ISSN No. 0048-3318

PHILIPPINE JOURNAL OF NURSING

PJN VOL. 83 NO. 2

OFFICIAL PUBLICATION OF PHILIPPINE NURSES ASSOCIATION, INC. • JULY - DECEMBER 2013

Challenges of Equity and Access to Health Care

RESEARCH ARTICLES

- Being Old and Poor: The Perceptions of Urban Poor Women and Challenges
  Cora A. Añonuevo, RN, PhD
- "Masked": The Lives of Adolescents Undergoing Chemotherapy
  Rudolf Cymorr Kirby P. Martinez, PhD, RN
- Reflections of Cultural Dimensions in Undergraduate Students' Transcultural Perceptions
  Susan Hayes Lane, PhD, MSN, RN
  Reimund Serafica, PhD, MSN, RN
  Mary Alice Hodge, PhD, MSN, RN

FEATURE ARTICLES

- Dean Elizabeth R. Roxas, 2013 AGT Awardee
  Eleanor M. Nolasco, RN
- Embers: Being a Nurse in the World of Local Politics
  Marian G. Santos, RN

NEWS ARTICLES

- PNA: "Gearing Up for the Greater Challenges of Equity and Access to Health Care"
  Cora A. Añonuevo, PhD, RN
  Gerelyne R. Reboroso, RN
- PNA hosts 14th AWFF and 10th AANA Meeting in Manila
  Leonardo M. Nuestro, Jr., RN, MAN
  Gerelyne R. Reboroso, RN
- The Founding Meeting of the Global Nurses Union
  Jossel I. Ebesate, RN

NURSES' ADVOCACY

- Resolution for the Abolition of the Pork Barrel System

NURSES' VOICE FROM THE FIELD

- Dressing a Dead Man
  Randelle Ian D. Sasa, RN, MAN

CONTENTS

PHILIPPINE JOURNAL OF NURSING
PJN VOL. 83 NO. 2

1 EDITORIAL

3 PRESIDENT'S MESSAGE

RESEARCH ARTICLES

4 **Being Old and Poor: The Perceptions of Urban Poor Women and Challenges**
Cora A. Añonuevo, RN, PhD

9 **"Masked": The Lives of Adolescents Undergoing Chemotherapy**
Rudolf Cymorr Kirby P. Martinez, PhD, RN

19 **Reflections of Cultural Dimensions in Undergraduate Students' Transcultural Perceptions**
Susan Hayes Lane, PhD, MSN, RN
Reimund Serafica, PhD, MSN, RN
Mary Alice Hodge, PhD, MSN, RN

FEATURE ARTICLES

27 **Dean Elizabeth R. Roxas, 2013 AGT Awardee**
Eleanor M. Nolasco, RN

30 **Embers: Being a Nurse in the World of Local Politics**
Marian G. Santos, RN

NEWS ARTICLES

33 **PNA: "Gearing Up for the Greater Challenges of Equity and Access to Health Care"**
Cora A. Añonuevo, PhD, RN
Gerelyne R. Reboroso, RN

42 **PNA hosts 14th AWFF and 10th AANA Meeting in Manila**
Leonardo M. Nuestro, Jr., RN, MAN
Gerelyne R. Reboroso, RN

44 **The Founding Meeting of the Global Nurses Union**
Jossel I. Ebesate, RN

NURSES' ADVOCACY

45 **Resolution for the Abolition of the Pork Barrel System**

NURSES' VOICE FROM THE FIELD

46 **Dressing a Dead Man**
Randelle Ian D. Sasa, RN, MAN

48 GUIDELINES FOR AUTHORS

PHILIPPINE NURSES ASSOCIATION, INC.

VISION

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

MISSION

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

CORE VALUES

- Love of God and Country
- Caring
- Quality and Excellence
- Integrity
- "Collaboration"

THIS PUBLICATION IS NOT FOR RE-SALE

PHILIPPINE NURSES ASSOCIATION, INC.

Editorial

Towards Equity and Access to Health Care Services

Health is the presence of physical, social and economic well-being. Health is associated with positive social and environmental conditions such as adequate housing, employment, health care and personal security (Wallack and Dorfman, 1996). The World Health Organization (2009) reinforced the pre-requisites for health advocated during The Ottawa Charter for Health Promotion in 1986: peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice and equity. Health is no longer just a fundamental right, but a sound social investment whose basic principle should be based on social justice. This means ensuring access to the essentials for a healthy and satisfying life to raise overall societal productivity both in social and economic terms at the local and national levels. In this case, the governments' role in public policy, regulation, and legislation to secure equitable access to prerequisites of health is important (Nutbeam, 1995). Thus, healthcare refers generally to all the major aspects of health services, including not only utilization but quality, financing, and allocation of resources, making health care as a determinant of health. Equity and access are vital characteristics of health care.

Equity means the ability to recognize the right of every person, guided by the principles of justice and fairness. Access is the establishment of communication and other relevant channels to obtain information or to use available resources. Access refers not only to physical access but also to the affordability and cultural sensitivity of health care services. Thus, health care based on the person's context and health realities are important in operationalizing the concept of health equity and access, making the pursuit of health inseparable from the struggle for a fairer, more caring society.

Equity and access to health care will always be subjected to many meanings and interpretations. What is important is to recognize these as human development goals that should be pursued. As such, it means eliminating disparities in health between more and less-advantaged social groups, between the haves and have-nots, the powerful and powerless. It means that all citizens should enjoy universal and equitable access to good quality health care. For this to happen, Corrigan (2005) offers six areas of concern that a health care system should pursue: safety, timeliness, effectiveness, efficiency, equity and patient-*centeredness.* Equitable and accessible health care is for all regardless of socio-economic status, race, ethnicity, ideology or other personal characteristics.

What is the reality of equity and access to health care in the country? Undeniably, the majority of the Filipino people still has little food, unclean water, low level of sanitation and shelter. The poverty condition of the country makes our people vulnerable to conditions favorable for ill health. Among Filipinos, there is increasing disparity and cumulative evidence of inequity and inaccessibility among population groups, ages, gender, ethnicity, socioeconomic status, and geographic location. All these raise questions and issues about equity and fairness in health care delivery, in turn, raising moral, ethical, economic, and legal issues for health care system operations. For health providers such as us, nurses, who have sworn to provide the best care possible, we get confronted with these issues. Our environment is faced with limitations of resources, inappropriate polices, poor leadership and support system. Ańonuevo's article, *"Being Old and Poor: The Perceptions of Urban Poor Women and Challenges"* explored the perceptions of older women about poverty and the hardships they encounter in their everyday lives. The results of the study show that "participants perceive themselves as poor and characterize themselves as such because they lack knowledge, education, means to make a living, and decision-making support. The poor have to work in order to eat. They cannot have a secure job. They do not have the survival skills because of old age. Money and livelihood are

what they consider important". Being poor is a deterrent to equitable access to health care services. Martinez' *"Masked": The Lives of Adolescents Undergoing Chemotherapy*" claims that cancer still ranks as the second leading cause of death among children. Being confronted with life threatening situations at a young age, equity and access to health services to this age group continue to be a challenge. Serafica et al.'s article, "*Reflections of Cultural Dimensions in Undergraduate Students' Transcultural Perceptions*" presents the importance of learning experiences which is sensitive and respects cultural needs. The themes that emerged in their study "provide an understanding of international learning experience and offer insight into the pitfalls that may occur during development of global community engagement. In addition to the development new courses within the context of college or university-wide education, there is a need to re-examine the educational system for healthcare design."

Nurses play a great role in providing equitable and accessible health services. We need to enhance our presence and increase our visibility, especially in areas where health care needs are greatest. We need to be trusted as competent and caring, providing safe, quality, and compassionate health care. We must be seen as respectful and trusted partner in health development. We need to address the social determinants of health as this is the only way to achieve greater and sustainable returns to existing efforts to improving health. We are not just health care service providers, we, too, are advocates for our clients. We join other ranks who oppose strategies and measures that continue to widen the gap between equity and access to health services (e.g. contractualization and privatization of public health services). Thus, this year's 91st Foundation Anniversary, National Convention, and 56th Nurses Week the Philippine Nurses Association had for its theme, *"Gearing Up for the Greater Challenges of Equity and Access to Health Care."* The theme "underscores the PNA's appreciation of eliminating discrimination in health care and aspiration of a comprehensive, quality and accessible health care system. It calls on the nurses to be more visible and embrace this challenge with passion and competence in performing their duties, and to be relevant in recognizing the bigger problems in society that result in less access to health services by the poor and the marginalized."

Nolasco's feature article on this year's AGT awardee, Dean Elizabeth Roxas, reveals her accomplishments as a "pioneer nurse-educator, a leader vibrantly helping steer the profession to its noble and dignified place in society and other pursuits…" We need more exemplary nurses like Dean Roxas to contribute to more equitable and accessible health care. Santos' *Embers: Being a Nurse in the World of Local Politics* narrates her journey as a local legislator. She claims that her experiences taught her "many values in life, especially when it came to humility, simplicity, and openness to people from all walks of life. The three-year experience has certainly equipped me with the boldness and patience I need to pursue my other vocation as a struggling novice nurse in the Philippines. Politics taught me that healing goes beyond the physical management of the body's sickness. Healing, I learned, is also about good leadership." Sasa's *"Dressing a Dead Man*" shows the humane, caring nurse till the deathbed. He "… appreciated more the power of human will… I learned that earthy concerns tie the soul into the mortal body, and even if the body is failing (or an inch away from death), the soul will find ways to hold on. And so, what the dying needs is reassurance and love—without which, passing away would be a burden."

We have a long way to go at making conditions favorable towards equity and access to health care. Much is to be done in reducing the gaps and addressing differences in the current health status and in ensuring equal opportunities and resources so that people can achieve their fullest health potential.

References

Corrigan, J. *Crossing the Quality Chasm*. Accessed February 18, 2014. http://www.ncbi.nlm.nih.gov/books/NBK22857/

Nutbeam, D. (1998). *Evaluating health promotion—progress problems and solutions*. Health Promotion International, 13, 27–44.

WHO (2009). *Milestones in Health promotion*: *Statements from Global Conferences*

WHO Press, World Health Organization, Geneva, Switzerland

ERLINDA CASTRO-PALAGANAS, RN, PhD

PHILIPPINE NURSES ASSOCIATION, INC.

President's Message

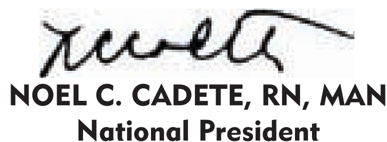
When the last half of year 2013 unfolded, the country was sieged by tragedies that rocked the nation - literally and figuratively. Who does not remember the bombing in Cagayan de Oro City last July which killed at least 8 people and injured 48 more? In August, MV St. Thomas Aquinas collided with the MV Sulpicio Express Site resulting in 55 deaths and 65 people missing, plus the southwest monsoon or "Habagat" brought by Typhoon Maring hitting Metro Manila, Cavite, some parts of Rizal and Laguna, leaving many areas flooded and 200,000 people homeless. Last September, there was the Zamboanga Crisis that paralyzed the economic activity of the city. Then, there was the 7.2 magnitude earthquake that jolted Bohol that left 144 dead and 291 injured. Then came the infamous Typhoon Yolanda (Haiyan) in November which brought havoc to the Visayas killing 6,201 people, affected 11 million more and left them homeless. And just before the year ended, another bus accident occurred in the metro Skyway taking away 18 people, while injuring 20 others in December.

All these news and appalling developments made us feel bad. But despite all the what-has-become staple sad stories or news, there were also some which were good and heartwarming, compensating for the former: people from everywhere and all walks of life wanted to help and contribute. Though it is a common knowledge that the calamities may have brought to fore the worst for the Filipinos, they also paved showing the best of them: their resiliency, "Bayanihan" (cooperative) spirit and yes, even better sense of humor! Even the foreign groups who have been generously helping the Philippines, are amazed at how Filipinos can cope up and recover fast from disasters and calamities.

In the aftermath, nurses and the PNA have been there visibly involved. Together with other health workers, nurses became the silent, unheralded participants and volunteers during rescue, relief and rehabilitation efforts of various groups. Even if they were affected or put in danger themselves, they gathered themselves and helped others the best way they can.

Filipinos may have closed the previous year in gloom, but our "never-say die" attitude and strong faith keep the optimism in all of us. I am firm in my belief this goes the same for all of us nurses. Devastated our bodies and minds, maybe, but our steadfast, caring spirit carries us all through and more!

On behalf of the PNA family, I enjoin everybody to continuously pray for a brighter and good results-filled 2014! *Mabuhay tayong lahat!*



NOEL C. CADETE, RN, MAN
National President

Research Article

Being Old and Poor: The Perceptions of Urban Poor Women and Challenges

Cora A. Añonuevo, RN, PhD
Professor, College of Nursing
University of the Philippines Manila

Abstract

The purpose of this study was to explore the perceptions of older women about poverty and the hardships they encounter in their everyday lives. It delved into challenges that are important to stop them from being poor. Using the criteria of sex and age, nine older women, aged 50 to 80 years old, living in one of the poorest communities in the city of Manila, consented to participate in the study. A focus group discussion was the main method used to gather data which were subjected to content analysis. Results of the study show that participants perceive themselves as poor and characterize themselves as such because they lack knowledge, education, means to make a living, and decision-making support. The poor have to work in order to eat. They cannot have a secure job. They do not have survival skills because of old age. Money and livelihood are what they consider important. This is because women are the ones earning and solving problems for the family, take charge of the household budget and childcare. Their hardships stem from vices of family members such as drugs, gambling, and drinking. These vices result to family conflict, depletion of family income and dependence of children on parents. To the older women, what is most important for a person to get out of poverty is education. Next important is to have business and business capital. The rest include family planning, possessing qualities like industry, frugality, perseverance, and keeping away from vices. Faith in God is what makes them cope with the daily life ordeal.

Photo taken from The Mindanao Examiner Regional Newspaper- http://zamboangajournal.blogspot.com/

Key words:
ageing, gender, older women, poverty

Background

Poverty, gender and aging, are interconnected. In the Philippines, to be "poor" means that per capita income is less than P46 (approximately one US dollar) per day. There are those who are "food poor" who live on P32 (or 75 cents) daily, not even enough to meet the minimum 2000 calories per day (NSCB, 2012). Another defining feature of poverty is being squatters, residing on a property to which they have no right, title or lease. Many of them are living with and living from garbage by collecting, sorting and selling these for recycling. The garbage becomes the poor's source of livelihood, food and other basic needs. The risks are serious-- living in this kind of fragile environment predisposes people to disease, and scavenging may bring them to permanent disability or even death due to accidents. Charcoal-making also puts their health at risk that comes from inhaling smoke from the burning wood.

Poverty among older women is the result of multiple inequalities that they experience during their lifetime because of their gender, class, and socio-economic status. Philippine literature have shown that the primary responsibility of women is in reproductive, unpaid household work, and caregiving. When they work outside the home to support their families, they

earn less than men, and experience discrimination (Guerrero 1965; Mendez & Jocano 1975; Licuanan 1979; Lagmay 1983; UPCHE 1985). Gender situation negatively affects women's power and independence. Ability to move about in public as needed, property ownership and inheritance, and to make important decisions, confidence and sense of self-worth may be restricted by current societal arrangements (WHO 2003). Their situation intensifies their poverty as they grow old, having the least access to food, income, health care and leisure. Through years of hard physical labor, poor nutrition, pregnancies, and childbearing and rearing, the deterioration of their health compromises their livelihood and the means to meet their needs (WHO 2008).

Beyond these inequalities, poor women enter their fifties and 60s in chronic illness compared to elderly men who suffer from acute conditions. Thus, although women live longer than men, many of these years may be spent with disability or illness (WHO 2008). It is hoped that this study will reveal areas of gender and age disparities and reflect priorities of older women who have experienced of living in poverty.

Purpose of the Study

This qualitative study aimed to explore the perceptions of older women about poverty and the hardships that they encounter in their everyday lives. It also looked into challenges that are important to stop them from being poor.

Methodology

The study was conducted in one of the poorest communities of scavengers and charcoal makers in the city of Manila after an ethics approval was obtained from the University of the Philippines Manila-National Institutes of Health. It was part of the bigger research project on “Assessing Development: Designing Better Indices of Poverty and Gender Equity” in which the Philippines was one of the six countries selected as study setting. Criterion sampling was used in the selection of participants. Using the criteria of sex and age, nine older women who gave their consent, participated in the study. Age criteria for the older group was adjusted to aged 50 and over owing to their context of poverty which makes them age prematurely, manifesting at relatively younger ages physical impairments, declining health, and decreasing productivity. Five of the participants were elementary undergraduates, while 3 were able to reach high school (grades 7 and 8). Majority were scavengers. Others worked as market vendor, water dealer and laundrywoman. Except for a widow who lived alone, the participants lived with their husbands, children and grandchildren. To explore the depth and capture their perceptions about being old and poor, focus group discussion (FGD) was the main method used to gather data on the following topics: constituents of poverty; hardships that are related to poverty and ageing; and, what is needed to get out of poverty. An interview was conducted with the oldest participant, 80 years old, who provided an extreme case albeit rich information about her decades of experiences living in hardships. A collegial relationship with the participants was maintained that facilitated data collection, recognizing them as experts and authorities of their own lives.

Data gathered were transcribed and processed using content analysis. Analysis of data included validation with the participants themselves to verify the information and ensure data accuracy and objectivity in representing the reality of their experience and situation.

Results

This section presents the context of the study and the key findings from the study - the perceptions of older women about being poor, the hardships they experience, and what they believe is needed to stop them from being poor.

The context of the study

Sitio Tulungan is located in Barangay X of the city of Manila. It has an atypical livelihood setting (in a garbage dump) but is typical of an urban poor community -- crowded, stinky, dirty and noisy. People belong to the poorest of the poor and in some corners of the place, there are those spending their time drinking alcohol and gambling.

It became a dumpsite in 2000. The Sitio has a land area of approximately 10 hectares with a population of around 8,500 comprising of 1,960 families (MDSW 2010). Local leaders said that theirs is a neglected place and possible eviction is their constant fear. People named their sitio, “Tulungan,” a Tagalong word that refers to helping each other.

The primary sources of income of the people are scavenging and charcoal making. Scavenging generally refers to gathering of garbage or trash that could be sold. Scavengers use a special pointed tool and segregate the items before selling their merchandise to a buyer who is from outside the Sitio. They earn 100 to 150 pesos on the average daily. Some families had built a 'spot', a dugout for use as a kiln in charcoal making. Charcoal making is a very slow process. The scrap woods are burned for 3 to 4 days under low fire. Then the charcoal is packed in plastic bags by workers and sold wholesale to a market retailer. Charcoal-makers earn 3,000 pesos weekly. A coal packer gets paid 40 pesos for eight hours of work.

Whereas women and men in Sitio Tulungan share some problems of ageing such as compromised health and diminishing incomes, older women are disadvantaged relative to older men as revealed by the findings that follow.

Why we are poor

The participants perceive themselves as poor and characterize themselves as such because they lack knowledge, education, means to make a living, and decision-making support. One participant says that another characteristic of poor people is having to work in order to eat:

> *"We need to work so we can have food on our table every day."* Another says: *"If women will not work just like men, then that's the end of them and they can't go anywhere."*

No secure job and survival skills

Because of old age, the older women say they cannot have a secure job and do not have survival skills. An 80-year old woman, who finished fourth grade and living alone, shares her story:

> *When I was still young, I earned about a hundred pesos a day . My husband was a trailer driver and he earned much. I was generous with people. For example, when a friend or neighbor was sick, I paid for the medical expense. When I became much older, I only earned P50 a day . Today, I don't go anymore to the Tambakan (dumpsite) as it is risky for me... When it's time to eat, there's nothing to eat. And what you want to eat, there's none at all.*

Lack of money

Money is very wanting for older women. They consider money as essential for almost everything one needs to do. This is because women also have to make a living to help augment their husbands' meagre earnings and for solving financial problems for the family. They take charge of the household budget and it becomes a headache when money is hard to come by. For instance, Celia (not her real name) says that money is really needed to be able to buy water, as allowance for children in going to school, to buy rice and to pay for lighting.

