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Leading Change and the Nurse: *Nurses Leading Change in the Workplace*

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Philippine Nurses Association, Inc.¹

Vision

The caring and fortifying light giver committed to providing opportunities for the professional growth and development of world class Filipino nurses, Filipinos and people of the world.

Mission

1. Zealously provide strategic directions and programs that enhance the competencies of nurses to be globally competitive.
2. Passionately sustain the quality work life and collegial interactions with and among nurses.
3. Continuously strengthen the internal capacity and capabilities for quality care and services of the nurses.
4. Enthusiastically explore possibilities of collaboration towards unification of nurses.

Program Thrusts

1. Generate programs and activities that would prepare nurses to be globally-competitive.
2. Promote the socio-economic-political welfare of nurses.
3. Establish national and international networking/linkages to advance the vision and life purpose of the PNA.
4. Intensify membership campaign.
5. Participate actively in the multi-sectoral plans, projects and programs in support of education and research, nursing practice and quality health care delivery.
6. Promote the professional image of the nurses and nursing.

¹ Approved during the 1st Board of Governors Meeting, January 8-11, 2009 at the PNA Board Room

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Editorial

Nurses Leading Change in the Workplace



At various stages of our professional careers, we have come to grips with various changes. Change reflects a process of transformation - of making something different from what it was. The ever-changing health care environment opens doors for nurses to lead in capitalizing on the opportunities and responding to threats. Today, the nurse's innovative skills are a valuable asset, offering nurses exciting opportunities to maximize their innate abilities towards taking the initiative to be a change agent in the workplace. This draws me to the description of Kouzes and Posner (2002)¹ on leadership. They claim that leadership is not reserved for a few charismatic individuals. Instead, they call it "a process ordinary people use when they are bringing forth the best from themselves and others" (p. xxiii). This issue focuses on the expanded leadership role needed in the various settings where nurses find themselves.

The nurse of the 21st century must be prepared to assume expanded roles in a diverse society. Dr. Rusty Francisco's article, "Pragmatic and Realistic Preparation for Successful Global Transition in the (USA) Workplace" poses challenges toward a comprehensive and holistic preparation of global professional nurses. Leading change in the workplace involve nurses, who conduct, apply and participate in research. Nurses initiating and leading change use research to inform practice, thus continually improves the application of professional knowledge. Prof. Magsambol's study, "Needs Expectation and Needs Fulfillment among Selected Groups of Nurses in Leyte Province" and the work of Prof. Cuevas, "The Meaning-Based Approach to the Nursing Care of Pain and Discomfort" illustrate such concern.

Leading change is shown in the courage, vision and goal-setting done by our national leaders. The feisty PNA President, Dr. Teresita I. Barcelo and the PRC's Outstanding Professional of the Year (2009), Dr. Carmelita Divinagracia, are truly inspiring and enabling. By embracing lifelong learning and "leading by example", they seize opportunities created by change and enable others to influence change. With honesty and integrity, they take a commanding role in shaping the future of nursing.

Nurses leading change never lose sight of the fact that nurses are a strong collective of knowledgeable, caring

and committed individuals, each holding the power to effect change. They advocate for improved client care as gleaned in Celso Pagatpatan's article, "People's Health Movement and the Call for "Health for All, Now" and in the critical analysis of two important legislations: Nurses Fight for Salaries and benefits by Connie Gundayao and The Cheaper Medicines Law: More Access to Affordable, Quality Essential Medicines? by Eleanor M. Nolasco. The reflections of our nurses on the government's NARS program indicate that nurses can take on their own new leadership roles given opportunities and shared values. The birth of the new professional organization, Gerontology Nurses Association of the Philippines (GNAP), takes on the lead to work towards its "vision for a healthy, productive and happy older persons living in dignity" and productive members of society. The President's Report reflects how nurses and the organization work with others effectively such as lobbying and advocating for a healthier workplace. The efforts initiated by the PNA reflect that our leaders care and are brave enough to act on what they think should be done for its constituents and health care.

The revised PNA By-Laws reflects the reality that laws evolve with time. It indicates nurses leading change by staying attuned to the context in which they function, considering changes in social values, conditions that create new challenges and opportunities for the practice of nursing. To further illustrate this point, our PJN is slowly trekking the "change journey towards a peer-reviewed journal". We have started with the 2008 issue and we are strengthening the process with the assistance of the Philippine Council for Health Research and Development (PCHRD). All scientific, scholarly work, research or ideas are subjected to the scrutiny of two or more peers who are experts on the same field other than the Editorial Board. This thrust of the PJN means more rigorous manuscript preparation and submission. This is our contribution to the development of an evidence-based practice for nursing.

Confucius once said, "A scholar who loves comfort is not fit to be called a scholar". Nurses leading change in the workplace move out of their comfort zones and truly are scholars...they talk, argue, engage, and stimulate each others' minds as public intellectuals and servants.

ERLINDA CASTRO-PALAGANAS, PhD, RN

¹ Kouzes, J.M. and Barry Z. Posner, B.Z. (2002). The Leadership Challenge. San Francisco, CA: John Wiley & Sons, Inc.





From the Desk of the PNA President

Greetings!

Firstly, may I thank the Board of Governors for entrusting to me the responsibility of leading our national organization this year 2009. It is my distinct honor to be able to serve our nurses all over the country and abroad in my capacity as PNA National President. Like any professional association, making the organization move forward can only be achieved when all the nursing leaders and members are of one mind in pushing forth the vision and mission of our organization. I am taking on this big responsibility because I know that with you all, I will not be alone in working for the betterment of the members and of the nursing profession in general.

I have decided to take as my "watch word" for my administration the word "integrity". Integrity means consistency of words and actions; honesty and transparency in governance, uprightness and respect for the rights of people.

Transparency in governance is a critical principle in ensuring that processes and systems are in place, implemented consistently and always guided by what is right and what is for the good of the organization. Critical to the success of an organization are the people who make the organization run so that its mission can be realized. People are not just the Board of Governors

who set the policy direction of the association or the Executive Committee that do the operational decisional making, but more so, the frontline personnel who provide the service to the members and the public in general. There should be consistency in the implementation of the pronounced policies and processes all the way to our chapters. Our chapters provide the "face" of our association. There is a need to strengthen our chapters so that our members will feel the presence of PNA not just at the headquarters. With the new PNA By-Laws the mechanism for it has been provided through the regional council chaired by the governor and composed of all chapter presidents of the region.

As the leader of this organization I believe in "doing what I say". If I exact integrity from the people I work with, I impose the same upon myself. I believe in leading by example. I am fortunate that the chairpersons of the various standing committees who are assisting the Executive Committee in operationalizing the mission of the organization are men and women who are committed and willing to work for the good of the organization. I salute them for their dedication!

I am just midway into my administration. I pray to God to continuously guide me in my task of leading our association towards the achievement of its vision and mission.

TERESITA R. IRIGO-BARCELO, PhD, RN
National President, PNA





Pragmatic and Realistic Preparation for Successful Global Transition in the (USA) Workplace

By **RUSTY L. FRANCISCO**, EdD,RNC,CCRN,CNAA

Chief Operating Officer – Nursing Center for Clinical Lab Experience
Chairperson- PNA- International Affairs and Placements Committee



It's our pride that for the last 50 years, Filipino nurses have maintained and sustained the top rank in supplementing nursing shortage globally. However, in recent years, there are some concerns with our global status centered on the clinical performance in an environment where competence is given so much importance due to the demand for quality care, extremely strict payment system and soaring malpractice cases (Gordon 2005). This is brought about by changes in the US health care delivery system compounded by numerous concerns relating to legal issues, ethical considerations, changing demographics, technological sophistication, consumerism, and the current economic (recession) status. Given the valid concerns, a blueprint of competency standards was developed alongside realistic expectations of international nurses. International nurses who, as they perform nursing functions, can also readily adjust and conform to the identified "best nursing practices". Melnyk (2005) posits that best nursing practices integrate the evidence-based nursing protocols, practices and procedures patterned after worldwide standards. Moreover, the orientation program prior to leaving the country should include comprehensive presentation of the complicated USA's health care system: the reimbursement or payment and accurate and timely documentation, among others.

To fully understand how the care is delivered in the USA regardless of the practice settings, (acute, sub-acute, long term /nursing home, skilled/non skilled, rehab, hospice home health and boarding home), Filipino nurses must undergo a preparatory orientation program. This should be done even before leaving the country and should include comprehensive and realistic presentation of the complicated USA's health care delivery system, the reimbursement or payment and accurate and timely

documentation. In today's world of contemporary nursing characterized by dynamic changes and challenges, the preparation of nursing as a profession in order to be more global ought to be comprehensive and holistic. More than ever in the history of nursing, the role of nurses in the delivery of patient's care is not only complex, but diverse and demanding, anchored on three elements namely, autonomy, responsibility and accountability. To cope with the continuous demands, Francisco (2009) believes that it is imperative that nursing knowledge be integrated into appropriate clinical skills that run parallel with international standards, practices and expectations.

Where are the Filipinos Nurses Going and Where are they Heading?

In a grand scale, nursing is not simply a profession and in our own country, nursing is aptly considered a journey. A long journey in order to obtain the BSN degree, pass all the mandatory examinations (local licensure, state board exam (NCLEX-CAT), (NCSBN, 2007). English examination (IELTS or TOEFL), gain local nursing experience preferably in a hospital setting, obtain the visa screening certificate from the CGFNS, apply and acquire US visa and finally work in the USA. Most important is for our nurses to reach the final destination safely and successfully. However, it has been noted lately that the nursing journey to the USA has become longer, bumpier, and complicated. The sterling qualities of Filipino nurses as caring, compassionate, industrious and flexible that make the best nurses in the world are now questioned after a series of controversies related to and described as unmatch/mismatch between clinical performance and expectations. It is documented that newly arrived Filipino nurses usually experienced the so-called-



reality shock with a higher magnitude than before, faced clinical trauma in a longer time span, required extended orientation, at times confronted sudden termination and faced isolated cases of deportation.

Another major concern is the increasing number of malpractice cases among nurses in the USA (Eltman 2008). While there are no exact figures of Filipino nurses with legal problem, we know that USA, the choice country of destination, is one of the most litigious countries in the world. Fiesta (2004) claims that health care facilities like hospitals and nursing homes are the number one involved of this growing concern.

According to Foz (2009), the famous "Sentosa Case" involving 26 Filipino nurses and one PT is an important case study. At this point, it is not important to pinpoint who the culprits are on this hyped case but rather move on and focus how this incident must not be experienced again by our nurses. Personally, having had the chance to work in the USA for 20 years, including as a hospital nurse educator providing comprehensive orientation to newly arrived Filipino nurses in the USA, I am convinced that a good pre-departure orientation for our nurses can abet experiences similar to the Sentosa nurses went through.

Our own professional association, the Philippine Nurses Association (PNA) in partnership with POEA (Philippine Overseas Employment Administration) has been sensitive to the issues and in response has been conducting a comprehensive orientation program for our nurses (PDOS) Pre-Departure Orientation Seminar.

Quest to Work in the USA and Period of Uncertainty

History of nursing in our country will show that the enrolment in nursing schools is directly proportional to the demand of nurses in the USA. With the retrogression in US immigration process for almost 3 years now, the deployment of our nurses in the USA has also gradually decreased. Corollary, the enrolment in nursing across the country was also affected. In view of the present immigration status, some important questions that seek straightforward answers are: "Is there really a nursing shortage in the USA? Is there still a chance for me to work in the USA? When will the US Immigration lift the retrogression? What happened to the earlier forecast that USA needs half million nurses till 2020?" (Nursing, USA 2009).

The demand for health care professionals especially nurses is still present in the USA, but the openings are centered on RNs with acute care experience and training in special or intensive care areas, ED, Telemetry, OR, PACU. Surprisingly, even with the current shortage, US nurses who are new graduates are also having a hard time to find job for the reason that nurses with more experience and advanced trainings are preferred. Adding to the gloom is the pronouncement of US President Obama to support domestic employment due to recession. He articulated openly the possibility of penalizing US employers who will outsource human resources outside the country. For the thousands of Filipino nurses waiting in the wings, this is not welcoming and even frustrating. The US president also announced that immigration laws will be put on hold at least for this year 2009 to give more priority to health care concerns than immigration matters (Mazuda, 2009). Another common question among our nurses: with the current standing of EB-3 (Employment Based Immigrant Visa), are there still working visas available? If I am waiting for my Packet 4 or interview at the USA embassy, is it acceptable to file for another valid visa? Is it possible to work outside the USA (UK, Canada, New Zealand, Australia) with my pending immigrant visa? Can I file for a working visa and immigrant visa at the same time? These valid immigration questions must be properly answered to avoid possible exploitation.

Thinking Inside the Box, Outside the Box and the Right Box

Where are the Filipino nurses going and where are they heading? What must they do now to be globally readied, ahead and competitive?

Based on my own personal observation and NOT to downplay the well deserved recognition given to our nurses, especially those who graduated with honors, these are not what make you globally prepared or immune from possible nursing malpractice suits. There should be a holistic preparation from the nursing schools that give emphasis to the institution's overall board performance and not to be overly concerned about board placements by their honor students. More attention should be focused to the overall passing performance rather than giving more emphasis to the number of their graduates who landed as topnotchers. In addition, the national passing rate is also not a good measurement to consider since the national passing





rate for the last five years is only around 47% or even lower. The fact remains that more than half of the graduates did not pass the examination. There must be a good reason for separating the passing or failing statistics between the first time test takers and the repeaters? The truth is that, the so called repeaters or multiple test takers remain the graduates of the same schools. More importantly and a definite priority of importance is that the schools ought to ensure that the clinical skills acquired during student clinical rotations match the expectations of future employers.

The NCLEX-CAT or the state board exam has an adaptive format where successful evaluation or result is simply based on pass or failure criteria (NCSBN Monthly Bulletin 2007). No ranking or special recognition is given based on the scores, although individual performance is still analyzed according to the framework of "meeting client needs" (NLNAC 2009). In addition, the schools' overall performance relevant to passing status is strictly monitored by the appropriate agency NLN- (National League of Nurses) and automatic sanction (warning, moratorium and temporary closure) is readily implemented as governed.

Matching Clinical Skills, Educational Preparation with Expectations

A nursing skill that probably require some attention is INFUSION THERAPY.

In the USA, there are 3 major levels of nursing education (BSN, ADN and PN) compared to our country with only one, the BSN (Turner 2008). The LPN or Licensed Practical Nurse is one who had undergone one year of nursing schooling, who after passing the board and attending short Infusion Therapy Course, is readily allowed to initiate peripheral IV. Skills are learned in the actual clinical area under the direct/strict supervision of an RN. The LPN's role in the field of Infusion therapy will eventually expand based on their individual competency performance. According to Phillips (2005), there are many LPNs who are even allowed to give IV push medications, take care of patients with TPN and do intricate blood transfusion administration. Due to the high demand for infusion skills, infusion therapy course including updates on acceptable standards are frequently offered to all nurses.

Since certifications (not licensing) is governed by the national standards, educational programs are offered by all health care institutions free of charge or by the

approved independent educational providers charging minimal fee, but reimbursed by the facility where the nurses are connected. Quality is maintained for the classes and updates are conducted by nursing educators/specialists currently engaged in actual clinical practice of infusion therapy and credentialed (CRNI) by the national organization solely specializing in infusion therapy (INS). Implementation of the educational programs is not controlled by single institution and not endorsed exclusively by the federal agency responsible to regulate the nursing practice.

Peripheral vs Vasculars: How Current are our Practices?

Since 30 years ago or more, due to dramatic changes (PROSPECTIVE vs RETROSPECTIVE) on the USA's health care system, patients even in a regular floor are more acute, with many complications (Gordon, 2005). As the demographics of patients swiftly changed, the major role of an RN related to infusion therapy was to care for patients with VASCULAR ACCESS. It became the majority function of the RNs resolved by providing continuing education. Vascular access is a form of infusion therapy usually done by the MDs in a hospital setting. These can be inserted by several methods like; tunneled, (HICKMAN or GROSHONG), non tunneled (inserted via SUBCLAVIAN VEIN) or implantable (PORT O CATH). Patients commonly receiving the TPN with Intralipids include undergoing massive antibiotic therapy, chemotherapy, autologous blood transfusion and pain therapy. Due to the limited stay of the patient in the acute care and pressure related to the reimbursement system, patients are being discharged either at home (home health nursing) or in the nursing home (long term care nursing), with complex infusion treatments where the peripheral lines are seldom or not use at all (Gordon, 2009; Rice 2008). Moynihan (2008) claims that as the demand for vascular access outside of the hospital setting increased, the role of the RNs expanded, allowing them to insert an IV that terminates at the right atrium or superior venacava (vascular access) using the peripheral route usually the ante-cubital vein called PICC Line - Peripherally Inserted Central Catheter).

The procedures on infusion therapy are quite complex that need keen nursing and assessment skills on the part of the RN. Basically, the infusion therapy is administered using high tech pumps using needle-less concept while adhering to the strict rules of universal precautions, and the concepts of blood and bloody



fluids. Considerations include: length of the therapy solutions to be infused, integrity and availability of the peripheral lines and others (Gorski, 2009).

With the implementation of the new and revised curriculum, jointly and tediously developed by our country's experts in the various fields of nursing specialties, especially those in the academe, hospital administration, regulation, with their extensive nursing experience, and national and global exposures, I am confident that our nurses will be able to deliver the best care and perform nursing functions with "SKILLS" matching the expectations. This will assure that our nurses will be safe and successful in their final destination after the long journey.

As the current chair of the PNA's International Affairs committee, my professional advocacy and personal commitment is to play the role of a simple adviser for our Filipino nurses seeking employment in the United States; that they reach their destinations safely and successfully and NOT end up facing legal battle or setbacks due to mismatch of clinical experience and expectations. I am convinced that with the proper and intensive/comprehensive pre-employment orientation prior to leaving the country, Filipino nurses will not end up with similar fate related to nursing malpractice being experienced by some of our fellow nurses in foreign lands. More than anything else we can maintain and even enhance the sterling reputation of our nurses as "THE BEST NURSE" in the world. In response, PNA as the sole accredited professional organization deeply concerned with the welfare of our nurses is continuously implementing educational programs that will adequately meet the challenge.

