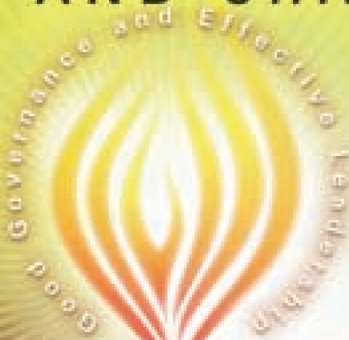
PJN Vol. 80 No. 2

PHILIPPINE JOURNAL OF NURSING

ISSN No. 2012-3906

The Official Publication of Philippine Nurses Association, Inc. July-December 2010

THE MILLENNIUM NURSE: ISSUES AND CHALLENGES



ELIMINATE USE OF MERCURY IN HEALTH CARE NOW

Fight for Freedom & Justice

FREE the 43

Implement Salary Grade 15 for NURSES

Nursing Act of 2002)

Philippine Nurses Association, Inc.[1]

Vision

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

Mission

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

Program Thrusts

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

[1] Approved during the 1st Board of Governors Meeting, November 29-30, 2009 at the PNA Board Room

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Editorial

The Millennium Nurse:
Issues and Challenges

Sharing my reflection as a panel member on "The Philosophy and Science of Caring and its Implication to Nursing Education and Service" last December 14, 2010, reminded me of Albert Einstein's words, "Not everything that counts can be counted, and not everything that can be counted counts". Prof. Jean Watson's presentation on her "Theory of Transpersonal Caring" also called "Theory of Human Caring" indeed showed caring as the most abstract of all concepts in nursing. Dr. Cecilia Laurente's article, *'CARITAS'*- CARING SCIENCE, reiterates this point, too. Also, Prof. Watson challenges my philosophical commitment as a researcher in discovering knowledge by means of caring while bringing to fore the issues and challenges confronting the Millennium Nurse.

Being exposed to major changes, environmental turbulence, socio-economic crisis and health sector reforms, nurses around the world are at risk of dehumanizing not only patient care but also their personhood. Watson reminds us that the core of nursing is caring and in a world where we may forget this, it is essential that we make a conscious effort to preserve and hold on to the heritage of caring. And here we have the important elements of Watson's caring theory which cater the aforementioned need to keep the heritage alive and not drift or wither away. Also, for the millennium nurses to be more grounded and evidence-based, they must continue comprehending and putting theories into practice, praxis as it is called.

The millennium nurse has to create paths to make a difference in this new world of health care. This is exemplified by the two phenomenological researches conducted by budding nurse researchers. Janel Castro's study on "The Lived Experience of Filipino DOTS Treatment Partners" explores shared meanings of the participants' stories and practices while the study on "Understanding Pregnancy and Childbirth Experiences Among Adolescents in Baguio City" by Teresita Malingta describes the participants' childbirth's experiences. These studies show that nurses are taking on and embracing the path of qualitative research as a mode of nursing inquiry. On the other hand, the research conducted by the PNA Department of Research called The PNA Nurse Survey 2009 generated data that responds to the issues of relevance and responsiveness to needs and concerns of its members. The study described the characteristics of the members of PNA in terms of demographic and employment characteristics, need for training, and intent to stay in the profession; factors influencing membership to the national organization; perceived needs of PNA members in terms of professional growth, and economic and welfare factors; and current concerns and experiences of PNA members that impact on satisfaction on being a nurse.

The millennium nurse's professional identity revolves around a context where humanistic values are constantly questioned and challenged. Ms. Nolasco's article on the rape of "Florence" describes the milieu where nurses work as an "environment that allows the exploitation of nurses and oppression of the people through the non-respect and violation of fundamental rights to health and quality life". Without deep professional roots and caring values, the millennium nurse maybe unable to transcend the situation and perceive it as "just a job," instead of a gratifying and responsive profession. And so the continuing advocacy for Justice For "Florence", Justice for the Nursing Profession; Review for JPEPA's Unfair Provision on Hiring of Nurses; Support for Accessible, Affordable Universal Health Care Program; and "Assertion for the Nurses' Role in the Administration

of Life-Saving Drugs and Medicines". Nurses continue to develop collaborative, effective leadership towards an ethical and good governance. This is described by Prof. Roland G. Simbulan's "PARTICIPATORY, FOLLOWS THE RULE OF LAW, RESPONSIVE, TRANSPARENT, CONSENSUS-ORIENTED, EQUITABLE AND INCLUSIVE , EFFECTIVE AND EFFICIENT, and ACCOUNTABLE. This means that in relation to our professional organization (PNA), our nurse leaders put the prime interest and well-being of its members, above other interests, more so personal interests.

This is where holding on to frameworks of practice such as that of Watson's caring theory not only allows the nurse to practice the art of caring and compassion but also contribute to expand the nurse's own actualization. Promoting and applying these caring values in our practice is fundamentally tributary to finding meaning in our work. This is enshrined in Ruth R. Padilla, this year's AGT Awardee and Araceli O. Balabagno, the new dean of the University of the Philippines College of Nursing. For Ruth, it is "A DREAM FULFILLED AND MORE". It is "A NURSE'S STORY of excellence recognized by peers and bestowed highest award for exemplary nursing practice and significant contribution to the uplift of the profession". For Cel, it is challenge of developing, revitalizing, strengthening programs in the College as well as strategic partnerships in the local and international levels.

Nurses come and go, leaders evolve, and the environment changes but the basic premise for nursing remains the same - emphasizing the humanistic aspects of nursing in combination with scientific knowledge, the theory designed to bring meaning and focus to nursing as a distinct health profession. Whatever context the nurse finds her/himself in this millennium or the hundred more years to come, nursing must be and will always be based on caring. The nurse's role is to establish a caring relationship with clients in just and caring society.

ERLINDA CASTRO-PALAGANAS, PhD, RN

When I think about all the patients
and their loved ones that
I have worked with over the years,
I know most of them don't remember me
nor do I. But I do know that
I gave a little piece of myself to
each of them and they to me and
those threads make up the
beautiful tapestry in my mind
that is my career in nursing.

~Donna Wilk Cardillo,
A Daybook for Beginning Nurses

Nursing care comes in many forms.
Sometimes it is the ability
to make someone feel physically
comfortable by various means.
Other times it is the ability to improve
the body's ability to achieve
or maintain health. But often
it is an uncanny yet well honed knack
to see beyond the obvious and address,
in some way, the deeper needs
of the human soul.

~Donna Wilk Cardillo,
A Daybook for Beginning Nurses

President's MESSAGE

Greetings from the President!

2010 has been a significant year in the life of PNA. This year we have expanded our borders in three ways: Connectivity Border, Geographical Border and Image Border. Connectivity Border has been strengthened through our Association's linkage with our sister nursing organizations as we crafted the Philippine Nursing Profession Roadmap 2030. We have worked closely with both the nursing specialty and nursing interest groups in developing our vision, mission and strategies for our profession. We have taken a lead role in ensuring that our Nursing Profession Roadmap will see implementation in the very near future. Together with other nursing leaders, your national officers at PNA have been very active in the dissemination of the Nursing Roadmap 2030 so that our member nurses in the provinces will understand what this roadmap means to all of us.

We have also crossed the Geographical Border because this year we have seen the growth of a new chapter abroad, the PNA Jeddah. PNA Jeddah has been very instrumental in helping our distressed nurses and other Filipino overseas workers in Jeddah, Saudi Arabia. They have collaborated closely with PNA National as well as the Philippine Consulate in Jeddah to help improve the welfare of our nurses there. We have also helped bring to the attention of POEA and Department of Labor and Employment the work-related problems of our Filipino nurses who went to Japan under the JPEPA Treaty. Two new groups of Filipino nurses in Milan as well as in Republic of Ireland have also bonded together with the objective of putting up a PNA chapter in their locale - Milan and Republic of Ireland. Other chapters abroad like that of PNA Denmark and PNA Austria have gotten in touch with the PNA National hoping to re-activate their chapters.

We have greatly improved our Image Border as the accredited professional organization for nursing. Government agencies such as the Department of Health (DOH), Department of Foreign Affairs (DFA), Department of Labor and Employment (DOLE), Commission on Higher Education (CHED), Professional Regulation Commission (PRC), Board of Nursing (BON), the Senate, the House of Representatives and more importantly the Office of the President, Malacañang have involved the PNA in the deliberations of significant issues affecting nursing and the development of projects to improve the welfare of our nurses.

We spearheaded the unified action of our nursing leaders and nursing organizations in presenting to the new President, Benigno "Noynoy" Aquino our support for his policy of universal access to health for our Filipino people. Likewise, we presented to President Aquino through Secretary Enrique Ona our agenda to improve the welfare of our nurses and the Filipino people whom we serve.

P'NOY NURSES AGENDA*

P- Positioning nurses as frontline leaders in Primary Health Care
N- Nursing Law and Magna Carta Law full implementation
O- Operationalization of government programs and projects for nurses
Y- Yearning for Philippine complimentary laws and policy on Health Budget allocation of 5% from GDP

2010 has been a very significant year for our organization with collaboration and strong leadership as key to our success. I am looking forward to another successful year with you, our members, all actively participating in implementing our program thrusts.

TERESITA I. BARCELO, PhD, RN
National President

developed by Dr. Carl Balita for PNA National Convention October 26-28, 2010

Research Article

Lived Experience of Filipino DOTS Treatment Partners

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Abstract

The Directly Observed Treatment Shortcourse (DOTS) chemotherapy as a means to eradicate tuberculosis (TB) has been proven in the past. However, emergence of more resistant and virulent strains increase throughout the years. As response to this trend, the World Health Organization (WHO) had started initiatives which prompted country-specific approaches to stopping TB. In the Philippines, one of the strategies adopted by the Department of Health (DOH) is to empower the community health worker (CHW) to be the treatment partner of a TB patient. The CHW, being the indigenous counterpart of the professional health manpower in communities, remain as an important factor that may affect the treatment process. The main purpose of this study was to explore, understand and describe the lived experience of TB-DOTS treatment partners using a phenomenological approach. A triangulation of methods for data gathering was used to capture the meaning of their experiences: focus group discussions, key informant interviews, and observation. The experiences and practices of the CHWs were explored and documented for a period of six weeks solely devoted to field work. Shared meanings of their joy and pain, as well as their practices, are investigated. As stories were told, four themes have emerged: 1) battle against TB as a socioeconomic problem; 2) volunteerism; 3) the transcending role of the indigenous treatment partner, and; 4) spirituality at work. These led to several assertions which focus on the how and why CHWs make DOTS treatment regimen successful in achieving positive outcomes. This was evident through their constant communication, empowering practices and provision of social support to the patients.

Keywords: *Directly Observed Treatment Shortcourse, Tuberculosis, Community Health Worker, Phenomenology*

Introduction

The Philippines is a high-burden country for tuberculosis (Tupasi, 2003). The disease always has its place in the leading causes of mortality and morbidity in the country. The presence of DOTS as a strategy did not guarantee a depreciation in the figures of people acquiring tuberculosis. Furthermore, the emergence of the multi-drug resistant strains and the TB-HIV pairing made the treatment more demanding to the health care system. Taylor (1999) posits that the trend in emergence of more virulent and resistant strains continue to increase alarmingly through the years.

This alarming condition poses a great challenge to the Philippine health care sector (Gonzaga & Navarra, 2004) that demands basic and comprehensive reforms of health and social care systems (Atun et.al 2005 as cited by Dimitrova et.al, 2006). Longest, Rakich & Darr (2004) emphasize that for these changes to occur, the views of the health service providers, and in this context, that of the community health worker (CHW), must be taken into consideration. WHO (2007, p.68) asserts that improving adherence to treatment and access to health care can be achieved through empowering partners in the communities “with a view to improving physical, social and economic access to services for TB care and control”. The CHW, being the indigenous counterpart of the health professional in the community setting, remains to be an essential element in the success of public health programs as they have been found to be rudimentary in improving access to health care services, facilitating client's use of services, enhancing health knowledge and increasing health-seeking behaviours (Zuvekas, Nolan, Tumaylle, & Griffin, 1999). This improved treatment outcomes were achieved because according to Zolowere, Manda, Panulo & Muula (2008), CHW facilitation provides a support system thus creating an atmosphere of trust and feeling of safety for the client.

Although a lot of studies, both internationally and locally, as cited above, have been conducted in order to conduct the continuous occurrence of tuberculosis among populations, little is known about the lived experience of the CHWs who serve as their treatment partners in the DOTS scheme. This study aimed to accentuate the experiences of the indigenous treatment partners in effectively establishing a social support system that leads to better treatment outcomes.

Methodology

A qualitative study framed within phenomenological perspective was used to explore the lived experiences

of the community health workers in serving as a treatment partner to a tuberculosis patient. The meanings of their experiences were uncovered as they recount their everyday ventures of being a treatment partner to TB patients. Phenomenology Analysis of these experiences, which is guided by Colaizzi's procedural steps (Colaizzi, 1978 in Speziale & Carpenter, 2007) revealed the nature of the phenomena being studied. Colaizzi emphasized the following procedural steps: 1) Describe the phenomenon of interest; 2) Collect participants' descriptions of the phenomenon; 3) Read all participants' descriptions of the phenomenon; 4) Return the original transcripts and extract significant statements; 5) Try to spell out the meaning of each significant statement; 6) Organize the aggregate formalized meanings into clusters of themes; 7) Write an exhaustive description; 8) Return to the participants for validation of the description, and; 9) If new data are revealed during the validation, incorporate them into an exhaustive description.

Participation in the study was voluntary. Participants were CHWs who were purposively selected based on the nature of their experiences and willingness to participate. Inclusion criteria was being a community health worker in Antipolo City and being a facilitator for a treatment regimen using the DOTS strategy. Information collected was coded and anonymity was assured.

Patton (2002) argues that the only way the researcher can understand what others experience is to get close to the phenomenon. This means understanding or viewing the phenomenon of the eyes of those experiencing such phenomenon, as it is lived. The way to do this is to go to the source or the individuals who actually experienced the phenomenon and become immersed in their shared information surrounding the experience. The focus is on "descriptions of what people experience and how it is that they experience what they experience" (Patton, 2002 p. 107). If the researcher gathers information from multiple individuals, then there can be shared essences or common meanings for the experience.

Triangulation of focus group discussions (FGDs), key informant interviews (KIIs), participant observation was utilized in order to capture the nature of the phenomenon. The FGDs and KIIs were audio-taped. A small number of generalized questions was started with to focus on their experiences. The participants were then directed on the discussions of the themes or domains that surfaced. There were a total of 27 participants, each with unique experiences and stories to share. Data was analyzed as they were collected, and the collection of data ended when saturation was discovered. Saturation, according to Morse (1994), refers to the repetition of discovered information and confirmation of previously collected data and that no additional data can be found that would add to the categories being developed or examined. Repetition and confirmation of previously collected data confirms the findings rather than adding new information. This was observed after 4 FGDs, 5 KIIs and observation in a span of 5 months (April to August 2009).

As the FGDs and KIIs were conducted, records were maintained and constantly reviewed to discover additional questions that needed to be asked. A transcription of the audio-taped files and field notes observation were constantly reviewed in order to achieve immersion with the data. Significant statements were extracted from the raw data. Meanings were formulated from these statements by reading, rereading, and reflecting upon the significant statements in the original transcriptions to get the meaning of the client's statement in the original context. Each description was examined to see if there was anything in the original that was not accounted for in the cluster of themes. No statements were attributed to a participant so anonymity was preserved.

Trustworthiness and rigor of the data were demonstrated through attention and confirmation of discovered information. The goal was to accurately represent the experiences of the CHWs, thus the pprolonged engagement and the persistent observation of informants in the field. This necessitated developing a trusting relationship with the participants that facilitated a deeper understanding of the phenomenon under study. Also, peer debriefing/feed-backing was utilized through sharing data with colleagues and openness to scrutiny. Going back to the informants to see if the analysis/interpretation makes sense to them and reflects their experiences added to the trustworthiness of the data. Immersing with the data and mmaintaining a personal journal to enhance self-reflection allowed acknowledgement of personal biases and locating oneself in the data. The continuous self reflection in the various stage of the research process, especially in the data collection and analysis stage, added onto the rigor of the study.

Results

While the respondents of this study sought ways on how to ensure that the patients are taking their medications without fail, they also grappled with a lot of challenges. Their experiences were marked with certain joys and pains while caring for the TB patients. The results presented here focus on their common experiences of the joys and pains in the context of being a DOTS treatment partner, and analysis of these experiences resulted in four themes: 1) intention to battle TB as a socioeconomic problem; 2) volunteerism; 3) ability to transcend the role of an "indigenous" health worker; and 4) spirituality.

Theme 1: Battle TB as a socioeconomic problem
(Paglaban sa TB bilang isang sakit ng kahirapan)

Most of the respondents expressed their frustrations on treatments that failed due to the patient's lack of ability to sustain the treatment due to the financial burden that the DOTS therapy entails. One CHW said, *"Dalawang pasyente ko namatay. Ngayon sa Kapatiran, yun naman injection na. Ang kinakatwiran nila, wala silang pera, walang pamasahe".* (Two of my patients died. In Kapatiran, that one is already on injection. They reason out that they do not have money, and they cannot afford transportation cost). Furthermore, another CHW claimed:

> *"Ang kinakatwiran nila, wala silang pera. Kasi sa totoo lang minsan, nawawalan tayo diba minsan ng gamot sa center. Ngayon ang pinapaliwanag namin sa kanila, abonohan ninyo na muna. Sa inyo din naman yan e. Sagot nila e, wala na nga kaming makain e, bibili pa ng ganun".* (They reason out that they do not have money. In reality, drugs are not available in the center. We tried to explain to them that they buy medicines for themselves for the meantime because it is for their own good. They reply, "We don't even have something to eat, then you expect us to buy medicines").

The CHWs most often find themselves looking for ways in order not to let poverty affect the treatment process and ensure the everyday intake of medications. A lot of them communicated that being part of the community themselves and experiencing the same socioeconomic conditions helped them understand the plight of their TB patients. Sometimes, this also meant that modifying the way they facilitate the treatment because they already understood what the patient felt and perceived about their presence.

> *"Wala, so nandun na yung pagtulong na isipin mo na kung ikaw yung nasa katayuan niya o kung kaya sa pamilya mo, ganun. Tapos, katulad ng sinabi ni Judith walang pamasahe, ayan lang naman pwede lakarin puntahan naming"*. (When you help, the only thing that you think of is 'what if you or your family were in their position?' Like what Judith said, when we don't have money for transportation, we just walk to get to their place).

> *"Bading kasi yun. Ayaw niya na puntahan ko siya kasi baka daw malaman na may TB siya. So meron kaming "secret gamutan".* (He is gay. He does not want me to go to his house because people in the neighborhood might know that he has TB. We engaged in what I called "secret treatment").

> *"Kakapiranggot lang yung allowance namin para suportahan sila ng ganun. Pinaliliwanag din namin sa kanila 'yon. Na kami, nandito kami tumutulong sa inyo, para makumbinsi namin na magpagamot kayo. Kung kami naman ay palaging gagastos ay maawa naman kayo sa amin, ang allowance namin magkano lang"!* (Our allowance is very small for us to be able to support them. We also explain it to them. We are here to help them and convince them to get treatment. We plea to them to understand our situation that our allowance is just as much!)

Accessibility to health services remains one of the perennial issues or major concern for the health care sector. Although the anti-TB drugs are free, the patients do not avail themselves of these drugs. They do not have the financial capacity to afford indirect costs of being enrolled in the treatment. Such costs include transport fares in going to the treatment partner's house, cost of smear tests, and buying sputum cups. In some areas where transportation is limited, the CHWs shared the costs of renting a van once a month in order to obtain supplies of anti-TB drugs from a distant source. *"Humihiram kami ng service, i-gasolina nalang namin, tapos buwan buwan kumukuha kami ng gamot sa Mayamot".* (We borrow a service [vehicle], then we just pay for the gasoline. Every month we hire that vehicle when we get supply of medicines from Mayamot [health unit]).