What makes life hard for us

Vices and household conflicts

What makes life hard for older women stem from **v**ices of family members such as drugs, gambling, and drinking. These vices result to family conflict, depletion of family income and dependence of children on parents. Fina complains*:*

> *"Even if the men have stable job but belong to a gang who drink alcohol and go home drunk, then you will have no more money since it's all gone."* There is also conflict and quarrelling within the household: *"When your husband gets drunk and reaches home, he will start quarrelling you,"* one participant quips.
>
> Josie also discloses: *"In the past, my husband was really a heavy cross to carry but I asked the Lord to change him. He was always drunk and would break things whenever he got drunk."*

Dependency of children and lack of spouse's support

Children with vices still depend on their mother for food. One laments:

> *That's why I scavenge for garbage almost every day because they all depend on me."* She says that financial problem makes life hard for them.
>
> Another says she has no one to depend or rely on but herself: *"It is difficult if you are the only one planning. Like in my case, even if I have a husband, I am the one who still think."*

Community resources to ease our hardships

With regard to how they perceive existing community resources, the participants state that these somehow help the poor get through hardships. There are public facilities

like toilet, water, health services and market, while non-government organizations and faith-based organizations provide day-care services for preschool children. Private vendors supply water services and electric power for a fee. Women use water for cooking, washing clothes and dishes, and bathing of grandchildren. Women fetch water themselves or they stand in line and the male family members carry the buckets back home. The participants say that more women than men access toilet, market, day care, and health center; while more men access barangay services like dispute resolution and security. Men use electricity for activities like watching TV; women use it for doing household chores like washing clothes although very few own washing machine

What we need in order to get out of poverty

To the older women, what is most important for a person to get out of poverty is education. Next important is to have business and business capital. The rest include family planning, possessing qualities like industry, frugality, perseverance, and keeping away from vices. They also mention values like unity, determination and cooperation.

Older women put premium on faith in God as a way to get through the hardships. *"It must be God first because if there's no God then you can't acquire anything since everything comes from the Lord,"* Lourdes asserts. *"Even if you are poor here on earth you will be rich in heaven,"* Josie assures her co-participants.

Discussion

Poverty denies people the right to have the most basic needs, opportunities and choices to make a decent living. In this study, both the scavengers and the charcoal makers share the daily experience of uncertainty – about food, money, and necessities for schooling. However, while there is an opportunity for scavengers to earn something from garbage that is brought daily, there are days of zero income for charcoal makers – the time when they wait for the charcoal to be ready – usually, about three to four days. Due to low-levels of education and training, both women and men in poor communities perform manual and often difficult and dangerous labor such as scavenging to earn a living for their families and to support themselves. Employing physical strength, often the most vital asset of the poor, are reduced in old age.

However, older women are doubly disadvantaged because they are burdened by the stresses of their productive and reproductive roles which started from earlier years. Poor housing conditions, limited access to water and sanitation, unsafe neighbourhoods arising from environmental hazards, put an additional burden to women who are responsible for childcare, cleaning, washing and other household chores. Mudege and Ezeh (2009) argued, however, that women's lifelong engagement in the domestic sphere can give them a 'gender advantage' over men in terms of adaptation to old age in the urban environment. The focus group discussions they conducted with community leaders in a Nairobi slum found that older men were perceived as idle and weak and incapable of caring for themselves as they were not socialized into the domestic sphere.

As women age, they can suffer from ill health, physical impairments, low self-esteem and insecurity. For those who live with their family, older women complain of supporting grown up children, some of whom are hooked on drugs. The situation is even more difficult for older women who live alone because they lack the necessary family support system.

Men and women use resources differently. Although both of them use common resources in the house, women are more inclined to use those that pertain to the maintenance of the household. Similarly, use of community resources tend to differ between men and women and this is often associated with their respective tasks and responsibilities performed until old age. In terms of accessing health services, Mudege and Ezeh (2009) found from an analysis of qualitative interviews conducted in two Nairobi slums that older women were quicker to get free health services than older men.

It appears that spirituality is an important dimension in these women's lives. They use spirituality to find meaning in their life hoping that in the next life after, they will have richness. Their reliance on God is a source of comfort and relief from stress.

The prime importance older women participants invariably place on education suggests strategic thinking – that this could be a more reliable means to get out of poverty compared to luck. Education that builds capability (for better jobs and bigger, regular income) is strategic because children would have better chances.

Conclusion and Recommendation

What constitutes poverty. For the older women, to be poor means not having enough money, adequate education and good job. Age is a factor that complicates poverty. Older women have more difficulty finding a job or have reduced ability to work hence money is hard to come

by. Although men are expected to work rather than women, the participants also see the need to work because of their poor economic situation. The combination of being female and old age are factors of vulnerability to poverty.

What makes life hard for older women. Being a woman is hard for them because they are expected to fulfil their responsibilities at home. When husbands and children do not do their part in contributing income to the household and instead engage in vices, life gets even harder for women. As they grow old, their children continue to depend on them for survival. They feel insecure about having no assets such as education and sufficient money that should keep them safe in the remaining years of their lives.

Things needed to stop an individual being poor. Education is what older women consider important to improve their lives. Having a good job or a business that will provide them enough money is also guaranteed to alleviate themselves from hardships. Qualities like unity, determination and cooperation are non-material strategies that can be relied on to survive. The poor should also have faith in God (money is only temporary) and perseverance (meaning, the poor should still work hard even if they already have the money).

Being poor, being old, and being women are the "triple risks" that participants in this study view themselves to be. Understanding poverty in old age needs to consider gender factors and differences as these impact on the lives of older women. Provision of programs, services and resources such as education, livelihood, housing, health care and decision-making support that reduce poverty and insecurity among women prior to old age might have long-term beneficial consequences. For poor older women who have no pension but have worked most of their lives in the home or informal sector, social security or income support must be provided to them by the government. For instance, the 4Ps (Programang Pantawid Pamilyang Pilipino) should consider the provision of fund assistance not only to Filipino indigent children and pregnant women but to poor older women as well.

As there are very few researches that integrate gender into studies of poverty and aging, promoting research on the interrelationship among these three aspects should be encouraged. In such studies, the voice of older women must be included in research designs and methodologies. Furthermore, the underlying reasons for poverty and the processes that aggravate poverty in the life course of women need to be examined and addressed.

References

Guerrero SH. (1965). An analysis of husband-wife roles among Filipino professionals at UP Los Banos campus. *Philippine Sociological Review*, 13 (4): 275-84.

Lagmay LA. (1983). *Cruz-na-Ligas: Early Socialization in the Urbanizing Community*. Diliman, Quezon City: UP Press.

Lagmay LA. (1983). *Cruz-na-Ligas: Early Socialization in the Urbanizing Community*. Diliman, Quezon City: UP Press.

Licuanan PB. (1975). Aspects of child rearing in an urban low-income community. *Philippine Studies*, 27:453-68

Manila Department of Social Welfare (MDSW) 2010 Report: Sitio 'Tulungan'.

Mendez PP & Jocano FL. (1975). *The Filipino Family in its Rural and Urban Orientation: Two Case Studies*. Manila: Regal Printing.

Mudege NN & Ezeh AC. (2009). Gender, aging, poverty and health: Survival strategies of older men and women in Nairobi slums. *Journal of Aging Studies,* 23 (4): 245-257.

National Statistical Coordination Board. Family Income and Expenditure Survey 2009 Philippines. Retrieved June 09, 2012 from http://www.nscb.gov.ph/secstat/d_income.asp

University of the Philippines College of Home Economics. (1985). *Final report on child-rearing practices in Philippine setting*. University of the Philippines (Unpublished).

World Health Organization: Gender, health and ageing. Retrieved May 05, 2012 from http://www.who.int/gender/documents/en/Gender_Ageing.pdf

World Health Organization Western Pacific Region. (2008). *Integrating poverty and gender into health programmes: a sourcebook for health professionals. Foundational module on ageing*.

About the Author: Dr. Cora A. Añonuevo is a Professor of the College of Nursing, University of the Philippines Manila. She received her Doctor of Philosophy in Philippine Studies from the University of the Philippines, Diliman and her Master of Public Health, University of the Philippines Manila. She is currently a Board Member of the Philippine Nursing Research Society, Inc. Her research interests include Community Health, Women and Older Persons.

Acknowledgement. This study, which is part of a bigger project "Assessing Development: Designing Better Indices of Poverty and Gender Equity," was supported by the Australian Research Council funded linkage project, and made possible by partnerships with the Australian National University, Oxfam Great Britain Southern Africa, International Women's Development Agency, Philippine Health and Social Science Association, the University of Colorado at Boulder, and Oxfam America.

Disclosure: This research article has not been published in any journal.

PHILIPPINE NURSES ASSOCIATION, INC.

Research Article

"Masked": The Lives of Adolescents Undergoing Chemotherapy

Rudolf Cymorr Kirby P. Martinez, PhD, RN[1]

Abstract

Worldwide, cancer still ranks as the second leading cause of death among children. In Asia alone, it continues to be a leading cause of childhood mortality (http://www.who.int/cancer/en/). Though treatments, such as chemotherapy have played a major role in combating cancer, local researches that dwell to understand their lives as they undergo the therapy are sparse. To further understand the lives of adolescents undergoing chemotherapy, this paper was conceptualized to present a glimpse of the adolescent's life and answer the question "What it is like to be an adolescent undergoing chemotherapy". Further, this paper is part of a larger study exploring the journey and the experience of adolescents during the course of their chemotherapy. Following the philosophical underpinning of phenomenology, five adolescents were selected as participants of the study based on preset criteria. The experiences of the participant were gathered and validated via the following methods: 1) Interview, 2) Storytelling, 3) Participant Observation, 4) Art, and 5) Group Discussion. Subsequently, three levels of reflective analysis were done on the narratives of the participants following the process specifically developed by the researcher grounded in the philosophy of interpretive phenomenology. Through the process of reflective analysis, three (3) themes surfaced: (1) Behind the Mask: Who am I Now?, (2) Forbidden but not Forgotten, and (3) New Me: Metamorphosis of Self. These themes reflected their affirmation that their lives have been "masked" by their disease and its treatment. "Masked" with its many layers of meaning represented the essence and the core description of their experience. Revelations and insights from these research findings suggested that to treat adolescents undergoing chemotherapy as "special" may sometimes be counterproductive as they feel it is opposed to their desire to be seen as normal as possible, which enhances their sense of control and autonomy.

Keywords: *Adolescent, chemotherapy, mask, phenomenology*

[1] *Assistant Professor, University of Santo Tomas, College of Nursing, E-mail: vanidorgildor004419@hotmail.com*

Introduction

Cancer in its simplest definition is a group of diseases that involves the uncontrolled growth and spread of certain abnormal cell in the body creating disequilibrium in the normal functioning of an individual. Childhood cancer, then, is a general term used to describe ranges of cancer types found in children between the ages of 0-19 years. It is the second leading cause of death among children worldwide, majority of which afflicts those below fourteen (14) years of age. It also continues to be the major cause of childhood death in Asia as 60% of Asian children afflicted with cancer die (King et al, 2007; http://www.cancer.gov/cancertopics /types/childhoodcancers; http://www.who.int /cancer/en/).

One of the advancements with regard to treatment of cancer is the development of chemotherapy and is currently the mainstream treatment of choice for childhood cancer (King et al, 2007; Otto, 2007). This choice is supported by the fact that it has the highest success rate reaching more than 80% as compared to other treatment modality (i.e., radiation & surgery).

There is an increasing number of researches done on childhood cancer considering its global impact and the rapid utilization of chemotherapy as its main treatment of choice. Some researches explored the experiences of a varied age group of children with cancer (Rechner 1990; Hockenberry-Eaton, 1994; Yeh, 2002; Larouche & Chin-Peuckert, 2006) as well as the cancer experience in terms of the psychoemotional aspect like experience of uncertainty (Stewart, 2003), of depression (Woodgate, 2006a) and that of hope (Danielsen, 1996 & Turner, 2005). Other researchers explored children's experiences with cancer in terms of its effects on their sense of self (Woodgate, 2005), their coping mechanisms during their ordeal (Till, 2004), during treatment (Weekes & Kagan, 1994) or their coping mechanism in terms of their social support (Woodgate, 2006b), and their parent's involvement (Griffith, 2009).

It can be noted however that most of the studies focus on the cancer per se and not on any treatment modalities such as chemotherapy. Though there are researches that explore chemotherapy's effect on the quality of life of pediatric patients, specifically the psychoemotional aspect (MacLeod, 2005; Kyung-ah, 2009), the symptomatology (Jalmsell et al, 2006), as well as the pain experience (Cleve et al, 2004), none was found that specifically explored the experience of undergoing chemotherapy through the eyes of adolescents.

Thus, it is an imperative to understand the experiences of adolescents undergoing chemotherapy to fill this gap in the literature.

METHODOLOGY

The Research Approach: Phenomenology

This research study utilized the interpretive phenomenological approach to describe and explore the meaning and essence of unconsolidated phenomena as lived experiences (Finlay & Gough, 2003; Woodgate, 2006; Speziale & Carpenter, 2007; Taylor et al, 2007). As Spiezelberg puts it, "*it is a special kind of phenomenological interpretation, designed to unveil otherwise concealed meaning in the phenomena*" (as cited by Speziale & Carpenter, 2007:88) by means of entering another's world to discover the practical wisdom, possibilities and understanding found there (Polit & Beck, 2011). This is done by specifically using the inductive method to depict a phenomenon as the individual experience it rather than transforming it into operationally defined behavior (Colaizzi as cited by Beck, 2004). With this, it thus bridges the gap between what is familiar in our worlds and what is unfamiliar (Gadamer, 2006).

More than an approach, phenomenology is deeply rooted in philosophy (Dowling, 2007). Its origin can be traced back as a philosophical movement rather than a method or a set of doctrines as was exemplified by Spiegelberg (1975) when he described phenomenology as

> "…the name for a philosophical movement whose prime objective is the direct investigation and description of phenomena as consciously experienced without theories about their casual explanation and as free as possible from unexamined preconceptions and presupposition" (Speziale, 2007:77).

Participant Selection

Five (5) adolescents were selected as participants of this study based on the following criteria: 1) They are willing to articulate, share, participate, and describe their experiences, 2) They have undergone at least the second chemotherapy sessions, either as an in-patient or out-patient, as one of their treatment modality for

pna
PHILIPPINE NURSES ASSOCIATION, INC.

their cancer regardless of its type, and 3) that they are adolescents between 12-18 years of age.

Following the appropriate institutional protocols and clearances, the study was conducted at a halfway house located in Metro Manila, which serves as a temporary shelter for children undergoing cancer treatment within the area. The institution was chosen since the researcher was a former volunteer in the area prior to this study and all of its children-residents are hemodynamically stable to undergo their treatment as OPD patients in different hospitals. Prior to the actual interview, verbal and written consent was obtained from the participants as well as their parents. Full disclosure as to the nature of the investigation was done with the adolescents together with their parents. These adolescents were also provided the right to withdraw at any given time. As participants of the study, they were further given the choice to consult a counselor. But throughout the conduct of the study, none of them requested for it. Also, the participants were made aware of being tape-recorded during the conversations. If a tape recorder was not available during some instances, the narratives written from the interaction were validated by the participants. Conversations with the participants were undertaken at the time they verbally agreed to do so, which includes but not limited to the halfway house, their respective hospitals, or at the playground. To maintain anonymity, the participants' identities were withheld and pseudo names were used instead. Immersion with the participants was done during the entire course of the study to fully grasp their world.

Gathering the Narratives

The narratives of the participants were gleaned from the following methods: 1) Interview (*Pakikipag-usap*), 2) Storytelling (*Pakikipagkwentuhan*), 3) Participants Observation (*Pakikipamuhay*), 4) Art (*Sining*), and 5) Group Discussion.

1. Interviews were done informally to avoid undue stress and anxiety of the participants. Furthermore, it utilized open-ended questions to serve as the way to gain an entrance to the participants' world and have full access to their experiences as lived (Wood & Haber, 2003; Todres & Holloway, 2006; Munhall, 2007; Speziale & Carpenter, 2007; Taylor et al, 2007). Moreover, the interviews were unstructured in nature to provide a flowing dialogue with the participants making it more meaningful and deep (Finlay & Gough, 2003; Henn et al, 2006).

   To explore the participants' experience, the researcher asked them the grand tour question "Tell me your story about your life during chemotherapy?" Explorative and probing questions were also posed during the interviews. Most of the of the time however, it was the participants' spur of the moment sharing that facilitated the dialogue.
2. Storytelling was done by letting the participants narrate their stories without so much an interruption from the researcher since adolescents generally communicate their feelings and make sense of their world through stories (Thorne & Shapiro, 2011; Robertson & Good, 2006).
3. Participant observation, a technique to collect primary data, was utilized to further understand the participant's experiences. It is a purposeful and systematic way of observing the interaction of the participants with other people in their natural setting. This was utilized from the beginning till the end of experience gathering and was realized by the researcher immersing himself with the participant's day to day routine including their chemotherapy session as well as being a volunteer in the half-way house where they stay.
4. Drawing activities were utilized as another avenue where the participants put into form and visually represent those experiences they deemed important and significant. It serves as another way of understanding their world as art is a non-threatening way to visually communicate anything that is too painful to put into word (Camarse, 2007). This was done by giving each of the participants a piece of drawing booklet and coloring materials and was instructed to draw things that represent themselves while undergoing chemotherapy. It was emphasized to them that they may draw as they wish whenever they want to.
5. A group discussion was facilitated to discuss findings from the study and was utilized as a form of final validation and counter validation of the participants' experiences. During the group discussion, the participants were presented with the findings to know whether the resulting themes and essence were reflective of their experiences. It was noted that during the group discussion, all of my participants agreed and

Process of Reflective Analysis

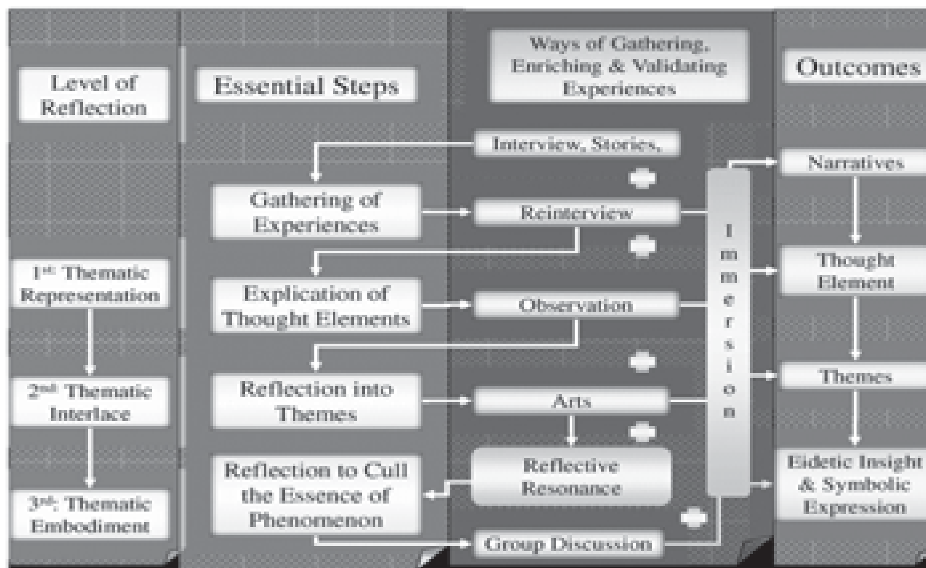


Figure 1:
The Process of Reflective Analysis of the Experiences Showing the level of reflections of each essential steps with ways of enriching the experience and subsequent outcome

felt that the themes and essence reflected their experience as adolescent undergoing chemotherapy.