DR. RUSTY FRANCISCO is one of the many Filipino nurses who were given the chance to study, train and work in the USA, but one of the few who decided to return to the country to share what he has learned abroad. While in the United States, he has gained tremendous experience working initially as staff RN specializing in the fields of critical care (ICU, CCU, ED, Trauma, Neuro and Open Heart Unit) He climbed the fast ladder and became Director of Nursing Services, Director of Nursing Education/Staff Development, Executive Nursing Administrator and a full time faculty of nursing schools.

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Leading Change Through Nursing Advocacy: A Critical Analysis of the Salary Standardization Law 3 (SSL3) and the Cheaper Medicine Law

Nursing advocacy has significantly contributed to the emergence of critically aware and actively involved nurses that impact nursing practice and people's health. To the credit of the incumbent and previous leadership, nurses in their numbers are now bolder and firmer in asserting their right to decent work-life not only for self-gains, but as importantly, to better serve their patients. Wherever they are, overseas or within the national shores, in the urban center or far-flung community, nurses are engaging deeper into the arena of change formations.

Two issues: nurses' economic rights and people's health have been high in our advocacy list. The

first is a long-running campaign focused on the implementation of the Nursing Law of 2002 that was eventually invalidated and virtually killed by a joint resolution passed last June. The campaign for access to affordable medicines culminated with the enactment of a Cheaper Medicines Law whose provisions still fall short of what was promised.

We are presenting the ramifications of the two important legislations to provide a broader perspective to nursing practice: Nurses Fight for Salaries and Benefits by Connie Gundayao and The Cheaper Medicines' Law: More Access to Affordable, Quality Essential Medicines? by Eleanor M. Nolasco.

Nurses Fight for Salaries and Benefits

By **CONNIE GUNDAYAO, RN**
Education & Training Officer,
Alliance of Health Workers



For young nurse Kristine, it is an entirely new experience. For nurse Aurora from a hospital in Caloocan, it is an effort for a better, decent living. Still for another nurse, it is an attempt to improve our conditions so we can better serve our patients.

But the very reason nurses like Kristine, Aurora and hundred more trooped to the Congress and marched down the streets is the belief that Salary Grade 15 for nurses is legally and morally correct.

Salary Grade 15 for Nurses

The call for Salary Grade 15 for nurse 1 is grounded in Section 32 of Nursing Act of 2002 (Republic Act 9173): "In order to enhance the general welfare, commitment to service and professionalism of nurses the minimum base pay of nurses working in the public health institutions shall not be lower than Salary Grade 15..."

Seven years after Nursing Act was approved, nurse 1 in public hospitals, health centers and institutions

are still under Salary Grade 10, equivalent to a basic salary of P12,026/month.

Salary Grade 15 under the new Salary Standardization Law is equivalent to P24,887¹, an amount which is still less than the minimum cost of living for a family of six in NCR set at P27,100 by National Wage and Productivity Board².

Increasing the salaries of nurses, according to Philippines Nurses' Association (PNA) and Alliance of Health Workers (AHW) will help encourage Filipino nurses to stay and serve in the Philippines and help abate the looming health crisis. In 2003, about 85% of total Filipino nurses work abroad³.

The Department of Budget & Management (DBM) countered that such "upgrading would surpass the entry level of medical and lawyer positions which are now at SG-14" and "...will open the floodgates for other professions to seek similar upgrading."⁴

¹ 4 (b), Modified Salary Schedule, Joint Resolution No. 4, June 1 & 2, 2009.

² National Wage & Productivity Board-DOLE, September 2008.

³ HEAD, 2007

⁴ DBM Presentation, Final Joint Reso Appropriation Committee, February 10, 2009.





Why, then, did the Congress approve the provision on Salary Grade 15 in the Nursing Act in 2002?

As one legislator put it, the problem is that Congress approves laws without ensuring funds to implement them. Such is the case of Magna Carta of Public Health Workers (RA 7305) approved in 1992, wherein some benefits remain unimplemented because of “lack of funds”.

The Battle for Salary Increase and Benefits

Nurses joined other health workers in different activities like trooping to the House of Representatives and Senate, lobbying with individual representatives and senators, press conferences, and local actions in hospitals.

The press conference in Philippine General Hospital in June last year formally started the renewed struggle of nurses for salary grade 15. This was followed by the participation in the State of the Nation Address (SONA) 2008 protest action in July that year. One turning point was the announcement by DBM in a meeting called by them in September last year about some “proposal” for nurses, which was supposedly “better” than the call for Salary Grade 15.

Alas, the “better” proposal turned out to be the House Joint Resolution No 24 (JR 24) sponsored by House Speaker Prospero Nograles, which did not only denied the call for salary Grade 15 for nurses, but threatened to remove the benefits in Magna Carta of Public Health Workers. JR 24 became the precursor of House Joint Resolution No 36, later merged with Senate Joint Resolution No 26 to become the Bicameral Joint Resolution No 4.

⁵ AHW Computation for Different Salary Grades, 2009

Nurses, health workers, teachers and other government employees unfailingly followed through all the committee hearings and plenary sessions, held occasional hospital local actions and regularly released statements to the media and public about our position. Significant activities included the December 8, 2008 march to Congress (last activity for 2008), April 20 trooping to the HOR for the privileged speech of Rep Satur Ocampo about health workers and health care in general, Senate trooping in May for Sen. Loren Legarda’s privileged speech about salary increase, and of course the deciding plenary sessions of HOR, Senate and Bicameral Conference of both Houses on May 20, May 27, and June 1, respectively.

Notable indeed is the participation of nurses from the National Center for Mental Health, Ospital ng Maynila, Veterans’ Memorial Medical Center, Jose N. Rodriguez Memorial Medical Center (Tala), Malabon Health Center, Jose Reyes Memorial Medical Center, and Philippine General Hospital.

The campaign under the leadership of the Philippine Nurses’ Association took a national coverage with local PNA chapters and some nursing interest groups joining the call for salary increase and even dramatized their plight through actions like ribbon-wearing, streamer hanging in hospitals, petition-signing, radio and TV and media promotion, for a and other educational activities.

Winners and Losers

Notwithstanding the national clamor of nurses’ for the implementation of Nursing Law 2002, on June 17, 2009, President Gloria Macapagal-Arroyo signed Executive Order No 811, the new Salary Standardization Law 3, pursuant to Joint Resolution No 4 approved by Congress.

SSL3 superseded all laws about salaries and benefits for nurses and health workers including the Nursing Law and the Magna Carta of Public Health Workers.

The new salary scheme gives nurse 1 Salary Grade 11 or one grade higher from the current Salary Grade 10.

Salary Grade 11 is equivalent to P18,549, or an increase of P6,523 spread out in four (4) years. This is P6,338 short of the increase for Salary Grade 15⁵ pegged at roughly P25,000.





Lessons Learned

Have we gained anything at all? Definitely. We may not have won the “war” but we gained invaluable lessons from the battle for decent wages and humane work conditions. We won some economic concessions from our campaign and we generated a lot of goodwill and support from the public and various sectors who understood our plight. We also got to know who we can rely on in the legislative chambers; those who firmly stood by our side and stayed the course despite knowing the final outcome of the bill.

In this fight we got to know our friends, and those who do not deserve our support.

We are hats off to Sen. Pia Cayetano (the last woman/senator standing with us during the Bicameral Conference) and to the other honorable lawmakers namely Sen. Allan Peter Cayetano, Rep. Satur Ocampo, Rep. Luz Ilagan, Rep. Liza Masa, Rep. Carlos Padilla, Rep. Teofisto Guingona III, Rep. Rafael Mariano, Rep. Rufus Rodriguez.

We congratulate ourselves, and our fellow health workers for putting up a good, brave fight.

The Continuing Struggle for Salaries, Rights, Benefits & Better Services for the People

The fight in the legislative chamber for this particular issue may be over as we await the implementation of the first tranche of SSL3 in July.

But the war ain’t over yet. We have to zealously watch over our hard-won benefits, as Joint Resolution No 4 provides that “DBM in coordination with agencies concerned, shall determine the qualifications, conditions and rates in the grant of said benefits.”⁶

There is also the issue of nurses and health workers employed by local government units receiving only

percentages of the salaries of national counterparts, based on income class of provinces and municipalities, contrary to what the Magna Carta provides.

The road to the just recognition of our economic rights as nurses alongside the right of our patients to quality health is long and winding. But as the song says, “together we shall overcome.”

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SALIENT FEATURES OF SALARY STANDARDIZATION LAW 3*

- Upgrading of NurseI (SG10 to SG11), NurseII (SG14 to SG15), NurseIII (SG16 to SG 17), NurseIV (SG18 to SG19), PHN1 (SG12 to SG15), PHN2 (SG16 to SG 17)
- Salary Increase of 42%-138% for different salary grades, to be divided equally in four tranches, beginning on July 1, 2009 until 2012
- Magna Carta Benefits will be reviewed by DBM, all consultative councils are dissolved
- LGU employees will receive percentages of national rate, based on income class, starting on January 2010

⁶ p.13, Joint Resolution No 4, June 1 & 2, 2009





The Cheaper Medicines Law:

More Access to Affordable, Quality Essential Medicines?

By ELEANOR M. NOLASCO, RN
Chairperson, Department of Political Affairs, PNA
Convenor, Consumer Action for Empowerment¹



“Health is a fundamental human right. It is the responsibility of the state to ensure that the people have access to quality health care.”

- Alma Ata Declaration 1978

The Cheaper Medicines Law was enacted in June 6, 2008 to provide the people greater access to affordable, quality essential medicines. As early as 1988 the problem of expensive drugs has already been recognized as a barrier to health and the primordial reason is the profit-orientation of the multinational companies that controlled the drug industry. Thus, the passage of the Generics Law that year was much heralded as it promised to make available lower-priced generics equivalent to the branded medicines. The law however proved no match to the entrenched presence of the big MNCs who monopolized all facets of the drug industry from manufacturing to distribution coupled with aggressive product marketing and media promotion.

Twenty years later, on June 6, 2008, Republic Act 9502 otherwise known as “Cheaper Medicines Law” was enacted to (again) address the problem of high drug prices. One year after, President Macapagal issued EO 821 effecting the Mandatory Drug Price Regulation (MDRP), a provision in the law that empowers the president to regulate and reduce prices of essential medicines during extraordinary situations such as the current global crisis.

While welcome and beneficial for some chronic patients on long-term medication, the Executive Order covered only 21 essential molecules out of the 600-plus listed in the National Drug Formulary. The order did not include widely used medicines or first-line medicines for prevalent diseases such as TB and even renal conditions.

Further, the baseline used for price reduction was those of innovator brands that are already priced exorbitantly. Like Amlodipine 10mg., anti-hypertensive drug, the baseline used was Pfizer’s Norvasc sold at P77 per 10mg. Under the MDRP, the reduced price is 38.50, still considerably high and not affordable for a minimum-wage earner. This drug also has a generic equivalent that costs a lot cheaper at P11.00.

In the law, the power to regulate drug prices rests solely on the President upon the recommendation of the Health Minister. The law does not provide for the representation of consumers and other stakeholders in so vital and essential issue such as medicines. Neither is the law mindful or explicit in providing support for Filipino drug manufacturers that hold a measly 5% market share of the billion-dollar drug industry (DAP 2004). Through the years, their number has further dwindled from 300 Filipino companies in the 80s to 27 current with 8 up for sale (DAP ‘04) due mainly to inability to compete with the foreign companies that have the advance technology and the vast resources.

As health service providers, nurses must also be advocates for patients’ rights, including the right to accessible, affordable quality essential medicines. Many in our ranks have, in fact, responded to the challenge of this advocacy and have signed up as members of a loose coalition of consumers launched early this year. The centerpiece program of the Coalition for Consumers’ Empowerment is “access to low-cost safe quality essential medicines” and among the founding members was the Association of Community Health Nurses and People’s Advocates, also known as NARS or *Nagkakaisang Narses sa Adhikaing Reporma para sa Kalusugan ng Sambayan*. The latter believes that for the nursing profession to stay dynamic and relevant it must engage in issues that impact both the nursing practice and the people’s health.

¹ Consumers’ Action for Empowerment is a coalition of organizations and individuals for safe, affordable and accessible essential medicines.





Needs Expectations and Needs Fulfillment Among Selected Groups of Nurses in Leyte Province

By **IRMA P. MAGSAMBOL**, MA in Health Education, RN, RT
UP Manila-School of Health Sciences (Main Campus)
Palo, Leyte



Abstract

A pilot-tested survey questionnaire was administered to randomly selected Nurses in Leyte to determine their needs expectations and needs fulfillment and whether differences exist between their pre-training needs expectations and the intra-group needs fulfillment. The respondents were grouped twice according to work environment and according to type of Nursing Curriculum they graduated from. The study framework was based on Maslow's Hierarchy of Needs. Findings revealed that ranking of Maslow's Hierarchy of Needs was not unanimous among respondents. As regards expectation from the nursing profession during enrollment, respondents considered love and belongingness or social needs above self-actualization and self-esteem/ego needs. The results further revealed that during employment, respondents achieved self-actualization above ego, safety, and physiological needs. The study concluded that all respondents as nurse practitioners achieved self-actualization regardless of work environment and nursing curriculum they finished. However, they had not given due regard to their self-esteem needs.

Introduction

Nurses in the Province of Leyte are products of two different types of curriculum, either of the Nursing Curriculum approved by the Commission on Higher Education, classified as Traditional Schools of Nursing (in this study), or of the University of the Philippines Manila-School of Health Sciences [UPM-SHS] Step-Ladder Curriculum. Traditional Schools of Nursing enrolled students mostly from affluent family and passed the school's entry academic requirements (Gasco, 1986; Oledan-Silvano, 1977). While UPM-SHS admitted students who were endorsed by their respective

barangays without taking/passing the University of the Philippines College Admission Test or UPCAT.

All the nurses as human beings had needs to be fulfilled. The needs in this study were classified according to Maslow's Hierarchy of Needs (Klausmeier, 1977) which claims that every individual has an active will towards health, an impulse towards growth and realization of her potential. The theory asserts that lower needs dominate an individual until replaced by higher needs; that unless physiologic and safety needs are partially satisfied, attention will not shift to higher needs (Darley and Glucksberg, 1981).

Nurses who passed the Licensure Examination applied for jobs and exposed themselves to various work environment in Leyte as: (1) Education Nurses who were employed by the Department of Education or who were serving as instructors in Region 8 Health Training Center and in any of the schools of nursing; (2) Private Nurses who were working in private hospitals, private clinics, companies and industrial firms; and (3) Government Nurses under the Department of Health (DOH) and Rural Health Unit (RHU) whose employment was related to either hospital work or community health work. For this study, these nurses were also classified as graduates of UP Manila School of Health Sciences (UPM SHS) and Traditional Schools of Nursing.

Research Objectives

The main objective of the study was to determine the needs expectations and needs fulfillment among selected groups of nurses in Leyte. Specifically, it aimed to determine whether differences exist between the pre-training needs expectations and the intra-group needs fulfillment of the respondents classified





according to work environment and type of nursing curriculum they graduated from.

Study Framework

During enrollment, a nursing student expects fulfillment of needs from the nursing profession. When practicing as a nurse, the individual strives to achieve fulfillment of those needs that she expected from the profession. In a work environment, the professional nurse experiences various degrees of integration of personal needs (Klausmire, 1977) against several types of demands within the workplace.

The study hypothesized that wherever a nurse had been employed and whatever type of curriculum/training she/he had undergone, there would always be an interplay of Maslow's Hierarchy of Needs, the fulfillment of which she/he would constantly seek.

Methodology

The study employed the descriptive design. Data collection was done through a survey to qualified sample of 158 respondents (DOH/RHU, 99; Private, 30; Education, 29) from two cities and 40 municipalities of Leyte province. They were chosen through stratified random sampling. Stratification variables were work environment (Education, DOH/RHU, Private) and type of nursing curriculum (UPM-SHS Step-ladder and the Traditional Nursing Schools).

The research tool consisted of a survey questionnaire divided into four sections. Section one sought for the educational and work background of the respondents. Section two sought for the needs expectations of the respondents from the profession during admission to the nursing course. Section 3 consisted of indicators of job satisfaction as those in Section 2 to determine needs fulfillment of the nurses during employment. Section 4 consisted of two open-ended questions to determine the reasons why the respondents opted to employ in the work environment that they served.

Data was analyzed using the t-test specifically the pooled-variance formula, Analysis of Variance (ANOVA), Duncan's Multiple Range Test, and the Scheffe's Test. Level of significance was set at 0.05.

Results

Characteristics of the Respondents

This is described in terms of their highest educational attainment and years of service. Majority (103, 65.18%) who were classified according to work environment were graduates of the Bachelor of Science in Nursing Program; 23 or 14.56% were graduates of the three-year diploma program, and 20 or 12.68% were graduates of UPM-SHS. Ten of the respondents had master's degree. All the respondents were employed in various fields of nursing, except the graduates of UPM-SHS, who were all employed by the DOH/RHUs.

Majority (41, 81.48%) of the respondents have rendered 5 to 10 years service as nurse practitioners, while 36 or 68.92% have served from more than 10 years up to 20 years. The findings revealed that a great number of Leyte nurses had been serving the local people from one to two decades, most of whom were DOH/RHU nurses

Needs Expectations and Fulfillment of Education, Private, and DOH Nurses

The mean score shown in Table 1 indicates the description of the respondents' level of needs expectations and fulfillment. Using mathematical rounding-off of numbers, 1.0-1.8 was considered falling under low expectation/fulfillment; 1.9-2.8 as moderate expectation/fulfillment; and 2.9-3.0 as high expectation/fulfillment. Findings revealed that all the nurses grouped according to work environment had moderate expectations of all their needs from the nursing profession during admission to the nursing course. The respondents achieved moderate fulfillment of safety and security, love and belongingness, self-esteem and self-actualization needs but, low fulfillment of physiological needs during employment.

