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Adventures of **NURSING RESEARCH**





Philippine Nurses Association, Inc.

VISION

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

MISSION

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

CORE VALUES

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

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Adventures of Nursing Research

Nurses are often involved in various adventures of nursing research - from the initial conception until when the research is put into practice. In the process, nurses have many stories to share as they bring concrete and on-the-ground perspective to research studies. Pleasant or not so pleasant experiences in nursing research make nurses proud of their role in advancing knowledge about human health.

Adventures in nursing research aren't new, even with evidence-based practice. We know for a fact that modern nursing was founded by an epidemiologist and health services researcher, Florence Nightingale. We find her also an excellent statistician, famous for her statistical documentation of mortality during the Crimean War. With the data she collected, she highlighted the evidence that more soldiers died from infection than from battle. Thus, she advocated for improved hygiene procedures to reduce the mortality rates.

Today, such adventures of thought to the adventures of action, aim to improve and/or transform nursing practice, health care systems and practice. Nurse researchers focus on issues, concerns and strategies to address the most pressing global health care problems, such as the leading causes of morbidity and mortality as well as the social determinants that breeds such health conditions. We have recognized the need for improving the health of people who are vulnerable due to disparities in health care and other personal and contextual factors.

However diverse may be are our research interests, we still remain steadfast in our commitment to better health for all people. This is reflected in our various adventures in quantitative, qualitative and outcomes research focused on the effectiveness and cost-effectiveness of health care interventions, global health, and dissemination, evidence-based practice, and health policy. For instance, Dr. Serafica and Dr. Lane's literature review on dietary acculturation among Asian-Americans shows the need for nurses to understand that Asian American patients, despite some degree of acculturation after residing in the US for many years, have retained their dietary practices. They encourage nurse researchers to take on further research

adventures "in examining important variables to food choices and better understanding of the influence of traditional health beliefs and social and environmental factors on the dietary practices of Asian immigrants".

Dr. Bluhm's "Nursing Research and Innovation for Patient Safety" present some health care improvements in the US aimed at saving patients' lives. Patient safety is a critical issue of health care especially with "the high rate of modern day health care-related deaths due to medical error and other sentinel events". Changes in the health care system ensued. The evidence-based innovative strategies on improving teamwork and delivery of care have been shown to improve patient outcomes. Thus, she posits challenges and recommendations for international adaptations. The article provides exciting insights for nurses to launch several adventures in nursing research.

Dr. Paquiz adventures as a nurse leader-researcher-advocate-manager calls for the need for nurses to be united. In her bid for a political seat in Congress as she leads Ang Nars, a party list, she calls for "One Profession, One Voice." These adventures gave her the highest award a nurse can receive, the AGT award. Many challenges await as she goes through a political adventure. Sharing the limelight is Ms. Relativo, the first to occupy a place in the PNA's Hall for being an exemplary role-model or "huwaran" for the "ordinary nurse" serving in any community setting. Both nurse leaders and members continue to inspire their colleagues and young nurses.

The adventures of students and faculty of the University of Sto. Tomas College of nursing led by Dr. Mila Llanes in the Gyeongju University, South Korea, reflects a convergence of culture, technology nature and a wide-range of learning experiences. Locally, Gov. Martin captures the adventures of our national, regional a local PNA leaders as they responded to disaster is heartwarming. There is much to be done in the state of disaster preparedness and response but working collaboratively with other sectors indeed makes a difference to people's lives. Capturing these experiences more systematically is a research adventure worth pursuing.

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PRESIDENT'S *Message*

Greetings of peace to all members of the PNA Family! My special kudos to the Publication Committee for again coming up with up this new labor of love for the nursing profession: "Adventures of Nursing Research"!

After the successful conduct of our 90th Founding Anniversary and Annual Convention last October 2012 at the Manila Hotel, we continue to turn new pages of the PNA's colorful story. We have become more inspired towards equity and access to health care. We are now surging ahead! One of the indications is the advances in nursing research in the Philippines.

Nursing research, as we all know is a practice profession, thus research is essential to develop and refine knowledge that can be used to improve clinical practice. Nurses therefore are both consumers and producers of nursing research that provides evidence used to support nursing practices. Nursing, as an evidence-based area of practice, has been developing since the time of Florence Nightingale to the present day, where many nurses now work as researchers based in universities as well as in various health care settings.

A nurse researcher conducts inquiry and critical thinking about situations and problems affecting nurses and the nursing profession. In doing such, he/she goes beyond what already exists and even develops various ways of doing or making things. Clinical expertise and scientific problem-solving technique contributes a lot in formalizing a study, not to mention the patience and discipline needed to undergo the study.

As I have always advocated, let us continue to utilize and promote nursing research. We should not tire being curious and asking questions. Let us always provide venues and opportunities for nursing minds to enhance their competency in nursing research and to strengthen their passion for the profession. Let us keep the intellectual curiosity, creativity, critical thinking and intellectual integrity as we compassionately serve humanity and actively shape the future of nursing with compassion.

Enjoy our adventures ahead! *Mabuhay tayong lahat!*

NOEL C. CADETE, RN, MAN
National President

A Literature Review of Dietary Acculturation in Asian Americans



Reimund Serafica, PhD, RN



Susan Lane, PhD, RN



Abstract

The overall goal of this literature review is to promote a better understanding of the construct of dietary acculturation in recent years and how it affects the dietary intake of Asian-American population. Four databases were searched simultaneously: Cumulative Index of Nursing and Allied Health Literature, Medline, Pub Medical, and Journals at OVID. The key terms used in the search were Asian-Americans, dietary practices, eating habits, and dietary acculturation. A total of seven articles were relevant and met the inclusion criteria. The findings from these studies of dietary acculturation in Asian Americans are generally in agreement with other dietary acculturation research conducted in non-Asian population samples. These results suggest that immigrants who have adapted to the US lifestyle are more likely to adopt a Western dietary pattern, while those who immigrate at an older age or live in metropolitan areas where traditional foods are available and affordable are more likely to maintain traditional dietary patterns. Although the studies presented in this literature review represent the recent researches conducted in Asian populations in the US, the research in dietary acculturation remains sparse. Nurses need to understand that although their Asian American patients may have resided in the US for many years and may have demonstrated some degree

of acculturation, may retain some of their traditional dietary practices at the same time. Nurse researchers can capitalize on further studies in examining important variables to Western food choices and better understanding of the influence of traditional health beliefs, pre-migration factors, and social and environmental influences on the dietary practices of Asian immigrants.

Key Words: *Asian Americans, dietary practices, eating habits, and dietary acculturation*

Introduction

One of the Healthy People 2020 goals is to target risk factors for disease in special populations (United States Department of Health and Human Services, 2010). The Asian American populations is one of the fastest growing and most diverse in United States (US). A challenge facing health professionals in the US is providing effective dietary care and education to the increasingly diverse population. Analysis of dietary patterns has recently drawn a great deal of attention as a method of investigating the role of foods in studies of chronic diseases among Asian Americans (Wu et al., 1996; Pierce et al., 2007; Schultz, Spindler, & Josephson, 1994.)

Immigrants bring a rich cultural heritage to the host (or adopted) country with dramatically different beliefs, values, and customs. However, immigration to a new country can represent a substantial shift in a person's lifestyle and environment, and these changes can result in rapid modifications in chronic disease risk. For instance, Ziegler et al. (1993) reported that Asian American female migrants who had lived in the Western US for a decade or longer had an 80% risk of breast cancer than more recent immigrants. These changes in disease incidence can be largely accounted for by changes in disease factors (Ziegler et al., 1993; Sandquist & Winkleby, 2000).

For example, US born Japanese American women have considerably higher body fat than immigrant Japanese American women (Satia-Abouta, Patterson, Kristal, The, & Tu, 2002). Araneta et al. (2006) reported that when standard definitions of obesity were applied in their western adoption and lifestyle study utilizing Filipino women with hyperglycemia and type 2 diabetes, 20.1% of Filipino women in Hawaii were classified obese compared to just 5.2% of Filipino women in the Philippines. Overall, the evidence from studies indicates that exposure to Western lifestyles increases risks of several major chronic diseases in migrants to the US.

Numerous changes can occur with immigration, including access to health care, physical activity, and diet. In particular, adoption of diets high in fat and low in fruits and vegetables is of concern because this dietary pattern is a risk factor for several major chronic conditions (Satia-Abouta et al., 2002; Liou & Contento, 2001). Thus, it is imperative to understand the process by which immigrants adopt the dietary practices of the host country and identify the factors that predispose and enable it to occur.

Increasing numbers of Asian Americans residing in the US intensify a challenge for health professionals because data about food habits, nutrition knowledge/attitudes, and physical traits of Asian Americans are not only limited but also frequently confounded by being either nativity or gender specific (Schultz, Spindler, & Josephson, 1994). Asian Americans are culturally and linguistically diverse and therefore present a distinct challenge when it comes to assessing their dietary patterns (Lv & Cason, 2004). Furthermore, each Asian group has traditional food habits that may differ substantially from the typical American diet.

Background

Dietary acculturation definition. Dietary acculturation refers to the process that occurs when members of a minority group adopt the eating patterns and food choices of the host country (Negy & Woods, 1992; Satia et al., 2001). For example, dietary acculturation for a hypertensive Korean American can be characterized by increased consumption of American food, and fast food, and eating away from home more often than native Koreans (Kim, Lee, Ahn, Bowen, & Lee, 2007). The host group may also adopt some of the foods and dietary practices of the minority group, as evidenced by the popularity of ethnic supermarkets and restaurants throughout most of the United States (Satia-Abouta, et al., 2002).

Dietary acculturation is multidimensional, dynamic, and complex and does not appear to be a simple process in which a person moves linearly from one end of acculturation continuum (traditional) to the other (acculturated) (Berry, 1980; Szapocznik & Kurtines, 1980; Sadowsky & Plake, 1991; Negy & Woods, 1992; Satia et al. 2001). Additional research indicates that as a part of the acculturation process, immigrants may find new ways to use traditional foods, exclude other foods, and/ or consume new foods (Satia et al., 2001; Otero-Sabogal, Sabogal, Perez-Stable, & Hiatt, 1995; Satia et al., 2000; Yang & Fox, 1979; Lee, Sobal, & Frongillo, 1999; Pan, Dixon, & Huffman, 1999; Raj, Ganganna, & Bowering, 1999). For instance, among many Asian Americans, rice remains an important dish; however, cereal, sandwiches, and milk may replace other traditional foods (Satia et al., 2000; Yang & Fox, 1979; Lee, Sobal, & Frongillo, 1999). Immigrants may also incorporate the foods available in the host country in preparing traditional meals. For example, the first generation Chinese Americans in Nebraska reported that they used canned US vegetables for preparation of Chinese dishes (Yang & Fox, 1979). Some studies have also shown that recent immigrants are more likely to be Westernized (Satia et al., 2000; Raj, Ganganna, & Bowering, 1999). Finally, some immigrants may fully adopt the dietary patterns of the host country (Satia-Abouta et al., 2002).

Dietary acculturation can result in healthy and unhealthy dietary changes. For example, Japanese Americans, who were more acculturated to a Western lifestyle, were found to be more frequent consumers of

cheese, salty snacks, and soft drinks that can be considered unhealthy (Pierce et al., 2007), whereas consumption of fewer highly saturated fats is a healthy change. Thus, not all dietary changes associated with acculturation are necessarily detrimental.

Purposes

The overall goal of this literature review is to promote a better understanding of the construct of dietary acculturation in recent years and how it affects dietary intake of Asian American population. Therefore, this review presents (a) measures of acculturation and (b) most recent studies on dietary acculturation in Asian Americans living in US.

Methods

Four databases were searched simultaneously: Cumulative Index of Nursing and Allied Health Literature, Medline, Pub Medical, and Journals at OVID. The key terms used in the search were: Asian Americans, dietary practices, eating habits, and dietary acculturation. Criteria for inclusion were (a) peer-reviewed articles and (b) articles published in English. Criteria for exclusion were (a) books and chapters, (b) dissertations, (c) editorials, and (d) opinion essays. Articles were examined for method, design, purpose, sample, and findings.

Types of Articles Reviewed

Of the (N=7) articles included in this review, the majority (n=6) were quantitative studies.

Measures of Acculturation

Most commonly used acculturation scales and indices have been developed and validated in social science and psychological research, and some have been applied to studies examining dietary behavior (Shannon, Kristal, Curry, & Beresford, 1997). It is beyond the scope of this paper to provide exhaustive or all previous measures of acculturation, thus, the discussion will be limited to few scales which are representative of the whole that pertains to Asian American populations.

According to Satia et al. (2000), there are three major approaches to measuring dietary acculturation in the literature: single item measures of general acculturation, acculturation scales, and food-based assessments.

Single item measures. Single item measures are quiet general since they focus on items such as length of residence in the host country, language proficiency, generation level and so forth. Since these items may

generate a general assessment of acculturation, they may not provide the kind of specific information needed for designing health-promotion programs such as dietary interventions and education programs. Most single item measures studies found were conducted in Hispanic populations. For example, Evenson, Sarmiento, and Ayala (2004) measured acculturation through language abilities, length of residence in the US, and age when the person arrived in the US. Values and beliefs of the participants in this study and their country of origin were measured separately as cultural intrapersonal and contextual factors.

In studies conducted by Brown et al. (2002) and Lin, Bermudez, and Tucker (2003), language preference was the only variable used to measure the Hispanic immigrants' acculturation. One isolated study was conducted in Asian population. Huang et al. (1996) utilized three single item measures: place of birth (Japan vs. Hawaii), number of total years lived in Japan, and self-reported current diet type (Oriental or mixed vs. Western) were used to estimate acculturation and prevalence of diabetes among Japanese American men in Hawaii. The results of this study indicated evidence of associations between acculturation and diabetes. Japanese-American men who lived in Japan for 10 years or longer and those who consumed an Oriental diet had the lowest prevalence of diabetes. Further, Japanese-American men who tended to retain a more Japanese lifestyle were less likely to have diabetes.

Acculturation scales. Acculturation scales are considerably more comprehensive and measure several facets of exposure to host country and may misclassify a person's level of acculturation, however, specific dietary acculturation indicators are typically omitted with these scales (Satia-Abouta & Neuhouser, 2002). Further, most of these scales were validated against single item measures and demographic characteristics.