A majority of the CHWs, due to their economic condition, visit their patient's houses by means of a public transportation or by walking. As claimed by one participant, *"Siguro mga apat na kilometro ang nilalakad nila mula doon hanggang dito sa center". (They walk about four kilometers from their house to the center.)* It did not seem to matter how many kilometres they had to endure just as long as they were able to exercise their responsibility of giving the medications and seeing their patient's progress.

Further, the health workers resorted to some strategies to save transportation and related costs incurred during their visits to their patients. Some CHWs provided for two weeks to a month supply of medications to their patients who lived in far flung areas. Other CHWs who, instead of directly observing the patient's medication intake, requested the patient's family members or sometimes even their own family members to watch the patient drink the medication. To improve the nutrition of the patients, the CHWs also obtained vitamins from health centers that served as additional supplements for patients who are not eating adequately.

> *"Kung may mahingi ako doon sa (center) na ascorbic acid, ibigay ko sa kanila yan. Para matutuwa naman ako na after six months, mataba na. iyan ang gusto ko na… Alam mo yung pagtulong natin sa kapwa natin, tumulong tayo nang taos pusong pagtulong. Hindi lang yung ibibigay ito na (waves hand) "O! bahala ka na." hindi, ako hindi eh. Talagang ipinaliwanag ko na "alang-alang sa pamilya ninyo, kasi mahawahan ninyo diyan pamilya ninyo eh, wala ring iba. Unang-unang mahawahan niyan pamilya ninyo*

eh". (I give them ascorbic acid that I have asked from the center. So that I would also be happy that after six months, they would be healthier. That is what I want… you know, when we help other people, we help them sincerely. We don't just do it like (waves hand), "It's all up to you"! No, that's not the way for me. I explain to them, "This is for your family because they would the first to acquire the disease").

Theme 2: "Pagkukusa" or Volunteerism

Mutual Benefit in Volunteerism (May Nakukuhang Pakinabang sa Pagseserbisyo)

Most of the CHWs volunteered their services believing that they would gain from the experience. Some of the participants viewed being a community volunteer as a privilege as they were being trained and updated on health care from time to time. The knowledge and the skills that the participants acquired from these training seminars and workshops proved to be very useful to themselves and their families. Also, there were the "intangible" benefits such as seeing their work as a venue for making and gaining new friends and an opportunity to socialize with people outside of family. A participant claimed, *"Simula't simula mula na naging BHW ako hindi sila napapadoktor. Pinapakain ko lang yan, punasan ko, painumin ko ng gamot sige..bihira na akong mag pa doktor. Kaya malaki yung naitulong sa akin yung nag seminar kami".* (When I started being a BHW, [my children] never saw a doctor. I just give them something to eat, bathe them, give them medicine…then that's it. We rarely go to a doctor. The seminars were really a big help to me). In another FGD, the participants shared, *"Masaya po ma'am, kasi, lalo na kapag sama-sama e. nakakalibang".* (We are happy ma'am because our being together is really amusing). *"Kahit saan nakakarating ka…katulad nito ngayon, kapag nagwithdraw tayo, nagkikita-kita tayo. Kapag seminar, convention, ganoon din. Yung kaalaman…" (You go places…like now, when we withdraw, we see each other. We go to seminars and conventions…the knowledge…).*

Service-oriented Volunteerism (Walang Kabayarang Pag-aalay ng Serbisyo)

According to the CHWs, the commitment to public service was more of a calling for them. Most of the participants imparted that being a volunteer meant rendering service without financial gain. *"Hinde kami nabayaran ng walong taon"* says one participant. (We were not salaried for eight years). Many of the participants said that due to their financial constraints, they found other means of doing their job. For them, what was important was to be able to carry out the task at hand while minimizing the costs. Their experiences involved walking to the top of the mountains, which they perceived as dangerous and scary.

"Naku, medyo mahulog-hulog kami doon oh. Medyo ganun o, bangin! Nandoon pala sa tuktok! Oo, nasa tuktok!…Aba eh andun pala sa tuktok ng bundok! Nangangatog yung tuhod ko sabi ko, "ATE"! naexperience ko yun! Halos malaglag kami dun dahil madulas yung ano, yung lupa, yung medyo…siya tapos pag kaunting apak mo lang tuloy-tuloy ka. Ayun naranasan namin yan". (Oh my, we almost fell that time. It was really at the top of the mountains! Yes, at the peak! My knees were shaking,I said, "ATE"! I have experienced that! We almost fell because the soil was so slippery…I wrong step then we will be rolling down continuously. That was what we experienced).

Some of the participants viewed being a partner as part of their job responsibility. The mere thought of this responsibility made them overcome their fear towards the patient's disease. However, others view this as being left with no choice but to do what they have to do. One participant stated, "Kahit sabihin mo pang nangdidiri ka pa sana e tungkulin po naming gagawin yun. Ginagawa po namin yun." *(Even though you feel a little disgusted, we had to do this because it is our duty.)*

Altruistic Volunteerism (Pag-aalay ng Sarili)

It can be noted that in the transcripts that the CHWs have integrated in their lives and made it a part of themselves what their duty calls them to do. For the CHWs, being a treatment partner was a mission and a source of happiness. For them, their duty was not about offering what one has but offering oneself for a higher purpose. One participant shared, *"Masaya kasi, ang makatulong ka sa kapwa mo, magaan sa loob mo. Ang hinahanap-hanap ko iyong pagsisilbi sa tao."* (I'm happy because helping other people makes me feel light inside. I always seek being of service to people). From another participant: *"Sa akin, marami akong ano...kasi kung baga ang pagiging volunteer ko bilang BHW ay parang ikinasasaya ng sarili kong tumulong sa kapwa ko. Dahil marami po akong natutulungan."* (Being a volunteer as a BHW gives me joy in myself because I am able to help my neighbors).

Being a treatment partner in the DOTS therapy has not always been confined to the said therapy. Most often than not, they served also as a life partner being someone who was always willing to give support and presence in times of life crises.

Theme 3: The Transcending Role of the IndigKnous Treatment Partners *(Pag-igpaw sa tungkulin bilang isang katutubong katuwang sa paggamot)*

Some would say that being a treatment partner in the DOTS strategy means that one would have to "directly" observe the patient taking the medication. However, in reality, the CHW's role as a treatment partner encompasses a multitude of roles. These roles are needed to be fulfilled in order to make sure that their

clients adhere to the long-term treatment which can be very demanding and tiresome. Often they find themselves being sought for medical advice, facilitating admission of emergency cases in the hospital, and counselling people with regards to the different aspect of their lives.

> *"Maniwala ka yung kapitbahay ko yung (diyan sa tabi) ang may ari niyan e diba yung nurse, si rose. Bagong lipat sila doon nakikita ako ang bahay ko ganyan pa rin talaga, hindi pa nagbago yan. Isang araw nung nakalipat na sila diyan inoobserbahan niya kami di pa kami masyadong nag uusap dahil bagong lipat e. sabi daw niya sa asawa niya 'ano kaya ang babae na yan? Bakit laging may taong pumupunta diyan na nagpapa BP, nagtatanong kung anong gamot ang ano sa anak nila, nilalagnat? Ano kaya ang babae na yan, doktora?' Pero iniisip niya doktora iyang bahay niya gira-gira. Syempre hindi niya akalain na sabi niya hindi niya ubos maisip kung ano ba ako, ano ba ang katungkulan ko"?* (Will you believe that my neighbor is a nurse. They just transferred there when they observed me. We were not speaking to each other yet. Her husband wondered, "what kind of woman is this? How come people always go to her to have their BPs taken, and asking what medicine they should give their child who is febrile? Is this woman a doctor"? They cannot seem to reconcile what my duty in the community is).

> *"Tatlong linggo pa lang nga dahil ini-sputum ko yan. Yun nga sabi yun mayroon siyang sakit sa baga kuha sana kami ng gamot dun sa city kaso wala naman gamot ini-refer namin sa PGH".* (That was three weeks ago when I found out that the patient has a disease in the lungs. We went to get medicines but there was none so we referred the patient in PGH).

In some areas, the participants felt they were filling up shortcomings of other health professionals such as midwives and nurses in terms of record keeping and updating. *"Kami na yung naghahanap ng mga report ng mga midwife. Kami yung...ang nagsa-submit sa kanila".* (We are the ones who look [for facts to be included in] the report of the midwives. We submit to them our findings).

All the participants agreed that their partners' treatment concern not only lies on whether the patient takes the medications religiously or not. Their relationship is much deeper than just directly observing them take the drugs every morning. More often, they also serve as an extension of the clients' own family. They treat their clients as their mother, father, or younger siblings; thus they provide the best service they can give. However, there are noted differences in the care given by the CHWs to the patients. The differences are attributed to the kind of affiliation they have to their patient. When the patient are their relatives, they are more discreet in facilitating the treatment. As much as possible they do not make it obvious that their relative is a TB patient.

> *"Kailangan kapag nag bigay ka sa kamag-anak ng ano patago na lang kasi syempre nakakahiya naman. Yun lang ang masasabi ko doon sa akin".* (When I give to a patient who happens to be my relative, it is needed that I give it discretely because it is shameful. That's my take about it).

Theme 4: Spirituality at Work *(Pananalig sa Diyos at ang Gawain)*

Despite the frequent challenges that come their way, the participants would always assume the role of being a treatment partner given the chance. Being a treatment partner entails a high degree of spirituality. It serves as their source of strength and inspiration while they do their work. Their altruistic behaviour of helping others without material or financial gain is rooted in a genuine desire to help other people arising from their belief in a higher purpose. This makes them do all possible means to encourage the patient to stay in the treatment regimen. Placing themselves in the client's shoes obliges them to guide the patient in the treatment regimen and not think of the possibility that they will contract the disease themselves. For an instance one CHW who was forced to take a leave from community health work because became infected with the disease.

> *"Dati naman, yung first experience ko sa DOTS, unang-una kinakabahan ako sabi ko, 'Naku baka mahawa ako.' Syempre isip mo rin yung kaharap mo palagi yung may sakit sa baga. Pero sabi ko sa sarili ko, "Bahala na si Lord".* (Before, during my first experience in DOTS, I was nervous I said, "I might contract the disease". Of course, I am always in front of my patient. But I told myself, "It is up to the Lord".)

Discussion

This research investigated 27 female CHW who volunteered to as treatment partners for the DOTS program. The study revealed 4 major themes which seemingly were intertwined. Participants revealed the reality of being a treatment partner as that marked by empathy to the patient's life experiences. This empathic approach toward the patient, which in turn increases both patient's adherence and satisfaction to the patient.

The CHWs dispensed their role seriously regardless of economic hardships. Often, these challenged their innovativeness and creativity in allowing continuity of the treatment partner's regimen. This seems to put emphasis on the emerging reality that for the treatment adherence to improve, a wide array of factors need to be considered such as that concerns the patient in order to come up with innovative strategies tailored fit to the needs of the local context (Hane, et al, 2007).

In the conduct of community-based programs and interventions, the CHWs are most visible and active, thus making health care provision more acceptable and accessible to people. Kahssay, Taylor & Berman (1998)

highlight the idea that the health workers may be the "only feasible and acceptable link between the health sector and the community that can be developed to meet the goal of improved health in the near term" (p. 5). Though CHWs come from the same socioeconomic background as that of their patients, it is interesting to note that they had come up with more creative ways of ensuring adherence to the treatment regimen. These had led them to surpass hindrances set by poverty and stigma, which, in previous studies, have been the major factors that both caused and aggravated TB conditions.

The participants noted that their patients most commonly belong to the poorest sector of the society. The CHWs identified that the social factors that decreases access to health care regimen included having no income, drug and alcohol abuse, homelessness, being stigmatized and having nobody to supervise the treatment –all of these according to various studies (Noyes & Popay, 2007; Craig et.al, 2007; Kliiman & Altraja, 2009) connote a lack of social support and economic means to avail of or stay in the treatment.

Most of the problems identified were addressed by the participants in a wide array of strategies which had led to modifications and giving meaning of what DOTS is all about. Being a treatment partner veers away from just "directly observing" the intake of medications to assuming roles and responsibilities that they were not expected to fulfil (Walley, Khan, Newell & Khan, 2001). Their responses have evolved mainly on using a supportive approach in facilitating the treatment and being concerned with the patient and not just treating the disease. Treating the patients as persons with multiple needs rather than just inspect checking on them according to Noyes & Popay (2007) yielded more positive treatment outcomes. More so, people have the capacity to nurture health in the face of adversity when there are strong social support networks (Richmond, Ross & Egeland, 2007).

Conclusion and Recommendations

The findings of this study reflect the reality of poverty as a major determinant of treatment outcomes in tuberculosis control. Although efforts have been made to increase access of poor people to the medicines by rendering these drugs free of charge, there are hindrances to the furtherance of a successful treatment. The indirect costs of treatment such as transportation costs in going to distant health centers and food costs to be able to meet the desired outcomes in treatment make the compliance to the regimen no less difficult than before.

Better treatment outcomes have been observed for patients who are being offered choices by their treatment partners at the start of the treatment plan. This implies that modifications in the provision of the DOTS strategy be encouraged. This change entails giving more "power" to the patient by letting them decide how their treatment could be implemented, instead of having them assume a "passive role" of taking the medications in front of a health worker. Furthermore, government support for the CHWs in the form of financial incentives should be provided to enable these health workers to carry on their tasks of being a treatment partner without the hindrance of poverty.

The findings of this study on the mobilization of the CHWs as treatment partners in the DOTS program strengthens the proposition that care is more sustainable and acceptable when there is an innate desire to serve people. These participants identified with their patients and therefore the decision to volunteer one's services and one's self stemmed from one's personal fulfilment and generosity. All of these were shown to be rooted in a deep-seated spirituality. This dimension makes care more socially supportive and more genuine that, in turn, makes that patient become more trusting and transparent with their treatment partner.

References

Craig, GM., Booth, H., Story, A., Hayward, A., Hall, J., Goodburn, A., Zumla, A. (2007). The impact of social factors on tuberculosis management. *Journal of Advanced Nursing.*58(5):418-424
Dimitrova, B., Balabanova, D., Atun, R., Drobniewski, F., Levicheva, V. & Coker, R (2006). Health service providers' perceptions of barriers to tuberculosis care in Russia. *Health Policy Plan* 21: 265-274
Gonzaga, M. & Navarra, E. (2004). *The relationships between treatment partners' characteristics with treatment outcomes of new sputum positive TB cases under directly observed treatment short-course (DOTS) strategy in selected provinces in Western Visayas,* Philippines. 9th National Convention on Statistics (NCS)
Hane, F., Thiam, S., Fall, AS., Vidal, L., Diop, AH., Ndir, M. &Lienhardt, C. (2007). Identifying barriers to effective tuberculosis control in Senegal: an anthropological approach. *International Journal of Tuberculosis and Lung Disease.* 11(5):539-543
Kahssay, H.M., Taylor, M.E. & Berman, P.A. (1998). *Community Health Workers: the way forward.* WHO: Geneva
Kliiman, K. & Altraja, A. (2009). *Predictors of poor treatment outcome in highly drug-resistant pulmonary tuberculosis.* Published online before print January 22, 2009
Eur Respir J 2009, doi:10.1183/09031936.00155708
Longest, B.J., Rakich, J.S., & Darr, K. (2004). *Managing health services organizations and systems.* Baltimore, MD: Brookes.
Morse, J.M. (1994). Designing funded qualitative research. In N.K. Denzin & Y.S. Lincoln (Eds.), *Handbook of qualitative research* (pp.220-235). Thousand Oaks, CA: Sage.
Noyes, J. & Popay, J. (2007) Directly observed therapy and tuberculosis: How can a systematic review of qualitative research contribute to improving services? A qualitative meta-synthesis. *Journal of Advanced Nursing* doi: 10.1111/j.1365-2648.2006.04092.x
Patton, M.Q. (2002). *Qualitative research and evaluation methods.* 3rd ed. Sage Publications: Thousand Oaks, California.
Richmond, C., Ross, N. & Egeland, G. (2007). Social support and thriving health: a new approach to understanding the health of indigenous Canadians. *American Journal of Public Health.* 97(9): 1827-1833
Speziale,H.S. & Carpenter, D.R. (2007). *Qualitative research in nursing: advancing the humanistic imperative. 4th* ed. Lippincott Williams & Wilkins: Philadelphia
Taylor, J.P., Bergmire-Sweat, D. & Suarez, L. (1999). Epidemiology of drug-resistant tuberculosis in Texas. *American Journal of Epidemiology.* 149(4): 359 – 365.

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Research Article

Understanding Pregnancy and Childbirth Experiences Among Adolescents in Baguio City

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Abstract

Adolescence is a period of rapid development where there is an acquisition of new capacities and new situations. It is a phase that presents not only opportunities for progress but also risk to health and well-being. During this stage, there is a tendency to try on various roles as adolescenst struggle with who they want to be and how they want to live. This is a phenomenological study of seven (7) adolescent mothers aimed at understanding their lived experience with regard to their pregnancy and childbirth. Themes that emerged from the data generated in the course of the various conversations with the mothers were (a) "finding encouragement", (b) "the downside of my childbirth experience", (c) "point of no return", and (d) "hope for the time to come". The participants found encouragement from their child, from their immediate family, from the father of their baby; for the married and those who are in committed relationship, from life's changes, and from themselves. Some of the negative aspects of their childbirth experience include "having to stop their studies", and "strained relationships with the people who matter". Difficulties arise from "burden of child care", especially during illness, breast feeding and financial dependency. "Loss of my youth", where the participants were forced into maturity as they perform adult roles and "feeling sorry" were the other categories under the theme downside of my experience. A recollection of the past is described in the theme, "point of no return". Family problems, bad influence and wrong choices happen to be the precursors to unintended pregnancy. Fears of the consequences of pregnancy and thoughts of abortion demonstrated that the pregnancies were unintended. Emotions felt during labor and delivery were pain, fear, loss of patience and relief. The health workers comments, instructions and actions made an impact on the labor and delivery experiences of the adolescent mothers. The theme "hope for the time that is to come" describes the goals and aspirations and coping and family support needed to achieve all that they hope for their child and their own selves. A working framework was also developed towards understanding such a phenomenon, serving as a springboard for future studies towards a grounded theory of understating experiences of adolescent mothers. Interventions to prevent adolescent pregnancy should be of utmost importance. However, when pregnancy occurs, the adolescent should be helped from pregnancy onwards. Need of a support person, efforts to lessen the pain and attempts to address the fears of the adolescent during labor and delivery can greatly improve her childbirth experience. Adolescent mothers can benefit from the services rendered by health workers when they display a more caring attitude that includes providing nonjudgmental care despite the adolescent's lifestyle choices, being available and maintaining a presence for constant support and allowing the adolescent to be part of the decision-making process when possible.

Keywords: *Adolescent pregnancy, Childbirth experience, Phenomenology*

Introduction

Adolescence, according to Littleton & Engebretson (2005), is a transitional period between childhood and adulthood characterized by biological, psychological and social changes. When an adolescent becomes pregnant, the psychological adjustment of pregnancy is added to the challenges in the transition to adolescence. Nichols (1996) posits that the childbirth experience is consistently described as a pivotal event of powerful psychological importance in a woman's life. Furthermore, VandeVusse (1999) stressed that the memories and experiences of giving birth remain with women for decades. As such, childbirth has deep and lifelong effects for women. A satisfying or positive experience with childbirth increases when the woman's expectations are met (Tumblin & Simkin, 2001).