Table 1 likewise shows a different ranking of values by the respondents based on Maslow's Hierarchy of Needs. None from the respondents' expectations and fulfillment had a similar ranking of the five needs; except for the Private Nurses and the DOH/RHU Nurses, bottom expectations and fulfillment was physiological needs and the top expectations and fulfillment of Education and Private Nurses was





Table 1. Ranking of Needs Expectations & Fulfillment of the Leyte Nurses Based on Maslow's Hierarchy of Needs

RANK	EXPECTATIONS						FULFILLMENT					
	EDUCATION NURSES		PRIVATE NURSES		DOH/RHU NURSES		EDUCATION NURSES		PRIVATE NURSES		DOH/RHU NURSES	
	NEED	MEAN SCORE	NEED	MEAN SCORE	NEED	MEAN SCORE	NEED	MEAN SCORE	NEED	MEAN SCORE	NEED	MEAN SCORE
1	Belongingness	2.57	Belongingness	2.63	Belongingness	2.69	Self-actualization	2.37	Self-actualization	2.34	Belongingness	2.52
2	Self-actualization	2.55	Self-actualization	2.62	Self-actualization	2.60	Belongingness	2.20	Belongingness	2.33	Self-actualization	2.42
3	Physiologic	2.47	Self-esteem	2.55	Self-esteem	2.59	Self-esteem	2.05	Safety & security	2.12	Safety & security	2.13
4	Safety & security	2.42	Safety & security	2.43	Safety & security	2.5	Safety & security	2.01	Self-esteem	2.0	Self-esteem	2.09
5	Self-esteem	2.41	Physiologic	2.33	Physiologic	2.46	Physiologic	1.67	Physiologic	1.84	Physiologic	1.82

self-actualization needs. The rest of the needs had different locations in the respondents' hierarchy of needs. Among Education Nurses, self-esteem needs was at the bottom and could therefore be interpreted to be a basic need expectation for them. As to needs fulfillment, self-esteem among Education Nurses rose up to the third rank. However, among Private Nurses, their self-esteem need slipped to the fourth rank.

The Pyramidal Presentations of the Needs Expectations of Education, Private, and DOH/RHU Nurses are shown in Figure 1. The findings shows that Education, Private, and DOH/RHU Nurses had Love and Belongingness needs as the highest needs expectations; Self-actualization was second.

Figure 2 also shows that nurses had different ranking of values in the third, fourth and fifth ranks. However, no significant differences were found between the needs expectation of Education Nurses (mean = 2.47, standard deviation = 0.47); Private Nurses (2.50, 0.34); and DOH/RHU Nurses (2.57, 0.29).

Needs Fulfillment of Education, Private, and DOH/RHU Nurses

Findings revealed different ranking of values (Figure 3) with Education and Private Nurses having achieved self-actualization while the DOH/RHU Nurses had love and belongingness needs as the highest. To Education Nurses and Private Nurses, love and belongingness

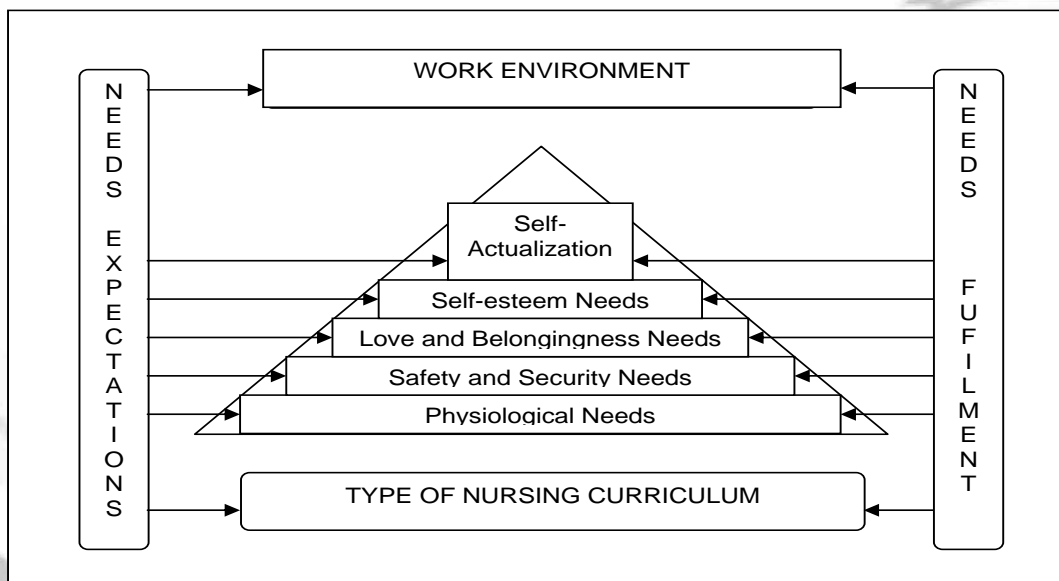


Figure 1. Needs Expectations and Needs Fulfillment as affected by Work Environment and Type of Nursing Curriculum



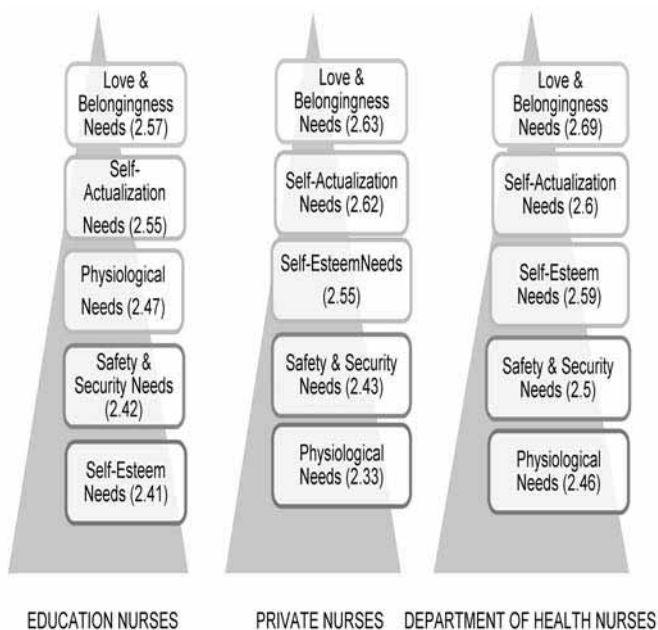


Figure 2. The Pyramidal Presentation of the Needs Expectations of Education, Private, and DOH/RHU Nurses

needs was the second fulfilled need; as with DOH Nurses it was self-actualization that stood second in rank. Self-esteem needs was the third fulfilled need among Education Nurses. To Private and DOH/RHU Nurses, self-esteem needs ranked as fourth. Safety and Security Needs was fourth in rank among Education Nurses. Physiological Needs was the last achieved need to these groups of respondents.

Findings revealed no significant differences in the mean fulfillment scores between the Education (mean = 2.06; standard deviation = 0.43); Private (2.15, 0.34); and DOH/RHU Nurses (2.16, 0.36).

Findings revealed no significant differences in the intra-group mean fulfillment scores needs among Education, Private, and DOH/RHU Nurses. However, cross sectional analysis of the intra-group needs fulfillment among Education Nurses revealed significant differences (F value = 8.5177; df = 4) among these groups. The Scheffe's Test revealed significant differences between the intra-group mean fulfillment scores among Education Nurses that is, love and belongingness needs was significantly higher than physiological needs, and self-actualization was significantly higher than physiological needs. The

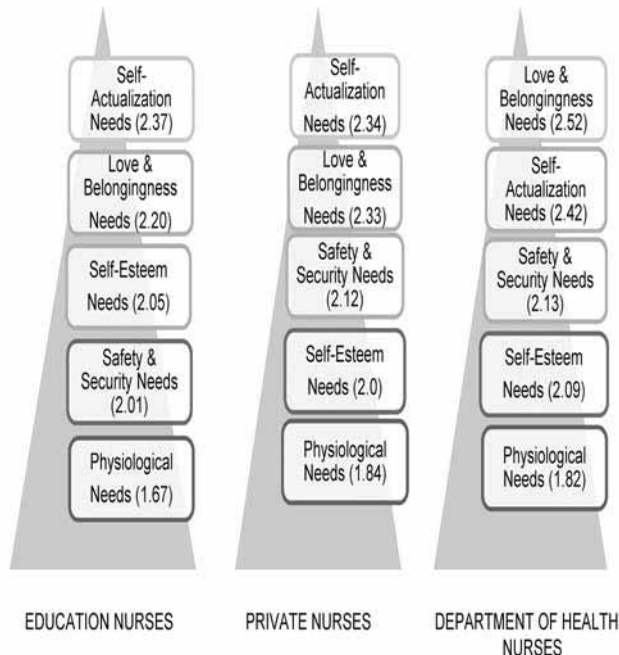


Figure 3. The Pyramidal Presentation of the Needs Fulfillment of Education, Private and DOH/RHU Nurses

same results were found among private nurses and DOH/RHU nurses.

Needs Expectations and Fulfillment of the UPM-SHS Step-Ladder Curriculum Nursing Graduates and the Traditional Schools of Nursing Graduates.

Table 2 shows that pertaining expectations, UPM-SHS graduates had moderate expectations on physiological needs [mean score: 2.67], safety and security needs [2.67], self-esteem needs [2.81] and self-actualization [2.82]; with high expectation on love and belongingness needs [2.92]. The Traditional Schools of Nursing graduates had moderate expectations on physiological needs [2.41], safety and security needs [2.58], self-esteem needs [2.51], love and belongingness needs [2.62], and self-actualization [2.57]. Concerning fulfillment of needs, UPM-SHS graduates achieved moderate fulfillment of physiological needs [2.13], safety and security [2.33], self-esteem [2.4], love and belongingness [2.49] and self-actualization [2.65]. The Traditional Schools of Nursing graduates attained moderate fulfillment of self-esteem [2.02], safety and security [2.07], self-





EXPECTATIONS					FULFILLMENT			
UPM-SHS GRADUATES			TRADITIONAL SCHOOLS OF NURSING GRADUATES		UPM-SHS GRADUATES		TRADITIONAL SCHOOLS OF NURSING GRADUATES	
Rank	Need	Mean Score	Need	Mean Score	Need	Mean Score	Need	Mean Score
1	Belongingness	2.92	Belongingness	2.62	Self-actualization	2.65	Belongingness	2.41
2	Self-actualization	2.82	Safety & security	2.58	Belongingness	2.49	Self-actualization	2.36
3	Self-esteem	2.81	Self-actualization	2.57	Self-esteem	2.4	Safety & security	2.07
4.5	Safety & security	2.67	Self-esteem	2.51	Safety & security	2.33	Self-esteem	2.02
4.5	Physiologic	2.67	Physiologic	2.41	Physiologic	2.13	Physiologic	1.75

Table 2. Presentation of the Needs Expectations and Fulfillment of UPM-SHS and the Traditional Schools of Nursing Graduates.

actualization [2.36] and belongingness [2.41] but low fulfillment of physiological needs [1.75].

These results are further illustrated in Figures 4 and 5.

Both the UPM-SHS and the Traditional Schools of Nursing graduates had the highest expectation of achieving love and belongingness and the lowest expectation of achieving physiological needs from the nursing profession. Self-actualization was the second in rank expectation among UPM-SHS graduates; and

among Traditional Schools of Nursing graduates, it was safety and security needs; the third in rank expectation was self-esteem needs among UPM-SHS graduates and self-actualization to the Traditional Schools of Nursing graduates; the fourth in rank expectation was safety and security to UPM-SHS graduates and self-esteem needs among Traditional Schools of Nursing graduates.

Pre-Training Needs Expectations of University of the Philippines Manila-School of Health Sciences (UPM-SHS) Nursing Program graduates (F-value = 3.395669, df = 2) and that of the Traditional Nursing Schools graduates

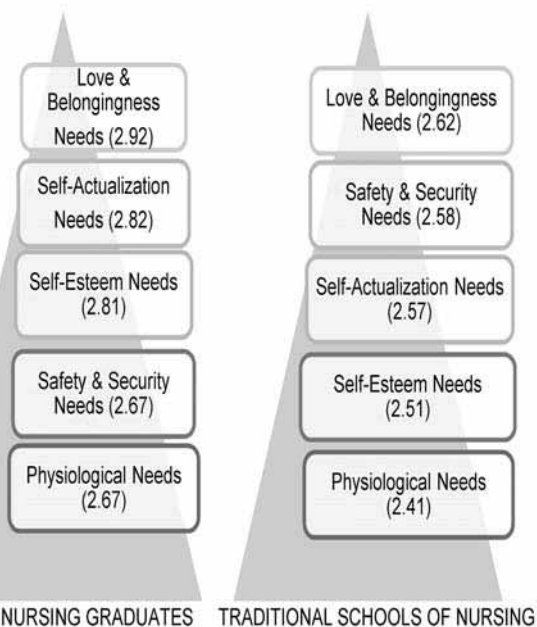


Figure 4. The Pyramidal Presentation of the Needs Expectation UPM-SHS Nursing Program Graduates and the Traditional Schools of Nursing Graduates

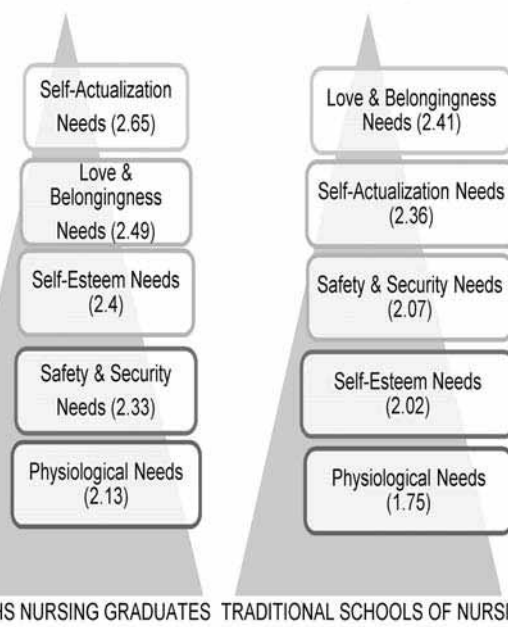


Figure 5. The Pyramidal Presentation of the Needs Fulfillment UPM-SHS Nursing Program Graduates and the Traditional Schools of Nursing Graduates





UPM-SHS NURSING PROGRAM GRADUATES	TRADITIONAL SCHOOLS OF NURSING GRADUATES	MEAN DIFFERENC	T-VALUE	TABULART @ 0.05 LEVEL OF SIGNIFICANCE
2.8	2.12	0.16	1.77	1.96

Table 3. ANOVA Table of the Mean Fulfillment Scores of UPM-SHS Nursing Program Graduates and the Traditional Schools of Nursing Graduates.

(F-value=22.099, df=4).revealed significant differences: love and belongingness was found significantly higher than physiological and safety needs.

Scheffe's Test revealed significant differences: safety and security was significantly higher than physiological needs; love and belongingness needs significantly higher than self-esteem needs.

Needs Fulfillment of UPM-SHS Nursing Program Graduates and the Traditional Schools of Nursing Graduates.

Table 3 indicates no significant differences between the mean fulfillment scores of UPM-SHS and the Traditional Schools of Nursing Graduates.

Findings revealed significant differences between the intra-group mean fulfillment scores of both UPM-SHS (F-value 4.77; df = 4) and the Traditional Schools of Nursing Graduates (F-value = 23.0232, df =4). Scheffe's Test further revealed that self-actualization needs fulfillment was significantly higher than the physiological needs fulfillment among UPM-SHS Nursing Program graduates.

Statistical analysis revealed significant differences between pairs of 5 mean scores. Scheffe's Test and the Duncan's Multiple Range Test revealed: (1) Safety and security, love and belongingness and self-actualization were significantly higher than physiological needs fulfillment; (2) Love and belongingness and self-actualization was significantly higher than safety and security needs fulfillment; (3) Love and belongingness and self-actualization were significantly higher than self-esteem needs fulfillment.

Discussions, Conclusions and Recommendations

Low fulfillment of physiologic needs could cause reduction of output and efficiency (Pigors and Myers,

1973) leading towards decline in self-esteem. As averred by Berger (1980) "the chances of motivating an employee to perform well and contribute to higher productivity over a period of time is possible only when: [1] the employee's physiologic and social needs are generally satisfied; [2] if the employee's ego [self-esteem] needs which include such things as knowledge, achievement, competence, promotion, independence, self-respect and status are recognized and fairly well-satisfied on a continuous basis."

Except among Education Nurses whose pre-training needs expectations had no significant differences, the rest of the findings revealed that love and belongingness and self-actualization needs were significantly higher than physiological needs both in the pre-training needs expectations and intra-group needs fulfillment of all groups of respondents. This would mean that even during enrollment, the respondents already placed love and belongingness and self-actualization needs as expectations from the nursing profession. They achieved those expectations as findings revealed that concerning fulfillment, love and belongingness and self-actualization also ranked significantly higher. Reitz (1981) states that there is greater productivity when workers are satisfied with their jobs. Needs satisfaction, employee performance and productivity are interrelated and supportive of each other. Berger (1981) explains that the motivation towards achieving self-actualization and the desire to fulfill self-actualization needs is an adequate motivating factor to perform well in one's workplace. Pigors and Myers (1973) likewise state that if employees possess a favorable kind of motivation, it would be likely that they would feel contented and satisfied in executing their duties and responsibilities to the best of their potentials. There is one thing however that the nurses had not given due regard - their self-esteem needs. Findings showed that among the respondents, self-esteem need was not able to occupy the second rank where it is properly situated in Maslow's Hierarchy of Needs pyramid (Klausmeyer,1977).





Conclusion

The study concluded that work environment did not affect the needs expectations of the respondents. Although the study revealed that UPM-SHS graduates had higher expectation from the nursing profession than the Traditional Schools of Nursing graduates, statistics showed that no significant differences between the expectations of the two groups; and no significant differences on their needs fulfillment as well. The results probably indicated that when both groups of graduates were already nurse practitioners, they experienced almost the same factors of job satisfaction and dissatisfaction with almost similar perceptions of their experiences related to needs fulfillment.