Conversations from the tape recorded interviews and validated accounts were then transcribed to form the individual participants' narratives. These narratives were then reflectively explicated or their meanings determined using a process specifically developed by the researcher (*Figure 1*), grounded on the philosophy of interpretive phenomenology.

The yellow shaded boxes showed the level of reflections that was utilized in this study, opposite of which, blue shaded boxes, being the essential steps in the reflective analysis to each level. In addition to that, the pink shaded boxes represent the ways on how the experiences were enriched, validated and counter-validated, by the participants' experiences. The green shaded boxes represent the outcomes of each essential step as well as each level of reflections.

The following are the essential steps in the reflective analysis of the participants' experiences

1. Narratives:

   Interviews and stories of the participants served as the primary way of gathering the experiences. The transcriptions, considered as the raw data, were given back to the participants for validation.

2. 1st Level of Reflection: Thematic Representation

   After the narratives were generated, each individual's narrative was analyzed by first reading it to get the overall "feel". A second reading was done to code or indicate "thought markers." Then, identification of the essential meanings was done.

3. 2nd Level of Reflection: Thematic Interlace

   The thought elements from each individual narrative were then analyzed through the thematic interlace. Reflective analysis involved a dialogical process between the researcher and the participants' experience. This was done to make sense of the participants' lives by culling out the patterns of their experiences giving birth to the themes. These themes were further enriched by incorporating the meanings of significant artworks (drawing) of the participants that for them represented an aspect of their lives undergoing chemotherapy. The resulting themes were again validated by the participants.

4. Reflective Resonance

   Reflective resonance was done by situating the resulting insights from what is available in the current literature. This process neither affirm nor negate the insights formed from the reflection, but merely added a lens by which the result could be appreciated.

5. 3rd Level of Reflection: Thematic Embodiment

   Through the thematic embodiment, themes were analyzed to cull out the "core" or "essence" of the phenomenon and generate an exhaustive description of their life experience, otherwise known as eidetic insight. The participants validated the resulting eidetic insight through a group discussion. A visual representation of the eidetic insight was also generated and validated by the participants.

6. Validation

According to Wood & Haber (2003), the phenomenological method is a process of learning and constructing the human experience through intense dialogue with the person living the experience. Thus, validations were done through the process of reflective analysis to ensure that it reflects the lived experiences of the participants.

Results

1st Level of Reflection: Thematic Representation

The narratives of the participants were condensed into significant thought elements to facilitate reflective analysis. Thus, from the five (5) narratives, 707 thoughts elements were identified.

2nd Level of Reflection: Thematic Interlace

The second reflection followed from which three (3) themes emerged, namely: (1) Behind the Mask: Who am I Now?, (2) Forbidden but not Forgotten and (3) New Me: Metamorphosis of Self.

1) Behind the Mask: Who Am I Now?
(Sa Likod ng Maskara: Sino na Ako?)

The mask worn during chemotherapy possessed varied meanings to the participants. The mask symbolized the disease they have, seen as a remnant of their hospital experience, and served as a cover to the real person they did not want others to see. These representations made them feel that they were different.

> "*Tapos siyempre titingnan ka ng iba pag nakamask ka. Ayun, alam na na nagchechemo ka agad*" (When you are wearing a mask, then everyone would notice you and they would instantly know that you are undergoing chemotherapy) (Jophiel)

As Chamuel showed above (*Figure 2*), mask sends signals to other persons that you are not like them. Another participant then added that wearing a mask is a giveaway that you are undergoing chemotherapy.

Wearing mask gave them the impression that people were staring at them, that they were the center of interest/attraction; and that they did not really want in places they would rather not be. The social stigma and the unwanted attention the mask brought that made it unpleasant to wear.

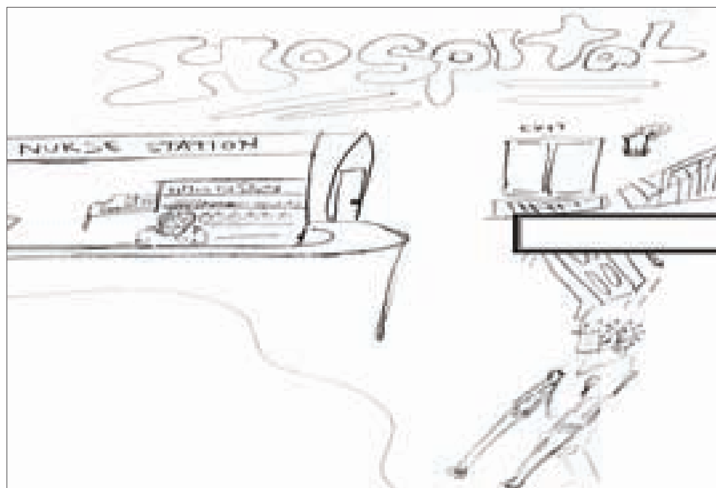


***Figure 2**: "Hospital"*

The mask also brought back the memory of the participants' hospital experience; and of the time they fought for their lives while combating the negative effects of chemotherapy. As all the patients in the hospital are obliged to wear a mask, to wear it outside let them feel as if they are still in the hospital making them feel more sick, as they have a notion that in-patients are sicker compared to OPD chemotherapy patients.

As the mask covers almost half of their face, the participants felt that it hid the true person within, the person who still considers himself normal. Though they are sick, they wanted to be recognized and appreciated as normal as possible. Jophiel concurred:

> "*Sa mask mainit, kaso kahit meron mask na hindi mainit di ko pa rin isusuot. Nakakairita e, di makita yung mukha mo talaga. Nakatago parang pati kung sino ka nakatago na rin.* (With the mask, it's hot, but even if the mask was not hot I still won't wear it. It's irritating; it covers your real face. It hides even your real identity as well.)"

It was not surprising therefore that out of the five (5) participants, four (4) of them did not wear any mask when they were outside the hospital. On the contrary, the researcher observed that children and adult patients undergoing chemotherapy were constantly wearing mask may they be inside or outside the hospital premises. Moreover, it is worth noting that the only participant who

does constantly wear mask is the only one who is currently undergoing chemotherapy as an in-patient whereas the other four (4) who are out-patient do not wear one.

The participants know that it is a must to wear mask when undergoing chemotherapy. They understand the rationale and benefits of wearing a mask but it seems that for them, its underlying connotations are enough to overshadow its benefits. Deep inside, they are in constant struggle trying the mediate things, hoping to make both ends meet. Thus, balancing the need to wear a mask and their wish to be seen as normal individuals, they would only wear it in places where it is considered a normalcy rather than an exception (i.e. the hospital, which in a sense would fulfill both desires.

2) Forbidden but not Forgotten
(Pinagbawalan Pero di Kinalimutan)

Restrictions in the world of the participants are tantamount to two things, change and control. They feel that obeying restrictions means changing the very things they are used to do, their routines, their ways and their habits. The participants see these things as part of their normal self before undergoing chemotherapy. It would be logical, therefore for them to keep this sense of selfhood alive after the treatment is over. To keep this sense of self alive means doing things beyond the restrictions.

Changing a habit that is already inculcated in an individual is tough, especially if it serves as a reminder of a distant past where everything is considered normal, a far cry from the present situations they are in. Doing their old habits, which for them the restriction is trying to change, gives them a sense of comfort, knowing that they can still do the things as if they are not undergoing treatment. May it be considered as a big offence or small ones (eating raw foods), they would rather give in to the temptation of feeling temporarily normal again by disobeying than reaping the future effect of following an order.

It seems that for the participants, living life at the moment is as essential as living for the future. Being impulsive, giving in to their temporal desire would make them feel as if they don't have any disease, as if they are not undergoing treatment. They are well aware of the possible effect of not abiding on the restriction, but for them, these effects are not felt right at the moment when they would crave to do the forbidden things, rather these effects are but found on a distant future. According to Jophiel:

> "*Masarap ang bawal, kain lang ng kain, saka na isipin yung epekto." (*What is forbidden is good, just eat and eat, think of the consequences later.)

For them, complying with a recommended restriction as part of the treatment regimen means letting the treatment takes control over their lives. In a way, the feeling of losing control is seen as losing one's sense of autonomy, the very thing they try to preserve. Rules make them feel as if they don't have a choice but to follow.

The association of losing one's autonomy and following a restriction is very much reflected in the hospital for rules govern the daily activities of the participants. The researcher has observed that those people around and in constant interaction with the participants, their parents or the medical team, are more obsessed in reminding the participants of the things they could not do rather than focus on the things they could do. They would reprimand simple deviations from the regulations but won't praise the adolescent when they did follow one. Clearly, the participants were not given a choice but an order.

Once outside, they would see the restrictions as the extension of the hospital itself. Thus, when given the chance they'd rather go back to their old habits than adhering to the orders. This feeling of relative freedom from the hospital rule makes them more vulnerable to give in and disobey the restrictions. This was reflected by Uriel when he said:

> "*Pag nasa labas ng hospital nawawala ang bawal at pansamantala pag nasa loob na ulit, madami na namang bawal* (When outside the hospital, the forbidden is not temporarily gone but once inside again, there would be many restrictions over again.)"

It may seem that the participants disregard the rules but there are times when they have nothing to do but follow. The researcher observed that there were three prominent occasions when the participants were following these restrictions: when they were inside the hospital; when their OPD treatment is nearing and when they feel the effect of their non-observance of restrictions.

PHILIPPINE NURSES ASSOCIATION, INC.

3) New Me: Metamorphosis of Self
(Bagong Anyo: Pagbabago ng Sarili)

Physical appearance is a significant aspect of self for the participants. They believe that it is the first thing people see in them, the one which leave an impression of who they are. In their opinion, if the eye is the window to the soul, the face is the gate to the self. The hair, which serves as the "crowning glory" of the person has become important for the participants.

It is not surprising therefore that the participants agreed that hair fall (as a primary effect of Doxorubicin and other drugs) followed by moon facies and pimples (as a direct effect of Prednisone) constitute the most hated and disturbing change they have to endure.

The news that their hair will eventually lose is faced with a mixed feeling of surprise, regret, fear and sadness. The importance the participants gave to their hair as well as their experience of losing it is also evident when Barbiel entitled her drawing (*Figure 3*) "Lagas Buhok, Tusok Buto (Falling Hair and Drilling Bone)."

It became evident that for them undergoing chemotherapy is tantamount to submitting themselves to various physical changes, which is not a matter of choice but a forthcoming reality. This ordeal somehow brings into their consciousness the truth that they are undergoing chemotherapy. Since this physical change is not a subject of preference, the participants are left with only one thing to do, adapt.

From seeing these changes as negative effect of chemotherapy, in their mind they have transformed it to represent their body adapting and in a way, conquering the treatment itself, reflective of their uttermost desire to feel normal again. This view of the changes as an adaptation serves as a mean by which they have maintained a sense of relative normalcy amidst the difficulty the changes bring.

In the end, though they have adapted and redefined their experience to suit their needs, the permanent marks that these transition leave behind do not only serve as a physical memento of their ordeal but a constant reminder that no matter how they desire to be normal again, they can never be the same person as before.

> "*Tapos nagiba siya nang tumubo, kulot siya, parang dikit na dikit sa balat, tingnan mo, di na tulad na dati, marka na yan, tatak, remembrance habangbuhay.*" (It's different when it grows back, it's curly, like it sticks to the skin, see this, it's not like before, this is a mark, a remembrance for all eternity.) (Jophiel)

***Figure 3**: "Lagas Buhok, Tusok Buto"*

3rd Level of Reflection: Thematic Embodiment

Further reflection on the themes of the participants' experiences was conducted. The reflected essence of the phenomenon, the eidetic insight, revealed that the lives of adolescents undergoing chemotherapy are "masked" existence. For them, being "masked" is a representation of their being as they undergo chemotherapy. Symbolically, this mask signifies how society labels them as special people by virtue of their appearance which at times, let them feel that they are the center of attraction. The pressure of trying to feel and be normal is constantly apparent as they journey into their chemotherapy experience. They feel that the more the people treat them differently, the more they are alienated. For them, because of this mask, they feel that people tend to see the disease, they have rather than the person they are. At the core of this insight is the desire of the participants to be treated as a normal adolescent even though they have a disease and are undergoing chemotherapy. For them, a "masked" existence is a constant struggle between meeting their desire of normalcy and letting oneself succumb to the dictum and demands of chemotherapy.

The painting (*Figure 4*) by Wanda, a chemotherapy survivor represents the eidetic insight of the phenomenon. In her painting, the tree represents the adolescent self as they succumbed to chemotherapy, metaphorically splitting their sense of self into two, the old normal self (which they desire to relive) and the new altered self (which they aim to relive). The rope and the weather, symbolized the overwhelming intricacies of the

Figure 4: "Bound": A painting done by Wanda, a chemotherapy and cancer survivor, (Printed with permission)

chemotherapy experience, controlling their lives vis-à-vis their autonomy.

Discussion

The period of adolescent is a period laden with confusion as the adolescents try to define themselves. It is because of this that illness and the effects of its treatment are considered sources of challenge and stress for the adolescents (Helms, 2007). It aggravates the crisis that is already inherent in the adolescent period and possesses a number of threats to individual's identity. The formation of an adolescent identity could be greatly affected by an illness and the course of its treatment (Fitzsimmons & Middleton, 2006).

Additionally, the period of confusion and the inherent crisis within the phase of adolescence is highly individualized and no studies have been done to qualitatively nor quantitatively compare the level of confusion of those who are "normal" adolescents to those who are undergoing treatment. This gap warrants further investigation to fully understand this phenomenon.

Another interesting aspect of the participants' lives that was gleaned upon was the symbolic meaning attached to the mask. Though the mask for the participants serves to cover their true selves and symbolizes the disease and its treatment, they still view themselves as a normal individual. This was also evident in researches done by Rechner (1990) and Woodgate (2005) which shows that those adolescents who have a disease and are undergoing treatment still considered themselves normal and believed that they are "pretty much the same person." As the mask draws attention and brings about social stigmatization to the participants, coupled with their belief that it is a remnant of the hospital, it serves as the reasons why they avoid wearing one. This fear of social stigmatization was evident in the writing of Helms (2007) regarding the lives of adolescents with chronic illness.

Furthermore, the meaning they ascribed to following restrictions is interesting. For them, it is tantamount to changing their old self, which they considered as "normal." For them, following restrictions is synonymous with losing their control and autonomy with their lives. This feeling of losing control over one's life is also evident in the research done by Anjos & Zago (2006) regarding the life of someone who has breast cancer. Though the participant in their study is an adult, the result of their study echoed what the participants feel regarding the restrictions imposed upon them. Their view of the restrictions plus the risk-taking behavior inherent in the adolescent (Helms, 2007) make them prone not to abide by them especially when they are outside the four walls of the hospital. According to the study of Fitzsimmons & Middleton (2006) about adolescent with chronic illness, the participants "try to normalize the experience within their daily lives" by doing the things they used to do, the same things which they are forbidden to do.

The importance of the physical appearance that is naturally present in an adolescent is shared by the participants as well. As Helms (2007) would put it, "Adolescents focus on their physical appearance and attractiveness". The significance of their body image was further seen by the research done by Elkateb (2002) which show that it is one of the major concerns of those who have cancer. For the participants, their physical appearance serves as the "gate" of their soul. They believed that people look at them most of the times, especially when their physical appearance is altered. This was also seen in the study done by Larouche & Chin-Peuckert in 2006 describing the experience of those adolescents who have cancer. Furthermore, this view was also reflected by the research done by Yeh (2002) and Elkateb (2002) exploring the lives of adolescents with cancer. It is not surprising that the physical changes chemotherapy brings, i.e., hair loss, is for them the most distressful effect of chemotherapy. This was also seen by Hicks et al (2003) and Balabagno et al (2006). Because of these changes, they may feel that they don't look normal

and may deliberately isolate themselves from social gatherings. This feeling of not looking normal was also seen by the research done by Larouche & Chin-Peuckert (2006) concerning the view of adolescent cancer patient with themselves. Moreover the social isolation due to the physical changes was also evident in the studies done by Rademacher (2005) and that of Larouche & Chin-Peuckert (2006). It must be noted however that though the researches mentioned above employed adolescents as their participants, they tend to focus more on the effect of cancer in the body image of the adolescents, not as the direct effect of its treatment. The complexity of the physical effects of cancer and its treatment is evident in the studies previously done on this subject.

Implications

From the insights gathered from the subsequent reflections of the participants' narratives, several implications can be drawn from the results of this study. As this research shows that adolescence is indeed a unique stage comparatively different from that of childhood and adulthood, it emphasized that adolescents are unique in their own ways and must be treated as they are. It was also shown that adolescents desire to feel normal all throughout the treatment process so treating them as normal as possible can establish trust and rapport making their transition to the treatment smoother. Trust is of uttermost importance to adolescents as it serves as the basis for them whether or not they will follow the restrictions set upon by the treatment. With that, health care providers must also project themselves more of a friend to establish trust and rapport which will subsequently increase their adherence to the treatment regimen. Other than that, health teachings should focus on the things that the adolescent can do while undergoing the treatment for focusing on the restrictions seems to instill in them the feeling that their autonomy is lost and that they do not have a choice which will inevitably make them defy the very rules chemotherapy entails

Considering that chemotherapy entails a lot of discomfort, nurses have a significant role to manage them to bring positive experience to the patients. This management must be an on-going process. It should not only focus on the physical aspect like pain but should also include the psycho-emotional and social aspects. Since the presence of the nurse alleys creates discomforts, nurses should therefore provide meaningful interaction with the adolescents as much as possible and be present with them especially during painful procedures such as bone marrow aspiration. Moreover, because chemotherapy brings psycho-emotional discomforts, nurses could also provide counseling to the adolescents to alleviate the discomfort or if not refer them to the hospital counselor if there is any. Nurses have also a key role to play in minimizing cancer patient's social isolation by encouraging family members and friends to visit their cancer patient loved ones during hospital treatment. Nurses may also encourage group meetings with other adolescents to let them feel that they are not alone or a visit with a cancer survivor to show that there is hope and that cancer and its treatment can be overcome.

Reference

Anjos, A., & Zago, M. (2006). The Cancer Chemotherapy Experience in a Patient's View. *Rev. Latino-Am. Enfermagem, 14(1),* 33-40.

Balabagno, A., Abaquin, C., Laurente, C., Tuazon, J., Manahan, L., Cojucom, L., Pagsibigan, J., Williams, P., Kimbrough, M., Piamjariyakul, U., Williams, A. (2006). Cancer Treatment, Symptom Monitoring and Self-Care in Filipino Adults: A Pilot Study. *The UPCN Research Bulletin, 5,* 61-63.

Beck, C. (2004). Post Traumatic Stress Disorder Due To Childbirth: The Aftermath. Nursing Research, 53(4), 216-224.

Belanger, S. (1998). Knowing Through Art. In W. Braud and R. Anderson (Eds.), *Transpersonal Research Methods for the Social Science*. (pp. 166-168). London: SAGE Publication, Inc.

