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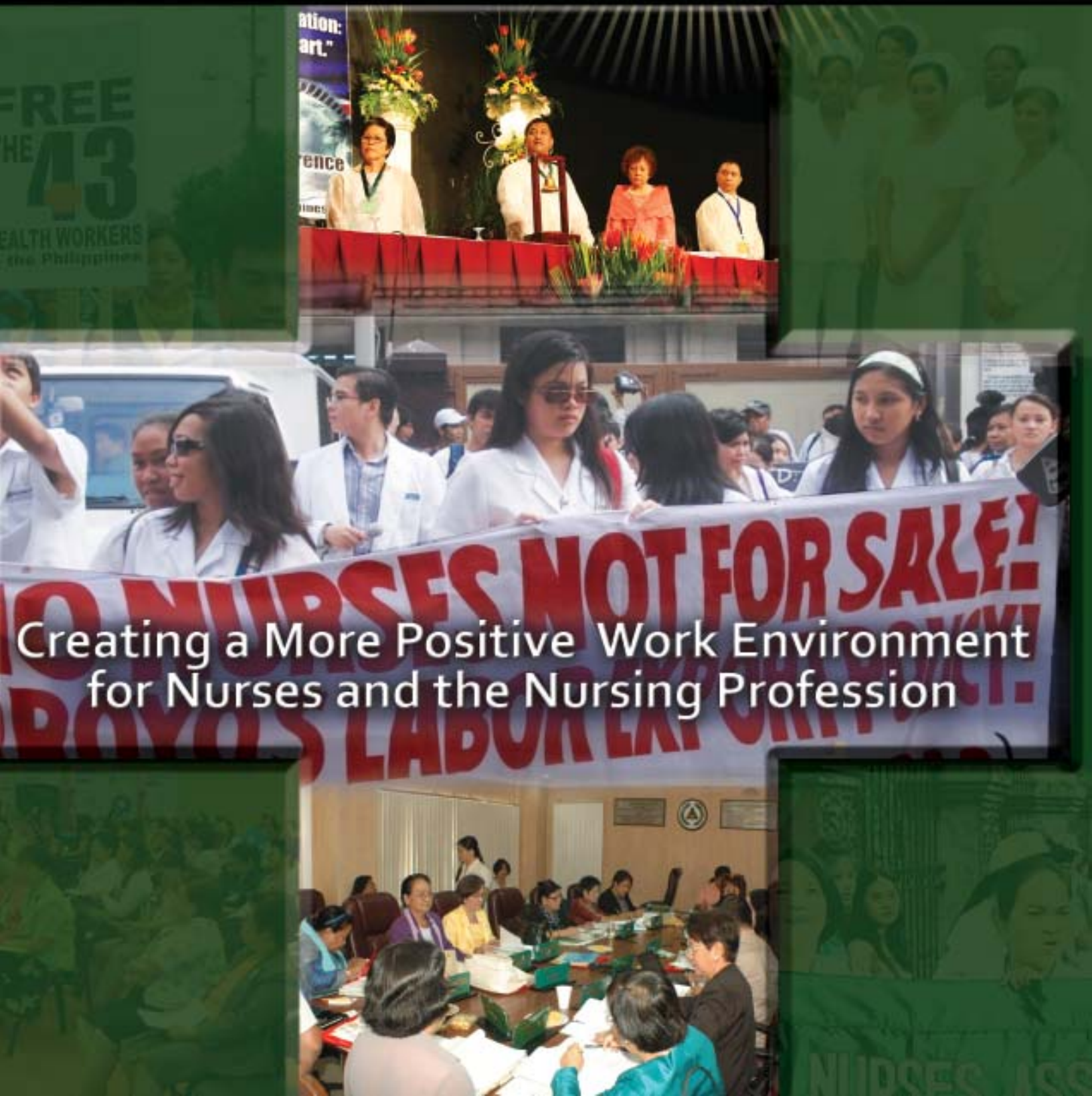
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HEALTH WORKERS  
the Philippines

**NO NURSES NOT FOR SALE!**  
BOYOS LABORERS UNION

Creating a More Positive Work Environment  
for Nurses and the Nursing Profession



# Philippine Nurses Association, Inc.<sup>1</sup>

## Vision

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

## Mission

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

## Program Thrusts

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

<sup>1</sup> Approved during the 1st Board of Governors Meeting, November 29-30, 2009 at the PNA Board Room

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## Editorial

# Creating a More Positive Work Environment



Creating a more positive work environment for nurses and the nursing profession is both a right and a duty. While the task for achieving and sustaining a positive work environment starts with the nurse leaders and managers, every individual nurse takes responsibility for contributing to and pursuing such. A positive work environment is described as productive, rewarding, enjoyable and healthy for everyone concerned as each one is treated with dignity and respect.

A positive work environment is essential to allow personnel to achieve their potential. It helps attract new employees to an organization/health facility and motivates them to stay. Some tested components of positive work environment include numerous opportunities for staff development and professional growth, competitive compensation and benefits, strong training and good working conditions. These components are not only important for physical, mental and emotional health. These are also important for the kind of results and patient outcomes that nurses provide. The better nurses feel at work, the more likely nurses will take pride in their job activities and be loyal towards their place of employment.

This issue attempts to capture experiences of nurses in work environments. Raymund John Ang's research article, "*Utilizing a Cross-disciplinary Approach to Nursing Research*" is an example of how the acquiring and developing of new knowledge improves the nursing profession. By borrowing knowledge and theories from allied health sciences that address nursing problems, Ang's study was conducted to show nurse researchers and scientists that there exists a broad range of frameworks and methodologies that can be utilized in nursing research aside from the usual research tools.

This year's PRC Outstanding Nurse Award recipient, Sr. Sor Paz' journey is that of "... unending commitment to the highest level of professional excellence...

pure dedication and selfless leadership ... great contribution to the advancement of the nursing profession... and acts of compassion and charity."

A teacher, a nursing icon and a nun, Sr. Sor Paz lives as a role model in the pursuit of highest standards of nursing education, training future nurses who mirror the highest values of upholding life and patient's dignity.

Illegal arrest, illegal detention and torture – such are the risks confronting the work environment of health professionals and development workers of genuine people's organizations that seek and work on structural reforms for social equity. They are often subjected to harassment and terror tactics by State agents who see them as "threats" to "national security" for their radical positions on change and advocacies for people empowerment. Such is exemplified by the well celebrated case of the *Morong 43*. Eleanor Nolasco's article comprehensively discusses the relationship between development and human rights vis-à-vis the challenge of the 43 health workers. Among the 43 is Gary Liberal, a nurse for 18 years of Jose R. Reyes Memorial Medical Center (JRRMMC) in Manila. Under Liberal's presidency, the JRRMMC Employees' Union successfully concluded a Collective Negotiation Agreement with the hospital management that provided for benefit packages and rights for all health workers in the JRRMMC. Most progressive nurses find themselves today in such a similar work environment.

The working condition of nurses and the nursing profession was the focus of the Keynote Speech of Hon. Teodoro Locsin entitled: "*Nursing Administrators: Leading Beyond Limits*" during the 2009 Midyear Convention of the Association of Nursing Service Administrators of the Philippines, Inc. (ANSAP). The nurses are confronted with these challenges (among others) in their various workplaces – poor national health care and the miserable plight and unrecognized place of the nursing profession in health care reform; ineffective nursing education and



insufficient training of nurses after graduation; weak monitoring and regulation of teaching practices and educational standards in the nursing schools. Yet, Hon. Locsin opines that society expects the nurse as she or he should be: "...competent and always caring; gentle yet firm; seeing her profession as a vocation and not just a job". He underscores the core meaning of "leading beyond limits" by asserting that "It is effective nursing administration that ensures a steady supply of the kind of nurse who, although really powerless to do everything the patient wants or needs, seems to make it all better just by being there... For beyond the limitations imposed by limited resources, limited human resources, limited this and limited that, is someone who fills the empty places by something intangible but evidently there: a constant caring for the patient who is, in every room if she can afford it, or in every space in a ward if he cannot, always at center stage in the unceasing drama of health care". He concludes with a light but powerful statement affirming the importance of the nursing profession: "It is the highest vocation of all, the equal of priest or religious though I am told nursing is much more fun: the cure of bodies to the cure of souls".

"Ethical recruitment of nurses and beyond: A geographer's perspective" is an example of another discipline of looking into our profession. Wanting to understand and explain the recent recruitment and migration phenomena from the Philippines to Canada, Lawrence Santiago wants to analyze whether such recruitment efforts are both sustainable and ethical. Recruitment and migration are vital factors affecting the work environment of nurses in general since these "are not only affecting the lives of the nurse migrants and their families, but also the health of those who are left behind in the Philippines".

A young nurse's voice reverberates in her reflection as a community health nurse. Pamela B. Patal-e's "In the Eyes of Service" gives a deeper meaning to her experiences as a community health nurse of the Community Health Education, Services and Training in the Cordillera Region (CHESTCORE). Her reflection is

pregnant with the realization that social equity needs to be eliminated in order to eliminate health inequity and to make health care accessible, affordable, and responsive to people's needs. She contemplates that her "biggest challenge... [is] to take a greater part in the struggle to bring about social change". On the other hand, Angelina Sta. Elena, a nurse leader and manager, points out how work can be done more efficiently with effective planning and collective and participatory management.

The challenge to create a more positive work environment for nurses and the nursing profession is indeed daunting. The President's report for the first 6 months of the year reveals the efforts being done by the organization for the betterment of the nurses and the nursing profession. Indeed, there is no other way but to pursue what the nurses should be – no less than the committed, competent and caring health professionals.

The nursing and health allied profession, and the government should then collaborate to create a more positive work environment where nurses receive as well as show a high degree of trust and respect while fulfilling their vocation. Nurses ought to have a warm and friendly organizational climate where they feel valued. Such a work atmosphere draws out from the nursing staff and personnel a high quality leadership and management; opportunities for personal development and career progression; and a high level of creativity and job satisfaction arising from teamwork and cooperation. A positive work environment infuses a culture that respects diversity and exercises autonomy and self determination over how work is undertaken within parameters of acceptable standards. It is a place where nurses are happy and where work can be fun. Nurses need a workplace that provides meaning and purpose – a place where they feel they are making a difference in the lives of the patients and the people they serve.

Again I say, Padayon...Carry on...let the light of the nurse's lamp shine and radiate warmth to the people we serve and to us, who serve.



**ERLINDA CASTRO-PALAGANAS, PhD, RN**





## President's Message



**M**y dear nurses, I am truly grateful for the trust you have given me in 2009 and my being re-elected this year has made me feel that you continue to trust me to lead our organization once more. It is my pleasure and my privilege to again serve you, our members, both here and abroad.

Integrity, my chosen watch word, has been my guide in my first year of serving you as your President. I will continue to keep integrity as my guiding principle for this year. I will continue to ensure that there is consistency in what I say and do; that we pursue the mission and thrusts of the organization and that PNA will continue to observe transparency in its transactions.

Year 2010 was ushered in by new developments. We renewed ties with our sister organization, the PNA of America; we strengthened our organizational structure through the revival of the regional council chaired by the regional PNA Governor and the House of Delegates and we assisted our colleagues in Jeddah in establishing a PNA chapter in Jeddah, Saudi Arabia. In the national political scene, we also saw a change of administration which has brought in new hopes for our Filipino people. We have rallied our nurses behind President Noyoy Aquino's thrust on health, the Universal Health Care (UHC).

This year we are holding the national convention and nurses' week celebration here in Manila. By tradition, we adapt the theme of the International Council of Nurses (ICN) throughout the year. This year it is "Delivering Quality, Serving Communities: The Challenge for Filipino Nurses Leading Chronic Care". This theme is very relevant because many Filipinos

suffer from chronic conditions and the disease burden is quite high among our poor and marginalized people. We nurses can very well provide the needed care through Primary Health Care – addressing the key risk factors, providing health promotion and disease prevention strategies and teaching our people to manage their own health. Thus, preventing chronic conditions are well within our scope of nursing practice. This is why we completely agree with this year's international theme chosen by ICN. We have given flesh to this year's theme by providing training to our nurses on care of patients with multiple drug resistant tuberculosis supported by ICN, updating our nurses on the new protocol of care of mothers in labor and delivery and the neonates in collaboration with Dr. Jose Fabella Memorial Hospital, and by providing continuing education on various chronic conditions.

As President Noyoy Aquino has said "ang pagbabago tungo sa matuwid na daan ay di ko kayang mag-isa", I also believe that moving our organization to greater heights can only be achieved if all of us, members and officers of PNA, join hands in working for the welfare of our nurses. Sometimes the problems met by our young nurses like "volunteerism-for-a-fee", contractualization, and poor working conditions can be prevented if we, the nursing leaders in the country, advocate them strongly to their employers. Our advocacy of course needs to be grounded on a clear and firm stand on these issues. Our young nurses need nursing leaders to show them the right way to go.

Being at the helm of our organization is not easy but I continue to carry on because I know you are with me and that if I do my best, God will do the rest.

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



# Utilizing a Cross-disciplinary Approach to Nursing Research

RAYMUND JOHN Y. ANG, BSN, RN



## Abstract

**Purpose:** This study was conducted to show nurse researchers and scientists that there exists a broad range of frameworks and methodologies that can be utilized in nursing research aside from the usual research tools - e.g. survey questionnaires, interview schedules and focus group discussions. An investigator can adopt conceptual frameworks from other disciplines or use methodologies and protocols from allied health sciences to address nursing problems.

**Design and Method:** The investigator made a review of literature published in the Biological Research for Nursing journal. This publication was specifically chosen due to the quality and type of research studies being submitted and published. The journal accepts manuscripts of studies which are physiological or biological in nature. Articles included in this literature review were selected based on the scientific field integrated in the respective research studies, either in the framework or methodology, with a nurse scientist as lead investigator. Ten research papers from eight issues published in the BRN journal (1999 - 2010) were included in this review.

**Findings:** The investigator identified nine (9) health-related disciplines which a nurse scientist may base her/his research approach. These are animal science, physiology, biobehavioral studies, cell biology, biochemistry, microbiology, genetics, complementary and alternative medicine, and immunology.

**Conclusion:** With the advent of evidence-based practice, nurse researchers are at the frontline in generating new knowledge or validating current understanding of nursing facts. An interdisciplinary

or cross-disciplinary approach to scientific inquiry, especially in the nursing field, is necessary to examine a phenomenon and generate solutions to problems in healthcare delivery.

**Keywords:** cross-disciplinary, health sciences, interdisciplinary, physiology

## Introduction

Research is an integral part of Nursing and sciences in general. Nurses can further expand the knowledge base of the profession by promoting and engaging in research activities whose findings have direct application to nursing education, service, and to research itself. Scientific investigation creates new knowledge or validates an already existing understanding or paradigm. Research is integrated into the nursing curriculum to prepare undergraduate and graduate students to become inquisitive individuals and prepare nurses for the doctoral level and to become nurse scientists.

The current trend is towards the implementation of Evidence-Based Practice (EBP). Evidence-Based Practice can be defined as the application of current and relevant research works in healthcare setting. The professional must have the necessary expertise and should take into consideration the preferences and belief systems of the patient (Melnik, B. M. & Fineout-Overholt, E., 2005). All procedures or interventions being done in the hospital or clinical setting should always be supported by research findings so the healthcare team can be assured of its effectiveness and that patient safety is never compromised. For EBP to be implemented successfully, capability building of healthcare professionals and linkage







between researchers and practitioners must be in place (Rosswurm, M. A. & Larrabee, J. H., 1999).

A nurse scientist can use a variety of research instruments in collecting data pertinent to his or her study. Some of the widely used data gathering methods are: survey questionnaires, interviews, and focus group discussions. In fact, a number of beginning nurse and midwife researchers use interviews as their primary data gathering approach. They do so to capture the inner glimpse of a phenomenon or problem (Holloway, I. & Wheeler, S., 2002). These methods mostly rely on the subjective perception of the respondents, like their views, opinion, insights and personal experiences, and often used in qualitative research. In terms of quantitative studies, the strongest type of data gathering approach is probably through physiologic measurement, such as monitoring of blood pressure, serum glucose, or blood chemistry (Macnee, C. L. & McCabe, S., 2008).

