes and other structures of care influencing patient outcome for quality improvement in primary health care.

Key words: *primary health care, health centers, teamwork quality, quality of care*

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Introduction

The concept of teamwork seems to be widely accepted as a vital element of effective health care delivery (Mickan & Rodger, 2005; Shaw, Lusignan, & Rowlands, 2005). This stems from the fact that the process involving health care delivery is intrinsically interdisciplinary, communicative and team-based (Manser, 2009). Teamwork in health care can create a more responsive and efficient service for patients as well as a more satisfying role and better morale for health care providers (Fletcher, 2008).

Among other health care settings, primary health care is one area where teamwork is highly advocated. Primary health care has become more complex with the expansion of services thereby necessitating the knowledge, skills, and experiences of both professional and non-professional health care providers (Fletcher, 2008). The World Health Organization report in 2008 entitled *"Primary Health Care Now More than Ever"* states that primary health care requires teams of health care providers such as physicians, nurses, and other assistants with related biomedical and relational skills. This plurality and diversity of health care providers in primary health care proves that the concept of teamwork is not just a simple undertaking (Sargeant, Loney, & Murphy, 2008) as team members may have role preference by nature of their background, experience, and personality (Fletcher, 2008).

Aware of the importance of teamwork in effective healthcare delivery, this study examines the extent of perceived teamwork quality among PHCT members and extent of quality of care as perceived by clients. The relationship between these two dynamic concepts was also determined to better understand factors influencing patient care.

Methods

A descriptive-correlational design was used to describe the variables under investigation and determine the relationship between them. The study was conducted in the city of Manila in coordination with the Manila Health Department (MHD), the city's working arm in delivering primary health care services Two-stage cluster sampling method was employed to randomly select the 22 health centers of Manila from which 300 clients and 195 health workers were purposively selected. Inclusion and exclusion criteria were established for the selection of participants. All literate (i.e. able to read and write) and Filipino-conversant members of PHCT were encouraged to participate in the study. Trainee staff at the time of data collection were excluded while clients were required to be at least 18 years old, literate, Filipino-conversant and without debilitating medical condition.

Three instruments in the form of structured self-reports were used to facilitate data collection. The first instrument, a Respondent's Robotfoto, created by the researcher and addressed particularly to clients and PHCT members, was used to gain socio-demographic information about the subjects. The second instrument, the Teamwork Quality Scale (TWQS) by Hoegl and Gemuenden (2001), was used to measure the quality of interactions in teams by using a 5-point Likert scale to assess respondents' level of agreement among the six constructs comprising teamwork quality. The constructs are communication, coordination, balance of member contribution, mutual support, effort and cohesion. After seeking permission from the authors, the instrument was translated to Filipino by a Language expert and had undergone pilot testing. Results of the pilot test prompted the removal of items with indicator reliability of less than 0.60 thus a short version of the tool composed of 25 items with Cronbach alpha coefficients between 0.85 and 0.95 was used for the actual study.

The third instrument, the Health Center Assessment Questionnaire (HCAQ) made by Pantoja, Beltran, and Moreno (2009), was designed for assessing quality of care from the patients' perspective in the context of primary care. The items are grouped into 10 scales which are access, infrastructure, services provided by the administrative personnel and dentist, continuity of care, and evaluation of contact with the doctor, nurse and midwife, overall satisfaction and resolution of the clients' health issues. Variables were also measured in a Likert-type scale with a

score range of 1 (very poor) to 6 (excellent). Filipino translation and pilot testing were also done, resulting again in the use of a short version of the tool composed of 28 evaluative items with reliability coefficients between 0.85 and 0.98. Both TWQS and HCAQ were reviewed by experts in public health nursing and public administration. Confirmatory factor analysis was also done to determine the tools' convergent and discriminant validity.

The study and its methods were reviewed and approved by MHD after undergoing ethical review process from the institution. Informed consents were secured from the subjects and the principle of anonymity and confidentiality were observed throughout the process.

Three experienced research assistants were also employed and trained by the researcher via role modeling to aid in data gathering. Data collection was done simultaneously for both subjects and was completed in a span of seven (7) weeks.

Descriptive statistics particularly mean scores and standard deviation was used to analyze data on the extent of perceived teamwork quality and clients' perceived quality of care. Meanwhile, Partial Least Squares-Structural Equation Modeling (PLS-SEM) was used to determine the relationship between the two variables. PLS-SEM was used to better reveal the strength and direction (i.e., positive or negative) of the relationships between variables compared to correlation coefficients (Calantone, Graham, and Mintu-Wimsatt, 1998 as cited by Henseler, Ringle, & Sinkovics, 2009).

Results

Majority of the client respondents (n=300) were in the early adulthood stage (33.9%) with mean age of 32.45; female (86.9%); attained at least secondary education (66.9%); unemployed (33.5%); visited the health center more than once a month (34.5%); had recently visited in less than six months (88.1%) and had concerns primarily on maternal and child health care (31.5%).

On the other hand, the 195 PHCT members were mostly middle adults (37.34%) with mean age of 43.43; female (86.7%); attained college education (64.7%); categorized as professional workers (53.01%); and had length of service of more than 10 years (46.15%).

Table 1 showed that members of the PHCT have an agreed perception on all the subscales comprising teamwork quality. This resulted to an overall mean score of 4.35 which is interpreted as high teamwork quality. The highest mean score was also noted in the subscale of effort (Mean=4.47) followed by communication (Mean=4.37), cohesion (Mean=4.36), coordination (Mean=4.34) mutual support (Mean=4.29), and lastly balance of member contribution (Mean=4.26). Answers were not

Table 1
Extent of Perceived Teamwork Quality of the PHCT Members

Subscale	Mean	SD	Interpretation
A. Communication	4.37	0.56	Agree
B. Coordination	4.34	0.61	Agree
C. Balance of Member Contribution	4.26	0.64	Agree
D. Mutual Support	4.29	0.60	Agree
E. Effort	4.47	0.58	Agree
F. Cohesion	4.36	0.60	Agree
OVERALL	**4.35**	**0.51**	**High TWQ**

Legend: 1.00 – 1.49 = Very low teamwork quality
1.50 – 2.49 = Low teamwork quality
2.50 – 3.49 = Moderate teamwork quality
3.50 – 4.49 = High teamwork quality
4.50 – 5.00 = Very high teamwork quality

extremely varied as reflected in the standard deviation range of 0.56 to 0.64.

Table 2 illustrates the extent of quality of care as perceived by clients. An overall mean score of 4.23 is also presented and interpreted as high quality of care. The highest mean score is shown in the subscale of satisfaction (Mean=5.65) followed by continuity of care (Mean=4.16), communication care – doctor (Mean=4.14), resolution (Mean=4.11), communication care – nurse / midwife and dentist (Mean=4.08), infrastructure and administrative personnel (Mean=4.01) and lastly access (Mean=3.90).

Table 3 presents a negative relationship between teamwork quality and clients' perceived quality of care. This can be gleaned from the correlation coefficient of r= -0.129. Furthermore, a significant relationship (p=0.032) is presented between the two variables under investigation, thus stating that high teamwork quality is related to low quality of care perceived by clients and vice versa.

Table 2
Extent of the QOC rendered by the PHCT as perceived by the clients

Subscale	Mean	SD	Interpretation
A. Access	3.90	0.90	Good
B. Infrastructure	4.01	0.88	Good
C.Administrative Personnel	4.01	0.96	Good
D. Dentist	4.08	1.02	Good
E. Continuity	4.16	0.77	Good
F. Communication care–Doctor	4.14	0.84	Good
G. Communication care–Nurse	4.08	0.84	Good
H. Communication care–Midwife	4.08	0.94	Good
I. Satisfaction	5.65	1.16	Very satisfied
J. Resolution	4.11	0.94	Good
OVERALL	**4.23**	**0.73**	**High QOC**

Legend: 1.00 – 2.00 = Very low quality of care
2.01 – 3.00 = Low quality of care
3.01 – 4.00 = Moderate quality of care
4.01 – 5.00 = High quality of care
5.01 – 6.00 = Very high quality of care

Table 3
Relationship of Teamwork Quality and Quality of Care

Variables	Correlation Coefficient	p-value	Interpretation
QOC TWQ	r = -0.129	0.032	Significant

Note: Level of significance (α) is at 0.05

Discussion

Results revealed that PHCT members of the 22 health centers of Manila displayed high perception of teamwork in health care delivery. This is accounted by their agreed perception on the six constructs comprising the concept of teamwork quality established by Hoegl and Gemuenden (2001).

Primary health care, being an adopted approach of our national health system in the last 30 years, may have molded through time a harmonious working relationship between professional and non-professional health care providers. Generally, the PHC team may consist of physician, nurses, midwives, health auxiliaries, locally trained community health workers, traditional birth attendants, and healers. In the Philippines, under the restructured health care delivery system, a physician, a public health nurse, and midwives compose the basic primary health care team (NLPGN, 2007).

The established goals and objectives of the Manila Health Department are significant in coordinating efforts of the PHCT members. Working toward a common goal also entailed acceptance of skills and expertise provided by each member as well as respect of each other's strengths and weaknesses. A delineated job description and well-defined organizational structure in the health centers also contributed in the respective construct of effort and communication. It is important to note than an open line of communication allows necessary information regarding delivery of health care services to be distributed among members of the primary health care team.