Recommendations

Administrators of government and private institutions that employ nurses should give due recognition and reward upon objective evaluation to satisfy the self-esteem needs of nurses, particularly those who start as public health nurses. They serve for decades then retire without enjoying a single promotion. The Philippine Nurses Association should propose tangible plans that would uplift nurses' work conditions, morale and self-esteem. For Colleges of Nursing in Leyte, they must be give attention to the factors that contribute to the fulfillment of the nurses' self-esteem needs as this affect their greater performance and productivity. For nurses in Leyte, they should strengthen their own empowerment as they render much attention to their jobs. It is high time that they appreciate the value of self-worth as this would redound to better health service and nursing care of clients. To validate this study, a longitudinal study may be conducted, where data for needs expectations could be gathered from newly admitted nursing students, and data on needs fulfillment determined as they practice the nursing profession.

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IRMA PANGANORON MAGSAMBOL, MA in Health Education, RN, RT is a faculty member of UPM-SHS since 1988. She is a recipient of the UP Manila 2009 Gawad Sentenaryo Professorial Chair Award and UP Manila 2008 Service Award for twenty (20) years of continuous dedicated and committed service to the University. As a faculty member, she handles courses in Nursing Research, Nursing Jurisprudence/Law/Ethics, Nursing Theories and Nursing Management. She also handles Midwifery courses. As Related Learning Experience (RLE) Preceptor, she mentors BSN Students in the Clinical and Community Health Nursing Intensive Community Practicum.





The Meaning-Based Approach to the Nursing Care of Pain and Discomfort¹

By PEARL ED G. CUEVAS, MAN, RN



Statement of the Problem

The study aimed to understand the meaning-based approach to nursing care of pain and discomfort. The purpose was to explicate the lived experiences of patients on the meaning-based approaches of nurses in addressing the pain and discomfort of patients in various nursing centers. Thus, for its objective, the utilization of the said lived experiences would provide empirical support and grounding to the meaning-based approach to nursing care of pain and discomfort.

Method

The patients were purposefully selected to provide variations to the lived experience. All participants were Filipino patients undergoing physiological, psychosocial and/or spiritual pain from the EENT ward, male and female medicine wards of the Jose R. Reyes Memorial Medical Center, a psychiatric institution, and in a community setting. There were twenty two (22) patients and six nurses included in the study. Their permission was sought through explanation of the consent form.

Data collection was facilitated by grand tour questions and conducted bilingually with the use of Filipino and English. The interviews lasted from fifteen minutes to one hour. Participants were referred by their first names on the transcripts. Covert participant observation was used all throughout the interviews. A journal on the perceptions related to pain and discomfort was kept.

In the process of theory building the concept analysis of data was treated using the framework outlined by Avant and Walker (1995). This method included developing a clear definition, identifying antecedents, defining attributes and consequences of the concept. The research approach was qualitative and the design was grounded theory. The data generated from interviews, field notes, documents, journals, participant observation and interview was analyzed for concept formation and development. Through this, the core variable became emergent. Triangulation was the method used to verify the data. This consisted data, area and multiple investigator triangulations, including peer debriefing.

Findings and Conclusions

The interactions of the nurse with the patient creates the meaning-based approach. The nurse as the giver of nursing care to patients with pain and discomfort affects the behavioral, affective and cognitive domain. The nurse shows skills in the behavioral domain while giving temporal nursing acts. A non-meaning based approach to care will result to gaps in care and self learned approaches as the patient's response to pain and discomfort. The patient's responses starts from worry to tolerance while learning the use of self help interventions, faith, expression of life situations and contentment with care.

On the other hand, the meaning-based approach to nursing care comprises both the cognitive and affective

¹ Full Abstract. This paper is a product of course requirement in the PhD in Nursing Program of the UP Manila College of Nursing (Theory Building). The mentorship of Dr. Araceli S. Maglaya, course professor, is acknowledged.





**TAXONOMY of THEMES
MEANING-BASED APPROACH TO NURSING CARE
OF PAIN & DISCOMFORT**

Theme I: Meaning Based Approach

<p>Sub Theme: COGNITIVE</p> <ul style="list-style-type: none"> Prompt Response Fosters Communication Being Service Oriented Shows Efficiency Encourages Reciprocity 	<p>Sub Theme: AFFECTIVE</p> <ul style="list-style-type: none"> Being Trustworthy Shows Virtue Convey Concern Therapeutic Self Constant Presence
<ul style="list-style-type: none"> Generates Comfort Facilitates Improvement Seen as a Special Being Embodiment of Care 	

Theme II: Patient Self Learned Approaches

Theme Clusters: RESPONSES

- Worry
- Tolerance
- Self Help Interventions
- Faith
- Expressing Life Situations
- Contentment

Theme III: Non Meaning Based Approach

Theme Clusters: BEHAVIORAL

- Gives Temporal Nursing Acts
- Gaps in Care

**The Meaning-based Approach to the Nursing care
of pain and discomfort**

The Taxonomy of Explicated Study Themes

domain of the nurses' role. A prompt response on a complaint of pain fosters the communication between the patient and the nurse. Nurses who show efficiency in rendering care are seen as service oriented. This in turn encourage reciprocity as patients would want to participate in their own care based from the rapport established by nurses. Furthermore, this would progress to the affective domain as assimilation of both cognitive and behavioral aspects of nursing care is appreciated through the nurse-patient interaction. The nurse is seen by the patient as a trustworthy partner in health care. The patient fully entrusts her/his body, mind and soul to the care of the nurse. The nurse in turn shows virtue by being genuine to give goodness and care for the patient. The nurse conveys concern with her works, deeds and actions. The self

is used therapeutically with treatments afforded by the nurse to her patients. The constant presence of the nurse acts as a reminder that the patient will be cared for. This generates a feeling of comfort and induces ease, rest and sleep.

The meaning-based approach to nursing care facilitates improvement as several patients attest to feelings of comfort after receiving it. The nurse in turn is seen as a special being that heals the patient. The nurse is included in the patient's prayer as a sign of gratitude to her.

The holistic nurse is an embodiment of the care she renders. The nurse creates the calm environment in any setting that facilitates treatment, healing and recovery from any pain or discomfort.

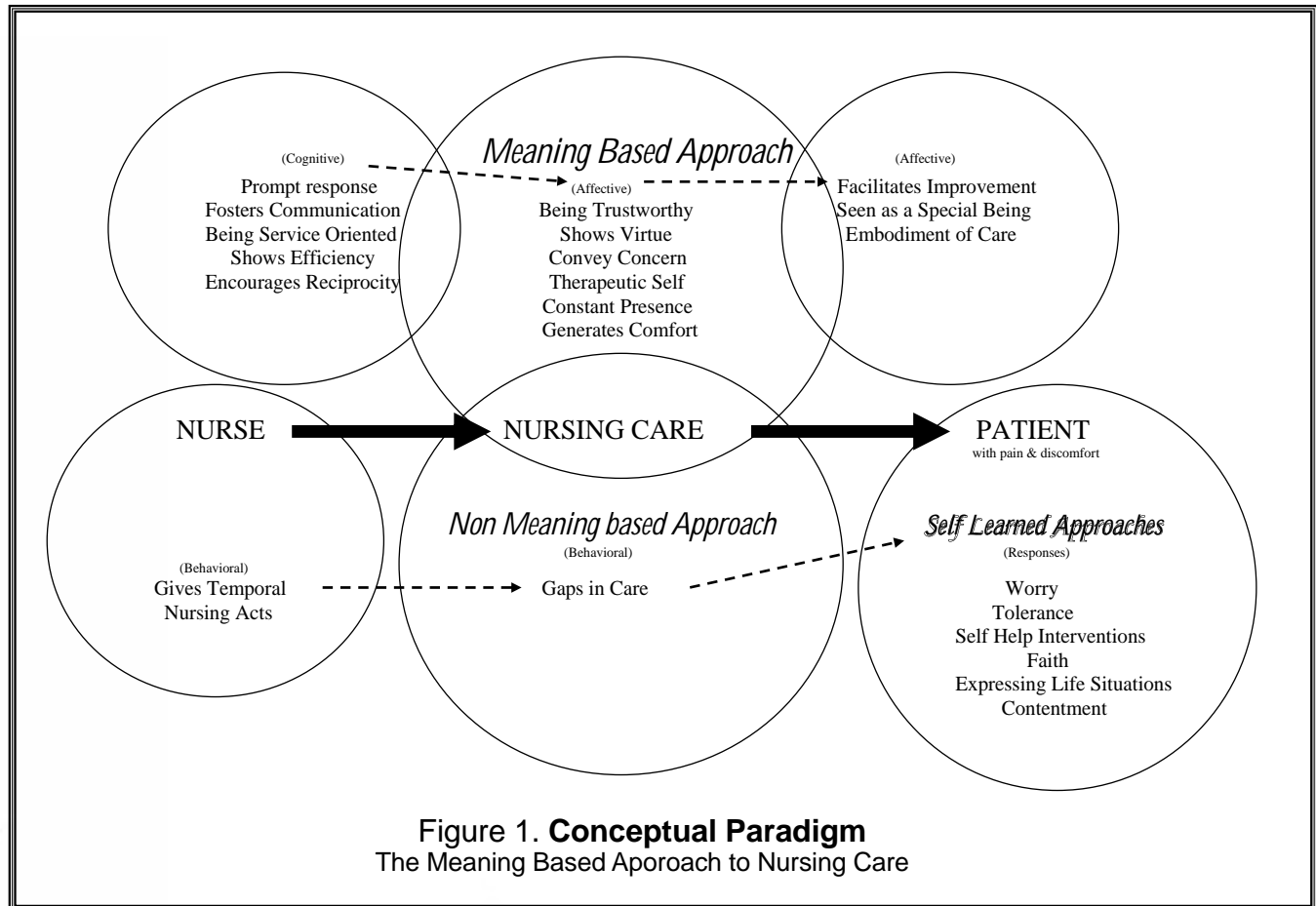
A nursing care model for meaning-based approach (Figure 1, p. 20) as devised was recommended for set up and replication in the clinical settings. Further saturation of data through continued research in various health care institutions was also recommended to establish that the trustworthy findings are not limited in transferability.

PEARL ED G. CUEVAS, RN, MAN, is a faculty of Centro Escolar University Manila, her alma mater. She received her Master of Arts in Nursing in 2005 at the Pamantasan ng Lungsod ng Maynila. She is currently pursuing her Ph.D. in Nursing at the University of the Philippines Manila, College of Nursing, where she started researching on "The Meaning Based Approach to the Nursing Care of Pain and Discomfort." She has presented this research at the First Asia Pacific Conference in Nursing Research, held in Manila (September 2008) and at the Pacific Institute of Nursing Conference, held in Hawaii, USA (March 2009).

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The Feisty PNA President: Teresita I. Barcelo

It is with great pride that honors the leadership of the newly-elected president of the Philippine Nurses Association (PNA), Dr. Teresita Irigo Barcelo. An achiever, she obtained her Bachelor of Science in Nursing, cum laude, from the University of Santo Tomas (UST). She also received her Master of Arts in Nursing and PhD in Development Education, with honors, from the same University.

She has distinguished herself as an academician and public servant. She served as Nurse-Midwife member, Board of Midwifery of the Professional Regulation Commission from 1988 to 1995. After her stint in said Board, she was taken in by the Commission as Consultant for the Continuing Professional Education. She became the Dean of the Faculty of Health Sciences, University of the Philippines Open University (UPOU) in 1999 and rose to become the Vice Chancellor for Academic Affairs of the UPOU in 2001. Her involvement in the international field was when she served as Short-Term Consultant on Midwifery Education in Vietnam.

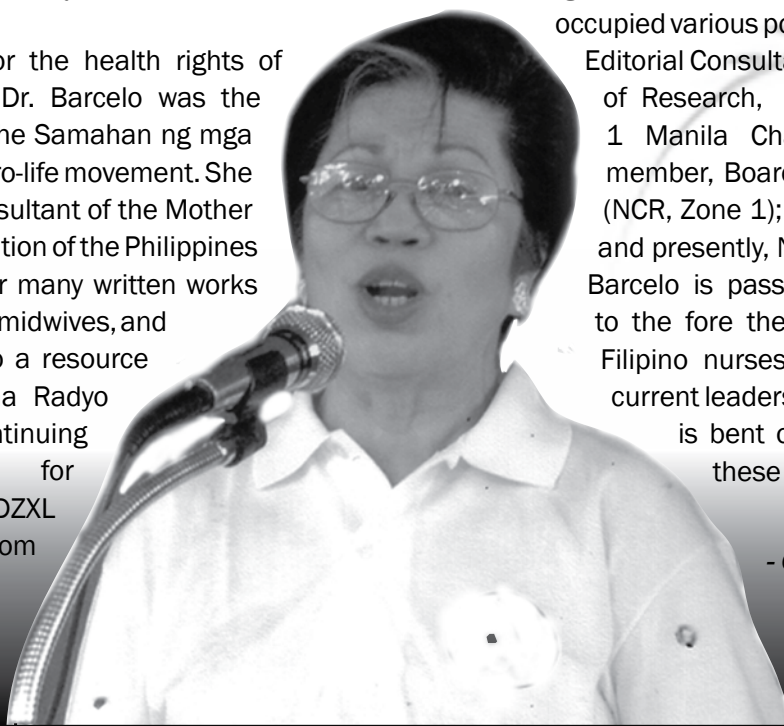
A staunch advocate for the health rights of women and children, Dr. Barcelo was the founding President of the Samahan ng mga Nars para sa Buhay, a pro-life movement. She has been technical consultant of the Mother and Child Nurse Association of the Philippines since 2000. Among her many written works for professional nurses, midwives, and teachers, she was also a resource person for "Komadrona Radyo Kaalaman," a continuing education program for midwives aired over DZXL during Saturdays from

1999 to 2000. Several of her published researches dealt on mothers, women and children, as well.

For her tract record of achievements, Dr. Barcelo has received several awards and citations, some include: "The Anastacia Giron Tupas for 2000," the highest outstanding professional nurse award given by the Philippine Nurses Association; "The Outstanding Thomasian Alumni in Health (TOTAL) and "The Outstanding Achievement in Development Education" both awarded by the UST. A professor at the University of the Philippines Manila College of Nursing, she was a recipient of the University's Centennial Faculty Grant in recognition of her exemplary performance in teaching, research, and extension service. She considers her 2008 Outstanding Teacher Award of the UP Manila, a very special award for her.

She is always ready to speak her mind on urgent professional and social issues. This led her to be recognized as a nursing leader. She has occupied various positions in the PNA: PJN Editorial Consultant; Chair, Department of Research, President, NCR Zone 1 Manila Chapter in 1985, and member, Board of Directors in 2007 (NCR, Zone 1); Governor for the NCR; and presently, National President. Dr. Barcelo is passionate about bringing to the fore the issues besetting the Filipino nurses and, along with the current leadership of the Association, is bent on working to address these issues and concerns.

- Cora A. Añonuevo





The PRC "Outstanding Professional of the Year Award"¹

Dean Divinagracia takes a bow the second time

For Dean Carmelita C. Divinagracia, recipient of the 2009 "Outstanding Professional of the Year" Award, this latest citation is but the icing in the cake of a 4-decade long fruitful nursing practice. Not that she is less thankful or appreciative of this award annually given by the PRC to "professionals who have excelled in their respective fields of specialty", but having made a difference in the lives of many a nurse and having contributed to the elevation of the nursing practice to global excellence, could well be the greatest rewards in her professional lifetime.

The lady from the North has evolved from being an idealistic young graduate driven by passion, dedication and commitment for her chosen profession to successfully reach the pinnacle of practice as nurse exemplar. Passion, dedication and commitment, these, she laments,

seem to be in short supply among the new crop of nurses. Nursing, as a service profession, is slowly being eroded by a materialistic thinking that views it as career or investment for economic gains.

But the lady is unrelenting in her mission to vigorously pursue the principles of nursing foundation namely competent nursing skills with service orientation. This has always been the cornerstone of the UERM College

of Nursing that, under her stewardship, has grown and developed into a respected institution now officially acknowledged as a Center of Excellence in Nursing Education. This is an accomplishment she is mighty proud about: having played a significant role in the successful evolution of the school she herself is a product of.

Dean Divinagracia, owing to her "professional competence and integrity in the exercise of her profession that contributed significantly to the effective discharge of the profession's social responsibility," has rightfully earned the distinctive honor as "outstanding professional" not only in the eyes of her colleagues, but even to the bigger world of other professions.

We fielded the following questions to solicit Dean Divinagracia's views

on some issues and concerns and she gave brief, forthright answers that provided a glimpse into the character of a leader.

Q: As recipient of the two most coveted awards namely, the Anastacia Giron Tupaz Award last year and this year, the PRC Outstanding Professional of the Year Award, how would you describe your feeling?

Proud to be a Filipino Nurse.



Dr. Divinagracia with Dr. Carmencita Abaquin, Chair, BON and Dr. Teresita Barcelo, President, PNA

¹ The conferment of the "Outstanding Professional of the Year" Award by the PRC began in 1997 and constitutes one of the highlights of the observance of the PRC Anniversary Celebration and Professional Regulation Week on June 16 to 22 each year.)