## Background

Nursing can broaden its body of knowledge by assimilating facts and methodologies from related disciplines. As an example, nurses become aware of the pathology and mode of transmission of disease-causing microorganisms from advancements in the field of Microbiology and Epidemiology. They can then use these facts to control the spread of infection in the community and hospital settings. Another is the inclusion of topics on herbal plants in community health education as a result of studies made in complementary and alternative medicine.

The National Institute of Nursing Research or NINR is one of the 27 institutes and centers that make up the National Institutes of Health of the U.S. Department of Health and Human Services. The NINR is a primary source of federal funding for research in Nursing. The institute also supports training and education of nurse scientists, career enhancement and quality in nursing science (Zerwekh, J. & Claborn, J. C., 2006). During its January 2004 Roadmap Implementation Meeting, the NINR placed strong emphasis on interdisciplinary research by integrating methods and approaches from different scientific fields to address nursing problems. It has pointed out that

the term “*interdisciplinary*” means being a member of a research team from different disciplines that collectively solves a problem, and not individuals from different specialties working separately. Nurse researchers were also identified as lead investigators and coordinators because of their clinical expertise, and that interdisciplinary training is a key aspect in molding future nurse scientists (National Institute of Nursing Research, 2004).

Interdisciplinary approach in research can be done through cross-disciplinary training of nurse researchers and collaboration with scientists from allied fields. Such model may be applied in the Philippine setting. However, the utmost objective is to first develop the skills of nurse researchers in adopting techniques from other sciences. Next would be to establish a network or infrastructure whose agenda would be to further enhance the capability and resources of nurse scientists in utilizing basic sciences to address nursing problems.

## Methodology

In this study, the investigator made a literature review of research studies conducted by nurse scientists who utilized different tools from health-related sciences as a tool to gather data in solving nursing problems. The paper is focused on selected articles from the referred journal *Biological Research for Nursing* (brn.sagepub.com), published by SAGE Publications. The BRN publishes papers that centralize on the biological and physiological alterations from a nursing context. Hence, the investigator chose the said publication for review.

In order to highlight methodologies from health-related disciplines that can be integrated in nursing research without making the article too lengthy, the investigator decided to include excerpts of ten research studies from eight separate issues published in the BRN journal spanning twelve years of publication, from 1999 to 2010. The articles were then classified to reflect the different health-related science where the framework or methodology was adopted from. Only studies by nurse researchers as lead authors were included in the review. Studies which involved literature review of past studies were excluded.



## Scientific Disciplines

### **Animal Science (Animal Models)**

Research studies conducted by nurse researchers often entail the participation of human subjects since nursing deals with the management of human responses to illness through independent and collaborative interventions. However, there are certain research protocols or procedures which are high risk and cannot be done on human subjects, unless there is sufficient evidence that the benefits will outweigh the risks. In such instances, animals, such as mice, rats, rabbits and canines, are used as clinical models. Nurse scientists use clinical or animal models of disease conditions to test their hypotheses without causing physical or emotional harm to human participants. But in any study involving animals, standards of laboratory animal care and handling are followed

Kasper (1999) studied the recovery of plantaris muscle from physical inactivity by hindlimb suspension (HS) for a period of 28 days. The immobility was then followed by a 28-day recovery period where the animal model either had inactive recovery or run training. Findings showed that run training after long-term HS-induced atrophy did not result to heightened levels of frank muscle damage and type IIC fibers.

Researchers from the University of Illinois at Chicago used rats as clinical model to test whether familiarity of spatial surroundings has an effect on distraction and single cue use after damage to the hippocampus, a part of the brain which plays an important role in memory and spatial recognition. A group of rats was trained to be accustomed with the water environment, while another is familiar only in the handling procedure. Bilateral electrolytic lesions were made to inflict hippocampal damage. The investigators used Morris water test to measure swim times. Results indicated that familiarity with cues can be effective in fighting distracters, and that the reaction of confused rats to a certain distracter is affected by the extent of earlier experience with the cue (Holden, J. E. & Therrien, B., 2000).

A nurse investigator who wishes to explore the effectiveness of a particular intervention in addressing muscle wasting in clients who had

cerebrovascular accident may use animals with weakened muscle tissue as clinical model of stroke to perform experiments which may be considered unethical when done directly on human subjects. The result can then be applied in actual healthcare setting.

### **Physiology**

Mitchell and Habermann (1999) explored the effects of touch by nurses and parents on intracranial pressure (ICP) in pediatrics. The researchers analyzed one hundred forty-nine clusters of spontaneous tactile and verbal stimuli made to eight children with increased intracranial pressure due to various causes in a pediatric intensive care unit. Based on the study, there is probability that application of touch and talking can positively affect the ICP by making it more stable compared to an unstable baseline.

### **Biobehavioral Studies**

Biobehavioral research is concerned with the analysis of behavior and its effect on health and the onset of disease. It is the result of a complex interaction between genetic, physiologic environmental and behavioral factors (Foresman, B. H., D'Alonzo, G. E., Jr. & Jerome, J. A., 2002).

Scientists from the University of Pittsburgh and Duquesne examined if there are differences in the negative life experiences, level of depression, and T-cell function between women who were abused and those who were not. A total of 24 subjects participated in the study: 12 abused and 12 nonabused women. The study concluded that abused women, compared to the non-abused, are more likely to express negative life experiences, higher levels of depression, and compromised immune response associated with decreased T-cell function (Constantino, R. E., Sekula, L. K., Rabin, B. & Stone, C., 2000).

### **Cell Biology**

Merkle et al. (2000) investigated the effects of Methotrexate (MTX) on cultured pulmonary artery endothelial cells (bovine) as a clinical model. The researchers employed light microscopy to observe any cellular reactions. A colorimetric (MTS) assay was also used to measure the growth and viability of







MTX-treated endothelial cells. Through DNA fragment assay, presence of apoptosis was confirmed. Findings showed that one mechanism by which Methotrexate can cause damage to endothelial cells is through apoptosis.

Nurse scientists adopted concepts and techniques from cell biology, such as cell culture, cell growth and viability, light microscopy and assays, to investigate the effects of Methotrexate on cultured pulmonary artery endothelial cells. Note that for this study, a specific type of cell (cultured) was used as a clinical model and not live animals. Use of clinical models is crucial if researchers want to explore treatment modalities that have not yet been investigated or have been identified to be of high risk to potential human subjects.

### **Biochemistry**

A researcher from the University of Washington studied the feasibility and implications of using diaper pads as collecting media to analyze 6-sulfatoxymelatonin in urine. Urine samples were taken from 20 infants over a 24-hour period using cotton pads embedded in the diapers. Though there were 144 samples taken, only 59% of these were deemed usable for the test. The rest were soiled with stool or have insufficient volume. The assay tests concluded that there is high correlation ( $r^2 = 0.947$ ) between creatinine levels of urine extracted from pads and those not extracted. On the other hand, there is no correlation ( $r^2 = 0.216$ ) between the creatinine-corrected 6-sulfatoxymelatonin levels from extracted and nonextracted samples (Thomas, K. A., 2010).

### **Microbiology**

The relationship between clinical manifestations of infected foot ulcers and tissue microbial load was investigated by Gardner, Hillis and Frantz (2009). The investigators did a cross-sectional study on 64 individuals with diabetic foot ulcers, and compared the signs of infection and the number of microorganisms after wound biopsy. A load of  $10^6$  organisms per gram of tissue was considered having a high microbial load. The investigators concluded that no individual sign of infection or combination of signs (as recommended by the Infectious Disease

Society of America) could correspond to the degree of microbial load in diabetic foot ulcers.

### **Genetics and Human Genome**

Dungan et al. (2009) explored the occurrence of hypertension among human subjects and its relation to alterations in the beta-2 adrenergic receptor gene expression. Due to ethical considerations in acquiring human tissue, the researchers decided to use internal mammary artery tissue, which is usually discarded after coronary artery bypass graft, to determine variations in gene expression between patients with and without hypertension using TaqMan real-time polymerase chain reaction. Evidence from the study suggests that hypertensive patients tend to have less expressed beta-2 adrenergic receptor gene compared to non-hypertensive individuals, which may explain a genetic and molecular basis for the relationship.

### **Complementary and Alternative Medicine**

Scientists from the University of Washington and University of Virginia conducted a feasibility study on the efficacy of herbs with sedative effect on participants who have sleep disturbances associated with arthritic discomforts. Fifteen subjects were recruited to participate in the study. Seven of them were given *Valeriana officinalis* (600 mg valerian), while eight were on placebo for five nights. Although the study was considered feasible by the researchers, findings of valerian efficacy were indecisive due to a relatively small sample population (Taibi, D. M., Bourguignon, C. & Taylor, A. G., 2009).

### **Immunology**

Lengacher et al. (2008) studied the outcome of relaxation and guided imagery on 28 patients diagnosed with stage 0, 1 or 2 breast cancer. The treatment group was exposed to relaxation and guided imagery intervention, while the control group had standard care. Natural killer (NK) cytotoxicity and IL-2-activated cell activity was measured to determine the effects on immune function before and four weeks after surgery. Results suggested that relaxation and guided imagery can increase NK cell toxicity and increased activation of IL-2. This study also integrates biobehavioral science.



## Discussion

The review of literature on selected studies published in the journal *Biological Research for Nursing* with nurse scientists as lead investigators yielded at least nine health-related fields that can be used as cross-disciplinary sciences to expand the horizon of nursing research. These fields include: animal science, physiology, biobehavioral studies, cell biology, biochemistry, microbiology, genetics, complementary and alternative medicine, and immunology.

The research studies integrated concepts and procedures adopted from other disciplines to find solutions to a variety of nursing problems. Health-related concepts included the proper care and handling of laboratory animals when used as clinical models; use of biochemical tests to study the body's reaction to certain treatment (or by using clinical models); or application of knowledge in microbiology to design a study aimed at investigating the relationship of clinical signs of infection and actual microbial load of ulcers. Light microscopy, biochemical assay tests, polymerase chain reaction, and microbial and cell cultures were some of the procedures used by nurse scientists as a means of gathering pertinent data for their studies. The essence of interdisciplinary or cross-disciplinary research in nursing is the application of concepts and procedures or techniques derived from other health-related sciences to improve the knowledge base of the nursing profession.

Nursing research is undergoing a transformation based on the manner by which nurse scientists and researchers are conducting their studies. Survey questionnaires are popular research tools among undergraduate students since surveys allow for information to be collected from a number of respondents without allotting too much time in the data gathering process. Interviews and focus group discussions have been effective in eliciting subjective responses from participants in qualitative studies, while data mining of clinic or hospital records is an efficient tool for a nurse to engage in epidemiological research or studies to improve nursing interventions and quality of nursing care. During the past decade, nurse investigators have started to integrate concepts and procedures from other health sciences into their studies. The same approach can also be

integrated in the Philippine research environment to further improve the quality of researches in the field of nursing by adopting an interdisciplinary approach in solving nursing problems.

## Recommendations

Based on the study of selected literatures, the investigator recommends the following measures:

1. A feasibility study should be conducted to ascertain the applicability and sustainability of interdisciplinary or cross-disciplinary approach to nursing research in the country. Three essential elements would be: capacity building, network infrastructure, and support from the government and private sector.
2. The importance of utilizing other scientific disciplines as a mechanism to improve research must be emphasized to both undergraduate and graduate nursing students. Topics on cross-disciplinary training and research can be integrated in nursing research courses prior to students having their respective theses or dissertations. Students should also have hands-on training through mentorship in different technical skills relevant to scientific research.
3. Universities, institutions and organizations are encouraged to implement training programs, mentorship program or coaching program, and present findings through symposia and workshops to equip future nurse scientists with the knowledge and skills from other sciences needed to engage in interdisciplinary work. The collaborators must work in an atmosphere of cooperation to achieve their mutual objectives.
4. The concept of cross-disciplinary training and interdisciplinary research should be included in the research agenda of the different academic and research institutions to improve the quality of research they produce.
5. Institutions which are planning to integrate interdisciplinary nursing research in their curriculum and research programs can form a network with schools of nursing that are utilizing cross-disciplinary approach. They can also collaborate with nurse investigators who have published research findings in scientific journals using the said approach.





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**Raymund John Ang**, is a registered nurse since 2007. He earned his Bachelor of Science in Nursing degree from the University of St. La Salle in Bacolod City and is currently a Master of Arts in Nursing student of the University of the Philippines Open University, specializing in Adult Health Nursing. He is also a regular member of the Philippine Nursing Research Society. His research interest is in the application of biological and physiological sciences in the conduct of nursing research through interdisciplinary approach.



*"Nurses dispense comfort, compassion,  
and caring without even a prescription."*

– Val Saintsbury





# “Sister-nurse”: 2010 PRC Outstanding Nurse Award recipient

ELEANOR M. NOLASCO, RN

*“... unending commitment to the highest level of professional excellence...pure dedication and selfless leadership ... great contribution to the advancement of the nursing profession... and acts of compassion and charity.”*

These are some of the qualifying attributes citing this year’s recipient of the PRC- Outstanding Nurse Award given annually by the Professional Regulatory Commission to exemplary professionals representing various fields of practice.

Sor Paz T. Marfori, 2010 Outstanding Nurse – PRC awardee, is, yes, a “sister nurse”. Her most recent titles, Dean of the Graduate School of Concordia College and Sisters’ Infirmarian, both say a lot yet barely capture the essence of Sor Paz and the depth and breadth of her achievements both as a nurse and a religious servant.

Her history of professional practice spans more than five decades of dedicated service as a nurse. But there is another dimension to this. She was first a postulant at the Daughter of Charity of St. Vincent de Paul Seminary and after a year, she was sent by the congregation to study nursing at the UST. The former, to fulfill her mother’s wish for her to be a nun, and the latter, to fulfill her fervent dream borne by a conviction to make a difference in the nursing field. And as destiny would have it, in less than four years, she donned a

nun’s habit and put on a nurse’s cap initialing a life of service to God and humanity. It is noteworthy that Sor Paz finished the basic nursing course with the highest honors augurin an academic record replete with honors, awards and achievements.

## Seed of a Dream

The desire to be a nurse was spurred by a first-hand experience involving her mother as a patient in a government hospital during the war era in the 1940’s. She found the nursing care bereft of its caring quality as the nurses did things other than nurse the patients. She practically did all the tasks that in hindsight comprised the fundamentals of nursing care aimed at providing relief and comfort for the sick. So frustrated was she with the quality (or lack thereof) of care rendered by the nurses then that she vowed to pursue a degree in nursing to contribute in the formation of the service profession that will mirror the highest values of upholding life and the patient’s dignity.

This part of her life is a testimony on how she used a negative emotion (her disappointment over the hospital care of her mother) to take positive action by blazing trails to improve the quality of nursing care and the process of service delivery. It was a commitment made in memory of her mother that evolved into a lifetime pursuit for excellence – good is never enough and better can still be turned into best practices to serve as benchmarks of nursing care.

## Also a Teacher

The same value of “turning lemons into lemonade” made her pursue a degree in education to raise the bar of teaching she deemed that time was qualitatively deficient. Again, she finished the course with honors



Sor Paz with Hon. Amelia Rosales, Hon. Yolanda Arugay, Dr. Teresita Barcelo, Hon. Pearl Po, Hon. Carmencita Abaquin, Hon. Belty Merritt, and Hon. Leonila Faire.





*Sor Paz with colleagues from the University of Sto. Tomas, College of Nursing led by Dean Glenda Vargas.*

as Magna Cum Lade BS Education in 1954 from the same esteemed University of Santo Tomas. She pursued higher education – first, Masters of Nursing at the Catholic University of America in Washington DC and eventually a doctoral degree in Education (again in UST) finishing with a rating of Meritissimus.

The vast and excellent knowledge gained through years of continuing education, plus the broad and rich experience harnessed in the performance of nursing at all levels and settings, defined the quality of teaching received by nursing students that went through her tutelage and guidance. In no time, she was appointed Dean of the UST College of Nursing in the late 60's and same quality of excellence marked her incumbency. During her term that ran to nearly a decade, she maintained the highest standards of nursing education at the premier university consistently registering a remarkable hundred percent passing at the nursing licensure boards. In a large way, her spiritual conviction about life being God's gift that must be exalted somehow influenced the selection of students admitted to the UST nursing program. As future nurses cum caregivers and more importantly, nurturers of life, character is paramount. And for those who earned the privilege to study nursing at UST during the time of Sor Paz, value formation served as the backbone of the premium quality education that was the hallmark of the institution.