A Short Acculturation Scale for Filipino Americans (ASASFA) is a validated cross-cultural measure that determines a Filipino American's level of acculturation (Dela Cruz & Galang, 2008). ASASFA was adapted from A Short Acculturation Scale for Hispanics (ASASH) developed by Marin et al (1987). ASASFA is similar to the original ASASH that consists of 12 items. The scale is drawn from cultural awareness and ethnic loyalty, that specifically measure three factors or dimensions on a five-point Likert-type scale: a) use and preference for specific language in a number of settings and activities, b) use of and preference for media language (TV and

radio programs), and c) ethnic preference in social relations (Dela Cruz, Padilla, & Butts, 1998). As reported by Dela Cruz, Padilla, and Agustin (2000), the validity in both ASASFA language versions generated a correlation of .85 ($p < .001$) and an overall Cronbach's alpha coefficient for internal consistency of .85. The findings provided supporting evidence of the conceptual equivalence of this tool measuring cross-cultural validity.

The Suinn-Lew Asian Self-Identity Acculturation Scale (SL-ASIA) is a widely used acculturation measure of people from Asian or with an Asian American background (Suinn, Rickard-Figueroa, Lew, & Vigil, 1987; Suinn, Ahuna, & Khoo, 1992). The SL-ASIA has 21 items that measure language, ethnic identity, friendship choices, behaviors, generational and geographic history,

and attitudes. Suinn et al. (1987) reported an alpha coefficient of .88 for the 21 items. In more recent study, a reliability coefficient of .91 has been reported (Suinn et al., 1992). The scale has demonstrated good reliability with different Asian American groups such as Chinese, Japanese, Korean, and Vietnamese Americans (Nguyen, 2008).

Dietary Acculturation in Asian Americans

Recent studies of dietary acculturation were done in some Asian populations: Korean Americans, Chinese immigrants in North America, Japanese Americans, and Thais in the US (Kim, Lee, Ahn, Bowen, & Lee, 2007; Satia et al., 2001; Pierce et al., 2007; Sukalakamala & Brittin, 2006; LV & Cason, 2004; Franzen & Smith, 2009 & Lewis Glaspy, 1975.). The summary of these recent studies and approaches are shown in **Table 1**.

Table 1. Summary of Review of Literature

Author	Design	Sample	Specific Population	Purpose	Findings
Kim et al. (2007)	Quantitative	N=398	Korean Americans	To compare dietary pattern and dietary quality	No statistically significant differences; both positive and negative dietary patterns were demonstrated related to hypertension for participants in the study
Pierce et al. (2007)	Quantitative	N=636	Japanese Americans (2 nd and 3 rd generation)	To determine dietary acculturation patterns using confirmatory factor analysis	The 2 nd generation had significantly higher average factor score for the Japanese food and significantly lower average factor score for the Western food as compared to the 3 rd generation.
Satia et al. (2001)	Quantitative	N=244	Chinese American Women (in US and Canada)	To test two dietary acculturation scales measuring Western and Chinese eating behaviors	Women with high scores on the Western scale reported higher fat dietary behaviors and increased consumption of fruits and vegetables.
Lv and Cason (2004)	Quantitative	N=399	Chinese American	To measure dietary patterns and its relationship with demographic characteristics and acculturation factors	Higher education and higher income levels were associated with larger consumption and frequency of grains, vegetables and fruits. Participants with reported longer acculturations periods reported greater increase in the consumption of vegetables, fats, sweets, and beverages.
Sukalakamala and Brittin (2006)	Quantitative	N=60	Thai Americans	To investigate the food practices, preferences, changes, and acculturation patterns	Food preferences included convenience foods such as Chinese take-out and Western fast food. Changes in food habits included skipping meals.
Franzen and Smith (2009)	Qualitative	N=65	Hmong Americans	To explore how acculturation and environmental change impact dietary habits through group interviews	Themes identified included food insecurity history, influenced post migration food behaviors, and increased BMI.
Lewis and Glaspy (1975)	Quantitative	N=42	Young Filipino American Women	To study food habits and intakes	The daily caloric intake was higher with twice as many calories coming from protein and three times as many from fat as compared to intakes when living in the Philippines.

Korean-Americans. Kim, Lee, Ahn, Bowen, and Lee (2007) conducted a study to describe the dietary acculturation of hypertensive and normotensive Korean Americans ($n=199$) and Native Korean ($n=199$) by comparing dietary pattern and diet quality. Dietary pattern was measured by consumption frequency of Korean, American, and common food, and eating outside the home. Diet quality was measured by the revised version of the Diet Quality Index (DQI). The researchers sought to elucidate the potential contribution of dietary acculturation to disease processes such as hypertension. Koreans who immigrated to the US showed both positive and negative influences of dietary pattern and diet quality on hypertension. Hypertensive Korean Americans consumed fewer vegetables and fruits, and less sodium ($p < 0.05$) and potassium ($p < 0.05$) than hypertensive native Koreans. The tests were conducted to compare the DQI score, potassium and frequencies of consumed food items among the four groups. The study revealed that hypertensive Korean Americans consumed less rice with mixed grains and mix cooked vegetables than did their Native Korean counterparts ($p < 0.05$), and Korean Americans with and without hypertension consumed less *kimchi*, a Korean dish consisting of cabbage and seasoned with salt, red pepper, and spices and tends to be a salty and raw vegetable mix, than did their Native Korean counterparts ($p < 0.05$). No statistically significant differences were found between hypertensive and normotensive Korean Americans in dietary acculturation.

Japanese Americans. Pierce et al. (2007) hypothesized that dietary acculturation patterns could be measured by confirmatory factor analysis by using a culturally sensitive food-frequency questionnaire and testing for associations with diabetes and risk factors for diabetes- body mass index (BMI) and C-reactive protein (CRP). Japanese American's Nisei (second generation Japanese Americans) ($n=309$) and Sansei (third generation Japanese Americans) ($n=327$) were recruited for this study. A confirmatory factor analysis was conducted on the 5-item characteristics of a Japanese diet and the 4-item characteristics of a Western diet. The study confirmed the presence of Japanese and Western food factors. The Nisei had significantly higher average factor score for the Japanese food factor and significantly lower average factor score for the Western food factor than did the Sansei. Further, the Western food factor was significantly associated with plasma CRP

concentration ($p < 0.02$), BMI ($p < 0.02$), and diabetes ($p < 0.001$) among the Sansei. The study also showed statistically significant differences between Japanese Americans' generations which support the hypothesis that these scores reflect dietary patterns that are a part of the acculturation process.

Chinese Americans in Seattle and Vancouver. Satia et al. (2001) developed simple scales to measure a Chinese immigrant women's ($n=244$) adoption of Western eating patterns. Two scales were developed: Western Dietary Acculturation Scale and the Chinese Dietary Acculturation Scale, measuring Western and Chinese eating behavior respectively. Although the population in this study was a less acculturated sample, most respondents reported some Western dietary practices, such as drinking milk, eating cheese, eating at Western fast food restaurants, and eating between meals. The younger and educated women in the sample employed outside the home had the highest Western dietary acculturation scores ($p < .001$). Women with high scores on the Western scale reported higher fat-dietary behaviors and had increased fruit and vegetable intake since immigration compared to those with lower scores ($p < .001$). The results also yielded good agreement between the dietary acculturation scales and traditional acculturation indicators ($p < .001$).

Chinese Americans in Pennsylvania. Lv and Cason (2004) surveyed a convenience sample of first generation Chinese Americans living in Pennsylvania ($n = 399$) about dietary patterns and its relationship with demographic characteristics and acculturation factors. Acculturation was measured using three acculturation indicators: a) length of residency in the US, b) English proficiency, and c) number of congenial American friends. Chinese Americans increased consumption frequency of all seven food groups (grains, vegetables, fruits, meat/meat alternatives, dairy products, fats/sweets, and beverages) and Western foods while consumption frequency of traditional Chinese foods decreased after 10 years of immigration ($t_{398} = -11.298$; $p < .001$). Higher education and higher income levels were associated with a larger consumption frequency of grains, vegetables, and fruits. Participants who resided in the US for a longer period of time-shared a greater increase in their consumption frequencies of vegetables, fats/sweets, and beverages. Chinese Americans with better English proficiency had a greater increase in their consumption frequency of grains, fruits, meat/meat alternatives, and fats/sweets. No

significant relationships exist between the consumption frequency increase of dairy products, fats, sweets, and beverages and the demographic variables ($p < 0.05$). Further, the number of congenial American friends was not associated with the consumption frequency increase in any food group ($p < 0.05$). Consumption frequency increase of dairy products was not associated with any acculturation indicators ($p < 0.05$).

Thai Americans. Sukalakamala and Brittin (2006) investigated the food practices, changes, preferences, and acculturation of Thais ($n=60$) in the US. The questionnaire used in the survey includes food frequency and preference list of 111 foods categorized in six groups, including beverages and Thai mixed dishes. Changes in general food practices after moving to the US from Thailand were: number of daily meals decreased and breakfast and lunch times were later ($p < .01$); more people skipped meals ($p < .01$), snack consumption changed from Thai dessert and tea to sweet and salty items, fruit juice, and soft drinks ($p < .05$). Food eaten outside the home changed from Thai to American and Chinese ($p < .01$). Changes in food consumption frequency between living in the US and living in Thailand ($p < .05$) were increased consumption of American foods, and decreased consumption of Thai foods. Consumption frequency in the US and liking were positively correlated ($p < .05$) for the majority of foods. Of 111 foods listed on the questionnaire, consumption frequency decreased significantly for 29 Thai foods and increased significantly for 33 American foods and total milk food group. Acculturation was positively correlated with consumption frequency of seven American foods and liking of 20 American foods. Acculturation was also negatively correlated with consumption frequency of nine Thai foods and liking of two Thai foods. In comparing the consumption frequency totals for food groups with the Food Guide Pyramid, the respondents in this study indicated that they have adequate intake of vegetables and fruits and a non significant increased in consuming total fats, oils, and sweets.

Hmong Americans. Franzen and Smith (2009) explored how acculturation and environmental change impact dietary habits among adult Hmong in the US through focus group interviews ($n=65$). Acculturation was assessed by examining linguistic, social, eating behavior, length of time in the US and BMI. Years lived in the US was correlated with food assistance usage, education, household size and income, and perception of diet. Participants who were born in Thailand and Laos

who had more than five years were on average overweight ($BMI > 25 < 30$) whereas, the US born male participants were obese (mean $BMI=29.1$). Themes identified were cultural values impact eating and lifestyle behaviors, and food insecurity history influences post migration behavior. Environmental changes and increased acculturation have negatively impacted the weight and health of Hmong adults in the US.

Filipino Americans. Lewis and Glaspy (1975) studied food habits and nutrient intakes of young Filipino American women ($n=42$) who migrated to Los Angeles in California. Although rice, fish, and vegetable diet were retained as part of their diet in the US, a large number of women in this study reported eating more green leafy vegetables and consuming more fruits and fruit juices. It was also reported that the daily caloric intake of the participants was higher with twice as many calories coming from protein and three times as many from fat as compared to their intakes when they were in the Philippines. Although this study is dated, it revealed the adaptation to American diet by the participants after living in the US for 10 years were inevitable.

Findings

The findings from these studies of dietary acculturation in Asian Americans are generally in agreement with other dietary acculturation research conducted in non Asian population samples (Brown et al., 2002; Deyo, Diehl, & Hazuda, 1985; Lin, Bermudez, & Tucker, 2003; Mainous, Diaz, & Geesey, 2008; Negy & Woods, 1992; Marin et al., 1987). Specifically these results suggest that immigrants who have adapted to the US lifestyle are more likely to adopt a Western dietary pattern, while those who immigrate at an older age or live in metropolitan areas where traditional foods are available and affordable are more likely to maintain traditional dietary patterns.

Since hypertension has been associated with high sodium intake in Koreans (Lee, Park, Yoo, & Ahn, 1995), the results of decreased sodium consumption by the sample in Lee's (2007) study reflect a favorable aspect of the dietary acculturation of Korean Americans in the US. However, the decrease in consumption of vegetables, fruits, and potassium also reflects the detrimental effects of acculturation. Bazzano et al. (2001) revealed that low dietary potassium intake is associated with increased risk of stroke. One possible explanation for lower level of potassium in Korean Americans could be that they had more difficulty in the US finding traditional

Korean vegetable dishes that are rich in potassium, especially if they did not live in neighborhoods with Korean grocery stores (Kim, Lee, Ahn, Bowen, & Lee, 2007).

It is interesting to note that Western acculturated respondents reported both an increase in fruit and vegetable intake after immigration and practiced higher fat dietary behavior in the study by Satia et al. (2001) on Chinese women living in North America. The finding of increased fruit and vegetable intake differs from other published data (Whittemore, Wu-Williams, & Lee, 1990; Lee et al., 1994) which generally show higher vegetable consumption in China than in North America, even among people of Chinese descent. There are a couple of possible explanations for this finding. High fruit and vegetable intake with increase acculturation may be associated with higher socioeconomic status, which may provide more exposure to nutrition education messages in English. Another explanation may be that more acculturated respondents have incorporated new foods into their diets, such as fruit juices, while retaining some traditional food items, such as green leafy vegetables. The findings also differ from what is typically seen in studies in Western populations, in which high education and income correlate with decrease in fat intake (Neuhouser, Kristal, & Patterson, 1999; Patterson, Kristal, & White, 1996).

Pierce et al. (2007) presented that the consumption of a diet rich in Western foods is significantly associated with plasma CRP concentration, BMI, and diabetes status in the Sansei generation but not in the Nisei generation is consistent with the findings by Kudo, Falciglia, & Couch (2000). The Sansei subjects, who presumably were more acculturated to a Western lifestyle, were more frequent consumers of cheese, salty snacks, and soft drinks than were the Nisei. Further, Pierces' study also yielded statistically significant differences in scores between generations which support the hypothesis that these scores reflect dietary patterns that are part of the acculturation process.

Sukalakamala and Brittin's (2006) food frequency consumption results among Thais are in keeping with other studies (Pan, Dixon, Himburg, & Huffman, 1999; Lee, Sobal, & Frongillo, 1999) and are not unforeseen: some Thai foods may not have been available and American foods that are widely available are also generally less expensive and more affordable (Satia et al., 2000). Although concern has been expressed that immigrants in the US may adopt diets high in fats and low

in fruits and vegetables (Satia-Abouta et al., 2002), this study suggested that this particular Thai immigrant population had not adopted such diet. In as much as the population had maintained frequent consumption of vegetables and fruits and had not significantly increased consumption frequency of total fats, oils, and sweets.

Discussions

The measurement of dietary acculturation has been a focus of many researchers, and several scales have been developed and are in use in practice as indicated by the recent studies in Asian populations. As cited by Satia et al. (2000), single item acculturation indices, acculturation scales, and food-based measures are applicable to dietary acculturation research and should be included in nutrition studies of immigrant populations. In addition, methodological work is needed to design instruments that accurately measure the various steps in the process of acculturation.

The two food-based measures are food list and dietary acculturation scales which according to Satia et al. (2000) represent the more comprehensive assessment as they assess dietary acculturation of immigrants by measuring their eating patterns. Thus, it assesses the outcome of dietary acculturation such as the adoption of the dietary patterns of the host country, maintenance of traditional eating patterns, or both.