Braud, W. (1998). Integral Inquiry: Complimentary Ways of Knowing, Being and Expression. In W. Braud and R. Anderson (Eds.), *Transpersonal Research Methods for the Social Science*. (pp. 35-68). London: SAGE Publication, Inc

Camarse, Manuel. (2007). Visual Art Therapy on the Sociability and Trust of Sexually Abused Adolescents. Unpublished Doctoral Dissertation. University Of Santo Tomas

Cleve, L. V., Bossert, E., Beecroft, P., Adlard, K., Alvarez, O., Savedra, M. (2004). The Pain Experience of Children with Leukemia During The First Year After Diagnosis. Nursing Research, 53(1), 1-9.

Danielsen, S.M. (1996). Exploring Hope with Children Living with Cancer. Dissertation Abstracts International, 57 (03). The University of Alberta.

Dowling, M. (2007). From Husserl to van Manen. A review of different phenomenological approaches .International Journal of Nursing Studies 44, 131–142.

Elkateb, N., Ibrahim, L.S.,, Riad, S. (2002). Quality Of Life of Adolescents Cancer Patients as Perceived By Patients, Mothers and Nurses. Journal of the Egyptian National Cancer Institute, 14(4), 343-348.

Eracleous, Gloria. (2008). *Character Strength of Adolescents who have Survived Cancer: A Comparative Study*. Minor Dissertation. Faculty of Science of University of Johanesburg.

Finlay, L. and Gough, B. (Eds.). (2003). *Reflexivity: A Practical Guide for Researcher in Health and Social Science.* Malden, Ma: Blackwell Science.

Fitzsimmons, D. and Middleton, J. (2006). Experience of Cancer Treatment. In N. Kearny and A. Richardson (Eds.), *Nursing Patient with Cancer: Principle and Practice.* (pp. 213-231). Edinburgh: Elsevier Churchill Livingstone.

Gadamer, H.G (2006). Truth and Method. 2nd Revised Edition. Weinsheimer, J. & Marshall, D. (trans.). New York, NY: Continuum

Gloeckler Ries, L. (2008). *Childhood Cancer Mortality*. Retrieved May 2,2009, from National Cancer Institute. Website: http://seer.cancer.gov /publications/childhood/mortality.pdf

Griffiths, Maya. (2009). *Parent and Child Experience of Childhood Cancer: An Interpretative Phenomenological Analysis Approach*. Doctoral Dissertation. Faculty of Health, School of

Psychology and Counselling of Queensland University of Technology.

Helms, P. (2007). Being Different: Adolescents, Chronic Illness and Disability In J. Coleman, L. Hendry, M. Kloep, *Adolescence And Health.* (pp. 143 – 157). England: John Wiley and Sons, Ltd.

Henn, M., Weinstein, M., Foard, N. (2006). A Short Introduction to Social Research. London: Sage Publication.

Hicks, J., Bartholomew, J., Ward-Smith, P., & Hutto, C.J. (2003). Quality of Life Among Childhood Leukaemia Patients. *Journal of Pediatric Oncology Nursing, 20*, 192-200.

Hockenberry-Eaton, M. (Ed.). (2005). *Wong's Essentials of Pediatric Nursing.* (7th Ed.). London: Mosby.

Hockenberry, E.M., & Minick, P.C. (1994). Living with Cancer: Children with Extraordinary Courage. *Oncology Nursing Forum, 21,* 1025-1031.

Huberman, M. and Mile, M. (2002). *The Qualitative Researcher's Companion.* California: Sage Publications.

Jalmsell, L., Ulrika, K., Onelov, E., Steineck, G., Henter, J. (2006). Symptoms Affecting Children with Malignancies During The Last Month Of Life: A Nationwide Follow-Up. *Pediatrics, 117(4),* 1314-1320.

King, N., Christensen, M., Hemenway, M., Madden, J., Peltz, A., Pounder, E. (2007). In M. Langhorne, J. Fulton & S. Otto (Eds.), *Oncology Nursing.* (5th Ed.). (pp. 313-334). Philadelphia: Mosby Elsevier.

Kyung-Ah, K., Jae-Im, I., Hee-Su, K., Shin-Jeong, K., Mi-Kyung, S., Songyong, S.,(2009). The Effect of Logotherapy on the Suffering, Finding Meaning, and Spiritual Well-being of Adolescents with Terminal Cancer. *J Korean Acad Child Health Nursing,15(2)*, 136-144.

Larouche, S.S., & Chin-Peuckert, L. (2006). Changes in Body Image Experienced by Adolescents with Cancer. *Journal of Pediatric Oncology Nursing, 23,* 200-209.

MacLeod, Kendra. (2005). *Emotional Well-being in Children Experiencing Cancer and Children whose Mother Experiences Cancer: Implication for Optimal Health Care Delivery System*. Masters Thesis. Division of Research and Advanced Studies of the University of Cincinnati.

Macnee, C. (2003). Understanding Nursing Research: Reading and Using Research In Practice. Philadelphia: Lippincot Williams and Wilkins.

Martinez, R. (2013). *"Hinabing Ugnayan": Nature of Caring Among Filipino Nurses Working with Children*. Unpublished Doctoral Dissertation. Asian Social Institute.

Meleis, A. I. (2005). Theoretical Nursing: Development and Progress. (3rd Ed.). Philadelphia, Pa: Lippincot Williams and Wilkins.

Mccance, T And Mcilfatrick, S. (2008). *Phenomenology in Nursing Research: Designs and Methods.* Philadelphia: Churchill Livingstone.

Moustakas, C. (1994). *Phenomenological Research Methods.* London: Sage Publications, Inc.

Munhall, P. (2007). A Phenomenological Method. In P. Munhall (Ed.), *Nursing Research: A Qualitative Perspective.* (4th Ed.). (Pp. 145-207). Sudbury, Ma: Jones & Bartlett Publisher.

Otto, S. (2007). Chemotherapy. In M. Langhorne, J. Fulton & S. Otto (Eds.), *Oncology Nursing.* (5th Ed.). (pp. 362-376). Philadelphia: Mosby Elsevier.

Peňa-Alampay, L. (2003). Self-Complexity, Self-Construal, and Negative Emotion In Filipino Adolescents. *Philippine Journal of Psychology, 36(2),* 68-102.

Peňa-Alampay, L., De La Cruz, A., Diwag, M. E. (2003). Research on Adolescent Development in The Philippines: A Review and Evaluation of The Past Two Decades. *Philippine Journal of Psychology, 36(2),* 5-48.

Polit, D. and Beck, C. (2011). Nursing Research: Generating and Assessing Evidence for Nursing Practice. (9th Ed.). Philadelphia: Lippincot, Williams and Wilkins.

Rechner, M. (1990). Adolescents with Cancer: Getting on with Life. *Journal of Pediatric Oncology Nursing, 7,* 139-144.

Robertson, J. and Good, J. (2006). Supporting the Development of Interactive Storytelling Skills in Teenagers. In Z. Pan et al. (Eds.), Edutainment 2006, LNCS 3942. (pp. 348–357). Berlin: Springer-Verlag Berlin Heidelberg .

Speziale, H. and Carpenter, D. (2007). *Qualitative Research in Nursing: Advancing The Humanistic Imperative.* (4th Ed.). New York: Lippincott Williams & Wilkins.

Stewart, J.L. (2003). "Getting used to it": Children Finding the Ordinary and Routine in the Uncertain Context of Cancer. *Qualitative Health Research, 13,* 394-407.

Taylor, B., Kamock, S., Roberts, K. (2007). *Research in Nursing And Health Care: Evidence For Practice.* (3rd Ed.). Victoria: Thomson.

Thorne, A. and Shapiro, L. (2011). Adolescent Vulnerabilities and Opportunities: Developmental and Constructivist Perspectives. Cambridge: Cambridge University Press.

Todres, L. and Holloway, I. (2006). Phenomenological Research. In K. Gerrish and A. Lacey, *The Research Process In Nursing. (5th Ed.).* (pp. 224-238). Oxford: Blackwell Publishing Ltd.

Tomey, A. and Alligood, M. (Eds.) (2004), Nursing Theories and Their Works. (5th Ed.) St. Louise, Mo: Mosby.

Turner, D. S. (2005). Hope Seen Through the Eyes of 10 Australian Young People. *Journal of Advanced Nursing, 52(5),* 508-517.

Weekes, D.P., & Kagan, S.H. (1994). Adolescents Completing Cancer Therapy: Meaning, Perception, and Coping. *Oncology Nursing Forum, 21,* 663-670.

Wood, G.L. and Haber, J. (2003). Nursing Research: Methods, Critical Appraisal and Utilization. (5th Ed.). Missouri: Mosby.

Woodgate, R. L. (2006a). Living In the Shadow of Fear: Adolescents' Lived Experience Of Depression. Journal of Advanced Nursing, 56(3), 261-269.

Woodgate, R.L. (2006b). The Importance of Being There: Perspectives of Social Support by Adolescents with Cancer. *Journal of Pediatric Oncology Nursing, 23,* 122-134.

Woodgate, R.L. (2005). A Different Way of Being: Adolescent's Experiences with Cancer. *Cancer Nursing, 28,* 8-15.

Woodgate, R.L. (1998). Adolescent's Perspectives of Chronic Illness: "it's hard". *Journal of Pediatric Nursing, 13*, 210-230.

Woodgate, R.L., Degner, L.F., & Yanofsky, R. (2003). A Different Perspective to Approaching Cancer Symptoms in Children. *Journal of Pain and Symptom Management, 26,* 800-817.

Yeh, C. (2002). Life Experience of Taiwanese Adolescents with Cancer. *Scandinavian Journal of Caring Sciences, 16,* 232-239.

About the Author: Rudolf Cymorr Kirby P. Martinez, PhD, RN, CAA finished his BSN degree from the University of Santo Tomas College of Nursing and his MA in Nursing from Trinity University of Asia. He further pursued his PhD in Applied Cosmic Anthropology from the Asian Social Institute and is currently an Assistant Professor at the University of Santo Tomas College of Nursing. His research interest includes understanding the nature of caring, issues on death and dying as well as pediatric nursing and community health.

Research Article

Reflections of Cultural Dimensions in Undergraduate Students' Transcultural Perceptions

Susan Hayes Lane, PhD, MSN, RN [1]

Reimund Serafica, PhD, MSN, RN [2]

Mary Alice Hodge, PhD, MSN, RN [3]

Keywords: *cultural immersion; interprofessional education; nursing; transcultural perceptions*

Abstract

The aim of this phenomenological study was to explore the experiences and the transcultural perceptions of undergraduate students who participated in an international mission immersion experience. In the Spring 2012, two nursing faculty and a local community political leader led a medical mission immersion for twenty-seven nursing and non-nursing liberal arts university students to rural Nicaragua. The immersion experience lasted 7 days in the rural town of Jinotega. Following the completion of the immersion experience and the debriefing session, focus groups with guided questions were conducted. Six of the twenty-seven immersion experience participants contributed to the focus groups. Of the six participants, 66% were currently enrolled as nursing students. Modifications to the questions were made to be specific and gain an understanding of transcultural perceptions. Colaizzi's (1978) strategy for analysis of phenomenological data was used to analyze the data. The responses were reviewed, and related themes were extracted. Themes were classified into major constructs related to the reflections of the undergraduate students and what they perceived about the phenomenon. While the focus of the immersion experience was primarily for medical missions, it became an unforeseen landscape for cultivating interprofessional health and cultural learning. Six themes emerged including enhanced self-esteem, culture, stress, spirituality in action, education, and apathy. The themes provide an understanding of international learning experience and offer insight into pitfalls that may occur in development of global community engagement. In addition to the development new courses within the context of college or university-wide education, there is a need to re-examine the educational system for healthcare design.

Reflections of Cultural Dimensions in Undergraduate Students' Transcultural Perceptions

Introduction

The evolving and challenging healthcare environment for nursing and other healthcare professionals has contributed to the necessity for reform in health professions education (Royeen, Jensen, & Harvan, 2009). In the Institute of Medicine's report (2010), recommendations included emergence of interprofessional health education into curricula and a broadening of educational experiences related to cultural and socioeconomic factors in order to enhance our current nurses' knowledge and ability to provide

[1] ***Susan Hayes Lane*** *PhD, MSN, RN, lanesh@appstate.edu, Appalachian State University; Boone, North Carolina, 704-692-1689*

[2] ***Reimund Serafica*** *PhD, MSN, RN (corresponding author), PO Box 7268, Boiling Springs, North Carolina 28017, Gardner-Webb University; Boiling Springs, North Carolina, rserafica@gardner-webb.edu, 704-406-2298*

[3] ***Mary Alice Hodge*** *PhD, MSN, RN, hodgema@wssu.edu, Winston-Salem State University; Winston Salem, North Carolina*

quality value-based healthcare. While the notion that health education should be changing within the classroom, there are many opportunities to provide these same concepts in unique environments outside of a didactic setting. In this pilot study, the perceptions of interprofessional undergraduate students who participated in an international medical mission immersion experience were explored.

A transcultural immersion experience places students in a new environment or culture to allow for a variety of educational outcomes. Through the immersion experience, students often learn adaptation, flexibility and socialization within a new culture or group. This experience provides a new cultural lens for the students and enhances their knowledge related to the culture. Through international collaborative partnerships and immersion experiences, students have the opportunity to experience cultural process and dynamics firsthand (Swanson, Goody, Frolova, Kuznetsova, Plavinski, & Nelson, 2001). Across the world, areas in geographic regions are becoming more diverse in racial and ethnic groups. Shifts in demographic populations are constantly evolving (Institute of Medicine, 2010). Healthcare providers must develop proficiencies in cultural knowledge and competence in order to provide the highest quality of care to each of these populations.

Nursing educators are committed to developing innovative learning strategies to educate nursing students to develop cultural competence, although limited research exists in this area. Undergraduate and graduate nursing cultural immersion experiences are being utilized to facilitate nursing students' cultural competence (Larsen & Reif, 2011; Maltby & Abrams, 2009). Given the rapid growth of multicultural populations within communities worldwide, nursing students have been charged to provide more culturally competent nursing care, guided by a sensitive recognition of clients' unique cultural beliefs, habits, and values. Although research confirms the need to include cultural interactive learning systems into nursing curricula, nursing scholars have not developed a consensus on the most effective methods for delivery of cultural education within the interprofessional approach context (Adamshick & August-Brady, 2012).

The aim of this phenomenological qualitative pilot study was to explore the experiences and the transcultural perceptions of undergraduate students who participated in an international mission immersion experience.

Methods

Sample and data collection. In the Spring 2012, two nursing faculty and a local community political leader led a medical mission immersion experience for twenty-seven nursing and non-nursing liberal arts Christian University students from the United States to rural Nicaragua. The immersion experience lasted 7 days in the town of Jinotega. Students were selected through an application process which included essays and demographic information. The students and leaders began meeting as a group in October 2011 and met monthly through December 2011. Meetings were scheduled bimonthly during December and January, and moved to weekly meetings during February and March. One debriefing meeting was held in April following the immersion experience.

During the meetings, educational opportunities were provided to the students for readiness and knowledge acquisition prior to the immersion. Experts from various fields were utilized as guest speakers during the education process including a native Nicaraguan pastor from Jinotega currently living in the vicinity of University, a city leader with political ties to the Jinotega, a nurse who had volunteered multiple times in Jinotega, and a physician who provided volunteer surgical procedures in the Nicaraguan cities annually. A chef from Jinotega, Nicaragua was invited to present cultural food and nutrition information to the group. He was prepared to provide a sampling of native foods; however, he was unable to attend the educational sessions. Information was presented about travel, safety, expectations, culture, and other planning details from the leaders of the immersion experience. A sampling of Spanish language was provided to the students in advance. Additionally, prior to the immersion experience, nine members of the group received education and certifications to provide international vision screenings through Eye Doc In A Box (2011) while others shadowed with local optometrist offices to learn how to fit and adjust eyewear appropriately.

Students that participated in the immersion experience completed vision screenings for over 360 local Nicaragua people. Of the individuals screened, 172 individuals were fitted with eyewear to correct vision problems. The team also experienced tours of the local hospital, dental clinics, and Red Cross agencies where they had the opportunity to observe the healthcare environment, quality and access. Furthermore, the students were given the opportunity to dialogue with hospital leaders, nurses, dentists, Red Cross employees, and other healthcare providers. Opportunities were provided for the participants to interact with children in educational settings such as preschool, music school and a school for the hearing impaired. Translators were used during the entire experience to diminish language barriers that existed.

Following the completion of the immersion experience and the debriefing session, two focus groups with guided questions were conducted. Participants were recruited through email notifications and informed consent was included in the original email and provided again by the moderators at the time of the focus group sessions. Six of the twenty-seven immersion experience participants contributed to the focus groups. Of the six participants, 66% were currently enrolled as nursing students. A focus group guide was used to assess the participants' transcultural perspectives which included open-ended questions related to dimensions of cultural care, cultural values/beliefs/practices, cultural competence, interprofessional health education and nursing perceptions and related context of culture. The focus group questions were guided by Leininger's theory of transcultural nursing. Modifications to the questions were made to be specific and gain an understanding of transcultural perceptions. The focus group began as “I am interested in your experience and transcultural perceptions as a student participating in international missions. Please share all your thoughts and feelings about the experience.” The focus group was audio-taped and transcribed verbatim. Moderators recorded additional field notes during the focus group sessions. Participants were asked to not reveal identifying information in the focus group session.

Prior to conducting the focus group, informed consent was obtained. The informed consent detailed the purpose of the study and the students' rights for participating in research. Each participant was given the opportunity to read and ask questions about the consent form. At any time during the study, the students could decline to participate without penalty to their status with the University. Institutional Review Board approval was obtained prior to the study.

Analysis. Colaizzi's (1978) strategy for analysis of phenomenological data was used to analyze the data. This descriptive data analysis method promotes trustworthiness, reliability and generalizability. To maintain rigor and trustworthiness of the research process, the transcript generated from the focus group was read thoroughly three times by the primary investigator and the qualitative methodology adviser. An independent qualitative methodologist who is an expert in qualitative research was also consulted to peer review the themes and subthemes. Peer review assisted the opportunity to reveal primary investigator bias and help confirm, disprove, or extend emerging themes. Findings are described using excerpts from the students' responses; all names have been replaced with pseudonyms. Transferability was supported by discussion and sharing findings with content experts and by returning to the literature.

Findings

While the focus of the immersion experience was primarily for medical missions, it became an unforeseen landscape for cultivating interprofessional health and cultural learning. The responses were reviewed, and related themes were extracted. Themes were classified into major constructs related to the reflections of the undergraduate students and what they perceived about the phenomenon. Six themes emerged including enhanced self-esteem, culture, stress, spirituality in action, education, and apathy.

Enhanced self-esteem. Throughout the focus group, the undergraduate students spoke of the increased levels of self-esteem that were acquired through participation in a medical mission immersion experiences. While the theme clearly surfaced in the analysis, the theme was unexpected and was not an initial intent of the international medical mission immersion experience. The increase in self-esteem may have been a result of the ownership and responsibilities

placed on each student throughout the planning process and the implementation of the medical mission immersion experience which took place over a six-month period. Examples of activities that may have contributed to enhanced self-esteem included serving as the instructor for health education roles, implementing vision clinics and ophthalmic fitting for glasses, organizing and collecting needed supplies, preparing lesson and music for services, providing and leading spiritual devotions and prayer, and serving as a leader for worship services.