- Q: What do you think were your accomplishments that made you the choice for the latest award as outstanding professional?**
Transformational leadership, integrity and advocacy.
- Q: What is your image of a professional nurse?**
Passionate and nationalist; vocal advocate
- Q: How do you view or rate the present crop of nurses that we produce and the ones in practice?**
On a rate of 1-10, 10 being the highest, I would say 7.
- Q: How would you describe the present state of nursing practice and nursing education? What would be their strengths, if any? What are the weaknesses?**
The fundamental principles of basic nursing skills have been neglected. There must be unified efforts in bringing back the real nursing at the bedside or wherever the patient or client is.
- Q: What are the challenges in the training and preparation of future nurses? How responsive and relevant is the present nursing curriculum? What are the problems and concerns affecting nursing education?**
The great challenge will be towards Globalization to which Nursing Education must be responsive. Nursing programs need to be elevated to Quality Nursing Programs to become globally at par.
- Q: As the dean of a nursing school considered as a "center of excellence" and president of ADCPN, what interventions do you recommend to address the cited problems?**
Nursing programs must submit to accreditation or IQUAME (Institutional Quality Assessment Monitoring Evaluation).
- Q: In the area of nursing practice, what do you see as roadblocks or deterrents in the delivery of quality nursing care?**
We lack role models and autocratic structures in education and health care delivery system. Priorities of nursing practice and education are now more focused on materialism rather than service orientation to people.
- Q: What do you think should be the role of the professional association in advancing the interests of the nurses, especially the local practitioners?**
They perform an important advocacy role on urgent issues and concerns that impact nursing, at the same time, a facilitating role towards the unification of nursing associations and interest groups.
- Q: As professionals, we seem to be treated shabbily, if I may say; receiving low wages while working under poor conditions. Many see leaving the country for employment abroad as their economic salvation. There is in fact an official policy that pushes the migration of nurses since they are the biggest dollar earner. This is a political issue that has burdened the profession for many years now. Do you think it is time we get more actively engaged in the politics of change?**
Nursing is politics. Even in our own work setting we can do small steps and turn these into giant steps for advocacy that will create a major impact.
- Q: What advice would you give the regular nurse in the field?**
Nursing is not a money making venture but a basic component of service to people.
- Q: What legacy would you like to leave? How would you like to be remembered years from now?**
As an advocate of change exercising dynamic leadership for the good of the Filipino nurse.
- Q: How do you see yourself in the short term, like in a year; and, in long term?**
I will continue to exercise leadership by example in all the endeavors I will participate in.
- Q: Do you still have unfulfilled aspirations? Goals still to attain?**
Yes. I hope to still have the energy to sustain my passion in achieving the goal of quality of education in producing Filipino nurses.
- Q: What has been your biggest professional satisfaction or accomplishment? Personal accomplishment?**
Having been chosen "Outstanding Professional Nurse of the Year" following last year's Anastacia Giron-Tupas Award, I feel like 10-feet tall. It is a great honor for me to have been conferred these national awards. This is a recognition and validation of my leadership, integrity and commitment to the nursing profession.

- Eleanor M. Nolasco





Leading Change and the Community Health Nurse¹

By **ERLINDA CASTRO-PALAGANAS, PhD, RN**
University of the Philippines Baguio



Working with and serving the people has always carried with it the expectation that the roles taken on by the community health nurse be relevant. Since health problems have complex social, political, cultural and economic aetiologies, the appropriate role of the community health nurse is to be able to effect planned social change. Community health nurses live and work in a society that is characterised by poverty, exploitation and oppression. And it is an iron law of history that these characteristics of society engender resistance. In the early years of my work as a community health nurse, I have come face to face with the armed struggle going on in the countryside. I have seen (and experienced) the effects of the continuing struggle of the people for social justice, democracy, national independence, material and cultural progress and peace. Not much has changed in this kind of society, thus, it is imperative that the nursing profession identifies its position in the present situation. Only then can it make meaningful contribution to this change and take on relevant leadership roles and challenges.

The democratisation of health - restoring the responsibility of health care to the hands of the people - has always been and continues to be an imperative. Long before the HFA movement, a core principle is for people to be empowered to take more responsibility. Empowerment is achieved through people's participation. However, Arnstein (1996) claims that people's participation is meaningless if it remains limited to the implementation of decisions made "by the top". A redistribution of political power is necessary. It remains meaningless when attempts to speak out are silenced by bullets. It remains meaningless if people continue to be subjected to symptomatic remedies.

To effect change, community health nurses recognize that the health care system is embedded in the larger social system. Inequities in health care closely reflect larger social, economic and political inequalities, referred to as social determinants of health (WHO-CSDOH, 2008). The way mass poverty keeps butting

into and complicating proposals for health care reform is a nagging reminder that there is no getting around the need for a systematic approach to change. While most medical professionals tend to gloss over this fact, it remains that a modern, effective health care system cannot be built on a foundation of medieval poverty. Therefore, attempts to reform the health care system have to be system-wide and deep-going because the sheer magnitude of the problems and their inter-connectedness point to no other conclusion. Piece-meal solutions will at best produce piece-meal results. At worst, these could backfire and exacerbate the situation. Addressing the social determinants of health is what is right and just.

Leading change in community health recognizes that community-based health program or primary health care contributes in a limited manner to the alleviation of the health problems at the community level. It can only be a part of a broader programme to totally improve the status of people in all aspects of national life. Necessary to the success of this scheme is political action emanating from a strong political will to effect structural changes. This is attainable with all sectors participating, under a democratic institution that designs a total development program with the intention of improving the quality of life of the Filipino people. Community-based health programs or primary health care programs to meaningfully contribute their share should prepare all communities for the exercise of the people's common political will - that of achieving a just social order with everyone actively participating. This demands the CHN to take on the role of a change agent with special skills in health care: catalyst/enabler, advocate, educator, organiser, teacher, researcher, conscientizer, learner, supervisor, and health worker. These multifaceted roles indicate that community health nurses in leading change have to learn how to arouse and organise the people, systematise their experiences, their feelings, their skills and action as well as their dreams. This will enable the people to mobilize themselves to move out of their dehumanised conditions. They can build leadership skills and increase community competence;

¹ A more comprehensive discussion can be read in Chapter VII of Palaganas, E. C. (2004). This article is adopted from the ethnographic study among community health nurses in mid 1990s.





People's Health Movement and the Call for "Health for All, Now"

By **CELSO PAGATPATAN, JR., RN, MAN¹**



It has been almost a decade that the **People's Health Movement** has been advocating **Health for All** peoples of the world with strong focus on Primary Health Care. This is based from the analysis that the major cause of increasing inequities in health is the growing unipolar world economic order and its impact on the lives of people around the world. The call to revive the spirit of the Alma Ata Declaration to address world health problems has continuing and even heightened relevance more than ever.

The PHM believes and struggles on the genuine people-centered initiatives to be strengthened to increase pressure on decision-makers, governments and the private sector to ensure that the vision of Alma-Ata becomes a reality. Subsequently, the WHO published its 2008 report entitled *Primary Health Care: Now More than Ever* stating that: "Globalization is putting the social cohesion of many countries under stress, and health systems are clearly not performing as well as they could

and should. People are becoming increasingly impatient with the inability of health systems to deliver. Few would disagree that health systems need to respond better – and faster – to the challenges of a changing world. Primary Health Care can do that."

In a short course held this year in Bangalore, India at the International People's Health University that I had the privilege to attend, together with other community health practitioners and health advocates from 12 countries, there was a unanimous call for all to be part of the global and local campaigns for Health for All. The theme of the course was "Health and Equity" and among the topics discussed were: Social Determinants of Health, Effects of Neoliberal Globalization to Health, Primary Health Care as Theory for Social Change, and Rights-based Approach to Health.

For more information about the People's Health Movement, you may visit its website www.phmovment.org.

¹ Celso Pagatpatan, Jr., RN, is the Community Extension and Research Coordinator, Our Lady of the Pillar College Cauayan. He is also a member of the National Council of the Association of Community Health Nurses and Public Health Advocates, also known as NARS or Nagkakaisang Nurses sa Adhikaing Reporma para sa Kalusugan ng Sambayan – a SEC-registered, PRC-recognized national association of CHNs and nurse advocates.

Leading Change and the Community Health Nurse...

can help the communities identify those specific issues they feel are of greatest relevance within this broader framework; and can help members of the community and other community workers understand the importance of working in a partnership towards empowerment of the community.

In leading change in the community, the CHNs takes on the challenge to start and/or continue caring enough, confronting realities into concrete action, towards "closing the gap in a generation" (WHO-CSDOH, 2008). The emergence of a humane health care system as every person assumes individual and collective responsibility in combating illness, maintaining and promoting health is what is envisioned. Leading change in the CHN's workplace faces the challenge to be patient and persevere because "no matter how long the night, the day is sure to come".¹

¹ Congo proverb in Hope, A. and Timmel, S. (1984). Vol. 1:p.121

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Reflections on the Government's N.A.R.S Program

Nurses Assigned in Rural Service

The Nurses Assigned in Rural Service (N.A.R.S) Project was launched by President GMA on 9 February 2009 in Malacañang Palace during the Multi-Sectoral Summit on "Joining Hands Against the Global Crisis" as a "pump priming" strategy to mitigate the impact of the global financial crisis.

The NARS is Training cum Deployment Program, aimed at addressing the glut in inexperienced nurses and the proliferation of "volunteer nurses" working in hospitals who in many instances even pay for the experience. It also aims to promote health of the people and bring the government closer to them.

Unemployed nurses will be mobilized in their hometowns as warriors for wellness to do the three I's: initiate primary health, school nutrition, health programs, and first-line diagnoses; inform about community water sanitation practices and do health surveillance; and, immunize children and mothers. The nurses also serve as roving nurses for rural schools.

Nurses, at an average of 5 per municipality, are deployed to the 1,000 poorest municipalities for 6 months. Another batch will take over for the same period. The nurses undergo competency training enhancement on both clinical and public health under a training program designed by the Department of Health (DOH) and the Professional Regulation Commission-Board of Nursing (PRC-BON). The nurses receive an average allowance of P8,000.00 per month.

Upon completion of the training program, the nurses receive a Certificate of Completion jointly issued by the DOLE, DOH and PRC. This certificate qualifies for the work experience requirement of hospitals and other health facilities, local and overseas.

The following are testimonies from the first batch of nurses assigned in Eastern Samar, which happens to be their hometown.

RONALD REGAJAL, R.N., 27

Address: Brgy. Bolusao,
LAWAAN, Eastern Samar
Centro Escolar
University - Manila
Master of Arts in Nursing
2008-2009 (undergrad)

University of Perpetual Help - Las Pinas
Bachelor of Science in Nursing, Batch 2008



Once an opportunity knocks, grab it. To date, thousands of unemployed registered nurses all over the country are yet to have their first professional experience. We are very lucky to be part of the NARS project of Pres. Gloria Macapagal-Arroyo through the collaborative effort of DOLE, DOH, PRC-BON and PNA. Thank you very much for making me appreciate the uniqueness of Nursing from any other profession because it's caring and nurturing nature.

MARK LIMUEL LONGATANG, R.N., 23

Address: Brgy. Sta. Cruz,
QUINAPONDAN, Eastern Samar
Southwestern University - Cebu
Bachelor of Science in Nursing,
Batch 2008



The NARS PROJECT was really a great opportunity for the huge number of unemployed nurses like me. I thank President Gloria Macapagal-Arroyo because she gave a big nod to the nursing profession. It's a fact that it's difficult to land a nursing job without an experience. Applying with NARS PROJECT was like hitting two birds with one stone. In six months' time, I was given a chance to apply my knowledge, enhance my skills and develop a good attitude in giving care to clients/patients in the hospital and community setting with compensation.





JOHN VINCENT CILLO, R.N., 22
Address: Brgy., LAWAAN,
Eastern Samar
St. Scholastica's College -Tacloban
Bachelor of Science in Nursing,
Batch 2007



The NARS project provided training experience not only in a hospital setting but also in the community. Through this project, I gained and strengthened my can knowledge, enhanced my nursing skills that can help me in future endeavors.

SHIELA CUSTODIO, R.N., 22
Address: Brgy. Sulangan, GUIUAN,
Eastern Samar
Remedios T. Romualdez Memorial
Medical Foundation-Tacloban
Bachelor of Science in Nursing,
Batch 2008



The NARS program has helped me to become more patient and firm in dealing with the people in the community. Although I am a naturally people-oriented person, giving health teachings and health care to people who can be "difficult" or so-called "pasaway", has been a tough challenge for me. Balancing between giving tender loving care to patients while being firm and strict at the same time has helped me become a better person. If not for the NARS program, I couldn't have been exposed to different kinds of people living in the community. It has helped me improve my interpersonal skills in dealing with the different age groups. Most importantly, I have been trained to become a more efficient nurse.

MAY KRIS BALAIS, R.N., 22
Address: Brgy., BALANGIGA,
Eastern Samar
St. Scholastica's College -Tacloban
Bachelor of Science in Nursing,
Batch 2007



"I am so thankful I was able to join the first batch of NARS PROGRAM TRAINEES. It is such a nice and fulfilling experience. Every day I look forward to my duty so that I could share to the

people the things that I've learned as a nursing student and also to be able to gain new insights from the people I work with in health care delivery system. I thank all the staff of AMDMH and RHU Balangiga for their patience in teaching us and sharing with us their expertise in health care. I thank all the people behind NARS PROGRAM. It's such a great learning experience. It is toxic but I love its toxicity...it brings out the best in me....."

J-ELENA S. MACAWILE, R.N., 21
Address: Brgy. 3, QUINAPONDAN,
Eastern Samar
Holy Infant College -Tacloban
Bachelor of Science in Nursing,
Batch 2008



"Through the NARS program I am able to practice my profession even just for a period of 6 months especially this time that thousands of nurses are unemployed. I wish to express my kindest gratitude to the DOLE, PRC-BON, DOH and PNA for taking care of the NARS project. This can be a stepping stone for me to land in a good job. I hope there will be more opportunities for employment for us nurses".

MA. JACKLYN C. RAMIREZ, R.N., 21
Address: Brgy. 1, QUINAPONDAN,
Eastern Samar
St. Scholastica's College -Tacloban
Bachelor of Science in Nursing,
Batch 2008



"The NARS project not only ensured optimum health care and health education to the people. It also helped the health care provider like me, in enhancing one's skills and knowledge both in the clinical and community areas. Thus, the relationship is reciprocal - benefitting both patient and health care personnel.

Thank you to the national government through the collaboration of PRC-BON and PNA for providing this meaningful experience for unemployed nurses all over the country."





Viewing N.A.R.S. with another lens

By **CYNTHIA VARGAS, RN**

Director, Field Assistance Unit

Secretariat, Council for Health and Development, Inc.¹



The *Nurses Assigned to Rural Service* or NARS government's program is a labor cum health project addressing the nursing labor glut while providing primary care services for the poorest communities. As a labor strategy, the short-term project may benefit some 5,000 unemployed new nurses who will receive a monthly allowance of Php 8,000 while deployed for six months in some 1,000 poor communities. As a health care intervention, however, the project is unlikely to take off even with the 3 I's (initiate, inform and immunize) and the lofty intentions of the purveyors. It would have been well for those who formulated the NARS program to have revisited the long history of Alma Ata - PHC framework and reviewed the important lessons as to why the universal goal of "Health for All in 2000" has not been met and continues to be a pipe dream till now.

One basic principle in any community project is to start from where the people are and build with what they have. This means immersion and integration in the community that definitely takes longer than six months. The nurse maybe the skilled one but the people are the "prime movers" for shaping their health and life. We do not go to a (poor) community simply to provide health services. We participate in a developmental process where the first basic step is to listen to the people's stories of disease and poverty and unearth the reasons and factors that contribute to their plight. In most cases, you learn that their health problems are intertwined with

economic, social and political issues that impact their lives. And as important as, or more than health services, the poor need the basic requisites for survival namely food, shelter and livelihood.

The challenge for the community health nurse is how to engage the people to participate in their own health management by serving as a catalyst of change. The people are our active partners and not just passive recipients of our services. We need to look more holistically at the people's situation so our proposed interventions are feasible and grounded in their realities. Otherwise, we may just be giving them false hopes, more problems than solutions, and ending up unwitting partners of programs that push the poor deeper into the quagmire of helplessness and ignorance instead of empowering them to emerge from it.

There is too, the training certificate to be issued to the participants of the 6 months program that is touted to serve as their passport to regular nursing jobs to hospitals, here or abroad. Given the generally impoverished state of hospitals and health facilities in the countryside, unequipped and undermanned, how can this "training" be at par with the requirements of tertiary urban hospitals?

Given the above, one is tempted to ask for whose service really is the NARS or Nurses Assigned to Rural Service?

¹ The Council for Health and Development, Inc. is a consortium of community-based health programs (CBHPs) all over the country with a Secretariat that serves to coordinate and facilitate assistance in terms of training and education, research, resource generation and networking. The writer is a CBHP nurse.





PNA Updates

Amended PNA By-Laws



**THE NEW BY-LAWS OF THE
PAMBANSANG SAMAHAN NG MGA NARS
NG PILIPINAS, INC.
(FORMERLY: PHILIPPINE NURSES ASSOCIATION, INC.)**

PREAMBLE

We, the Filipino nurses, conscious and committed to promote and protect the people's health implore the aid of the Divine Providence in our desire to widen the scope of our professional services, advancement and development; and having organized ourselves into a unified national association do hereby ordain and promulgate these By-Laws.

Article I DECLARATION OF PRINCIPLES AND STATEMENT OF POLICIES

Section 1. In establishing the overall direction of the association, paramount considerations shall be national interest, integrity and better health for the Filipino people.

Section 2. Constitutional right of the members shall be upheld and preserved and efforts shall be employed to prevent any violation of such.

Section 3. The standards of nursing shall be maintained by the profession in its total commitment of providing quality health care.

Section 4. The Association shall provide the structure for participative decision-making through democratic consultation.

Section 5. The Association shall strengthen intra and extra professional and multi-sectoral linkages and cooperation in the pursuit of its vision, mission and programs of action.

Section 6. The Association shall maintain a non-sectarian, non-partisan stand but shall exercise the political will, as a collective body to strengthen the profession as a social force.

Article II GENERAL PROVISIONS

Section 1. Official Name – This Association shall be known as PAMBANSANG SAMAHAN NG MGA NARS NG PILIPINAS, INC. (Formerly: Philippine Nurses Association, Inc.) The accredited national organization of professional nurses by the Professional Regulation Commission.

Section 2. Purposes – The fundamental purposes of the organization shall be to:

- a. attain optimal level of professional standards;
- b. work for the welfare of nurses;
- c. respond to the changing health needs of the Philippine society, and
- d. establish linkages with government, non-government, local/national and international agencies in the attainment of health goals.

Section 3. Principal Office - The principal Office of the Association is at 1663 F.T. Benitez Street, Malate, Manila City.

Section 4. The corporate seal of the Association shall be circular in form with laurel leaves and a triangle bearing the words PAMBANSANG SAMAHAN NG MGA NARS NG



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PILIPINAS, INC. Within the Triangle is a lamp. The color shall be white, green, gold and black. The founding year, 1922 shall be included.

Section 5. The logo of the chapters shall correspond to the design of the corporate seal.

Section 6. The Nurses Week Celebration Anniversary and the Annual Convention shall be held every last week of October.