One particular population that has never studied and not found in this literature search is the dietary acculturation of Filipino Americans in the US. Based on the 2010 US census, Filipino Americans constitute the second largest Asian American group at 2,555,923 in US, second to Chinese Americans (United States Census, 2011). Although, Aruguete et al. (2007) examined the relationship between eating and US acculturation of Filipino American children ($n=69$) living in an isolated Hawaiian island, the study centered on eating pathology as measured by body dissatisfaction, self-esteem, perfectionism, and family cohesion. Further, the study only represents acculturation as a predictor to eating disturbances.

To date, no dietary acculturation measure specific to Filipino Americans exist. Such measure is needed in clinical practice given the growing body of evidence supporting the influence of dietary pattern changes to chronic diseases, obesity, and other unhealthy lifestyle modifications of immigrants and ethnic cultural groups, and the dramatic demographic trends in the Filipino

American population. De La Cruz et al. (2002) reported that the higher incidence of diabetes among Filipino Americans and the presence of risk factors for coronary heart disease, such as hypercholesteremia and hypertension, compared with those of Caucasians have been demonstrated. The data revealed from this report illustrate the need for further investigation into factors such as dietary intake and changes in food habits to these health issues of Filipino Americans.

Conclusions and Implication for Nursing Practice

Although the studies presented in this literature review represent the recent researches conducted in Asian populations in the US, the research in dietary acculturation remains sparse. Nurses need to understand that although their Asian American patients may have resided in the US for many years and have demonstrate some degree of acculturation, they still retain some of their traditional dietary practices. Nurses can incorporate elements that are congruent with their Asian client's cultural practices. The traditional diet of vegetables and fruits can be reinforced along with the inclusion of healthy modification and reduction of fat and sugar-rich food.

Nurse researchers can capitalize on further studies in examining important variables to food choices and better understanding of the influence of traditional health beliefs and social and environmental factors on the dietary practices of Asian immigrants. Research is needed to determine the decision making behaviors that influence dietary acculturation in these populations. Such efforts should not simply focus on changes in diet but on the multitude of social factors and other influences that precipitate those changes. Consideration of the motives that influence food choice allows for a more complete and realistic standard of food needs including physiological, cultural, and emotional factors. Furthermore, nutrition related interventions targeted to Asian immigrants should be evaluated for cultural and social relevance. Finally, more emphasis needs to be focused to other less studied Asian populations such as the Filipino immigrants and explore the possibility of conducting qualitative or formative research which includes pre-migration dietary practices in order to identify other variables related to dietary practices in the US.

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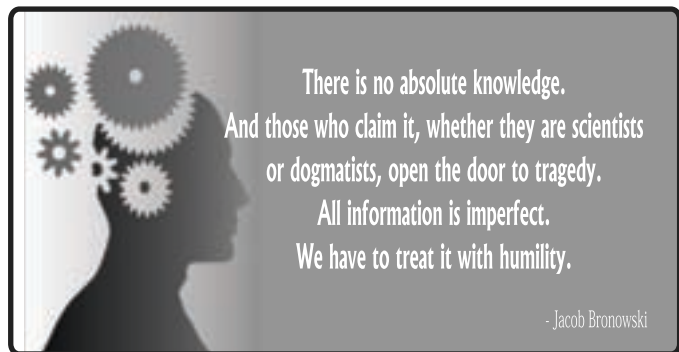
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There is no absolute knowledge.
 And those who claim it, whether they are scientists
 or dogmatists, open the door to tragedy.
 All information is imperfect.
 We have to treat it with humility.

- Jacob Bronowski

Nursing Research and Innovation for Patient Safety



M. Danet Lapiz-Bluhm, PhD, RN¹

The 1999 United States (US) Institute of Medicine (IOM) report highlighted that up to 98,000 individuals die each year as a result of medical errors (Kohn, Corrigan & Donaldson 1999; CQHC-Institute of Medicine 2001). This report spurred initiatives to improve the health care system. As key members of the healthcare team, nurses are challenged to advocate for and lead improvements in the quality of patient care. Nurses are key players in driving these innovations as leaders or members of the interprofessional health care team. Its strong historical foundation and evolution as an evidence-based profession, nursing is at the crux, as a profession, to improve patient care and save lives. This paper aims to present some health care improvements in the US aimed at saving patients' lives. Recommendations are put forward for adaptation in the Philippine setting.

Model for nursing research and innovation: Nightingale

As the founder of modern nursing, Florence Nightingale (May 12, 1820-August 13, 1910) came into prominence while serving as a nurse during the

Crimean War (http://www.newworldencyclopedia.org/entry/Florence_Nightingale). In 1854, she arrived in Scutari (modern day Uskudar, Istanbul) where 4,077 soldiers died. Soldiers in hospital in Scutari were ten times more likely to die from illness such as typhus, typhoid, fever, cholera and dysentery than from battle wounds. Nightingale and 38 volunteer nurses cleaned the hospital and re-organized care. Sanitation and improvement in ventilation dramatically reduced the death rate. When she returned to Britain, she began to collect evidence and found that most of the soldiers at the hospital were killed by poor sanitary conditions. Through subsequent advocacy and attention to the sanitary design of hospitals, she reduced deaths in the Army during peacetime. Patient advocacy and sanitation were foundations of nursing at her nursing school at St. Thomas Hospital, London (now part of King's College London) in 1960.

With data acquired during the Crimean War as well as from other hospitals, Nightingale pioneered a novel visual presentation, which made information and statistics more understandable to her audience. She demonstrated how trained nurses

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contributed to the care of patients. She also published work that would disseminate medical knowledge, including to those with poor reading comprehension. In 1960, she published *Notes on Nursing*, which has served as the cornerstone of the curriculum at several nursing schools, including the Nightingale School. *Notes on Nursing* also sold well to the general public and is still considered a classic introduction to nursing. Nightingale's lasting contribution had founded and set high standards for the nursing profession, with importance placed upon high quality and evidence-based patient care. Modern day nurses should continue to uphold this standard for safe patient care.

**Innovation for Patient Safety:
Institute for Healthcare Improvement**

Much like the death statistics during the Crimean War, the high rate of modern day health care-related deaths due to medical error and other sentinel events spurred changes in the health care system. However, a growing national consensus among key stakeholders held that the rate of change was inadequate. In response to this, the Institute for Healthcare Improvement (IHI), a non-profit organization, launched the 100,000 Lives Campaign in December 2004. (McCannon, Schall, Calkins & Nazem, 2006). The campaign aimed to avoid 100,000 unnecessary deaths in US hospitals over the 18 months from January 2005 to June 2006. IHI engaged over 3,000 US hospitals (representing over 80% of total US hospital discharges) in this national initiative. The strategy was to encourage and help hospitals adopt six evidence-based interventions that are known to significantly reduce harm and death among patients when implemented reliably (see Table 1). These include deployment of rapid response teams to patients at risk of cardiac or respiratory arrest; delivery of reliable and evidence-based care for acute myocardial infarction; prevention of adverse drug events through drug reconciliation, including reliable documentation of changes in drug orders; prevention of central line infection, and prevention of ventilator-associated pneumonia. Details of these interventions are available on the IHI website (http://www.newworldencyclopedia.org/entry/Florence_Nightingale).

Table 1.
Interventions for the 100,000 Lives Campaign

Interventions
Deploy rapid response Teams at the first sign of patient decline
Deliver reliable, evidence-based care for acute myocardial infarction to prevent deaths from heart attack
Prevent adverse drug events (ADEs) by implementing medication reconciliation.
Prevent central line infections by implementing a series of interdependent, scientifically grounded steps called the "Central Line Bundle".
Prevent surgical site infections by reliably delivering the correct perioperative antibiotics at the proper time.
Prevent ventilator-associated pneumonia by implementing a series of interdependent, scientifically grounded steps including the "Ventilator Bundle".

Source: Mayer, et. Al, 2011

IHI surpassed their goal for the 100,000 Lives Campaign by saving 122,300 lives. It continues to promote, support and implement projects that accelerate the improvement of healthcare in the US and internationally. It then embarked on the 5 Million Lives Campaign, aimed at reducing levels of morbidity from adverse drug events and mortality from December 12, 2006-December 9, 2008. IHI and its partners in the Campaign encouraged hospitals and other health care providers to use interventions to reduce harms and deaths as shown in Table 2.

Table 2.
Interventions for the 5 Million Lives Campaign

Prevent pressure ulcers by reliably using science based guidelines for prevention of this serious and common complication
Reduce methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) infection through basic changes in infection control processes throughout the hospital
Prevent harm from high-alert medications starting with a focus on anticoagulants, sedatives, narcotics, and insulin
Reduce surgical complications by reliably implementing the changes in care recommended by the Surgical Care Improvement Project (SCIP)
Deliver reliable, evidence-based care for congestive heart failure to reduce readmission
Get boards on board by defining and spreading new and leveraged processes for hospitals Boards of Directors, so that they can become far more effective in accelerating the improvement of care

Source: <http://www.ihl.org/offerings/Initiatives/PastStrategicInitiatives/5MillionLivesCampaign/Pages/default.aspx>

Key to IHI's success is the creation of a national infrastructure that support the rapid improvements in health care. It also taps into its partnerships with hospitals and key stakeholders to sustain change. More importantly, through the IHI Open School for Health Professions, it provides free online courses by world-renowned faculty on quality improvement, patient safety, leadership, managing health care operations, patient- and family-centered care, and population health (<http://www.ihl.org/offerings/IHIOpenSchool/Courses/Pages/OSInTheCurriculum.aspx>).

IHI believes in engaging the next generation of leaders, i.e., health profession students. It recognizes that these students are not yet steeped in their profession's cultural norms and are thus uniquely positioned to spot opportunities for improvement in health care delivery. It formed an infrastructure for students to create local IHI chapters. These local chapters aim to bring students from different health profession programs together through a shared

interest in learning about improved patient care (<http://www.ihl.org/offerings/IHIOpenSchool/Chapters/Pages/default.aspx>). It also provides opportunities for members from around the world to connect and learn from each other. To date, there are only two IHI chapters in the Philippines: the University of Santo Tomas and Cagayan de Oro Polymedic General Hospitals.

Other than local chapters, IHI also funds innovations in education aimed at promoting education for quality improvement and patient safety. The University of Texas Health Science Center was a recipient of one of these grants. Through the funding, the faculty at the School of Medicine and the School of Nursing were able to initiate a pilot program for interprofessional quality and patient safety education (QPSIE) for medical and nursing students. With QPSIE, students learned about the national patient safety goals, strategies for teamwork through TeamSTEPPS™ (team Strategies and Tools to Enhance Performance and Patient Safety) and quality improvement (QI) tools. Also, students utilized the QI tools in mock case scenarios. Evaluations following QPSIE indicated that students interacted, learned, communicated and worked well in an interprofessional team setting. The overall feedback was quite positive. Students further showed significant improvement in scores in the RIPLS (Readiness for Interprofessional Learning Scale) following the course. The QPSIE has now been incorporated as part of the nursing and medical school curriculum. This course will hopefully equip students with the tools and skills to work well in an interprofessional team providing safe patient care.

Innovation for System Culture Change: TeamSTEPPS™

Analysis of health care-related sentinel events showed that over 65% of these were due to a breakdown in communication among healthcare team members (Kohn, Corrigan & Donaldson 1999; CQHC-Institute of Medicine 2001). This statistic highlights the need to provide training to improve team communication. One of the innovative programs in place is TeamSTEPPS (team Strategies and Tools to Enhance Performance and Patient Safety).

TeamSTEPPS™ is a systematic approach developed by the Department of Defense and the Agency for Healthcare Research and Quality (AHRQ) to integrate teamwork into practice (King, et al 2008 and Mayer, et.al 2011). It is an evidence-based teamwork system designed to improve the quality, safety and the efficiency of health care by improving communication and teamwork skills. TeamSTEPPS™ is based on four principles of leadership, communication, situation monitoring and mutual support among patient care practitioners, and is aimed at improving team knowledge, attitudes and performance. TeamSTEPPS recognizes that there are barriers towards provision of quality and safe care and this includes, but is not limited to, the hierarchical cultures of healthcare, lack of resources or information, ineffective communication, distraction, workload, fatigue and conventional thinking. TeamSTEPPS has developed tools to overcome these problems including, but not limited to, briefing, huddling, debriefing, communication tools, cross monitoring, leadership, feedback, advocacy, assertion, two challenge rule, and collaboration. These tools aim to achieve a shared mental model among healthcare team members as well as an attitude of mutual trust and team orientation to improve team performance. Following TeamSTEPPS, the team becomes more adaptable, accurate, productive, and efficient in providing safe care. Evidence for improvements in different health settings supports the use of TeamSTEPPS (King, et al 2008 and Mayer, et.al, 2011).

The US Department of Defense initially taught TeamSTEPPS at over 68 facilities, creating approximately 1,500 trainers/coaches, who have in turn trained over 5,000 staff members (<http://www.ihl.org/offerings/IHIOpenSchool/Chapters/Pages/default.aspx>). In November 2006, TeamSTEPPS resources were publicly released, whereby AHRQ began its effort to disseminate the program nationwide. A national infrastructure through collaborative efforts of several US agencies, academic centers, and health care networks was established to assure long-term sustainability. The UT Health Science Center at San Antonio provides yearly training for TeamSTEPPS trainers for faculty and clinicians. TeamSTEPPS-trained faculty championed for the incorporation of TeamSTEPPS into the nursing curriculum. This provides students a preparation to use TeamSTEPPS in the clinical setting.

Recommendations for the Philippines

Healthcare-related morbidity and mortality due to medical errors are not unique to the US. However, there seems to be no available data as to the prevalence of medical errors in the Philippines. This is not surprising as even the US finds it difficult to find exact estimates for these events due to the healthcare system's complex nature. Determining the incidence of errors in the Philippines' healthcare system would be a fascinating topic of research. In addition, Philippine education, healthcare and government entities are encouraged to explore and collaborate in adapting IHI interventions for preventing errors and avoiding care complications (see Tables 1 and 2). Philippine nurses and nurse leaders could lead this movement. The potential for student nurses to support this movement should be harnessed. Nursing education should also provide excellent preparation for students to work effectively as a part of an interprofessional team. Various relevant online courses and tools on the IHI and AHRQ websites should be utilized to enrich the nursing students' training and education.

Conclusions

Patient safety is a critical issue of health care. Evidence-based innovative strategies to improve teamwork and delivery of care have been shown to improve patient outcomes. International adaptations of these strategies are encouraged.