### A Nursing Icon

Not only was she a shining star in her own grounds, she also served as beacon of light that guided the evolution of Philippine nursing education. She was among those who pushed hard for the abolition of the Graduate Nursing course and its elevation to a

Baccalaureate program to strengthen the foundation of nursing education. This legacy ensured a more solid training in building competencies for quality nursing care. As an adjunct, she also pushed for the institution of graduate studies in nursing, starting off with Master of Arts in Nursing (MAN) at the UST Graduate School that mainly enhanced the quality of teaching through capable and better educated faculty of nursing.

As God's faithful steward, she spread her wings in all capacities that would bring glory to God through excellent service and spiritual steadfastness. She had assumed leading positions in many institutions from North to South and blazed trails for other schools to excel too. Among these was the deanship of the College of Nursing of Concordia College in 1979 and subsequently of its Graduate School. There was San Juan De Dios Hospital that she eventually converted into an educational foundation as a way of strengthening its human resource in the early 1990s. Colegio De Sta. Isabel in Naga City, St. Anthony College in Roxas City, Sacred Heart College in Lucena City – all developed in many ways with Sor Paz' guidance.



*Sor Paz with Colleagues: Prof. Lydia Manahan and Prof. Emeritus Cecile Laurente of UP-CN, Dr. Teresita I. Barcelo and Dean Glenda Vargas of the UST-CN.*

Considering what she has accomplished in God's glory and service for humanity as a sister-nurse and a teacher too, Sor Paz truly is outstanding and definitely more than deserving of the title bestowed on her. But Sor Paz would most likely be modest about this added feather on her cap. Life for this octogenarian is a continuing saga of service and practicing her faith. After all, age is just a number that does reflect one's state of mind and spiritual determination. As a faithful student puts it, "Sor Paz will go with her boots on."





# Development, Human Rights and the Challenge of the 43 Health Workers

**ELEANOR M. NOLASCO, RN**

President, Nagkakaisang Narses sa Adhikaing Reporma sa Kalusugan ng Sambayanan (NARS) -Association of Community Health Nurses and People's Health Advocates



*"In our interconnected world, the human family will not enjoy development without security, it will not enjoy security without development, and it will not enjoy either without respect for human rights." Kofi Annan July 2005*

This was the caution sounded off by then UN Secretary General Annan to the General Assembly of world leaders as they assessed the progress in the Millennium Development Goals of 2000. The MDGoals with a 15-year timeframe aim to half extreme poverty worldwide and bring about a society where "hunger, illiteracy, disease, environmental devastation and discrimination against women" shall have been substantially decreased by 2015. A joint responsibility by both developed and developing countries, the MDGs are essentially a follow up to the Alma Ata Declaration subscribed to by 134 nations in 1978 to achieve "Health for All by 2000" with Primary Health Care as the core strategy. The Alma Ata vision, as we all know, has become more of a mirage in light of entrenched structures that barred equitable distribution of resources among peoples within countries and between countries.

The Philippine government as a member of the international community was a signatory to both the Alma Ata Declaration of 1978 and the Millennium Development Goals (MDGs) 2015. This means we had solemnly pledged to respond to the "humanitarian and ethical imperatives to end poverty" as a precondition for total human development.

But as the revered leader Kofi Annan said, any development initiative or response can only succeed if respect for human rights served as the bedrock of governance. Corollary, a country can only have security if its people enjoy, fully and unimpeded, the freedom to exercise their rights to achieve total human development. Central to this is the right to health: Health as the "state of complete physical, mental, social well-being and not merely the absence of disease". Thus, when people are poor, hungry and unable to participate in decision-making processes that will promote the highest quality of life, security becomes a myth and development unlikely.

## The Philippine Health Situation

As things stand, our country is far from secure and is still a long shot away from being developed if we go by the social indicators of development. In a consultative meeting held early this year to review the Philippine midterm progress on MDGs, the picture of maternal and child health presented was bleak, citing "poverty" as the main reason for such a state. Poverty is so widespread among 66 million of the roughly 95M population, meaning, 79 out of 100 are poor based on the 2006 Family Income and Expenditure Survey (FIES). Even a regular employee getting a minimum daily wage of roughly P400 could hardly afford a decent life at an average daily cost of Php1,000 for a family of 6. Again, based on the 2006 FIES, just as there had been an increase in the number of poor families, "income inequality" also worsened. The cumulative Php801 billion net worth of the 20 richest Filipinos was equal to the combined income of the poorest 10.4 million Filipino families." (IBON, 2010)

## Poor Health, Inadequate Social Services

The extent of impoverishment is further revealed in the people's state of health. For instance, 8 of the 10 top leading causes of morbidity in 2006 were largely preventable with basic requisites like clean water, shelter and nutrition that majority of our people lack. The poor are further marginalized by the inaccessibility or inadequacy of social services and resources. Of the 1,771 hospital facilities in the country based on 2006 data, 40% or 703 are public hospitals that cater to the poor and indigents. But these government hospitals are often understaffed and do not have the necessary equipment and supplies owing to a measly allocation of 2.5 % from the current budget that translates to less than one peso subsidy per Filipino (CHD, 2009). Out of pocket expense for hospitalization account for more than







50% of the total cost. Factor in the “deposit first policy” observed in most public or private hospitals and you understand why the poor would rather not go to a hospital unless extremely necessary.

While appropriation for social services like health gets reduced, debt payment continues to be top government priority. Of this year’s budget, 22% has been set aside to paying just the debt interest. Under the Arroyo government debt payment got the biggest share of the budget pie at 35%.

A nation where majority of its people are kept on a daily struggle for subsistence with little or no access to vital resources and basic social services is not a secure nation. We are such a nation. In the first place, poverty, landlessness and hunger are, in themselves, manifestations of human rights violations. In all universal doctrines and covenants, the paramount and overarching principle in governance is respect for human rights to encompass the right to health, right to development, right to decent life and equal opportunities.

### **Development, Security and Human Rights**

The ideals of development, security and human rights are mutually reinforcing elements that define a society and the relationship between its people. In our case, the structures of government are dominated and controlled by a small segment of the rich and the powerful that the laws and the

instruments of governance are defined by them. From the formulation of laws to their interpretation and execution, the ruling elite hold the upper hand. It’s natural that they will tend to protect and safeguard their own interests at the expense and exclusion of the basic sectors that comprise the majority. Them who enjoy the bounties would not readily and easily give up their economic and political hold - that is a historical truism. However, it is also true that the downtrodden once awakened will always attempt to break the chains that bind him from seeking the optimum and highest level of well-being.

### **Primary Health Care and Community-Based Health Program**

The Alma Ata Covenant of 1978 enshrined the principle of total human development with “Primary Health Care” as the core strategy to attain such. Through PHC, the people are empowered to become active participants in bringing about an equitable social order where the resources for human development are accessible for all.

An earlier initiative to bring Health in People’s Hands had quietly started in the Philippine countryside in 1973. Three nuns, two of whom were nurses, got so exasperated with the unending vicious cycle of poverty and illness despite best efforts to deliver health services to the poor communities that they



founded the Community-Based Health Program or CBHP with the people as the key resource. The concept embraces the principle of primary health care in empowering the people to manage their health and their lives.

In areas where the CBHPs are active, there are equally strong people's organizations. Often, the trained health workers also act as community organizers who facilitate the mobilization of the community for collective undertakings. The people become keenly aware that their organizational strength and their number can be their leverage in the social arena for change.

### **“A Revolutionary Strategy”**

David Werner, the author of the popular self-help book, “Where There is No Doctor” cited the Community-Based Health Program of the Philippines as one “enabling initiative to social transformation movement with underlying PHC concepts...” He opined that the “all inclusive equity-oriented approach to attain ‘Health for All’ requires structural change in the direction of greater socioeconomic equity,” that opposition within the existing power will definitely meet this “revolutionary strategy.”

Both Werner and Annan knew wherefrom they speak about development efforts being resisted and opposed by existing structures of power. But the dangerous extent by which State instruments are used to quell and attack legitimate people's movement may not have been in their books.

This has been the experience of grassroots organizations like CBHPs since their founding in the early 70's till the present. The quest for an equitable social order continues to be an arduous endeavor that had extracted extreme sacrifices from those who chose to join the people's movement for change.

### **The Arrest of the 43 Health Workers**

A more recent attack on people's movement involved the abduction and illegal arrest of 43 health workers last February 6 while holding a First-Responders health training in Morong, Rizal. The activity was part of capability-building by CBHPs in areas heavily devastated by typhoons *Ondoy* and *Pepeng* that hit the country in September 2009.

The 43 health workers, comprised of 2 doctors, a registered nurse, a midwife and community health workers (CHWs), were staff members and health volunteers of CBHPs that had extensively and consistently helped poor communities, more recently during the *Ondoy* and *Pepeng* disasters. The health professionals and most of the community health workers were considered “old hands” of CBHPs or people's organizations, and respected and well-loved by the communities they belonged to or have been serving till the time of their arrest.

### **Outrage Over the Human Rights Violation**

The brazenness by which the military and police agents conducted the illegal raid and the unwarranted arrest of the 43 health workers was met with utmost outrage and vigorous protest from various segments of the health sector and people's organizations, nationally and internationally, and from the public in general. What was most contemptible was the violent manner by which the health workers were arrested that was a gross violation of their basic human and constitutional rights.

In the preliminary investigation of the case conducted by the Commission on Human Rights, it came out that the military used flawed warrants and in fact, abused its authority when it raided the training venue owned by a prominent medical specialist who was not at all the person indicated in the arrest nor search warrant. The warrant did not indicate a definite address and the wanted subject, a certain Mario Condes was not even remotely familiar to the barangay residents much more to the house owner. The place was searched without the presence and participation of the owner herself who was even by-passed by the raiding team. The dubious evidence of “bomb-making materials” allegedly found in the training site were therefore tainted and most likely planted, thus, should have been inadmissible in court.

Despite the overwhelming evidence that established the illegality of the whole thing and the patent violation of the rights of the 43 health workers and of the house owner herself, the 43 health workers continue to be unjustly incarcerated and deprived of their right of freedom to pursue their conviction to serve. The new President's seeming inaction to right the wrong inflicted by the previous regime on





the 43 health workers undermine his leadership and claim of high-moral governance. By sitting on the case of the 43 health workers, the new President has effectively condoned former President Arroyo's record-high human rights violations in her 9-year rule. The injustice also extends to the poor communities deprived of the service of the 43 health workers who were actually pitching in for the State's failure to deliver health service to the people.

### **President Noynoy's Call**

President Noynoy should heed the clamor for the release of the 43 health workers that grows increasingly louder and broader by the day. More than 6 months now to the illegal detention of the 43 health workers and the support has assumed a global alliance of people's health advocates and human rights defenders keenly watching President Noynoy's stance. The magnitude of the sympathy and support to the case of the 43 health workers highlights the credible standing of the health workers themselves and the organizations they belong to in the community of genuine people's movements. The 43 health workers stood for and continue to stand on the side of the poor majority whom President Noynoy vowed to be his "boss" as a public servant. But, why is his timidity to deal with the issue of injustice? Is this the transformational change he vowed to pursue?

### **The PNA Takes a Stand**

Among the first to take a bold position on the arrest of the 43 health workers in February 6, 2010 was the current leadership of the national association. With the President at the helm, a petition-signing was initiated for the release of the 43 health workers that included a fellow nurse who was a supervisor in a government hospital and an active advocate for nurses' and health workers' labor rights. The campaign has solicited more than 5,000 signatures from nurses all over the country and even abroad. The essence of the petition is to uphold the constitutional and fundamental human rights of the 43 health workers and accord them due process.

### **More Support from Health Groups**

Organizations and societies of medical doctors and allied health professions have likewise turned in their support. Some of the international organizations who have done the same include International Action for Liberation (Belgium), Women's Global Network for Reproductive Rights (WGNRR), Red Mundial de Mujeres por los Derechos Reproductivos Réseau Mondial de Femmes por les Droits Reproductifs (Netherlands), Organizing Centre for Social and Economic Justice (Canada), Health Care Without Harm-Southeast Asia, KASAMMAKO (Korea), Peoples Health Movement and scores of international human rights and religious organizations. Some international libertarians and parliamentarians of foreign countries, including the prestigious international association of lawyers, have expressed interest over the case of the 43 health workers and vowed to extend legal support in their behalf.

### **A Positive Outcome**

If there is one upside in the case of the 43 health workers, it was that it highlighted and put in public focus the perils and threats constantly faced by development workers in the course of their work at the grassroots. While phrases like people empowerment, health for all, total human development, participatory process, people engagement, connote positive interactions in the social arena for change, nothing is farther from the truth. Genuine people's organizations that seek and work on structural reforms for social equity are often subjected to harassment and terror tactics by







Artists exhibit artworks in support of the struggle of the Morong 43 community health workers, Aug.23, 2010 ([www.arkibongbayan.org](http://www.arkibongbayan.org))

state agents who see them as “threats” to “national security” for their radical positions on change and advocacies for people empowerment. Still the case of the 43 health workers provided another platform to raise the public’s consciousness on the issues and concerns that impact the people’s health and lives.

### Fear and Insecurity

The arrest of the 43 health workers has had chilling effects on the health sector in general, and community health practitioners, in particular. Nurses, doctors and health students considering going to community service are now having second thoughts, with some even abandoning the idea altogether. Some schools have reportedly stopped community immersion and integration activities of their students obviously out of fear they may be caught in the same predicament.

While it isn’t the first or the worst incident of harassment and persecution of health workers, the arrest of the 43 health workers also tagged as the Morong 43 has so far been the biggest single arrest of development workers under an intolerant regime. It is not likely to be the last. The more intense the struggle between classes in society claiming equity to the country’s resources, violations of human rights will escalate and worsen. Those who are enjoying the status quo will naturally resist change while the masses who carry the brunt of economic hardship

will struggle for meaningful change and an equitable share of the country’s resources (Karapatan, 2009).

### The Challenge of the 43 Health Workers

The 43 health workers whose major crime could only be that they chose to work on the side of the poor and marginalized and join the people’s movement to bring about an equitable and just social order, at the least, could be hailed for their courage to live their convictions. To go against the tide, to leave behind material comforts and live only with the barest - these were the choices made by some of them. Or they could have just been accidental heroes caught in the cusp of history unfolding on which they played a part. No matter, theirs was not easy an easy choice. The choice however, bespoke of nobleness, strength of character, selflessness and other human virtues that the 43 health workers may possess in varying degrees.

A challenge this incident poses to all of us is to live the ideals of the service profession that we embraced. “Healers of the sick and promoters of life” are roles best performed among the communities that need our knowledge and skills the most. As we empower the least among us, we too are empowered because we take part in the process of building a new social order where health becomes truly a right enjoyed by all. And people like the 43 health workers would be the ones in the mainstream of the health system.





In a health campaign led by the People's Health Movement, their paper said, "Human rights violations are ... linked to social conditions that determine who will suffer abuse and who will be spared. In each local context, it is the socio-political forces at work that determine the risk of most forms of human rights violations."

## The CBHP's Vision

From a positive perspective, the CBHP envisions a society where "poverty, powerlessness and all forms of oppression shall have been eliminated, a society

that fully guarantees basic rights, sufficiently provides basic needs, and where all citizens shall have the opportunity and power to develop their potential and creativity through the democratic and participatory processes of social institutions."

For the 43 health workers, pursuing this vision was their mission and their *raison d'etre* for taking part in the people's movement for change.

One of the two doctor-detainees, "Doc Merry,"<sup>1</sup> in her first and only statement said,

*"We are just ordinary citizens trying to learn and make our contributions to our communities. We are not playing heroes who try to save the world and be recognized by doing so. It is enough for us to help alleviate pain, care for the sick and at times save lives.*

*It is our hope that this incident (detention) would not discourage all those who are out there serving in the farthest and remote communities. It is now more than ever that we should be resolved to go on with what we do because we have the whole world behind supporting our humble mission of bringing health to the needy -- proving that our efforts are not in vain.*

*To my beloved colleagues, our utmost appreciation to all of your support and concern. I have always been proud that I belong in this noble profession. But I've never been this honored and inspired as I am right now. That our institution (medical) - with the most looked up to and respected people is united in seeking justice during this time that our duties are put into a test. That we are one in our goal of serving the people as inscribed in the Article 1 Section 1 of our medical ethics "the primary objective of the practice of medicine is service to mankind, irrespective of race, creed or political affiliation. In its practice, reward or financial gain should be a subordinate consideration."*

*- Dr. Merry Mia-Clamor*

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<sup>1</sup> Dr. Merry Mia-Clamor is the Director of the Health Education, Training and Services of the Council for Health and Development, one of the sponsor organizations of the training in Morong where she and 42 other health workers were illegally abducted. She has served thousands of patients and trained as many health workers in the urban and rural areas where she practiced as a community health doctor. She served full time during the relief operations for the victims of Ondoy ang Pepeng in 2009.