This study also evaluated the perception of quality of care from the perspective of clients. Though patient's perception of quality can be influenced by a variety of factors such as provider's personal and clinical skills, patients are still considered to be in the best position to evaluate their experience of care (Papp et al., 2014).

Public primary facilities are perceived for low quality with dissatisfaction arising from long waiting time, run-down facilities, unavailability and perceived lack of both medical and people skills among its personnel (Department of Health, 2005). However, results showed that clients have high perception of the quality of care provided in the health centers of Manila. The high satisfaction level among clients can be attributed to a number of factors such as infrastructure, cleanliness, waiting time, technical competence, accessibility to service and continuity of care. Babatunde et al., 2013 mentioned that the waiting time to see a doctor is inversely proportional with the level of satisfaction among primary health care clients which in the study corresponded for approximately 15 minutes or less. Nabbuye-Sekandi et al. (2011) also found that provider technical competence had the strongest correlation with general satisfaction score of clients in addition to accessibility of services. Continuity of care is also strongly associated with patient satisfaction and quality of care as majority of the sample claimed to see the doctor almost always. This result may be attributed to the distribution of 60 operational health centers in Manila, thus, serving the purpose of primary health care which is to improve the poor's access to health care (DOH, 2005). Community health workers of every health center in Manila also conduct follow-up visits among defaulter clients thereby increasing organizational access. This works in accordance to an ideal of sustained partnership between health workers and clients, which is a fundamental component of primary health care (National League of Philippine Government Nurses, 2007). The result also reflects good interpersonal relationship and evaluation of contact with some of the health staff of the health center. As claimed by Hansen et al. (2008), the interpersonal or relational aspects of care provided by health workers are related with clients' perceived quality rather than the technical aspects of care.

Contrary to previous studies and ideology about teamwork, result shows that a significant negative relationship exists between teamwork quality and clients' perceived quality of care. It is noteworthy to mention though that teamwork quality in this study focus solely on the quality of interactions (collaborative work) within teams rather than team members' tasks and activities. Though reflective of an effective team, the well-aligned structures as well as the highly stable setting of primary health care may lead to complacency among health workers. Joni and Beyer (2010) mentioned that complacent groups lack the necessary energy to perform at their best which was also supported by Hackman (2009) who said that team members may become more accepting of one another's mistake because of familiarity and comfortableness with one another.

Conclusion

Teamwork perception is moderated by processes such as communication, coordination, balance of member contribution, mutual support, effort and cohesion. It is a widely used strategy for better patient outcomes such as perceived quality of care which was noted to be largely determined also by the interpersonal relation skills of the health care providers. Though high perception of teamwork quality and quality of care was observed among the sample, this study did not support the preconception about their relationship, thus nursing leaders and managers need not only rely on the quality of interaction within teams but also reevaluate task processes and other structures of care influencing patient outcome for quality improvement in primary health care. Strategies such as a reward or incentive system for exemplary performance may be utilized to induce creativity and prevent complacency in a routine and stable setting such as primary health care. Moreover, team building programs and colloquium among the different healthcare members may be conducted regularly to address each member's concerns and experiences. Further study using more complex design and instruments may also be needed to bridge relationship and theory gaps relating to the impact of teamwork on the quality of care in the primary health care setting.

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"You don't build a house without its foundation.
You don't build a hospital without its Nurses."

– Anonymous

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RESEARCH ARTICLE

Self-assessed Level of Confidence of Public Health Nurses in Baguio City, Philippines on Global Competencies



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Abstract

The emerging global needs call for an expanded role of public health nurses in global health. Their competency is essential in responding to the emerging health challenges and to contribute to the attainment of Millennium Development Goals and Sustainable Development Goals. This paper determined the self-assessed level of confidence of public health nurses on the global health competencies. The study utilized a quantitative, descriptive research design. A survey tool that contains a list of the global health competencies on global burden of disease, health implications of travel and displacement, social and environmental determinants of health, globalization of health and health care, health care in low resource settings, health care as a human right and development resource was utilized. A total of 17 public health nurses from the 16 health centers in Baguio City, Philippines were recruited through total enumeration. Higher scores were given to the competencies on social and environmental determinants of health while lower scores were found on competencies related to globalization of health and health care. Overall, the public health nurses in Baguio City assessed themselves as often confident on the global health competencies. The study highlights areas for improved education and training, which are essential in attaining the global health competencies. Integration of global health concepts in the practice of public health nurses is required to enhance their competency in dealing with global health issues and challenges. This study recommends global health training for public health nurses to enhance their awareness, preparation, and confidence in the global health competencies.

Keywords: *Global health competencies, Public health nurse, Philippines*

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Introduction

The staggering health disparities and issues in the accessibility of health care (Flood & Lemmens, 2013) give a logical reason on the increasing interest in global health (Veras et al., 2013; Macfarlane, Jacobs & Kaaya, 2008). As the concept of globalization in health is continuously evolving, strategies to reduce health disparities and to respond to the changing health needs are receiving much attention (United Nations, 2014; Reutter & Kushner, 2010). On this note, globalization shapes the development of healthcare services (Keighley, 2013; Segouin, Hodges, & Brechat, 2005). The process of improving the quality of services to address emerging health challenges is therefore seen as a global challenge for public health (Wall, 2007).

In 2001, the World Health Assembly supported the call to strengthen the nursing and midwifery professions by passing resolution WHA54.12 that validates World Health Organization's (WHO) commitment to the scaling-up of the health professions (WHO, 2009). At par with this approach is the attempt of WHO in attaining global health equity by establishing the Commission on the Social Determinants of Health in 2005 (Schofield, 2007).

The radical change in the health care delivery due to the emerging global needs imply that nurses have an expanding role in global health (Sherwood, n.d.). In the second Arista conference commissioned by the Sigma Theta Tau International Honor Society of Nursing, the experts concluded that nurses make the most significant contributions to the health of communities by providing holistic and humane care (Dickenson-Hazard, 2004). In response, Wilson (2011) stressed that nurses should portray competency in their practice of a globalized health care. Likewise, Wilson, Callender, Hall, Jogerst, Torres, and Velji (2014) assert that identifying global health competencies have an impact in the performance, accountability, and quality of care provided by health care professions. Indeed, a basic set of competencies is important in all disciplines that engage in global health (Wilson et al. 2014).

Leffers and Mitchell (2010), however, argue that despite the participation of nurses in global health, they still lack a theoretical and empirical base upon which to frame their global practice. Consequently, this dilemma can impact their competency in addressing the Millennium Development Goals (MDGs). Ban Ki-moon, the Secretary General of the United Nations, emphasized that the MDGs established a blueprint for tackling the most pressing development challenges of our time (United Nations, 2014). The competency of nurses, therefore, is essential in responding to the emerging health challenges and to contribute to the attainment of MDGs and Sustainable Development Goals (SDGs) (Flood & Lemmens, 2013).

The World Health Organization (2009) emphasized that the increasing complexities in health care provision, the increasing number of health professionals at different levels, and the need for equitable access to health care necessitates global standards. Nurses and health care colleagues need to bring a clear voice and vision for the future of global health to address the MDGs and support the emerging SDGs (Klopper, 2015). The role of nurses in global health highlights the need for them to understand that global circumstances influence direct and indirect determinants of health (Wall, 2007).

Determining the perceptions of nurses on the global health competencies can affect their preparation and capability to assume the roles of a global health care professional in varied settings. For instance, the WHO reports that the Philippines suffers a "triple burden" of disease, which are (i) high incidence of all key communicable diseases and 13/17 of the WHO recognized neglected tropical diseases remain endemic, (ii) increasing level of non-communicable diseases and high prevalence of high-risk factors, and (iii) the third highest disaster prone country in the world (WHO, 2014). These data illuminates a great challenge for Filipino nurses and allied health care professionals to invest efforts in improving the health status of the country and attain the MDGs. The health care delivery strategies, however, may appear hollow if the health care providers, like the nurses who are considered to be the bulk of the health force, are not

confident in meeting global health. In this regard, this paper aims to determine the confidence of Filipino public health nurses on global health competencies.

Method

The study utilized a quantitative, descriptive research design. A total of 17 public health nurses in Baguio City, Philippines were recruited through total enumeration. A modified survey tool adapted from Wilson et al. (2007) was used to gather data. The tool was developed by the Association of Faculties of Medicine of Canada Resource Group on Global Health and the Global Health Education Consortium (Wilson et al., 2007). It contains a list of global health competencies for medical students but was adapted for nurses. The Cronbach's alpha reliability of the six subscales of the tool ranged from 0.78 to 0.96 suggesting acceptable levels of internal consistency (Wilson et al., 2007).

Data collection occurred in the Baguio Health Department (BHD) after securing the approval of Dr. Rowena Galpo, MPH and Ms. Purificacion Serna, RN, HSM, the city health officer and the chief nurse of BHD, respectively. An informed consent was secured prior to data collection. The data were treated by tallying the frequency of answers in each item and computing their weighted means.

Findings

There were seventeen (17) public health nurses who participated in the study, seven (41%) of those are aged 35 to 44 years, six (35%) are aged 25 to 34 years, and four (24%) are more than 45 years old. Majority (82%) of the respondents are Baccalaureate degree holders and 12% held a master's degree. Nine nurses (53%)had been in public service for less than 4 years and four (24%) had worked as a public health nurse for 5 to 10 years and more than 10 years, respectively. Table 1 lists the characteristics of the respondents.