Some comments were:

> Carol: *"I think the most meaningful part to me was the accumulation of all the hard work, fundraising, calling everybody we could think of to gather materials, getting together with everyone, all 30 of us. It was kind of like the last minute here before we took everything there. It was hard work. The fundraising was hard work. I think it kind of wore people down. A couple of people did a lot of the work, but I think it made it more meaningful in the end for those that had put in a lot of work in the planning stages. They saw more of the hope than the others."*

> Megan: *"I don't really like speaking in front of people like that a lot and I didn't really know, but I just shared the gospel with them and we were able to in one language and one night to see all the cultural differences, political differences, all the spiritual differences come together and we were all on the same place, and we were able to openly talk and communicate with each. It was kind of like a view of the culmination of the trip. It was a really good experience."*

> *Sarah: "I do not speak in front of people unless I am told what to say and I say it, but otherwise I cannot do it. But this is something that really opened."*

Culture. Several students made comments about cultural self-awareness, while it was also clear that some cultural bias remained. Students cited many contrasts that highlighted differences between their own culture and the Nicaraguan culture. Situations that were mentioned included American stereotypes, non-compliant or substandard healthcare in comparison to the United States, restructuring of their own cultural understandings, lack of awareness of cultures, and cultural bias that remained after the immersion experience was completed. Students also revealed how the host country has a unique heath care model. They described that the Nicaraguan healthcare delivery is lacking of conveniences. Students approached cultural variations hesitantly, experienced differences, and perceived that the United States healthcare system is superior than the host country. They responded positively and/or negatively as they tried to share their immersion experiences.

Comments were:

> Sarah: *"I think for me I was just faced with having to understanding another culture. Sometimes, here we are so comfortable with experiencing, dealing with and treating people of my own culture, and I was forced to work with people who I had a different language and different religious beliefs, and that was another culture. So I think I just learned to be flexible, open and nonjudgmental whether or not we could speak the same language or believe the same things. I just learned to be open and tolerant."*

> James: *"I knew going into it that it would less of a standard than we are used to; typically I have been told that American standards have been like pretty much the highest you can find."*

> Elaine: *"They have one oxygen tank for eight beds at least and sometimes they double bunked, up to sixteen on one oxygen tank. So what happens if you have two moms on oxygen, what do you do? They had one vital sign machine for all eight beds. They had two baby baths. There was blood on the floor. It is not up to the standards. It is like they don't understand sanitation. We would get in trouble for leaving blood on the floor. I don't think we could have a hospital if you only had one oxygen tank for 16 people."*

> Margaret: *"I think on a cultural aspect, I know from being a nursing student and healthcare provider that everybody should have to go on a mission trip. It is a great experience, mission wise and cultural wise. I think you see another culture and you see things we will not see in the US…You*

have to commit 100% to do it, and everyone won't do it. However it is important that every nursing student is taught culture. I don't know to what degree, how, when and what and why, but it is important that they are taught those differences, and that they are taught to really accept that patient for their cultural beliefs, and to not automatically assume or judge anything. I think this experience for us showed me that in a real life situation. I was forced to be in their culture, and as a nurse at the bedside, we have to be able to be open to whatever that patient needs and wants, whatever makes them comfortable, and it might not make us comfortable. I was not comfortable in Nicaragua, but that was what was so good about it for me….I could try to be a tool to share with them what I learned."

Stress. During the analysis, the theme of stress emerged. The stress was related to preparation for the immersion experience. While education was provided prior to the experience, it was identified that more education was needed related to general uncertainty of the environment, language, location, and culture.

Comments included:

James: *"I think beforehand was mostly exciting, like not knowing what you are going to find. Nervous anticipation of it, I just wanted to get there."*

Margaret: *"It was extremely exciting, but also knowing that there was a huge language barrier that you had to somehow deal with, it was nerve racking partially."*

Elaine: *"It was stressful and crazy. It was really tough at times, but you really got to know the people, and that was the first step in bringing our team together as a team."*

Spirituality in Action. A strong theme that emerged included the students' perception of seeing spirituality in action. The students were enrolled in undergraduate programs at a Baptist University in the Southeastern United States. The mission and philosophy of the University and the schools and departments within the University are designed with a strong Christian foundation. Additionally, the focus of the experience was mission and medical focused.

Comments included:

Megan: *"We were able to make a difference in their lives, and I think seeing Christ in those people there, and you see Christ in a completely different setting than you see Him in America, just the way that people live out their faith. It is completely different and you can totally tell. That was big for me to realize. It was kind of like wow, it is the same God, and you can that, but it is lived out different and that was really big for me to see."*

Elaine: *"…there is a lot of work still to be done, but God allowed us to see Him at work. I mean how often do we get to see that directly? I mean it was such a blessing to sit there and watch God does work in people."*

Education. Most of the students in this pilot study recognized the potential for communication enrichment in their education. They reported several strategies to overcome barriers to communication. Before embarking on an immersion experience, students learned communication patterns of the Nicaraguan culture. Another theme that emerged from the study is the interprofessional collaboration in the process of cultural immersion. Students relied on each other for support, as well as on faculty. They strengthened relationships with classmates.

Some comments were:

Margaret: *"I am just thinking about being in a classroom setting, having someone from a different discipline or different culture, is always important to me. They have experiences that they can share…that would make an imprint in my memory and help me better learn certain things. I am just thinking about someone on the trip who was an elementary education major and she was great with kids. I learned from her how to communicate with a child in a totally different language and it was easy for her. She had tools and games and skills that she had learned in her discipline that she was able to teach the rest of us on a really quick basis, and we could step in."*

Sarah: *"I think every major thinks differently in the way we do things, so you get to see how everyone else thinks too."*

Apathy. Apathy is often described as individual feelings that are not possessed. These feelings manifest in a lack of skills. Students expressed apathy related to cultural competence within nursing curricula.
One student shared the following thoughts:

> Sarah: *"It is not like they don't try [to incorporate culture into the classroom]. It is not like they are pushing it away, but I think there is also not very much …… we are accepting of it, but we are not reaching out for it. I think we are almost in an apathetic type of standpoint, where if it comes we are totally okay with it, but we are not actively searching it out, and I don't know how you do that, because there are so many cultures, like which one do you pick? That is a really hard choice and I really don't know the answer on how to do it. I think if we could, it would be a big thing, even just if it was once a month, having a different generic culture to look into."*

Discussion

From the findings of this pilot study, healthcare faculty can derive educational approaches for designing a cultural immersion experience, supporting learning during the experience, and measuring outcomes. The researchers have identified several curricular concepts from the students' reflections and transcultural perceptions. Findings suggest that creating a cultural immersion experience is highly recommended and will assure exposure of students to a culture different from their own.

Educational strategies to support the process of cultural immersion may include setting a tone of appreciation for novelty and an awareness that the students' usual way of living in the United States is not the only way of living. Faculty can encourage students to discuss their responses to living conditions, hygiene, and health systems, encouraging them to open new ideas. Learning to think differently creates an avenue for an open mind. Participation with other disciplines and with other cultures affords healthcare students the opportunity to expand their knowledge and perceptions beyond the United States healthcare model.

The movement towards interprofessional education and service-learning and community engagement at the local, state, national and global levels are well supported by agencies such as the Institute of Medicine (2010). Researchers have shown that immersion experiences have led to greater understanding, empathy, and respect for cultural differences (Egenes, 2012). However, within this same study (2012), it was also demonstrated that culture shock often accompanied the positive outcomes of immersion experiences for healthcare students.

For future international mission immersion experiences, it is recommended that stress reduction activities be provided at the beginning of the planning process and through the duration of the immersion experience. Additionally, including considerable amounts of education throughout the planning stages may decrease uncertainty, stress, and cultural bias. Educational offerings should include areas such as environment and location, cultural perceptions, cultural assessments of individual students, and cultural misconceptions. Through implementation of student cultural assessments, educational programs can be adapted to meet the needs of the participants. Furthermore, students should be encouraged and reminded of the importance of remaining positive when things are uncertain or challenging which may potentially enhance their abilities to adapt to unfamiliar situations within healthcare settings in the future.

It is critical for the leaders of the immersion experience to be well versed in cultural competence related to the host country in order to serve as bridge between the cultures, allowing for opportunities to debrief, reflect, and process these experiences. The leaders of the immersion experience are vital to the educational outcomes of the students who participate. By providing open communication and dialogue, educational exercises for reflection and meetings for group connectedness and group processing, the leaders of the immersion experience can help to shape the encounter for students from all disciplines in a positive manner.

In order to enhance the student experience it is imperative that faculty within the departments, schools, and the College/University provide full support for the experience. Researchers have recommended that support from all disciplines is an integral component of an effective interprofessional collaboration within College or University settings to produce the intended outcomes of improved clinical team skills,

communication and leadership (Bridges, Davidson, Odegard, Maki, & Tomkowiak, 2011). Support may include calendar arrangements, curricula mapping, mentorship training, faculty education, adequate physical space, community relationships, a sense of community and technology (2011). These same components are critical to successful immersion experiences. Faculty that create or lead immersion experiences should carefully consider the timing of the immersion experience to coordinate and collaborate with other faculty and to examine the scholarly expectations of the students. For example, spring break may not be appropriate timing for mission experiences if heavily weighted assignments are due following the dates of the break. Faculty and leaders should coordinate with the educational system's schedule to reduce other contributing factors such as exams, assignments, and sports related events. An open support network will greatly facilitate the implementation of these experiences for students.

Focus group participants also offered strategies for enhancing the medical mission focus. Some of these strategies included increased time for the mission experience and increased organization. Additionally, students suggested that restriction of the number of students on each mission experience would provide a better environment and allow for more organization.

For Universities and Colleges with a strong mission and/or cultural focus, mandatory workshops or educational sessions prior to the experience may provide avenues to address cultural bias and awareness prior to participation in these experiences allowing the students to gain more knowledge and have a greater understanding and learning environment. Generation of new courses as electives within College or University plans of study could serve as a prerequisite for approval for participation on immersion experiences. Consideration should be given to development of pre-immersion online educational opportunities and even online international healthcare experiences (Strickland, Adamson, McInally, Tiittanen, & Metcalfe, 2013). These experiences have been shown to promote learning together, widening horizons, and developing autonomy for participants in online international experiences (Strickland, et al., 2013). Focus within the courses may include cultural focus, perceptions, bias, stereotypes, health disparities, and vulnerable populations. An integral part of immersion experiences is the understanding of how the interactions with others from different cultures in other geographic regions may be unlike experiences within the United States, and learning how to adapt and apply knowledge and critical thinking in a cultural realm to these encounters (Swanson, et al., 2001).

Conclusion

The emerging themes from this study included enhanced self-esteem, culture, stress, spirituality in action, education, and apathy. These themes as reported by the undergraduate students that participated in an immersion medical mission experience give light into the development and creation of future immersion experiences for nursing and interprofessional educational programs. These themes provide understanding of international learning experience but also offer insight into pitfalls that may occur in development of global community engagement. In addition to the development new courses within the context of College or University-wide education, we may need to re-examine our educational system for healthcare design. Within our current educational systems, healthcare education is often taught based on the United States model. Based on the cultural implications and results of the pilot study, the following question is posed: Should we be examining alternative healthcare systems within the United States based on the diversity of our United States population and cultural perceptions within healthcare and the emerging shift of demographics within the United States? Additionally, healthcare education, specifically nursing, must integrate the approach of high ordered thinking activities and address rigor and relevance within our curricula. More emphasis must be placed on project based learning and establishing connections to learning experiences beyond our local and regional borders.

References

Adamshick, P. & August-Brady, M. (2012). Reclaiming the essence of nursing: The meaning of an immersion experience in Honduras for RN to Bachelor of Science students. *Journal of Professional Nursing, 28*(3), 190-198.

Bridges, D., Davidson, R., Odegard, P., Maki, I., & Tomkowiak, J. (2011). Interprofessional collaboration: Three best practice models of interprofessional education. *Medical Education Online, 16*, 6035. doi:10.3402/meo.v16i0.6035.

Egenes, K. J. (2012). Health care delivery through a different lens: The lived experience of culture shock while participating in an international educational program. *Nurse Education Today, 32*(7), 760-764.

Eye Doc In a Box. (2011). Retrieved from http://eyedocinabox.com/

Institute of Medicine of the National Academies. (2010). The future of nursing: Leading change, advancing health. Retrieved from http://www.iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx.

Larsen, R., & Reif, L. (2011). Effectiveness of cultural immersion and culture classes for enhancing nursing students' transcultural self-efficacy. *Journal of Nursing Education,50* (6), 350-354. doi:10.3928/01484834-20110214-04.

Leininger M. (1991). Culture care diversity and universality: A theory of nursing. New York: National League for Nursing Press.

Leininger, M. & MacFarland, M. (2006). *Culture care diversity & universality: A worldwide nursing theory.* Jones and Bartlett Publishers Inc., Sudbury: MA.

Maltby, H. & Abrams, S. (2009). Seeing with new eyes: The meaning of an immersion experience in Bangladesh for undergraduate senior nursing students. *Journal of Nursing Education Scholarship, 6*(1), 6-18. doi: 10.2202/1548-923x.1858.

Royeen, C., Jensen, G., & Harven, R. (2009). *Leadership in interprofessional health education.* Jones and *Bartlett* Publishers, Inc.; Sudbury: MA.

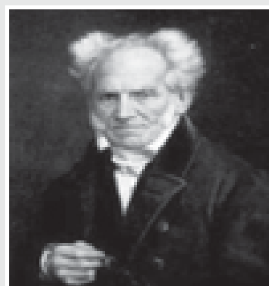
Strickland, K., Adamson, E., McInally, W., Tiittanen, H., & Metcalfe, S. (2013). Developing global citizenship online: An authentic alternative to overseas clinical placement. *Nurse Education Today, 33*(10), 1160-1165. doi:10.1016/j.nedt.2012.11.016.

Swanson, E., Goody, C., Frolova, E., Kuznetsova, O., Plavinski, S., & Nelson, G. (2001). An application of an effective interdisciplinary health-focused cross-cultural collaboration. *Journal of Professional Nursing, 17*(1), 33-39.

About the Authors: Dr. Susan Lane received her Bachelor of Science in Nursing from The University of North Carolina at Wilmington and her Masters of Science in Nursing from Gardner-Webb University. She obtained her PhD in Nursing from The University of North Carolina at Greensboro. Her research interests include decision-making and social support measures of parenting adolescents, folic acid intake among college students, and health promoting behaviors. Dr. Lane serves as Assistant Professor at Appalachian State University in Boone, North Carolina.

Dr. Reimund Serafica (corresponding author) received his undergraduate and graduate degrees in nursing from Gardner-Webb University in North Carolina and obtained his PhD in Nursing from the University of Hawaii at Manoa. He is an Assistant Professor and Chair of RN BSN Davis School of Nursing at Gardner-Webb University. His research interests are dietary acculturation and dietary consumption of health-related foods among first generation immigrants in United States, physical activity among older adults, and knowledge and attitudes of nurses towards research. He is Filipino by descent.

Dr. Mary Alice Hodge received her Bachelor of Science in Social Science and Masters of Science in Nursing from Gardner-Webb University. She obtained her PhD in Nursing from The University of North Carolina at Greensboro. Her research interests include the retention of the older Registered Nurse, incivility, and cultural diversity. Dr. Hodge serves as Director of the RN-BSN Option at Winston-Salem State University in Winston-Salem, North Carolina.



"Health is not everything, but without health everything is nothing."

Arthur Schopenhauer
German Philosopher

PHILIPPINE NURSES ASSOCIATION, INC.

Feature Article

Dean Elizabeth R. Roxas, 2013 AGT Awardee[1]

Eleanor M. Nolasco, RN

Who would have thought that a young lady who took up nursing with trepidation unsure if it was "the" career for her, would many years later be the recipient of the Anastacia Giron-Tupas Award, the highest award bestowed by the PNA to exemplary nurses in honor of the legacy of the founder of the Filipino Nurses Association (FNA) now the PNA, icon and Dean of Philippine nursing? This was the story of the 2013 AGT Award recipient, Elizabeth R. Roxas, Dean of the College of Nursing, Baliuag University and national president of the Association of Deans of Philippine Colleges of Nursing (ADPCN) whose journey to nursing excellence was initialled by hesitation.

Dean Beth, as she is fondly called, confessed that she took up nursing primarily because she was elated at having passed the stringent admission requirements to

[1] *The 2013 Anastacia Giron Tupaz Award recipient, Dean Elizabeth Reyes Roxas, was a nominee of Region III Bulacan chapter. She is the Dean of the College of Nursing, Baliuag University and the national president of the Association of Deans of Philippine Colleges of Nursing (ADPCN). She is also currently a member of the PRC-Continuing Professional Education Council for Nursing. The awards rites on October 22, 2013 was among the highlights of the PNA's 91st Foundation Anniversary and 56th Nurses' Week celebration and National Annual Convention held October 22-24 in Puerto Princesa, Palawan.*
In choosing Dean Elizabeth R. Roxas, the panel of judges for the annual search that included past AGT awardees cited her "distinguished leadership, exemplary dedication, and staunch advocacy in upholding the integrity and professional image of the nurse that paved the way to the significant milestone in the growth and development of the nursing profession."
Two other outstanding nurses made it to the final round of the annual search. They were Dr. Corazon B. de la Pena of PNA Davao Chapter and Dr. Josefina Tuazon, PNA NCR Zone 1, both from the academe. The 2013 AGT Award Search Committee was chaired by Dr. Ida Tiongco.

St. Paul's College Manila. But when she got her feet wet, she realized that nursing was her true calling. She proved to be a good seed that bloomed where she was planted and graduated with honors from the reputable school's College of Nursing. This pride of her alma mater that established her nursing foundation thru quality education and excellent preparation served as her beacon throughout the almost 4 decades of her nursing career.

Dean Beth, belonged to St. Paul's College Manila BSN class '74 named "Angelies Christies" during the so-called golden era of nursing where the hallmark of practice was quality "service to the people". Among her cherished memories as a nursing student were the community exposures and the medical missions they undertook in far-flung places. She singled out an experience in a considerably primitive community with no electricity that she survived and viewed the one-month experience as an edifying challenge. It was during these moments that she got her epiphany to pursue a service profession and be the nurse that she is now.

From an outstanding student to outstanding nurse, Dean Beth proved to be an effective organizer who gathered community folks for health projects, especially those that bear on women, children and family. Her inclination for community service made her opt to be a public health nurse (nurse trainee) upon graduation until she passed the nursing licensure examinations. Thus her first official job was as a public health nurse with the Baliuag Rural Health Unit.

"I gathered the mothers and conducted health education. I did counselling on family planning and responsible parenthood at that time". These were some of her tasks as public health nurse that she found satisfaction in and performed with passion and dedication.

Her positive demeanour, charming personality and proficient nursing skills could not escape notice as it did the keen eye of a visionary educator cum entrepreneur who would venture to set up a tertiary school of education. Dean Beth had just roughly a year of nursing experience, still a novice, a "babe" so to speak, who's barely mastered nursing as a profession. But the man must have seen the potential of the young nurse that he offered her to join the pioneering group to establish a tertiary educational institution to be known as Baliuag University. Dean Beth will specifically take charge of setting up the nursing course as a full baccalaureate program to cash in on the then growing labor demand, especially abroad, for the Filipino brand of nursing care.

Dean Beth took up the challenge but committed to just a semester to lay down the groundwork for the nursing course. As it turned out, fate had more lofty plans for her in the field of academe. So the one semester extended to one year and to another year until the present time chalking up almost 4 decades of dedicated, solid and outstanding performance as a pioneering nurse educator. She had spent practically her entire career working in the said institution initially as a clinical instructor, later becoming a clinical coordinator, then acting dean while holding the parallel position of Assistant to the Vice-President for Academic Affairs, and finally settling down as Dean of the College of Nursing concurrently Program Director for the University's Center for Community Services and Nursing Program Coordinator of the Graduate School. The outstanding

performance of the College of Nursing under the helm of Dean Beth significantly contributed to the University being granted Autonomous Status by the Commission on Higher Education (CHED) on Baluiag University, the first school in Region III to earn such a distinction.