About the Author

Dr. Maria Danet Lapiz-Bluhm is an Assistant Professor at the School of Nursing (SON) University of Texas Health Science Center at San Antonio (UTHSCA). Her research and evidence based practice experiences on mental health spanned across the globe from the Philippines to Australia, Sweden, England, Denmark and the United States (US). Through merit scholarships, she completed her BSN from Cebu State College (now Cebu Normal University, Philippines), her BS and postgraduate Honours in Biomedical Sciences at the University of Queensland, Australia and her PhD at the University of Nottingham, England.

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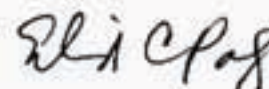
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EDITORIAL ... from page 1

Inspiring nurses towards health equity and access was the theme for the PNA's 90th Foundation Anniversary, 56th Nurses Week Celebration and Annual Convention. Ms. Nolasco poses the challenge for the nurses to "become truly a force committed to the ideals of health equity and access. By moving towards becoming a positive force for people's health, we uplift, if not restore, the dignity of the profession in a practice environment that serves to inspire instead of push us to apathy, alienation and disaffection from the noble purposes of nursing." To this end, the Council for Health and Development puts forth the advocacy to oppose and stop the privatization of public hospitals and health services as these are impediments to people's right to health. Health equity and access are among the greatest gaps and bottlenecks in the pursuit of health for all. These are challenging adventures worth pursuing.

This issue prides voices of nurses from three generations: The reflections of two nurse mentees, Ms. Ruth Thelma Tingda and Mr. Jude Tayaben, captures their adventures in a research mentor-mentee relationship. Research is a hands-on process and nothing beats the learnings while doing fieldwork. One adventure in research is connecting with nurse researchers and learn with them. Nothing beats praxis in research, more so when shared with a mentor. Mr. Evangelista is a young nurse whose research experience in attending an international research conference is aptly captured in his article "Research Metanoia". As he processed his insights from all the presentations, he asserts that his curiosity was "ignited to give research a chance and learning that doing a research study implied maturity and critical analysis" and that the possibility of being "forever changed" when people "embrace research" and not merely view research as a laborious set of tasks. This is a great challenge from a newly graduated nurse who has taken on the adventure of research early in his career.

We take on the various challenges posed by our colleagues as we continue to travel to one of the roads least taken in nursing. There are good and not so good adventures, but still, it is worth taking on the journey. And soon we will find that nursing research is after all part and parcel of what we do everyday as we confront realities of our profession. The adventures of nursing research moves on...



ERLINDA CASTRO-PALAGANAS, RN, PhD

Dr. Leah Primitiva Paquiz: *One Profession, One Voice*



Jerwin C. Evangelista, RN



Erlinda Castro-Palaganas, PhD, RN



With her motherly demeanor and indomitable strength, we were more than enamored to hear her speak up on issues and concerns surrounding the nursing community. When she welcomed us into her office, it was an organized mess. Papers littered the room. Flyers and posters were cluttered at our feet. Stamp pads crowded her desks. And her office smelled strongly of advocacy.

Dr. Paquiz is the founding president of the organization and the former National President of the Philippine Nursing Association. She is also known for her achievements; her advocacies, especially, which made her deserving of the Anastacia Giron-Tupas Award – one of the most prestigious awards in the

nursing community. She can truly be described as a dedicated individual, relentlessly fighting for everything that matters to her: her principles and the nurses.

On Her Advocacy

ANG NARS, an organization founded in 2008, envisions itself as the *vanguard for the rights of nurses towards sustained policy actions by 2015*. This year, ANG NARS strives to become a party list in order to have a seat in the congress. From here on, ANG NARS' goal is to find a voice to address and support the plight of the nurses and the health profession. Dr. Paquiz tells us that their *main platform is to create plantilla positions, with the goal nasana yung recruitment of health*

professionals sa ating bansa ay maayos. Kasi ANG NARS hindi lang naman 'yan para sa mga nurses, they are also for the health workers kasi kapag nandun kanaman sa congress, ang gagawin mo na, para sa lahat ng mga health workers. Siyempre isasama mo lahat. Lahat naman ng healthcare workers ay api rin. You would rally organizations with one goal: to improve the health situation of the country.

ANG NARS claims to be working with a conviction: all for the welfare of the nurses. Some of the issues tackled by the organization include: exploitation, quality nursing education, illegal recruitment, and pushing for the salary grade 15 for nurses. These issues have been persistent and ANG NARS is adamant to address these problems. In line with this, Dr. Leah Paquiz then bravely responds to some of the health sector's biggest problems.

Punto Por Punto: Addressing The Problems

When asked about migration and its consequences, Dr. Paquiz explained her perspective on migration and weighed in on the importance of Filipino Nationalism and advocating for Migrant Rights. She recalled her time as a migrant-worker in the United States and described the feelings as maddening and crazy and eagerly awaited for the expiration of her contract so she can go home. *America is such a different place, she added.*

The focus of ANG NARS is beyond the local vicinity: it extends to the nurses abroad. *Marami diyan, umaalis – na hindi gusto yung mga conditions at hindi sila prepared or pupunta sila doon tapos wala silang experience...at gusto natin tulungan din sila.*

She claims that *the issue of migration should be a choice... a real choice for every professional.* She emphasized the importance of teaching the value of nationalism in the academe. She goes out to address the entire Filipino community that *we, the Filipinos are the only citizens of our country. Sino pa ba ang maglilingkod sa bansa kundi tayo.*

She mentions that as far as ethical recruitment is concerned, there should be employer-employee relationship. There should be salary, there should be benefits and there should be security of tenure. *Yun*

ang ethical recruitment para sa akin. At tamang salary ah – hindi yung katulad ng nangyayari ngayon, yung salary grade 15 natin, hindi ibinibigay nang tama. Ang pananaw ko dito, papaano ka magtatanggol ng mga nurse mo abroad eh api din sila dito? Although mas magandang alangang suweldo nila, pero api din lahat ng mga iyan eh.

She cited several examples of migrant exploitation among them, the case of Sentosa 27 and the struggles of OFWs in Japan. She stated that many of our brethren are abused around the globe. According to her, the government or the health sector should see to it that proper ethical recruitment be implemented in the country. In this way, people can see that issues are addressed and that they have a government that they can rely on.

Still discussing the exploitation of nurses, Dr. Paquiz delved into the issue on volunteerism. In 2007, Republic Act 9418 (the Volunteer Act of 2007) was passed, stating that volunteerism shall be promoted in the country as a form of service, and “shall rekindle in every Filipino the time-honored tradition of bayanihan to foster social justice, solidarity and sustainable development.” In line with this, the Philippine National Volunteer Service Coordinating Agency (PNVSCA) was created in order to oversee the implementation of the act.

According to Dr. Paquiz, volunteerism per se is good and that nurses should really volunteer. *Talaga naman dapat na tayo ay nagvovolunteer. Kasi ako, alam naman nating lahat dito, 'pag yung pasyente mo hindi mo pa tapos, hindi ka pa umaalis. Hindi natin iniwan, lalo na kapag mamamatay yung pasyente, malala or bagong admit, or bagong opera.*

So what exactly is the problem? Along with her team, she was adamant about what seems to be the epidemic of false volunteerism. *Ang pinunto namin doon, walang problema yung volunteerism, kasi may office ang volunteerism eh. Mayroong volunteerism office ang gobyerno. Buti hindi nila itinuloy ito, kasi nga naging vehement kami dito – kasiang PNA gagawin nilang center for volunteerism.* This is exactly when she started questioning whether it was approved by the BON. *Tapos doon daw magpapaalam*

ang mga ospital – everybody ah – kasama na lahat, clinics, lahat, private public and they would decide kung magkano ang ibibigay nila or kung anuman – bibigyan ka ng pamasaha, pagkain – basta gagawin nila ang PNA bilang center nito.

The problem lies in the fact that PNA is not supposed to be the center of volunteerism. PNA is for the welfare of nurses who need to have their voices heard. Now it seems that volunteerism will soon impact the nursing community negatively. She stresses these issues of the nursing community, such as the difficulty of applying for a job while volunteering, and other problems that need to be addressed immediately.

Another is the nurse-certification program. The nurse-certification program of the Department of Health (DOH) is a debatable issue concerning the nursing community. The Philippine Regulatory Commission and the Board of Nursing continue to question the Department's purpose in creating the program. Dr. Leah Paquiz gives her own stand about this issue and voices her doubts about nurse-certification programs. *Ang idea nila [DOH] ay yung mga nurses nila ay bibigyan nila ng training. May mga specialty. May kinuha silang mga organizations. So hindi ko pa siya nakikita pero ang nakakalungkot hindi lahat [ng mga organizations] kinuha nila... However, the DOH is not a certification agency/body. It therefore begs the question, as to whether is it just for you to earn money?*

She goes on to say that, *Dapat magpapaalam kayo sa BON. Kasi kapag certification or specialty pa 'yan, kahit ano pang sabihin mo, dapat dadaan yan sa CHED or sa BON kasi sila yung magpaplano. Okay lang sa akin magkaroon ng specialty ang beginning registered nurses dun sa area na yun. Pero kapag nag-gain kana ng experience at nag-aralkanang Master's [Degree Program] dun papasokang specialty, di ba yun ang ating plano. So yun, sinulatan ko talaga ang BON."*

These certificates can be used as added credentials for migration. However, for Dr. Paquiz, these programs, such as the ACLS/BLS trainings are a waste of money. They can even be a source of misinformation for newly-registered nurses.

Talking about the advocacies and platform of ANG NARS going head to head with the contractualization of health workers, her eyes lit up. *Oo, bumaba nga ang platform namin sa trend nila na gagawin nilang contractual ang mga tao. Pero ang problema kasi diyan sa contractualization, papatayin din niyan ang union. Dahil kung hindi ka regular employee, hindi ka pwede sa union.* She recognizes this difficulty and calls attention to doing something as soon as possible to address this issue.

As the former President of the PNA

Dr. Leah Paquiz talked about her time as the National President of the Philippine Nursing Association (PNA) from 2007-2008. She also gave critical opinions on the current state of the association and how to address certain problems and issues in the PNA.

She first discussed how the financial resources of the association can be used for the welfare of the nurses. *With the 56 million under PNA, there's much to do. PNA has all the money. May maganda pa tayong buildings. Pwede pang ipagawa yun na high rise, di ba? Pero bakit hindi gamitin sa mga kapihan ngayon. If they can just create a certain department para tignan ang bawat conditions ng welfare, maggawang office, tignan talaga kung anong condition ng mga nurse, di ba? Dapat ang PNA ang gagawa nito habang wala pang pera yung partylist. Don't preserve the money para lumaki. Di bale kung gamitin naman – kumpara naman sa ganito, bakit hindi tayo kumilos, di ba?*

She also talked to us about the issue on working as a full-time employee of the association and what it entails, especially when you're the committee chairperson, the governor, or even the president. *Kailangan talaga [full time] hindi pwedeng hindi eh, kasi ang dami natin. Ang ano ko pa nga dun kailangan with salary ah. Kahit na isang taon ka diyan, full time with salary. Di kita pinagreresign. Mag-leave ka. Papayagan ka naman ng office mo eh. Kung gusto mo maging president, and that is a job that entails a lot. Suwelduhan ka ng tama. Mag-leave ka muna dun para hindi ka sumusuweldo dun. At paandarin mo yung organization.*

To achieve these, Dr. Paquiz called on for more responsible governors. PNA does its job well, of course; however, it is not easily manifested and felt by an ordinary nurse. The Board of Governors should take an active role. *Kailangan talaga buhayin na yung mga governors. Eh yan ang problema kahit nung panahon ko. May resolusyon... sa susunod na meeting, parang walang nangyari... They should really be active and concerned with what is going on. They should know, and be committed, Para sa welfare. Hindi ka naman naging governor to decide lang. dapat kumilos ka dun sa problema natin.*

And then she goes on to talk to us how she fell in love with nursing and got so passionate with the Philippine Nursing Association. When she was still in high school, Dr. Leah Paquiz read PJN pamphlets her mother received at home. She told us how she often read the articles and became quickly fascinated by the nurses and the profession. She said that PJN influences people deeply. Still, she pushes for a more relatable journal. *Ang laking effect ng PJN... Siguro kahit highly educational na yung PJN natin, meron sigurong isang page for members na kung saan nakalagay dun yung mga pinag-uuspan natin pati yung mga dapat nating gawin sa bawat level. Meron tayong disaster dapat organized na... meron nang mga seminars, training, etc.*

Anastacia Giron-Tupas Awardee

At this point of our deeply-engrossing discussion, Dr. Paquiz talks about the award she received, the Anastacia Giron-Tupas. She shares what the award means to her and how it helped her become a better person. *It is a monument recognizing me as a full-time President, with all the efforts that made the association strong and united. Furthermore, it is a blessing from God. I thank Him because He was with me, supporting me when I worked as a governor and president of the PNA serving the Filipino nurses.*

She boasts, still quite humbly, of the many achievements of PNA. *Marami tayong nagawa doon dati sa PNA. Ultimo yung mga pagpapaayos ng mga kailangan noon, tapos ngayon yung Licensed Practical Nursing... nilabas natin itong mga false volunteerism... it was during my time as the president of PNA nung inilabas natin ito... mga dapat nating harapin, sana ngayon din... tapos may mga nagsasabi pa na sana bumalik ako sa PNA. Sabi ko, hindi na kasi maraming leaders akong nakikita. Di bale kung wala. Pero ang sabi ko, bagong leaders ang dapat ma-develop.*

With the AGT Award under her name, she still untiringly pushes the plight of ANG NARS in its advocacies and recognizes that a person cannot please everyone. *Ang nakakatakot kasi, hihingi ka sa Diyos ng tulong kasi iisipin mo, anong gagawin mo dito? Kasi kawawa naman yung nurse, kawawa naman yung magulang. At marami ka talagang makakabangga. Parang ako nga, hindi rin lahat natutuwa sa akin. Pero meron din iba na gusto mabago yung situation. Pero maraming complacent. May suweldo na ako, tama na, bakit pa ako sasali diyan. Sarili lang. 'Di na iniisip yung ibang tao. 'Di na iniisip yung ibang nurse. Pero may legacy siya na dapat iwanan.*

Dr. Paquiz is aware of how difficult is, how huge and daunting their competitors are. She says half-jokingly, *Ang mga nurse talaga 'wag nalang suwelduhan 'yan. Parang ganun na lang yung perspective.* But declares, *Yung plataporma na ito, bumabangga siya sa maraming bagay.*

A Step Towards Unification and Leadership

When asked of her opinions on some of the biggest issues in the nursing profession, Dr. Leah Paquiz was an open book. While others struggled to find their voice, she simply stood up for what she believed in and obviously, also stood out. Finally, she answers probably the biggest question of all: where to go from here?