# STATEMENT OF SUPPORT

## Nurses call for the release of the 43 health workers<sup>1</sup>

February 10, 2010

### Statement Denouncing Illegal Detention of 43 Health Workers in Morong and to Demand their Immediate Release

We, nurses, representing various organizations and health institutions in both public and private sector join the collective outrage over the illegal detention of 43 health workers who were abducted early morning of February 6, 2010 by some 300 fully armed, combined elements of the 2nd Infantry Division of the Philippine Army and the Rizal Philippine National Police while holding a health skills training seminar in a private farmhouse in Morong, Rizal.

We demand their immediate release from the military camp where they are being illegally held with no formal charges filed against them but for mere allegations and suspicions of "subversive association."

The organizers of the training activity, namely the Council for Health and Development and the Community Medicine Foundation or (COMMED), affirmed that those abducted were doctors, a nurse, a midwife and civilian health volunteers affiliated with health NGOs or representatives of people's organizations who gathered to learn, harness health knowledge and skills that they will use to serve poor communities and underserved sectors in far-flung areas.

The house owner, a respected medical specialist at the PGH also condemned the brazenness of the armed troop and raged at the impunity by which the illegal raid and the arrest were done. The doctor, an advocate and supporter of community health service attested to the training seminar where she was also a resource person.

This incident is disturbing, to say the least, as it imperils people's initiatives and efforts to build their

own capacities and capabilities to manage their health needs in the absence of adequate public service. For health professionals like us, who may be considering the option of public service in the countryside, this incident is terrifying. For it is not only material comfort that one will be giving up when one chooses the selfless path of service to the poor, but possibly one's life, as well.

We call on the civilian authorities, specifically the Department of Health, to assert its civilian supremacy over the military by demanding for the unconditional release of the health workers whose rights were severely violated when they were arrested not in the act of doing a crime, but while pursuing their civic calling.

We demand that the 43 health workers be surfaced immediately and brought to the proper legal courts to face off their military accusers and man-handlers.

We demand a stop to the harassment of health workers serving in the countryside.

*Signed February 9, 2010 at Quezon City.*

**A part of the statement issued by the NARS (Nagkakaisang Narses sa Adhikaing Reporma para sa Kalusugan ng Sambayanan), an Association of Community Health Nurses and People's Advocates, in support of the Morong 43.**

**February 2010:**

"We urge the authorities to respect their rights as citizens and as health workers. At this time when basic health care hardly reach the communities while the health conditions of the people remain unattended,

<sup>1</sup> The Philippine Nurses Association initiated this petition signing in support of the Morong 43.







# FOR THE MORONG 43

these health workers should be considered heroes of our time. These health professionals, like our nurse-colleague, have willingly shared their expertise and time serving the poor and opted the noble task of empowering our community health workers and trying their best to turn our vision of **'Health in the hands of the people'** into a reality."

## **A part of the Position Paper of Ms. Carmen C. Bolinto, Dr. Jose Reinhard Laoingco and Ms. Carolina V. Bayla, Registered Nurses and faculty members of Saint Louis University College of Nursing, issued in support of the Morong 43.**

**18 February 2010**

....Now, with the illegal raid and abduction of the 43 COMMUNITY HEALTH WORKERS in Morong, Rizal and whose rights were allegedly violated by the supposed protectors of the masses, and with the police interrogation that two nurses and two students experienced in Benguet, allegedly because of the red alert situation brought about by the Morong raid and abduction, we are now very fearful of the same possible violation of human rights as we go to the far-flung areas. We are fearful that our and our people's mission, values, goals and principles of Primary Health Care will further go down the drain. We are the more fearful that all nurses in the Philippines will leave the country because 43 defenseless (no guns to protect themselves) community health workers were abducted by 300 (not only 43) armed commissioned

men. We are MOST FEARFUL because dedicated doctors, nurses and health workers whose "guns" are their principles and ideals of service are now equated to armed rebels. And because of that, they can just be helplessly abducted, blindfolded, and tortured.

We are one with all the rest who are calling on the Arroyo administration to:

- RELEASE the detained 43 COMMUNITY HEALTH WORKERS (doctors, nurse and trained community volunteer health workers), show them to the public so they can answer the allegations they are accused of.
- STOP using dedicated and defenseless community health workers (doctors, nurses, midwives and trained community volunteers) as escape goats to your inability to end the insurgency problem in the country!
- STOP equating defenseless doctors and nurses-to-the-barrios as armed rebels and STOP forcing arms into their hands which they are not capable of holding or manipulating!
- PROVIDE sustainable job opportunities in the rural areas for the thousands of nurses who graduate every year!

(Sgd.)

**Carmen C. Bolinto, RN, RM**  
**Jose Reinhard C. Laoingco, PhD, RN**  
**Carolina V. Bayla, RN**



# Free Gary Liberal, Free the 43 Health Workers

**CONNIE C. GUNDAYAO, RN**

Secretary, Nagkakaisang Narses sa Adhikaing Reporma sa Kalusugan ng Sambayanan (NARS) – Association of Community Health Nurses and People's Health Advocates



**C**ome September 4, Nurse Gary Liberal of Jose R. Reyes Memorial Medical Center (JRRMMC) in Manila, will be celebrating his 44<sup>th</sup> birthday. But this year will be entirely different from Gary's previous birthdays, because he is in jail.

Gary is illegally-detained in Camp Bagong Diwa in Bicutan. He is one of the 43 health workers illegally-arrested on February 6 in Morong, Rizal. He was one of the instructors in the Health Skills Training sponsored by the Community Medicine Development Foundation and Council for Health and Development on February 1-7. The participants are community health workers from different provinces in Luzon.

Gary's fellow training instructors include two doctors and a midwife. Dr. Merry Mia-Clamor, Dr. Alex Montes, and midwife Teresa Quinawayan served hundreds of patients in Rizal, Bulacan, and Metro Manila communities affected by typhoons Ondoy and Peping last year.

Gary came from his regular duties in JRRMMC and went straight to the training venue, on the night of February 5, in a farmhouse in Morong, Rizal owned by Dr. Melecia Velmonte, an infectious disease specialist from the Philippine General Hospital. Alas, before the training resumed in the morning of February 6, some 300 men from the 2<sup>nd</sup> Infantry Division and Rizal Philippine National Police trooped to the place, presented a defective search warrant, illegally searched the venue, handcuffed and blindfolded the trainers and participants and forcibly brought them to Camp Capinpin in Tanay, Rizal where they were tortured and kept incommunicado for more than 24 hours.

## Gary - the Nurse, Union-Leader, and Trainer

Gary has been working in JRRMMC for 18 years, with good record and in good standing. His service record issued February 10 by the Human Resource

Department of JRRMMC showed he was employed as a nurse in JRRMMC since 1990 until his arrest. He is the president of the JRRMMC Employees' Union. Under his leadership, the union concluded a Collective Negotiation Agreement with the JRRMMC management, providing for benefit packages and rights for all health workers in JRRMMC.

He is a Board Member of Operating Room Nurses' Association of the Philippines (ORNAP). He is also the National Auditor of the Alliance of Health Workers (AHW), the national organization of health workers' unions and associations nationwide. He is very active in giving unionism training in different hospitals, writing for AHW publication, the Health Workers' Update, and regularly joins medical missions and trainings for the communities.

Gary's fellow training instructors include two doctors and a midwife. Dr. Merry Mia-Clamor, Dr. Alex Montes, and midwife Teresa Quinawayan served hundreds of patients in Rizal, Bulacan, and Metro Manila communities affected by typhoons Ondoy and Peping last year.



Gary Liberal, JRRMMC Operating Room Head Nurse





In a statement released by AHW, health workers expressed their rage over the illegal-arrest, detention and torture of the 43 health workers: “Drs. Merry and Alex, Gary and Lydia (Obera, staff of AHW), together with others shared their knowledge, skills, and time to the community health workers, in response to the increasing need for trained health personnel in the countryside. The 43 health workers are serving the most deprived and far-flung communities, long time neglected by the Philippine government.”

Emma Manuel, National President of AHW, has this to say, “Illegally arresting and detaining health workers like Gary, Lydia, and others is the gravest injustice this government can do to us and our patients. Health workers in public hospitals have never been given proper importance in our country. Burdened with low salaries, inadequate benefits, and worsening working conditions, it is almost heroic for many of us to stay and serve the Filipino patients. Is this the way to reward nurses and health workers who are serving the Filipino people?”

### **Attack on the Health Workers, Attack on People’s Right to Health**

Padilla (2010) claims that “In a poor country where one out of two people dies without receiving any medical attention, where more than half of the population do not have access to basic health care, community-based health workers who provide needed services to fill this health-care gap should be heralded as heroes, not thrown to jail and tortured”.

Former Department of Health Secretary Dr. Esperanza Cabral, in a radio interview in February, admitted that some health workers do not want to go to far-flung areas as a result of the arrest of the 43, affecting the delivery of services in the communities. This is corroborated with the statement issued by the Association of Philippine Medical Colleges that criticized the arrest and the resulting negation of their decade-long efforts to convince medical graduates to work in the communities. Similarly, a statement by Bolinto, Laoingco, and Bayla, faculty members of the SLU College of Nursing, expressed their fears as nurses going to far flung areas. “... we are now very fearful of the same possible violation



*Gary during a Medical Mission in Negros, 2009  
(source: [www.freethehealthworkers.blogspot.com](http://www.freethehealthworkers.blogspot.com))*

of human rights as we go to the far-flung areas. We are fearful that the our and our people’s mission, values, goals and principles of Primary Health Care will further go down the drain. We are the more fearful that all nurses in the Philippines will leave the country because 43 defenseless (no guns to protect themselves) community health workers were abducted by 300 (not only 43) armed commissioned men. We are MOST FEARFUL because dedicated doctors, nurses and health workers whose “guns” are their principles and ideals of service are now equated to armed rebels. And because of that, they can just be helplessly abducted, blindfolded, and tortured.”

### **Freedom for Gary and the 43 Health Workers!**

Dr. Julie Caguiat, spokesperson of the Free the 43 Health Workers Alliance asserts that “the continuing detention of the Morong 43 is a perpetuation of the injustice started by the repressive Arroyo administration. The best way for the administration of President Noyonoy Aquino to show that it is on the path of righteousness is to stop and correct such wrongdoing, by releasing the 43 as soon as possible”.

Freedom, indeed, will be the best gift for Gary’s birthday, and the rest of the health workers who are now on their six months of illegal detention. Their immediate release is every freedom-loving, service-oriented health worker and Filipino’s wish and call since the 43 were arrested.







Gary and the rest of the 43 health workers, with their Legal Counsels (source: [www.bulatlat.com](http://www.bulatlat.com))

Nereo P. Odchimar of the Catholic Bishops of the Philippines posits that the issue is no longer about the Morong 43's involvement or non-involvement with the NPA nor about the veracity of torture claims of the detainees. He claims the "issue is a fundamental one about the importance of government institutions maintaining an objective distance and observing the rule of law in its operations.... This is the moment to press for answers and to demonstrate that there is a growing public demand, including from the Church, to restore the integrity of government institutions—the military, the police, the civil courts, and the Department of Justice—and remind them of their mandate and fundamental principle, which is to impartially protect and defend the human rights".

"In spite of all of these and what they went through, they remain steadfast, committed, now even more assertive of their rights and in a fighting, defiant yet still jolly mood", the lawyers said in Letter from the counsels for the Morong 43. The panel of counsels for the 43 is composed of lawyers from the Public Interest Law Center and the National Union of People's Lawyers.

For nurses like us, who have chosen the path of service to the people, the issue of the Morong 43 is not only about Gary and the others. This is about us and the people we serve. In our efforts to bring health to the people, we witness the people's grave

suffering, and we ourselves become victims of social injustice. We should not allow this to happen. We have to be one with the people in our common struggle for better health in a just and humane society.

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# Nursing Administrators: Leading Beyond Limits<sup>1</sup>

HON. TEODORO L. LOCSIN JR.



It is with nurses that patients are longest and most directly in contact in the patient's most vulnerable state: administering prescribed drugs, taking blood pressure and temperature, monitoring the progress of our ailment and recovery, paying heed to our discomforts.

What is evident is that it is nurses who are constantly observing the effects of the treatments prescribed, I guess to check if they are right, if they are working as expected, if they are too much or too little. And always and ever, attending to the patient's constant need to feel less discomfort in this part or that, feel less pain. Standing as a constant assurance that whatever the hour someone who knows cares. The best nurses have this ability to make you feel like the only patient on the floor.

It is the patient, after all, who stands, or lies in hospital gown, at center stage of the universal drama of human ailment and health care. Whenever the curtain rises on this drama, the spotlight is longest on the patient and his nurse.

This was so since Florence Nightingale injected her presence into a man's world and demanded more humanity from military surgeons on the battlefield, as they decided with cold detachment who was too hurt to go on living and who was worth the trouble of saving.

What of the rejected, and what of those whom the cure was killing more surely than the disease? It was for them that Dame Nightingale created modern health care and entrusted it to women.

From Dame Nightingale to Mother Teresa, the nurse's code has been the hard and iron duty to be soft with those who are hurting, to be firm with those who are

malingering, to watch at every step the progress of an illness or recovery so that nothing but wellness is irreversible; always and ever to care for as long as there was a living spark there. While there is life there is need for care, and if there is no more hope of recovery, there is always the imperative of nurturing every living moment that remains. Because life however short it is expected to be, however long its suffering must extend, deserves a nurse's total care. It is the patient, who may often be difficult and sometimes impossible to like because discomfort makes him so who is the main focus of the nurse's attention.

When the all-powerful French Cardinal Richelieu, who is the 'contrabida' in The Three Musketeers movie, went to his dying king, it was not as a doctor to cure him but as a nurse to give him comfort, feeding him, from time to time, a teaspoon of raw egg. So it was not as a doctor that the great cardinal came to the king, to assure him that he would make him well as he had made him great, but as a nurse to comfort the king in his dying.

The richest countries in the world lack nurses but no effort is made by them to make it easier to recruit our nurses, who are, far and away the best. Instead, many nurses have to depend on unscrupulous recruiters here and worse employers abroad. The attitude abroad seems to be, let the nurses go through the eye of a needle and a gauntlet of overwork and underpay and other discriminatory practices, and then maybe, just maybe, let them stay on as second-class citizens.

Meanwhile, Philippine recruiters squeeze the nurses for more than they can afford before they leave, sometimes for nonexistent jobs abroad. Then they tie them down to financial servitude for the duration

<sup>1</sup> Keynote Speech of Hon. Teodoro Locsin during the 43<sup>rd</sup> Midyear Convention, Association of Nursing Service Administrators of the Philippines, Inc. (ANSAP), Fiesta Pavilion, Manila Hotel. August 20, 2009. ANSAP President, Dr. Linda G. Buhat and Ms. Villa-Real, the 2009 Overall Convention Chair, granted the permission to print the speech.



of their exile. Meanwhile the country's foreign exchange reserves grow from nurses' remittances so politicians can change their ill-gotten gains to dollars for their junkets abroad.

Our country sorely needs more nurses; but going by the law of supply and demand and considering how poorly nurses are paid, you would think we had more than we know what to do with. I will let the private hospitals explain for themselves why this is so. But, coming from government, I can tell you the government has no excuse not to pay nurses more. The government is swimming in money. Look at the expected revenues, and look at the budget. There wouldn't be a budget deficit if government were smart enough to spend more money on nurses than it throws away on bad projects for the kickbacks.