The self-assessed level of confidence of public health nurses in Baguio City, Philippines on global competencies is shown in Table 2.

The findings reveal that overall the public health nurses assessed themselves as "Often confident" on the global health competencies. In the six subcategories of the global health competencies, the respondents had the highest mean score on social and environmental determinants of health whereas globalization of health and health care was scored the least.

Discussion

As the concept of global health implies health care professionals to competently address the evolving global health issues and challenges, it requires them to be confident in their roles to meet the global health competencies. Although the findings reveal that public health nurses are abreast with the expected competencies, it suggests that certain limitations may have influenced their confidence levels. In a similar study, 63 nurses in 21 African countries and 618 in the Americas also awarded relatively higher scores on the competencies related to social and environmental health and ranked competencies related to globalization of health and health care relatively lower (Warren, Breman, Budhathoki, Farley, & Wilson, 2015).

Table 1.
Characteristics of respondents

Characteristic (N=17)	n	(%)
Age		
25 to 34 years old	6	(35%)
35 to 44 years old	7	(41%)
45 years old and above	4	(24%)
Highest Educational Attainment		
Baccalaureate Degree	14	(82%)
Master's Degree	2	(12%)
Doctorate Degree	1	(6%)
Number of Years in Service		
Less than 4 years	9	(53%)
5 to 10 years	4	(24%)
More than 10 years	4	(24%)

Table 2.
Self-assessed Level of Confidence of Public Health Nurses in Baguio City, Philippines on Global Competencies

Competency	Weighted mean	Level of Confidence
Global burden of disease	1.57	Often Confident
Health implications of migration, travel, and displacement	1.55	Often Confident
Social and environmental determinants of health	1.89	Often Confident
Globalization of health and health care	1.42	Sometimes Confident
Health care in low-resource settings	1.76	Often Confident
Health as a human right and development resource	1.76	Often Confident
Overall mean	1.66	Often Confident

Legend:

Score	Level of Confidence
2.25-3.00	Always confident
1.50-2.24	Often confident
0.75-1.49	Sometimes confident
0-0.74	Not confident

The confidence of the public health nurses in dealing with the global health competencies may be attributed to their educational preparation wherein their nursing curriculum has not yet fully recognized the evolving needs of the globalization of health. For instance, the need for nursing graduates to be fully aware on the burden of disease, social determinants of health, and other global circumstances is essential in their preparation as they enter the nursing workforce. The findings suggest limitation in the theoretical and empirical base in the global practice of the public health nurses (Lefferes & Mitchell, 2010).

It is important to note, however, that refinements in the preparation of new nursing graduates today have been initiated. The new nursing curriculum has determined and realigned the current competencies to the expected roles of nurses in the global and local health developments. This enhancement in the curriculum has been explicitly defined in 2012 as the National Nursing Core Competency Standards has been implemented and planned to be integrated into the service and academic systems (International Labour Organization, 2014). The combined efforts of Commission on Higher Education, Philippine Regulation Commission, and International Labour Organization Decent Work Across Boarders project have recognized the need to standardize the competencies across the Philippines to ensure the nursing education and practice are locally relevant and internationally competitive.

Similarly, in response to the issue, the World Health Organization has recently initiated the development of global nursing education standards to prepare graduates of initial nursing and midwifery educational programs to be culturally competent, understand the social determinants of health, and be competent in addressing population health needs (Wilson, 2011). The initiatives and resolutions approved by the World Health Assembly also highlight the importance of nurses, as well as midwives, in the improvement of the health system (Warren, Mendes, Fumincelli, & Trerizan, 2015).

Public health nurses need to embrace the significance of being globally competent. Focusing on the origins of international and global health issues requires nurses to analyze the political economy of health and understand the structural issues which underpin health and social issues (Breda, 2012). This view calls for the proactive efforts of nurse executives in assisting nurses with a global lens and in the context of a global agenda for better health for populations (Breda, 2012). These strategies need to consider the recognition of international, social, political, economic, environmental, and cultural issues that can affect health and health care around the world (Carlton, Ryan, Ali, & Kelsey, 2007).

The low mean score in the globalization of health and health care could be attributable to the limited awareness on the roles of public health nurses in the changing health patterns, impact of

nursing migration, cultural implications, increasing international level associated with the emergence of communicable diseases, and health systems. This limitation can also influence the preparation to assume the roles of global health care personnel. The findings further suggest that public health nurses need to be immersed with appropriate global health training in order to be equipped with the knowledge, skills, attitude, and confidence in meeting global health competencies. In the context of global health, the interconnectedness between local and global health challenges require nurses to reach out to demand the highest quality of health care by embracing diversity of the health needs of the population (Jeffreys, 2008).

Global standards and competencies are essential to be permeated in the practice of public health nurses in the local setting as the increasing range of health issues transcend national boundaries (Kickbusch et al., 2007 cited in Bradbury-Jones, 2009). The development of health care systems and improvement of competency, however, does not solely demand the efforts of the workforce themselves but on policy makers. Kickbusch (2002) stressed that responsible political action is needed to develop a new mindset and lay the groundwork for better global health in the future.

The complexity of global health work demands nurses to be confident and competent in performing global health strategies, hence, partnerships between the Department of Health, educational institutions, and related agencies should be developed to enhance the confidence and the competency of public health nurses in meeting global health competencies. This strategy will provide opportunities for public health nurses to be globally competent as manifested by better performance, accountability, and provision of quality of care (Wilson et al., 2014).

Conclusions

The study highlights areas for improved education and training, which are essential in attaining the global health competencies. Integration of global health concepts in the practice of public health nurses is required to enhance their competency in dealing with global health issues and challenges. This study recommends global health training for public health nurses to enhance their awareness, preparation, and confidence in the global health competencies.

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"As a nurse, we have the opportunity to heal the heart, mind, soul and body of our patients, their families and ourselves. They may forget your name, but they will never forget how you made them feel."

– Maya Angelou

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RESEARCH ARTICLE

Perceptions on the Return Service Obligation Rendered by Alumnae of UP Manila-School of Health Sciences Main Campus, Leyte



Irma P. Magsambol, RN, PhD[1]

The study aimed to determine the perceptions of three groups of raters comprising of supervisors, couples of reproductive ages/clients/patients, and alumnae on the return service obligation [RSO] rendered by graduates from Region 08 in the University of the Philippines Manila-School of Health Sciences [UPM-SHS], Main Campus, Leyte. A descriptive analytical design utilizing six sets of pilot-tested questionnaires with Five-Point Likert Scale was employed. The respondents were chosen through a pre-determined inclusion and exclusion criteria; while the raters were selected using the distribution free, non-probability purposive sampling [Downie and Heath, 1984; Talbot, 1995; Gay, 2003]. Kruskall-Wallis Analysis of Variance [Gay, 2003] revealed that among the RMs, significant difference in Community Organization and Community Development [COCD] [KW-computed value=6.709 with p-value= 0.035] and Manager of Barangay Health Station [KW-computed value=10.478 with p-value=0.005] at 0.05 level of significance; rejecting therefore the null hypothesis of no significant difference on the two functional areas. Among the RM-RNs, two of six indicators showed to be significant at 0.05 level of significance, that is, COCD [KW-computed value=8.573 obtained p-value=0.014]; and Manager and Supervisor [KW-computed value=6.804 with obtained p-value=0.033]; rejecting the null hypothesis of no significant difference. The results were descriptive of the respondents and a validation study is highly recommended using a larger population to achieve generalizability.

Keywords: *Return service obligation; UPM-SHS graduates; perception by raters, millennium development goals, universal health care*

Introduction

UPM-SHS, Main Campus, Leyte was established on 19 April, 1976 [UPBOR, 1976]. Its students are registered in the University of the Philippines on full scholarship with a social contract to render RSO to the endorsing community when one becomes a licensed professional. Its

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Figure 1
Rationale of the Study



students are the only group in the UP System that is exempted from the UPCAT requirement prior to admission to the University. The RM-RNs of UPM-SHS in Leyte were the graduates that achieved self-actualization, the highest ladder in the pyramid of Maslow's Hierarchy of Needs, in terms of needs fulfillment from the nursing profession during practice [Magsambol, 2009].

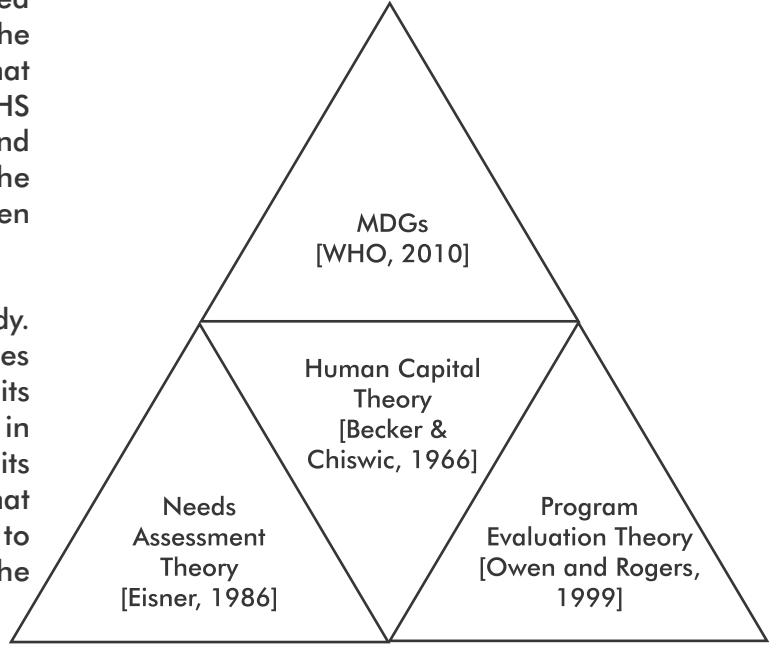
The largest portion of government outlays goes to education [Waud, 1986]. The logistics provided by the Philippine government is derived from the taxes of its citizens. Therefore, it is but a must that the RSO should be rendered by the UPM-SHS graduates to the underserved, the unserved, and the marginalized. From its creation till the completion of this study, no research has yet been conducted related to the objectives of this study.