Despite the apparent interest and the abundance of published information on adolescent pregnancy, the literature has focused on the incidence, social background, and health problems encountered by adolescents during pregnancy labor and delivery. However, literature describing what it is like to be pregnant from the perspective of the pregnant adolescent, a necessary first step in addressing the needs and planning appropriate interventions for this growing population, is lacking. According to the United Nations (2001), 132 million babies are born worldwide each year. Of the total annual births in the world, about 14 million babies (10.6 percent) are born to adolescent mothers. In Asia, 6 million babies (8 percent) are born to adolescent mother. Despite the number of adolescent mothers who are giving birth, very few studies were conducted to understand their experiences during pregnancy and childbirth.

Listening to the voices of women according to Callister (2004), is being increasingly acknowledged as essential for healthcare providers in guiding clinical practice with this population. Kearney (2001) has identified three uses of qualitative research findings, including development of data based clinical guidelines, provision of anticipatory guidance and active coaching. Adult women's perceptions concerning the childbirth experience have been studied for years, but knowledge of adolescent's childbirth experience is very limited.

Low, Martin, & Sampselle (2003) affirm birth as potentially empowering, possibly traumatic, and in many instances, life transforming. How women feel about themselves in reference to their potential or actual birth experiences has implication for their health and well being as they adapt to the new demands of parenting and motherhood.

Methodology

Speziale and Carpenter (2003) emphasized six significant characteristics that are common to the discovery process in the conduct of qualitative research. These are: (1) a belief in multiple realities, (2) a commitment to identifying an approach to understanding that supports the phenomenon studied, (3) a commitment to the participant's viewpoint, (4) the conduct of inquiry in a way that limits disruption of the natural context of the phenomena of interest, (5) acknowledged participation of the researcher in the research process, and (6) the reporting of the data in a literary style rich with participant commentaries.

Methodologically, this study was framed within a phenomenological perspective which is the most appropriate approach for this study because of a further need to clarify the chosen phenomenon and shared lived-experience is the best data source for the phenomenon under investigation. The Colaizzi's (cited in Speziale & Carpenter, 2003)) procedural interpretation of the phenomenological method was used during analysis of the data.

The study was conducted in Baguio City with seven participants ranging in age from 17 to 19 years old. Two participants are married, two are in committed relationship (live-in) with the fathers of their children and the three are single. Majority of the participants belong to the Kankana-ey tribe which is one of the largest Igorot ethnic groups. All of the participants have stopped their schooling at the date of interview.

The interviews were conducted from July to September 2009 and the duration varied from 40 to 90 minutes. Interviews were conducted in Ilocano or Tagalog depending on their preference. The initial grand-tour question “Can you tell me the story regarding your experience when you gave birth” was asked. Additional probes were used to illuminate understanding of their childbirth experience. Field notes during the conversation were written to achieve the most comprehensive and accurate description. After the conversation with the seventh participant, data redundancy or saturation was identified since no new information was forthcoming (Morse & Richards, 2002).

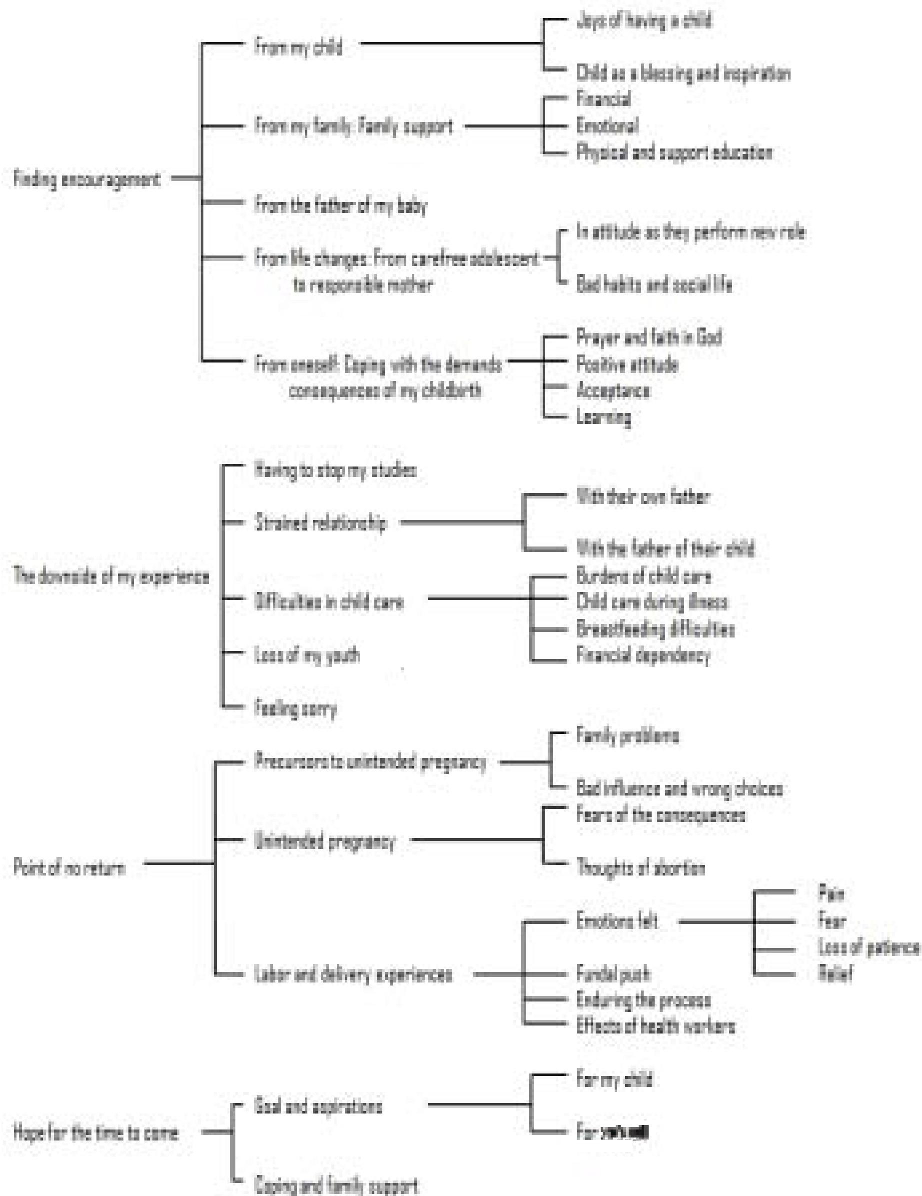
To establish trustworthiness techniques such as member check, discovery of human experiences as perceived by the participants, recognition of multiple realities, prolonged engagement, depth of the interview, bracketing, audit trail, and rich description of the participants, research setting and processes observed during the inquiry were used. Ethical considerations employed were informed consent, autonomy, confidentiality, anonymity, sensitive information, and reciprocity. During the recruitment process, it was explained to potential participants and their parents that participation in this study is voluntary, one has the right to refuse to participate and the right to withdraw at any time during the study. Strict confidentiality was maintained. All data were stored in a secure area. Demographic information was reported as group data only. Audiotapes were erased following completion of the study.

The risks or discomforts of participation in this study were explained to participants and their parents before the interview which include asking them to recall a significant life event, which may invoke strong emotions, such as anger, fear or grief. I tried to create an atmosphere of concern by actively listening and communicating with a non-judgmental attitude that safely allowed sharing of experiences and feelings making the disclosure a cathartic and therapeutic experience. I have not observed verbal or non-verbal signs of fatigue and anxiety in the participant, which may have called for me to stop and continue the data collection at another time or modify the remaining part of the interview to conclude as rapidly as possible (Deatrick & Faux cited by Morse, 1991). I comforted participants when they displayed emotional reactions (i.e. crying) during interview but no one was referred to experts in adolescent psychology for counseling (e.g. Dr. Revilla of Baguio Center for Young Adults, BCYA) because their emotions were not intense and prolonged. My contact number, address and email address were given for them to know where to contact me if they had questions regarding the study. Nobody has withdrawn during the course of the study. After the interview, they were given a gift certificate as an expression of my appreciation.

Findings

In the analysis of the transcript, patterns that emerged were that of ambivalence and the cause and effect. Four themes emanated from the narratives these are: finding

Figure 1. Themes and categories generated from experiences of adolescent mothers



encouragement, the downside of my childbirth experience, point of no return, and hope for the time to come (Figure 1).

Finding encouragement. Finding encouragement focuses on the good or positive aspect of their childbirth experience. Five sources of encouragement were identified by the participants.

First, their child, whom they see as an inspiration and a blessing because they changed, stopped their bad habits such as drinking alcohol and smoking cigarettes and stopped going out with friends. Second, from their immediate family which includes financial, emotional, and physical and support education. The participants verbalized that since they did not have jobs they were not capable to finance the expenses of pregnancy, labor and delivery and child support. It was their parents who provided their needs from the expenses during labor and delivery, up to the basic needs of the baby. As one respondent said, *"Simula pa lang po sa diaper wala po akong maibigay...puro po asa sa magulang ko"*. (I cannot provide even a diaper; I totally depend on my parents). Emotional support was evident with the way the parents accepted the pregnancy and in some instances the union of the participant with the father of the baby, and importantly it was the participants' mothers that had given their assistance and comfort during labor. A respondent claimed:

> *"Imbagak nga 'mama haan dak nga ibatbati' idi mariknak nga rumuaren ngay ket tinitengel ko ni mamak tapos masmasahe-en na likod ko piman nariknak ngay (crying) uray ngay broken family ak ngayket nakitak latta nga haandak nga baybay-an ni nanang ko isuna adi ti nangay-aywan kanyak idiay ospital".* (I asked my mother not to leave me, when it was about to come out. I hold onto my mother and she was massaging my back and I felt that even if we are a broken family, my mother did not leave me alone, she took care of me when I was at the hospital).

Helping with child care and teaching the young mother how to care for the newborn were effective ways in which other members of their family demonstrated physical and support education. Third, from the partners of the four participants who were either married or in a committed relationship who were helping in the provision of the financial needs. Fourth, from the positive changes that took place as a result of their experience. "From carefree

adolescent to responsible mother" aptly summarizes the transformation that occurred. Fifth, from themselves since the participants chose to cope with their situation in a positive manner by giving an earnest request to God during the most difficult part of their experience and by maintaining positive attitudes such endurance, hope and acceptance.

The downside of my experience. The downside of the adolescent mothers' experience describes the undesirable consequences or the negative aspect of being an adolescent mother, like having to stop their studies, strained relationship with their father and the father of their baby, difficulties in child care, loss of my youth, and feelings of regret.

As a consequence of becoming pregnant, one was ordered by her own father to stop her studies and marry the man who got her pregnant while others had to stop to deliver and to take care of their babies. The irony was, they only realized the importance of finishing their studies when they had to stop. The pregnancy resulted to a strained relationship with their parents especially their fathers. The participants verbalized not knowing that their actions would cause much pain to their family, *"Haan ko ngay nga maimagine nga diyay kamalik ket isu lang ti mangpasangit ngay keni daddyk gayam".* (I cannot imagine that my mistake would make my father cry [crying]). Although their own fathers continued to provide for their needs, they expressed that now there is the feeling of awkwardness and shame. The three participants who were single mothers expressed anger and resentment towards the fathers of their babies because they were not responsible enough to support them. The words of one participant captures what the father of her baby did, *"...parang inanakan lang niya ako tapos parang itsapwera na ngay kami".* (It's like he just got me pregnant and after that, we did not matter to him anymore).

Child care was hard especially during the first month of the baby because it exhausted them and deprived them of sleep. They complained that the bulk of caring for their baby was on them, *"Awan, mai-sangitan ka nga aye kastoy gayam ti rigat na ti adda anak na karkaro no maymaysam nagrigat".* (You just want to cry to discover that having a child is this difficult. Especially if you are alone, it's hard). Child care becomes doubly hard when the baby is sick; it resulted to physical and emotional strain as they lacked sleep and had to carry the baby most of the time. All the participants were breastfeeding their babies, although most verbalized that it was painful. Not to breastfeed is never an option because they were expected to breastfeed and they regard breastfeeding as one responsibility of being a mother.

The participants expressed feelings of inadequacy because they cannot provide for the needs of their child even if they like to, *" Parang wala akong silbing ina kasi po hindi ko maibigay yong gusto ng anak ko".* (It's like I have no worth as a mother because I cannot provide what my child needs). The delights of one's youth disappeared when they became pregnant especially now that they have a baby. They used to be totally dependent on their parents for everything and had little concern about what tomorrow may bring, but now, their day to day is consumed with thoughts about their many responsibilities as a mother and sometimes as a wife. It was evident how pressured the participants were in supporting their child especially since their partners left them.

The popular adage *"Nasa huli ang pagsisisi"* (repenting after the fact/experience) is true to the participants. Expressions of disbelief that they became pregnant and had a child were observed in the narratives. They felt extremely regretful when they discovered the difficulties of labor and delivery and child care and when they sensed the reactions of people around them. One participant said *"No siak lang ngay ti agbanbantay toy anak ko agmaymaysa-ak panpanunutek ngay ket apay gamin nga kastoy ti inkastak apay gamin nga nagrebelde ak".* _ (When I am alone taking care of my child, I start thinking about why I did this, why I rebelled).

Point of no return. The theme point of no return describes a review or recollection of past events that led to their childbirth experience. It was a critical stage in their childbirth experience beyond which it became impossible to stop or discontinue. Although this point brings an end to one aspect of their life, it presents an opportunity to start a new phase that is entirely different from the previous. Remembering the past may have invoked negative emotions to most participants, however it also brought back some knowledge and lessons they personally encountered in the situation. Categories under this theme includes precursors to unintended pregnancy, unintended pregnancy and labor and delivery experiences

While trying to find reasons why they made such mistakes, they mentioned having problems in the family, bad influence, and wrong choices. The participants recognized that spending most of their time with their friends and doing activities such as drinking and staying out late at night may have possibly resulted to pregnancy. Some revealed that having a boyfriend early, believing everything their boyfriends told them, using only their hearts, and not thinking about the consequences of their actions were some of the wrong choices that led to their present situation.

> *"Apay gamin nga nagbulbulakbol ak, agawidak lang ngayket parbangon isu siguro nga daytoy ti maalak".* (Maybe this is what I get in return because I go about gallivanting, and went home in the wee hours of the morning).

> *"Agbababawi ak kasi haan ko nga pinanunot no anya ti mapasamak ton kanyak".* (I feel sorry because I did not think of what will happen to me in the future).

All the pregnancies were unintended as implied by the participants' reactions when they first learned that they were pregnant. Afraid, nervous, confused, shocked, weak, were the common reactions expressed by the participants. One rightly portrayed the confusion she felt when she learned that she was pregnant, *"Kala nga imbarbartek ko nga insangsanget ko nga ay shit hanko ngay nga ammo nga anya ngata masikog ba wenno saan, hanak nga maiturturogan, panunutem no anya ti aramidem ngata, anya ngata ibagak ti parents ko"*. (It's like I got drunk; I cried and shit I do not know if am I pregnant or what; I cannot sleep; you are thinking what to do; what will I tell my parents). Thoughts of abortion and the degree of the desire to abort varies from just a passing thought to a strong force that led some to carry out concrete behaviors that might actually terminate the pregnancy.

The participants felt a variety of emotions during labor and delivery. Important emotions observed were pain, fear and nervousness, loss of patience and relief. Difficulty was always connected with pain, especially when the baby was about to come out. One put in plain words the pain she felt during labor: *"Labor po talaga yung pinakamahirap, dahil lahat po ng sakit nandoon na e, di mo malaman kung anung masakit e, pati dulo ng buhok lahat masakit e..."* (Labor is the hardest because everything is painful, you do not know where the pain is, even the ends of your hair is painful). Another associated the pain during labor and delivery with the pain of taking on added responsibility and pain of being a single parent, *"Nariknak nga nasakiten sunga in-promise ko nga ituloy kon ti eskwelak ken biagek diay anak ko nga siak lang, diyay, medyo nasakit man masapol nga, tatagan"*. (I felt that it was painful that's why I promised that I will continue my studies and raise my child alone, it's a little bit painful but I have to be strong). Aside from the pain from labor and delivery the participants reported that they felt pain from different medical and nursing interventions such as internal examination (IE), intravenous fluid (IVF) insertion and suturing of episiotomy.

At the onset of labor, they emphasized that they felt nervous and did know what to do or what will happen. They were frightened to go through the process of giving birth because it was unpleasant and were worried about the uncertainty of the result. Some demonstrated intense feeling of dying and being in danger, *"Ti inmuna nga napanunot ko diay matayak sunga haan ko nga pinapanaw ni mamak"*. (The first thing that came to my mind was that I might die and so I asked my mother to stay). The participants depicted being annoyed and upset at having to endure the long labor and expressed deep desire for the ordeal to end soon. The participants expressed relief the moment the baby came out. They all felt joy when they heard their baby cry and saw their baby for the first time. Fundal push was perceived by the participants as very painful, but at the same time others understood it helped them bring out the baby. The participants were able to endure labor and deliver by having positive outlook, prayer, and thoughts about the welfare of the baby. All of the participants expressed the need to be with their own mothers during labor.

The health workers actions, instructions and comments made an impact in the labor and delivery process of the participants. When the health workers were kind and the instructions were clear, the participants reported a shorter and easier delivery, in contrast when health workers were harsh with their comments and actions and gave unclear instructions resulting to irritation, hurt, prolonged delivery. The following quotes were some suggestions of the participants to health workers.

> *"Dapat isuro da ken mahinhin da nga agsao diay handa ngay nga nau-unget nga agsao ta siyempre mabuteng ka".* (They should teach and talk in a gentle manner, not in an angry tone because, of course, you are afraid).

> *"Di alis ng alis ang nurse kailangan po nandoon lang po kasi po pag umaalis po paano kaya pag biglang manganganak ka na tapos wala yong nurse".* (The nurse should not keep on leaving they should be there, what if they left and you delivered and the nurse was not there).

> *"Isuruan da kuma diay kasla kanyak no kasano nga ag-ere, tapos papigsaen da kuma ti loob tapno makayanan na".* (They should teach someone like me on how to push and they should strengthen them so they can deal with it).

Hope for the time that is to come. Hope for the time that is to come describes the goals and aspirations of the participants for themselves and their child. The narratives contain verbalization of the hope of the participants to raise their baby well which is measured in terms of being able to provide all the child's needs, and the child having good manners and good health. Most participants want to continue their studies in order to find a good job later for the future of their child. Undeniably, their goals are tuned-in to their babies, *"Mas ini-isip ko po yong baby kesa po sa akin, lahat ng nasa isip ko itutu-on ko na lang sa gusto ng anak ko"*. (I think of the baby more than myself, I will focus everything on my mind on what my child needs). Family support is a deciding factor on the success of the attainment of their goals because in order to continue their studies they need financial assistance and someone to take care of their child in their absence.

Towards the Development of a Framework

A working framework towards understanding the childbirth experience of the adolescent mothers was developed as shown in Figure 2.