Coming as I do from government, that the private sector could pay nurses much more if only the government stopped squeezing the private health sector for more and more taxes, and gave the sector as many tax exemptions, tax holidays and outright financial grants and easy credit as government does to so-called foreign and local pioneering enterprises. What is so pioneering about selling gasoline and yet government allowed Shell and Petron to escape taxes through a tax credit scam the government has been slow to prosecute up to now.

Poor national health care and the plight and proper place of the nursing profession in health care reform, all these are problems to which the fastest and best solution is to throw money at them. Insufficient training of nurses after graduation? Subsidize training with cash grants to the nurses and tax holidays to the training hospitals.

Ineffective nursing education? Throw more tax holidays and financial assistance at nursing schools; devote more funds to the stricter monitoring and regulation of teaching practices and educational standards in the nursing schools.

Is it wise to throw money at problems? Of course it is, as the most serious economists today recommend in the global crisis.

But if we do not have all that much money to throw around, we surely have more than enough to "devote

to"—that is the proper phrase, "devote to" and not throw around—one of the highest priorities of government: the national health.

The theme of your convention—"Nursing Administrators: Leading Beyond Limits"—imposes on yourselves a part of the formidable challenge of national health care.

There's no glossing over, no understating, the problems that our health care sector faces; much less the very real limits that tie the hands of those seeking to solve them. But since you have so bravely undertaken to go beyond those limits, I will try to walk with you down a road that's hardly taken.

First of all, let me congratulate those of you who have opted to stay behind in this country, when we all know that the overwhelming majority of people studying to be nurses do so in hopes of landing better-paying jobs abroad.

I do not begrudge them for seeking not just greener pastures but pasturage of any description. Nordolconcludethatthosewhochosetostaydonotneed the better pay that nurses get in First World countries.

Those who stay, attend to the sick over here. But they suffer the frustration of not being able to do as much as their training would allow them. Too few people can afford the quality health care that our nurses are equipped to give. And government isn't spending enough to bridge the gap between increasing health care needs and the diminishing capacity to meet them—on the part of the Philippine health care systems, doctors, nurses, hospitals, clinics and on the part of patients.

Universalhealthcarewouldcreateawholenewuniverse of nursing opportunities right here in our country—and government can afford it if it only stops stealing.

Those who chose to leave, on the other hand, trade off family for better opportunity—many times so as to help family back home. What they get instead is years of loneliness and hardship, as they struggle to cope with a higher standard of living with what remains of their pay after the recruiters get their share.

These are tough choices.







Consider: a nursing graduate who lands a job in a small private hospital would be “lucky” to get a salary of P10,000 a month. The usual entry level is P8,000. Recently, as a result of the enactment of the amended salary standardization law, nurses in government hospitals are now entitled to a salary range of between P14,000 and P18,000; better but far below starting rates for Filipino nurses who make it to the US, the UK, Canada or, the Middle East.

Little wonder that most nursing administrators are reeling from the fast turnover of newly-trained nurses; no sooner have nursing administrators finished training one batch than another foreign-based recruiter poaches them.

Ironically, even as more and more nurses are being graduated, trained, and then recruited abroad, most hospitals—private and public—have the same complaint about not having enough qualified nurses. In short, we seem to have an oversupply of under-trained nurses. So we have too many “nurses” in quotes and too few nurses without quotes to go around. Many of the good ones are poached by foreigners. This paradox arises from a frustrating situation: the nursing employment “boom” in other countries fueled the rise of so many nursing schools in this country, including not a few diploma mills. This June, 32,000 aspiring nurses passed the board exams. Where will these go, when there aren’t enough hospitals that can give them adequate training?

Ideally, you shouldn’t shortcut the training of a nurse, and a young nursing graduate is expected to post many months and hundreds of man-hours in the wards, the emergency and trauma rooms, in ICU and surgery. But comparatively too few get the chance.

In hospitals where such training is taken seriously, there are even more frustrating trends. As soon as a nurse finishes the ideal period for training, the headhunters descend on the hospital to harvest them. We see here a net resource transfer from poorer to richer countries. Long before nurses can be deployed abroad to earn enough to repay recruiters and remit their better wages to families back home, and thus make the brain drain worthwhile in other respects—long before that can happen, they are poached by foreign countries that did not spend a cent on their education and training.

I can commiserate with the exasperation of nursing service administrators who have struggled mightily, these past several years, to keep the critical balance of human resources in our health care sector, the relentless foreign poaching notwithstanding.

From this background, then, arise the most serious challenges facing the nursing service administration in the country:

**First, the challenge of maintaining, always, a high quality of health care** despite limitations in terms of physical facilities, financial resources, and the lack of adequately trained nursing staff given the quick turnover.

**Second, the economic crisis** that has made things worse for everyone all around; forcing budget cuts in state hospitals and cost cutting in private ones, and setting further back hopes of salary upgrades for nurses. Worse, costly and too strict medical insurance forces most people with serious ailments to forego treatment, thus adding to the difficulty of caring for them when they are too far gone.

**Third, the mismatch between supply and demand,** not just in the number of nurses, but also in the kind of job and career opportunities that are opening up to our nursing graduates. Even as thousands of them are needed in the lesser cities outside the great metropolitan centers and worse yet in far flung areas that have never been reached by any decent health care program, there aren’t enough nurses to go around.

I am not suggesting that nurses should sacrifice personal income for outreach services. I am saying that the national government, which throws tens of billions at sure-to-fail, never-intended-to-succeed projects, just for the commissions, could throw more money at making health care reach more people, even to the farthest corners of our country.

On the third challenge, most of you are aware of how medical tourism, which the government is understandably encouraging, has drawn away many of our best nurses from serious health care to spa services pretending to offer real medical solutions to insoluble old age and wear- and-tear problems like cellulite, wrinkles and osteoporosis.

Don’t get me wrong, but it seems to me we can’t tolerate for long a situation where thousands of our nursing



graduates are doing work as call center agents or spa attendants or running small businesses because there aren't enough good hospitals paying decent wages.

You should know that no country in the world could support a well-functioning public or private hospital system—or both—without universal health care coverage. In short, without government paying for most health care services.

There just seems to be little in the local health care sector we can see as a bright spot. To be sure, we have seen the start of the implementation of a landmark law, The Cheaper Medicine Act. That reform didn't come easy. It took all of ten years to get the law passed and then another year to get it implemented.

Reforms in health care come hard but not slowly. Not if you have the political will and the sincere desire to help. It didn't really take ten years to pass The Cheaper Medicine Act. There were many attempts over ten years but only one night of fighting to get it passed. It didn't take almost a year to get it implemented but just one morning of threatening the Department of Health to act.

So don't believe anyone who tells you it takes time to make reforms. It takes one day, one will, hell, one person even—to lead the pack and win the day.

You want pay commensurate with service? Then join those of us who are telling government to stop spending on itself and start spending on the people—especially on people who make a difference such as health care providers like nurses.

But even as you continue to push the envelop on upgrading nursing performance through rigorous and focused strictly health care training, I trust you'll always remember that besides those skills, our people look to the nurse as the one special person who fills in all the gaps of a health care system—whether it's for a doctor who's too busy to check on the patient as often as needed; a malfunctioning equipment for which they must improvise; or an ill-tempered billing clerk; or dirty facilities and dirty linen or lack of clean water in the hospital.

It is effective nursing administration that ensures a steady supply of the kind of nurse who, although really powerless to do everything the patient wants or needs, seems to make it all better just by being there.

And that, I think, is the core meaning of “leading beyond limits.” For beyond the limitations imposed by limited resources, limited human resources, limited this and limited that, is someone who fills the empty places by something intangible but evidently there: a constant caring for the patient who is, in every room if she can afford it, or in every space in a ward if he cannot, always at center stage in the unceasing drama of health care.

I return to where I started...to the nurse as she or he should be: competent and always caring; gentle yet firm; seeing her profession as a vocation and not just a job. It is the highest vocation of all, the equal of priest or religious though I am told nursing is much more fun: the cure of bodies to the cure of souls.

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### THE NURSE'S PRAYER

By: Ms. Caridad B. Binwag R.N.  
Nurse V, Head, HRMD Section, CHD-CAR

Almighty God, Father of generations  
Hear our petitions as nurses----

From thy Grace grant us the will to:

Work with honesty and devotion  
Listen with our hearts so we can empathize  
Speak with gentleness so we can calm the distraught  
Touch with tenderness to ease hurting pain  
And understand with profound feeling to give hope.

Father we lift to you our profession as nurses  
Strengthen us to serve with integrity and valor  
Grant us with wisdom and respect for our superiors  
Within the precept of your values

Grant us the passion to thirst for knowledge  
In this evolving and challenging times  
To upgrade ourselves in the pursuit of higher learning  
And the fulfillment of unwavering quality health care  
To happily commit each task and day for your glory.

Amen.





# Ethical Recruitment of Nurses and Beyond A Geographer's Perspective<sup>1</sup>

MARK LAWRENCE SANTIAGO



## How do you hope your research will lead to policy makers be more aware of their decisions and the consequences?

One of the meanings of the word “re-search” is to launch a thorough investigation of an issue, to establish *facts and to produce new conclusions* (Oxford American Dictionary).

The impetus for my research is a pre-existing historical and contemporary phenomenon – of nurse recruitment from the Philippines and their migration to advanced industrialized countries such as Canada. This phenomenon has been here for a little less than a century in the US context and half a century in the Canadian context.

The US story is well-documented by US based scholars. For example, in historian Catherine Ceniza Choy's book *Empire of Care* (Duke UP 2003) and sociologist Anna Guevara's *Marketing Dreams, Manufacturing Heroes* (Rutgers UP 2009). These two books have done justice to the issue – albeit they do not take Canada into account.

One of the goals of my research is to tell a specifically Canadian story, which is quite different from the US story because Canada has a different immigration and health care system and therefore Filipino nurses who come here have a different set of experiences and arrive with a different set of circumstances. I acknowledge that the work of Ceniza Choy and Guevara paves the way for my research, and hopefully it will also do justice to the issue just like their work did.

Philippine-educated and trained nurses have been coming to Canada since the 1950s, whether through recruitment efforts or on their own. So, obviously, this is not a new story.

More recently, there have been Canadian recruitment drives between 2007-2009, where recruitment were facilitated through various MOUs between the Philippines and Western Canadian provinces (AB, SK, MB). My doctoral research focuses on these recent recruitment efforts, while being sensitive to the historical backdrop – which will be a section in my dissertation. I already did archival research in Canada to think through this history – but unfortunately, I found very little in the Canadian archives. So I will also do some life histories with older Philippine trained nurses to make up for the lack of archival data.

I'm doing research on this topic to understand and explain the recent recruitment and migration phenomena from the Philippines to Canada. And then, my goal is to eventually analyze whether these recruitment efforts are both sustainable and ethical.

There are certain elements in these recent recruitment drives that are quite different from typical recruitment scenarios before – for example, the active involvement of government, and Saskatchewan's efforts to “give back” to the Philippine health care system. In short, Saskatchewan health authorities are aware that when they recruit nurses from the Philippines, they are not only affecting the lives of the nurse migrants and their families, but also the health of those who are left behind in the Philippines.

And they are planning to do something. This is something that's quite commendable – and definitely one amazing example of how nurse recruitment from a developing country can possibly leave a positive impact. Canadians should be aware that they are paving the way for an innovative way to do nurse recruitment and migration the right way – and I am

<sup>1</sup> This is an excerpt from an interview by the Vancouver Sun with Lawrence Santiago, a PhD Candidate and Trudeau Scholar from the University of British Columbia, currently doing his PhD research on the ethical recruitment and migration of Philippine educated and trained nurses to Canada.





excited to see what will happen once their plans hit the execution phase.

There is both an “empirical” and a “normative” moment in my research. When asked what kind of methodology and analysis I would use for my dissertation, I addressed the question by stating that while my goal is to produce a normative analysis, I will employ “global ethnography” as methodology – meaning, by doing participant observation and interviewing the various actors across geographical spaces (in Canada and the Philippines, and even the US and Geneva), so I can arrive at a persuasive argument after considering various perspectives of those in the ground – and not just through reading and arguing with “academic theorists” who, while [they] produce incisive critiques, often don’t influence the processes on the ground that lead to better outcomes for both nurse migrants and those who are left behind in the Philippines.

Most of the people I interviewed are all working in the same “complex.” But most of them do not share and inhabit the same moral, political and economic universe as they cut across government, business and civil society sectors. Encountering a variety of actors in my research has become an excellent learning experience. Being in academia puts me in a privileged position to examine their biases and opinions about the phenomenon. And I make it explicit to them that I have no “business interests”, except to produce a thoroughly researched dissertation that “might” influence the improvement of old (or making of new) policies.

Hopefully, by examining and understanding these different actors and “making them meet” in one document (my PhD dissertation) – they will learn something deeper - more than what their current positions entail them to believe. And they can work together to improve their practices in nurse recruitment and migration from the Philippines to Canada, and in other transnational contexts as well. For example, I want to examine whether the actions by Canadian health regions affect the Philippine health care system negatively or positively. Perhaps my research can provide Canadian health regions’ health human resource planners some kind of “external feedback” about how their recruitment

efforts work or doesn’t work. I haven’t completed my research as I’m still doing fieldwork. I haven’t sat down and written my analysis so my judgment remains suspended. But my sense so far is that the experiences of nurses who were recruited recently to Canada, especially to Saskatchewan and Manitoba, have been quite positive in many fronts – including their recruitment in the Philippines and their integration to Canada.

### **Why do you think people still need to or should care about this topic?**

People should care about this topic because it affects virtually everyone – employers, employees, and a multitude of stakeholders. The Canadian public should care about the topic because a sharp increase of immigration from one geographical region such as the Philippines introduces them to a new group of people that brings with them a set of baggage – linguistic, cultural, historical, class etc. just like any other immigrant group. One also has to acknowledge that among Filipinos, there are also layers upon layers of difference.

### **Can you describe the collective imagination in the Philippines of what life is like in Canada and also the strong culture of migration in the Philippines?**

Well, now that it has become more difficult to enter the US and to find secure employment there, most middle class Filipinos, nurses included, are thinking of alternatives. It has become clear to most of them, through the experiences of those who came before them, that Canada is the best alternative to the US.

I have to introduce another qualifier: those who typically move from the Philippines belong to the middle class. They are relatively comfortable in the Philippines already but want to move to Canada to further improve their economic situations. The lower class have different pathways and very different migration trajectories as the middle class professionals – and you have to be sensitive on this issue if you are looking at migration from the Philippines to Canada.





## **Describe for us the most striking things you saw in your fieldwork in the Philippines.**

In my fieldwork here in the Philippines, I interviewed a full swath of migration, health and nursing policymakers. My interviews with them showed me that the issue is even more complex than what I initially thought it was – because the Philippines is currently suffering a chronic state of underemployment and unemployment among registered nurses. Due to the boom of nursing schools and the sharp increase in enrollment in these more than 470 nursing schools, the past 10 years have produced more registered nurses than the domestic market can absorb. There is an oversupply of nurses but there is no demand for nurses, and in fact, some nurses are being hired as “volunteers” just so they can fulfill their required “2-year experience” to work abroad.

Migration is seen by nurses and policymakers as one of the solutions to get employment outside the domestic employment sector – where registered nurses who can't find permanent work get exploited as “volunteers”.

Nurse migration is a symptom of a deeper set of issues that Philippine public and policymakers should confront systematically. The root of migration is a general dissatisfaction of Filipinos on many fronts: job security and access to basic social services, for example, affordable quality health care – and an equal chance to improve one's life trajectory through affordable and quality education that can be translated into jobs locally.

The US has a visa retrogression for nurses, and Philippine nurses who are still in the Philippines, even if an employer wants to hire them, cannot work in the US for the next 5-7 years. So, as I said above, Canada is emerging as the next best economic choice for nurses here.

## **How can nurses in the Philippines best prepare to go to Canada? What pitfalls are there?**

Filipinos have to do their “homework” first and do extensive research whether they will get jobs in Canada even if they can qualify for immigration. We

are now in a highly interdependent world – where there is an integration of the global market – if there is a recession in the US, the ripples are felt here in the Philippines and in Canada – the whole nursing migration issue is an example of this.

On the downside, there are unscrupulous business people exploiting this – with “immigration consultants” cropping up in the Philippines lately – to seduce Filipinos, including nurses, into applying as immigrants to Canada while charging excessive unnecessary fees. Most of these “immigration consultants” supposedly “assist” Filipinos in their application for permanent residency in Canada.