In her endorsement of Dean Beth for the AGT award, Dr. Alicia S. Bustos, Chairman and President, Baliuag University described her as *"... a model of dedicated and committed school administrator (who) introduced innovations in nursing education, both in the undergraduate and graduate levels designing a community-oriented and competency-based curriculum which has now been institutionalized, (producing) nursing graduates able to deliver quality health care services to their clients and patients both in the hospital and community settings."*

Dean Beth smiled, her eyes turning to a slit, at the recollection of the long years she has been with the institution. Her professional journey took a parallel track as the school. Her story serves as an important footnote in the school's history and growth as a learning institution. Despite the downtrend in nursing enrolment, the UB College of Nursing thankfully, continue to be viable and faring well in the business of producing quality and competent nursing graduates who can be considered as among the "best and the choice" whether here or abroad. She mused that Filipino nurses continue to win praises in foreign countries but here they are untapped despite a huge unmet health needs among our population. She says however, that her mission is to continually ensure that the highest standards of nursing excellence are embedded in the education and training of future nurses so they can be the "best for the Filipinos and the choice of the world." Exactly the same mission-vision pursued by the ADPCN where she is a second-time president now on her 4th term.

Her fulfilment as a nurse-educator cum administrator in the school she helped pioneer and nurture to its present respectable standing is summed up with her words: "Pakiramdam ko hindi ako tumatanda." And for as long as she is happy where she is and fulfilled with what she is doing, she says, she will remain engaged.

Another program she founded and is most proud of is the *Baliuag University Hatid Lingap sa mga Nangangailangan* (BU HALINA) an outreach program for the elderly and senior citizens whom they host twice a month within the school grounds to socialize and hold entertainment and productive activities. Thanks to Dean Beth's unwavering support, the program was sustained and still on-going for 20 years now. The members even organized themselves into a Senior Citizens' Club with Dean Beth as advisor.

Given all that she has accomplished as a pioneer nurse-educator, a leader vibrantly helping steer the profession to its noble and dignified place in society and other pursuits to boot - what could be the secret to this lady's seemingly boundless energy and limitless time? She believes it was the grace of blessed singlehood that has enabled her to accomplish what she has accomplished. Not being committed to a person or tied down to domesticity gave her the freedom to manage her time and set her own priorities. Besides, coming from a big family, 11 siblings in all, has somehow made her complete especially as the de-facto "ninang ng bayan" to her nieces and nephews.

Dean Beth was deeply grateful for having been recognized with the highest nursing award even though she did all that she did out of love for the nursing profession and conviction to serve.

> *"Health is a right of every Filipino citizen and the State is duty-bound to ensure access to effective health care services"*
>
> Philippine 1987 Constitution

Feature Article

Embers: Being a Nurse in the World of Local Politics

Marian G. Santos, RN[1]

Education and Health in every home," this was my cry when I campaigned tirelessly alongside other eager candidates in the summer of 2010. I was twenty-seven then and soon became the youngest Municipal Councilor among those who were elected in our small town in Mayantoc, Tarlac.

It was not an easy task to join the ranks of veteran politicians since I had just graduated from nursing school and had no direct political exposure. Yet what pushed me on was the inspiration I got from memories of people going in and out of our residence whenever they came over to seek assistance from my father who served as a three-term Municipal Councilor. I remember asking him once how he was able to grow his number of supporters each time he ran for public office and his reply was, "It is when we listen with sincere hearts to others in need that we can begin to offer real help to them and thus, gain their trust."

Poverty is Real

Weeks of campaigning around our town's twenty-four barangays enlightened me about the dire poverty that majority of the population lived in. In my mind's eye I can still see how some extended families managed

[1] Marian or Maan as loved ones fondly call her is currently taking up her MAN in PWU Taft's Executive Class. For comments, write to her at santos_maan@ymail.com

to live in single room, makeshift huts with the natural ground for their flooring and with no livestock nor vegetable gardens to get their food from. Most parents were farm labourers who relied on a good harvest for some money to subsist on in the months that would come afterwards.

This sad reality further burned into my consciousness after chancing upon families who begged and waited for us to give them a little money for the food they would eat that day since there was none left to share. A few pesos that would bring in some hot noodles, bread, and rice made their scrawny, rag-dressed children smile as if it was Christmas again. It also did not escape me that most of these families suffered from health problems that were probably caused by the lack of space and of available basic amenities for their proper waste disposal. Some of the children had scabies. Others were crying from fever caused by cough or colds. Most of them were frail or skinny and were not properly washed from the absence of having their own water supply.

With guidance from my father and mother (a public high school teacher), I decided to prioritize education first to provide families with better economic opportunities that will aid them in their health needs.

My Advocacies

Barely a month into my term, I sponsored my first municipal ordinance, AN ORDINANCE GRANTING 100 PERCENT ASSISTANCE TO ALL STUDENTS IN PUBLIC HIGH SCHOOLS IN MAYANTOC, Ordinance No.04-2010, on July 21, 2010 in our Sangguniang Bayan's Regular Session to emancipate parents from the burden of paying authorized contributions from their meagre harvest income (despite the fact that these said contributions are voluntary) that most believe would allow their children to become a BSP-GSP member, a Red Cross member, and all the other privileges that will give more depth to their son or daughters' secondary education.

Why public high school students? Most poor families in our town have high school-aged children opting to seek employment after graduation rather than continue with their education in college. Like a mother once emphasized, “College scholarships are difficult to come by and with a large brood to support I allowed my daughter to get a job instead, *kagawad* (in Ilocano this means Councilor).”

This trend in seeking employment among poor families encouraged me to pursue the congressional funding and establishment of a National Technical Vocational High School in our town proper that has the goal of granting a different form of education beyond high school that would equip the underprivileged youth, including the out of school youth, with skills and knowledge to make them more marketable as employees locally and abroad. To my joy, I got the invaluable support of our district's representative in the person of Hon. Enrique M. Cojuangco who filed HB 3733, AN ACT ESTABLISHING A NATIONAL TECHNICAL VOCATIONAL HIGH SCHOOL IN THE MUNICIPALITY OF MAYANTOC, PROVINCE OF TARLAC in congress on November 29, 2011. As our Sangguniang Bayan's Chairman on Education and as the LGU's main project proponent, I was tasked by the said Representative to attend the Senate's hearing of the said bill on February 16, 2012. Due to Congressman Henry's relentless support and with the kind cooperation of majority of my co-legislators in our LGU and some key local officials in DepEd, this bill was finally signed into law by Hon.President Benigno “Noynoy” Simeon C. Aquino as RA 10268 on November 15, 2012 .

To-date, despite certain political and personal challenges that came with the pursuit of this project, the said school (that has been named after Hon. Cojuangco's late mother Josephine M. Cojuangco) has been established through DepEd's implementation of RA 10268 and has thus became operational since this new school year's opening of classes.

On Health

A year into my term after I had taken and passed the nursing board exam, I partnered with an NGO (Daniw Study Center) and focused my energies into a leadership and service-oriented program for the youth called Ako ang Solusyon. This program allowed me to organize a first of its kind medical-dental mission for all indigent daycare-

aged children in all of our town's barangays to emphasize the crucial importance of prioritizing projects to alleviate child morbidity and mortality since most of the health activities held for the past years has mostly been done for the benefit of senior citizens only.

Moreover, through this program, a leadership seminar was held for selected top student leaders in pilot public elementary schools that were strategically located in the different areas of our LGU to imbibe in them leadership and teamwork values that will help them influence their peers the right way. A community drive against anti-vandalism in public areas in the LGU through the re-painting of vandal filled areas was also held as an addendum to the seminar to further encourage the youth to become more responsible and more conscious members of our town. This community activity was also in line with the passage of another municipal ordinance that I sponsored, Ordinance No.04-2012 (on Anti-Vandalism).

Months before my term ended, I was also part of the Committee that reviewed and amended a municipal ordinance on the EFFICIENT AND EFFECTIVE IMPLEMENTATION OF THE COMMODITY SELF-RELIANCE (CSR) OR MATERNAL NEWBORN CHILD HEALTH AND NUTRITION (MNCHN) STRATEGY through Ordinance No.09-2012. In my analysis, this law was in essence a local form of the RH Bill which thus made me look deeper into current municipal health practices on proper health education done to young mothers and newly-married couples who looked forward to a more responsible parenthood. In the committee hearing held before the passage of this ordinance, I stressed the value of an informed choice that would only result from an unbiased education about the pros and cons of natural and artificial means of family planning and also emphasized the importance of strengthening old programs such as antenatal and postpartum visits as well as the EPI rounds made in the barangays to prevent maternal and child mortalities and morbidities.

In my humble way, I also gave health education to constituents who visited me in my residence to seek financial assistance and advice regarding different health problems. I further provided them with referrals to good doctors and gave them instructions as to how they can further use their Philhealth ng Masa memberships to their advantage whenever one of their loved ones falls sick or requires medical attention that is beyond the capabilities of our municipal health center.

Mission Accomplished

With the support of my colleagues in the Sangguniang Bayan and our municipal mayor, I finished my term accomplishing more than what I had set out to do. Among these were the CREATION OF AN OFFICIAL WEBSITE for the LGU OF MAYANTOC, TARLAC with the OFFICIAL DOMAIN NAME (www.mayantoc.gov.ph) through Ordinance No. 01-2012 that promoted transparency and accountability among our town's local officials (from the municipal level down to the barangays) and employees working at the municipal office as well. This project had also jumpstarted local eco-tourism in our town by showcasing some potential tourist spots.

Keeping in mind that legislation is at the core of what I do, I had also spearheaded and sponsored the passage of the Re-Codification of our town's General Ordinances on June 12, 2013 since its first codification in 1991 with the purposes of updating laws made from 1947 to the present and making room for new, more relevant ones.

Finally, I had organized and sponsored the AMMENDED MAYANTOQUENIAN'S CITIZEN'S CHARTER through Ordinance No.07-2013 that was a local adaption of the Anti-Red Tape Act or RA 9485 to further promote the need for honest and expedient public service.

Another Calling

In retrospect, my experience as a local legislator taught me many values in life especially when it came to humility, simplicity, and openness to people from all walks of life. The three-year experience has certainly equipped me with the boldness and patience I need to pursue my other vocation as a struggling novice nurse in the Philippines.

Politics taught me that healing goes beyond the physical management of the body's sickness.

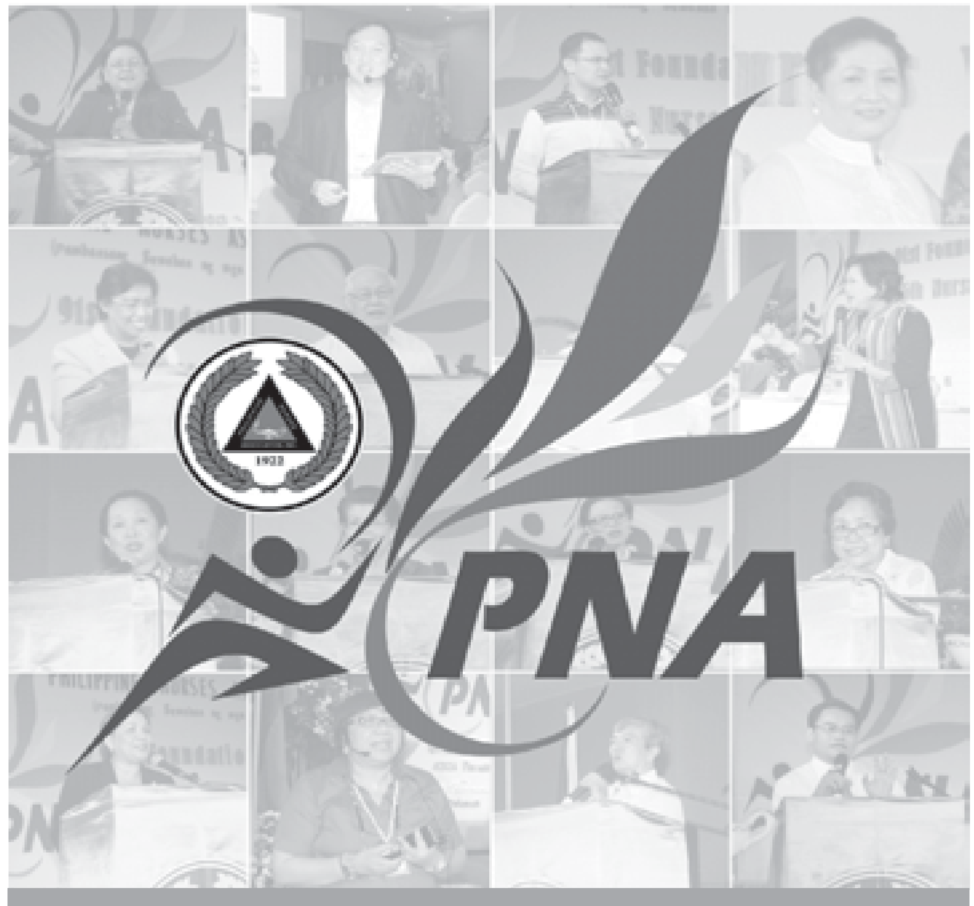
Healing, I learned, is also about good leadership.

News Article

PNA: "Gearing Up for the Greater Challenges of Equity and Access to Health Care"

Cora A. Añonuevo, RN, PhD
Chair, Public Relations and Advocacy Committee

Gerelyne R. Reboroso, RN



On October 22-24, 2013, the Philippine Nurses Association celebrated its 91st Foundation Anniversary and held its National Convention in observance of the 56th Nurses Week. More than one thousand Filipino nurses from all over the country gathered at Aziza Paradise Hotel, Puerto Princesa City, in the beautiful province of Palawan.

This year's theme, ***"Gearing Up for the Greater Challenges of Equity and Access to Health Care,"*** underscores the PNA's appreciation of eliminating discrimination in health care and aspiration of a comprehensive, quality and accessible health care system. It calls on the nurses to be more visible and embrace this challenge with passion and competence in performing their duties, and to be relevant in recognizing the bigger problems in society that result to less access to health services by the poor and the marginalized.

This report chronicles this year's national convention which was, by and large, successful and fruitful.

The opening ceremony started at 1:25 in the afternoon with the official declaration by Noel C. Cadete, PNA National President. Hon. Lucilo R. Bayron, City Mayor of Puerto Princesa City, welcomed the Convention delegates and was followed by Hon. Victorino Dennis M. Socrates, Provincial Vice Governor, on behalf of Governor Jose Chavez Alvarez.

Keynote Address

The keynote address was delivered by Leah Primitiva Paquiz, former PNA President and now the ANG NARS Party List representative to the 16th Philippine Congress. She dwelt on the inequity in health spawned by inappropriate governance within the health system, fragmentation of health service delivery, inadequate health care financing, and maldistribution of health human resources. She lamented that the devolution of health care services has severed not only quality of care, but also obliterated many important health services at the local level. She said that the golden years of public health services during the decades of 50's, 60's and up to early 80's that emphasized health promotion and disease prevention were available, accessible and affordable in most municipalities. She underscored the principle of equity which is fundamental to achievement of health by all Filipinos and urged nurses to take on their social responsibilities to effect reforms in the health care system. To promote equitable and accessible health care services, she said that nurses must move towards being the gate keepers of health as 'care specialists'. Health promotion is the primary focus that goes beyond just delivering medical care. Nurses should also engage in a social process to end the stereotyping of nurses as incompetent and apolitical. Nurses should be recognized as 'care specialists' in the same manner that doctors are considered as 'cure specialists'.

Hon Paquiz reiterated the deplorable plight of health workers including nurses who continue to toil in the workplace and suffer low recognition despite their important contribution in providing quality health care services. One of the seven bills she filed in Congress proposes a nurse for every barangay, school, and company. She urged the assembly to have the passion in resisting the dehumanizing exploitation of nurses and to work together in claiming 'Tamang Trabaho, Tamang Sweldo, Tamang Karapatan'. Her speech moved the audience and gave her a resounding applause.

Awarding Ceremony

The PNA recognizes the exemplary achievements, works and contributions of its members, as they embody the core values of the PNA in the practice of their nursing profession, through the Anastacia Giron Tupas Award (AGT) and Huwarang Nars ng Bayan (HNB) award.

The AGT award is the highest award given by the PNA to a nurse who exemplifies leadership and character: courageous and unwavering in the face of danger and dissent; calm in the midst of chaos and stress; gentle and warm where there is suffering and pain; efficient and effective; innovative and tireless in searching for ways to elevate and safeguard the Profession and be of better service to the people. The 31st AGT awardee for 2013 is Dean Elizabeth R. Roxas, currently National President of the Association of Deans of the Philippine Colleges of Nursing.

The HNB award is given to a Registered Nurse who has gone beyond performing his/her regular duties and responsibilities in providing service to others; creating positive change to individuals, families, groups, and communities; thus projecting a positive image of the nursing profession. This years' awardee is Francisca Simbahon-Baluyot of PNA Bohol-Chapter who was represented by Governor Julius Dano and Chapter President Rowena Lapuz . The awardee could not make it to receive the award as she was involved in the relief operations for the earthquake victims of her province.

Plenary Sessions I and II

The first plenary topic "Windows of Opportunities for Global Nursing Practice" was aptly delivered by Honorable Teresita R. Manzala, Professional Regulation Commission (PRC) Chair. She gave a comprehensive scenario on the prospects of professional opportunities for nurses which the PRC has been in the forefront for the benefit of the Filipino nurses. She also presented the Asean Qualifications Framework which is the context of forming the Philippine qualifications framework. She urged nurses to embark on self- directed learning and professional experiences through continuing education and development as the key to nurses' global competitiveness. She also urged the PNA as a partner of the PRC and the Board of Nursing in pursuing quality assurance. She ended her talk by

exorting the tagline "Filipino nurses, the best for the Filipinos and the choice of the world."

The theme of the second plenary centered on "**Leadership Strategies: From Patient Room to the Board Room "** with Dr. Milabel Enriquez –Ho, president of Western Mindanao State University and 2012 PRC Outstanding Professional Nurse of the Year awardee, as speaker. She shared her personal experiences and journey highlighting significant leadership approaches in different scenarios and settings including the month-long MNLF insurgency crisis and the typhoon that left Zamboanga City in devastating floods. She presented innovative styles anchored on practical leadership philosophy. She also explored mentoring relationships, networking, and succession planning in the context of future leadership development. In all these, she exhorted nurses' nurturing skills from the patients' room to the Board room ensuring that communication is properly channelled. She aroused the audience with a video presentation on the situation of Zamboanga City during the crisis and its after-effect, with the background song "Heal Our Land".

Experiential Sharing

Two nursing leaders shared their reflections on their successful journey to becoming leaders, motivators, mentors, and shepherds of nurses.

The first speaker was Dr. Marilou Perlas Furio, long-time Vice President for Nursing of the Makati Medical Center and St Luke's Medical Center and also a Director of Nursing from the latter institution. She shared the lessons she gained from being a staff nurse, and progressing to becoming a nurse executive, and founder of her company, the Furio Management Consultancy and Training Services. These lessons are: (1) Depend not on faith alone, but rather take control of it; (2) As middle-level manager, coaching and mentoring are very effective means of empowering people who can effectively lead and innovate; (3) Keep on learning and further your education; (4) For the many tasks and jobs assigned to you, adopt a positive attitude; (5) Nursing management practice is constantly evolving that requires different sets of skills for particular tasks for a particular time; (6) In a corporate world where job is overwhelming, one must continuously adopt in order to integrate well and achieve objectives.

The second speaker was Dr. Tessie Da Jose, founding Dean of San Beda College of Nursing and current Dean of the College of Arts and Sciences of the same institution. Her topic was about shepherding, popularly known as mentoring, future nursing leaders. She described several leadership characteristics of men and women : (1) character; (2) competence; (3) courage; (4) charity; and (5) coachability. She further described the habits of a manager as being pro-active and keen; setting priorities; seeking first to understand; and sharpening the soul.