The cause of the childbirth experience was captured in the theme: the point of no return and it is placed underneath. The consequences or the effects of childbirth experience are placed on a weighing scale since the theme - finding encouragement is balancing the downside of my experience in order to maintain equilibrium. With both finding encouragement and the downside of my experience the mothers will endeavor to achieve their hope for the time

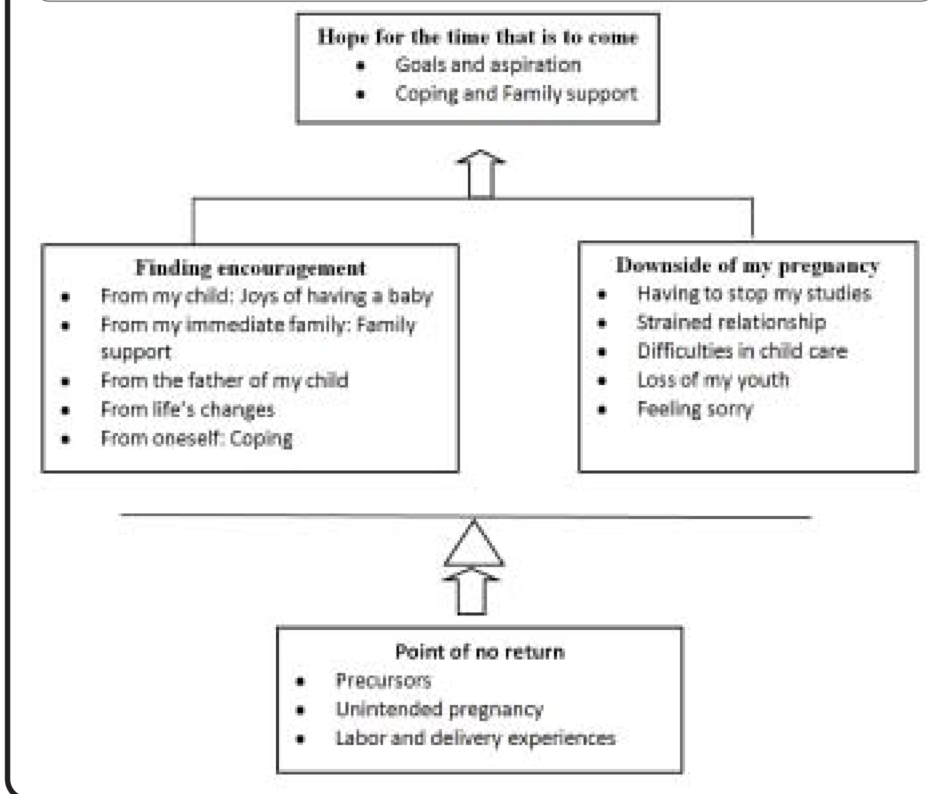


Fig. 2. Towards a Framework for Understanding Childbirth Experience of Adolescent Mothers[1]

that is to come. The childbirth experience of adolescent mother's framework describes the lived experience of adolescent mothers from their perspective. Medical and nursing interventions should address all sections in the framework.

The pregnancies of the adolescent mothers in this study were unintended. Interventions must take into consideration the nature of changing norms of sexual behavior among the adolescents without having to sacrifice sociological, constitutional, moral, or religious values that are uniquely Filipino. Reduction in teen pregnancy rates can be achieved through changes in adolescent sexual behavior and changes in contraception use (Darroch and Singh, 1999), because abstinence only strategies may deter contraceptive use among sexually active teens (Guttmacher Institute, 2006).

Discussion

The importance of parental discipline and supervision should not be ignored as the findings of this study suggest that lack of quality time with parents along with being influenced by friends and wrong choices were the reasons that led to pregnancy. Marquez & Galban (2004), Ates and Basham (2007) and Gilliam (2007) emphasized that direct supervision of parents serves as protective factor and mothers are central figures in susceptibility to and prevention of pregnancy outside marriage among teenage daughters. Preventing teen pregnancies requires a concerted effort on the part of parents, and government to insure that right information is transmitted to the children even during their pre-teen years and that they are well-monitored and supported emotionally and psychologically.

The study ascertains the need to reinforce childbirth preparation as most of the participants' verbalized fear, and being nervous during the labor and delivery. Considerations can be given since the adolescents in this study demonstrated great need for their mothers during labor and delivery. Aside from the natural pain during labor and delivery, mothers reported that internal examination, insertion of IV fluid and suturing of episiotomy were equally painful. Adolescent mothers can benefit from the services rendered by health workers when they display a more caring attitude that includes providing non-judgmental care despite the adolescent's condition, being available and maintaining a constant presence for support and allowing the adolescent to be part of the decision-making process when possible.

The findings in this study reveal that adolescent mother's population is in need of tremendous support, especially in the provision of basic needs for themselves and their child. Main support of adolescent mothers in the Philippines comes from their immediate family. Therefore there is a need to strengthen the family in order that they can better assist the adolescent mother thereby improving the outcome of pregnancy for the adolescent mother and her child.

Limitation of the Present Study and Future Research

This study was limited to the adolescent mothers of Baguio City. It was a one-time conversation about the childbirth experience of adolescent mothers during the first year period after delivery; therefore findings cannot be generalized to longer term period. Determining whether the present findings are sustained over time will require

[1] *This framework is derived from the results of the study. This can be a working framework that can be pursued towards a grounded theory that can be utilized for understanding the experiences of adolescent mothers.*

longitudinal studies. Because participation was limited to 15-19 years old, findings of this study are not applicable to young adolescent mothers. Furthermore, factors such as culture and whether it has an effect on the outcomes or the findings should be evaluated in future study.

Conclusions

This qualitative study attempted to give voice to the unheard in an effort to develop new knowledge and understanding of how adolescent mothers make meaning of her childbirth experience. The findings in this study contribute to the understanding of how adolescent women face pregnancy, labor and delivery and motherhood. The insights gained illustrate the need for a comprehensive program that will prevent adolescent pregnancy, the need to reinforce program on childbirth preparation and the need to improve health care services so as to promote a positive childbirth experience.

Acknowledgment

This thesis owes much to the teachings of the faculty of the Master of Arts in Nursing program of the UPOU. My deepest gratitude to my adviser Dr. Erlinda C. Palaganas who made important comments and suggestions that permitted this paper to have a steady progress to completion. Special thanks to the oral defense committee members, Teresita I. Barcelo, Sheila R. Bonito, Diana Gloria A. Pestaño and Bethel Buena P. Villarta whose straightforward comments and sensible suggestions led to the improvement of this paper.

My sincere gratitude to the participants who generously shared and trusted their lived experiences with me.

References

Ates, A. & Basham, C. (2007). *Teenage pregnancy among Latinas: Examining risk and protective factors. Hispanic Journal of Behavioral Sciences 29, 554.* Retrieved April 16, 2009 from http://hjb.sagepub.com

Callister, L. C. (2004). *Making meaning: Women's birth narratives. The Journal of Obstetric Gynecology, and Neonatal Nursing 33(4)*, 508-518. .

Darroch, J., & Singh, S. (1999). *Why is teenage pregnancy declining?* (Occasional Report No. 1) New York: Guttmacher Institute. Retrieved April 16, 2009 from http://www.guttmacher.org/pubs/or_teen_preg_decline.pdf

Gilliam, M. (2007). *The role of parents and partners in the pregnancy behaviors of young Latinas. Hispanic Journal of Behavioral Sciences, 29(50).* Retrieved April 16, 2009 from http://hjb.sage.pub.com

Guttmacher Institute. (2006). *Facts on sex education in the United States.* Retrieved April 16, 2009, from http://www.guttmacher.org/ pubs/fb_sexEd2006.pdf

Kearney, M. H. (2001). *Levels and applications of qualitative research evidence. Research in Nursing and Health,* 24, 270-282

Low, L., Martin, K., & Sampselle, C., (2003). *Adolescent experience of Childbirth: Contrast with adults. Midwifery Women's Health Journal,* 48(3). Retrieved July 24, 2007, from http://wwwmedscape.com

Marquez, M. N., & Galban, N. T. (2004). *Getting hotter, going wilder? Changes in sexual risk taking behavior among Filipino youth.* Paper presented at the 7th International Conference on Philippine Studies, 16-19 June 2004, Leiden, The Netherlands

Morse, J. M., & Richards, L. (2002). *Readme first for a user's guide to qualitative methods.* Thousand Oaks, CA: Sage.

National Demographic Health Survey (2008). *2010 Press Releases.* National Statistics Office, Philippines. Retrieved February 42, 2010 from www.nso.gov.ph

Nichols, F. (1996). *The meaning of childbirth experience: A review of the literature*. Journal of Perinatal Education, 5(4), 71-77.

Sauls, D. (2004). *Adolescent's perception of support during labor. Journal of Perinatal Education*, 13(4), 36-42. Retrieved February 24, 2010 from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1595221/pdf/JPE130036.pdfSpeziale, H. S., & Carpenter, D. (2003) Qualitative research in nursing: Advancing the humanistic imperative (3rd ed.). Philadelphia: Lippincott Williams & Wilkins.

Tumblin, A., & Simkin, P. (2001). *Pregnant women's perceptions of their nurse's role during labor and delivery. Birth*, 28(1), 52-56.

United Nations. (2001). *World population prospects*. Vol. I, Geneva: United Nations.

VandeVusse (1999). *Decision making in analysis of women's birth stories*. Birth, 1, 43-50.

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Good Governance and Effective Leadership[1]

Prof. Roland G. Simbulan[2]

I am deeply honored by the invitation to address all of you this morning and to be your Speaker before the House of Delegates Assembly 2010 of Annual Convention of the Philippine Nurses Association (PNA). Your work in painstakingly seeking, as your New By-laws states (2009) "as a collective body, to strengthen the nursing profession as a social force", is commendable. Your role is important, as you seek as an organization, "to work for the welfare of nurses, to attain optimal level of professional standards, to respond to the changing health needs of Philippine society, and to establish linkages with government, non-government, local/national and international agencies in the attainment of health goals".

The topic, "Good Governance and Effective Leadership" comes at an opportune time because we have a new administration in the Philippines, and people are looking forward with hope and great expectations. It allows us to reflect on issues confronting our nation today. Already, during its first 100 days this October, the Aquino administration has pledged to carry out a "good governance" initiative, and has committed itself to transparent and accountable government. Our response to this can only be to widen what we call participatory governance, that is, to broaden the participation of professional organizations like yours, and civic groups in the political process.

So today, in discussing "good governance and effective leadership", I will examine the possibilities and challenges of participatory governance under the administration of President Aquino.

There is no definite consensus about the definition of participatory governance. I shall define "participatory governance" as governing by inclusion and participation of non-state actors or organizations in the policy-making process. (Clingerayer J. & Feiock, R.. Institutional Constraints and Policy Choice: An Exploration of Local Governance. Albany: State University of New York, 2001).

Governance is the process by which a society is managed and looked after. Good governance is when that process is handled honestly and efficiently for the benefit of all citizens, respecting and promoting human rights and human development. We must reclaim OUR government that has long become alienated from its people, and in so doing, to alter and even change our own understanding of what governance means if we are to move forward as a nation and people.

In practice, we have never really had democracy in the governance of this country. Such a situation exists even as we have good constitutional provisions-- hard won democratic space by popular struggles -- which still have yet to be realized and maximized. On paper, these provisions have institutionalized people's participation in governance:

1. "The State shall encourage non-governmental, community-based, or sectoral organizations that promote the welfare of the nation". (State Policies, Art. II. 1987 Constitution)
2. "The State shall respect the role of independent people's organizations to enable the people to pursue and protect, within the democratic framework, their legitimate and collective interests and aspirations through peaceful and lawful means. People's organizations are bona fide associations of citizens with demonstrated capacity to promote the public interest and with identifiable leadership, membership and structure". (Sec. 15, Art. XIII, Social Justice and Human Rights -- The Role and Rights of People's Organizations, 1987 Constitution)
3. "The right of the people and their organizations to effective and reasonable participation at all levels of social, political and economic decision-making shall not be abridged. The State shall, by law, facilitate the

[1] *Paper presented before the House of Delegates 2010 at the Annual Convention of the Philippine Nurses Association (PNA), Centennial Hall, Manila Hotel, October 27, 2010.*

[2] *Professor in Development Studies and Public Management, University of the Philippines, & Senior Fellow, Center for People Empowerment in Governance*

establishment of adequate consultation mechanisms". (Sec. 16, Art. XIII, 1987 Constitution)

What is our situation today?

Even with the 1987 Constitution, we have a fake democracy. We have an oligarchy: a government controlled and manipulated by the elite - 250 political clans and dynasties who own the largest tracts of land and biggest businesses. When the United Nation's Development Program's Human Development Report (1991) defines democracy as a condition where, "People must be at the center of development... it has to be development of the people, by the people, for the people", do we see this in the Philippines? In short, we are a nation where economic and political power is narrowly concentrated in the hands of the few.

The State has not been entirely autonomous from non-State actors. Some social actors especially big business and big landlords have long developed and maintained a close relationship with the State. Agendas of big business interests are always often channeled through public officials who in turn have direct or close ties with big business. Public officials tend to represent and articulate business interests in the policy-making process. Thus, participation has long been limited to powerful vested interest groups, such as trade or industry associations which have resources to raise their concerns in the policy process, and usually they fund the political campaigns of politicians. The power and influence of business in participatory decision making has always been there and firmly implanted because officials are themselves part of or are involved with big business. Just look at their Statement of Assets and Liabilities (SALS) and you will know what I am talking about.

The poverty that we see daily in our communities and country is not a natural state, but one constructed and maintained by unequal relations and structures of power. That is why our advocacy and development work is an organized effort towards an empowerment perspective. We seek and aim at a citizen-centered local community which involve the coordinated efforts of people to change policies, practices, ideas and values that perpetuate inequality, intolerance and exclusion of the poor majority. Ultimately, as an organized effort, we aim to bring system-change, not merely palliative reforms in policy, regulation or implementation. Effective advocacy challenges existing imbalances of power and changes thinking.

But, government-initiated participatory governance mechanisms, while intended to broaden participation of diverse and broad social actors, are often dominated by powerful interest groups who are either related to government officials or have close family or business connections with them. Thus, in our advocacy for people empowerment, we are faced with an Elite-driven government that thrives on political patronage, elite domination, weak political party system, corruption, inefficiency and low budgetary priorities for the poor in terms of basic social services, especially for the health and education sectors.

Just the other day, Monday, Oct. 25, we had the barangay elections. As citizens, we are not supposed to just see ourselves as passive constituents, voters or recipients of the leadership of our representatives or of our leaders. We do not just keep government on its toes; we must make government, its institutions and the system work for us.But this can only happen if we equip the people with democratic sentiments, values and capacities.

Who, and what is government? We give it its resources and money to spend. We give it legitimacy. It speaks on our behalf. And it represents us. At the very least, government should be transparent and open to the people, its real masters, and, as President Aquino said recently, we are his "BOSS".

Thus, the people should be involved in strategic decision-making, in agenda and framework setting, not just in implementation. Thus, it is imperative to assess the level of citizen participation. Such an assessment can provide useful insight for understanding participatory governance. But, what is good governance, anyway?

The UN Economic and Social Commission on Asia and the Pacific (UNESCAP, 2008) describes good governance by effective leaders as having eight characteristics:

1. PARTICIPATORY. It allows and supports informed and organized participation of the people.
2. FOLLOWS THE RULE OF LAW. It requires full protection of human rights and impartial enforcement of laws, no matter who violates it. The leader is not above the rule of law.
3. RESPONSIVE. Addresses the real needs and welfare of constituency.
4. TRANSPARENT. This means that rules and regulations are followed in decision-making. It also means that information about such decisions is accessible and given to all citizens.
5. CONSENSUS-ORIENTED. The interests of different sectors in society are heard towards reaching a broad consensus on what is needed for the country's development.
6. EQUITABLE AND INCLUSIVE. It supports all groups, particularly the most vulnerable and helps them improve their well-being.
7. EFFECTIVE AND EFFICIENT. It makes the best use of resources by sustainable management of natural resources and protection of the environment.
8. ACCOUNTABLE. This means leaders put the prime interest of the people and well-being of citizens, especially the poor, marginalized and dispossessed sectors, above other interests, in their decisions since these people are the most affected by the quality of governance in a country.

Cuba's Example

I have a confession to make. We all have our idols, but my idol is an Argentinian doctor, Dr. Ernesto "Che" Guevara who served in the Cuban Revolution in 1959 and as Cuba's Minister of Agrarian Reform and Industry. Che Guevara introduced the concept of "social medicine", where medicine and health care becomes a collective responsibility. In 1965, in a speech before Cuban doctors and health workers, Che Guevara outlined his idea of social medicine:

The battle against disease should be based on a principle of creating a robust body -- not creating a robust body through a doctor's artistic work on a weak organism, but creating a robust body through the work of the whole social collectivity. One day, medicine, will have to become a science that serves the struggle against the fundamental causes of disease and poverty.

Cuba exemplifies good governance and effective leadership because even the United Nations today classifies its health care system as one of the best among developing nations that we can all emulate.

Schools of Empowerment

Your organization, and its organized chapters and networks are schools of empowerment of our local communities. More effort must also be concentrated on grassroots education and consciousness raising. It is public awareness that puts the greatest pressure on the different levels and branches of government to fulfill the government's commitment to the delivery of better, basic social services especially for health and education. Definitely, our government needs to invest more in public health and public health service systems, as the share of our health sector is only 2.5% share percentage of the total national budget expenditure program, a far cry from the 5% share percentage prescribed by the World Health Organization.

How many times have we heard many of our people say that they have feelings of powerlessness in their relationship with irresponsible government of corrupt and inefficient public officials? Citizens need to take command of the nation again. For better or for worse, this land is ours, and so is the government, so we have to work hard to make it better. We all will suffer if its leaders are not truly representative, or if its leaders are not effective.

Obstacles

But a major obstacle to genuine participative governance is the attitude of the oligarchy in this country who immediately suspect those who are in advocacy work, as subversives, terrorists, and trouble-makers. This is because the elites are generally afraid of reforms, much more if it is fundamental social change. There have been many extra-judicial killings, involuntary disappearances, etc. For the record, let me share with you the data of the human rights organization, Karapatan from Jan 21, 2001 to June 30, 2010:

Extra-judicial killings	- 1,206
Missing	- 206
Torture	- 1,028
Illegal arrests	- 1,963

Most of the victims are farmers in our rural communities. Even health workers have not been spared, such as the 43 health workers who have been illegally arrested for serving the most destitute areas in our country. These are alarming developments.

It is perhaps ironic that the very machinery that we finance with our taxpayers money and which is supposed to be our protector, is now also our oppressor through its coercive and repressive machinery.

Public awakening drives great change and reforms. But why are committed people who only seek to reform and improve the lives of our people, are themselves the targets and victims of violent repression? Is this an indication that the Elite-dominated government is afraid of the people who after becoming aware of their rights, get organized for socio-economic reforms to build a truly democratic society? Maybe, more tolerance of an empowered people by the oligarchic state, and guaranteed by the effective protection of life and liberties, is what will lead us towards the resolution of armed conflict, as we try to resolve the structural roots of poverty, insurgency and rebellion, and the widening gap between the haves and have-nots.

Grassroots political power

I have always believed that local governance is the key to building grassroots political power, and eventually a genuine, platform-based political party firmly rooted among the masses. To do that, we must dissect and master how government works. We need to understand and master the present public policy process and in so doing, help enshrine and enhance empowerment and people participation in policy making and reform. And it is imperative to project an alternative national development program and develop from the grassroots, leaders who can excite and capture the imagination of our people. And only an empowered and vigilant citizenry -- at the national and local level -- can curb the excesses of the state that serves the narrow interests of the local elite and foreign elite transnational interests.

The term "good governance" is often abused by foreign lending agencies and donor institutions like the World Bank, because, for them a country has good governance when it implements the conditions set by foreign banks -- like the liberalization of trade, or elimination of government restrictions on the entry of imported goods and agricultural products that kill our industries. An accountable, efficient and responsible government would never allow millions of farmers going bankrupt and hundreds small firms closing own because of this kind of "free market " trade liberalization policy. This is foreign-dictated "good governance”.

This is why I would prefer to use the term peoples governance instead of good governance. Peoples governance is the kind of governance that puts the interest and well-being of citizens, especially the poor, marginalized and dispossessed, above other interests. Under people's governance, the rights of the people to land and livelihood are pursued through policies such as land reform and national industrialization. Citizens are empowered and their civil and political rights are protected to enable them to make informed decisions.

For the struggle to be sustainable, the people must not only be politically educated; they must be equipped with the necessary skills to ultimately govern themselves at the local and national level. Ultimately, the task of organized people's power is to challenge the power of the oligarchy in the political and economic realm, and to restructure that power at the national and local level according to what serves the interests and needs of the basic sectors.