In my opinion though, what is obvious is that they provide a somewhat redundant service – as all of the information a prospective migrant to Canada needs to know are already present in the federal Canadian Immigration and Citizenship (CIC) website. So, they operate on the assumption that the immigration maze to Canada cannot be easily understood by the “average” Filipino – that they make the process much easier to understand, and therefore, the Filipino can be more successful in their application to the federal CIC.

Of course, we all know that this is not true – people don't need immigration consultants or any kind of broker to apply for permanent residency to Canada if they qualify for permanent residency requirements. If one cannot qualify for the current Canadian immigration requirements for whatever reason, then that simply means that one should not proceed until those requirements can be fulfilled. One cannot skirt around it by asking an “immigration consultant” to assist them – because ultimately, that nameless and faceless bureaucrat at the CIC – who the immigration consultant has no direct influence or access to – decides over the matter.

What I would say to nurses and other workers wishing to go to Canada directly is to study the federal CIC websites thoroughly first. And more importantly, to check whether their degrees from the Philippines will get recognized by the appropriate regulatory bodies and they will get jobs commensurate to their profession in the Canadian labor market.

They can also apply through legitimate (POEA, Philippine Overseas Employment Agency licensed)



private recruitment agencies that have “job orders” from Canadian health regions and employers – who will not charge them any processing fees for their services. It is stated in the Memoranda of Understanding between the Western Canadian provinces and the Philippines that no money (processing fees) should be solicited from prospective migrants to Canada if they apply through recruitment agencies.

Once the recruiter asks them for any processing fee, they should be suspicious of the recruitment agency and their claim that they have job orders from a Canadian health region or employer. In short, they should thoroughly check the credentials of those they negotiate with – and scrutinize their legitimacy by asking for receipts (if they do any financial transaction with them) or better, they should call the POEA directly to ensure whether the recruiter is of good standing and really working with a Canadian employer.

Their success in Canada will be somehow ensured if they have done this type of research and verification process in many fronts – and they know that they will secure a job once they land there or at least in a few months upon their arrival. If they make “short cut” by making other people assist their own immigration plans or apply through fee-charging recruitment agencies, they might suffer the consequences because not everyone in these industries are after their best interests, most of them are after the 100,000PHP or more they can sauce out from them.

I feel sad that Filipinos “bite” into these schemes – but I also understand why they do this – because most of them are desperate to leave and get jobs abroad, so while I would tell them to take caution in paying for the “services” of these consultants and agencies, I won’t necessarily blame them for going to them. I would put the blame on these agencies

and consultants for operating this way instead, and for exploiting the dreams of Filipinos to seek employment and have better lives for themselves and their families in Canada.

The POEA thoroughly regulates recruitment agencies, so I’m less worried about this. But something though has to be done by both Philippine and Canadian governments to regulate the practices of immigration consultants. I went inside one of these immigration consultant firms and I asked who regulates them, and the person told me it’s the SEC (Security and Exchange Commission). I retorted that’s a default commission for anyone who operates a business here, and then the person told me that the “Canadian Embassy in Manila” oversees them. Canadian officials in the Canadian Embassy in Manila don’t regulate them, of course.

So, I hope that Canadian officials in the Philippines and Filipino policymakers be vigilant so that Filipinos don’t get exploited by industries “promising” them immigration to Canada.

I wish they would do something about it – at least to cut down the service costs that they charge, which amounts to the equivalent of an average workers’ annual salary. If they are truly “assisting” the Filipinos, they probably should publish the fees they charge on their websites and tell their clients upfront, and not make them consent to a process that would leave their clients financially ruined for a “dream” that might not actually be a reality.

On the upside, there are nursing and labor policymakers here who are actively creating new spaces of hope and indeed employment prospects for jobless Philippine nurses – such as those behind the government initiated NARS and the public/private sector program called EntrepreNURSE.

“Nursing is an art: and if it is to be made an art, it requires an exclusive devotion as hard a preparation, as any painter’s or sculptor’s work; for what is having to do with dead canvas or dead marble, compared with having to do with the living body, the temple of God’s spirit? It is one of the Fine Arts: I had almost said, the finest of Fine Arts.”

- *Florence Nightingale*







# In The Eyes of Service: Reflections of a Community Health Nurse

PAMELA PATAL-E, RN<sup>1</sup>

In these modern times, to earn money is a must in order to survive, to provide for our families, and to establish an acceptable position in our society. It is a sad thought that being a nurse today is more synonymous with earning than with service to others. In today's reality we cannot serve two masters at the same time, which means we must give up a chance at luxury for the call of duty.

What can you do for someone who could not repay you? This question has been echoing in my mind for quite sometime now. I have struggled many times to answer the question. I have had doubts whether I can stay in this path I have chosen. Have I made the right decision? Why do many oppose my present stand?

I have chosen to be a community health nurse. My activities in a non-government organization (NGO) have included community integration (living with the people to better understand their lives), community diagnosis (conducting house-to-house surveys to get facts about the local health situation), training of community health workers, provision of medical

services, and health advocacy (discussing health-related issues with health science students and health professionals).

Serving in indigent communities has made me feel like I have been transported into another dimension of reality and yet it has also felt like going back home. Our feet are bruised from hours of hiking to remote rural communities. The areas are often out of the coverage area of cellphone signal; electricity is not available, and we sleep on hard beds at night. What satisfies me are the simplest things – to wake up to the scent of burnt charcoal and brewed coffee, to eat with bare hands, to be given the rare chance to eat wild pig and native chicken for dinner, to be amazed by the wonders of nature, and to be counted as a member of the family and of the community.

Our interaction with the farmers of the Cordillera Region has brought me many experiences of companionship. Community folk make us laugh. They teach us many things we never knew, make us do things we've never done, and immerse us in a life far from the hospitals



<sup>1</sup> The author, Pamela B. Patal-e, is a community health nurse of the Community Health Education, Services and Training in the Cordillera Region (CHESTCORE). CHESTCORE is a health NGO that has been building community-based health programs in the Cordillera and Ilocos Regions since 1981. CHESTCORE welcomes volunteers and donations of medical supplies and equipment for community health workers. CHESTCORE may be reached through telephone 074-4422572 or email chestcore81@yahoo.com.



where we trained. They show us how to be more thankful of what we have. They let us grow, let us learn, and share with us memories that are worth keeping. Even a timid thank you and the slightest smile from them fill me with great fulfillment.

There have been experiences though that brought us outside our comfort zone. There is still a deep mark in my memory when we lived for one month with the people of Lubuagan, Kalinga to experience firsthand their way of life. We conducted home visits to some sick community members. We spent time in the fields to gather beans for lunch and another day for rice planting. Present with us in the community were soldiers of the Philippine Army who often followed us around, suspicious of our activities. We did not feel secure in their presence. It angers me that even we who give it all for community service are equated to rebels, and health services are labeled as terrorist acts. Somehow, I felt a little lighter knowing that I was going to live there for just a month – but how about the community folks who will be left behind?

I also linger on those moments when we conducted a Community Health Workers' Training in Pinukpuk, Kalinga. Many of the participants from different sitios were not able to attend, while those who did come found it hard to focus on the lectures. Again the Philippine Army was present in the community and some of the soldiers were assigned to sit in during the training. The community was endangered by the military's presence as they may be caught in a crossfire that may occur. This was also a clear violation of the community's rights to go about their daily activities without fear of monitoring by the military.

It is in these situations that we find our bravest hearts. We also find security in the people's organizations that stand side by side with us. Thus, we choose no other way but to continue to live for the people and to give our best even in the most challenging times – no matter what threat lies ahead.

Working in the community has given me fulfillment and many experiences. Somehow our lives with the people made a difference and we pursued a change when we stayed and answered the true call of duty by working in the community. Indeed, the beauty of serving is in serving itself.



I have also realized that my commitment and responsibility continue to grow as I move forward and go on serving. My commitment as a community health nurse is merely the start. I have realized that in order to eliminate health inequity – to make health care accessible, affordable, and responsive to people's needs – social inequity must also be eliminated. The people's struggle for better health and a better life lies in their own hands. Health is both a right and a responsibility. If we are empowered, we have the capacity to do something, the courage to overcome the most difficult problems, the confidence and self-reliance to do things on our own and contribute or share for a better future. This is the biggest challenge that I face – to take a greater part in the struggle for social change.

*To leave or to be left behind  
When change is a continuous struggle  
We pause, rest, and think for a while  
To be firm on a decision is but inevitable*

*We have to be strong and make a stand  
We have to fall and discern at times  
We have to fight for all that's right  
Others die so we cannot lose sight*

*To depend or to defend  
In a struggle not yet won  
To be a part and do it right  
To make the change and never be left behind*

*From where we are now and where we maybe  
tomorrow is still a struggle to be won.*





# Coming Up Close with Effective Planning: A Perspective

ANGELINA T. STA. ELENA, RN, MAN, DPA<sup>1</sup>

*"Every moment spent planning saves three or four in execution."*

- Crawford Greenwalt, President, DUPONT

*"To choose time is to save time."*

- Francis Bacon

*"Big projects give people something to identify with and work forward to."*

- Frank Carlucci, U.S. National Security Adviser

*"It's better to have planned and failed than having no plan at all."*

- Ara T. Sta. Elena, Past Chair, NOMELEC, NCR Zone 3 PNA Chapter

I say, "Effective planning means effective management". Much of my perspectives on effective planning have been shaped by my experiences as a leader in my involvement in the Philippine Nurses Association and the Lions Club. Having served as Chairperson of the NOMELEC of the NCR- Zone 3 and the Lions Club Executive Secretary, the opportunities to apply strategies for effective planning were abundant. My stint with the NOMELEC for example was a time beset with a lot of constraints and problems. Interacting with people from all walks of life having varied opinions and perspectives also enhanced my planning skills.

I remember when at the height of election campaign for the PNA national election, we were confronted with the constraints of finding qualified registered voters. The NOMELEC met and brainstormed on our plan to solve the problem. We set our committee goal in such a way that we all agreed and understood what we wanted to do and why we need to do such. We focused on maximizing technology and networking in our solutions. We developed our objectives collectively, determined checkpoints, activities, relationships, and time estimates. We plotted our committee schedule and ascertained that we kept everyone in the committee connected with the updates regarding our activities. Having planned as a team led to the success of the committee's mandate. Indeed, collective planning works. It leads to the achievement of organizational goals and contributes to one's self esteem. It lessens errors, saves time and

allows everyone to be organized. Hence, PLANNING WILL ALWAYS BE CONTINUOUS REPLANNING for sustained success according to pre-set objectives. As such, we felt the responsibility and accountability not only to ourselves and the organization but to our profession.

My experiences reveal that every project manager, regardless of his/her title or position in any organization such that of the PNA or the LIONS CLUB, face various forms of responsibilities. There is the issue/concern of accountability as well as the process of delegating a task. The manager as a leader has to assess and analyze every detail of the management functions (planning, organizing, directing, and controlling). The success of any activity is attributed to a good foundation in strategic planning where leadership and management skills are essential ingredients. A manager plays indeed a very significant role in meeting the project's goal or objective regardless of the source of funding – government or private, and either long term or short term project duration. Thus, it is important to know each other's perspective about an issue and build agreements that will enhance creativity and energize the members.

I believe that in effective planning, it is important that the organization, committee or group has immeasurable commitment to pursue its objectives. This entails trust, respect, and a strong conviction for ethical principles of leadership and management.

<sup>1</sup> Dr. Sta Elena is currently a member of the House of Delegates of NCR Zone 3 and formerly the Chairperson of the Chapter's Nomelec. She is also involved with the Lions Club, District 301-D1 Dep Exec Sec LY 2009-2010.





# The Challenge of Chronic Conditions and the Role of the Nurse: The Call of the 88<sup>th</sup> Foundation Anniversary and 53<sup>rd</sup> Nurses' Week Celebration

OCTOBER 26-28, 2010, MANILA

“Delivering Quality, Serving Communities: The Challenge for the Filipino Nurse Leading Chronic Care,” is the theme for this year’s 88<sup>th</sup> Foundation Anniversary and 53<sup>rd</sup> Nurses’ Week Celebration to be held on October 26-28, 2010 at the Fiesta Pavilion, Manila Hotel, Manila. This year’s theme adapted from the ICN aims to tackle the challenge posed by chronic conditions that have alarmingly increased in recent years. The ICN has identified the leading morbidity cases as “diabetes, cardiovascular diseases, respiratory diseases and cancer” that result to “80% of deaths in low and middle income countries” including the Philippines.

The 3-day annual event serves as an ideal opportunity for PNA members stationed or working in various health settings all over the country to be updated about trends and developments on effective nursing care and management of the emerging chronic conditions that are seriously life-threatening but generally preventable. The speakers invited to tackle the various aspects of chronic conditions during the seven scientific sessions scheduled in the afternoon of the first day and the whole of second day, are recognized practitioners in the fields of education, nursing, medicine and general wellness.

This year’s celebration will highlight the nurse’s role in meeting the challenge of chronic conditions that have dramatically increased in recent times, vis-à-vis social determinants of quality health care. The general objective of the scientific sessions is

to enable the participants to gain new insights and perspectives that will enhance nursing care delivery and affirm the nurse’s vital role in health promotion and disease prevention using Primary Health Care as core strategy to help meet the Millennium Development Goals or MDGs by 2015.

The opening ceremony on October 26 will be graced by the Honorable Secretary of Health Enrique V. Ona who will give the keynote address that will hopefully outline the 6-year health agenda of the new administration, and how the nursing sector can contribute to its accomplishment. The PNA has earlier declared its support for President Noynoy Aquino’s campaign platform for universally accessible and affordable health care for the people. (This open declaration of support and call for fulfilling the current administration’s campaign promise was expressed by the PNA, Board of Nursing and other Nursing Organizations via a paid advertisement that appeared in the Philippine Daily Inquirer last June 30, 2010.)



The Nurses’ convention is the time too, for the members to exercise their crucial right to choose and elect the next set of leaders who will take the helm of the organization in the next two years. As important is the House of Delegates Convention where representatives from the 12 regions and more than 80 PNA chapters shall perform their legislative functions to formulate policies that will serve the best interests of the members.

The General Assembly will be a forum for the members to raise burning issues and concerns that affect the





delivery of quality nursing care, specifically, the issue of living wage and the challenge of positive practice environment. There will also be time for “dialogue” with the Board of Nursing on related nursing issues.

There will be display booths and poster exhibits on scientific innovations, research developments, and even new and alternative technologies on health care. Health network partners and nursing specialty groups will be enjoined to project the distinct services that they offer or special programs they undertake along the mentioned areas of interest.

Part of the overall program are build-up activities to raise awareness among the public and other stakeholders on the serious impact of chronic conditions not only on personal well-being and productivity, but even to

our nation’s development. Information campaign and actual health services or health missions in communities will be undertaken during the earlier weeks leading to the Nurses’ Week celebration. The aim is to stress the importance of partnership between the nurse and the community/patient and other stakeholders toward achieving common goals in health promotion and disease prevention while affirming the nurses’ role in the PHC service delivery system.

The overall chair for the 2010 Nurses’ Week celebration is Dr. Thelma Ruth Tingda, the PNA Vice-President for Program Development (VPPD) while the honorary chair is the incumbent President Teresita I. Barcelo. The other members of the Board will take active part in the entire celebration as overseers of the different working committees.

- ELEANOR M. NOLASCO, RN

PAMBANSANG SAMAHAN NG MGA NARS NG PILIPINAS, INC.  
(Philippine Nurses Association, Inc.)

## THE 88TH FOUNDING ANNIVERSARY, Nurses’ Week Celebration & Annual National Convention

### PROGRAM OF ACTIVITIES

#### DAY 1 OCTOBER 26, 2010

Tuesday

A.M.