Section 7. The fiscal year of the Association shall be from November 1 to October 31 the following year. Election of Philippine Nurses Association officers shall be done a day after the result of Board of Governors election.

Article III MEMBERSHIP

Section 1. Member – A nurse who has been duly registered with the Professional Regulation Commission (PRC) as required by the Philippine Nursing law shall qualify for membership to the Association.

Section 2. Classification of Membership:

- a. Regular Membership is conferred upon a nurse who has paid the required fee for the current year.
- b. Life Membership is conferred upon a nurse who has been a regular member for three (3) consecutive years and who shall have paid the required fees.
- c. Honorary Membership is conferred upon a person who may not be a nurse, who is not qualified under Article III, Section 2, paragraph a and b hereof, but who has rendered distinguished service to the Association in the attainment of its goals subject to the approval of the Board of Governors.
- d. Associate Membership is conferred upon nurses residing abroad upon compliance of requirements for membership.

Section 3. Place of Membership - A nurse must seek membership in the chapter of the province or city where one holds office or residence. In case of transfer to another Chapter, the member shall accomplish a transfer form to be submitted to both Chapters, to be approved by the receiving chapter. In no case can a nurse be a member of more than one Chapter.

Section 4. Dues- Every member shall pay membership dues as determined by the BOG.

Section 5. Termination of Membership – Membership to the Association maybe terminated on the following:

- a. non-payment of annual dues; and
- b. violation of the Philippine Nurses Association By-laws
- c. violation of the Nursing Law

Section 6. Reinstatement – Reinstatement shall be made in accordance with rules and regulations as prescribed by the Board of Governors.

Section 7. Rights, Duties and obligations of Regular and Life Members – Every Member of the Association has the right to:

- a. present any suggestion that will benefit the Association, that such suggestion is in writing, signed by the maker, endorsed by the chapter and submitted to the Board;
- b. voted and be voted upon;
- c. inspect or cause to be inspected at any time during office hours the books and papers of the Association for a lawful and definite purpose;
- d. be heard and to defend himself/herself before removal or dismissal from the Association and the right to appeal;
- e. seek protection or assistance on matters affecting him/her in the practice of the profession;
- f. transfer to another chapter if not contrary to the provisions of this PNA By-law.

Section 8. Rights of Honorary Members – Honorary members shall have the rights, duties and obligations as provided in Article III, Section 7 except the right to vote and to run for any elective position.

Article IV ORGANIZATIONAL STRUCTURE

Section 1. Nature - The Association shall be composed of the fifteen (15) regions (following the political subdivisions) and 5 Zones under the National Capital Region. The organizational structure of the association shall be classified as national, regional and chapter levels.

The Board of Governors (BOG) is the highest governing body of the association and elected and empowered by the By-Laws of the Association. They are vested with the authority of policy-making and decision-making to serve the best interest of the members.

Section 2. Composition - The national level shall be composed of 20 Members of the Board of Governors whose officers shall include: President, 2 Vice Presidents and Treasurer.

Section 3. Regional Council and Zonal Levels – The Regional level and the NCR Zones level shall be composed of the Governor and the Chapter President/Presidents. Chapter level shall be composed of the Board of Directors.

Section 4. Share from membership dues – from the unobligated amount of the membership dues 50% shall go to the chapter or zone while 50% shall go to National Office.

Section 5. Chapters - There shall be chapters as maybe determined by the Board of Governors based upon the geographical and other factors prevailing in the area.

- a. Governing Body - Each chapter shall be governed by an elected Board of Directors composed of not less than five (5) and not more than fifteen (15) members and who shall elect among themselves their officers.
- b. Chapter By-laws - Chapters may adopt such By-laws as it shall see fit but not inconsistent with the Philippine Nurses Association By-laws and any existing laws.





- c. Chapter Accreditation - There shall be a Chapter Affairs Committee which shall accredit chapters based on set criteria.
 - d. Responsibilities of an Accredited Chapter.
 - 1. Maintain/upgrade the conditions for which the chapter has been accredited.
 - 2. Make a quarterly report of accomplishments and finances to the concerned Governor.
 - 3. Ensure attendance of delegates to constituted bodies.
 - d. Privileges of Accredited Chapters and its Members.
 - 1. Only accredited chapters are eligible for awards and recognition.
 - 2. Only accredited chapters may nominate a candidate to an elective position of the Association
 - 3. Only members of accredited chapters are eligible for scholarship.
 - 4. Only members of accredited chapters may be considered as official delegate of the Association to local and international fora.
 - e. Sanctions for accredited chapters shall be imposed by the authorized body for failure to comply with its duly prescribed duties and responsibilities.
- a. adopt and cause to implement the policies, plans, strategies and projects of the Association for nursing and health development;
 - b. cause to change and promulgate rules and regulations as the need arises consistent with the By-laws;
 - c. cause to purchase, acquire, mortgage, encumber and alienate or sell property for the Association;
 - d. cause to borrow money, create or issue pledges, bonds, deed of trust, issues mortgages and negotiable instruments or securities for the purpose of carrying out the functions of the Association;
 - e. adjudicate and impose appropriate sanction after due process;
 - f. create regions, chapters and zones as may be deemed necessary.
 - g. Exercise leadership and management over the chapters.

Section 5. Corporate Officers – The BOG shall elect among themselves the Corporate Officers who shall be compose of the Chairman and Corporate Secretary.

Section 6. Duties of the members of the Corporate Officers of the Association.

- a. The Chairman of the Board shall:
 - a.1 Provide direction in the governance of the Association;
 - a.2 Initiate and implement the formulation of plans, policies and strategies of the association;
 - a.3 Assist the BOG in decision/policy making relevant to investments, debts, loans and other financial matters;
 - a.4 Identify the agenda for the Board of Governors meeting; and,
 - a.5 Call and preside over the meeting of the BOG.
- b. The Corporate Secretary shall:
 - b.1 Submit to the Securities and Exchange Commission (SEC) names & addresses of officers within thirty (30) days after the election;
 - b.2 Report to SEC resignation and cessation of officers;
 - b.3 Guarantee the accuracy and completeness of records of minutes of meetings;
 - b.4 Cause the submission of books such as membership and minutes as required by SEC; and,
 - b.5 Record the highlights of the BOG meetings and during the General Membership meeting.

Section 6. Chapters Outside the Philippines – Local and Foreign Chapters can be established outside the Philippines upon compliance of local and foreign requirements and approval by the BOG. Such organized Chapter shall pay to the National Office chapter membership fee as determined by the BOG.

Article V BOARD OF GOVERNORS

Section 1. Composition of the Board of Governors - The Board of Governors shall be composed of 20 representatives from the different PNA regions.

Section 2. Qualifications of a Governor

- a. A Filipino citizen;
- b. Holder of updated PRC ID to practice nursing in the Philippines;
- c. Masters degree holder;
- d. Three (3) consecutive years of active membership in the region which he/she represents;
- e. Endorsed by the chapter in the region where he/she belongs;
- f. Proven leadership ability
- g. Available, accessible and committed;
- h. An active officer of PNA
- i. Works for the interest of the Association.

Section 3. Term of Office - Each Governor shall have a term of Office of two (2) years. Governors are allowed only one (1) re-election or a maximum of four (4) years.

Section 4. Functions and Powers - The Board of Governors shall govern the Association in the attainment of its goals and objectives. As such it has the responsibility to:

Section 7. Executive Committee Officers – The Executive Committee Officers of the Association will act on behalf of the BOG to discuss issues and concerns of PNA. The Executive Committee shall be composed of the President, Vice President for Programs and Development, Vice President for Finance, and Treasurer.



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Section 8. The Executive Committee shall deliberate/ resolve urgent and immediate issues and concerns affecting the Association when the BOG is not in session.

Section 9. Qualifications of Executive Committee - In addition to meeting the qualifications of a governor, the executive officers should have been a member of the Board for at least one (1) year.

Section 10. Duties of the Executive Officers:

- a. The President shall be responsible for the total administration of the Association. He/she shall:
 1. Implement plans, policies and programs;
 2. Monitor and ensure proper implementation of the Bylaws of the Association;
 3. Exercise general supervision over the affairs of the Association;
 4. Appoint, remove or suspend for justifiable cause any appointive officer and/or employees subject to the approval of the Board;
 5. Sign, as authorized by the Board, all contracts and other instruments of the Association;
 6. Recommend the budget of the Association to the BOG;
 7. Act as official representative and spokesperson of the Association;
 8. Call and preside during the annual membership meetings of the Association;
 9. Act as chairperson to the Executive Committee;
 10. Act as chairperson of the Assembly of Nursing Representatives and shall preside during the assembly meetings; and
 11. Perform all other duties inherent to the Office and as required of her/ his by the Board; and
- b. The Vice President for Programs and Development (VPPD) shall assist the President in determining and carrying out the program thrust of the Association. He/ she shall:
 1. Initiate projects/ programs / activities based on the program thrusts of the Association;
 2. Coordinate the activities of the different Departments and Committees;
 3. Monitor and evaluate the programs and projects of the Association;
 4. Represent the President in official functions as delegated; and
 5. Be the alternate signatory of the President.
- c. The Vice-President for Finance (VPF). Shall assist the President in the financial management of the Association. He/she shall:
 1. Recommend policy direction in terms of financial management;
 2. Cause the preparation of the budget of the Association and submit the same to the President;
 3. Manage the finance program;
 4. Ensure the implementation of the decision of the BOG on financial matters;
 5. Inspect/ examine the book of accounts of the Association;

6. Conduct program review and analysis for release of funds;
7. Sign vouchers before the disbursement of funds; and
8. Represent the President in official functions as delegated.

d. The Treasurer shall:

1. Be accountable of all monies, legacies, gifts and properties of the Association;
2. Cause to deposit funds and valuable effects in the name of and to the credit of the Association in the banks and trust companies designated by the BOG;
3. Disburse funds in accordance with prescribed rules and regulations;
4. Co-signs checks together with the President;
5. Ensure accurate and complete recording and reporting of accounts; and
6. Submit a financial statement with comparative figures and supporting documents during the bi-annual meeting of the Board and the Annual General Membership meetings.

Section 11. Election – The election of Executive Committee shall be held on the first day of the first regular BOG meeting for the year.

Section 12. Term of Office – The term of office of the Executive Committee shall be one (1) year.

Section 13. Succession – In the event that the President is absent or unable to perform one's duties, the Vice-President for Program and Development shall take over. In the event of resignation, disability or death of both the President and the Vice-President for Programs and Development, the Vice-President for Finance shall act as the President for the unexpired term.

Section 14. Meetings - The BOG shall hold meeting twice (2) a year on such date and at such time and place as it shall designate. Special meetings maybe called by the Chairperson or upon written request of at least five (5) governors. For regular meetings, notice shall include the written agenda and the minutes of the previous meeting. For special meetings, notice shall be served five (5) days prior to the date. Notice shall include the written agenda.

Section 15. Quorum - A majority of members of the Board shall constitute a quorum to transact business.

Section 16. Vacancy

- a. Any vacancy occurring in the BOG other than by removal of the member or by expiration of term, may be filled by the vote of at least majority of the remaining BOG, if still constituting a quorum. Otherwise, said vacancies must be filled by the members in a regular or special meeting called for the purpose. A governor so elected to fill the vacancy shall be elected only for the unexpired term of his predecessor in office.





- b. Whenever a vacancy exists among the officers except the President, the BOG shall elect the replacement.

Section 17. Advisory Council – there shall be an Advisory Council of past chairpersons and presidents of the Association except the immediate past President who shall be an ex officio of the Board for one (1) year.

Section 18. Reports of Accomplishments – All members of the Board are mandated to submit written quarterly and year-end reports of their accomplishments to the President.

Section 19. Honorarium - All officers shall receive honoraria the amount of which shall be fixed by the Board.

Section 20. Travel and Representation Expenses - Any member of the BOG designated as official representative shall be entitled to travel and representation expenses in accordance with the existing policies.

Section 21. Insurance - All members of the Board of Governors shall be entitled to insurance during the period of incumbency.

Section 22. Turn Over - The outgoing member of the Board shall endorse in writing pertinent documents, financial and unfinished business to the incoming Board.

Article VI

THE HOUSE OF DELEGATES (HOD)

Section 1. Nature and Composition - The House of Delegates is a deliberative body. It shall be composed of delegates representing the various chapters of the Association. Such delegates are elected by the members of the chapters where they belong. Every chapter is entitled to one (1) delegate and an additional delegate for every 100 members but not to exceed ten (10). Provided, that one (1) delegate shall represent all affiliate members. Provided further that all past chairpersons of the House of Delegates are automatic delegates.

Section 2. Functions - The House of Delegates shall have the following functions:

- a. It shall represent its respective members during deliberation of issues, proposed amendments and resolutions, presented by the Board of Governors, House officers, chapters and other members. The resolutions, except amendments to the By-Laws shall bind the Association when concurred with by the Board of Governors, provided that issues emanating from the Board when passed by the House of Delegates shall automatically be concurred with; provided further, that resolutions not concurred with by the Board shall be returned to the House of Delegates with justification for the non-concurrence for further discussion, and if approved by 2/3 vote of all its members present representing 3/4 vote of the total number of chapters shall override the unfavorable decision of the Board; provided finally, that failure of the Board of Governors to act on resolutions within ninety (90) days, shall mean that these are automatically concurred with.

- b. It shall approve the annual budget of the Association. If not approved, the budget of the previous year shall be in effect. It shall also have the power to verify adherence to the budget. Any outlay outside the approved budget exceeding one hundred thousand pesos (P100,000.00) shall have the approval of the House of Delegates.

Section 3. Officers - The House shall have a Chairman, a Vice Chairman, a Secretary and a Treasurer who shall be elected from among themselves.

Section 4. Term of Office - The term of Office is one (1) year. An Officer may be re-elected for not more than three (3) terms.

Section 5. Qualifications of Officers - All officers of the House of Delegates shall:

1. have been a delegate for at least two (2) times, one (1) year of which has been that immediately prior to elections and
2. possess leadership qualities to conduct meetings utilizing standard procedures.

Section 6. Duties of Officers - The officers shall be responsible for the successful conduct of the convention. They shall submit to the Board of Governors a written report of the outcome within thirty (30) days after the convention.

Section 7. Duties of Members - Members of the House of Delegates shall have the following duties:

a. Before the Convention;

1. Coordinate with chapter Board of Directors in identifying problem/issues of the chapter that may be brought to the House;
2. Collect, study and discuss these with constituents;
3. Draft resolutions to be sent to House of Delegates chairman for possible inclusion in the agenda of the annual convention;
4. Act as proponents if said resolution is included in the agenda;
5. Familiarize themselves with house rules and procedures.

b. During the Convention

1. Attend all sessions of the House;
2. Participate actively in the deliberation of issues; and
3. Make a definite stand on issues by voting for or against them.

c. After the Convention

1. Report in writing results of the convention to respective chapters within thirty (30) days; and
2. Send to the chairman within thirty (30) days a written report on reactions of the chapters to the convention reports.

Section 8. Elections - The elections of the House officers shall be conducted by the national Comelec.



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Section 9. Convention - The House shall hold an annual convention during the National Convention of the Association.

Section 10. Quorum - Majority of the registered delegates shall constitute a quorum.

Section 11. Honorarium - The House of Delegates (HOD) shall receive honorarium as approved by the Board of Governors.

Article VII GENERAL MEMBERSHIP MEETING

Section 1. Frequency and Venue – The Association shall hold a general membership meeting annually starting on a Tuesday of the fourth week of October, the time and place of which shall be decided by the members during the General Membership Meeting.

Section 2. Notice – The announcement of the General Membership Meeting shall be made not less than four (4) weeks before it shall take place.

Section 3. Special Meetings – A special meeting of the members of the Association may be called by the President or by five (5) members of the BOG upon request by ten (10) percent of the general membership.

Section 4. Quorum. Fifty percent plus one (50% + 1) of those who registered on the opening of annual convention shall constitute a quorum.

Article VIII ANNUAL CONVENTION

Section 1. Purpose – The Association shall hold an Annual Convention starting on a Tuesday of the fourth week of October for the purpose of holding a general membership meeting, the House of Delegates, national election or such other activities that the Association may deem necessary.

Section 2. Venue – The venue shall be decided during the general membership meeting.

Section 3. Notice – The announcement of the Annual Convention shall be made not less than four (4) weeks before the convention takes place.

Section 4. Annual Convention Committee-There shall be an Annual Convention Committee chaired by the Vice President for Programs and Development. If outside Metro Manila the Board of Governor in that Region shall be designated as the over-all chairperson of the annual convention committee

Article IX COMMISSION ON ELECTIONS

Section 1. Organization - There shall be a Commission on Elections which shall be referred to as the National COMELEC. Members shall be referred to as the Commissioners.

Section 2. Composition - The COMELEC Commissioners shall be composed of five (5) commissioners who shall elect a Chairperson from among themselves. There shall be three (3) canvassers authorized by BOG who shall be under the supervision of the COMELEC.

Section 3. Term of Office - The Commissioners shall be elected during the annual election and shall have a term of two (2) years. The commissioners shall not run or hold any elective office during their period of incumbency.

Section 4. Qualifications – the following are the qualifications for COMELEC Commissioners:

1. Active member of PNA;
2. Updated PRC ID to practice nursing in the Philippines;
3. Had served in any capacity as a PNA officer either in the National or Chapter Level;
4. Recognized nursing leader with integrity, objectivity and impartiality;
5. Holder of Masters degree;
6. Endorsed by any chapter within the region; and
7. Should not be an incumbent officer in any capacity in the Association.

Section 5. Powers, Duties and Functions - The COMELEC shall have the exclusive powers to enforce and administer all provisions, rules and regulations and policies relative to the conduct of the election authorized by the BOG. Their duties shall be:

- a. To promulgate and enforce, in consultation with the BOG the rules and regulations governing the nomination of candidates and the conduct of national election;
- b. To proclaim the winners;
- c. To receive, investigate and act on complaints under oath relative to elections; and
- d. To ensure compliance to the Election Code concerning the National and Local elections.
- e. To plan for the annual programs and activities of COMELEC
- f. To receive nominations from concerned chapters and screen qualifications of nominees;
- g. To make official list of qualified nominees;
- h. To monitor the conduct of election; and
- i. To designate canvassers who shall be responsible in counting and tallying the votes.