We must develop expertise in lobbying and policy intervention. The expertise for oversight by people's organizations should be developed and improved, and a mastery of the accountability and governance mechanisms of government enhanced. The engagement strategy means that, to have impact in terms of policy prescriptions and intervention that would improve the lives of the basic masses, or to defend their interests, we should prepare for effective engagement even with the technical experts harnessed by government, international financial institutions, and transnational corporations.

Prescriptions for good governance

And what is my prescription for participatory governance? Since local officials are closer to the people and their grassroots organizations, local public officials can be more easily held responsible and be open to public scrutiny than national officials. Let us learn to:

(1) Guard closely our money that they spend for public projects and programs;
(2) Monitor performance of public officials, for after all, they are the public's "servants"; and
(3) Open and increase leveraging and access to information on all government activities and government operations. It is the right of citizens to know what their government is up to and government agencies have a duty to make information and records accessible to the people who support the government with their taxes.

You may, also, by the way, also apply these principles to governing and managing your own organization to make it transparent and accountable.

The Aquino administration is now over a hundred days old. The best appointments that I have seen so far are those of Atty. Leila de Lima at the Department of Justice (DOJ), and Mr. Jesse Robredo at the Dept. of Interior of Local Government (DILG). Etta Rosales as Chair of the Commission on Human Rights, is also a good choice for me.

Imagine, if even just half of our country's 42,000 barangays were empowered in the sense of being truly transparent and accountable to their constituents, what a change it will be! And if the beneficiaries themselves through their local governments were involved as planners and participants for basic needs programs.

I am sure that many of you have many stories and experiences to share from your communities of how local empowerment can be attained through people's initiatives to make our Local Government Units (LGUs) more responsive and effective for people's needs.I believe it is possible to change toward a professional and incorruptible government, especially if the national leadership is committed to transparency, honesty and professionalism in government. May I also emphasize that we should not miss on utilizing advanced Information Technology (IT) to increase access and participation in local and national policy-making and in service delivery.

May I reiterate, that it is time once again to reclaim our government, and to make it work for us. The times are indeed challenging .The burden of our national problems challenge us. I have always looked up for strength to the hope and wisdom of our people in the face of hardship and repression. The people's strength inspire us all even as we resist the fear that threatens to engulf us. The commitment of others as well as their unflagging dedication, fire us with the strength to achieve our collective goal which is to liberate our nation from poverty, an outcome of structural inequalities in our society.

In sum, how do we respond to the Ninoy Aquino government? Our organized efforts and actions should try to use the openings in the political system to establish and implement laws and policies that will create a just and equitable society. Let us push the new administration to broaden and even institutionalize the participation of citizens - professional associations, NGOs and people's organizations -- in national and local policy-making, as already directed by the 1987 Constitution.

I have been told many times by foreign friends, that when it comes to NGOs and work in people's movements, we are already a superpower in the Philippines; let us therefore convert and translate that strength and power in influencing strategic decision-making both at the national and local levels so that we can have a pro-poor and pro-Filipino government.

I have no doubt that the more than 55,000 members of the Pambansang Samahan ng mga Nars ng Pilipinas, Inc., or the Philippine Nurses Association, with its 97 chapters nationwide, are a significant force for national development and our people's welfare.

I wish your convention every success in charting its theme for a more consolidated national organization of our country's nurses. I warmly thank the organizers of this House of Delegates of the PNA for inviting me to this gathering. It is always a pleasure for me to be with Filipinos who are deeply committed to the health of our people and nation.

May our advocates for good governance with transparency and accountability, and effective leadership ever increase!

PNA NURSE SURVEY 2009

PNA DEPARTMENT OF RESEARCH
ARACELI BALABAGNO, RN, MAN, PHD (CHAIR)
SHEILA BONITO, RN, MAN, DRPH
JUANITO FORMOSO, RN
JESUSA PAGSIBIGAN, RN
RITA RAMOS, RN, MAN

Information from the Philippine Nurses Association (PNA) Chapters shows that the membership to the national organization is way below the number of professional registered nurses. Reasons for non-membership are quite unclear. There is a dearth of data to explain such occurrences. In 2009, there were 32,617 nurses who passed the board exams.

The PNA in its vision and mission statement aim to advance nursing in the area of research and development, support membership campaign, and provide information on the professional and welfare needs of its members. Generating seminal data support these goals. This research seeks to provide baseline information on membership characteristics and to establish some trend in factors that influence membership to the national organization such as geographic distribution, age, sex, civil status, employment status, whether first degree is BSN or not, needs for training, and intentions to stay in the profession.

This is the first survey of this nature for the organization and it is hoped that this would be a continual survey to gather information that will help address the needs of Filipino nurses.

Objectives of the study

The primary purpose of this research is to generate data on the characteristics of the new members and the regular members of PNA. Specifically, the study aims to:

1. Describe the characteristics of two groups of PNA members: new members and regular members, in terms of demographic characteristics, employment characteristics, need for training, and intent to stay in the profession.

2. Identify factors influencing membership to the national organization.

3. Determine the perceived needs of PNA members in terms of professional growth, and economic and welfare factors.

4. Describe current concerns and experiences of PNA members that impact on satisfaction on being a nurse.

Materials and Methods

The cross-sectional, descriptive design was used. Data collection was done at one point in time, during the oathtaking of new nurses. Questionnaires were made available at the PNA office in Manila and sites of oath taking of new nurses in Manila, Baguio, and Cebu. The 35-item questionnaire was pretested, and comments were included in the revision.

The strategy was to be able to capture the profile of nurses who are just applying for their membership to the national organization. Out of the 32,617 new registered nurses, 5658 (17%) answered the questionnaires. In addition to the new nurses, there were 613 nurses who were renewing their membership to PNA. This makes the total number of respondents to the study 6271.

The following were undertaken to ensure ethical processes: (a) approval of the sponsoring institution (PNA), (b) participation of respondents were voluntary, and (c) consent from the respondents were sought through a letter in the cover page.

Key findings from the survey show that:

- ***Demographic profile***
  - Majority (52%) belong to the 21-30 age group followed by 36% of those who belong to 17-20 age group
  - Most are females with a male-female sex ratio of 1:3
  - A large number (88%) are single
  - Many are Catholics (82%)

- ***Educational background***
  - 91% had BSN as their first degree
  - Among those whose BSN is their second degree, 33% have degrees on social sciences and the like and 30% belong to other health sciences

- ***Training needs***
  - Many prefer to have training on the following field of specialization:
    - 54% in medical surgical nursing
    - 22% in psychiatric nursing
    - 20% in obstetrics
    - 13% in pediatrics
  - Units earned in post-graduate courses range from less than 3 units to 60 units with an average of 18 units

- ***Employment***
  - Five hundred seventy-two (572) or nine percent (9%) of respondents are working. Nine percent (9%) of them are in nursing positions, with 0.45% (n=29) looking for RN positions.
  - Out of the 572 respondents who are working, 48% work in hospital setting, 28% in academic institutions and 17% in the community setting.
  - Respondents identified hospital as top practice settings for principal employment and academic institution as secondary employment. Patient care is the top activity in principal employment and 32% is teaching in secondary employment.
  - When asked about likelihood of leaving current employment, 49% reported that it is very unlikely, 13% is somewhat unlikely, 23% said somewhat likely, and 14% very likely.
  - When prompted as for their possible reason for leaving, 59% cited retirement, 21% family or personal reasons, 13% job dissatisfaction.
  - In terms of popular destinations abroad, out of 166 respondents, 43% indicated United States, 28% for Canada, and 14% for New Zealand.
  - When asked about reasons for staying in the Philippines, respondents cited (a) to gain more experience before working abroad (18%), (b) for mastery of nursing skills (4%) and (c) to serve the Filipinos (4%).
  - Respondents were asked for reasons for satisfaction as a nurse and the top three answers was: care for patients (21%), compensation (11%) and commitment (11%).

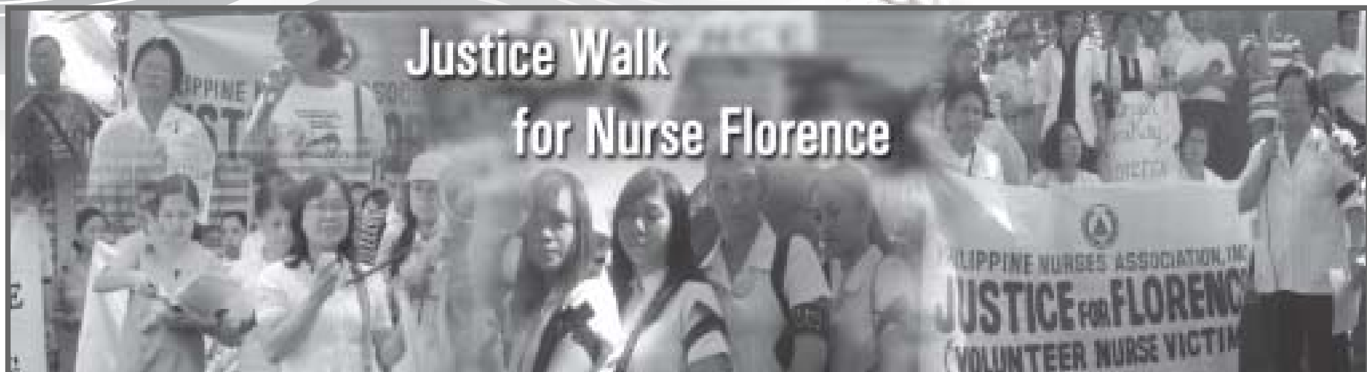
- ***Membership to Philippine Nurses Association***
  - Out of 6271 respondents, only 9% (n=577) indicated membership to PNA, with 3% (n=216) as life member and 6% (n=361) as regular member. When asked how often do they renew membership, 95% (n=303) said they renew regularly and 5% said they renew irregularly. Among those who renew regularly, 96% (n=289) renew yearly, and 4% every 3 years.
  - Respondents were asked whether they have participated in PNA programs: 60% (n=274) said yes and 40% said no. When asked to specify the nature of participation to PNA programs, majority (44%) mentioned attendance to seminars and continuing education updates.

When you're a nurse
you know that every day
you will touch a life
or a life will touch yours.
~Author Unknown

Feature Article

The Rape of "Florence" and the Saga of the Nursing Profession

Eleanor M. Nolasco, RN
Chair, Advocacy Committee, PNA



PNA Incident report: *Sept 25, 2010 p.m. "A young female nurse was abducted, brutally raped and left almost lifeless in the premises of a municipal hospital in Maguindanao where she was deployed by the provincial health office under the government's NARS program".*

"Florence" (her alias) is a newly registered nurse on her first "job" as nurse volunteer for 6 months in a remote municipality away from home with a monthly allowance of Php8,000 – a considerable amount to add to her family's meager income. The townsfolk were aghast while confiding that no one could have had the brazenness to do such an act except those in power and with influence alluding to a local official who continued to resist investigation on the claim that there was no evidence to pin him down nor was there a witness who could identify him as the perpetrator of the crime. "Florence", the only one who could do so, unfortunately was not deemed ready as yet to go through the rigors of the case, thus putting the case on a standstill.

The rape of "Florence" was condemnable not only for its heinousness but for the fact that the victim was young and had barely begun a career path of serving in a remote and poor rural community away from family and devoid of material comforts. It was not only a personal tragedy for Florence and her family but a loss too for the people and community whom "Florence" was serving at that time. Shortly after the crime, the other nurse volunteers in the area pulled out leaving the municipal hospital again undermanned and short of critical nursing manpower.

INJUSTICE TO THE NURSING PROFESSION. On a broader scale, the repercussions and implications to community service and community nursing practice had been serious. Reports had it that some schools with community immersion programs had suspended or altogether discontinued such to give in to parents' misgivings over their children's security after the "Florence" case. The same feeling of anxiety must have been stoked by the earlier case of "Morong 43"pertaining to the illegal arrest and detention of 43 health workers that included a nurse and two doctors falsely accused of engaging in anti-government activities while in a First Responders' health skills training. The charges had since been dismissed and the health workers eventually released shortly before Christmas.

Both cases dealt a significant blow to the psyche and spirit of nurses who may have been opting to venture into community nursing. Efforts to bring them to communities sorely lacking health services had all been effectively weakened by the twin transgressions that were the Morong 43 and the Florence rape.

PNA LEADS "JUSTICE FOR FLORENCE" CAMPAIGN. The PNA immediately took on the case of "Florence". Modest financial assistance and ample moral support to "Florence" and her family were extended by the national leadership and the PNA chapter with jurisdiction. A fund-raising activity was also initiated to help the family through the acute phase of their personal tragedy. PNA likewise launched a national campaign to demand justice for our young colleague that culminated in a prayer rally at

the Luneta Park on the first day of the Nurses' Week Celebration in October. A position statement strongly condemning the crime and calling for justice was circulated. The PNA closely followed up and monitored the case with the Department of Justice through the agency's credible head, Hon. Sec. Leila de Lima who had acted with dispatch in investigating the case on site and gave the assurance that they will not let up on the case.

We rallied, we lobbied, we raised our voices, took to the streets and even called on President Noynoy to intervene to facilitate the delivery of justice. But ultimately, it'll be Florence who when she finally regains her senses and musters the courage to face the criminal would justice be probably obtained.

Good from bad. We were outraged over the rape of “Florence” not just because a young dream was virtually murdered even before it could be fully lived but also because it was a noble, altruistic dream she was trying to live. And many among us could relate with “Florence” in the sense that even as we strive to live the ideals of service, there is little affirmation of our worth and value as nurses. The rape of “Florence” brings into our collective consciousness the seeming perpetual abuse and degradation our profession is subjected to. That despite international declarations and local legislations that extol the critical contribution of nurses in the care of our nation's human resource and national progress as a whole, we continue to be treated shabbily through the low wages and inhumane work conditions that attend our general practice.

RA 9173 or Nursing Act 2002. A watershed legislation borne by the diligence and wisdom of our nursing forbears, nurses have yet to receive what it promised. A crucial provision, Section 2 states that: “In order to enhance the general welfare, commitment to service and professionalism of nurses, the minimum base pay of nurses working in the public health institutions shall not be lower than salary grade 15”, translating to roughly P25,000. More than 10 years later and several inflations after, the base pay of nurses in government hospitals has reached only SG11 or around Php18,000 monthly. Nurses in the private sector who are not covered by this legislation are worse off with an average monthly pay of Php6 – 8,000 or just within the range of the minimum wage of P404 daily. Data from the National Wages and Productivity Commission show that both wage rates are below the roughly P1,000 daily or 30,000 per month needed by a family of 6 in NCR to meet their basic needs .

The **Magna Carta of Public Health Workers (RA 7305)**, is another legislation that is full of promise but mainly in paper. Economic benefits that should accrue to health workers in public hospitals are given piecemeal, partially or selectively but always not entirely, namely, hazard pay, subsistence allowance, overtime pay, night shift differential pay, holiday pay, laundry allowance. These benefits that could somehow mitigate the economic woes of health workers are even diminished under “cost-saving measures” enforced to augment hospital operations.

It's worse for nurses and health workers under the jurisdiction of local government units (LGUs) given the political sways that determine the implementation of hazard pay, step increment and longevity pay among others. Often the standard excuse for non-implementation of the law is “no available funds”.

Heavy workload. While the DOH Hospital Administration Manual 2009 says the ideal nurse-patient ratio is 1:12 to achieve satisfactory level of care in a hospital's general ward the reality is one nurse takes charge of at least 30 patients in a shift. In big specialty hospitals like the National Center for Mental Health, a nurse is in charge of a ward with up to 200 patients. Often because of the heavy patient load, the nurse is forced to go on extended time for recording and endorsement purposes. And as hospitals are usually understaffed, the nurse is also often made to work 16 hours straight. No wonder many nurses are unable to maintain a positive demeanor since they are already weighed down by their workload at the same time saddled with the grave responsibility to ensure patients' safety.

Over and above these is the lack of equipment and basic medical supplies especially in public hospitals that impede the nurse from the delivery of level care. If there are, the patient is charged for use of hospital equipment and supplies under a users' fee or fee-for-service scheme that the nurse is made to enforce. This conditional service policy that is now the standard hospital norm adds frustration for the nurse who is caught between conflicted interests of patient service and hospital income generation.

The challenge of health care delivery for the public health nurse is no less daunting. While the ideal catchment is 1 nurse: 15,000 population the reality is the PHN assumes jurisdiction for 40,000 or more population making it difficult even to just conduct area visitation especially if the areas are geographically scattered.

Job Insecurity. Starvation wages and inhumane work conditions notwithstanding, many nurses like the rest of health workers in public hospitals are even in danger of losing their jobs when government hospitals are integrated and consolidated like what reportedly will happen to four government-owned and controlled corporations (GOCC) namely Philippine Children's Medical Center, Lung Center of the Philippines, National Kidney Transplant Institute and Philippine Heart Center. Long-time casuals, contractuals, job-order employees may have served for years yet they do not have security of tenure and do not enjoy standard benefits afforded permanent personnel.

“Volunteerism”: Unfair labor practice. Recent developments have even exacerbated the labor woes of nurses. With the soar of available nursing manpower

which according to data from PNA-DOLE-PRC, now pegged at more than 200,000 registered nurses, many desperately seek hospital experience that is a primary requirement for employment here or abroad. But most hospitals in both private and public sectors are unable to absorb this huge manpower because of budgetary constraints. Preferred countries of destination like the US and UK has either temporarily closed doors or has made work visa requirements doubly stringent for nurses aspiring to enter their labor market. Other countries like those in the Middle East are just as difficult to enter yet there is no let up in nurses seeking the green pastures who willingly go through any route and take the risk just to have a shot at foreign employment.

Locally, hospitals have exploited the situation by enticing nurses into lopsided arrangements euphemistically termed “volunteerism”. Registered nurses, mostly new ones, “volunteer” to work with no remuneration in exchange for employment certification that does not however give assurance or guarantee of being hired. In many instances, the nurse- volunteers are charged training fees even though they already perform certain nursing tasks assumed by regular staff. This arrangement ostensibly favors the hospital that not only saves on manpower cost but also profits from the training fees paid by the nurse-volunteers. And since there is no legal or formal employee-employer in this, the nurse-volunteer is left solely accountable for her actions while a patient's safety and well-being may be compromised.

This practice contravenes the guarantee in the Labor Code that sets a 6-mos probationary period for a job applicant who meets the minimum job requirements who thereafter should be granted a permanent status with the corresponding benefits. In the case of many a volunteer nurse, their having passed the nursing licensure exams already qualifies them to an entry-level position, hence, this scheme of “volunteerism with a fee” is illegal, unethical and an outright degradation of the nursing profession.

Other young nurses unwilling to join the hunt for scarce nursing jobs or to be “volunteers” and de-motivated by the depressing practice environment would rather venture into non-health fields that offer decent remunerations becoming like call center agents or bank tellers. Given the cost of educational preparation and training that go into the production of nurses who end up anything but volunteers, that is a staggering loss of investment in the country's human health resource.

Health a vital social service but not a state priority.

The state shall protect and promote the right to health of the people and instill health consciousness among them. (1987 Phil. Consti, Art. II, Sec. 15)

While the Constitution asserts that health is a right of every citizen that the state is mandated to protect and promote, the widespread and acute impoverishment of the Filipino people show gross neglect by the state of this duty. Basic essentials to support quality life like food, shelter, clean water and sanitation demand a steep price that the average Filipino could hardly afford with his meager income. The minimum daily wage of Php404 is not even half of the roughly Php1,000 needed by a family of 6 to support their basic needs. In a 2006 Family Income and Expenditure Survey (FIES), data revealed that 61M Filipinos or those in the poorest 70% was struggling to survive on the equivalent of P99 or less each day, while the IBON Primer Series showed that 78% of Filipinos rated themselves poor in another independent national survey done in 2008. Low income leads to a high incidence of hunger and malnutrition among Filipinos that make them vulnerable to chronic ill health and disease. Not surprising that communicable but quite preventable diseases are still the main causes of morbidity and mortality among the general population. And the one important underlying gradient is poverty.