Plenary Session on "Challenges of Equity and Access to Health Care."

The plenary speaker, Dr Jose M. Acuin, Chair of the Health Technology Assessment Committee of the Philippine Health Insurance Corporation, presented hard evidence of widespread and substantial inequities in health and health care in the Philippines. These inequities stem from an interlocking set of structural factors in much the same way as health outcomes are determined by multiple determinants that are indirectly related to care. As a response to these inequities, the Department of Health called for the Universal Health Care or Kalusugang Pangkalahatan. The components are financial risk protection through national health insurance program enrolment of all Filipinos, health system responsiveness as measured by improved quality of care, and better health outcomes as exemplified by the attainment of the Millennium Development Goals or

MDGs. The biggest challenge, he said, is the fragmentation of health governance: the DOH directly spends for and manages a small portion of the health sector, leaving the rest to local government units. To address this challenge, and to accomplish the Kalusugang Pangkalahatan, three things must be considered: harness people, maximize health technologies, and strengthen health regulatory capacity.

Ms Nilda B. Silvera, President of the Philippine National League of Government Nurses, anchored her response from Dr. Acuin's talk, from her 22 years of service with the Department of Health. She was exposed to the reality of poverty and inaccessibility to health care by a large majority of the Filipino people. She said that poverty leads to ill health and ill health maintains poverty. Understanding various factors that affect access to health care and services can help explore needed innovations in the health care delivery system. Empowered people and communities are seen as both a means to overcoming poverty and an end in itself. Empowerment at the individual level affects individual choices of healthy lifestyles and choice of services; whereas empowerment at the community level involves securing of resources for health and community development. She said that the right to health means that individuals and families have access to quality care that is available, affordable, appropriate and acceptable.

The second response came from Dr Teresita I. Barcelo, former PNA President and presently Dean of the College of Nursing, Centro Escolar University. She explained the concept of transformative learning, outcomes-based education and nursing core competencies. She said that in an increasingly interdependent world, there is a need to move to transformative education for health professionals. Nurses must equip themselves with a "blend of technical competence, service orientation, steered by ethical commitment and social accountability, which forms the essence of professional work." She further said that the Philippines remains to be a major contributor of nurses in the global market. As such, our curriculum should ensure that nursing graduates not only have technical competence or "hard skills" but also emotional competence or "soft skills" so that they will have successful practice in any setting.

Plenary Session on "Championing A Positive Practice Environment."

"Do we work as one?" This was the question posed by the speaker, Dr. Annabelle R. Borromeo, Senior Vice President and Head, Hospital Operations, St. Lukes Medical Center-Quezon City (SLMC-QC) & Chief Nursing Officer, SLMC QC & Global City, to steer the audience about their basic understanding of the concept, Positive Practice Environment. She said that nurses as leaders must advocate for an environment that supports excellent performance and decent work, use their power to attract and retain staff and to improve patient satisfaction, safety and outcomes. She rationalized that patients and the public have the right to the highest performance from health professionals and this situation can only be achieved in a workplace that enables and sustains a highly-motivated and well-prepared workforce. Her talk provided examples of how this philosophy of positive practice environments can translate to other events like the preparation and spirit behind the highly successful 2013 International Nurses Week Celebration (INW) of the PNA.

Juan Paulo Guillermo, clinical nurse educator, St. Luke's Medical City, dovetailed Dr Borromeo's talk. Nurse JP spearheaded and organized one of the biggest INW activities. He recounted that the task assigned to him taught him four valuable lessons: (1) T in teamwork, the ability to work together toward a common good; (2) power and empowerment, which is about enabling people to engage in activities; (3) passion for nursing as shown in the round-the-clock

brainstorming sessions, consultations and coordination meetings to prepare for the event; and (4) making a difference to project a positive image of Filipino nurses.

"Advocating for Nurses Rights and Welfare" was the topic elucidated by Jossel I. Ebesate, the National President of the Alliance of Health Workers and Chair of the PNA Lobby Committee. He engaged the audience to reflect on the topic by asking questions with regard to negotiating with the management in their respective institutions on wages, salaries and benefits of nurses, workplace safety and working conditions. These are the ever-present issues confronted by many nurses. In his talk, he presented strategies for nurses to maintain good working environment within a changing work climate to advocate nurses rights and welfare. He emphasized the need that nurses must empower themselves and participate in clinical decision-making and organization of health care systems that enhances the well being of nurses.

Mr. Sonnie E. Santos, a Keynote Speaker and Strategist for Business Social Computing, Employer Branding, HR/OD and Online Risks Prevention actively discussed on *"Bullying in the Workplace"* When there is more supply of nurses than demand for them, harassment and the ugly side of office politics emerge. The likelihood of a newly hired being bullied by those hired ahead of them, and lower rank being taken advantaged by higher rank employees become a normal employment risks that nurses face. By embracing a proactive attitude, developing an assertive communication skill and knowledge of sexual harassment law & online safety tips, nurses can navigate safely thru these dangers

Launching of the Philippine Nursing Advocacy

Professor Cora A. Añonuevo, Chairperson of the PNA Public Relations, introduced the audio-visual presentation (AVP) on "The Filipino Nurse" which highlights three themes: 1) Who is the Filipino Nurse? What do they do? How important are they? What problems do they encounter? 2) The role of the PNA through the years, its achievements and what the PNA has done for the nursing profession, and what it continues to do for the health of the people; and 3) Call for action which enjoins nurses to be advocates and demonstrate commitment to values as expressed in the vision and mission of the PNA.

Dr. Añonuevo stated that commitment to values begin with a stand point -- *Para kanino? Para saan?* Advocacy work is an actualizing experience, stemming from our sense of fulfillment, giving of ourselves, our talent, our time, even our limited resources for the cause we are responding. She clarified that aside from being value- driven, nurses need to have a good grasp of advocacy issues. Hence, the 15-munute AVP which will be uploaded in the *Youtube* will be used to disseminate to all nurses the themes stated above and project to the general public the good image of nurses.

Research Presentations

The study on "Costing of Nursing Services in the Philippines" was presented by Rodolfo C. Borromeo., EdD, RN, Vice President and Chair of the Research Committee of the Association of the Nursing Services Administrators of the Philippines. The results of the study revealed that among the 1,025 who participated nationwide , majority of respondents came from those who finished their BSN degree. The highest number of respondents came from the staff nurses. Most of the respondents have 2 years of experience. Majority of the respondents came from the National Capital Region. Based on the Level of Complexity, insertion of endotracheal tube ranked highest and interpreted as a

"More Complex" procedure. Based on Time Spent, Assisting major operations obtained the highest mean, interpreted under the 41 – 1 hour to accomplish. The top procedure that obtained the highest price point in all 3 nursing positions was assisting in Major Operation. The highest price points obtained in all procedures per position were: staff nurse (P197.59), head nurse (P237.11); and nurse supervisor (P276.63). The study also revealed a strongly positive relationship between the level of complexity and the time spent given per procedure, with a *p*-value of 0.000, which is significant at 0.01 level.

"NCD Global Crisis: Nursing is Potential to Lead in Prevention: An Analysis of Nurses in the Philippines" was presented by Jesusa S. Pagsibigan, Member of the PNA Department of Nursing Research.

This paper aimed to better understand how the nurses view the non-communicable disease as global crisis with regard to their roles, their practice environment and their needs for support.

Some of the key findings obtained in the Philippines include the following: Filipino nurses believe that lack of awareness is the biggest factor contributing to the NCD incidence in their country. They are defined by a generally positive outlook on the job of nursing coupled with high interest in addressing NCDs: a strong NCD Engagement Score - the single measure of nurses' outlook on the job of nursing and their interest in using nursing skills to address NCDs. They have positive views of their practice encourage strong interest in addressing NCDs and think the time they spend on NCD prevention is about right and believe they have a broad reach. The nurses also welcome a wide-range of support and believe the government and others are supporting their efforts.

Another study on "Mobilizing Nurses for Emergency Preparedness Response: Role of PNA was shared by Bettina D. Evio, member of the PNA Committee on Disaster Preparedness.

This paper presents the role of the PNA in mobilizing nurses for emergency preparedness and response. Using the Monitoring and Evaluation Framework of the Asia Pacific Emergency and Disaster Nursing Network (2012), PNA Disaster Preparedness Committee structured its activities along five domains: (1) capacity-building, (2) service delivery, (3) policy development, (4) research, and (5) collaboration, to achieve its mission and vision.

Capacity building involves national training on emergency and disaster management, which conducted every year to develop nurse coordinators at the local chapters. This helps the nurses deliver appropriate services during disaster and emergency. Policy on activation of emergency mechanism and incident command system at PNA during an emergency has been developed. A research was done in the mapping of the competencies of nurses in emergency and disaster management in 2011-2012. As part of the collaboration, PNA formalized its commitment to the Department of Health as a member of the UN Cluster groups, namely Health Cluster, WASH Cluster and MHPSS Cluster through a Memorandum of Agreement.

Plenary Session on "Living the Values of Professional Nursing"

Jesus P. Estanislao, PhD Chairman, Institute for Solidarity in Asia, inspired the nurses in his plenary session. He started his talk on greater challenge that people are subjected to answer the call to

development and personal advancement. There are always new things that can be taken for the advantage of the personal benefit and the common good. He said being the masters of own fate and shapers of own destiny brings the individual to their core values. He emphasized that the Personal Core Values of Professional Nursing is committed to good governance and is installing the performance, governance, and system. However, all are founded in a basic core which is the individual's core values. Of all the Five Core Values of Professional Nursing, INTEGRITY stands out first and foremost. The Social Core Values of Professional Nursing is respect for human dignity. The HUMAN DIGNITY, AUTONOMY, ALTRUISM and SOCIAL JUSTICE are Core Values called to become virtues of the Philippine Nurses, but need to become real foundations first. Those Core Values have to become virtues which are lived, observed and practiced. They shape the PERSONAL IDENTITY.

He posed a challenge to all the participants with the following questions: Are you prepared to step up and meet the demands of personal integrity?; Are you ready to live up to the demands of respect for human dignity?; Are you prepared to move out of your comfort zones to promote social justice for all? For according to him, social justice starts with individuals. Micro-Institutions composed of family, school, socio-economic Enterprise drive the observance of values, and the promotion of common good.

The delegates were asked if they invest competence, commitment, professional, and patriotism in them. Moving broader, macro-institutions include government, corporations, and civil society organizations. True indeed, that the micro-Institutions must be secured first before the macro-Institutions. It is even truer that all good governance starts within self. He encouraged the delegates to gear up for the challenges and changes; to bring with them always the CORE VALUES the Association professes INTEGRITY, HUMAN DIGNITY, AUTONOMY, ALTRUISM and SOCIAL JUSTICE and to make those values as their own personal virtues as well.

Interactive Hour with the PRC-BON

Hon. Carmencita M. Abaquin, Chairperson, Professional Regulatory Board of Nursing (PRC-BON) led the "*Interactive Hour with the PRC-BON*" session. It discussed on the PRC-BON's programs and initiatives namely: 2012 NNCCS Implementation Plan; National Nursing Career Progression Program, Continuing Professional Development; Nursing Roadmap Projects on Nursing Profession Roadmap Towards Good Governance, ASEAN Nursing Roadmap and Nursing Competitiveness Roadmap; Nursing Research Project; Nursing Law Revision Project; Institutional Visitation; and Domestic and International Linkages. All of these projects and programs are aimed in achieving the PHILIPPINE PROFESSIONAL NURSING CARE - THE BEST FOR THE FILIPINO AND THE CHOICE OF THE WORLD.

"Meeting the Challenges of Non-Communicable Diseases"

This was discussed by the two Board of Governors and Executive Committee members: Gov. Roger P. Tong-an and Gov. Mila Delia M. Llanes. As nurses are being considered as the largest health care discipline all over the world, they have the capacity to influence motivation toward health behaviour changes of individuals most at risk for non-communicable diseases. The great challenge posed on nurses was on the strategies or tools they utilize to effectively perform this task. This didactic presentation shared the strategies adopted by the ICN and PNA in providing nurses with the knowledge, skills and tools in effectively promoting health behaviour change in a wide variety of health care and community settings. Specifically, the strategies focused on motivational interviewing, the elements known to effect health behaviour change, and coaching.

Congratulations to the Palawan Chapter and to the Governor of Region IV, Gov. Ariel Pabelonia, for the success of the 2013 PNA National Convention. We look forward to the 2014 PNA Convention to be held in Manila.

Opening Ceremonies

PNA National

Convention's Working Committee

Awarding

Open Forum

Plenary Sessions/Experiential Sharing

General Assembly

Press Conference

Convention 2014

HOD Meeting

Ice Breaker

Election

PNA Nursing Process Dance

Hataw sa Baybay

News Article

PNA hosts 14th AWFF and 10th AANA Meeting in Manila

Leonardo M. Nuestro, Jr., MAN, RN
PNA Executive Director

Gerelyne R. Reboroso, RN
PNA Manager for Programs and Development

The International Council of Nurses (ICN) and Philippine Nurses Association (PNA) jointly sponsored the 14th Asia Workforce Forum (AWFF) and the 10th Alliance of Asian Nurses Association (AANA) Meeting held last November 20-21 and 22, respectively at the Manila Hotel, Manila, Philippines. This was participated by the nursing leaders from the National Nurses Associations (NNAs) in Asia, namely: China, Indonesia, Japan, Korea, Malaysia, Singapore, Taiwan, Thailand and host country, the Philippines.

Ms. Lesley Bell, ICN's Consultant in Nursing and Health Policy presided the two-day forum with the PNA President, Mr. Noel Cadete. On the first day, the participating countries with two official delegates each, presented the environmental scans on the development in nurses' working conditions and development outside nursing. They later discussed their responses to the ICN Survey on the nurses' wages and workforce profile.

Concerns on Noncommunicable Diseases (NCDs) were included in the agenda. The World Health Organization's amended action plan on addressing NCDs, was relayed to the NNAs. This aimed for nurses to lobby for collective input in policy setting to realize nursing's contribution in the prevention and control of NCDs.

Discussion on entrepreneurial nursing practice challenged the nurses to recognize and seize the opportunities for the creation of new and vital roles for them within the health care industry while maintaining high quality caring functions.

The delegates also laid their respective association's strategies on workforce planning and lobbying activities. Each NNA recognized the importance of partnership and collaboration with other health care agencies, associations and institutions in political commitment, strategic planning and management capacity on the positive outcomes in global health human resource planning, augmenting the number of health care workers, increasing the productivity and quality of production.

The first day was capped with a social dinner hosted by the PNA. The Salinggawi Dance Troupe of University of Santo Tomas (UST) and former Senator Joey Lina provided colorful entertainment.

On the second day, health and safety issues in the workplace like the nurse-patient ratio, needle-prick and musculoskeletal injuries, to name a few, were also tackled. This also included the plans in addressing those issues and concerns.

Dr. Carmencita Banatin, Director III of the Department of Health – Health Emergency Management Service (DOH-HEMS) and Dr. Sheila R. Bonito, Chair of the Disaster Preparedness Committee of PNA of the PNA spoke on the DOH and PNA's responses to Typhoon Yolanda (Haiyan), respectively.

The importance of task shifting in accomplishing important goals was given emphasis. These goals include: the efficient manner in taking advantage of the different competencies of existing mix of health workers; simplified health promotion and treatment protocols; shifting of health promotion and treatment to the community level; and the increasing access to health care and advice in underserviced communities. Task shifting works by closely paying attention in the systems that support successful implementation and to the needed expansion of human resources within the overall health care system.

On the discussion of Advanced Practice Nursing (APN), it was acknowledged that not all countries have advanced practice roles. APN underscores nurses with advanced knowledge and skills. Research evidence indicated that advanced nursing roles are safe, effective and well received by clients. The expertise, education and skills associated with these roles are diverse and contact sensitive. Mr. Hiroko Manawi, the past ICN president once said "Increasingly, it is the realization of advanced practice nursing throughout the world that would contribute to the provision of accessible and equitable health care services to many of the world's citizens who were previously underserved. "

It also came out that there are differences in the nurses' job description from country to country which the ICN considers to introduce or change current ICN policies or practices that would support the NNAs as it relates to clarifying nursing practice roles. Each NNA suggested what they can do to support nurses working to their full scope and to guide them for future establishment of such.

During the AANA meeting on the third day, deliberations were on strategies to strengthen and increase NNA membership, enhancement of its image through member networking, the challenge on financial stability and profit generation. There was also experiential sharing about leader succession of NNAs.

The AWFF and AANA meetings address each region's concerns and issues specific or unique to them. As every NNA has been equally heard, this eventually leads to one united voice from Asia. These for a have been perceived, not only as an avenue for sharing, but also for improving competencies. All those who attended, including the observers, were pro-active leaders in their respective countries.

Japan will host and co-sponsor the 15th AWFF and 11th ANAA Meeting with the suggested topics on an RN degree level, the definition of the scope of nursing practice, revisiting the definition of a nurse, workforce health and safety, workforce benefits, Positive Practice Environment, (PPE) and Trade unions. AWFF and ANNA Meeting are held annually, and hosted alternately by Asian NNAs.

News Article

The Founding Meeting of the Global Nurses Union

Jossel I. Ebesate, RN
National President, Alliance of Health Workers and
Chair, PNA Nurses' Welfare Committee

I was among those invited by the National Nurses United to attend the founding meeting of the Global Nurses United – a newly formed nurses organization that aimed to organize nurses globally to carry the fight for the people's right to health and nurses welfare worldwide. The meeting was held in San Francisco, California on June 22, 2013 attended by delegates from 14 countries and initiated by the US-based National Nurses United – the biggest nursing organization in the United States with about a million nurse members, among its affiliate unions/nursing organizations are the California Nurses Association with 475,000 members (125,000 of which are Filipinos or Filipino-Americans) and the New York State Nurses Association.

The meeting coincided with the 3rd Staff Nurse Assembly of the National Nurses United held at Marriott Marquis Hotel, San Francisco, California on June 18-22, 2013. I was invited as the National President of the Alliance of Health Workers.

The group came up with the nurses' version of "San Francisco Declaration" that state among others that "we, the leaders of international nurses and health care unions, affirm our intention to work collectively to protect our profession, our patients, our communities, our work, our health, our environment, and our planet." The National Nurses United would serve as the secretariat of the Global Nurses United.

The group committed to the following declaration:

Declaration of San Francisco • June 22, 2013

We, the leaders of international nurses and healthcare unions, affirm our intention to work collectively to protect our professions, our patients, our communities, our work, our health, our environment, and our planet.

To achieve these goals we declare the formation of Global Nurses United, working together with all healthcare workers and other people committed to economic and social justice.

We are dedicated to international solidarity, support, and assistance around the following principles:

- We oppose the harmful effects on our nations, our people, and our communities, of globalization, neo-liberal policies, austerity, poverty, income inequality, and maldistribution of wealth and resources, attacks on public workers, and climate change.
- We will resist the privatization of our public health systems and cuts in healthcare services.
- We will assist the efforts of nurses in all of our countries to secure safe care for all patients with safe nurse-to-patient staffing ratios and a safe workplace.
- We pledge our commitment for governments to guarantee the highest standards of universal healthcare as a fundamental, human right for all.

Nurses and healthcare unions of:

Argentina	*Dominican Republic*	*Philippines*
Australia	*Guatemala*	*South Africa*
Brazil	*Honduras*	*South Korea*
Canada	*Ireland*	*United States*
Costa Rica	*Israel*	

pna PHILIPPINE NURSES ASSOCIATION, INC.