For the purpose of expediency, the respective signatories can sign documents and the officers can also start planning for their respective functions/responsibilities regarding their Plan of Action during their Term of Office.

Section 6. Vacancy - in the event of any vacancy, except by removal or expiration of term, the candidate who obtained the next highest vote during the last elections shall serve the unexpired term. In the absence thereof, the Board of Governors shall select the replacement from among the recommendees of the local NOMELEC.

Section 7. Meetings – the Commissioner shall hold three (3) regular meetings as authorized by the BOG. In the event that there are cases brought to their attention, they shall meet as need arises in order to resolve the case expeditiously.

Section 8. Honorarium - the Commissioners shall receive honoraria, the amount of which shall be fixed by the BOG.





Section 9. Budget - The Commissioners shall prepare an annual budget for its operations for incorporation in the annual budget.

Section 10. Sanction - Any violation of the provision of the Election Code shall constitute an election offense and shall be penalized under the existing rules of PNA.

Article X ELECTIONS

Section 1. Date of Election -The election of the BOG and the COMELEC shall be held during the Annual Convention. Election of local officers shall be held in accordance with their by-laws.

Section 2. Mode of Voting - Election shall be by secret ballot in person or by proxy.

Section 3. Filing of Candidacy -Any qualified candidate shall file his/her certificate of candidacy to the Comelec not later than sixty (60) days prior to the annual elections. Any incumbent officer who shall run for any other office is deemed resigned upon filing of certificate of candidacy.

Section 4. Publication of Official List of Candidates - The Comelec shall provide to all Chapters a circular on the official list of candidates prior to the election date.

Section 5. Ballots- All ballots shall be secured at the PNA Headquarters for three (3) months from date of election after which they shall be disposed of if no protests are filed.

Section 6. Election Code- There shall be an Election Code that governs the conduct of the elections which shall be promulgated by the Comelec and approved by the Assembly of Nursing Representatives.

Section 7. Proclamation - The winners of the national elections shall be proclaimed by the Comelec not later than last day of the Annual Convention.

Article XI ARBITRATION COMMISSION

Section 1. Nature – The Arbitration Commission shall act as an Advisory body to the Board of Governors to resolve conflicts, issues, problems, concerns related to the proper implementation of the By-laws, rules/ regulations/ policies of the Association.

Section 2. Composition – The Arbitration Commission shall be composed of five (5) commissioners appointed by the Board of Governors from a list of nominees submitted by the general membership. The commissioners shall elect the Chairman from among themselves. The composition of the Commission shall be one with legal background, one with guidance and counseling background, one with management background, one member of the Assembly of Nursing Representative, and one Vice-President of Philippine Nurses Association (any of the 2).

Section 3. Qualifications of Commissioners:

1. PNA member for at least five (5) years;
2. With unquestionable integrity;

3. Recognized nursing leader; and
4. Active involvement in PNA affairs.

Section 4. Powers and Functions – The powers and functions shall be:

- a. Conduct / investigate conflicts/ issues/ problems/ concerns/ affecting the interest of the general membership.
- b. Submit findings and decisions to the BOG;
- c. Review decision regarding appeal for reconsideration as per request of aggrieved party/parties.

Section 5. Term – The Commissioners shall serve for a period of two (2) years but not precluding re-appointment.

Section 6. Meetings – The Commissioners shall hold meeting only when there is a case referred to them.

Section 7. Honorarium – The Commissioners shall receive honoraria the amount of which shall be fixed by the BOG.

Article XII EXECUTIVE DIRECTOR

Section 1. Nature – The operations of the Association shall be administered and managed by an Executive Director in accordance with the vision, mission, goals, program thrusts and the policies laid out by the BOG and the officers of the Association and shall be directly responsible to the President.

Section 2. Qualifications – The Executive Director shall have the following qualifications:

- a. Preferably a registered nurse or a holder of any administrative/management related courses;
- b. Active member of the Accredited Professional Organization for at least five (5) consecutive years prior to her/his appointment;
- c. Holder of master's degree in related fields.
- d. Five (5) years experience in administration and management;
- e. Leadership/executive ability and good public relations;
- f. Committed, dedicated and with integrity; and
- g. Physically, mentally & morally fit.

Section 3. Functions – The Executive Director shall have the following functions:

- a. establish and maintain an effective and efficient management system for the Association;
- b. responsible for the safety and systematic filing of all documents of the Association;
- c. ensure completeness of all papers, records communications and transactions of the Association;
- d. serve as custodian of the proceedings of minutes of meetings;
- e. submit documents required by various institutions/agencies;
- f. promote/maintain harmonious relations in the Association;





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- g. coordinate all activities undertaken within the premises of the national headquarters;
- h. coordinate/arrange President's schedule of activities;
- i. supervise and monitor the Administrative staff;
- j. conduct bi-annual performance review of the personnel;
- k. recommend to the Board of Governors through the President, the hiring, suspension and termination of personnel;
- l. recommend policies, rules and regulations affecting the welfare of the administrative staff;
- m. identify the needs for maintenance and improvement of the physical plant and facilities;
- n. collaborate and coordinate with all the communities in planning, implementing and evaluating the programs/projects/activities of the Association; and
- o. facilitate the implementation of activities/matters inherent to the office or as delegated.

Section 4. Appointment – The Executive Director shall be appointed by the Board of Governors in accordance with the provision of the Labor Code.

Section 5. Limitations – The Executive Director who is a nurse and desires to run for elective position shall resign at least sixty (60) calendar days prior to the date of elections. The Executive Director shall not hold any elective position during her incumbency.

Section 6. Compensation - The Executive Director shall receive compensation based on the classification system and salary scheme approved by the BOG.

Article XIII THE DEPARTMENTS

Section 1. Organization – The Association shall have six (6) departments namely: Department of Nursing Practice, Nursing Education, Nursing Research, Continuing Professional Education and Welfare, Special Programs and Services and Political Affairs.

Section 2. Composition – All departments shall be composed of a Chairperson who shall assist the VPPD in planning for and determining the programs in support of the Association's vision, mission, goals and objectives.

Section 3. Administrative Support – There shall be paid administrative personnel responsible in carrying out the activities of the different departments.

Section 4. Functions – The departments shall have the following functions:

- a. Department of Nursing Practice – shall encompass institutional and community nursing. It shall:
 - 1. Identify the needs and problems peculiar to nursing practice as basis for initiating measures that will upgrade the standards of nursing; and
 - 2. Promote quality care in nursing practice.

c. Department of Nursing Education – shall include basic and graduate courses and nursing review programs both local and foreign. It shall:

- 1. Identify the needs and problems prevailing in nursing education as a basis for initiating measures that would upgrade the standards of nursing education.
- 2. Participate actively in reviewing and innovating nursing curricula to make it relevant to existing situation.
- 3. Participate actively in the formulation of standards, policies, rules and regulations related to Nursing Education; and
- 4. Coordinate closely with proper agencies concerned with effective operations of review centers both local and foreign.

e. Department of Nursing Research. It shall:

- 1. Initiate, motivate and participate in research projects/studies related to nursing;
- 2. Disseminate research findings, conclusions and recommendations for the improvement of the profession;
- 3. Receive, keep and preserve records of research projects conducted by nurses; and
- 4. Recommends due recognition of nurses who have conducted research studies in nursing; and
- 5. Identify strategies for the utilization of research findings as appropriate.

f. Department of Continuing Professional Education and Welfare – This department shall include the following committees: Continuing Education, Accreditation, Chapter affairs, Cultural Affairs, Awards and Scholarship. It shall encompass spiritual ethico-moral, bio-socio-economic, cultural and political factors affecting nurses.

- 1. Identify issues and concerns affecting nurses encompassing spiritual ethico-moral, bio-socio-economic, cultural and political factors affecting nurses and recommend appropriate measures to be adopted;
- 2. Conduct accredited Continuing Education Programs;
- 3. Accredite chapters and attend to chapter affairs needs and problems;
- 4. Initiate activities relevant to cultural affairs;
- 5. Screen nominees for awards and scholarships;
- 6. Recommend deserving recipients of awards and scholarships to the Board of Governors.

g. Department of Special Programs and Services – includes Ways and Means, Membership, Publication and Public Relations, Placements and International Affairs Committee, Disaster Management Committees.

- 1. Initiate fund raising projects for the Association;





2. Sustain and encourage membership to the Association;
3. Ensure prompt publication of Philippine Journal of Nursing;
4. Participate actively in the projects/programs/activities of the Association;
5. Recommend to the BOG policies, programs and guidelines for nurses on overseas contract.
6. Establish linkages with other Association and agencies which deal with overseas contract workers.
7. Initiate/coordinate/participate with non-governmental agencies, government organizations in activities/projects to help victims of disaster/calamities; and
8. Encourage/intensify active membership to PNA.

i. Department of Political Affairs – This department shall include Ethics, By-laws & Legislation and Lobby committees. It shall:

1. Determine legislative agenda that has impact on the practice of nursing.
2. Serve as the lobby group to address issues and other matters related to health and the nursing profession;
3. Identify ethical issues and concerns affecting nurses and nursing; and
4. Advocate for clients rights.

Section 5. Qualification of the Chairperson – The Chairperson of the department shall have the following qualifications:

1. Updated PRC ID to practice nursing in the Philippines;
2. Proven leadership ability;
3. Preferably with experience as Committee chairperson/member in the local chapter.
4. Active member of PNA; and
5. Committed ideals and goals of the Association.

Section 6. Term of Office of the Chairperson – The appointed Chairperson shall have term of office of at least two (2) years.

Section 7. Ex – officio Member – The Executive Director shall be an ex-officio member of the different Departments.

Section 8. Rules and regulations – Each department shall have the responsibility to formulate its own rules and regulations subject to the approval of the Board.

Article XIV SURETY BONDS

Section 1. All elected officers/PNA staff handling monies/finances of the Association shall be provided with Surety bond

Article XV THE OFFICIAL PUBLICATION

Section 1. The official journal of the Association shall be called The Philippine Journal of Nursing (PJN).

Section 2. The PJN shall be published twice a year.

Article XVI FISCAL YEAR

Section 1. Period – The fiscal year of the Association shall be November 1 to October 31. Election of PNA national officers shall be done on the first regular BOG meeting following the proclamation of the winners in the Annual Convention.

Article XVII AMENDMENTS OF THE BY-LAWS

Section 1. Amendments – These by-laws, or any provision thereof, may be amended or repeal by majority vote of the Board of Governors and majority vote of the members at any regular or special meeting duly held for the purpose.

Section 2. Process of Amendment – Any amendment must pass through the following procedures:

- a. The Chapter shall, after a majority vote of its members, submit any proposed amendment to the HOD for deliberation;
- b. Upon deliberation, the HOD shall submit the amendments to the Board of Governors and members for approval;
- c. The Corporate Secretary submits the amended by-laws to the SEC.

Article XVIII EFFECTIVITY

Section 1. Effectivity - This By-laws shall take effect upon approval by the SEC.

Article XIX TRANSITORY PROVISION

Section 1. Term of Office – Those elected Board of Governors and COMELEC members after the approval of this Amended By-Laws shall assume office on the next fiscal year and shall expire after 2 years. Then all subsequent elections shall hold office for only 2 years until all the Board of Governors and COMELEC members elected for a term of three (3) years shall have served their term. No Governor and COMELEC Commissioner shall be allowed to serve for three consecutive terms.

----- END-----

“The way you get meaning into your life is to devote yourself to loving others, devote yourself to your community around you, and devote yourself to creating something that gives you purpose and meaning.”

- Morrie Schwartz (1916 - 1995); educator





The Gerontology Nurses Association of the Philippines (GNAP)

On August 27, 2008, seventy-five nurses gathered at the Philippine General Hospital Conference Hall to launch the Gerontology Nurses Association of the Philippines (GNAP). The event formally declared the association's vision for a healthy, productive and happy older persons living in dignity and who are actively contributing to the well-being of the family, community and country. Its mission is to:

- N**-urture and provide care to the older persons located in different settings
- U**nderstand the different health needs and social issues that effect the older person's life
- R**-espect and protect the rights of the older persons
- S**-upport formulation of policies to improve the life and condition of older persons
- E**-nable nurses and related health disciplines engage in best practices in gerontology

The founding officers are: President, Lydia Manahan; Vice-President, Ruth Enrado; Secretary, Araceli Balabagno; Treasurer, Jocelyn Acop; PRO, Cora Añonuevo; and, Auditor, Lourdes Teresa Asprec. The incorporating members are: Shiela Bonito, Precy Cruz, Sr Nenetete Duquillo, Imelda Mangaser, Jesusa Pagsibigan, Emerita Panaligan, and Bethel Buena Villarta. Dean Cecilia Laurente serves as the adviser.

Nurses who share the advocacy for older persons are enjoined to participate in GNAP's First Founding Anniversary on August 27, Thursday, 2009 in Manila with the theme, "*Best Practices in Caring for Older Persons.*" For inquiries, you may call 5231477 or 523 1472.

PNA DEPARTMENT and COMMITTEE Chairpersons 2009

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DEPARTMENT OF NURSING EDUCATION

Chair: Dr. Rhoda L. Reyes

DEPARTMENT OF NURSING RESEARCH

Chair: Dr. Araceli O. Balabagno

DEPARTMENT OF CONTINUING PROFESIONAL EDUCATION AND WELFARE

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Chair: Dr. Jocelyn A. Guzman

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COMMITTEE ON AWARDS & SCHOLARSHIP

Chair: Prof. Mila Delia M. Llanes

COMMITTEE ON WELFARE

Chair: Prof. Lydia T. Manahan

DEPARTMENT OF SPECIAL PROGRAMS & SERVICES

Chair: Ms. Virginia C. Ducusin

COMMITTEE on WAYS and MEANS

Chair: Ms. Sandy S. Montano

COMMITTEE ON MEMBERSHIP

Chair: Ms. Ester S. Climaco

COMMITTEE ON PUBLICATION

Chair: Dr. Erlinda C. Palaganas

COMMITTEE ON PUBLIC RELATIONS

Chair: Mr. Eularito A. Tagalog

COMMITTEE ON PLACEMENT & INTERNATIONAL AFFAIRS

Chair: Dr. Rusty L. Francisco

COMMITTEE ON DISASTER

Chair: Col. Ofelia E. Hernando

DEPARTMENT OF POLITICAL AFFAIRS

Chair: Ms. Eleanor M. Nolasco

COMMITTEE ON ETHICS, BY-LAWS & LEGISLATION

Chair: Ms. Grace A. Agustin

LOBBY COMMITTEE

Chair: Ms. Gloria G. Almariego





President's Report

January to June 2009

With the leadership of my fellow Governors and the active participation of Local Chapters nationwide, the Philippine Nurses Association (PNA) kicked off with vital achievements that focused on strengthening the internal capacity of the organization and addressing current issues affecting the Filipino nurses. At this point, the PNA already has a total of 63,673 members, 19,759 (31%) life members and 43,916 (69%) regular members.

This year saw PNA taking bolder steps to promote and protect the economic and political rights of Filipino nurses. There was a sustained national campaign to implement Salary Grade 15 as entry salary of nurses in the public sector (Republic Act 9173) and participation in various consultation/conferences/workshops related to issues of migration and human resources for health. PNA also collaborated with the government's national health and labor projects such as the Nurses Assigned in Rural Services (N.A.R.S.) Program where new unemployed nurses were deployed in poor municipalities in the country. We also actively participated in health promotion activities related to AH1N1 prevention in different regions and adolescent health program under the Department of Health.

Organizational Strengthening

Three new members joined the BOG: Gov. Maridel C. De La Rama (NCR Zone 2), Gov. Renie V. Malvas (NCR Zone 6) and Gov. Neil Martin (Region X). In the election of officers, the same Governors were chosen to be retained in their positions while yours truly was elected National President.

Major decisions and policies for this year aim to ensure the organizational viability and sustainability

of services to the members. These include increase in membership fees, use of online membership and bank-to-bank remittance of collected fees, consolidation and expansion of membership, and increased accreditation of Chapters with the technical guidance of the (revived) Regional Council.

Secured approval of the Securities and Exchange Commission (SEC) last July 15, 2009 of the amended PNA Constitution and By-laws passed during the 2008 Assembly of Nursing Representatives (ANR). Major provisions are the creation of three new regions and the re-institution of the House of Delegates (HOD) in lieu of the Assembly of Nursing Representatives (ANR).

To improve administrative support rendered by the National Office, a review of the Manual of Operations, work flow and internal policies had been initiated and is on-going. Contract of services for legal counsel, external auditor, security guards, janitorial staff and website maintenance have been renewed. Certificates for fire safety and earthquake drill, electrical and engineering clearance, as well as sanitation permit for building operations have been secured after complying with all the necessary requirements. The services of the PNA dormitory for nurses and other guests have been improved.

Program Implementation by the Departments and Committees

In collaboration and coordination with the chapters, the six departments and 14 committees have conducted the following activities:

- Twenty-four (24) Continuing Professional Education (CPE) seminars/NC-CLEX training/ Basic Hospital



Infection Control and Nursing Skills Fair Workshops were held and attended by an estimated 2,000 nurses 76% PNA members. Topics included goiter prevention, health hazards posed by mercury-based equipment and international volunteerism in developing countries. A seminar on Japan-Philippines Economic Agreement JPEPA watch was conducted by the National Office to inform our members about the important provisions of said treaty especially for nurses interested to apply as migrant workers to Japan.