Dapat alam ng mga nurse na may ANG NARS partylist. Kapag nalaman nila, suporta sila. Pero hindi nila alam, yun ang problema. Marami sa mga nurses natin ang hindi nila alam na magkakaroon ng partylist. Ang nakakalungkot kasi, bakit ba tayo ang focus nila [government]? Bakit ang mga nurse? E di ba kumikita na kayo sa amin, nakakatipid pa kayo. Nakakaawa para sa mga bagong nurses. Later, sila na dapat ang maging leaders diyan. Kasi kung hindi sa panahon ko, sana may sumunod pa. Kasi ako kahit partylist kapag naayos na ito, pwede ka nang hindi sumali sa partylist. Basta hindi na api ang mga nurse.

We're a strong force, she says. There are plenty of nurses and if you look at it that way, we can even run the country. We can be leaders of our country. *Magsama-sama tayo baguhin natin ang bansa natin. In our small ways, kikilos tayo nang tama.*

Finally, her call: *ONE PROFESSIONAL VOICE. Sana magkaisa na tayo.*

Sorsogon Nurse is PNA's “Unang Gawad Huwarang Nars ng Bayan” Awardee



Eleanor M. Nolasco, RN



Gerelyne R. Reboroso, RN



The PNA opened a new “Hall” to give recognition and pay tribute to “nurse/s doing ordinary things in an extraordinary way while caring for individuals, families and communities.” Launched this year, the project “Gawad Huwarang Nars ng Bayan,” involved a search for a “registered nurse who has gone beyond performing his or her regular duties and responsibilities in providing service to others, (thus) creating a positive change among individuals, families, groups and communities”.

The minimum qualifications for nomination to said Award include being a “Filipino registered nurse with current PRC ID, a PNA member of good standing, morally upright with no pending legal or ethical case, with at least 3 years of professional practice and with significant contribution to the nursing profession and society.”

From among the chapter nominees, five made it to the shortlist. On top of their significant contribution to society and the profession, a crucial

criterion in the final judgment was the nurse's demonstration of the “5Cs of professional caring, namely, competence, commitment, compassion, confidence and conscience”; this comprised half of the total score.

In the end, adjudged most worthy and exemplary was the nominee endorsed by the PNA Sorsogon chapter, **Ms. Alice L. Relativo**. She became the recipient of the first or “Unang Gawad Huwarang Nars ng Bayan” 2012 in rites held during the 55th Nurses Week Convention, October 23, 2012 at the Manila Hotel. Currently the president of Sorsogon Puericulture Center this septuagenarian nurse must

know the secret to age-defiance as she continues to actively serve her constituents and community. Extraordinary indeed.

Just as outstanding were the four other nurse-nominees in the final list in random order. They were **Agnes Camacho** of the PNA Laguna chapter, chief nurse of Calamba Medical Center; **Jonathan L. de Castro**, also of PNA Laguna chapter, chief nurse, St. John the Baptist Hospital, Parian, Laguna; **Aurora P. Mancilla** of PNA chapter NCR Zone 2, House of Delegate, PNA; and, **Grace C. Rondilla** of PNA chapter NCR Zone 1, head nurse, UP PGH.

The panel of judges was composed of Sor Paz D. Marfori, PhD, 2010 PRC awardee, Outstanding Nurse Professional; Mr. Ryan J. Jobia, RN, manager, Community and Health Nursing Service – Philippine Red Cross; and Prof. Inocencia Ida S. Tionko, Chair, PNA Committee on Awards and Scholarships.



Alice L. Relativo:
Not an 'ordinary' "Huwarang Nars"

As recipient of the "Unang Gawad Huwarang Nars ng Bayan" 2012, Ms. Alice Relativo nee Laurio, distinguished nominee of PNA Sorsogon chapter, holds the distinction of being the first in the roster of "ordinary nurse/s doing extra-ordinary things". At almost 70, she could just be meandering through the twilight years of retirement, enjoying the company of her husband and seven accomplished children. But no, this nurse does not seem to be slowing down much less retiring from nursing practice that is the anchor of her civic involvements. As president of Sorsogon Puericulture Center, she has her hands full serving the needy constituents of the communities within her jurisdiction.

She's recognized for her initiative in establishing the Puericulture Learning Center in 1995, which up to this day, serves as an avenue to train and educate young people of Sorsogon about the rudiments of healthful living and social interaction.

From the very young to the very old who fall under the marginalized and vulnerable sectors, Ms. Relativo always has the extra time and resource to spare. As President of the Sorsogon Ladies of Charity, Inc. she's active in the management of a "Home for the Aged." As an officer of SHALOM Foundation (Sorsogon's Home for Abandoned Lost Orphans and Mendicants Foundation, Inc.) Ms. Relativo has put on her hat as nursing educator/organizer leading a literacy campaign on health and nutrition among indigent mothers and families.

Quite remarkably too, she has helped nurses, women fisherfolk and other economically disadvantaged women groups set up cooperatives to engage in viable and profitable ventures. Having skills and knowledge in this arena far from "nursing" and utilizing these to empower others especially the disadvantaged is not only extra-ordinary but exemplary as well by any standards.

Other institutions who acknowledged her contribution as a nurse-leader included the Girl Scouts of the Philippines (GSP) Sorsogon Council for her role as "Activity Coordinator in First Aid and Emergency Preparedness Activities during Encampments"; the Philippine National Red Cross, Sorsogon Chapter, as public health trainor; and, The Lewis College where as a TESDA-accredited Nursing Assistant, she collaborates in the practicum activities of the school's graduating students to enhance their chances for employment.

Adding dimension to her civic involvement is her deep devotion to the Catholic Church especially as a faithful parishioner of the *Sts. Peter and Paul Cathedral Parish* in Sorsogon where she engages in many a church ministry. And in the same token of *Our Lady of Fatima Parish*.

As the first to occupy a place in the PNA's Hall for (a) registered nurse "who has gone beyond performing his or 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" Ms. Alice L. Relativo is indeed an exemplary role-model or "huwaran" for the "ordinary nurse" serving in any community setting.

The Gyeongju University Experience: *A Convergence of Opulent Culture, Awesome Nature and Powerful Technology*



Mila Delia M. Llanes, PhD, RN¹

The Gyeongju University, located on sprawling lush hills, established in January 21, 1984, in Gyeongju, North Gyeongsang Province, South Korea.

It was a chilly evening in spring when we first set our foot on the grounds of Busan, South Korea last May 2, 2012. We were received with warmth and joy by our host, Professor Larry Chong, the Executive Adviser to the President of Gyeongju University (GU), his staff, and student nurses, who included three of those who had their Semester Abroad Program in the University of Santo Tomas in Manila last September to December 2011. It was indeed a joyful reunion of all sorts. The bus ride from Busan Airport to Gyeongju was smooth and took us a little more than an hour to reach our destination. On our way, Professor Larry Chong started his orientation about the history of the city of Gyeongju, South Korea. Gyeongju was formerly called Sorabol during the ancient times. At present, Gyeongju is designated by UNESCO as one of the world's ten most historical sites.

It was an uphill climb by foot to the White House, our transient home for the next two weeks. We were excited to meet two of our colleagues from the UST

College of Nursing, who were visiting professors of the Gyeongju University, Ms. Jaclyn Johnson and Ms. Joanne Libut. They oriented the students on the house rules and the schedule of activities for the next fourteen days. All the students looked so excited, albeit tired from the long flight and bus ride to Gyeongju.

The Five-Pronged Agenda

The program had a five-pronged agenda: 1) *observe the delivery of quality health care services to patients with varied types of clients and settings;* 2) *appreciate the varying cultural influences that affect the health care beliefs and practices of the people;* 3) *describe the varied alternative treatment modalities done in oriental medicine;* 4) *determine the utilization and integration of research findings through evidenced-based practice in the delivery of health care;* and 5) *analyse how information technology is implemented in various clinical settings.*

¹Dr. Mila Llanes is an Assistant Professor in the College of Nursing, University of Santo Tomas.

Quality Health Care

We visited two tertiary hospitals in two key cities of South Korea. The first hospital was Asan Medical Center in Seoul and the other was Gyeongsan Joongang Hospital in the city of Daegu.

Asan Medical Center is a 2680-bed capacity hospital founded by Asan, Chung Ju-Yung the founder of Hyundai Motors Company, Hyundai Heavy Industries and Hyundai Engineering and Construction Company. It is huge global medical complex that is the largest in the whole Korea. Its corporate motto is *Extraordinary passion with extraordinary care*. The vision of AMC is to be the “world's leader in organ transplant”, a medical hub for Asia, a center for medical breakthrough in developing new drug for translational research, and to nurture the next generation in leading health care. The multidisciplinary team is guided by their strong commitment to share the “hope to heal”. AMC takes pride in conducting many “firsts” in medical and surgical interventions and research both in Korea and in the world. Among these were the first percutaneous coronary intervention using a coronary stent in 1991, first liver transplant, world's first autologous stem-cell transplant using peripheral blood in 1993, the world's first discovery of the link between brain damage and zinc, Korea's first heart transplant and others. AMC has state-of-the-art facilities for patient care services. It has a Da Vinci Robot that has assisted 300 heart surgeries to date. AMC received numerous recognitions as the Most Admired Company in Korea, First in Global Customer Satisfaction Competency Index, First in Global Standards Management Award in Corporate Social Responsibility, to name a few.

Gyeongsan Joongang Hospital sits in an area of 2000 square meters and employs 2200 hospital staff. The hospital's motto is “Readiness to take care of any case, anytime.” This is symbolized by a helicopter on the roof deck of the hospital. Every day, the employees practice how to serve their patients; they are committed to be kind, to recognize the value of the human person, and are dedicated to offer the best of medical service. They cover all fields of patients' needs and they update their facilities and services every year. No less than the Chief Executive Officer and the Chief Nursing Officer welcomed us to the hospital and gave us a brief orientation on the hospital facilities and services. They showed us their newly acquired diagnostic equipment like the Vantage Atlas MRI, Non-

contrast MRI, Short Magnet, Pianissimo and MRI 28 ch@M-CT. Dr. Park Sung Joon, the Head of the Psychiatric Department briefed us with the services of the department. They have a total 150 psychiatric in-patients diagnosed to be either alcohol-dependent, with depression and bipolar disorder or dementia. We made a tour of their mental health and psychiatric nursing facility. It was surprising to know that one of the major causes of confinement is alcoholism and depression. After the tour, each one of us was given tokens of a specially designed hand towel for UST College of Nursing.

What is truly noteworthy in both hospitals' practice is how they value their patients and the welfare of the nurses they employ. The nurses follow a career path and they are given good compensation package and benefits. In fact, one whole building was constructed to house the nurse employees in Asan Medical Center.

Moreover, we were given the opportunity to have a plant visit to two major industrial companies: POSCO and Hyundai Heavy Industries in the city of Pohang. This gave us opportunities to actually observe the manufacturing of steel sheets used for manufacturing ships, cars, appliances, and construction materials. The students were able to observe global safety standards in the workplace. In both companies, adherence to global safety standards was evident.

Cultural Exposure

We attended classes in Korean culture, which was conducted by Prof. Sang-Ho-Han, PhD. Professor Han, who is proficient in the English language, having trained and worked in New York for more than one year, talked about Korea, its rich cultural tradition and the distinct practices of its people. Basic knowledge on conversational language was likewise discussed. Prof. Sang-Ho-Han even taught us how to sing a Korean folk song, the “Arirang”. Prof. Larry Chong discussed additional cultural information about Gyeongju and some historical facts about Korea.

We visited Yang Dong Folk Village, a traditional Korean village that showcases a prototype Korean community during the ancient times. Some architectural structure were truly authentic Korean designs mostly made of hard wood, though some were made of lighter structures used by villagers. Moreover, we went to see the Ban Wol Castle and the Sillah Garden, where we saw the tombs of some great

members of the monarchy of the Silla dynasty of Korea, the awesome spring flowers in beautiful landscape, as well as the Cheomseongdae Observatory Tower, an ancient tower used during earlier times. The observatory has the distinction of being one of the world's oldest observatories and also one of the well-preserved relics of the Silla kingdom.

We toured the National Arts Museum where we saw the Emillae Bell, another historic relic and the Bulguksa Temple to appreciate more the opulent culture of Korea.

Our experience in GU was capped with memories we will always fondly remember because of the warmth and generosity of GU President Soon-Ja Lee. She hosted a welcome dinner for us in a traditional Korean restaurant in Bo Mun Resort, where we were served authentic Korean cuisine. President Soon-Ja Lee also took us to another Korean restaurant for lunch near one the family-owned college, the Sorabol College. The President in more ways than one, demonstrated her being a servant leader in ensuring that we were comfortable and were enjoying our stay in Korea. I was taken by surprise when we were about to leave the restaurant, the President arranged my pair of shoes so it would be easy for me to wear them as we were about to leave the place. She is a very generous lady; she gave us precious gifts that would remind us of our stay in GU. Also, each of the students was assigned a Korean buddy, who served as a guide and companion during off hours.

The ultimate experience was when the President gave us the rare opportunity to wear the traditional costume of Korea, the *hanbok*. She even hired a famous hairdresser to ensure that we looked picture-perfect for the occasion.



Wearing the traditional Korean hanbok with Elizabeth D. Cortez, RN, MAN (second from left). With us are the GU Administrators led by President, Soon Professor Ja Lee, PhD (third from left).

Truly, President Soon-Ja Lee is one perfect leader who attends to the smallest detail of every activity we had with her.

Oriental Medicine

The session for Oriental Medicine was amazing. In the midst of the scientific medical breakthroughs, the need for the traditional or alternative healthcare had not stopped. A lecture-demonstration was conducted by Dr. Gene Healy, a specialist in Oriental Medicine. He discussed the need for the importance of balance and harmony in one's life, the yin and yang, about the 'chi' or energy, Thai



A lecture-demonstration class in Oriental Medicine conducted by Dr. Gene Healy.

massage, herbal medicine and acupuncture. He asked for volunteers for whom he can administer his acupuncture therapy. Some students volunteered to be his patients. When he asked for someone who was experiencing an illness or pain, I volunteered to be one of his patients since I was at that time feeling pain in my left shoulder. He examined my tongue to assess my state of health. He found me to be in pink condition, although am a little bit dehydrated. He punctured me with tiny needles in various parts of my hands, neck, head and leg. I did not feel any prick at all since the needles were so tiny. I felt so relaxed and even fell asleep during the treatment session. I got so relieved that I felt so rested and relieved of any discomfort in my body.

Evidenced Based Practice

The hospitals that we visited were replete with systems and practices that support the utilization of research findings and integrate these in their health services. Asan Medical Center takes pride in having a well-placed evidence-based practice in the whole hospital as well as in the nursing service. Asan Medical Center has a Clinical Research Unit, which is dedicated to multi-disciplinary cancer care and research. It facilitates a “one-stop” clinical research operation by gathering advanced research personnel on one floor.