When a poor Filipino gets sick, more so seriously sick that would require hospital care, the situation invariably spells financial disaster. According to the Council for Health Development (2008), to get admitted to a public hospital is already a hurdle because there are not just enough rooms allocated for indigent patients. And if admitted, the patient is confronted with the cost of hospitalization where all procedures and service, including medicines and supplies like cotton balls, syringe and gauze, are charged to the patient under schemes like 'fee-for-service' or user's fee. To cite, at a premier government hospital, the patient pays P1,500 for the use of the operating room while the same item costs P3,500 in another public hospital. The cost of hospitalization in a government hospital has become so exorbitant that in a survey conducted in 2007 by an NGO, *Kilos Bayan para sa Kalusugan* or People's Movement for Health, 76% of the respondents claimed having to borrow money, sell property or beg/solicit from charitable institutions to be able to settle their hospital bills. In one government hospital, there is even a holding room where patients unable to settle their bills are detained. To “help” patients offset their “debt”, the hospital holds auctions where patients can sell personal possessions or items like watches, cell phones even cooking utensils and anything that can be converted to cash with the proceeds going to the hospital.

Health care has become more inaccessible and unaffordable for the impoverished majority already reeling from the cost of daily survival. The 2011 health budget of roughly Php33 billion comprises a measly 2.2% of the total national budget that translates to less than a peso allocation per day per Filipino. This, according to IBON Primer Series (2008), is way below the WHO recommendation for health spending of 5% of the

country's Gross Domestic Product. And with subsidies significantly reduced for 12 major DOH hospitals and 55 public hospitals nationwide (IBON Facts and Figures, 2010), the latter are forced to resort to income generation and revenue enhancement that simply means patients are charged for every service and procedure received. In most Emergency Rooms of government hospitals, the Alliance of Health Workers (2010) claims that the policy is for patients' relatives to buy first the supplies for a needed procedure before it can be done. On the grounds of a premier public hospital, a separate building had been erected to accommodate private doctors' clinics and private pharmacies, laboratories and diagnostic centers where patients are usually directed, of course, for a fee. In another public hospital, the pharmacy and the laboratory, both privately run, are operating inside the hospital itself. These two cases show how health has become a business pursuit and a partnership between the private sector and the government whose enshrined duty is to provide its people basic social services such as health care. A government that could not give decent jobs and livelihood to its people yet makes them pay for health care, is a government guilty of failure in leadership (IBON Facts and Figures, 2010).

THE PATIENTS' RIGHTS AND THE NURSES' RIGHTS

Health is a critical component that determines a nation's progress or lack thereof as it impacts on the productivity of its people. And as nurses, health is an issue that we cannot but be concerned about because it is the raison d' etre of our professional being. The core value of our practice is the promotion of the people's optimum health thus making us duty-bound to share the responsibility for the creation and promotion of an environment that has the elements necessary for good health. Our interests as nurses are inextricably linked to the interests of our patients, and of the Filipino people for that matter, as we pursue health as a common good and a basic right to be enjoyed by all.

In our present reality, poverty is the one biggest barrier to quality life. Even we nurses suffer from the injustice of low wages and poor work conditions exacerbated by the lack of employment opportunities for our other colleagues to enable them to survive the trying times at the same time help other Filipinos who are also in dire need of critical lifelines such as health care. Despite our perseverance to provide the best possible health care under difficult work conditions and our diligence to bring to state authorities our just petitions for decent wage and humane work conditions, we are at best consoled with hollow exhortations and small tokens.

Ours is a sad commentary of a profession long given to sacrifice and dedication yet continually violated with the rape of "Florence" as the ultimate form of debasement. Our worth as a profession has mainly been measured by the foreign remittances we have brought in for the government even though the latter has done little for the ones who chose to remain and man the dilapidated and pitiful health delivery system.

The rape of Florence while tragic should serve as a challenge for us to break the chains of oppression and exploitation that hinder us from performing our best for the Filipino people. The crime against Florence is an affront against all nurses dedicated to service especially in the underserved and poor communities long neglected by state institutions.

The quest for justice for "Florence" is also a quest for justice for the Filipino poor whose right was trampled upon and railroaded by that crime. But in our society where the rich are also usually the ones who wield political power, justice can be exceedingly slow for the poor and powerless. Such is the case with "Florence's" case where the prime suspect is alleged to belong to a "powerful and influential" clan in that Maguindanao province, hence, somewhat "untouchable".

The rape of "Florence" is an ominous sign that the nursing profession seems headed towards a similar sordid fate if the present abuse on nurses is not stopped. We must confront the environment that allows the exploitation of nurses and oppression of the people through the non-respect and violation of fundamental rights to health and quality life. Part of our sworn duty as nurses is not only to render health service but to ensure as well that the social structures are in place to achieve optimum health of the people. The latter we do in partnership with other sectors of society working towards the same end goal of "health for the people, in the hands of the people". That should serve as a guidepost in the continuing saga of the nursing profession dedicated to the service of those who have the least access to quality health care and could not afford it, yet, have the most need for it.

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References

AHW. (July 2010). *Alliance of Health Workers Position Paper: "Health Workers' Agenda for 100 Days of the Aquino Administration.* Manila.

Council for Health and Development (2008). *Tambalan*. Dec 2008.

IBON Primer Series. (2008). *Chronically Ill: An Overview of the Philippine Health Sector*. Quezon City, Philippines.

IBON Fact and Figures, Special Release. (October 2009). *Health for Sale*. Quezon City, Philippines.

IBON Facts and Figures. (September 2010). *National Budget: Shirking Government Responsibility*. Quezon City, Philippines.

Palaypay, L & Padilla, R. (2009) A *Primer: Nurses in Politics*.

PNA. (2010). *PNA Incident report on rape of "Florence"*: Sept 25, 2010. Malate, Manila.

Feature Article

A Dream Fulfilled and More: A NURSE'S STORY

Eleanor M. Nolasco, RN
Chair, Advocacy Committee, PNA

"Destiny is not a matter of chance, it is a matter of choice; it is not a thing to be waited for, it is a thing to be achieved."
- Winston Churchill

Ruth Rana Padilla, the recipient of the Anastacia Giron-Tupas Award for 2010 and the 29th on its Hall of Fame, must have been incredulous upon learning of the conferment of such honor to her humble person. At that time, the Award was something too lofty to be minded as she was quite busy wrapping up her work as Commissioner of the PRC with her term just ended. Besides, she was looking forward to picking up her private life as wife to Hon. Carlos M. Padilla whose one long-time wish, Ruth candidly disclosed, was for them to be able to spend more quality time together sipping coffee and just smelling the flowers, so to speak. After all, for the greater part of their married life, public service has assumed center stage that sometimes family is even subsumed.

Above it all, Ruth fully acknowledged that the AGT Award is no ordinary award. It is, in fact, the veritable award, the mother of all awards in the profession that any Filipino nurse worth her salt can ever dream of and hope to receive in her lifetime career. Ruth could not have felt more accomplished as she joined the roster of distinguished nurses par excellence recognized by peers and bestowed the highest award for their exemplary nursing practice and significant contribution to the uplift of the profession.

Also, the AGT Award may well be the pinnacle of a dream nurtured since she was a young girl, that is to be a nurse donning a white uniform that symbolizes purity in her conviction to serve. While doing "nursing" is already a reward in itself and by itself, the AGT award served as the icing in the cake that made it sweeter and more profoundly satisfying.

However, this musing about "smelling the flowers" and spending more time with husband was abruptly cut short with the special invitation she received almost simultaneous with the news about the AGT awards. The compelling invitation came from the Health Secretary himself, Hon. Enrique T. Ona, for her to sit as nurse-consultant in the health department. From a retirement mode, Ruth was revved by the challenge held by the offer. Once again, an opportunity is presented for her to continue with her nursing advocacies. While the offer is supposed to be a "mere" consultancy position, she is aware that it can still demand considerable time that may impinge on her wifely duties. Thankfully, husband Caloy, when told about the invitation, readily gave his imprimatur knowing his wife's passion for nursing. Besides, her fulfillment is his fulfillment too. For when they forged their commitment as husband and wife, they likewise sealed their partnership in public service.

"MISSING IN ACTION"

This deference to public service had become apparent with the absence of Ruth's better-half during the AGT awards ceremony because of a pre-commitment to his

constituents that he could not miss, explained Ruth matter-of-factly. Evidently, she understood her husband's decision since she herself had been in similar predicament in the past. And Ruth was no less happy to have her parents and youngest son share the glory and pride of the moment coupled with the extreme joy of receiving an award for doing what she cherished the most .

A YOUNG GIRL'S DREAM

Born 57 years ago in a province up North to a middle-class family, Ruth had been raised steeped in traditions and values that dignify hard work and virtues such as diligence and perseverance. From her parents she must have imbibed the ideals and principles of public service that led her to choose the path of nursing. While her father had wished for her to be a doctor, Ruth only had her heart and mind set to becoming a nurse. This personal trivia she disclosed in the presence of her father during the AGT awards ceremony that was among the highlights of the 2010 Nurses' Week celebration. It was uttered not to rebuke but to pay tribute to her parents, especially her father who for all the stubbornness or hardheadedness of his eldest child eventually relented to see her bloom in her chosen career.

A PRODUCT OF HER TIME

Ruth completed her Bachelor of Science in Nursing education in 1975 at the St. Luke's College of Nursing, Trinity College (now Trinity University of Asia) under the old 5-year curriculum that included a 6-months rural service for nursing licensure. Her community experience has increased and sharpened her awareness about social realities especially poverty and disease that plague the poor segments of society. The exposure actually even fortified her dream to help and be a nurse for others.

A WINNING COMBINATION

A natural leader with added gifts of charm and gab, Ruth easily stood out in a crowd. She didn't escape notice by then most eligible bachelor in her place of assignment, who happened to also be the town mayor. As fate would have it, Ruth and then Mayor Carlos Padilla sealed a life-time of partnership that has since worked beautifully in both the personal and work departments. Husband Caloy led Ruth into the arena of public service and taught her the basic rudiments of politics. And like duck to a pond, Ruth easily swam in the waters to share her husband's life of politics. Thanks to the excellent training and preparation from her alma mater, it didn't take long before Ruth established her own mark as a leader. Out of the shadow of her husband, Ruth proved to be as competent and efficient public servant not only at the local level but nationally as well; not just for her adopted communities of Vizcayanos but for the Filipino nurses who found a champion in her.

PUBLIC POSITIONS HELD

From being her husband's apprentice, she later was elected into public office, first as Vice-governor of Nueva Vizcaya in 1986-1987 then governor the next year. She also acted as ex-officio consultant on Indigenous People's Affairs under the Office of the Secretary of Labor and Employment in 2008. During the term of her husband as member of the House of Representatives in 2001 to 2004, she held various posts notably as President of the Congressional Spouses Foundation, Inc. where she worked alongside women leaders like Cecille Mitra, Gina de Venecia and Cynthia Villar. Under her presidency, special crisis centers were built for battered women in Mindanao and Luzon.

THE NURSE-LEADER: ORGANIZER, MOBILIZER

From 1989 to2000, Ruth served as president of the Nueva Vizcaya PNA chapter during which time the local chapter witnessed an exponential growth in both membership and involvement of nurses in nursing-related activities. She then served as PNA Region 2 Governor for 7 years in-between acting as PNA National Vice-president for Finance. She simultaneously chaired two important committees: Assembly of Nursing Representatives Working Committee and Political Affairs Committee that served as the lead arm of the national organization in mobilizing nurses to push for important legislative agenda to improve their socio-economic conditions.

HIGHLIGHTS OF HER TERM

RA 9173 or Philippine Nursing Act. This watershed legislation principally authored by Rep. Carlos M. Padilla was enacted in 2002 with Ruth at the forefront in the lobbying at Congress. Up to this time, RA 9173 continues to serve as benchmark for nursing standards, specifically the provision setting Salary Grade 15 as entry-level for nurses in public hospitals.

Most Outstanding Accredited Professional Organization in 2003. The PNA's feat while Ruth was national president was an important factor that led to the conferment of this distinguished award by the Professional Regulations Commission (PRC) to the nurses' organization besting 41 other professional organizations for the honor.

First Nurse Commissioner of PRC. An added feather to her nursing cap was her appointment in 2007 as Commissioner of the highest professional regulatory body, i.e., the Philippine Regulations Commission (PRC), the first nurse ever. Within her scope of responsibilities was overseeing the conduct of health and allied professions and other professions namely architecture, interior design, social work, and marine engineering. In 2009, she served as PRC representative to the National Core Management Team that implemented Project NARS or Nurses Assigned to Rural Service; a pump-priming employment program under the previous administration wherein some 5,000 nurses were deployed to poor communities to render basic services for a monthly allowance of Php 8,000 for six months.

Other Citations and Awards. The string of citations and awards Ruth has garnered in her journey to fulfill her destiny is a testimony of passion and selfless devotion to the ideals of service. The schools she had attended from primary to tertiary education have all acknowledged her positive contribution to community development and society's good, in general, through the citations and awards they had bestowed on her.

Job Well Done. For Ruth however, the best reward was and would still be the feeling of blissful fulfillment that comes at the end of every job well done in service for others which to her is the very essence of nursing.

Success is a journey not a destination. Heroes are ordinary people who have done extraordinary things.

Special Feature

Jean Watson's 'CARITAS'- Caring Science

Cecilia M. Laurente, PhD, RN[1]

Anywhere… anyhow… anytime… clients face many unknowns, “what's wrong with me?. . . what's the diagnosis of my ailment?”, “Am I going to survive from the operation?”; “What are they going to do with me in that dark, secluded room?” Likewise, they face strange environment, like the emergency room, the operating room with the unfamiliar sound of surgical instruments, the diagnostic room with many unfamiliar graphs, beeping sounds. They also encounter unfamiliar faces, doctors, nurses, laboratory technicians, etc. What's more, they experience stressful procedures, like colonoscopy, barium enema with lots of discomforts, x-rays in various uncomfortable positions. These various situations provoke anxiety and emotional distress. Any or all of these may lead to the feeling of dehumanization, “*Parang hindi na ako tao na may dignidad*”, especially when no communication exist either verbally (explaining about the procedure, the results of examination/medications) or nonverbally (gentle touch, massage). There are many theories that may be applied to clients in various situations. One such theory is Jean Watson's **“Caritas”, the Caring Science**.

In l979, Jean Watson proposed the return of caring and humanism when she wrote that “Nursing is both scientific and artistic.” Seeking to combine science with humanism, she underscores that “Nursing is a therapeutic interpersonal process, a scientific discipline that derives its practice for research”. Furthermore, nurses can expect to hear more about the caring aspect of nursing as a counterbalance to the dazzling array of technologies anticipated in the future.

Watson's theory involves ten processes which are as follows:

1. Humanistic-altruistic values -- practice of loving-kindness and equality with self and others;
2. Enabling faith and hope -- being present authentically;
3. Sensitivity to self-others -- ongoing spiritual development;
4. Developing authentic trusting caring relationships;
5. Allowing expression of positive-negative feelings -- listening to Another's story;
6. Creative problem-solving caring process;
7. Relational teaching-learning/inner subjective meaning;
8. Creating healing environments -- being/becoming the *caritas field;*
9. Assistance with basic needs -- sacred acts; and
10. Openness to existential-spiritual unknowns ALLOWING FOR MYSTERY AND MIRACLES;

Watson proposed that nurses must RECLAIM NURSING ARTS which have scientific bases. She mentioned the following modalities: intentional (therapeutichealing) touch, visualization or imagery, music therapy, expressive journaling, massage, humor, pet therapy, meditation, dance- movement, and other bio-behavioral interventions.

The outcomes of the caring interventions are well-being, healing from illness at the fast possible pace anxiety reduction. She proposed the following caring science indicators criteria: caring economic indicators, patient satisfaction, anxiety reduction, classic levels of caring research bio-acidic-biogenic, nurse education-patient data outcomes.

A GLIMPSE AT THE THEORIST

Dr. Jean Watson is a distinguished professor of Nursing at the University of Colorado in Denver USA. She is the founder/creator of her international nonprofit Watson Caring Science Institute in 2007 with the mission to restore the profound nature of caring-healing in today's healthcare systems and to retain its most precious resource, the caring professional nurses and the trans-disciplinary care team members.

A Nursing Conference on Jean Watson's Caring Theory was held at the Manila Hotel on December l4, 2010 for professional nurses and at the UERMMMC auditorium a on December 15 for nursing students. This Conference was jointly sponsored by the Association of Deans of Philippine Colleges of Nursing (ADPCN) and the University of the East College of Nursing (UERMMMCI). Hopefully, this will lead to realizing a dream, that of establishing an Institute for Human Caring, which may have two major components: research and training.

[1]*Former faculty and Dean, UP College of Nursing*

Nurses' Voice and Advocacy

PNA ASSERTS NURSES' ROLE in "The Administration of Life-Saving Drugs and Medicines"

July 6, 2010

Recognizing that the Filipino nurses are legally mandated by Republic Act 9173 to provide health care techniques and procedures, essential primary health care, comfort measures, health teachings, and administration of written prescription for treatment therapies, oral, topical and parental medications, the Philippine Nurses Association (PNA) asserts that the DOH Administrative Order No. 2010-0014 pertaining to the "Administration of life-Saving Drugs and Medicines by Midwives" must submit to the precedence of the nurses' role in the reduction of maternal and neonatal morbidity and mortality.

The nurses in the country form the biggest critical manpower in the health sector with the sufficient preparation and training to respond to the primary and essential health needs of the communities, in partnership with the midwives and doctors. The potential of this health team to respond to health issues and conditions affecting communities is acknowledged especially in the promotion of maternal and child health and prevention of unnecessary deaths among these vulnerable sectors. The basic emergency obstetric and newborn care (BEmONC) protocol of UNICEF and DOH recognizes the valuable contributions of the health team composed of the doctor, the nurse and the midwife.

Generally, nurses in public health settings assume supervisory functions over midwives and barangay health workers who are at the frontline in health promotion and disease prevention programs.

In view of the above, the PNA petitions the Department of Health to review and amend Administrative Order No. 2010-0014 dated May 14, 2010 and instead designated nurses to assume the principal role of administering life-saving drugs and medicines especially in communities where women and children do not have access to emergency health care services. Nurses must also be made to undergo special training on emergency obstetric and newborn care, while ensuring the availability and accessibility of life-saving emergency drugs in the primary health facilities. Plantilla positions for public health nurses must be filled up and if necessary, new plantilla positions be created in proportion to the needs of the growing population.

PNA: REVIEW JPEPA'S UNFAIR PROVISION ON HIRING OF NURSES

August 23, 2010

Since the implementation of the Japan-Philippines Economic Partnership Agreement (JPEPA) in May 2009, two batches of nurses have already gone to Japan as nursing apprentices. These 138 nurses, highly skilled and experienced, were made to undergo six months training study of the Nihonggo language to increase their chances of passing the Japanese board exams. All, except one, found the hurdle the country's licensure examinations executed in Nihonggo. The only Filipina who passed the examination in February 2010 had received ample support from her employer (Red Cross International Hospital) who paid for the language training fees beyond the six months course.

The PNA calls for a review of the provisions in JPEPA pertinent to hiring and development of Filipino nurses. This, in light of complaints by some nurses returned to the country that some benefits have not been complied with by their Japanese employers after the six months language training. Working as "Nurse Assistants" entitled them to

received Y900 per hour but some are getting a lower rate and their overtime and holiday pay not given. Our nurses were depressed to find out that their Japanese Nurse Assistant counterparts whom are only high school graduates are receiving Y2, 500 per hour.