Figure 1, shows the justification of the study. UPM-SHS as part of the University of the Philippines needs to produce graduates that should satisfy its utmost goals and therefore render RSO provided in the social contract so as to give justice to its endorsing communities and the taxpayers that supply the funds needed by the government to support educational institutions such as the University of the Philippines.

Theoretical Framework

The study anchored on needs assessment theory, the human capital theory, the millennium development goals, and the program evaluation theory. As illustrated in Figure 2, the core in developing a health professional is that of establishing the very human capital by investing in his/her education (Becker and Chiswick, 1966). To ascertain that academic programs are relevant to the health needs of the clientele, needs assessment and program evaluation has to be consistently administered (Eisner, 1986). The Millennium Development Goals (Chan, WHO, 2012) guide the performance of the UPM-SHS alumnae to gear towards quality assurance in the provision of health care services.

Figure 2
Theoretical and Conceptual Framework of the Study



Objectives

The main objective of the study was to determine the perceptions on the RSO rendered by the UPM-SHS RM and RM-RN graduates from Region 8. Specifically, it aimed to: (1) determine the profile of the respondents;(2) determine the level of compliance to RSO; (3) determine the

perceptions on the RSO rendered by the RMs; (4) determine the perceptions on the RSO rendered by the RM-RNs; (5) determine the significant difference between the perceptions of the raters on the RSO.

Null Hypothesis

Ho1. There is no significant difference in the perceptions on the quality of RSO by the RMs and the RM-RNs set at 0.05 level of significance.

Methods

The study utilized the descriptive analytical design; descriptive because "it is concerned with conditions or relationships that exist; perceptions that are held; processes that are going on; effects that are being felt; or trends that are developing" [Calmorin-Laurentina, 1994]. It covered Region 08 as research locale, inclusive of its six provinces: Biliran, Leyte, Southern Leyte, Eastern Samar, Northern Samar and Western Samar [Figure 3]. It involved thirty seven municipalities, a barangay from which endorsed a resident high school graduate to UPM-SHS. Biliran had one barangay scholar; Leyte, fifteen; Southern Leyte, five; Eastern Samar, five; Northern Samar, two; and Western Samar, nine.

The respondents were from the barangays of Region 8 because "they are the alumni easiest to contact; reaching those from other regions through survey yielded hardly any information" (Tayag and Clavel (Eds.) 2010). They all engaged in community-based jobs.

The study did not employ anything that would invade the human body of the participants nor degrade their human dignity. It had an Informed Consent that highly respected their autonomy to freely decide participation or non-participation in the study. Experts reviewed and evaluated said Informed Consent.

It had six sets of pilot tested researcher-developed questionnaires that utilized the Five-Point Likert Scale: for the RMs; for the RMs Supervisors [Public Health Nurses]; for the MCRAs, for the RM-RNs; for the RM-RNs Supervisors [Municipal Health Officers/Public Health Nurses]; for the recipients of the RM-RNs health services. Prior to pilot testing, experts reviewed and examined said instruments. The data were statistically analyzed using the Kruskall-Wallis ANOVA [Gay, 2003].

Figure 3 Research Locale

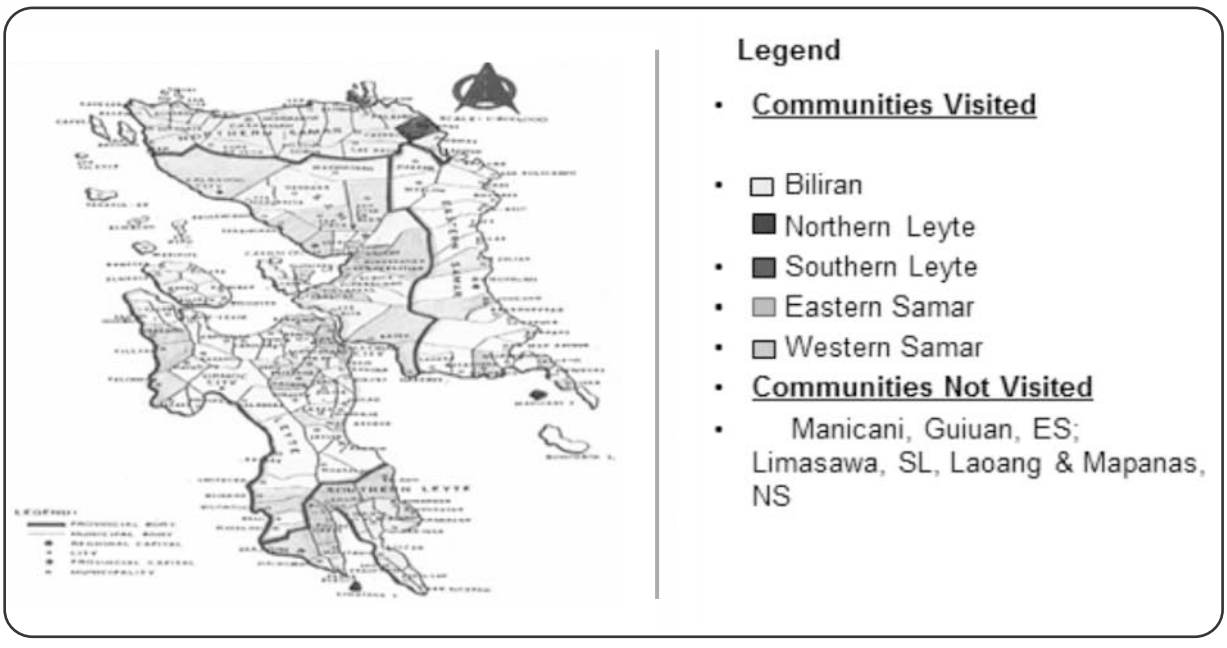


Table 1 Personal Profile of Respondents

Personal Profile Variables		RM Alumnae		RM-RN Alumnae	
		Frequency	Percent	Frequency	Percent
Age	21-30 years old	10.0	52.64	6.0	31.59
	31-40 years old	1.0	5.26	0.0	0.0
	41-50 years old	0.0	0.0	1.0	5.26
Sex	Male	1.0	5.26	2.0	10.52
	Female	10.0	52.64	6.0	31.59
Civil Status	Single	8.0	42.10	5.0	26.30
	Married	3.0	15.80	3.0	15.80
Religion	Protestant	1.0	5.26	2.0	10.52
	Roman Catholic	10.0	52.64	6.0	31.58
Monthly Income	8,000 and below	6.0	31.59	2.0	10.52
	8,001-15,000	0.0	0.0	0.0	0.0
	15,001-20,000	1.0	5.26	0.0	0.0
	20,001-30,000	0.0	0.0	2.0	10.52
	30,001-50,000	0.0	0.0	0.0	0.0
	50,001 and above	0.0	0.0	0.0	0.0
	Nonresponse	4.0	21.05	4.0	21.05
Year Graduated	SY 2005-2006	7.0	36.84	1.0	5.26
	SY 2006-2007	1.0	5.26	5.0	26.52
	SY 2007-2008	3.0	15.80	2.0	10.52
Educational Attainment	CHW	10.0	52.63	0.0	0.0
	BSN	1.0	5.26	8.0	42.10

Results

1. **Profile of the Respondents**

1.1. **Personal Profile**. The respondents consisted of a young population of 21-30 years old, dominated by Roman Catholic single females, majority of which RMs respondents received a monthly salary of Php 8,001 - 15,000 and a 100% finished the CHW program in SY 2005-2006. Among RM-RNs, 22% had an unreliable and unpredictable income; but all of them graduated from the BSN program (Table 1).

1.2. **History of previous employment**. One hundred per cent of the RMs were employed in Region 08 as Rural Health Midwives either in the Rural Health Unit or in a birthing facility for 4-6 years. From the RM-RNs, 15.8% worked as midwives, and 26.3% were employed as nurses for four to six years (Table 2).

1.3. **On present employment**, 100% RMs were employed in a health agency; 26.3% were working as rural health midwives in the RHU; 42% served the employer for 1-3 years either under a contractual or casual appointment. Among RM-RNs, 10.5% worked as community health nurses with one on permanent appointment; and 11% had been employed as police officers with permanent appointment [Table 3].

2. **Level of compliance to RSO**. Only 51% of the total population/samples complied with the RSO. [Figure 4].