Registration

#### OPENING CEREMONIES

A. Processional

B. Entrance of Colors

Doxology

National Anthem

PNA Hymn

C. Official Declaration of the Opening of the Convention

Lighting of the Ceremonial Candle

Renewal of Pledge to the Profession

Welcome Address

Hon. Mayor of Manila Alfredo S. Lim

Presentation of Delegates

Greetings from the BOG Chairperson

Presentation of the *Anastacia Giron Tupas Award*

Response from the AGT Award recipient

#### KEYNOTE ADDRESS

“Delivering Quality, Serving Communities:

The Challenge for Filipino Nurses Leading Chronic Care”

*Secretary of Health Hon. Enrique V. Ona*

Opening of Scientific Exhibit and Poster Presentation

Presentation of Candidates for National Positions

P.M. SCIENTIFIC SESSIONS

#### DAY 2: OCTOBER 27

Wednesday (Simultaneous Sessions)

1. Election of Board of Governors

2. Continuation of Scientific Sessions

House of Delegates

#### DAY 3 OCTOBER 28

Thursday

A.M.

1. Dialogue with BON

2. Business Meeting

P.M.

3. Awarding Ceremony

4. Closing Ceremonies



# President's Report

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

January to June 2010

The Philippine Nurses Association (PNA) led the nursing sector through various challenges in the first half of 2010. Such challenges include the change in governance from the National to the Local Government Units after the May 2010 National Elections, the midterm evaluation of Philippines' feat towards the achievement of the Millennium Development Goals (MDGs), the increase of deaths secondary to chronic conditions including multiple drug-resistance tuberculosis (MDR-TB) and lifestyle diseases, and the worsening economic crisis in the country that miserably affected Filipinos' health condition. Amidst all these, the PNA remained committed in upholding the integrity and social relevance of the nursing profession in serving the Filipino people.

## Organizational Strengthening

**Membership:** The PNA remains the largest organization of health professionals with a total of 66,056, of which 19,780 (30%) are Life Members and 46,276 (70%) are Regular Members as of June 2010. The new "Data Entry System" allows easier and more accurate monitoring of membership status and the use of USB flash disk in encoding data and sending them thru email.



**Accreditation:** Out of the 92 PNA Chapters, only 44 were accredited and the accreditation of 15 more is underway. Accreditation remains a challenge for every Governor who should actively monitor and assist the chapters under him/her.

**Revival of the House of Delegates (HOD):** The HOD has replaced their Assembly of Nursing Representatives (ANR) which is composed of not more than ten delegates per Chapter. The HOD Orientation and Election was held last January 30, 2010 with 102 delegates from accredited Chapters and Board of Governors (BOGs). This year's HOD Officers are Mr. Noel Cadete (President), Ms. Rita Tamse (Vice-

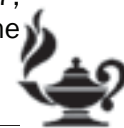
President), Dr. Erlinda Palaganas (Treasurer) and Ms. Alma Flor Molina (Secretary).

**The Board of Governors (BOGs):** The BOGs had their Strategic Planning Workshop in Vista Mar Resort, Cebu last January 10 - 11, 2010 with Prof. Patricia Lontoc from the Asian Institute of Management (AIM). The BOG identified priorities at the regional level and the Positive Practice Environments (PPE) served as the framework in planning strategies and activities for 2010. The BOGs had two meetings: a special meeting last January 10, 2010 and a regular meeting last April 23 - 25, 2010. Among the important issues tackled are ICN updates and policy statements, reminders on planned training of trainers, and vital decisions to undertake. The return of unused 2009 membership IDs was among the concerns that the BOG closely monitored. Of the 82,969 IDs released in 2009, 5,162 were unreturned as of June 30, 2010.

**PNA Departments and Committees:** Appointed Chairpersons of PNA Departments and Committees, with their members, formulated work plans for 2010 based on the SWOT analysis of the organization. Planning, assessment and monitoring are regularly done with the VPPD, Gov. Ruth Tingda.

**Preparation for the National Convention:** A National Convention Working Committee was formed for the 88<sup>th</sup> Founding Anniversary, 53<sup>rd</sup> Nurses' Week Celebration and 2010 Annual National Convention which will be held on October 26 - 28, 2010 at the Manila Hotel. The theme for this year's convention is: "Delivering Quality, Serving Communities: The Challenge for Filipino Nurses Leading Chronic Care."

**Election of BOG and COMELEC Commissioners:** Preparation for the election of Governors of NCR Zone 1, Regions II, V, VI, VII and XI on October 27, 2010, i.e., provision of pertinent documents to the







BOG and Chapter Presidents, and computerization of the electoral process for efficient, accurate and faster release of results

*Financial and Administrative Support:* Tribute and thanksgiving to 2 outgoing PNA employees and hiring of new personnel on probationary status to take their place. Outgoing were Ms. Mila Abella, Manager of the Administration & General Services Unit and Ms. Nena Nemedes, Manager of the Finance & Accounting Unit while Mr. Nestor Alcarion was hired in place of Ms. Nemedes.

*Revenue:* The audited Financial Report ending June 30, 2010 reveals the following:

- PNA's total revenues is P32,271,278.67 accumulated from membership fees, continuing professional education seminars/training, and dormitory fees
- Total expenditures is P28,220,820.12, thus, the overall net income is P4,050,458.12
- Among the expenses were the purchase of a brand new Hi-Ace Grandia (replacement for the old PNA van that underwent bidding); support equipment for the operations of the National Office, such as 1 laptop computer, additional printer for CPE; polycarbonate roofing between building 1 and 2; fixed hanging filing cabinets, and equipment in the Administration and Accounting Office; and updated 2010 BOG Directory and List of Department/Committee Chairpersons at the National Office lobby



*Others:* PNA held a Fire and Earthquake Drill last March 9, 2010, with certification from the DILG – NCR Fire Protection Station 3. The architectural design of the prospective four-storey building with a bigger auditorium was also crafted.

### Addressing the Needs of PNA Members

The following were responses to identified need of the members:

- Printing of 5,000 copies of 2010 PNA Planners to systematize commitments and deadlines of PNA members within the year

- Sending out through mail the January to June 2009 issue of the Philippine Journal of Nursing (PJM) to Life Members and dissemination to regular members via the local chapters
- Local Chapters need to set-up their tracking systems for regular directory updates to do away with problems related to members' address like "return-to-sender" copies of the PJM
- Signing of Resolution 2010-01 by the Executive Committee to provide Burial Benefit worth P3,000.00 for each PNA Member plus Mutual Aid benefit upon submission of necessary documents
- 19 seminars for Continuing Professional Education (CPE) of nurses – attended by 968 nurses, 90% of which are PNA members. Courses covered were Advanced Cardiopulmonary Life Support (ACLS) training facilitated by NC-CLEX, Pregnancy and Post-Partum Care, Preventing Medication Error, Easing the Anguish of Alzheimer's Disease, as well as other updates on nursing
- Forum on "Familiarizing with the Life and Career of Nurses in the United Kingdom" held last January 21, 2010 with Mr. Michael Duque, PNA-UK President, as the resource speaker
- Fund-raising drives for relief operations and rehabilitation of victims from the onslaught of typhoons "Ondoy", "Peping" and "Santi". Total cash donation was P 581,710.59 as of June 30, 2010, of which P194,101.88 was used in relief operations and P139,200.00 was utilized for rehabilitation of affected communities
  - Post-typhoon rehabilitation activities also included disaster-preparedness training, post-trauma management/counseling, and purchase of basic medical equipment to replace lost or destroyed medical equipment in health centers and community clinics
- Live interview in "Umagang Kay Ganda" TV Program last April 7, 2010 and an interview for the Manila Bulletin as part of PNA's advocacy against the implementation of the JPEPA asserting that JPEPA has no clear provision that guarantees security of tenure and protection of Filipino nurses after their six months Nihonggo language training in Japan. To date, only one Filipino nurse (Ms. Ever Gammed Lalin from Abra) has passed the recent Japanese nurse licensure examinations last Feb. 2010





- PNA Position Papers
  1. Statement Denouncing the Abduction and Illegal Detention of 43 Health Workers and to Demand their Immediate Release (Signed February 09, 2010 at The Atrium 2, Philippine Heart Center of Asia, Quezon City)
  2. The Philippine Nurses Association's Position Paper on Human Resources Management for the Nursing Sector (June 1, 2010)
  3. The Philippine Nurses Association's Position Paper on Human Resources Management for the Nursing Sector (June 1, 2010)
  4. Nurses' Declaration of Support for Accessible, Affordable Universal Health Care Program (Philippine Daily Inquirer, June 30, 2010)
  5. Three-Point Nursing Agenda, with the following provisions presented to the "Presidentiables" and Senatoriables" and disseminated to the PNA local chapters:
    - a. *Positive Practice Environment (PPE)*
      - Just and humane working conditions
      - Implementation of SG15 for entry-level position of public health nurses (Republic Act 8173) and full implementation of Magna Carta for Health Workers (Republic Act 7305)
      - Ban hiring of nurse-volunteers for a fee
      - Patient Safety at all times
      - Ethical recruitment policies in hiring Filipino nurses outside the country and protection of overseas Filipino nurses
      - Creation of more job opportunities for nurses within the country
    - b. *Quality of Life for Filipinos*
      - Increase budget for health following WHO standard (5% of GNP)
      - Access of every citizen to affordable & essential medicines
      - Freedom from violence and injustices
      - Empowerment of women and gender equality

c. *Sustainable Environmental Protection*

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

## PNA's Partnership-Building

### *Nursing Roadmap 2030*

- Participation of PNA in the February 8 – 9, 2010 Workshops of the Coordinating Body for Good Governance in Nursing Practice (CBGGNP) where its Vision, Mission and Core Values were revisited. In this connection, the PNA has contributed P 83,333.33 to help sustain the efforts of the CBGGNP and attain the goals of the roadmap

### *International Nurses Day 2010*

- Fun Run activity by the PNA together with the VSO and nurses on April 25, 2010 in McKinley Hills, Taguig
- Fora, streamer-hanging and free medical missions initiated by PNA Chapters nationwide
- Forum on "Nurses Leading Chronic Care" attended by more than 150 nurses last May 14, 2010, with Dr. Rusty Francisco as the keynote speaker and the Presidents of ADNEP, RENAP and PONA as the Panel of Reactors. Governors San Juan and Dela Rama assisted in the facilitation of the Forum

### *Contributing to MDGs 4 and 5*

- Gov. Barcelo, Ms. Eleanor Nolasco and Ms. Imelda Javier represented the PNA in the round table discussion organized by the National Academy for Science and Technology (NAST) last March 25, 2010 at the Traders Hotel

### *Prevention of Chronic Conditions*

- Renewal of PNA's membership in the Framework Convention on Tobacco Control Alliance Philippines (FCAP)
- Position Paper submitted to DOH Sec. Esperanza Cabral last May 22, 2010 in support for the Graphic Information Campaign Against Tobacco Use

### *Creation of Sub-Committee for Resource Management for the HHRDN*

- Meeting with the Sub-Committee on Resource Management for the Health Human Resource Development Network (HHRDN) for Saskatchewan, Canada in collaboration with the Department of Labor and Employment (DOLE), January 27, 2010
- Sub-Committee Chairperson is PNA Gov. Teresita I. Barcelo and the members are Gov. Mabel San Juan, Dean Rhoda Reyes, Ms. Zenaida Famorca, Ms. Virginia Ducusin and Dean Gigi Luna





- Sub-committee tasks are fund sourcing and management, and institutional and organizational partnerships. Monetary and other material resources that shall be provided by counterpart institutions based in Saskatchewan, Canada will be used to improve nursing education and medical services in the form of grants and researches for faculty/staff development. Intended beneficiaries of the HHRDN program are the Philippine Colleges of Nursing and government-owned tertiary hospitals that are being utilized as training facilities by nursing colleges
- The respondents appreciated their six-month experience in terms of enhancing their confidence and competence on integrated management of childhood illnesses (IMCI), immunization, pre- and post- natal care, administration of intravenous fluids/IV insertion, basic life support and referral of patients. Other respondents admitted that they have appreciated the relevance of community health nurses in the lives of the people in the community. The presence of Project N.A.R.S. trainees had temporarily augmented the health human resource of LGUs and contributed much in the delivery of primary health care services. Although there were some problems in logistics and coordination with other stakeholders, the presence of nurse-trainees in the LGUs proved to be a worthy partnership

#### *Active Participation in PRC-led Initiatives*

- Participation in the consultative meeting of Accredited Professional Organizations (APOs) last January 26, 2010 where CPE/CPD Guidelines and effective management tool have been discussed, including PRC Week activities
- PNA, with the PRC - Board of Nursing (BON), served as the logistics arm for the oath taking last March 8-9, 2010 at the SMX Convention Center-Mall of Asia. A set of guidelines for the conduct of provincial oath taking ceremonies was also signed between PNA and BON
- Submission of two nominees (Antonia Pascual, Dean of the University of San Carlos in Cebu, and Sor Paz Marfori, DC, Dean of the Concordia College Graduate School) to the PRC for the Outstanding Health Professional 2010. Sor Paz Marfori was later bestowed the award by the PRC on June 2010. PNA also submitted its application to PRC for the Outstanding APO last April 29, 2010

#### *DOLE's Project N.A.R.S.*

- The PNA, together with DOLE, DOH, PRC-BON, the Association of the Deans of the Philippine Colleges of Nursing (ADPCN) and National League of Philippine Government Nurses (NLPGN), assisted in making the Training Design for the 10,000 nurses to be deployed in 1,000 poor municipalities for six months
- The evaluation process covered 11 provinces in 7 out of 16 regions (NCR not included) in the country – Regions II, III, IVB, V, VI, VII and VIII. The Evaluation Team was able to get respondents from 8 provinces only – Pampanga, Palawan, Cebu, Iloilo, Leyte, Samar, Biliran and Maripiri Island. The PNA Board of Governors from Bicol, Nueva Viscaya and Nueva Ecija facilitated the retrieval of data from the other 3 provinces. The total N.A.R.S. Trainee-respondents in the evaluation were 118 (67% of the targeted sample size of 176)

#### *Other Collaborative Efforts with Partners*

- Gov. Barcelo attended the Philippine Federation of Professional Association (PFPA) Officers' Oath of Office last March 2010, in her capacity as the newly elected Treasurer of PFPA
- Gov. Barcelo has been appointed as member of the Technical Panel for Nursing which replaced the Technical Committee for Nursing Education (TCNE). The Chairperson of the panel is Dean





## PRESIDENT'S REPORT

Carmelita Divinagracia and the members are Dr. Milabel Ho, Dr. Marilyn Yap and Dr. Lorenza Serafica (NLPGN President)

- Ms. Maristela Abenojar attended the roundtable discussion with PhilHealth last March 8, 2010 at the Legend Villas. It was reiterated that Philhealth should be a true “social health insurance”, and that the DOH and Philhealth must have clear delineation of functions and must complement each other in the delivery of health services
- Ms. Abenojar and Ms. Virginia Ducusin (Chairperson of the Department of Nursing Practice) represented Gov. Barcelo in the March 26 Forum of the Development Bank of the Philippines (DBP) on “Convergence in Health Innovations Conference” The DBP’s Sustainable Health Care Investment Program (SHCIP) with US\$15 Million funds from ADB offers credit assistance for better health projects
- Two newly formed organizations, the Young Nurses Association of the Philippines (YNAP) and the Philippine Nursing Informatics Association (PNIA) paid a courtesy visit to the President of the Philippine Nurses Association (PNA)
- Partnership with Megatext International brought the Philippine Journal of Nursing into the international world
- The PNA, represented by its Executive Director, Ms. Maristela Abenojar, is a member of the Department of Health’s Adolescent and Youth Health Program (AYHP) Technical Committee and assisted the DOH and WHO in conducting the training on AYHP for health service providers

#### *PNA in the World Health Assembly in Geneva*

- The PNA President represented PNA in the ICN meeting with NNAs last May 11 – 12, 2010 and in the Triad Meeting of ICN, WHO and NNAs last May 13 – 14, 2010, both held in Geneva
- The PNA President participated in the World Health Assembly held in Geneva last May 17 – 22, 2010 (together with the DOH Delegation). A landmark



resolution approved by the Assembly was the “Revised WHO Global Code of Practice on the International Recruitment of Health Personnel”