Worse, there were employers who did not facilitate decent housing accommodation for Filipino nurses after the language training. Some Filipino nurses found themselves in extremely frustrating situations that left them with little or no choice but contemplate leaving Japan soon. In fact, since last year, there were already about 13 nurses from the two batches deployed in Japan, who have returned to the country.

JPEPA is a cheap labor trap for Filipino nurses and caregivers, requiring them to pass the Licensure examinations within three years with only six months of formal Basic Nihonggo study and occasional group reviews. Considering that medical kanji is extremely difficult even for their Nihonggo teachers, this highly restrictive condition reflects a serious barrier for Filipino nurses to be part of the local nursing workforce in Japan. Making them work on a temporary basis as nurse assistants simply reflects the truth that they are treated as expendable cheap commodity.

Given the above conditions, the PNA recommends a review of the JPEPA to amend as necessary unfair provisions on hiring of Filipino nurses and caregivers for Japan. The plight of Filipino nurses in Japan must be investigated to ensure that they receive just wages and are given the benefits due them. There has to be a careful screening of potential employers as a way of protecting our nurses. Finally, the PNA must be involved in the holding of pre-departure and pre-deployment orientation of nurses bound for Japan.

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JUSTICE FOR “FLORENCE” JUSTICE FOR THE NURSING PROFESSION

October 1, 2010

The Philippine Nurses Association condemns in the strongest term the “gang-rape” of a young nurse on September 25, in South Upi, Maguidanao while she was serving as a “nurse-volunteer” under the government project N.A.R.S. (Nurses Assigned to Rural Service)[1].

The heinousness of the crime forsook all human dignity with the use of treachery and brute force in the attack of 22-year old nurse “Florence” (not her real name) by still unidentified felon/s who left the victim semi-paralyzed and still unable to talk weeks after the crime. Worse, the have virtually “killed” this young nurse's dream and aspiration that began when she took on the challenge to work as a “volunteer” in a remote, unfamiliar place away from home.

The crime is also a gross violation of the rights of the community folks who have been effectively deprived of the services rendered by the nurse-victim. And because of what befell “Florence” the other eight “nurse volunteer” either pulled out or were reportedly reassigned elsewhere causing a significant manpower loss for the only district hospital in the area.

The incident has a far chilling effect on community nurse-practitioners and for others considering this work option because the stakes have now become much costlier. On top of the low financial returns (that come as a “given”) the problems of security and safety while in the “line of duty” are now the bigger threats.

While the case of “Florence” highlights the extreme danger nurses are exposed to, there are other insidious forms of injustices that assault nurses and other health care providers in the health setting. These are the perennial symptoms of what can be apply described as the “chronic ill state” of the Philippine health system: low wages and poor work conditions, unemployment, limited or unfilled government plantillas, heavy workload, non-implementation of the Nursing Law and Magna Carta of Health Workers. All these unmet conditions that should make for a “Positive Practice Environment” contribute to a seeming low regard for the nursing service profession.

Justice for Florence. The authorities must fast-track the resolution of the case and the guilty party/ies be meted the full force of the law.

Justice for nurses and all health workers. The authorities must ensure the safety and protection of nurses and other health workers in whatever setting or workplace they may be. In so doing, the work rendered by health care providers gain value and the idea of service in the community especially in “difficult” posts extolled.

Justice for the Filipino people. Health as a right for every Filipino can only be realized if nurses and other health workers are able to perform their sworn duty unimpeded and secured. Sadly, the crime against “Florence” has cast a shadow of fear among community health workers that seriously compromised the delivery of primary health services in the grassroots.

[1]The N.A.R.S. was initiated by the Arroyo Administration as a pump-priming project that saw the development of some 10, 000 “poor” municipalities. Mostly new registered nurses with no experience, they rendered primary health services for a period of 6 months with P8, 000 monthly stipend.

PNA Updates

Significant Highlights of the 2010 PNA Annual National Convention

Cora A. Añonuevo, PhD, RN
Chair, PNA Annual National Convention 2010

The year 2010 marks the 53rd Nurses' Week and the 88th founding anniversary of the Philippine Nurses Association, Inc. (PNA). To celebrate this, the PNA held a National Convention at the Fiesta Pavilion of the Manila Hotel on October 26-28, 2010 with the theme: "Delivering Quality, Serving Communities: The Challenge for Filipino Nurses Leading Chronic Care". The event also included the holding of the Business Meeting of the Board of Governors and the Assembly of the House of Delegates.

First Day: The Opening Salvo

PNA President Dr. Teresita I. Barcelo officially declared the opening of the Convention. A message and cordial greeting was delivered by Hon. Alfredo S. Lim, Mayor of the City of Manila. Ruth Thelma P. Tingda, who was the overall chairperson for the national convention, gave her welcome remarks. She briefly discussed the impact of chronic disease and the role of the nurse in the care of population afflicted with it.

The keynote speaker was Hon. Enrique T. Ona, Secretary of the Department of Health. He underscored the importance of nurses' commitment to attain the country's Millennium Development Goals and higher level of health care through health subsidies like PhilHealth. He also mentioned the plans to revive the Nurse Assigned in Rural Service or

NARS Program in partnership with Department of Labor and Employment (DOLE) to address the increasing problem of unemployment of nurses.

One of the most awaited occasion in the program was the awarding of the prestigious Anastacia Giron Tupas Plaque of Recognition which was given to former PRC Commissioner Hon. Ruth Padilla who is now the Nursing Consultant at the Department of Health.

Plenary Sessions

In the afternoon, the plenary sessions began with Dr. Jaime Galvez-Tan who tackled the topic "The Challenges of Chronic Diseases: Roles and Challenges to the Nursing Profession". He pointed out the key areas where nurses can make a difference in relation to chronic diseases such as: nursing policy development, evidence-based nursing guidelines, primary health care, and nursing human resources development.

The second plenary topic "Preventing Chronic Diseases: A Vital Investment", had Frances Priscilla L. Cuevas from Non-Communicable Disease Office of the DOH as resource speaker. She emphasized the strategic approach to prevent these diseases through the improvement of environmental factors, lifestyle, clinical management, advocacy, research surveillance and evaluation.

Dr. Felizardo Y. Francisco, Director of the Commission on Higher Education (CHED), discussed the innovations in management, policies and education relative to nursing. He pointed out that faculty development and training need to be pursued to ensure that students get quality learning from their mentors.

In response, Dr. Josefina A. Tuazon, Dean of the University of the Philippines College of Nursing (UPCN), stressed the importance of monitoring and closing down of nursing schools that fail to meet the criteria set for safeguarding the quality education that students should get. She verbalized that schools should not be left to voluntarily phase out but be regulated well.

The second reactor was Dr. Annabelle R. Borromeo, Vice President for Nursing Services at St. Luke's Medical Center. She talked about the sad reality that many nurses who graduate now lack the commitment to really serve the Filipino people and are instead pushed to seek for greener pastures.

The fourth plenary entitled "Nurses as Innovators: Past and Future", had Dr. Lourdes Marie F. Tejero of the UPCN as the first speaker. She mentioned that the use of interactive learning tools is much more effective since the learners can grasp the concept better when different media are used altogether.

Dr. Tejero was followed by Ma. Rita V. Tamse, Deputy Director for Nursing of the Philippine General Hospital. She talked about the innovations in nursing practice to ensure patient safety through lowering nurse-patient ratio and skills development for nurses.

At the community level, Alicia T. Banas, Executive Director for Medical Ambassador of the Philippines, discussed community empowerment as key to attaining the millennium development goals. She cited some of the activities done by her organization to demonstrate the impact of such approach.

Second Day: Global and Philippine Perspectives

For Plenary 5, equally distinguished speakers presented their global and local perspectives on chronic diseases. Dr. Tesfamicael Ghebrehiwet (Consultant,

Dr. Tesfamicael Ghebrehiwet

Nursing and Health Policy of the International Council of Nurses), gave a clear picture of the global scenario on the prevalence of chronic diseases. He believed that “part of the solution is mobilizing the nursing workforce” since nurses can be seen everywhere. Also, shifting the focus of nursing from acute to chronic care will help resolve the issue as nurses do not only relieve symptoms but also promote health and prevent chronic diseases. He mentioned that an upstream approach whereby nurses prevent the risk factors associated with these illnesses is better than the downstream approach whereby nurses only rescue those who are already ill as this eventually leads to exhaustion.

On the local perspective, the six speakers were led by Ms. Marietta A. Velasco of the Philippine Heart Center. On the topic “At War with Chronic Illness Target: Cardiovascular Disease”, she talked about, among others, the risk factors associated with these diseases such as diet, physical activity, smoking and alcohol drinking and showed evidence through statistics on how strong the correlation between these factors and the development of the diseases.

Ms. Leyden V. Florido, President of the Association of Diabetes Nurse Educators of the Philippines, discussed the distal determinants (e.g., tobacco being highly accessible, unhealthy food, lack of facilities for active living) and proximal determinants (e.g., alcohol and tobacco abuse, overweight) to the development of diabetes mellitus. She was followed by Ms. Nerissa Gerial, Director for Nursing Services of the National Kidney and Transplant Institute, who emphasized that management of major risk factors is the primary way to prevent renal diseases.

The fourth speaker, Dr. Regina P. Verba (Head, hospital and infection control Unit of PGH), talked about HIV-- its prevalence in the country, risk factors and management. She stressed that nurses should be keen in assessing patients as well as in maintaining a nonjudgmental and comforting environment for them. The fifth speaker who caught the attention of the crowd because of her lively presentation was Ms. Lucila O. Espinosa, Chief Nurse of the National Center for Mental Health. She reiterated the importance of nurses in promoting mental health since a lot of determinants on the behavior of the person and that of the community can lead to mental instability.

The last panel speaker was Ma. Encarnacion A. Dychiangco, President of the Philippine Oncology Nurses Association. She talked about the leading types of cancer in the country, the top risk factors associated with it (tobacco use being the most rampant), and the various ways to increase awareness among the people. She pointed out that prevention and early detection are the best measures to fight cancer.

PNA Updates

ARACELI O. BALABAGNO: UP College of Nursing New Dean

In January 17, 2011, Dr Araceli O. Balabagno was installed as UPCN's 11th academic and administrative leader. She succeeds Dr Josefina A Tuazon who served as Dean for two consecutive terms (six years).

Dean Balabagno has served the College of Nursing since 1988 in various positions particularly as Head of the Continuing Education and Community Extension Services and Research and Creative Writing Program. Prior to her joining the UPCN, she was a staff nurse at the Department of Medicine, Philippine General Hospital. She obtained her Master of Nursing and PhD in Nursing from UPCN. She graduated from Far Eastern University for her BS Nursing.

Her vision consists of five-point strategic thrusts which is aligned to UPCN's Strategic Plan for 2010-2030, to wit: (1) sustaining UPCN's academic excellence and leadership role in the nursing sector; (2) expanding the client and market base in response to emerging trends and changing health needs; (3) strengthening the culture of research; (4) intensifying and systematizing partnership and advocacy efforts; and (5) improving efficiency in governance and management.

To concretize these thrusts, Dean Balabagno has proposed to carry out the following projects: revitalizing the teaching-learning of the competency-based curriculum for the BSN and MA Nursing programs; development of formal and continuing professional education programs such as Gerontology Nursing; review of the PhD program with focus on grounding of culture-sensitive nursing phenomena; and, strategic partnerships in the local and international levels that foster cultural and professional cooperation in the region.

The new Dean will also continue to maintain the College's status as World Health Organization Collaborating Center for Leadership in Nursing Development and as CHED's Center of Excellence. As such, UPCN will lead in curriculum development and evidence-based nursing initiatives and at the same time work with other nursing professional organizations and lead agencies such as the Board of Nursing, the Philippine Nurses Association, the Association of Deans of Philippine College of Nursing the Association of Nursing Service Administrators of the Philippines, and the Department of Health. *Cora A. Añonuevo*

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Tupasi, T.E. (2003). DOTS-Plus for multidrug-resistant tuberculosis in the Philippines: global assistance urgently needed. *Tuberculosis.* 83(1): 52-58.

Walley, J.D., Khan, M.A., Newell,J.N.,& Khan, M.H. (2001). Effectiveness of direct observation component of DOTS for tuberculosis: a randomized controlled trial in Pakistan. *Lancet.*357:664-669

WHO. (2007)*Global tuberculosis control: surveillance, planning, financing.* WHO report 2007. Geneva, World Health Organization (WHO/HTM/TB/2007.376)

Zolowere, D., Manda, K., Panulo, B. & Muula, A.S. (2008). *Experiences of self-disclosure among tuberulosis patients in rural Southern Malawi.* Retrieved from http://www.rrh.org.au last February 21, 2008

Zuvekas, A., Nolan, L., Tumaylle, C. & Griffin, L. (1999). Impact of community health workers on access, use of services, and patient knowledge and behavior. *Journal of Ambulatory Care Management.* 22(4): 33-44.

JANELLE P. CASTRO *is an Instructor at the University of the East Ramon Magsaysay Memorial Medical Center College of Nursing. She received from the same university her BSN degree, Cum Laude, in 2007 and her Master of Science in Nursing (Major in Adult Health Nursing) in 2010. Her passion includes engaging in research activities, participating in community outreach projects of the College and conducting the UERM-CN Chorale. She is an active member of the Philippine Nurses Association and the Philippine Nursing Research Society, Inc.*

The UP Honor Society of Nursing

The UP Honor Society (UP HSN) was organized on July 16, 2008 and was accepted as a pre-chapter of Sigma Theta Tau International (STTI) in December of that year. The UP HSN aims to provide global opportunities for professional advancement, leadership, scholarship and networking. It also recognizes the academic and professional achievements of nurses.

On November 12, 2010, Dr. Karen H. Morin, President of STTI and Professor at University of Wisconsin-Milwaukee, inducted the officers and members of UP HSN at Alvior Hall with a reception hosted by UP Manila Chancellor Ramon L. Arcadio. Earlier of the same day, Dr. Morin conducted a seminar on International Research and Writing at the UP College of Nursing. The seminar provided an international perspective in issues and directions in research.

Elected founding officers are: Dr. Josefina A. Tuazon, President; Dr. Cora A. Anonuevo, Vice President; Dr. Lourdes Marie S. Tejero, Secretary; Dr. Araceli O. Balabagno, Treasurer, Prof. Lydia T. Manahan and Dr. Bethel Buena P. Villarta as Board of Directors. Membership to UP HSN adheres to STTI standards. At present, the Society invites nursing professionals who possess leadership skills, are active in nursing research, and create innovations in nursing practice, client care and management. *Cora A. Añonuevo*

Nursing care comes in many forms. Sometimes it is the ability to make someone feel physically comfortable by various means. Other times it is the ability to improve the body's ability to achieve or maintain health. But often it is an uncanny yet well honed knack to see beyond the obvious and address, in some way,the deeper needs of the human soul.

~Donna Wilk Cardillo, A Daybook for Beginning Nurses

PNA Updates

The First International Conference on Qualitative Research

Dr. Locsin with Dr. Añonuevo (UPManila CN) and Dr. Palaganas (UP Baguio)

With the theme "Situating and Stipulating Qualitative Health Research in Today's Pracrtices", the First International Conference on Qualitative Research in Nursing and Health was held on December 1-3, 2010 in Chang-Rai, Thailand. The event was organized by Boromarajonani College of Nursing, Lampang, in collaboration with well-known international universities and nursing research institutes.

The Conference brought together over 200 participants from different countries. For three days, the participants engaged in discussions on methodological, ethical and other emerging issues in qualitative research. The sessions provided arena for promoting qualitative research and its importance in informing nursing and health sciences practices, and in promoting patients' experiences in the continuum of health and illness.

The sessions tackled relevant topics and issues such as:

- Re-examining philosophical foundations of knowledge for health professions' practice
- Knowledgeable practice as caring: A philosophical critique and reconceptualization of knowing in nursing and technologies
- Internalization and qualitative research in nursing and health sciences
- Ethical considerations in qualitative research

Sixteen abstracts from the Philippines were accepted for oral and poster presentations, among which were those by Dr Erlinda C. Palaganas, Dr. Cora A. Añonuevo, Dean Mary Grace Lacanaria, Ms. Pearl Ed G. Cuevas, and. Dr. Rozzano Locsin, a Filipino who is a professor at Florida Atlantic University, was one of the members of the Conference Working Committee. *Cora A. Añonuevo*

PNA Updates

Research Agenda for the Philippine Nurses Association 2010-2012

Dr. Araceli Balabagno, *Chair, Department of Research*

The Philippine Nurses Association as the national organization in nursing has a very big role in terms of directing the profession's research work. The Department of Nursing Research has recognized the need for PNA to commit to a research agenda that will be the thrust of the organization and to recommend that members pursue the conduct of research along these lines.

During the regular meeting of the PNA Board of Governors and Executive Committee Meeting on 23 April 2010, a workshop for setting the unified direction as a national organization for research (2010-20120 was conducted. Twenty (20) members of the Board and Executive Committee and the Department of Nursing Research participated in the research agenda setting.

During the review of research thrusts and agenda of different health and nursing organizations, Dr. Araceli Balabagno showed a matrix of the current research directions of the International Council of Nurses, Philippine Department of Health National Unified Health Research Agenda, UN Millennium Development Goal, UP Manila - National Institutes of Health, Philippine Department of Science and Technology and National Institutes of Nursing Research of the United States.

Bearing in mind the mission and vision of PNA and taking into consideration the current trends in nursing and nursing research, the participants were grouped into four and were asked to make a list of possible research areas in the following categories: (1) policy and advocacy, (2) human resource development, (3) service delivery and (4) technology and innovations. Each group had to focus on their research category and brainstorm on possible research areas/topics that could become the research agenda of PNA. The groups presented their list of research areas and were requested to discusswhy such research areas were identified and deemed important to be part of the research agenda of PNA.

After identifying the research areas, the participants were asked to prioritize the research areas. The prioritization was based on three criteria: relevance to PNA's mission and vision; feasibility in terms of time, money and personnel; and utility or applicability of the research area in nursing in the Philippines. For each criterion, the groups had to rate each research area from 1-5 with 1 as least and 5 as most. At the end, the rating on each criterion was summed up and the research area with the highest number was considered top priorities. After prioritizing the research areas, the topics that garnered the highest score (12 and above) were then considered the research agenda for PNA for 2010-2012.

In summary, the research agenda of PNA encompasses both internal and external issues. Internal refers to the organization's strengthening of own systems and operations. External refers to issues faced by the nursing profession in the Philippines.

The research agenda targeting PNA's internal system include:

1. Organizational strengthening
2. Membership and services
3. Organizational visibility
4. Computerized system and processes

The research agenda focusing on nursing issues in general include:

1. Implementation of laws relevant to nursing
2. Salary standardization
3. Positive practice environment
4. Entrepreneurship
5. Costing nursing services

The President's Report

July to December 2010

During the second half of the Year 2010, the Philippine Nurses Association (PNA) led the nursing sector in addressing issues and challenges confronting the Filipino nurses such as the worsening unemployment and underemployment of nurses, exploitation of nurses within the country and abroad, inequitable health services to poor Filipinos vis-à-vis oversupply of nurses, the midterm evaluation of Philippines towards the achievement of the Millennium Development Goals (MDGs), the increase of deaths secondary to chronic conditions lifestyle-related diseases; and the worsening economic crisis in the country. Below are humble efforts of PNA in contributing to the solutions.

ORGANIZATIONAL STRENGTHENING

Membership Status: The PNA remains the largest organization of health professionals with a total of 83,569 members, of which 19,784 (24%) are Life Members and 63,785 (76%) are Regular Members as of October 30, 2010.

For the new Fiscal Year Nov. 1, 2010 to Oct. 31, 2011, PNA membership cards were given to nurses applying and/or renewing their memberships to PNA. There were 16,223 new nurse-members of PNA from the Board Passers who took their Oath in SMX-Mall of Asia last September 20 – 21, 2010.