3. **Perceptions on the RSO rendered by the RMs**. The Overall Mean on the perceptions of the RSO rendered by the RMs based on the raters: Supervisors ($\dot{X}=4.08$, Very Satisfactory); MCRAs ($\dot{X}=4.22$, Very Satisfactory); Alumnae ($\dot{X}=4.34$, Very Satisfactory). Study revealed that the RMs incurred remarkable ratings in some functional areas: (1) As Manager of the Barangay Health Station, the MCRAs provided four Outstanding ratings on four functions; (2) On Health Care Services, the Supervisors rated Outstanding on

Table 2 History of Previous Employment

Indicators		RM Alumnae		RM-RN Alumnae	
		Frequency	Percent	Frequency	Percent
Position designation	Rural Health Midwife	3.0	15.79	1.0	5.26
	Midwife	7.0	36.84	2.0	10.53
	Community Health Nurse	0.0	0.0	2.0	10.53
	Nurse				
	None	0.0	0.0	2.0	10.53
		1.0	5.26	1.0	5.26
Length of service	Less than 1 year	2.0	10.53	3.0	15.79
	1-3 years	3.0	15.79	3.0	15.79
	4-6 years	5.0	26.32	0.0	0.0
	7 years and above	1.0	5.26	1.0	5.26
	None	0.0	0.0	1.0	5.26
Place of work	Mother Bless Clinic	1.0	5.26	0.0	0.0
	Tabon-tabon, Leyte	1.0	5.26	0.0	0.0
	Calbiga, Samar	1.0	5.26	0.0	0.0
	Tacloban City, Leyte	1.0	5.26	2.0	10.53
	Zumarraga, Samar	1.0	5.26	0.0	0.0
	San Jose de Buan, Samar	1.0	5.26	0.0	0.0
	Maydolong, Eastern Samar				
	San Julian, Eastern Samar	1.0	5.26	0.0	0.0
	San Jorge, Samar				
	Bato, Leyte	1.0	5.26	0.0	0.0
	Mondragon, Northern Samar				
	MacArthur, Leyte	1.0	5.26	0.0	0.0
	Paranas, Samar	0.0	0.0	1.0	5.26
	Salcedo, Eastern Samar	1.0	5.26	1.0	5.26
	Almeria, Biliran	0.0	0.0	1.0	5.26
		0.0	0.0	1.0	5.26
		0.0	0.0	1.0	5.26
		0.0	0.0	1.0	5.26

three functions; Outstanding ratings on two functions; from the alumna; (3) On Records Management the Supervisors had given an Outstanding rating on one function [Table 4].

4. **Perceptions on the RSO on health services rendered by the RM-RNs**. Findings revealed that in two functional areas, which were COCD and Manager and Supervisor, the Supervisors had given the RM-RNs a Satisfactory rating in COCD ($\dot{X}$= 3.19) and Manager and Supervisor ($\dot{X}$= 3.47). The RM-RNs had been granted Very Satisfactory assessment by the raters to the rest of the functional areas [Table 5].

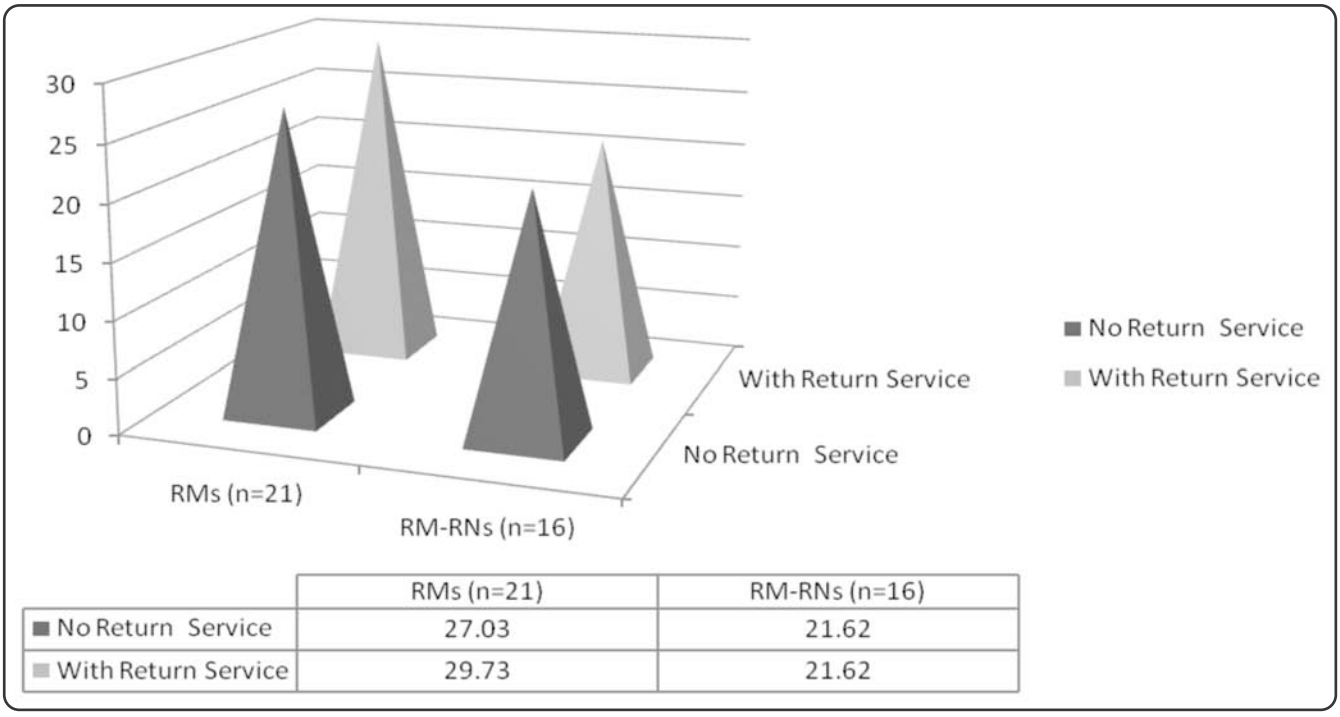
5. **The significant differences on the RSO by the RMs based on the perceptions of the raters**. Using the Kruskall-Wallis One Way Analysis of Variance, the findings revealed that significant difference existed on two indicators only, namely, the Community Organization and Community Development which computed value was 6.709 with a p-value of 0.035 interpreted as significant at 0.05 level of significance; and the Manager of Barangay Health Station which computed value was 10.478 with a p-value of 0.005 interpreted as significant at o.05 level of significance. The null hypothesis therefore of no significant difference between the ratings given by the raters, on COCD and Manager of Barangay Health Station was rejected being of no significant difference [Table 6].

Table 3 Present Employment

Indicators (Present Employment)		RM Alumnae		RM-RN Alumnae	
		Frequency	Percent	Frequency	Percent
Position Designation	Rural Health Midwife	5.0	26.32		
	Private Midwife	2.0	10.52		
	RMPP Midwife	3.0	15.79		
	Outreach Service Provider	1.0	5.26		
	Community Health Nurse			2.0	10.53
	Nurse			1.0	5.26
	Medicine Storekeeper			1.0	5.26
	RN HEALS Staff			1.0	5.26
	Police Officer			2.0	10.53
	Unemployed			1.0	5.26
Place of work	Julita, Leyte	1.0	5.26		
	San Miguel, Leyte	1.0	5.26		
	Catbalogan, SAMAR	1.0	5.26		
	Tacloban City, Leyte	1.0	5.26	2.0	10.53
	Zumarraga, Samar	1.0	5.26		
	San Jose de Buan, Samar	1.0	5.26		
	Maydolong, Eastern Samar	1.0	5.26		
	Bato, Leyte	1.0	5.26		
	Jaro, Leyte			1.0	5.26
	Tanauan, Leyte			1.0	5.26
	Palo, Leyte	1.0	5.26	1.0	5.26
	Metro Manila	1.0	5.26	1.0	5.26
	MacArthur, Leyte			1.0	5.26
	Salcedo, Eastern Samar			1.0	5.26
	San Julian, Eastern Samar	1.0	5.26		
Employer	LGU/RHU	5.0	26.32	3.0	15.79
	Mother Bless Birthing Clinic	2.0	10.52		
	DOH	3.0	15.79		
	Population Service Provider, Inc	1.0	5.26	1.0	5.26
	PNP			2.0	10.52
	Clemen's Medical Clinic (Manila)			1.0	5.26
	Unemployed			1.0	5.26
Length of service	Less than 1 year	3.0	15.79	3.0	15.79
	1-3 years	8.0	42.10	2.0	10.54
	4-6 years			1.0	5.26
	7 years and above			1.0	5.26
	None			1.0	5.26
Status of appointment	Permanent	1.0	5.26	3.0	15.79
	Temporary	2.0	10.54		
	Contractual/Casual	8.0	42.10	4.0	21.05
	Unemployed			1.0	5.26
Employer's setting	Health Agency	11.0	57.90	5.0	26.32
	Non-Health Agency			2.0	10.52
	NA			1.0	5.26

The significant differences on the RSO by the RM-RNs based on the perceptions of the raters. Study revealed that only two of the six indicators showed to be significant. One of the indicators COCD has shown KW-computed value of 8.573 and obtained a p-value of 0.014 interpreted as Significant. Hence, the null hypothesis of no significant difference on COCD ratings given by the supervisors, MCRAs/patients/clients and the alumnae was rejected at 0.05 level of significant. The other indicator which has revealed significant difference is Manager and Supervisor with KW-computed value is 6.804 at p-value of 0.033 at 0.05 level of significance. To this second indicator, the null

Figure 4 Level of Compliance to RSO Rendered by Respondents



	RMs (n=21)	RM-RNs (n=16)
No Return Service	27.03	21.62
With Return Service	29.73	21.62

hypothesis of no significant difference is likewise rejected [Table 7].