Nurses' Advocacy

Resolution for the Abolition of the Pork Barrel System

Whereas, the pork barrel scandal has held the public attention for more than three month's now was also being discussed in nurses' circle and there is a growing consensus for nurses to take an active role in the resolution of this issue. Whereas, the disbursement of pork barrel funds has not changed and that the PDAF of legislators ballooned more than twice from P10.86 in 2010 (last year of GMA) to P24.79B this year and P25.24 for 2014 (under the proposed 2014 GAA) under the present administration, we believed that the misuse is continuing. Even more appalling, is that this pork barrel system also includes lump sum appropriations of hundreds of billions of pesos under the executive. Some quarters estimated it 2014, with a high of P1.3 trillion to a conservative P549 billion.

Whereas, hundreds of billions of pesos of public funds are also available for the sole disposal of the President without the benefit of Congressional appropriations, such as the Malampaya Fund, Road User's Tax, PCSO and PAGCOR Remittances, the automatic debt servicing, etc.

Whereas, the PDAF of legislators, the lump sum appropriations of all instrumentalities in the government, both local and national, and the off-budget items in the annual General Appropriations Act of Congress, including the so called budget Disbursement Acceleration Program, placed the disposal trillions of pesos of people's money in the hands of a few that was proven to be abused. At the very least, it is being used in patronage politics that was proven to be the bane of good governance.

Whereas, such monstrous available public funds are more than enough in providing quality, accessible and equitable health services to our people, if only these were properly spent to vital social services such as health, education and housing.

Whereas, there year's theme of our National Convention: “Gearing up for the greater challenge of equity and access to health care”, mandates us nurses, to relentlessly pursue greater challenges for the realization of genuine universal health coverage for all of our people especially the poor.

Now, therefore, on motion duly moved and seconded, resolved as it is hereby resolved that the House of Delegates, direct and authorize the Board of Governors, Executive Committee, National Departments and Committees, Chapters and all other instrumentalities of the Philippine Nurses Association to:

1. Initiate and participate in multi-sectoral formations in their respective localities, specifically constituted to call for the abolition of all forms of pork barrel, and account all those who are perceived to be involved in the large scale larceny of public funds.
2. Initiate and participate in the pursuit of collective political action, such as petition signing, noise barrage and rallies, etc., designed to pressure government officials, both local and national, to act accordingly in order to abolish the pork barrel system, and investigate and prosecute those involved in the abuse in the use of public funds, to include but not limited to the following:

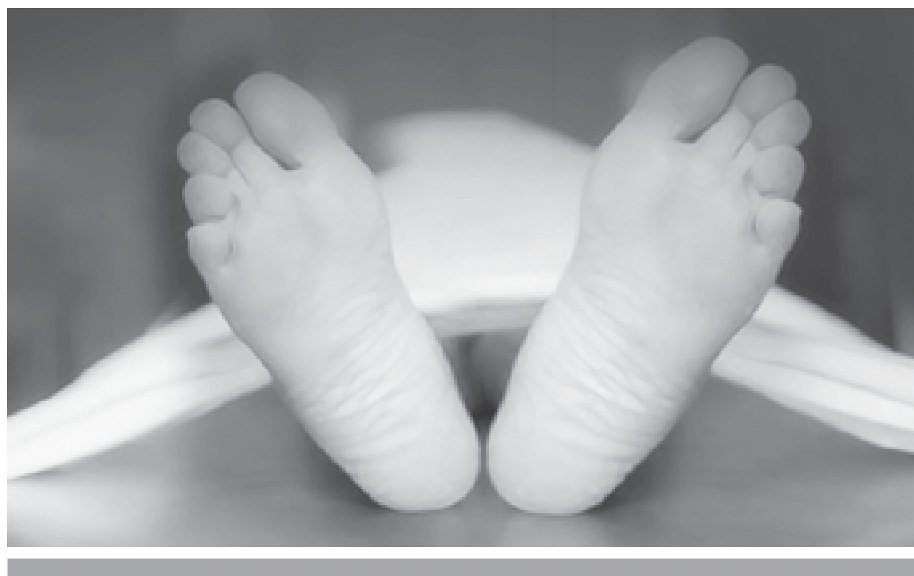
    a. Pressure the government of President Benigno Simeon Aquino to walk the talk on line-item budgeting by totally eliminating lump sum appropriations in the General Appropriations Act starting in 2014 and fully identify the specific projects and programs and the corresponding allocated amount in all government agencies.
    b. Eliminate off-budget items in the GAA and include these items in the GAA such as the Malampaya Fund, PAGCOR and PCSO remittances, use of the Road Users tax and even the appropriations for debt servicing.
    c. Stop the Disbursement Acceleration Program or any forms of unauthorized realignment of funds in the government that renders the supposedly “check and balance” between the Legislative and the Executive inutile and ineffective.
    d. Develop programs that will promote community health and ensure public health services are reaching the poor sector of our society
    e. Increase and directly allocate funds for public hospitals, and create additional public health facilities, ensuring at least one health center for every barangay.
    f. Create positions so that every barangay health center and public school clinic has a nurse who is justly compensated to deliver quality primary health care. Nurses are an effective partner towards building a strong and healthy nation.
    g. Push for legislations and health policies that will address needed reforms to achieve the goals of Universal Health Care and allot needed funds for basic social services.

Resolved finally, that copies of this resolution be furnished to all members of the Board of Governors, Executive Committee, Departments, Committees, Chapters and all registered members of the association, for their information and guidance.

Nurses' Voice from the Field

DRESSING A DEAD MAN[1]

Randelle Ian D. Sasa, RN, MAN[2]



Today, I had a truly unique experience... that is, dressing a dead man.

Being a Burn Nurse in a large hospital in the third world, it is not uncommon for me to encounter the most horrific and dehumanizing burn injuries that are unimaginable for most people. However, today's experience is particularly different, basing on the overall "feel" of what transpired.

Meet Jeremiah (not his real name)... a 27-year old married man and a father of one, who recently suffered flame injuries in 90% of his body owing to an accident in the firecracker factory where he works. Seeing Jeremiah's damaged body totally negates the idea of most Filipinos that firecrackers on special occasions drive away evil spirits and bring about luck. His eyes are bloodshot and can barely be closed owing to burnt eyelids. He has a breathing tube connected to a ventilator, inasmuch as he cannot breathe alone; and, he has a feeding tube which is the only safe way for him to eat. His skin has no semblance of humanity whatsoever—deep injuries look off-white and feel like leather, whereas superficial ones look like exposed flesh. And of course, there's the stench of injured flesh and wound secretions, which can only be made worse by bacteria and debris.

Five days ago, Jeremiah's heart stopped, and a code was called for 13 minutes. Luckily, he was revived, but everyone in the medical team knew that his luck won't last long. Burn injuries of this extent have very slim chances of improving, since the treatment ultimately requires harvesting skin from one's own body and transplanting it in the areas where there was heavy damage. In Jeremiah's case, there simply isn't any skin left to harvest. And, it's only a matter of time before some gruesome infection will easily make its way through the damaged skin.

---

[1] *I wrote this story last year for purposes of sharing on a social networking site and found that many of those who have read were moved. I wish to share this story to the rest of the nursing community, as I feel that there are valuable lessons that can be learned. The story is real, but the names stated are intentionally changed for anonymity.*

[2] ***Randelle Ian Sasa** graduated with his Bachelor of Science in Nursing degree from the University of the Philippines Manila and his Masters of Art in Nursing degree from the Pamantasan ng Lungsod ng Maynila. He has seven years of teaching under his belt, being a former faculty member of Far Eastern University in Manila from 2005 to 2009, and a Nursing review lecturer and consultant for both Philippine Board Exams and NCLEX/ CGFNS review programs in various Nursing review centers nationwide. He has recently resigned as a critical care nurse in the Surgical Intensive Care Unit of the UP-Philippine General Hospital and is now working in Lincoln Park Care Center, a skilled Nursing facility in New Jersey, USA.*

PHILIPPINE NURSES ASSOCIATION, INC.

Today marked his fourteenth day after the injury, and today, his next-of-kin signed Do-Not-Resuscitate (DNR) orders. Since yesterday, he has been battling with low blood pressure owing to septic shock. His heart and lungs are trying their best to deliver oxygen to the system by beating fast and breathing fast, respectively—but their attempts are failing today. When I came in for the shift and learned about the DNR, I thought everything was going to be a breeze. I thought, "When his heart stops, I can sit prettily and allow the relatives to grieve." While in the nurses' station, I was even joking about discontinuing the dopamine drip and the mechanical ventilator to see if he's just being sustained by these medical devices.

But the moment I stepped into Jeremiah's room, I felt a sudden rush of sadness. It's as if the room is sympathizing with Jeremiah's ailing body, and departing spirit. After checking on him and giving his medications, I fed him generously inasmuch as I myself do not want to die hungry.

The next hour, I dressed his wounds and blessed them. I really felt like dressing a dead man. Jeremiah could no longer support not even his head, and so dressing him took triple the effort since the burden is deadweight. His smell grew from bad to worse, and I can't help but imagine putrefying flesh, especially that the family has not been able to support the expensive antibiotics that his condition requires.

As this is a case of a dying patient, our dressing has changed as well. Normally, we would cut strips of gauze to cover fingers separately to avoid contractures and webbed hands/ feet—but this time, we wrapped the hands and feet as a unit. The dressing looked so different—and since we wrapped most of the body, Jeremiah looked mummified in the impeccably white gauze. In the melancholy of the ICU room where we were, I felt as if I was one of those who dressed the corpse of Jesus when he was brought in his tomb.

Right after finishing the dressing, his ventilator alarms went on. Jeremiah was going into apnea (absence of spontaneous breathing), his BP plummeted to 60/40 mmHG, and his O2 saturation went down to 84%. I knew it was time. And so I called his wife and the next-of-kin present to be at the bedside. And the drama began.

Contrary to the idea that I'll sit prettily while the relatives grieve, I was pretty busy while the patient was unstable. I was monitoring his vital signs almost every 5 minutes; I had to tell the physicians about the patient's condition; and I had to care for the family who were grieving. I specifically asked them to talk to the patient, inasmuch as the sense of hearing is quite acute even at the end-of-life.

The doctor ordered to start a fluid challenge, and while doing so, I heard the wife talking, "Lumaban ka Pa, lumaban ka!" *(Dad, fight!)* I felt that it was awkward for her to say that, considering that she signed a DNR order. But I had to shrug it off for the moment and focus at the tasks at hand. But what really amazed me was the patient's resolve to hold up and cling on to life. It was around 10AM when the apneic episodes began, but I was still able to endorse the patient to the afternoon shift nurse—alive but unstable.

After my shift, I opted to stay a little longer in the area, and a little chit-chat from the Nursing attendant rang a bell. The NA told me that the wife still whispers *"Lumaban ka, lumaban ka"* to her husband. It has been 5 hours since the apneic episodes began, and the patient visibly looks devoid of all energy. I felt it was quite unselfish for the wife not to let go, and so I decided to step in.

I asked the wife what she understands about her husband's current state, and she answered that Jeremiah is just waiting for his time. And so I told her that she needs to be supportive of her husband's departing and not to burden him with earthly concerns by whispering *"Lumaban ka!"* I showed her how exhausted his husband is, and how he tried to cling on to every remaining breath. (The patient was gasping for breath, using all accessory muscles for breathing he can). I finally told her the value of letting go, to give her husband peace of mind.

The wife went back in to Jeremiah's room after our pep talk. I heard her say, *"Pa, magpahinga ka na."* (Dad, take your rest.) Soon enough, the patient's vital signs dropped. Less than an hour afterwhich, and he was pronounced dead by the resident physician.

In this memorable duty, I appreciated more the power of human will. I saw how Jeremiah fought for his life if only to satisfy his wife's request to do so. I learned that earthy concerns tie the soul into the mortal body, and even if the body is failing (or an inch away from death), the soul will find ways to hold on. And so, what the dying needs is reassurance and love—without which, passing away would be a burden.

May Jeremiah be in God's embrace for eternity.

GUIDELINES FOR AUTHORS

The Philippine Journal of Nursing is the official publication of the Philippine Nurses Association published biannually. It considers original articles written for Filipino nurses at all levels of the health care organization and in various settings. The Philippine Journal of Nursing will serve as:

1. Venue for the publication of scientific and research papers in the areas of Nursing practice and Nursing education;
2. Source of updates on policies and standards relevant to Nursing practice and Nursing education, and
3. Medium for collegial interactions among nurses to promote professional growth.

The Philippine Journal of Nursing invites original research and scientific papers, full text or abstract, written by registered nurses on different areas of nursing practice, including but not limited to clinical, community, administration, and education. If you are interested in submitting a manuscript for possible publication, please review the submission requirements below.

Manuscript Preparation and Submission

1. Manuscripts are voluntary contributions submitted for exclusive review for publication in the PJN. Manuscripts containing original materials 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.
2. Authors submit their manuscripts for consideration by the PJN with the understanding that their work may be submitted to a plagiarism detection software at the discretion of the Editorial Board to ensure originality of the work submitted.
3. 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

1. The PJN follows the Publication Manual of the American Psychological Association (APA) 6th edition with respect to manuscript preparation. Authors are encouraged to refer to the manual, whenever possible. Alternatively, the following internet resource may be used: Angeli, E., Wagner, J., Lawrick, E., Moore, K., Anderson, M., Soderlund, L., & Brizee, A. (2010, May 5). *General format*. Retrieved from http://owl.english.purdue.edu/owl/resource/560/01/
2. 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 the PNA Office at 1663 Benitez St., Manila, Philippines or sent through e-mail: ***philippinenursesassociation@yahoo.com.ph***
3. Manuscripts should be 12 font, double-spaced with standard margins (about 1 inch). Fancy typefaces, italics, underlining and blooding should not be used except as prescribed in the APA 6th edition 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. Manuscript titles should not exceed 15 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 coauthors.

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, ethics review board approval, 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 is still required but the organizing construct may be stated instead of a design.

Key words

A few 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
- Methodology and Methods
- Findings
- Discussion
- Conclusions

The text should indicate the characteristics of the setting in which the study was conducted. 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.

Systematic Reviews

Authors considering to submit a systematic review must adhere to the PRISMA Statement. Such submissions must be accompanied by a PRISMA 2009 Checklist. Further information about the PRISMA Statement and the PRISMA 2009 Checklist can be obtained from the following link:

PRISMA. (n.d.) *The PRISMA statement*. Retrieved from http://www.prisma-statement.org/statement.htm

References

Authors must adhere to APA 6th edition 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 on the topic.

Tables and figures/photos

1. 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.
2. 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. Art work, photographs, and other materials submitted with the manuscript are accepted with the understanding that the author/s has/have copyrights over these materials, and this must be explicitly indicated in the cover letter when the author/s submit their manuscript for consideration in the PJN.

Time for Review, Decision and Production

1. The average time from manuscript submission to the author's receipt of the editor's decision about publication is approximately 3 months. During that time, each manuscript undergoes rigorous double-blind peer review. During this period, peer reviewers may request additional information including but not limited to electronic copies of raw data for the purpose of verifying and gaining a better understanding of the manuscript. Such requests will be within the limits allowed by standard ethical guidelines.
2. The editor's pending decision are
   a. accept, with editing to follow immediately;
   b. accept, 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 for further consideration; and
   d. rejected.
3. 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.
4. All manuscripts are edited and copyedited before they are sent to the printed. The corresponding author receives page proofs for approval before publication. However, the Editorial Board is not responsible for editing work for English concerns.
5. 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.
6. All accepted manuscripts are subject to editing.
7. Authors will receive a complimentary copy of the issue in which their respective articles appear.

PEER REVIEWERS

CARMENCITA M. ABAQUIN, PhD, RN
ARACELI O. BALABAGNO, PhD, RN
TERESITA I. BARCELO, PhD, RN
ALAN BARNARD, RN, BA, MA, PhD
ROSANA GRACE B. BELO, EdD, RN
SHEILA R. BONITO, PhD, RN
ANNABELLE R. BORROMEO, , PhD, RN
HELEN M. BRADLEY, PhD, RM, RN
IRMA C. BUSTAMANTE, PhD, RN
EDWARD VENZON CRUZ, RN, BN, MEM, MScN
CARMELITA C. DIVINAGRACIA, PhD, RN
LETTY G. KUAN, EdD, RN
RUSTY L. FRANCISCO, EdD, RN
THOMAS S. HARDING, PhD, RN
MILABEL E. HO, EdD, RN
LETICIA S. LANTICAN, PhD, RN
MILA DELIA M. LLANES, PhD, RN
ROZZANO C. LOCSIN, PhD, RN
FELY MARILYN E. LORENZO, DrPH, RN
ARACELI S. MAGLAYA, PhD, RN
JOSEFINA A. TUAZON, DrPH, RN
DEOGRACIA M. VALDERRAMA, PhD, RN
PHOEBE D. WILLIAMS, PhD, RN

EDITORIAL BOARD

Erlinda Castro-Palaganas, PhD, RN
Editor-in-Chief

Members
Cora A. Añonuevo, PhD, RN
Cecilia M. Laurente, PhD, RN

Editorial Assistant
Eleanor M. Nolasco, RN

Circulation Manager
Angela S. Peñas, RN

Cover Design and Layout
Raul DC. Quetua

CALL FOR PAPERS

the PJN January-June 2014 issue:
Theme: ***"Care, Competence, Compassion and Nursing"***

BOARD OF GOVERNORS 2013

- **NEIL M. MARTIN**, MAN, MBE, RN
  Chairperson
  Governor, Region X
- **FLORDELIZA R. BOBILES**, RN, MAN
  Corporate Secretary
  Governor, Region I
- **NOEL C. CADETE**, RN, MAN
  National President
  Governor, Region VI
- **MILA DELIA M. LLANES,** PhD, RN
  Vice President for Programs
  & Development
  Governor, NCR Zone 6
- **ROGER P. TONG-AN**, RN, MAN
  Vice President for Finance
  Governor, Region XI
- **MABEL C. SAN JUAN,** RN, MBAH
  Treasurer
  Governor, NCR Zones 4 & 5
- **GLORIA G. ALMARIEGO**, RN, MAN
  Governor, NCR Zone 1
- **FRED B. RUIZ,** PhD, RN
  Govenor, NCR Zone 2
- **EDWARD B. MALZAN,** EdD, RN
  Govenor, NCR Zone 3
- **LOLITA T. ORACION**, RN, MAN
  Governor, CAR
- **AGNES R. ANTONIO,** RN, MSN
  Governor, Region II
- **EDELMIRA S. BAJACAN**, RN, MAN
  Governor, Region III
- **ARIEL V. PABELONIA,** RN, MSN
  Governor, Region IV
- **DARWIN B. BLANZA,** RN, MN, PhD
  Governor, Region V
- **JULIUS C. DAÑO**, RN, MPHC, MaEd
  Governor, Region VII
- **ELNORA C. QUEBEC**, RN, RM, MAN
  Governor, Region VIII
- **NERISSA H. ALONSO,** RN, MAN
  Governor, Region IX
- **LODAR D. ESCOBILLO,** RN, MAN
  Governor, Region XII
- **JEMIMAH L. BRINGAS,** RN, MAN
  Governor, CARAGA
- **MINDAMORA U. MUTIN,** RN, PhD
  Governor, ARMM

PHILIPPINE NURSES ASSOCIATION, INC.
1663 F.T. Benitez Street, Malate, Manila 3004 • Telephone Nos: 521-0937, 400-4430 / Telefax 525-1596
Email: ***philippinenursesassociation@yahoo.com.ph***

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

PHILIPPINE NURSES ASSOCIATION, INC.
1663 F.T. Benitez Street, Malate, Manila 3004
www.pna-ph.org