- Improved distribution of the Philippine Journal of Nursing especially for life members and increased circulation that included new registered nurses. The Publications Committee is working for the inclusion to the Western Pacific Region Index Medicus (WPRIM), a project of the World Health Organization which aims to establish an online index of medical and health journals published in Member States.
- The PNA with the Department of Political Affairs led mass mobilization of nurses during public hearings in Congress, and negotiations with the Office of the President, the Department of Budget & Management (DBM) and the Department of Health (DOH) to strongly register our petition for wage increase and better work-life conditions as mandated in RA 9173 or the Nursing Law. PNA Chapters all over the country dramatized their plight and the need to increase nurses' salaries through ribbon wearing, streamer hanging, press conferences, prayer rallies and for a/ symposia. In the end, Joint Resolution # 4 (now known as Salary Standardization Law III) was passed and signed by President Gloria Macapagal-Arroyo last June 18, 2009, increasing by one grade the salary of first level government nurses or from Salary Grade 10 to Salary Grade 11; and will be implemented in tranches within 4-year period. However, Nurse II position has been increased to Salary Grade 15.
- Completion of the Philippine Nursing Compensation Survey with the assistance of PNA Chapter in Pampanga, the University of the Assumption, DOLE Region III and the Office of the Provincial Governor in Pampanga. The study conducted by a team of nurses with consultant Dr. Federico Macaranas of Asian Institute of Management (AIM) showed the wage differences in the public and private sectors and the determining factors.
- Submission of a proposal on "PNA Birthing Haven Livelihood Project" to the Department of Labor and Employment (DOLE) for funding assistance. The project will pilot-test birthing centers in Metro Manila and Batangas to be managed by trained nurses. This is a joint effort by a Task Force consisting of the PNA National President, and the chairpersons of the Committee on Nursing Practice, Committee on Ways and Means Dr. Irma Bustamante and key officers of the Mother and Child Nurses Association of the Philippines (MCNAP) and Ospital ng Maynila.
- Outreach health programs done by the various PNA Chapters that included the creation of Disaster Response Team in Region X in partnership with Xavier University, Misamis Oriental Pharmacist Association and other private groups that led to a region-wide "Tabang" or delivery of health services and relief goods for flood victims in January 2009; health education for elderly and members of Catholic Women's League by Chapters in Region V; NCR Zone 3 initiated "Operation Tule" (circumcision) benefitting 53 young residents of Barangay South Triangle in coordination with Rotary Club and J.P. Sioson College of Nursing.
- Concurrent national celebration of the International Nurses Day in May 14, 2009 that received ample media coverage especially the 30-car motorcade with brief stop-overs at Jose Reyes Memorial Medical Center, Ospital ng Maynila Medical Center and UP - Philippine General Hospital. On May 15, 2009, a forum held at the PNA auditorium with the theme "Nurses Leading Care Innovations: PNA's Response to the Challenge of Promoting Nurse Welfare and Patriotism," was attended by some 150 nurses. Entered into Memorandum of Agreements (MOA) with four entities namely: the UNILAB for the duration of Influenza Awareness Month, Health Care Without Harm for Elimination of Mercury-Based Medical Equipment, VSO-Bahaginan for promotion of international volunteerism and NCCLEX for the CPE on NC-CLEX for nurses.
- Chapter activities for the International Nurses Day (IND) included radio guesting on the topic nation-





building (DWRV – Bayombong, Nueva Viscaya) and tree planting & health Forum for nursing students (Cagayan North Chapter); Regions III, IV, V, VI and X initiated ribbon wearing with the call “implement SG 15 for nurses” and streamer hanging in various hospitals and nursing schools with the slogan “Mga Pinoy Nars: Nagkakapit-Bisig Para Sa Kalusugan ng Sambayanan”

Networking with Health Partners

PNA -Region X joined “Braveheart” in May 2009; an inter-agency formation advocating for the prevention of cervical cancer. Aside from PNA, other members were the Philippine Obstetrical and Gynecological Society (POGS), Association of Nursing Service Administrators of the Philippines (ANSAP), Operating Room Nurses Association of the Philippines (ORNAP), Misamis Oriental Physicians and Nurses Foundation, Inc. and the German Doctors.

PNA's asserted its official representation in the Commission on Higher Education (CHED) – Technical Committee for Nursing Education (TCNE) as accredited professional organization for the nursing sector through the National President. PNA had actively

CHED Memorandum Order # 14, series of 2009, a competency-based curriculum to be implemented school year June 2009 to upgrade the quality of nursing education in the country.

PNA's support for the government project “Nurses Assigned in Rural Service” (N.A.R.S) Program as member of the National Project Management Team and Regional Project Management Teams (RPMTs) together with the DOLE, DOH, PRC-BON and the Association of the Deans of the Philippine Colleges of Nursing (ADPCN), National League of Philippine Government Nurses (NLPGN) PNA.

PNA actively participated in multisectoral conferences/ consultations on migration of Filipino workers and Bilateral Agreements of the Philippine government

with other countries. Among the partner organizations were DOLE, POEA, Department of Foreign Affairs (DFA), Center for Migrant Advocacy (CMA), and Initiatives for Dialogue and Empowerment through Alternative Legal Services (IDEALS), Inc.

PNA nominee (Dean Carmelita Divinagracia) was voted the Outstanding Professional Award for 2009 during the celebration of the Professional Regulation Commission (PRC) Week on June 2009. PNA was also a finalist for the Outstanding Accredited Professional Organization (APO) Award 2009. The Association of Diabetes Nurse Educators of the Philippines (ADNEP) and Abbott Diabetes Care managed the PNA booth during the PFPA / PAPRB fair last June 17, 2009 providing free glucose blood test, counseling and information materials on prevention and management of diabetes.

MCNAP, upon invitation of the Board of Nursing, also provided health education services to women on prevention of breast cancer and breast self examination.



In addition, PNA served as the logistics arm of the PRC - Board of Nursing (BON) in the oath-taking activities of the 2008 nursing board passers. Regional and provincial oath-taking

ceremonies were jointly organized by PRC, ADPCN and the PNA Regional Council / PNA Local Chapters.

PNA, with ADPCN, is part of the PRC – BON Continuing Professional Education Council (CPEC) that works on the accreditation of CPE Providers and CPE Programs for nursing profession.

PNA represents the nursing sector in the ff. organizations:

1. Coordinating Body for Good Governance in the Nursing Profession (CBGGNP)
2. Council of Professional Health Associations (COPHA)
3. Framework Convention on Tobacco Control Alliance, Philippines (FCAP)





4. Philippine Council of Accreditation of Health Organization (PCAOH)
5. Philippine Federation of Professional Association (PFPA)
6. Philippine Thyroid Council (PTC)

International Representation/Participation

1. Member, Philippine delegation (DOH) to the 60th World Health Assembly held in Geneva, Switzerland last May 18 – 22, 2009. Among the important Resolutions approved in the Assembly were on Primary Health Care (to train and retain adequate numbers of primary health care nurses), monitoring of the achievement of the Millennium Development Goals, climate change and health, and the global strategy for the prevention and control of multi-drug tuberculosis.

Participant, ICN Quadrennial Congress in Durban, South Africa on June 27 – July 3, 2009. An important concern that affect national organizations like the PNA was raised, discussed and approved namely the progressive increase of ICN membership fee in the next four years.
2. Attendance in WHO – United Nations Population Fund (UNFPA) consultations assessing the level of access to critical and life-saving drugs for maternal health in the Philippines.
3. Visit of the Nursing Council of New Zealand (NCNZ) representatives Carolyn Reed (Chief Executive Officer) and Andrea McCance (Registration Manager) to the PNA last March 24, 2009. Also present were ADPCN President, Dean Carmelita Divinagracia and Department of Foreign Affairs officers Mr. Eric Tamayo and Ms. Susana Paez. NCNZ clarified their authority under the Health Practitioners Competence Assurance Act (2003) to register all nurses and to set standards of competence to ensure the safety of New Zealanders in terms of nursing care. They clarified that overseas trained nurses (OTNs) like Filipino nurses must have genuine qualifications equivalent to New Zealand's academic course and number of hours of clinical practice, a level 7 pass in the 4 components of the International English Language Test System (IELTS) and have passed the competence assurance programme.
4. Meeting with Ms. Diana Leah from Filipino Nurses Support Group (FNSG), an organization of over 800 Filipino nurses in British Columbia (BC) and Quebec, Canada. Through FNSG's advocacy and lobby efforts, many Filipino nurses under the Live-In Caregiver Program (LCP) have been assisted to work as registered nurses in Canada. Ms. Leah offered continued assistance of FNSG to PNA members who will be working in Canada.
5. Joint undertaking with Wolters Kluwer Health or LWW headed by Mr. Terry Macmanus of a national survey on needs of Filipino nurses for nursing journals like American Journal of Nursing (AJN). Over 400 nurses from the PNA Chapters participated in the survey which ended April 2009.
6. Active participation in the DOH-led consultation on Philippine-Egypt Memorandum of Undertaking (MOU) for assisting the Government of Egypt in their nursing education.
7. With the ADPCN, assisted the Philippine Overseas Employment Administration (POEA) in reviewing the Belgium government's nursing curriculum. The Philippine BSN curriculum has a total of 4,560.0 hours while the Belgium nursing curriculum is only 2,755.75 hours.
8. Consulted by the Office of Senator Loren Legarda regarding the request of Prime Minister of Bhutan to hire 800 Filipino nurses to work as international volunteers in their country. Matter referred to the VSO-Bahaginan, an NGO with that specific advocacy.
9. Visit by Dr. Wei Yu, Founder of Fly Free for Health (FFFH)/ Borderless Healthcare, a medical tourism hub which integrates tourism, health care and lifestyle management.
10. A forum on the "Effects of Migration to Health Care Delivery System" held at PNA on April 24, 2009 with Dr. Robert Huish, Assistant Professor in Dalhousie University, Montreal Canada, as resource person. He explained the Cuban Medical Internationalism and how it has made a difference in the lives of vulnerable populations around the world.
11. Helped facilitate renewal of PRC licenses of Filipino nurses in Saudi Arabia under FILNASA or Filipino Nurses Association in Saudi Arabia on complaint that their salaries are not released if their PRC licenses are expired.





ANNOUNCEMENTS

7TH ASIA PACIFIC NURSES CONVENTION (ASPAN)

Call for Abstracts

Closing date: 31 October 2009

www.sna.org.sg

NPower for Better Health

30th June to 2nd July 2010

Meritus Mandarin Singapore Orchard Road Singapore

Abstract Guide

Abstracts are invited for the following categories of presentations:

- Concurrent Oral Presentations
- Symposium/Research Forum
- Poster Presentations

Each paper should relate to one of the following themes:

- Clinical Nursing
- Education
- Management
- Research and development
- Innovations in practice
- New roles
- Partnership and collaboration

THE PHILIPPINE NURSING RESEARCH SOCIETY (PNRS)

in collaboration with the Liceo de Cagayan University (as host) will hold the 2nd National Nursing Research Conference in Cagayan de Oro on November 12 and 13, 2009. The Philippine Association of Institutions for Research (PAIR), PNA Region 10, and LDCU College of Nursing and other nursing schools in Cagayan de Oro City are all working together in preparing for the event.

Conference theme: *"Developing Best Practices in the Nursing Profession Through Research"*.

Abstracts on nursing leadership and management, clinical nursing, maternal and child nursing, community health nursing, nursing education, and nursing specializations (occupational health, forensic nursing, etc.) are currently being solicited.

The organizers look forward to your participation. Welcome to Cagayan de Oro City- the city of golden friendship!

Please contact:

Donna Lou E. Neri, MHSS RN

Chief, Center for Health Research

Liceo de Cagayan University

Cel # 09351551731; donnaevasco@yahoo.com or

Dr. Erlinda Palaganas: ecpalaganas@yahoo.com;

Prof. Jerome Babate: profbabate@yahoo.com

7TH INTERNATIONAL NURSING CONFERENCE

Waterfront Hotel, Cebu City, Philippines

January 7-9, 2010

The theme of the three day conference: The Intersection of PRISM and Globalization: Uniting Worlds Apart (*The PRISM stands for Professional Linkages, Regulatory & Legislative Agenda, Interagency Collaboration, Services & Program Development, and Management of Organizational Resources Effectively, Efficiently, and Ethically*).

Organizers: Philippine Nurses Association of America, Philippine Nurses Association, Association of Deans of the Philippine Colleges of Nursing, UP College of Nursing, St. Paul University.

Keynote Speaker:

Barbara M. Dossey, PhD, RN, AHN-BC, FAAN

"Healing is a lifelong journey into wholeness.

Becoming healed involves learning to trust life."

Abstract submission on line due October 31 2009 <http://www.nur.psu.ac.th/FonConf2010/abstractLogin.aspx>

1ST RESEARCH CONFERENCE OF THE WORLD SOCIETY OF DISASTER NURSING (WSDN)

KOBE, Japan on 9th & 10th of January, 2010.

Call for Abstracts is now open. Abstracts for oral and poster sessions on all aspects of disaster nursing are welcome.

For more information , please see our website. <http://wsdn2010.umin.jp/index.html>

PCHRD SCHOLARSHIPS, THESIS/DISSERTATION AND RESEARCH FELLOWSHIP ASSISTANCE

A critical pool of health researchers is central to the continued creation of knowledge and technologies for health development. To build a pool of competent health researchers, PCHRD provides scholarship grants for masters and doctorate degrees, thesis and dissertation grants, and research fellowships for beginning researchers.

PCHRD, in collaboration with private institutions, awards exemplary studies to encourage seasoned researchers to continue generating world-class work, and inspire beginning researchers to aspire for excellence.

Download Application: <http://www.pchrd.dost.gov.ph/grants-and-programs.html>





Guidelines for Authors

The Philippine Journal of Nursing (PJN) is the official journal of the Philippine Nurses Association, Inc. It is a peer-reviewed journal, published biannually for subscribers and members of the association. It considers original articles written for Filipino nurses at all levels of the health care organization and in various settings. The PJN serves as:

- venue for the publication of scientific and research papers in the areas of Nursing practice and Nursing education,
- source of updates on policies and standards relevant to Nursing practice and Nursing education, and
- medium for collegial interactions among nurses to promote professional growth.

The PJN invites original research and scientific papers, full text or abstract, written by professional nurses on areas of nursing practice and education. If you are interested in submitting a manuscript for possible publication, please review submission requirements below.

Manuscript Preparation and Submission

Manuscripts are voluntary contributions submitted for exclusive review for publication in the PJN. Manuscripts containing original material are accepted for consideration if either the article or any part of its essential substance, tables, or figures has been or will be published or submitted elsewhere before appearing in PJN.

For additional information about manuscripts and queries about submitting manuscripts, please contact the editor: E-mail: philippinenursesassociation@yahoo.com.ph

The information below indicates the required presentation of manuscripts.

Format and style

The Publication Manual of the American Psychological Association (APA), Fifth Edition, provides the format for references, headings and all other matters. Check here for additional information about APA style: http://www.vanguard.edu/faculty/ddegelman/detail.aspx?doc_id=796

- Please submit two copies of manuscript, which should not be more than ten pages including abstract, text, references, tables, and figures. The author is responsible for compliance with APA format and for the accuracy of all information, including citations and verification of all references with citations in the text. Spelling may be in either American or British English. Submission must be typed, double spaced on letter-size (8.5" x 11") paper with at least 1" margin on both sides. Include a cover letter listing the author's contact number, address, title, institutional affiliation, position and other relevant credentials. All articles should be addressed to PNA Office at 1663 Benitez St., Manila, Philippines or send through e-mail philippinenursesassociation@yahoo.com.ph
- Manuscripts should be 12 font, double-spaced, with standard margins (about 1 inch). Fancy typefaces, italics, underlining, and bolding should not be used except as prescribed in the APA guidelines.

Content

The content of a typical manuscript includes:

Title page

Title

Should indicate the focus of the article in as few words as possible. It should not contain a colon or other complex structure. Titles should not exceed about 10 words.

Author information

Indicate for each author:

- (a) Name and degrees
- (b) Title or position, institution, and location; to whom correspondence should be sent, with full address, phone and fax numbers, and E-mail address; provide E-mail address for all co-authors.

Acknowledgements

Briefly state name of funders, grant number and name of mentors/people with significant contribution

Abstract

A structured abstract with headings should be included as part of the manuscript. The abstract denotes: (a) purpose of the article, without detailed background; (b) design, including type of study, sample, setting, dates of data collection if applicable; (c) methods, such as interventions, measures, type of analysis; (d) findings; and (e) conclusions.

For manuscripts focused on review or theoretical analysis a structured abstract still is required, but the organizing construct may be stated instead of a design.

Key words

A few key words that are recommended for use in indexing should be listed at the end of the abstract.

Text

Successful articles have clear, succinct, and logical organization and flow of content. It contains the following:

- Introduction
- Background
- Methods
- Findings
- Discussion
- Conclusions

The text should indicate the characteristics of the setting in which the study was conducted. Whenever possible, the review of literature and the discussion, interpretation, and comparison of findings should include reference to relevant works published in other countries, contexts, and populations.

References

Follow the APA Form and Style; list of references should include only those references that are important and cited in the text. References should be the most current available on the topic.

Tables and figures/photos

Each table and figure should be presented on a separate page and uploaded separately. Placement of each table or figure should be noted in the text. The PJN does not use addenda, appendices, and colors. Photo of the author as well as photos that highlight article content are also welcome. Black and white photos are preferred. Drawings and graphics should be clear.

Time For Review, Decision, and Production

Time For Review, Decision, and Production. The average time from manuscript submission to the author's receipt of the editor's decision about publication varies ranging from 1-3 months. Each manuscript is subjected to peer-review. The possible decision for manuscript submitted for publication are (a) accepted, with editing to follow; (b) accepted, pending satisfactory revisions by the author; (c) not accepted, but author is encouraged to make specified major revisions and return the manuscript to the editor; (d) rejected. The editor normally encourages the author(s) to continue the work and to revise and resubmit the manuscript as part of the mentoring culture. The time required for revisions can vary. All manuscripts are edited and copyedited before they are sent to the printer. The corresponding author receives page proofs for approval before publication.

Publication is scheduled at the discretion of the Editor who reserves the right to postpone and cancel publications for reasons of space and other factors. All accepted manuscripts are subject to editing. Authors will receive a complimentary copy of the issue in which their respective articles appear.





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Cover Design:

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Raul Quetua

Layout:

Jennifer T. Padilla

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CALL FOR PAPERS OF THE PJN 2009 ISSUE:

Leading Change and the Nurse
 Theme for July-December 2009:

*"Leading Change Through
 Evidence-Based Practice in Nursing"*



PNA HYMN

We pledge our lives to aid the sick
To help and serve all those in need
To build a better nation that is healthy and great

We'll bring relief to every place
In towns and upland terraces
In plains and hills and mountains
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



www.pna-ph.org