We attended a research symposium hosted by the College of Nursing of Gyeongju University. Though the presentation was done in Korean language, the subtitles and the photos helped us decipher what the study was all about. My previous knowledge about the nature of Koreans is how they value their looks and so this prior knowledge was validated when two groups of students presented their study on the correlation of appearance management and self-esteem of male university students. Other studies were equally interesting, which included smart phone addiction, mental health, and knowledge on sex, drinking status, cognition and addiction among university students.

Information Technology

The information system facilities of Asan Medical Center are awesome. They use electronic medical records in all their patient care units. What struck us most were the electronic medicine dispensers that were available in strategic locations in the hospital that functions like an Automated Teller Machine. Upon consultation with the physician, the patient then

encodes the prescription in the electronic medicine dispenser then the machine dispenses the drug or drugs needed. In the Out-Patient Departments, the registration and queuing of patients is also done by the information system where the patient is assigned a Universal Patient Identification Number (UPIN). Furthermore, the barcode system is used among cancer patients to avert the incidence of medication errors. Privacy of patients is ensured by the use of password for each user.

Other Learning Opportunities

In celebration of the International Nurses Day, the group decided to conduct an outreach program to the Filipino community in Busan. We did health education on three diseases commonly experienced by the OFWs – hypertension, pneumonia and arthritis. This was attended by around 40 OFWs. Our students also entertained the participants with Filipino folk dance, the Malong dance and a song dance performance of “Pinoy Ako”. We were likewise brought to the APEC EXPO Center where the APEC Summit was held in 2005.



The Overseas Filipino Workers, who were the recipients of UST-PNA Nursing Mission during the International Nurses Day in Busan, South Korea.

Conclusion

As a whole, the program offered by Gyeongju University for our students, as well as for us, the supervising faculty was more than what we expected to attain. GU has proven to be sincere and diligent in its commitment to be our collaborative partner in providing global education for our students. The two-week engagement was truly brimming with experiences that are vital to our continuing competence as educators and at the same time enriched our capability to manage the external affairs of the College of Nursing.

PNA's 90th Foundation Anniversary, 56th Nurses Week Celebration and Annual Convention



Eleanor M. Nolasco, RN

Inspiring Nurses Towards Health Equity and Access: A Challenge

The Philippine Nurses Association celebrated its 90th Foundation Anniversary, 56th Nurses Week Celebration and Annual Convention on October 23 to 25, 2012 at the Manila Hotel, Manila with the theme, "Inspiring the Filipino Nursing Workforce Towards Equity and Access to Health Care".

Two important concepts, equity and access, stood as the goals toward which the enormous challenge to inspire the nurses were directed. Equity by itself is already an over-arching ideal that includes "fairness and justice on the matter of access to health care." Health equity that concerns disparities in the health conditions of people brought about by unequal therefore unjust and unfair economic and social conditions that concretely translate to "jobs, working conditions, education, housing, social inclusion and even power distribution," have a lot to do with the quality of life. In our country where more than half of the population live on the threshold of poverty, access to health care becomes a matter of life and death.

The intensifying health privatization makes access to health care even more difficult, costly and burdensome. Health care, a basic social service, is

becoming more of a privilege (if not an expensive commodity) rather than a fundamental right every Filipino should enjoy. But even as the state aggressively pushes for the privatization of health care under the Public Private Partnership or PPP program, the people's response has been to unite and galvanize their ranks against this direction. The PNA leadership has courageously aligned with the people's opposition to privatization in the course rightfully asserting the important role nurses play in promoting, protecting and upholding the people's right to health that is a state responsibility in the form of public service.

This daunting challenge begs the question, how do we inspire the nurse toward health equity and access? The answer may lie in the hands of our nursing leaders who are looked upon for an inspiring and inspired leadership. To be so, it is crucial that the PNA as the official representative of the nursing sector, is felt and seen as responsive to the needs and aspirations of the nursing masses while maintaining openness to and oneness with the legitimate struggles of the nurses on the ground. Presently, an intense issue breeding demoralization within the ranks of nurses is the rampant and widespread labor

PNA's *Way Forward* Post Typhoon Bopha "Pablo"



Neil M. Martin, MAN, MBE, RN



The GPP team: L-R: Neil M. Martin, Jealden G. Alamis, Faith Tangcalagan, Kris Dayle Mercado, Cindy Casanos, Telesforo Laplana, Charisse Clynne Fajardo, Arianne Quindoy, Joan Beth Sape, Samantha Jane Parejo, James Canete, Rowena Abundo (not in photo).

Philippine Nurses Association (PNA) geared up in mobilizing nurse responders from PNA Regions 10, 11, 12 and CARAGA a few days after typhoon Bopha 'Pablo' badly hit the Compostela Valley and Davao Oriental areas in Mindanao.

Typhoon 'Pablo' destroyed massive properties and livestock and displaced thousands while others were left dead and missing. PNA identified preparedness and disaster response capacities on Health, Mental Health and Psychosocial Support, Child Protection and Education clusters. Plan International (PI) as partner agency paved the way for PNA nurse responders into education in emergencies in pitch tents and transitory sites as Child Friendly Spaces, (CFS). Nurse responders facilitated psychosocial activities with children, adults and their parents. Under the leadership of Gov. Neil M. Martin¹, he organized the Psychosocial Team dubbed

as "PNA's Quadri-Bopha Disaster Response Collaboration". This initiative received support from Gov. Tong-an, Gov. Lodar and Gov. Bringas. The team drew inspiration from the support of Gov. Noel Cadete, PNA National President, and Dr. Sheila Bonito, Chairperson, PNA National Disaster Committee.

The PNA undertook several activities to make our presence felt and show that nurses care. Collaboratively, on December 19, 2012, PNA launched and implemented the Child Friendly Spaces in Compostela Municipality with the PI, Municipal Social Welfare and Development Office and the Local Government Unit. Forty (40) nurse responders were mobilized to facilitate the psychological activities for approximately 200 parents and 800 children (including those with special needs).

¹ Gov. Martin is the Governor for Region 10 and concurrently the National Chairperson of the PNA Board of Governors and the recipient of the World Society of Disaster Nursing 2012 Award given in Wales, United Kingdom.



DepEd Nurses and Officials in Region 11 with UNICEF Cluster Head, PNA Psychosocial Team: Angelo Go, Neil Martin, Michael Torrentira, Rowena Abundo and PNA Region 11 Governor Roger Tong-an.

The PNA assisted PI in facilitating the Group Psychosocial Processing (GPP) for 20 Day Care Workers in Compostela Valley on December 21, 2013. Gov. Martin with select facilitators from PNA Davao and General Santos City chapters was able to conduct GPP using the psychosocial processing framework introduced by World Association of Psychosocial Rehabilitation. The principles highlighted in the Inter-Agency Standing Committee (IASC) Guidelines were closely followed in the presence of the DSWD Manila Team. After the first session, the PNA Psychosocial Team² received invitations to conduct similar sessions for 21 women's organizations in Compostela Valley. The positive responses of the survivors and the outpouring of requests for the PNA to conduct Group Psychosocial Processing from local and international partners were truly inspiring and highly motivating for the team. Succeeding sessions were conducted with the women survivors in New Bataan evacuation sites.

With all these organizational involvements, Mr. Telesforo Laplana of PI shared that the Psychosocial Support Program intended for individuals and families found a partner in the PNA³. The program aims to increase the awareness of families on the impact of disasters such as that of Typhoon Pablo, on their

psychosocial well-being. It also provides pointers on managing the stress and distress experienced during the phenomenon.

While psychosocial activities were done, PNA through its nurse leaders were involved in inter-cluster collaborative meetings. This is where the value of networking and inter/intra-sectoral cooperation was put to test. Furthermore, UNICEF linked Gov. Martin to Region 11 DepEd in Region and served as resource speaker and head facilitator in the GPP held in Davao. The local PNA chapter assisted Gov. Martin in the two-day Psychosocial Intervention Training for School Health Personnel on December 29-30, 2012 held at the National Education Academy of the Philippines Leadership and Development Center. Forty (40) DepEd nurses coming from hard hit municipalities in Davao region participated in the said training.

PNA's advocacy, services and capacity building commitment to disaster preparedness and response remains a priority. This is in collaboration with the local government units and agencies including international humanitarian organizations. The PNA will ensure that its members and stakeholders equipped with the necessary knowledge, skills and attitudes for a relevant and comprehensive disaster nursing management.

² The GPP facilitators of PNA Davao City is led by Rowena Abundo, Vice President for Finance and Chairperson Disaster Response, PNA Davao City, with Angel Go, Michael Torrentira, and Naj Evangelista

³ Plan International covered the team's transportation, board and lodging expenses. The GPP team left the areas having endorsed critical findings to psychosocial facilitators on the ground for further management and follow through using proper referral mechanisms towards recovery and rehabilitation.

No To Privatization of Public Hospitals and Health Services! Assert the People's Right to Health!



A reprint from TAMBALAN the CBHP Newsletter, July-December 2012 issue.

Amidst the deteriorating health situation of the Filipino people and the continuing lack of public health facilities, the government's solution has been the privatization of public hospitals and health services. Privatization goes by various forms: outright sale, outsourcing, public-private partnership, corporatization, users' fee schemes and revenue enhancement program, to name a few. What is privatization of health facilities and services and how does it affect the Filipino people?

What is privatization?

Privatization, a global phenomenon dictated by the monopoly capitalists as their solution to the crisis of the world capitalist system, is contradictory to state's provision of health care and services. Privatization is part of the neo-liberal policies intertwined with deregulation, liberalization and flexibilization of labor imposed by international financial institutions such as the International Monetary Fund, World Bank and the Asian Development Bank since the early 1980's. These

policies lead to drastic cut on government health spending and increased out-of-pocket spending which bleed the people dry because they have to shoulder all their health needs and expenditures.

Forms of privatization

Consider the following:

Open land area, which are public assets and where government hospitals stand, are now for sale for commercial operations. These include the National Center for Mental Health and the Welfareville Property in Mandaluyong City, Eversley Childs Sanitarium in Cebu and Western Visayas Sanitarium in Iloilo. Government hospitals under the guise of Public-Private Partnership are now open to foreign investors. San Lazaro Hospital, the country's premier hospital for infectious diseases, is open to foreign investors at the price of USD 121.87 Million (Php 5.44 Billion) to transform the hospital into a clinical research center for infectious diseases. The revenue opportunity being offered to private investors is income sharing,

lease per treatment, clinical trials for research and data mining. The Research Institute for Tropical Medicine which produces DPT, HepaB and HiB vaccines is open for bidding at the price of USD 11.11 Million (Php 500 million). The revenue opportunity is sales/revenue sharing. The Philippine Orthopedic Center, the country's center for bone diseases, trauma, rehabilitation and commercial production of limb prosthesis, is up for bidding at USD 45 million (Php 2,000 million). The revenue opportunity offered is revenue sharing and lease per treatment for diagnostic equipment. Ten retained government hospitals have been identified to establish a multi-specialty center in oncology, neurosciences and stem cell research for a cost of USD 45 million (P2,000 million). The revenue opportunity is lease per treatment.

26 public hospitals in various parts of the Philippines face conversion into corporatized hospitals. Under the corporatization scheme, public hospital assets will be transformed into investable funds. The hospital director will become the President and Chief Executive Officer (CEO) who will be allowed to conduct business contracts. A corporate board of seven members will be set up composed of three members from the private sector. Through corporatization, the government opens the public hospital to the private sector as it fulfills its plan to fully remove subsidies to public hospitals' Maintenance and Other Operating Expenses (MOOE) by the year 2014 and Personal Services (PS) by 2020.

Conversion of public hospitals like the Dr. Jose Fabella Memorial Hospital, a maternal and new born tertiary hospital, into a women's wellness center for those who can afford to pay.

Integration/merging of four GOCC (Government Owned and Controlled Corporation) hospitals namely the Philippine Heart Center, National Kidney and Transplant Institute, Philippine Children's Medical Center, Lung Center of the Philippines and the East Avenue Medical Center into the Philippine Center for Specialized Health Care as part of the medical tourism program of the government.

Sections of public hospitals are outsourced to the private sector. The radiology facility of the Jose R. Reyes Memorial Medical Hospital has been outsourced to HIMEX and the laboratory services at the Tondo Medical Center to HiPrecision Laboratory. Previously, patients could avail of free services. But with the entry of the

privately owned facilities there are now fees that patients have to shoulder. Establishment of private entities within a public hospital. At the Philippine General Hospital, the Faculty Medical Arts Building (FMAB) of UP-PGH has been set up to accommodate patients who can afford to pay consultation fees in lieu of long lines at the Out-Patient Department and to avail of laboratory services, x-ray and ultrasound especially when medical equipments are not functioning at the PGH. Revenue enhancement/user fees schemes or ways public hospitals use to increase their income. Patients pay for supplies like cotton ball and adhesive tape and for services like intravenous line insertion; all of which were previously free.

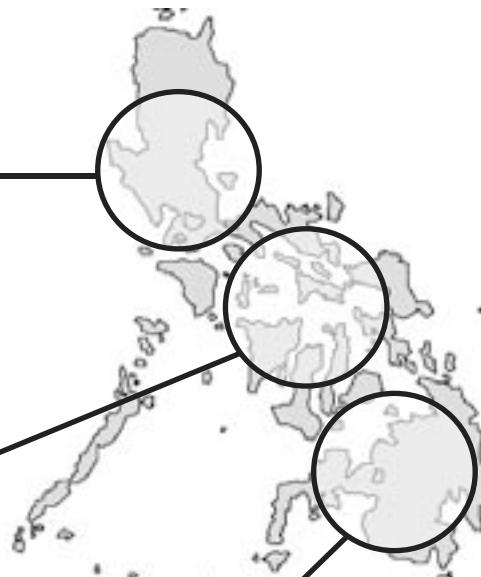
Privatization: Abandonment of state's responsibility

The Network Opposed to Privatization (NOP), a broad formation of hospital workers, health professionals, community health workers, health science students, patients, indigent communities and all concerned Filipinos, united against the intensifying privatization of government hospitals and health services, believes that privatization will further worsen the already deteriorating health situation of the people. The NOP conducts information and education activities to reach out to hospital workers, medical professionals and the public to stand against all attempts to privatize health care services and facilities.