Discussions

The inner core of the theoretical framework of the study was the human capital theory by Eisner [Becker and Chiswick, 1966]. It could be noted that education in UP Manila-School of Health Sciences [UPM-SHS] is an economic good because it builds improved citizens and contributes to upgrading the general standard of living among its graduates [Kremer, 2005]. Human capital theorists argue that a productive population is an evidence of an educated population [Olaniyan and Okemakinde, 2008; Mancoy, 2006; Johns, et.al, 2001; Waud, 1986]. The respondents of the study arose from the indigent families of the remote, unserved and underserved communities of the country and were products of barangay and municipal high schools [Borrinaga and Koh, 1993]. A graduate of the diploma in midwifery program/CHW Program if unable to qualify readmission to the BSN program], as a RM graduate competently performed the professional duties and responsibilities of a midwife. A BSN graduate that qualified for registration as nurse, executed the functions of a registered nurse at field of nursing practice [Borrinaga and Koh, 1993]. All these were proven through the findings of the study. Yet, some of them evolved as individuals that later acquired three PRC certificates of registration [as registered midwife-registered nurse-licensed doctor of medicine licenses in one single graduate] and therefore entitled to corresponding professional compensation [UPM-SHS Recruitment and Admissions Policies, 2009].

According to Olaniyan and Okemakinde [2008], the economic prosperity and functioning of a nation depend on its physical and human capital stock. With products of UPM-SHS since 1976 till the present, it could be deduced that productivity of health workforce increased in the country's remote, unserved and underserved communities [Aquino, 2003; Armstrong, 2003; Bratton, 2003].

The Millennium Development Goals [MDGs] is the other theoretical framework of the study. It is part of the Universal Health Care [UHC] umbrella as the World Health Organization puts it:

Table 4 Perceptions on the RSO Rendered by the RMs [Remarkable Findings]

RMs RSO Activities	Raters					
	Supervisors		MCRAs		Alumnae	
	Mean	Descrip-tion	Mean	Descrip-tion	Mean	Descrip-tion
Community Organization and Community Development (COCD)						
1. Established a good working relationship with the community.					4.82	O
Sub-Mean	3.78	VS	3.88	VS	3.92	VS
Manager of the Barangay Health Station						
8. Maintained a functional barangay health station.			4.52	O		
8.1. Maintained Set-up and cleanliness of the barangay health station.			4.54	O		
12. Services rendered were affordable by patients.			4.54	O		
14. Conducted over-all supervision of all community health volunteers.			4.56	O		
Sub-Mean	3.97	VS	4.48	VS	4.18	VS
Health Services Rendered						
15. Established rapport with patients.					4.64	O
17. Attended to patients beyond office hours.					4.55	O
18. Rendered emergency services at any time of the day.					6.64	O
21. Made services available even at night time during emergencies.			4.58	O		
22. Attended To Facility-Based Delivery when on duty.					4.64	O
25. Provided range of maternal-child health (MCH) services relevant to client needs			4.56	O		
25.1. Rendered pre-natal check-up to pregnant women.					4.73	O
25.2. Conducted postpartum health services.					455	O
26.1. Conducted health education classes.	4.55	O				
26.2. Provided sufficient health information to people in the community.	4.64	O				
26.6. Taught the people in the barangay on care of the sick in the family.	4.64	O				
Sub-Mean	4.09	VS	4.31	VS	4.29	VS
Records Management						
29. Assured an organized recording system of all services rendered to the pregnant patients; records those activities in the pink card.	4.73	O				
Sub-Mean	4.41	VS	4.32	VS	4.38	VS
Professional Growth and Development						
Sub-Mean	4.41	VS	4.13	VS	4.00	VS
OVER-ALL MEAN	**4.08**	**VS**	**4.22**	**VS**	**4.14**	**VS**

Legend: O-Outstanding [4.51-5.0]
VS-Very Satisfactory [4.0-4.5]
S-Satisfactory [3.5-3.9]

Table 5 Perceptions on the RSO Rendered by the RM-RNs [Remarkable Findings]

RMs RSO Activities	Raters					
	Supervisors		MCRAs/Clients/Patients		Alumnae	
	Mean	Description	Mean	Description	Mean	Description
Community Organization and Community Development (COCD)						
Sub-Mean	3.19	VS	4.21	VS	3.59	VS
Manager and Supervisor						
Sub-Mean	3.47	S	4.32	VS	3.72	VS
Health Care Services						
Sub-Mean	3.61	VS	4.18	VS	4.0	VS
Records Management						
Sub-Mean	3.68	VS	4.30	VS	3.97	VS
Professional Growth & Development						
Sub-Mean	3.57	VS	4.39	VS	4.13	VS
OVERALL MEAN	3.54	VS	4.25	VS	3.56	VS

Legend: O-Outstanding [4.51-5.0] VS-Very Satisfactory [3.51-4.5] S-Satisfactory [2.51-3.50]

Table 6 Test of Difference on the Perceptions of the RSO Rendered by the RMs

Indicators	KW-Comp. Value	p-value	Interpretation
Community Organization and Community Development (COCD)	6.709	0.035	Significant
Manager of the Barangay Health Station	10.478	0.005	Significant
Health Care Services	3.317	0.190	Not Significant
Records Management	0.217	0.897	Not Significant
Professional Growth and Development	3.028	0.220	Not Significant

Note: p-value less than 0.05 is interpreted as SIGNIFICANT.

"Universal Health Care is the single most powerful concept that public health has to offer… the umbrella concept that demand solutions to the biggest problems facing health systems… the anchor of WHO". [Chan, WHO, 2012]

To date, a great majority of the Filipinos die without seeing a licensed physician is an irony to the annual production of a bulk of health professionals in the Philippines. The most influencing factor behind the situation is the brain drain problem of the health workforce even before the 70's [XXXIInd World Medical Assembly, 1978]. To address the brain drain problem of health professionals in the country, UPM-SHS was created on 1976 and was established as a regular unit of UP Manila on 1989 [Tayag & Clavel [Eds], 2010]. UPM-SHS was designed to answer the need for health manpower in remote, unserved and underserved communities of the Philippines [UPBOR, 1976; XXXIInd World Medical Assembly, 1978; Borrinaga & Koh, 1993].

Education in the University of the Philippines, being the national university of the country (RA 9500, New UP Charter, 2007), is expensive compared to other state colleges and universities in the country. It is therefore a must that the graduates of UPM-SHS comply with the required return service obligation as its social accountability (RA 9500, New UP Charter) to its people and to give justice to the taxpayers that provide funds to sustain the educational objectives of the University, and most particularly support the mission, vision and goals through which UPM-SHS has been created. UPM-

Table 7 Test of Difference on the Perceptions of the RSO Rendered by the RM-RNs

Indicators	KW-Comp. Value	p-value	Interpretation
Community Organization and Community Development (COCD)	8.573	0.014	Significant
Manager and Supervisor	6.804	0.033	Significant
Health Care Services	4.024	0.134	Not Significant
Trainer	3.085	0.214	Not Significant
Records Management	4.978	0.083	Not Significant
Professional Growth and Development	4.628	0.099	Not Significant

Note: p-value less than 0.05 is interpreted as SIGNIFICANT.

SHS licensed graduates should fill-up positions for health service manpower in the communities where they came from and therefore serve as health resources of their very own communities most particularly the local government units that endorsed them to UPM-SHS (UPM-SHS RAC Policies, 2009).

This year, 19 April 2016, UPM-SHS celebrated its 40th Founding Anniversary. If the graduates would only be provided with the highest level of support through plantilla positions for the RSO, they would have been the strong health workforce of the nation. The study revealed however that only 51% of the respondents did comply with the RSO quite similar to the findings of the study entitled "Student Loans in the Philippines: Lessons from the Past". It published low repayment rate on the Study Now Pay Later Plan (SNPLP) by the Commission on Higher Education (Kitaev, et.al. 2003). Therefore, all health professionals that are recipients of government scholarships must be required of RSO [return service obligation]. This could only be accomplished with government positions created for the following purposes: (1) compliance of RSO; (2) counteract the brain drain of health manpower; (3) ascertain accessibility and availability of health workforce in geographically isolated and disadvantaged areas/communities (GIDA). All these could only materialize through legislation.

Moreover, this study revealed that the respondents rendered very satisfactory to outstanding RSO based on the raters (the supervisors, the MCRAs/Clients/Patients that were recipients of the RSO and the alumnae themselves). The perceptions were grounded on the activities [categorized according to functional areas] they conducted during their academic training. According to the raters, the RMs had demonstrated outstanding performance in some activities under the CHW functional areas. The RM-RNs executed very satisfactorily. That is, in spite of the secondary school academic preparation beyond compare to those that entered the University with a passing UPCAT. Nevertheless, they executed health services at par with the rest in terms of skills execution at community work [O'Neille and Fletcher, 1998; Johnson and Breckson, 2007]. The findings, however, was non-conclusive because of a small population of respondents, in which connection, a validation study on the perception of the return service obligation of the UPM-SHS licensed graduates, has been submitted to the University for funding purposes to achieve the purpose of generalizability.