#### *Participation and Representation of the PNA in other International Concerns*

- Illuminate Teleconferences with the WHO on Primary Health Care, with the theme, “A Healthy Community Program Through Revitalized PHC”. A grant proposal is being developed by Siliman University led by Dr. Teresita Sinda with the support of WHO Western Pacific Regional Office (WPRO), University of the Philippines - College of Nursing WHO Coordinating Committee and PNA
- Several meetings and consultations with international partners regarding collaboration for improving the nursing profession
  - Discussion on the hiring of Filipino Nurses in Switzerland initiated by the Swiss Embassy held on April 28, 2010
  - March 26, 2010 consultation among DOLE officials headed by Sec. Roque, PRC Commissioner Ruth Padilla and ADPCN President Carmelita Divinagracia and the Swiss government representatives headed by the Swiss ambassador regarding the intent of the Swiss government to recruit nurses and caregivers from the Philippines
  - Meeting with Lesley Caruso who is interested in producing an Asian edition of the American Journal of Nursing (AJN) with local inputs from the Philippines
  - Several meetings with DOLE Usec Carmelita Pineda, PRC Com. Ruth Padilla and ADPCN National Pres. Carmelita Divinagracia regarding Saskatchewan government’s ethical recruitment policy
  - Series of consultative meetings initiated by POEA with representatives from the Department of Foreign Affairs (DFA), BON-PRC, CHED and ADPCN regarding the Belgium government’s interest to hire Filipino nurses. The PNA and ADPCN have carefully reviewed and compared the nursing curriculum of Belgium vis-à-vis the Philippine’s Bachelor of Science in Nursing (BSN) curriculum
  - The consultative-meeting on ASEAN Mutual Recognition Agreements (MRAs) affecting the Health Sector on February 23, 2010 at the PRC Conference Room. The said ASEAN MRAs took effect last January 1, 2010 in the nursing sector
  - Meeting with visitors from Dominican University of California on March 24, 2010 regarding exchange program on nursing education
- Partnership with VSO-Bahaginan in a “Parliamentarian Volunteering Scheme” which involves a Parliamentarian Volunteer from the United Kingdom





(UK) to stay with PNA for 2 weeks to assist in its advocacy and research issues related to Positive Practice Environment (PPE) campaign

- Collaborative activities with DOLE, POEA and DFA on the plight of more than 300 Filipino nurses and other health workers in Al-Ansar Hospital in Jeddah. In April 2010, Ms. Zeny Concepcion, President of PNA Jeddah, led the advocacy for helping the Filipino nurses in Al Ansar Hospital. Labor complaints of nurses were elevated by the Philippine Overseas Labor Office (POLO) to the Primary Commission of the Labor Ministry. A week after, Director Kousay Felali of Jeddah Ministry of Labor released a directive

order for the health workers to be transferred to other hospitals if they are willing to or be allowed to go back to their countries of origin if they desire. PNA Jeddah and Col. Oscar T. Garcia, assisted the Filipino nurses and gave them food, groceries and financial assistance. As of May 31, 2010, 260 (80%) out of 320 Filipinos in Al Ansar Hospital have found new jobs in several hospitals in Jeddah

Thank you for the opportunity to serve. Thank you for your cooperation. Mabuhay ang mga nars ng Pilipinas. Mabuhay ang Pambansang Samahan ng mga Nars ng Pilipinas.

## In recognition....

### ICN • Lilly Award for Nursing Excellence in TB/MDR-TB

John Stuart PANCHO is this year's recipient of the ICN/Lilly Award for Nursing Excellence in the field of TB/MDR-TB in the Philippine. The award is given to increase visibility and promote his important contribution to the fight against TB and MDR-TB.



To highlight the importance of nursing expertise and interventions, the ICN and Eli Lilly & Company have established an annual award system that recognizes nursing excellence in tuberculosis/multi-drug resistance tuberculosis (TB/MDR-TB). The award consists of a specially designed medal and a grant to support the professional development of the award recipient to enable further improvements in TB prevention, care and treatment.

Mr. John Stuart Pancho, is a Training Officer in Programmatic Management of MDR-TB in Tropical Disease Foundation. In February 2010, he received the prestigious ICN pin and an award fund amounting to US\$1,600 which he used for his post-graduate study. The award fund is specifically intended to further develop his competence and/or managerial skills in TB-related areas.

Congratulations John! Padayon!

### Best Mentor in Health Research

The Philippine National Health Research System (PNHRS) launched the search for the best mentor in health research in the country in 2008. This is in recognition to the vital role of the research mentor who selflessly shares knowledge and skills, instills values and attitudes, and inspires those involved in the research process. The first batch of awardees was recognized on August 14, 2009 during the 3rd PNHRS Week Celebration at the Marco Polo Hotel, Davao City. Best mentors were recognized for Luzon, Visayas and Mindanao, of which a National Best Mentor was chosen from the three regional winners.



In recognition for exemplary work in promoting and building research capacity and productivity through her passion in health research mentoring, the Philippine National Health Research System (PNHRS) awarded a Plaque of Recognition to ERLINDA C. PALAGANAS, PhD, RN (Regional Winner for Luzon). She shared the honor with Dr. Carmencita Padilla (NCR), Dr. Edgardo Tulin (Visayas and National Winner) and Dr. Rosemarie Arciaga (Mindanao).

Dr. Palaganas, an active member of the PNA, is a Professor at UP Baguio and currently the President of the Philippine Nursing Research Society, Inc.





**PHILIPPINE NURSES ASSOCIATION, INC.**  
**Committee of Continuing Education**

**INITIAL CPE OFFERINGS FOR 2010**  
**July - December 2010**

DATE	TOPICS	MEMBERS REGISTRATION FEES (PHP)	NON-MEMBERS REGISTRATION FEES (PHP)
July 8-9 (8am-5pm)	Basic Emergency Obstetric and Newborn Care (BEmONC)	1,650.00	1,850.00
July 9 (8am-12pm)	Drug Principles and Computations	400.00	500.00
July 16 (8am-12pm)	Acute Stroke	400.00	500.00
July 19-22 (8am-5pm)	Advanced Cardiac Life Support (ACLS)	4,000	
July 23 (8am-12pm)	Care of Premature Infants	400.00	500.00
July 30 (8am-12pm)	Metabolic Syndrome	400.00	500.00
August 6 (8am-12pm)	Easing the Anguish of Alzheimer's Disease	400.00	500.00
August 13 (8am-12pm)	Patient Safety Goals: Wrong Site-Wrong Patient Surgery	400.00	500.00
August 16-19 (8am-5pm)	Advanced Cardiac Life Support (ACLS)	4,000	
August 20 (8am-12pm)	Preventing Medication Error	400.00	500.00
August 27 (8am-12pm)	Understanding Asthma	400.00	500.00
September 3 (8am-12pm)	HIV / AIDS	400.00	500.00
September 10 (8am-12pm)	Coronary Artery Disease	400.00	500.00
September (17 8am-12pm)	End-of-Life Care: Easing the Transition	400.00	500.00
September 20-23 (8am-5pm)	Advanced Cardiac Life Support (ACLS)	4,000	
September 24 (8am-12pm)	Diabetes Mellitus, Type 2: What's the Buzz?	400.00	500.00
October 1 (8am-12pm)	Biochemical Terrorism	400.00	500.00
October 8 (8am-12pm)	Hepatitis C: Prevention, Assessment & Treatment	400.00	500.00
October 15 (8am-12pm)	Bladder Management after Spinal Cord Injury	400.00	500.00
October 18-21 (8am-5pm)	Advanced Cardiac Life Support (ACLS)	4,000	
October 26-28	Nurses Week Celebration Venue: Manila Hotel		
November 8-11 8am-5pm	Advanced Cardiac Life Support (ACLS)	4,000	
November 12 8am-12pm	Emergency Cardiac Care Guidelines	400.00	500.00
November 19 8am-12pm	Cancer Chemotherapy	400.00	500.00
November 26 8am-12pm	Hemodynamic Monitoring: An Introduction	400.00	500.00
December 3 8am-12pm	Respiratory Assessment: Adult and Pediatric	400.00	500.00
December 6-9 8am-5pm	Advanced Cardiac Life Support (ACLS)	4,000	
December 10 8am-12pm	Ventricular Septal Defects: Effects, Assessment and Treatment	400.00	500.00

For further inquiries and confirmation, please contact Mr. Nicole at tel. # **4004430** loc. **1006**.

Venue: PNA Auditorium, Phil. Nurses Association, 1663 F.T Benitez St., Malate, Manila.

**(Pre - registration is required, First Come-First Served Basis, Limited Slots only)**

**Note: Scheduled seminars are subject for cancellation without prior notice.**







# ANNOUNCEMENTS

## NATIONAL RESEARCH CONFERENCE

### Philippine Nursing Research Society, Inc.



invites you to the:

3rd PNRS National Research Conference  
18-19 November 2010  
Iloilo Grand Hotel, Iznart Street, Iloilo City  
THEME: Reflexivity in Nursing Practice: Journeying with Qualitative Research as a Mode of Nursing Inquiry

Registration Fee:

#### I. Pre Conference Workshops-P1,000.00

- (PNRS members with 20% discount;  
Undergraduates: 50% discount)  
Two Simultaneous Workshops
- Statistics Made Easy for Nurses (bring personal laptops for SPSS exercises) and
  - Qualitative Data Collection Methods.

#### II. Conference Proper

- A. Professional Nurses
- August 1-September 30, 2010 - P 2,600.00
  - October 1-30, 2010 - P 3,000.00
  - On site (November 17-18) - P 3,500.00
- B. Students (meals and certificate of attendance without conference kit) - 1,500.00

#### Payments for early registration can be made to:

Bank: BPI-E. Lopez Branch, Iloilo City  
Account Name: Philippine Nurses Association-Iloilo Chapter  
Current Account No.: 1330-0029-36

Please fax deposit slip together with the list of participants to FAX No: (033) 320-0879 (Attn: Dr. Grace Belo).

Daily Registration: P1,200.00 inclusive of food and certificate of attendance without kit.

Details can be downloaded from the conference website: [www.philnurses.net](http://www.philnurses.net)  
email queries to: [diga@wvsu.edu.ph](mailto:diga@wvsu.edu.ph)  
and/or [info@philnurses.net](mailto:info@philnurses.net).

## LETTER TO THE EDITOR

April 28, 2010

### **Erlinda Castro-Palaganas, PhD, RN**

Editor-in-Chief

Philippines Nurses Association, Inc.  
1663 F.T. Benitez Street, Malate, Manila

Dear Madam Palaganas,

Thank you very much for sending me the issue on "NURSES' CONTINUING COMMITMENT TO PEOPLE'S HEALTH" July-December 2008, *Philippines Journal of Nursing*.

The Articles written are all educational, informative and very interesting to read.

I would appreciate very much if you could continue sending me our *Philippine Journal of Nursing*.

Again thank you very much and more power to you.

Very respectfully yours,  
Sgd.

Mrs. Rosalina Wong Sun  
Life Member No. 3176  
San Jose Extension, Taclobo  
6200 Dumaguete City, Negros Oriental

"Our job as nurses is to cushion the sorrow and celebrate the joy, everyday, while we are 'just doing our jobs.'"

- **Christine Belle, RN, BSN**

## PHILIPPINE NURSES ASSOCIATION

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# Guidelines for Authors

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

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

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

## Manuscript Preparation and Submission

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

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

The information below indicates the required presentation of manuscripts.

## Format and style

The Publication Manual of the American Psychological Association (APA), Fifth Edition, provides the format for references, headings and all other matters. Check here for additional information about APA style:

[http://www.vanguard.edu/faculty/ddegelman/detail.aspx?doc\\_id=796](http://www.vanguard.edu/faculty/ddegelman/detail.aspx?doc_id=796)

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

## Content

The content of a typical manuscript includes:

### Title page

#### Title

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

### Author information

Indicate for each author:

(a) Name and degrees

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

### Acknowledgements

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

### Abstract

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

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

### Key words

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

### Text

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

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

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

## References

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

## Tables and figures/photos

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

## Time For Review, Decision, and Production

The average time from manuscript submission to the author's receipt of the editor's decision about publication is approximately 3 months. During that time, each manuscript undergoes a rigorous double-blind peer review. The editor's possible decision are (a) accept, with editing to follow immediately; (b) accept, pending satisfactory revisions by the author; (c) not accepted, but author is encouraged to make specified major revisions and return the manuscript to the editor for further consideration; (d) rejected. The editor normally encourages the author(s) to continue the work and to revise and resubmit the manuscript as part of the mentoring culture. The time required for revisions can vary. All manuscripts are edited and copyedited before they are sent to the printer. The corresponding author receives page proofs for approval before publication.

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



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## CALL FOR PAPERS THE PJN JULY-DECEMBER 2010 ISSUE:

*“The Millennium Nurse:  
 Issues and Challenges”*

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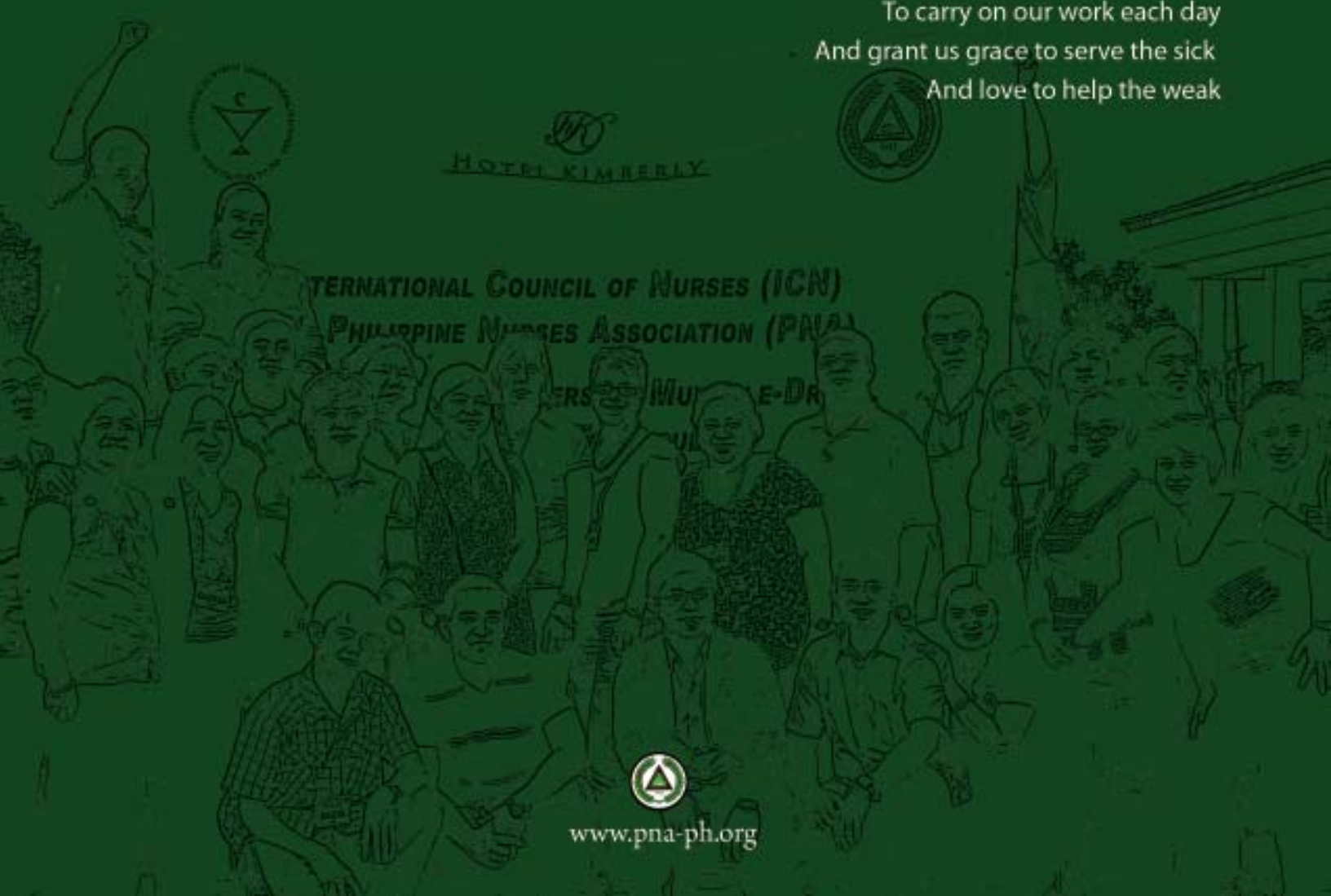
# PNA Hymn

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

  
HOTEL KIMBERLY

INTERNATIONAL COUNCIL OF NURSES (ICN)

PHILIPPINE NURSES ASSOCIATION (PNA)

NURSES MULTISPECIALISTS



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