The NOP disclaims two premises posed by the government for pushing for privatization. First, that privatization will bring about quality health services for the poor. The truth is that every Filipino deserves quality health care. This is possible when government is service-oriented and not profit-oriented. Privatization will make health care services inaccessible for poor families all over the country. Representative Teddy Casiño of Bayan Muna is actively campaigning against privatization saying that privatizing government hospitals will worsen the already considerable problems the hospitals are already facing. He said many public hospitals are already charging exorbitant fees for their services. Rizal Medical Center, which has already been corporatized with the entry of business tycoon Manuel V. Pangilinan, now charges P290 (USD 6.90) to P310 (USD 7.38) for chest x-ray services. Rizal Medical Center is one of 26 hospitals targeted for corporatization. Casiño said the poor in the poorest regions of the country will have to pay higher rates for procedures. "The only thing that should be increased in all government hospitals is the government budget for

LUZON

1. Cagayan Valley Medical Center (Tuguegarao City, Cagayan Valley)
2. Veterans Regional Hospital (Bayombong, Nueva Vizcaya)
3. Baguio General Hospital and Medical Center (Baguio City)
4. Ilocos Training and Regional Medical Center (San Fernando, La Union)
5. Region I Medical Center (Dagupan City, Pangasinan)
6. Dr. Paulino J. Garcia Memorial Research and Medical Center (Cabanatuan City, Nueva Ecija)
7. Jose B. Lingad Memorial Medical Center (San Fernando, Pampanga)
8. Batangas Regional Hospital (Batangas City)
9. Bicol Medical Center (Naga City, Bicol)
10. Bicol Regional Training and Teaching Hospital (Legaspi City, Bicol)
11. Quirino Memorial Medical Center (Quezon City)
12. Jose R. Reyes Memorial Medical Center (Sta. Cruz, Manila)
13. Rizal Medical Center (Pasig City)
14. Amang Rodriguez Medical Center (Marikina City)
15. San Lazaro Hospital (Sta. Cruz, Manila)



VISAYAS

1. Vicente Sotto Memorial Medical Center (Cebu City)
2. Eastern Visayas Regional Medical Center (Tacloban City, Leyte)
3. Corazon Locsin Montelibano Memorial Regional Hospital (Bacolod City)
4. Western Visayas Medical Center (Iloilo City)

MINDANAO

1. Northern Mindanao Medical Center (Cagayan de Oro City, Misamis Oriental)
2. Southern Philippines Medical Center (Davao City)
3. Zamboanga City Medical Center
4. Cotabato Regional and Medical Center (Cotabato City)
5. CARAGA Regional Hospital (Surigao City)
6. Davao Regional Hospital (Tagum, Davao del Norte)
7. Mayor Hilarion A. Ramiro, Sr. Regional Training and Training Hospital (Ozamis City)

medicines, infrastructure and the health workers' and professionals salaries and benefits," he said. Second, the NOP disclaims that corporatization, a form of privatization, will serve goals of modernization and efficiency. Experiences of GOCC hospitals prove otherwise. Laboratory, diagnostic procedures and hemodialysis are more expensive at National Kidney and Transplant Institute (NKTl) compared to other public hospitals or private hospitals like Capitol Medical Center. In the Philippine Heart Center, more than 1,600 cardiac patients are waiting to be operated on. It could not afford the repair or replacement of the non-functional Cathlab machine and could not procure additional echo cardiograph machines. As of 2011, it has P800M unpaid bills to contractors and suppliers and P46M unpaid taxes to Quezon City government. The Philippine Children's Medical Center's income accounts for 47 percent of its budget, but 53 percent goes to expenses as of 2010. It has P38M worth of unpaid promissory notes.

However, the government plays with words and denies that they are not doing privatization; but instead is modernizing and improving the services of government hospitals, one thing is crystal clear:

Privatization of health facilities and services is the abandonment of state's responsibility for people's health. It is an outright and blatant violation of the people's right to health which is enshrined in the 1987 Philippine Constitution. In Article II, Section 15, it states "The State shall protect and promote the health of the people and instill health consciousness among them." Likewise, the Universal Declaration of Human Rights (UDHR) and other international covenants support this declaration. This reads as "Everyone has the right to standard of living adequate for the health and well being of himself and of his family, including food, clothing, housing and medical care." (Article 25, of the 1948 UDHR).

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Binnadang¹: Reflections on Research and Fieldwork Mentoring



Jude L. Tayaben, RN, MAN²



Journeying through nursing research is a challenge, especially for a nurse like me who has always been fascinated by this field. For one, opportunities for honing my research skills are not always available; pursuing a higher degree program that enhances the culture of nursing research and its roles in one's profession was another test. But through this Binnadang experience, I came to appreciate that being inquisitive and enjoying discovering solutions are not enough in the research field; one must possess the knowledge, attitude, and skills if one is to excel and be scholarly. More so, the experience reiterated the hands-on nature of learning research.

Acquiring my master's degree in nursing did not guarantee me complete skills in conducting research. Thus, it is a must that I maintain a welcoming attitude to emerging research trends and growth opportunities. My positivist/postpositivist side as a nurse can't be denied- owing to my undergraduate and graduate research training. I was educated by a system that puts a premium on hypothesis testing, prediction and control, outcomes, and

generalizability. Concepts such as bias, causality, validity, reliability, randomization, control, and manipulation dominated my research vocabulary. Questionnaires, surveys, and designed observations were the structured methods that ruled my research experiences. Given all these, analysis using descriptive and recorded narratives were big challenges on my part. Far greater as a test is the chance to disseminate and find one of my researches in a reputable journal. As claimed, 'one has not completed the research process if one has not published his or her work'. But publication to me is another story to share.

As a nurse researcher, I have had several opportunities to embrace non-positivist thinking such as the constructivist, advocacy, participatory, and pragmatic perspectives espoused by qualitative research. My exposures to various conferences, seminars, and training with the Cordillera Region Health Research and Development Consortium (CRHRDC), the Philippine Nurses' Association (PNA)

¹ Binnadang is a Kankaney term for solidarity and helping each other. In this case, a research mentor guides budding researchers.

² Mr. Tayaben is a faculty member of the University of the Cordilleras (UC), a member of the Board of Directors of the Philippine Nurses Association (PNA) and an officer of the Philippine Nursing Research Society Inc. (PNRS, Inc)-Baguio City and UC Research Cell.

and the Philippine Nursing Research Society Inc. (PNRS) have provided me numerous opportunities for research learning and insight gathering. Now, I am getting more familiar and comfortable with exploring and understanding the what, how, and why of phenomena; I have come to appreciate concepts such as the “emic” vs “etic” perspective, subjects vs participants, thin vs thick descriptions, multiple realities, and empowerment. I feel more urge to further learn on participatory methods like Key Informant Interviews (KII), Focus Group Discussion (FGD), and many other exciting techniques of qualitative inquiry.

When Dr. Erlinda Castro-Palaganas opened the invitation for researchers to join the Binnadang Program of the CRHRC, I did not wink an eye to assert my participation. Learning experiences came unfurling after I became a minute of the program leader, Dr. Palaganas herself. The program brought me to Tinglayan in Kalinga and Conner and Kabugao in Apayao. Throughout the Binnadang, I was consciously carrying these objectives: (1) to facilitate a focus group discussion; (2) to accurately document or process record interviews; (3) to ensure rigor and trustworthiness in data collection; and (4) to maintain a 'good' attitude towards nursing research and collaborators.

The purpose of qualitative research is to make sure the phenomena being studied is described, explored, and explained by the participants. Qualitative research questions take the form of what is this? or what is happening here? and are more concerned with the process rather than the outcome (Ploeg 1999). All these I came to understand through the program's field visits. “An FGD is most appropriate in obtaining data on the cultural norms of a group and in generating broad overviews of issues or concerns affecting a group or subgroup represented. The group must have at least 5-10 people purposively selected for eliciting in-depth data. Consider the group composition and the group dynamics as these affect the data and the gathering process.” My mentor made sure I was well oriented before giving me the chance to handle an FGD session.

Additionally, these reminders guided me well in my baptism as an FGD facilitator: In data collection, the role of the focus group moderator and the method of recording data are crucial considerations. The moderator's personal skills and attributes have a

considerable influence on the nature and quality of the data gathered (Sim 1995). To be more effective, certain requisites and systems are essential for a facilitator. First, the ability to fully discuss the mechanics of the FGD and the usage of metacards or tools. Second, the knack to elicit participants' response. Third, the skill to observe the details of answers and to probe or give follow up questions. Hence, it is an aptitude to stay focused on the FGD session while maintaining the pace and keeping track of sharings and responses.

Note taking skills and the use of audio or video recorder should also be considered especially in process documentation. The appropriate setting and mechanics are also ought to be established before interviews. A round- table set up in an FGD is crucial as it gives the participants equal footing and uniform importance in the session; sociograms and codes are vital not just for documentation but for maintaining anonymity- all these my mentor taught me. I was also coached on the role of natural setting or environment in doing interviews. Most of these pointers were contradictions to what I previously knew, and once again, I can't help but feel greatly thankful. Having gained insights from my mentor and from local people's value systems, concerns, and motivations, the Binnadang has indeed been an experiential learning on my part.

Admittedly, the rigor of data collection and the need to ensure trustworthiness of the data were great challenges for me in the hands-on mentoring process. During interviews, I always silently ask how true or relevant the answers I have gathered. Querying feelings on the adequacy and reliability of data also constantly emerged in the post data collection phase. To be reminded by my mentor however of Sim's (1995) warnings that attempting to infer an attitudinal consensus from focus group data is a lapse; and apparent conformity of view is an emergent property of group interaction, not a reflection of individual participants' opinions, were of great help.

One time, my mentor also texted me to send the audio recording of one FGD I facilitated and process documented. Feeling affronted I asked, 'what is the need to re-check what I have transcribed?' She explained however that data scrutiny is part of the rigor of doing research. From this experience I humbly grasped that while it takes no sweat to say research rigor and data trustworthiness, to actually ensure them are demanding

³The CRHRDC is a consortium of private and government institutions in the Cordillera. Its primary objective is to strengthen the system of collaboration in the region to develop and enhance the capacity of institutions engaged in and which has interest in health research. This is the consortium's strategy to improve the health conditions of the people in the region. It is supported by the Philippine Center for Health and Development of the Department of Science and Technology. Five committees take charge of the following health research system components: Research Management, Ethics, Capability Building and Research Utilization.

tasks. I am grateful to this journey for making me appreciate these research principles.

Maintaining a good attitude towards research and peers was one of the objectives I have set for the Binnadang research learning journey. I clearly recall my mentor's response to my text of intent in joining the program, "Nice to know that you are interested in journeying with us in the research-learning world". Her reply fuelled my commitment and gave me enthusiasm—the devotion to participate until the program's last leg in Kabugao and the eagerness to be always open and ready for learning along the way.

My mentor told me, "Make sure you are a self-directed nurse researcher. Always be keen and observe what people are doing and saying; acquire courage from what you are doing, achieve passion by serving the people." Having acquainted and worked with people who are ahead of me in doing research also taught me that in engaging oneself in research, enthusiasm and commitment cannot be separated, they go hand in hand.

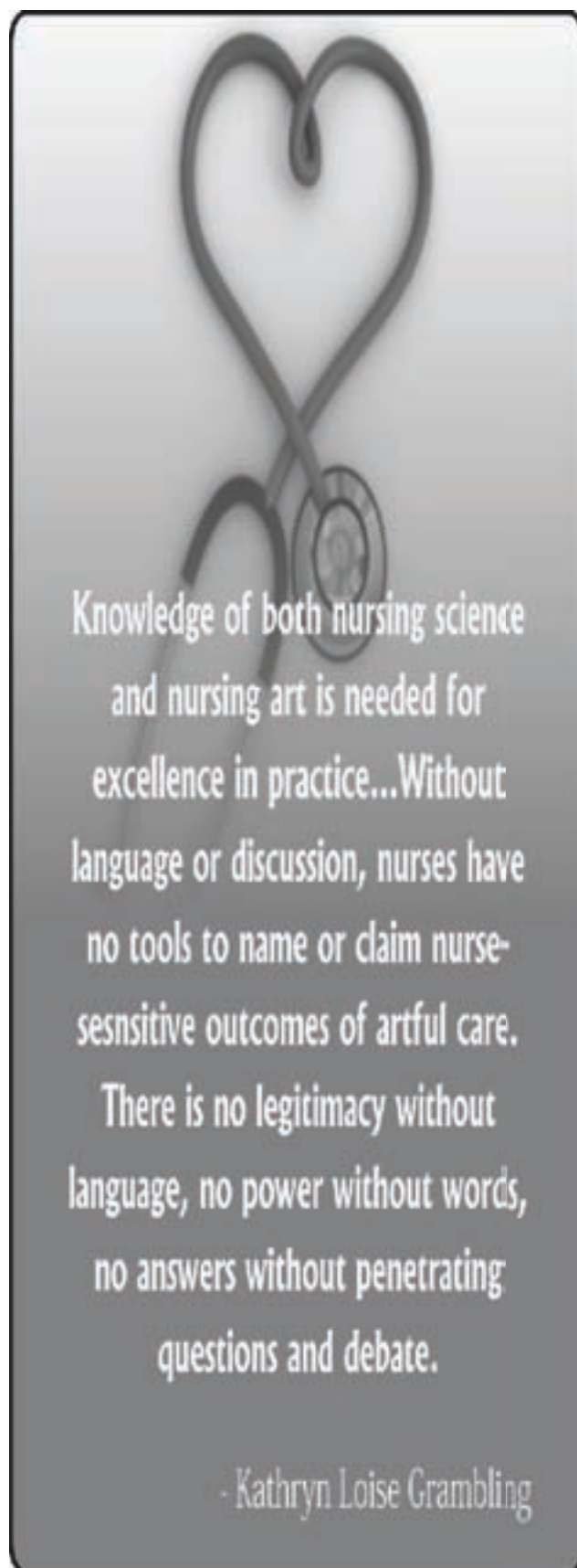
Nurse researchers sometimes need to work on individually funded projects, which can involve repetitive and detailed work. Collecting and tabulating data, managing databases, reviewing documents, recruiting participants, and writing reports may become really taxing jobs. However, engaging in one difficult task may lead us from one great project to the next. Although researches can be tedious and tiresome, they can also be highly rewarding as they may contribute to discoveries that positively impact people's lives.

To end this reflection, allow me to encourage you my dear colleagues, not to be satisfied once you have acquired your undergraduate or master's degree. Join and venture in a research journey. Connect yourself with nurse researcher; learn with true nurse 'doers' of research.

Again, I acknowledge the efforts of my mentor and the contributions of my co-research assistants in the fulfilment of my research learning objectives. I shall always treasure the Binnadang journey and the research challenges ahead.

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Research Metanoia



Jerwin C. Evangelista, RN

It's not a secret that research, and everything related to it, plagues the minds of students and professionals. Most people have difficulty reconciling the learning benefits of research with the tedious tasks involved. People have been describing research as a complex and painstaking work, often gobbling up most of one's time and energy. Boring may be an understatement. As such, it may be no wonder why few people embrace research.