Accreditation: Out of the 92 PNA Chapters, only 44 were accredited. To date, fifteen (15) Chapters submitted their application for accreditation.

The PNA National Convention: PNA successfully launched its 88th Founding Anniversary, 53rd Nurses' Week Celebration and 2010 Annual National Convention last October 26-28, 2010 at the Manila Hotel with the theme, "Delivering Quality, Serving Communities: The Challenge for Filipino Nurses Leading Chronic Care". Hon. Enrique Ona, Secretary of the Department of Health was the Keynote Speaker and Manila Mayor Alfredo Lim welcomed the participants. ICN Nursing Consultant, Dr. Tesfamicael Grebehiwet, also came all the way from Geneva, Switzerland to show ICN's support to PNA.

In the Post-Convention Evaluation meeting last November 12, 2010, the substance and content of topics in the Scientific Sessions were positively rated. However, the need for improvement in the registration, distribution of kits, processional, food service and time management were noted.

The House of Delegates (HOD): New HOD Officers were elected after the Assembly was held last October 27, 2010: Dr. Erlinda C. Palaganas (President), Ms. Rita Tamse (Vice-President), Prof. Mila Delia Llanes (Treasurer) and Dr. Milabel Ho (Secretary). HOD Training-Workshop was also held at Cebu Normal University last July 16, 2010.

The Board of Governors (BOGs): Two new elected members of the BOGs (Gov. Noel Cadete for Region VI and Gov. Roger Tong-An for Region XI) and four re-elected Governors Teresita I. Barcelo (NCR Region-Zone 1), Leticia Puguon (Region II), Emerlinda Alcala (Region V) and Roland Fermo (Region VII) joined the Board of Governors in their First Regular Meeting held last December 11-13, 2010. In the said meeting, the following new set of BOG Officers took their oath of office:

Gov. Neil Martin - Chairperson
Gov. Emerlinda Alcala - Corporate Secretary
Gov. Teresita I. Barcelo - National President
Gov. Ma. Asuncion M. Gonzaga - Vice-President for Finance
Gov. Roland E. Fermo - Vice-President for Programs & Development
Gov. Ariel V. Pabelonia - Treasurer

The National Election: The National Election process held last October 27, 2010 had been computerized. Prior to the said election, series of Orientation Seminars for NOMELEC members of all Chapters nationwide were conducted by COMELEC last July 31, August 7 and August 28, 2010.

ADDRESSING THE NEEDS OF MEMBERS THROUGH THEPNA DEPARTMENTS & COMMITTEES

1. **HEALTH EMERGENCIES AND DISASTER MANAGEMENT**
   PNA conducted a Training for Nurses on Emergency and Disaster Management last October 8-10, 2010. Chapters formed concrete plan of actions to establish functional Health Teams to respond to health emergencies and disasters in their respective regions. PNA, represented by its Executive Director Ms. Maristela P. Abenojar, participated in the 3-day Workshop on Protocol Development in Hotel Kimberly last November 16 – 18, 2010. The workshop involved 12 other national government agencies.

   The said workshop of the HEALTH SECTOR focused on three important concerns: (1) Human resource mobilization; (2) Reporting; and (3) Harmonization of Code Alert System. Also discussed in the said workshop are the salient provisions of the new law, Republic Act No. 10121 entitled “Philippine Disaster Risk Reduction and Management Act of 2010” which was approved last July 27, 2010.

2. **PHILIPPINE JOURNAL OF NURSING (PJN)**
   The PNA Committee on Publications facilitated the production and printing of the PJN January to June 2010 Issue. For Regular Members, their copies have been channeled through their respective Board of Governors while Life Members received their copies through mail.

3. **CONTINUING PROFESSIONAL EDUCATION (CPE)**
   From July 1 to December 31, 2010, PNA conducted a total of 17 CPE seminars (halfday) and 9 trainings attended by 1,218 nurses, 75% of whom are PNA members. Net income from these seminars is P1,042,651.35. Among the topics discussed were the following: 1) Emergency Cardiac Care Guidelines; 2) Hemodynamic Monitoring: An Introduction; 3) Cancer Chemotherapy; 4) Respiratory Assessment: Adult and Pediatric; 5) Ventricular Septal Defect: Effect, Assessment and Treatment; 6) Metabolic Syndrome; 7) Easing the Anguish of Alzheimer's Disease; 8) Patient Safety Goals: Focus on Wrong Site-Wrong Patient Surgery; 9) Preventing Medication Error; 10) HIV/AIDS; 11) Coronary Artery Disease; 12) End-of-Life Care: Easing the Transition; 13) Diabetes Mellitus; 14) Hepatitis C: Prevention, Assessment, and Treatment; 15) Bladder Management after Spinal Cord Injury; 16) Training of Nurses During Health Emergencies and Disaster-Preparedness; 17) ICN's Training of Trainers on Multiple Drug Resistance – Tuberculosis (MDR-TB), 3rd Batch; and 18) Basic Emergency Maternal and Obstetric & Newborn Care (BEmONC).

4. **INTERNATIONAL AFFAIRS & JOB PLACEMENT**
   Last November 26, 2010, Ms. Abenojar represented PNA in the Project Briefing called by the International Labor Organization (ILO) on its European Union-funded Project entitled “Promoting Decent Work Across Borders: A Pilot Project for Migrant Health Professionals and Skilled Workers” from 2011- 2013. The primary concern is to ensure ethical recruitment of Nurses from Philippines, India and Vietnam going to European destination countries.

   Welfare of Filipino nurses abroad such as the plight of Filipino nurses in Al-Ansar Hospital in Jeddah, poor working conditions of Filipino nurses under the Japan-Philippines Economic Partnerships Agreement (JPEPA) and the illegally recruited nurses to Norway were among the urgent issues addressed by PNA.

5. **PNA CHAPTER/S ABROAD**
   PNA assisted the Core Group of PNA Ireland through Mr. Jimmy Almodovar. Copy of the PNA

Guidelines in Organizing PNA Chapter Abroad and PNA Bylaws were sent to Mr. Almodovar. They were also advised to settle with PNA UK Chapter Pres. Michael Duque, the need to organize PNA Ireland Chapter independent from PNA UK.

The PNA Chapter in Sudan and PNA in Milan, Italy established link with PNA National and were assisted on how to formalize building of PNA Chapter Abroad. 1st Founding Anniversary was held last September 18, 2010.

As regards PNA Jeddah Chapter, the officers conducted the 2nd Christmas Outreach Project for distressed Overseas Filipino Workers (OFWs) last December 17, 2010 at the Philippine Consulate's Office.

Last September 17, 2010, PNA referred to the PRC – Board of Nursing (BON) the representatives of Norwegian Nurses Association who are investigating the case of some Filipino Nurses in Norway who are allegedly falsifying documents in order to work in Norway. Also raised were issues of victims of illegal recruitment.

PNA responded with an update to the letter of Administrator Jennifer Manalili relative to the poor work conditions experienced by Filipino nurses in Japan after their 6-months language training.

6. **WELFARE OF PNA MEMBERS**

6.1 For the period Nov. 1, 2009 to Nov. 30, 2010, PNA has released P507,500.00 for mutual aid (MA) and/or burial assistance (BA) to a total of 42 PNA members as follows:

P 155,000.00 -	10 Life Members (MA & BA)
P 3,000.00 -	1 Life Members (BA only
P 337,500.00 -	
P 12,000.00 -	4 Regular Members (MA)

6.2 Printed 5,000 copies of PNA 2011 Planner for its officers, friends and network as its "Christmas gift".

7. PNA spearheaded a **Christmas get-together Party** with members and partners last December 11, 2010.

ADVOCACIES IN THE NURSING SECTOR

Positive Practice Environment (PPE): PNA successfully launched major campaigns to vigilantly assert justice for human rights violations. Among these were unmasking of the "volunteerism-for-a-fee" exploitation of nurses in many hospitals, assertion to create more jobs for nurses, call for "Justice for Nurse Florence" and the release of the 38 among 43 health workers who were illegally detained for more than 10 months.

PNA led the nationwide protest on the heinous crime (gang-rape case) against a fellow nurse working under the government's NARS Project in South Upi, Maguindanao last September 25, 2010.

Last December 2, 2010, some 100 nurses were mobilized in the protest march to commemorate the International Human Rights Day. The case of "Florence" was raised in the said activity.

Financial donations were also pouring for "Florence". As of December 31, 2010, the total donations solicited by PNA amounted to P126,130.75 and US$ 585 from which, P150,510.00 has been given to "Florence" for her medical expenses and recovery needs.

Ultimately, these advocacies of PNA will pave the way for protecting many Filipinos. Hence, PNA commits itself to sustain its campaign for the following:

a. Positive Practice Environment (PPE)
   - Just and humane working conditions
   - Implementation of SG 15 for entry-level position of public health nurses (Republic Act 8173) and full implementation of Magna Carta for Health Workers (Republic Act 7305) and campaign for Increase in Health Budget (2011)
   - Ban hiring of nurse-volunteers for a fee and job opportunities within the country
   - Ethical recruitment policies in hiring Filipino nurses outside the country and protection of overseas Filipino nurses

b. Quality of Life for Filipinos
   - Increase budget for health following WHO standard (5% of GNP)
   - Access of every citizen to affordable & essential medicines; advocate for genuine Universal Health Care for all Filipinos
   - Freedom from violence and empowerment of women and gender equality

c. Sustainable Environmental Protection
   - Scientific and Sustainable Environmental Protection Policies
   - Community-oriented disaster preparedness program

PNA's Contribution to the Millennium Development Goals 4, 5 and 6: The PNA can contribute a lot in the achievement of the Millennium Development Goals (MDG) 4, 5 and 6. PNA supported the government-

initiated project called Nurses Assigned in Rural Service (N.A.R.S.).

PNA conducted Basic Emergency Obstetric and Newborn Care (BEmONC) training last year (September 7-8, 2009) and another one this year (July 8 - 9, 2010).

Five PNA Governors from provinces/regions with very high maternal deaths (NCR, CAR, Regions IV, V and X) actively participated in the Women Deliver Philippines Conference to address MDG 5 – Improving Maternal Health which was held in Crowne Plaza Hotel last September 15-17, 2010.

Gov. Teresita Barcelo also participated in the International Workshop-Conference on MDGs 4 and 5 in Thailand on September 27-28, 2010 with support from the United Nations Population Fund (UNFPA).

PNA participated (Ms. Gerelyne Reboroso) in the DOH Technical Meeting on “Mothers Perception with Hospital-Based Birthing Experiences” held in Citi State Tower Hotel, Mabini St. Ermita, Manila last December 10, 2010. The main agenda was the presentation of preliminary results of the DOH Study on Mothers' Perception of their Birthing Experience in line with the MDG # 5 on improving maternal health.

PNA submitted Expression of Interest to be a member of the Philippine National AIDS Council last August 26, 2010 which is one way of contributing to the MDG 6 of reducing the number of victims of HIV/AIDS.

PNA's PARTNERSHIP-BUILDING

Nursing Roadmap 2030: PNA participated in the discussions regarding the Nursing Road Map 2030 and in the Workshops of the Coordinating Body for Good Governance in Nursing Practice where its Vision, Mission and Core Values were revisited. PNA contributed P83,333.33 to help sustain the efforts to attain the goals of the roadmap.

Together with other nursing organizations, the PNA crafted the Nursing Roadmap 2010 which serves as the strategic direction towards “Philippine Professional Nursing Care: The BEST for the Filipino and the CHOICE of the world.” Gov. Barcelo and Ms. Abenojar attended the multisectoral coalition group meeting on the Nursing Road Map initiated by BON last September 9, 2010 at the Phil. Heart Center.

Prevention of Chronic Conditions: PNA committed to the three-year Global Campaign initiated by the International Council of Nurses (ICN) for Nurses worldwide to be the leaders in the prevention of chronic diseases. An official Resolution was signed by PNA members who attended the General Assembly during the 3rd day of its National Convention last October 28, 2010. PNA submitted to ICN its three-year (2011 – 2013) Plan of Actions on the Global Campaign against Chronic Diseases.

PNA's participation in the Sub-committee for Resource Management for the HHRDN: PNA participated in all meetings of the Sub-Committee on HHRDN for Saskatchewan, Canada in collaboration with DOLE.

Hosting a UK Parliamentarian Volunteer (David Amess, MP): PNA Ifugao Chapter facilitated the 3-day (August 23 – September 2, 2010) exposure of David Amess in the different municipalities and barangays of Ifugao Province. It paved the way for reiterating its advocacies with key legislators and government officials.

Among the advocacy issues of PNA are the creation of additional job positions for nurses in the rural areas, banning of the unscrupulous practice of some hospitals requiring payment from volunteer nurses, creation and hiring of a Nurse Consultant at the Department of Health, implementation of the Nursing Law on provision of salary grade 15 (P24,887.00) as entry level salary for nurses in the government health facilities, full provision of benefits under the Magna Carta of Public Health Workers (Republic Act 7305), strict implementation of the WHO Code of Practice on Ethical Recruitment policies in hiring Filipino nurses to work abroad and recognition of public health nurses' valuable participation in the Local Health Board .

DOH Secretary Ona appointed Ms. Ruth R. Padilla as the Nursing Consultant last October 2010. One of her first tasks was the creation of more jobs for Filipino nurses.

A video documentary film produced by VSO Bahaginan and Voyage Films entitled “A Letter from Ifugao” produced by VSO-Bahaginan and PNA was commended as a good orientation material for promoting advocacies of Filipino nurses.

OTHER LOCAL & INTERNATIONAL INVOLVEMENTS OF PNA

(1) PNA conducted PNA orientation for eight (8) Mongolian nurses last September 7, 2010 as facilitated by the VSO Bahaginan for an exchange of learning experiences between Filipino and Mongolian nurses.

(2) Ms. Leny Nolasco and Ms. Gloria Almariego attended the “Third National Multi-sectoral Policy Conference on Population and Human Development (NMPC) in crafting a Human Development Policy Agenda for the 15th Congress” organized by PLCPD last August 17-18, 2010 at Crowne Plaza Galleria.

(3) Gov. Barcelo attended a Policy Summit Conference organized by the Scalabrini Migration Center and the Commission on Filipino Overseas (CFO) last August 12, 2010. The summit brought together participants and development sectors to share the highlights and experiences of the Migrants' Association and Philippine Institutions for Development (MAPID) Project.

(4) Two Official Delegates (Gov. Teresita Barcelo and Gov. Ruth Tingda) and two Observers (Gov. Ariel Pabelonia and Gov. Neil Martin) participated in the 11th Asia Work Force Forum (AWFF) and 7th Alliance of Asian Nurses Associations (AANA) held in Kuala Lumpur, Malaysia last November 25 – 27, 2010. President Barcelo gave the country report on the aforementioned topics.

(5) Ms. Abenojar represented PNA in the 3-day Workshop organized by the DOH in coordination with the Philippine National Ear Institute (PNEI) on the development of Implementing Rules & Regulations of the RA 9709 otherwise known as “Universal Newborn Hearing Screening and Intervention Act of 2009”. It was held last December 1-3, 2010 at the Hotel Kimberly in Manila.

(6) Gov. Barcelo attended the 8th meeting of ASEAN Joint Coordinating Committee on Nursing (AJCCN) held last Nov. 9, 2010 as Observer. Among the issues discussed were updates on the AJCCN webpage and deployment approach of the five core competency domains to member countries which are still in the process of developing namely Cambodia, Lao, Myanmar & Vietnam.

Thailand expressed interest to host the ASEAN Nursing Workshop in conjunction with the next AJCCN meeting and willing to sponsor 50 nurse- leaders (5 from each country) experienced and involved in the core competencies development.

(7) Gov. Gonzaga represented PNA in the two-day Conference of the Commission on Filipino Overseas (CFO) held last December 8-9, 2010 at the Pan Pacific Hotel. It is also a celebration of the CFO's 30 years existence with the theme “Vision 2020: Responding to the Challenges of Migration and Development”.

(8) Gov. Barcelo and Ms. Abenojar attended the Forum on Media's Role on Cases regarding Violence Against Women held last December 8, 2010 in Malacañang. This activity was spearheaded by the Presidential Communications Operations Office (PCOO) in commemoration of the annual 18-day Campaign to end VAW, which runs from Nov. 25 to Dec. 12. The aim of the forum was to raise the awareness of media practitioners on how to tackle gender issues and VAW cases in media.

(9) Gov. Teresita I. Barcelo and Ms. Abenojar shared updates about the current issues and concerns of Filipino nurses when they were invited as Resource Speaker in the following occasions:

9.1 Military Nurses Association Symposium last September 8, 2010
9.2 35th Year Anniversary of APDNPP last September 18, 2010
9.3 PNA Davao City Chapter Assembly in Davao City last September 23, 2010
9.4 PNSA 8th Regional Conference in Bicol Region held in Iriga City last September 26, 2010
9.5 PNA Region VIII Convention held in Tacloban City last November 12, 2010
9.6 PNA Pangasinan Chapter Annual Convention in Lingayen, Pangasinan last November 20, 2010

TERESITA I. BARCELO, PhD, RN
National President

Announcements

National Annual Convention 2011

The PNA Cebu Chapter is the host for the 2011 Annual National Convention. It will the PNA's 89th Foundation Anniversary and 54th Nurses Week Celebration. The theme of the convention is: "Filipino Nurses Driving Access, Quality and Health". It will be held at the Waterfront Hotel and Casino, Cebu City on October 23-27, 2011. For further details: email: pna.natcon@gmail.com; cp 09173205734; telefax: (032)238-7129; PNA main office: philippinenursesassociation@yahoo.com.ph; (02) 521-0937; 400-4430; 525-1596

ICN Conference and CNR 2011

The ICN International Conference will be held in Malta on May 2-8, 2011 with the theme: "Nurses driving access, quality and health". The conference will provide opportunities for exchange of experiences, perspectives and dissemination of nursing knowledge and leadership across countries and cultures. The three ICN pillars will provide the framework for the scientific program: Professional Practice, Regulation and Socio-economic Welfare. Explore more: www.icn2011.ch

Call for Nominees for Various Awards

Name of Scholarship/Award	Description/Purpose	Sponsoring Agency	Deadline of Submission of Documents	Awarding Rites/Events
Anastacia Giron Tupas (AGT) Award	For outstanding nurses with exemplary dedication to the ideals of nursing	Philippine Nurses Association Inc. (PNA)	July 30	National Convention
Outstanding Chapter	For chapters with active involvement in carrying the thrust of the Association	Philippine Nurses Association Inc. (PNA)	August 31	National Convention
Outstanding Professional of the Year Award	For nurses with noteworthy accomplishments/ contributions in nursing	Professional Regulation Commission (PRC)	February 15	PRC Week
Chapter Accreditation	For PNA Chapters who approximates the standards for accreditation	Philippine Nurses Association Inc. (PNA)	August 30	National Convention
ICN/Lilly Award for Nursing Excellence in TB/MDR-TB	Recognition to a nurse or a group of nurses who symbolize nursing excellence in TB prevention, care and treatment	International Council of Nurses (ICN)	December 15	World TB Day: March 14
PFPA Excellence Award	Highest distinction being conferred to professionals who have displayed exemplary contribution for the betterment of their professions and nation building	Philippine Federation of Professional Associations, Inc. (PFPA)	November 10	PFPA Convention
Florence Nightingale Medal	Awarded to qualified male or female nurses, voluntary nursing aides, active members or regular helpers of the National Red Cross or Red Crescent Society or of an affiliated medical or nursing institution. (Exceptional courage and devotion to the wounded, sick or disabled or to civilian victims of a conflict or disaster)	National Red Cross and Red Crescent Societies	January 5	

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Call for Papers

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TOWARDS ACCESS AND EQUITY
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PNA HYMN

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

We'll bring relief to every place
In towns and upland terraces
In plains and hills and mountains
We shall tend all those in pain

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

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

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