The study employed the program evaluation theory as another basic framework [Eisner, 1986; Owen and Rogers, 1999; Payne, 2000; Zulueta, 2002]. Findings revealed that the step-ladder program continues to be relevant to the need of competent health workforce that had been originally designed by the medical experiment [XXXIInd World Medical Assembly, 1978]; turned

into a regular unit of UP Manila on 1989 [UP Manila Catalogue of Information, 2005-2010]. The source employed by the study in evaluating the step-ladder program was the actual functional areas and its corresponding activities conducted by the graduates while on training at the academic institution. The program evaluation theory stressed appraisal of academic programs to ascertain its relevance to the health needs of its clientele [Eisner, 1986; Johnston, 1995; Coleman, et.al, 1966 Bratton, 2003; Glewee, 2005;].

As an academic institution, UPM-SHS continuously holds on to the following philosophy: (1) health is a universal birthright; therefore, it should be made available even to remote rural communities; [2] in universal educability; therefore, given the opportunity to appropriate education, the rural communities can develop their own health manpower; thus, the school's admissions policies are not tied to the trappings of academic excellence, but yield to more pragmatic imperatives of working within the human resources and communities it serves; [3] relevance of training to community needs; therefore the school's academic training is balanced with field work where abstract principles are made concrete by field experiences. Its objectives: [1] to produce a broad range of health manpower who will serve the depressed and the underserved communities; [2] to design and test models for health manpower development that would be replicable in various parts of the country, and hopefully, in other countries similarly situated as the Philippines. Today, UPM-SHS has three campuses: [1] UPM-SHS, Main Campus, Leyte [1976]; [2] Baler, Aurora Extension Campus [2008]; [3] Koronadal, South Cotabato Extension Campus [2010] [UPM-SHS RAC Policies, 2009; UP Manila Catalogue of Information, 2005-2010].

Based on Kruskall-Wallis One-Way Analysis of Variance, significant differences existed only on two functional areas: in COCD and in Management of Barangay Health Station among the RMs; and COCD and Manager and Supervisor among the RM-RNs. Therefore, the Philippine Government is at an advantage should it support the RSO through legislation. Then, taxpayers get the drift of its contributions for the social welfare services of the citizenry.

The study further disclosed that respondents had difficulty in complying with the RSO because of unavailability of positions in their LGUs in spite of the willingness and desire to serve their communities. The licensed graduates should develop a sustainable provider trust with their very own people and therefore should be granted priority when employment opportunities exist [Chu-Weininger and Balkrishnan, 2006]. The trained health resources that worked away from home could no longer accomplish the purpose of their admission to UPM-SHS. Lack of administrative support, better opportunities in the business world, student discipline problems, and politics have been identified as causes of turnover of employees [Nelson 2001]. In this study, lack of support from the LGUs [endorsing/communities], politics, lack of opportunities for employment, presence of licensed health professionals from traditional schools vying for plantilla positions, were identified causes why a number of UPM-SHS licensed graduates got employed outside their endorsing communities.

The findings of the study proved that the philosophy is clearly demonstrated and that the step-ladder program has achieved it. Yet, looking into the rationale by which this study has been established, a need is still presented, that is, compliance to RSO by the licensed graduates so that the following purposes are attained and accomplished: [1] universal health care amongst the people residing in geographically isolated and disadvantaged areas; [2] definitive solution to the brain drain problem in the country; [3] continue supporting the UPM-SHS ladder program because it produces the health workforce needed to achieve the MGDs and thenceforth promote the universal health care in GIDA communities (Chan, WHO, 2012).

To synthesize it all, the findings is a confirmation revealed in an investigation about international education quality [Heyneman, 2004]. The author argued that:

> "Children from more educated homes performed significantly better than children from

> less educated houses in Australia, England and Hungary; but tended to be less true in Thailand, Columbia and India. When the explanatory power of school quality in models of schools achievement was compared systematically across 29 countries with that of socio-economic status [SES], the conclusion was that school quality explained more of the variance than SES. In fact, the studies demonstrated that school quality was a more predictor of achievement in the poorer countries" [Heyneman, 2004, p441].

Recent development transpired in UP Manila College of Medicine. The Return Service Agreement was produced at the opportune time [UPCM RSA, 2012]. It stipulates the necessity to payback all the expenses incurred by the studies in UP College of Medicine if unable to comply the RSA. The UPM-SHS graduates however come from indigent families and are therefore incapable to do payback.

In view of these findings, this study concluded that only legislation could regulate RSO; produce employment jobs for the RSO of all recipients of government scholarships to include UPM-SHS licensed graduates, graduates from state colleges and universities, and graduates from private academic institutions; and create legal sanctions for non-compliance.

Conclusion

In view of these findings, this study concluded the need for legislation on RSO to promote its compliance from the graduates at all UPM-SHS campuses. They should be held responsible and socially accountable to the demand the country has on them as regards provision of health services to the remote, unserved, underserved and marginalized people of the society, most particularly the GIDA communities. Only legislation could produce specific employment jobs to be occupied by the UPM-SHS scholars and all the other health professionals that are recipients of government scholarships and student loans must be required of RSO [return service obligation]. The legislation should stipulate sanctions as well so that these government scholars would really be obliged to comply with the provisions of the contract they have made with the government.

Even if the findings of the study are non-generalizable, it presents the baseline data, which interested researchers could further investigate for a conclusive outcome.

Recommendations

1. DOH [as a stakeholder] grant higher priority to the scholars of UPM-SHS in hiring employees who are to render health services to the people situated in the remote areas of the country, most particularly, the endorsing communities of the UPM-SHS scholars while legislation still has to find the long process for its creation.
2. Policy Makers create a legislation approved by the Philippine Congress for a government regulated and well-defined conduct of RSO - legislation that would establish an Administrative Body that would regulate RSO and most particularly address the following national concerns:

    2.1. Create positions for RSO purposes only.
    2.2. Strict compliance of RSO by all health professionals that were recipients of government scholarships or student loans to include: UPM-SHS graduates, graduates of state colleges and universities, graduates from private academic institutions.
    2.3. Counteract brain drain of health manpower in the country.
    2.4. Ascertain accessibility and availability of health workforce [RMs, RM-RNs, RNs, licensed MDs in GIDA communities to attain health equity and universal health care.]
3. LGUs grant UPM-SHS licensed graduates work opportunities and assignments to motivate them compliance of RSO.
4. RHUs require a regular orientation and reorientation of their roles on assessment, planning, implementation and monitoring of the RSO in terms of identified functional areas.
5. UPM-SHS strengthen the linkages with stakeholders and motivate them to create programs that motivate compliance of RSO.
6. Endorsing communities engage in active participation to all health services facilitated by

their scholars and promote optimum utilization of those services.

7. Graduates demonstrate the best of their abilities and professional competencies when conducting RSO; even if job items are yet unavailable, they should make their services accessible at the health units at all times.
8. Community in General need to actively participate in the health programs, projects, activities that the licensed graduates facilitate in their areas.
9. Researchers could derive insights in formulating other studies of related significance; and/or conduct similar investigation to validate the findings of this study.

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NURSE'S VOICE FROM THE FIELD

Advanced Practice Nursing in the Philippines: Are We There Yet?[1]



Maria Carmela L. Domocmat, RN, MSN[2]

Introduction

Filipino nurses are prepared for great metamorphosis in their nursing practice. It is high time for the Filipino nurses to move beyond being mere assistants and envision themselves as autonomous and experts in their professional practice. Expanding the role of Filipino nurses through advanced practice nursing can have a significant positive transformative effect in the healthcare system of the Republic.

There are nearly half a million registered nurses in the Philippines beginning from 1952 (Uy, 2008). Still, the nurse-patient ratio remains to be high both in the public and private healthcare facilities. Brain drain, lack of job satisfaction among nurses, low employment rate, and low morale of nurses continue to be the issues in the country's health care system. Moreover, Filipino nurses continue to migrate to other countries while there is scarcity of doctors in rural areas. The Philippine Overseas Employment Administration (POEA) reported that in 2010 there were 12,082 nurse deployments, while there were only more than 6,000 a decade before (Recto, 2010). However, in the midst of all these concerns is the nursing profession's vision of becoming the lead in promoting Philippine nursing in the Asia Pacific Region by 2030 (Board of Nursing, 2008). How could this be fulfilled? The reasonable and perhaps, the perfect key in realizing this vision is the Advanced Practice Nursing (APN). APN could be the solution to the great concerns that the nursing profession is facing. This paper discusses the significance and status of APN in the Philippines.

Advanced Practice Nursing as the Proposed Solution

The Article I Section 3(b) of the proposed revision of the Philippine Nursing Practice Reform Act of 2011 defines an Advanced Practice Nurse (APN) as a "nurse who acquired substantial theoretical knowledge and decision making skills in the specialty area of nursing practice and proficient clinical utilization of this knowledge in implementing independent and inter-dependent nursing interventions" (Senate Bill 2720, 2016). Another version of the bill indicated that the minimum qualifications for APN are the following: registered nurse with current identification card from the Professional Regulation Commission; physically, mentally, psychologically fit to practice nursing; not be convicted of any moral turpitude; with relevant

[1] *This paper is a Voice from the Field. It was conceptualized and written for the course, Current Trends and Issues in Nursing under Dr. Mary Grace C. Lacanaria. It underwent revisions taking into consideration peers' comments and suggestions.*

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masters degree from a recognized university-based program; certified by the Board of Nursing (BON); and a member of the accredited professional organization (APO) and the corresponding specialty organization (Senate Bill 622, 2013).