On the remaining days of November (2012), the country hosted the 2nd International Conference on Qualitative Research at the Bayleaf Hotel, Intramuros, in the City of Manila. It was touted as a "celebration"—a gathering of professionals and academicians from different countries to discuss and discover salient issues and trends surrounding nursing and health. The Philippine Nursing Research Society, Inc. organized the event in collaboration with the event's sponsors and leading experts. The main goal of the conference was to advance nursing practice and research in a postmodern perspective. In this event, RESEARCH, as a body of work, was painted as an opportunity for mental gymnastics, a venue for collaborative expansion, and a chance for introspective exploration. Almost 300 delegates participated. Young professional nurses attended. A change was about to come.

Research: A Mental Exercise

Looking at the positive side, research provides an opportunity to further one's knowledge. About nine plenary speakers, including the key note speaker, Dr. Marilyn Ray, presented the different facets of qualitative nursing research. Dr. Ray, an expert on transcultural nursing, emphasized the importance of human science in the study of nursing and health. She expounded on the theme of the conference: *Traversing Trustworthiness Towards Evidence-based Practice*—marrying a lot of concepts, ranging from the

philosophical to the spiritual dimensions of humanity. Each speaker presented his/her part of the bargain—a bargain attentively consumed by the delegates of the conference.

The delegates took their time in processing the concepts presented by these renowned experts, and formulated their own understanding of the discussion. Several academicians posed questions for clarification. In turn, the speakers, elaborated on the murkier concepts of their presentations. Nevertheless, the information shared was the highlight of the conference. It was a mind juggling act straight from a benevolent circus performance. The circumstances surrounding the learning may be a bit too much—a mind traffic for an observer; however, with the variety of presentations, one cannot help but be amazed on how the human mind can comprehend such complex concepts. The event proved that research is for those whose minds are willing to be challenged and improved.

Research: A Meeting of Young Minds and Critiques

Concurrent Sessions held during the event proved that research is a collaborative effort among peers. These sessions served as venues for young nurses to share and present their research studies, including poster presentations. A young professional pursuing further studies prepared, not only his paper or poster, but also his/her attire, attitude, and composure—one's overall image—for these sessions. Most of these concurrent sessions used a quarter of the whole day. Similar with the plenary speeches, some delegates or panelists may find a questionable detail overlooked by the primary investigator, and would offer their critiques. These critiques, though some are undeniably harsh, objectively point out further points of improvement. This is a meticulous *sautéing* of the study, in an effort to maximize the concepts and especially the learning.

These constructive criticisms may be considered as other perspectives. The difficult task of doing a research study may lead a primary investigator to miss out on a supposedly important part of a related literature. This may result into a poorly-cooked explanation of his/her study—in turn, the other delegates may have difficulty consuming the concepts. These sessions, dubbed as a *meeting of young minds and critiques* were not taken or experienced with a hard heart. The concurrent session was a chance for a primary investigator to think outside the walls of his/her understanding and look into his/her research study from another angle. The conference was a venue to *work with* other people and *work through* the difficulties of a one-sided perspective.

Research: A New Perspective on the “Self”

After some of the presentations, one cannot help but ponder upon the impact that research has on humanity. For instance, a plenary speaker, Dr. Rozzano Locsin, in his presentation, made the distinction between Human Wholeness and Human Completeness.

Human Wholeness, he said, *refers to the whole person; no composition; the being is human, regardless of heart or part*, while Human Completeness is *the unity of the human being; composite of requisite parts*. He then posed a series of questions, *who is the human being? Is it the person without arms? Is it the person without the heart?*

Another study, entitled, *Understanding Poverty and Gender: Narratives from the Field and Implication*, made by Prof. Fatima Castillo and her colleagues, aimed to understand the different factors affecting poverty. The study explored the nature and causes of poverty using an in-depth qualitative analysis. What made these studies appeal to the human senses and emotion was how it employed the different accounts of the study participants. The study made by Prof. Castillo and her colleagues left the audience with a satiating conclusion: *it is not money that would change poverty. Rather, the change depends on different needs, different skills, and different materials in order for these communities to survive.*

These presentations revealed that indeed, research offers a new perspective to introspect and look into a human being's need for finding solutions and answers. Although, the conference failed to answer some of the questions, (as there are perhaps, no right answers), it still offered something to ponder on about the human experience. Some of the presentations called for

reflexivity, a chance to reexamine a research study's impact on the “self” and vice versa. This might be the moral of the entire research conference: offering young professionals [nurses] to always regard the “self” not only as a primary investigator but as a collaborator capable of having an impact on the lives of others.

Mutatis Mutandis

The 2nd International Conference on Qualitative Research was an enriching experience aimed for personal and professional growth. It is a way of moving forward and looking at research in light of the events happening in the current generation. The conference indeed presented research as a mental exercise, a collaborative task, and a self-changing experience. It was able to infuse formality with human sensibility, leaving the audience fairly-satisfied and perhaps, yearning for more.

It's not a secret that research, and everything related to it plagues the minds of students and professionals. This thought may not be entirely true. The conference can be seen as a symbol of change for young professionals, young nurses, aiming for advancement in their careers. Though research has a laborious set of tasks, one needs only to view research from a different perspective. It may be that conferences such as this will help in capturing the attention of young individuals who have a negative outlook towards research.

The conference was successful. Three days may prove to be a long and winding road towards change, but it worked. The conference ignited a nurse's curiosity to give research a chance and to learn that doing a research study implied maturity and critical analysis. Looking back, the experience was indeed a research metanoia. Perhaps, more people will embrace research and see themselves forever changed.

So can we please stop pretending there's a neutral and nonpolitical (and thus more ethical) set of ideas, theories, teaching styles, and classroom activities? Because there isn't. Not in social sciences, humanities, fine arts, sciences, whatever.

- Tallentire, J.L.



Doing Fieldwork: *Getting Reconnected to Community*



Ruth Thelma P. Tingda, RN, MAN, MM¹

The opportunity to join the Binnadang Program of the Cordillera Region Health Research and Development gave me the chance to learn new knowledge and skills. It also allowed me to be back to where my heart will always be: with the people in the community. I wish to share my insights from the fieldwork I joined in Kabugao, Apayao on December 3-7, 2012.

Community development is people development.

More often than not, community development (CD) is associated with infrastructure. This is more so if it is a state-sponsored development project. I knew this in my direct involvement with community work with a non-government organization (NGO) almost three decades ago. This recent experience in Kabugao, Apayao brought about some hope and reason for me to pursue more direct community work involvement in the future.

The entire process of assessing the status of development work in the municipality of Kabugao brought about new learning. The Talakayan as an opening event was likened to an "Ulat Sa Bayan" by local executives and their representatives to the people. The conduct of simultaneous FGDs in different settings using the same assessment tool minimized the possibility of a biased collective result due either to Hawthorne effect or non-representation of one or two

sectors. The use of a common 5-point Likert Scale through smiley faces with a numerical equivalent for each FGD group made it possible for a consolidated score. The formal closing program following the simultaneous FGDs ensured that the whole day activities were on track and that the people involved were properly acknowledged. Moreover, the roundtable discussion with the community workers following the closing program opened the avenue to identifying areas that needed to be addressed by appropriate people or office(s).

I was very anxious about the task of facilitating one FGD. Once started though, the discussion went smoothly that terminating it turned out to be a challenge. Looking back now, the natural ways of the FGD participants, the excellent assessment tool, and the recommended methodology to employ all account for the following insights.



¹ Ms. Ruth Thelma P. Tingda is a faculty member of Saint Louis University College of Nursing, member of the House of Delegates, PNA Baguio City Chapter and member of the Philippine Health Social Sciences Association of the Cordillera Administrative Region. She is the immediate past Governor of the PNA-CAR and served as Chair of the PNA-BOGs (2009) and PNA-VP for Programs and Development (2010).

While the FGD may have been concentrated on the KC-sponsored projects, it included other CD projects. The people as represented by the BLGU executives were in control of their own positions related to the areas of assessment. Their spontaneity was inspiring. The substantial answers re-affirmed my belief on the capacity of people to initiate efforts. Being a part the team to facilitate the assessment of the status of community development work with the people of Kabugao has made me see how much they have accomplished so far. The experience also made me see the many possibilities as they continue making quality life be a reality to them as individual persons and as a community, too.

Whoever is behind the development of the assessment tool should be credited. The structural framework, the answering scheme and the process recommended to be undertaken were impressive. The tool included the essential areas of community development evaluation with the domains as: Inclusiveness of BLGU/MLGU Planning, Budgeting and Services; Transparency/Accountability; Extent of Participation in Barangay Activities of various Sectors; Extent of Social Capital; Poverty Reduction; and Issues and Concerns. The Likert scale answering scheme using the drawings of smiley for the questions was fun and yet enlightening. In the course of scoring, there is the revelation of the strengths and weaknesses of each executive in particular and the barangay, in general. The sharing of experiences of the community development workers later in the afternoon was most touching. It impressed upon me the crucial role of this team of community workers on the matter of development work and people empowerment.

It is indeed, a priceless opportunity to be reconnected with community people in the name of community development and in pursuit of the development of people as well.

Community development and research are interlocking.

The life of community development work greatly depends on the conduct of research to document processes, to monitor, and evaluate work progress. Research as a conscious, scientific, and directed process provides the avenue for community work to be advanced within a time frame thus, making it developmental for both the people and the work itself. But alas, research for that matter is much easier said than done. Research can be fun. Theoretically, research and the conduct of it can be equated to all work and no play. This is not all together

true when done in the field. It is also fun because, as research team members hurdle the demands of the project, they also discover new relationships which were significant in converting stress into moments of fun.

Genuine research is a genuine community development work and vice versa. The setting by which one does research should not, in any way, compromise one's adherence to the basic tenets of the research process. The circumstances surrounding the research phases involved in the Kabugao experience made the whole process vulnerable to shortcuts and sub-standard results when one discriminates process in favor of outcome. The data processing among the members of the team by themselves went through the rigors expected of any research done in a more formal setting like a laboratory or one done in an academic institution. If research has to provide real direction for the community development work, it has to qualify to be subjected to any kind of audit and/or critique by anyone, anytime, and anywhere.

Community work, research and mentoring can blend.

The Kabugao experience has shown how community work, research, and mentoring are three separate processes yet can beautifully blend as a meaningful bundle of event in one's life. As community work opens opportunities to be involved in making other people's lives better, and the conduct of research ensures the community work continues, so is mentoring to guarantee a pool of people equipped to see through either community work or research (or both) in the days to come. Mentoring, in the real sense of the word, goes way beyond the development of professional skill.

The composition of the research team in the Kabugao trip is very varied in terms of educational preparation, work experience, and cultural orientation yet we have been able to build a kind of relationship which made it possible to see the project to its completion. Things were not altogether perfect but working within an atmosphere of openness, respect, and self-directed account for the fact that out of the Kabugao experience, more a meaningful life emerged. If this is the binadangan strategy, then kudos to it. Let it thrive.

Indeed, the Kabugao trip and the many lessons it brought to the fore is valued and be looked at with fondness with all the lessons it provided. I look forward to similar learning opportunities where my passion for community work, research and learning.



Republic of the Philippines
Professional Regulation Commission
Manila

PROFESSIONAL REGULATORY BOARD OF NURSING
Resolution No. 24
Series of 2012

AMENDING BOARD RESOLUTION NO. 112, SERIES OF 2005, "ADOPTING AND PROMULGATING THE COMPETENCY STANDARDS FOR NURSING PRACTICE IN THE PHILIPPINES", AND ADOPTING THE "2012 NATIONAL NURSING CORE COMPETENCY STANDARDS (2012 NNCCS)"

WHEREAS, the Professional Regulatory Board of Nursing, the Board, decided to amend Res. No. 112, Series of 2005, "adopting and promulgating the competency standards for Nursing Practice in the Philippines", by introducing thereto changes, e.g., the roles of entry level nurse, the competencies for their performance, the key areas of responsibilities, and the types of clients for nurses;

WHEREAS, the Board was prompted to conduct a "revisiting" of the same standards in 2007 brought about by the impact of global developments in nursing practice in view of the implementation of the General Agreement on Trade in Services (GATS) by the World Trade Organization (WTO) and other sub-world organizations: European Union (EU), APEC, ASEAN (AFAS and MRA are being carried by ASEAN), and AFTA; and

WHEREAS, the Board's strategic policies are in accordance with Sec. 9 (c), Art. III of R.A. No. 9173, known as the "Philippine Nursing Act of 2002", that empowers the Board to "monitor and enforce quality standards of nursing practice in the Philippines and exercise the powers necessary to ensure the maintenance of efficient, ethical and technical, moral and professional standards in the practice of nursing taking into account the health needs of the nation";

NOW, THEREFORE, the Board Resolves, as it is hereby Resolved, to amend Board Resolution No. 112, Series of 2005, by including therein the following provisions: (1) the three [3] roles of the entry level nurse - -Beginning Nurse's Role on Client Care, Beginning Nurse's Role on Management and Leadership, and Beginning Nurse's Role on Research; (2) the responsibilities and competencies needed to perform each role with the corresponding performance indicators; (3) the Key Areas of Responsibility of the 2005 Core Competency Standards reflected in each responsibility; and (4) the types of clients served by the nurse (individuals with varying age group, gender health/illness status, families, population groups and

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AMENDING BOARD RESOLUTION NO. XII, SERIES OF 2011, "ADOPTING AND PROMULGATING THE COMPETENCY STANDARDS FOR NURSING PRACTICE IN THE PHILIPPINES", AND ADOPTING THE "2012 NATIONAL NURSING CORE COMPETENCY STANDARDS (2012NNCCS)"

community); and to adopt the "2012 NATIONAL NURSING CORE COMPETENCY STANDARDS (2012NNCCS)", an integral "Annex A" to this Resolution, which shall guide the development of the following:

1. Basic Nursing Education Program in the Philippines through the Commission on Higher Education (CHED);
2. Competency-based test framework as the basis for the development of course syllabi and test questions for "entry level" Nursing Practice in the Board Licensure Examination for Nurses;
3. Standards of Professional Nursing Practice in various settings in the Philippines;
4. National Career Progression Program (NCPP) for Nursing Practice in the Philippines; and
5. Or all related evaluation tools in various practice settings in the Philippines.

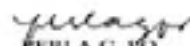
This Resolution shall take effect after fifteen (15) days from its full and complete publication in the Official Gazette or any major daily newspaper of national circulation in the Philippines.

Let copy hereof be furnished to the UP Law Center, the Philippine Nursing Association, Inc. (PNA), and other associations and groups of registered nurses (RNs), the Commission on Higher Education (CHED), and other agencies for dissemination to all concerned.

DONE in the City of Manila, this 27th day of July, 2012.


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- source of updates on policies and standards relevant to Nursing practice and Nursing education, and
- medium for collegial interactions among nurses to promote professional growth.

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

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

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To carry on our work each day
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And love to help the weak