There are various reasons why APN could be the solution to the numerous problems that the nursing profession is facing. First, it could be the key to the increasing number of unemployed nurses and dearth of physicians, especially in rural areas. A great employment opportunity will be unlocked for nurses, since they can work in different areas of specialization. Based from the proposed amendment (*i.e.,* Section 3[b]), there are various categories of specialization that an APN can perform (Senate Bill 2720, 2016). APNs can provide primary, acute and specialty healthcare to patients of all ages. This can be based on functions which can possibly be a college health nurse, case manager, nurse-midwife, nurse-anesthetist. Other categories are disease/ pathology (*e.g.,* diabetes, obstetrics, medical-surgical, oncology, nephrology), systems (*e.g.,* psychiatric and mental health, cardiovascular, perinatal), age (*e.g.,* pediatric, adult, elderly or gerontology), acuity (*e.g.,* acute or chronic care), settings (*e.g.,* primary, secondary, tertiary), and technology/therapies (*e.g.,* palliative, informatics) (American Nurses Association, 2012; Canadian Association of Advanced Practice Nurse, n.d.). Moreover, other areas aside from the clinical practice can also be performed such as nursing education and nursing management. Hence, when full application of advanced practice nursing will occur. there will be nurses serving in almost every areas of the health care system.

Secondly, with the advanced skills and training there could be an increase in the morale and job satisfaction of nurses. A recent study of almost 2,000 APNs in Thailand (Hanucharurnkul, Suwisith, Piasue, & Terathongkum, 2007) may prove that the amendment on discussion has very promising future for nurses in the Philippines as both countries have certain similarities in health care needs and limitation of resources. Majority of the APNs in Thailand are in the primary setting (community and post/primary care unit) and their scope of practice include health promotion and protection, treatment of minor illness and injury, care of chronic illness and conditions, care of dying persons at home and management of health care system. The program has increased the morale of nurses for they perceive themselves as "more useful" and their confidence more enhanced. Moreover, the nurses concur with the policy of having NPs (or APNs) at the primary care level and see it as "an expanded scope of nursing practice which is the progress of nursing profession".

Further, professional autonomy will be observed. Nurses will not be treated as assistants of doctors anymore who just carry out their orders, but nurses would have their own identity and be able to provide care in their own areas of specialization. It is aimed that the bill, when enacted into law, would open more opportunities for nurses provide advanced nursing care such as administration of written prescription for treatment, internal examination during labor and delivery, suturing of perineal laceration. In other Asian countries, such as Thailand, APNs have a higher degree of professional autonomy and independent practice. They have advanced health assessment skills, decision-making skills and diagnostic reasoning skills, as well as consultant services. Furthermore, APNs have the right to diagnose clients, authority to prescribe medication, power to prescribe treatment and refer clients to other professionals, and authority to admit patients to hospital (Thailand Nursing and Midwifery Council, n.d.). For instance, in Thailand, the General Nurse Practitioner (NP) can take health history and perform physical examination, interpret simple laboratory findings, assess and prescribe medication for acute common health problems, manage stable chronic illness (*e.g.,* stroke, hypertension, diabetes), provide emergency care and make referrals. On the other hand, the Community Health NP, aside from establishing partnership with the community and all sectors to improve the health and living conditions of the people in the community, they could also perform advanced health assessments of individuals, families and communities, diagnose and prescribe medication and intervention for common health problems, and manage chronic illness /conditions including dying patients at home (Hanucharurnkul, 2007). The provision could greatly broaden the scope of practice, promote the profession's autonomy and truly work in collaboration with other health care providers.

The amendment may even help retain senior and experienced nurses or encourage nationalistic nurses to go back home by expanding opportunities for increased compensation and remuneration (Tuazon,

n.d.). At the same time, promising novice nurses will be encouraged to pursue an advanced training and education in order to be knowledgeable and skilled. Since most nurses leave the country because of financial reasons, the guarantee for a minimum base pay of nurses salary grade 15 with the additional remuneration (Article VII, Sec. 47) is a great assurance for these nurses who will have a good compensation without being separated from their family and loved ones (Senate Bill 2720, 2016). Further, being an APN would help establish a clear alternative clinical career path for all nurses with a promise of employment or opportunity for self employment such as building their own specialty clinic.

Finally, the presence of APN may resolve the problem of physician shortage, reduce the number of patients going to the hospital, decrease cost of care as well as provide choices for people (Hanucharurnkul, et al, 2007). Furthermore, an 18-year study shows the great contributions of advanced practice nurses (Newhouse, *et al*, 2011). Result shows that in acute care settings, the presence of APNs specifically the clinical nurse specialists can reduce length of stay and cost of care for hospitalized patients. Moreover, the outcome indicates that APNs provide effective and high-quality patient care, an important role in improving the quality of patient care, and cost-effective care with high patient satisfaction.

Possible Barriers

However, every significant change comes with hurdle. Nevertheless, the provision of superior health services to the Filipino people cannot be taken for granted. Patients deserve quality care. However, there are some concerns that should be considered. For instance, clear job expectations of advanced practice nurses, provision of standardized salary rate and benefits, security of tenure and job satisfaction are important issues that need to be clarified. Moreover, the training of these promising APNs should be clearly planned and stated. Since no school in the Philippines offers the depth and breadth of knowledge and skills required for advanced practice yet. Nevertheless, they can be required to undergo a period of clinical internship as an APN-Intern under the mentorship of a Medical Consultant in the specific clinical specialty as what Singapore is doing (Singapore Nursing Board, 2011).

Finally, culture of paternalism between doctors and nurses and public acceptance APN's credibility may also be encountered. This is evidenced by an international survey of APNs that reveals the opposition of the APN role development came primarily from domestic physician organizations and individual physicians (Pulcini, Jelic, Gul, & Loke, 2010). Nevertheless, Borromeo (A. Borromeo, personal communication, August 10, 2012), the Chief nursing director of St Luke's Medical Center and a clinical nurse specialist who worked in U.S. for more than two decades, believes that there are still doctors who are "very open to the idea of nurses extending their work" since this will be a way for physicians to see more patients. And although she assumes that it "may take a while for the medical establishment to accept nurse practitioners, she adds that "that did not stop our western counterparts" and encourage us that "we should do likewise". Moreover, the Thailand's experience shows that Thais perceived APNs as "very valuable" for primary care (Hanucharurnkul, et al, 2007, Aug). Hence, there is also a great possibility of this happening also in our country.

The Board of Nursing has already paved the way for this specialist group by formulating resolutions for the creation and regulation of the nursing specialty certification council (Board of Nursing Resolution No 14, s. 1999 and BON Resolution No. 118, s. 2002). Therefore, support from legislators, health care policymakers, administrators (*i.e.,* community, hospital, and other health care sectors), and various institutions are essential in order for the APN to be a reality.

Where Should We Start?

Worldwide, there are already 33 countries with an advanced nursing role (American Academy of Nurse Practitioner [AANP], 2011). It has long been recognized and accepted by developed countries. There are approximately 155,000 APNs, also called Nurse Practitioners (NPs), practicing in the U.S. (AANP, 2011). As early as 1950s, other Asian countries have already acknowledged the need for this significant innovation in the nursing profession. Korea, Hong Kong, Taiwan, Japan, Thailand, and Singapore have previously established their APN programs (Sheer & Wong, 2008). APN in these countries have proven to provide an optimistic

outlook to the dwindling hope of the nursing profession - so can the Philippines.

Borromeo believes that "the areas where advanced practice may be able to take root are in the community and in highly specialized functions in acute care like nurse anesthetists and wound and enterostomal care specialists" (Borromeo, 2012, August 10). Moreover, we have already some practicing APNs in the country. Borromeo mentions the Philippine military, which has nurse anesthetists. Also Carol Llamanzares, Ph.D., RN, has an advanced practice in psychiatric and mental health at Makati Medical Center.

Conclusion

Advanced practice nursing is an indispensable amendment in the proposed Philippine Nursing Practice Reform Act of 2011. It represents a sleeping giant for healthcare systems in developing countries, such as the Philippines. Empowering nurses and upholding the morale of nursing profession, retention of experienced nurses, and most importantly the promotion of the quality of health care services in the country are some of the great changes that the advanced practice nurses may perhaps eventually contribute. This could be one immense intervening measure not only for the collective good of the nursing sector but also for the whole health care delivery system of the Philippines as well. However, four years after the passing of the bill, the status of advanced practice nursing seem to be still on deep slumber. This made me ask, are we there yet?

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We shall tend all those in pain

Beneath the sun and stormy weather
We shall travel on
To heed the call that we must be there
With our tender care

We pray the Lord to guide our way
To carry on our work each day
And grant us grace to serve the sick
And love to help the weak

About the cover: The three colours of the book pages represent nursing education, practice, and research. The smaller boxes with different colours represent the different forms of nursing practice and, at the same time, highlights the search for truth and knowledge as depicted by the magnifying glass.

- Dr. Edward Venzon-Cruz

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