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Leading Change Through  
Evidence-Based Practice in Nursing



# 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, January 8-11, 2009 at the PNA Board Room

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## Editorial

# Leading Change and Evidence-Based Nursing



Referred to as the “true global voice”, evidence-based nursing (EBN) practice has emerged as a gauge for quality as it aims to make practical decisions about concerns affecting our profession. It continues to be written and discussed in all fields of nursing. EBN is referred to as a problem-solving approach to nursing practice that integrates conscientious, judicious use of best evidence in combination with a nurse practitioner’s expertise as well as patients’ preferences and values.<sup>1</sup>

Although EBN has been given much attention by individual nursing leaders, to date, I am not aware of a **collective** position statement from national nursing organizations, professional groups, associations of nursing educators, supporting the development and implementation of EBN. We have yet to commit to collaboratively work with key partners to provide nurses with the most current and comprehensive resources to translate the best evidence into the best nursing research, education, administration, policy and practice. Leading change means confronting the challenge to change practice based on evidence.

This issue of the PJN is a modest attempt to communicate “evidences” based on experiences and research that can direct change. The articles can be focal points for deeper thinking and analysis and above all, need to be tested, explored and assessed against research activities, daily practice and experience. The article on Community Health Development Program: Modeling Partnership between University and Local Government” showcases the evidence that interdisciplinary learning is important to facilitate the effective working of the multidisciplinary healthcare team in service delivery. It shows how challenging it is

to promote interdisciplinary service with health educators, practitioners, researchers working closely with field staff to produce and disseminate new knowledge and models that facilitates an evidence-based practice. On the other hand, the analysis of the study on “A Divergent Perspective Analysis on the Characteristics of an Excellent Nurse Teacher using Q Methodology” indicates that respondents identified an excellent nurse teacher as someone with professional treatment to learning and the learner, efficient organization and management of learning, high regard to growth and expansion of knowledge, reasonable evaluation practices, and encouraging demeanor towards students.

The feature on the Board of Nursing (BON) at 90 reveals how the BON is making a significant contribution to nursing practice. It is empowering to note that we can redeem our tainted stature and emerge even stronger through the BON’s “brand of leadership, principled and intensely devoted to the service philosophy of the profession”. We owe it to our hardworking, dedicated and committed BON whose enthusiasm and sense of accomplishment are simply contagious and rejuvenating.

The reflections on realities of Ondoy and other disasters convey the message that it is difficult to capture the “the pain and sufferings, the grief and hopelessness as lived and experienced by the survivors”. These could have been prevented, mitigated and reduced had we been better prepared. We can start off from the lessons and realizations that nurses should be well prepared for disaster risk reduction management. Indeed, we can be more “effective if we start early on in building our defense resources prior to the occurrence of disasters”.

<sup>1</sup> Koehn, M.L. & Lehman, K. 2008. Nurses’ perceptions of evidence-based nursing practice. *Journal of Advanced Nursing*, Volume 62 Issue2, Pages 209 - 215.





Furthermore, the Philippine Nursing Compensation Survey 2009 reaffirms dismal welfare and wage compensations of nurses and calls for the creation of a coordinating group among public and private players in nursing for monitoring global market developments. This according to the PNS should serve as benchmarks in local wage setting if the initial mover advantage of the export of Philippine nursing services is to be maintained and explored for further blue ocean strategies.

Remembering and emulating our model-founder, Anastacia Giron-Tupaz, who lived the vision of a Filipino nurse, should go beyond awards. Serving as “our guidepost in our practice of the profession”, we should be the effective and competent nurse “at all times, and not only during our foundation anniversaries, with or without recognition, award or trophy”. The article, *Is Nursing Becoming an Adjunct of Medicine?*, is a wake up call once again after our struggle for autonomy and equality as professionals in our own right. In the current context of the nursing and health profession, there is the need to “clearly define the roles, functions and contributions of each professional group in the health team in the entire health development effort”.

Lessons and insights resonate with the voices of nurses from the field – the triumph of hosting a national research conference, and the meaningful and lasting hands-on experience of a research affiliate. The theme for the 87<sup>th</sup> Founding Anniversary and 52<sup>nd</sup> Nurses’ Week Celebration, “Leading change: Building healthier nations” as a culminating activity of the Association was well substantiated by Pres. Barcelo’s report on how the Association made its leadership visible in addressing key health and health related issues affecting the nursing profession and the country.

Leading change is paramount in the development of an evidence-based profession. This is extremely

important in nursing, in fact one that deserves national attention and collaboration. It is necessary to ground nursing practice in evidence, rather than tradition, meet nursing’s social obligation of accountability, gain and maintain credibility among other health disciplines and to build a nursing knowledge base that can be used to influence policy at agency and governmental levels. I advocate that key nursing groups, including associations of nursing educators, executive nurses and national nursing organizations, to combine forces and create technical working groups or task forces charged with making recommendations for changes in nursing education and practice that will move us rapidly towards full development as an evidence-based profession.

In line with one’s professional responsibility towards EBN, may I remind every nurse who takes pride in publicly acknowledging his or her achievements as evidenced by the letters attached to one’s name, to reflect how much “justice” one has given these letters: a BSN-RN critiques and uses research findings; MSN/MAN collaborates in research projects; provides clinical expertise for research; and PhD develops nursing knowledge through research and theory development; and conducts funded independent research projects. Nursing is a practice profession, thus research is essential to develop and refine knowledge that can be used to improve our practice. Professional nurses need to be able to read research reports, identify effective interventions for practice, and implement these interventions to promote positive outcomes for clients/stakeholders.

EBN: Just how do we get there from here? Let us capitalize on the enthusiasm for evidence-based practice that is growing in the nursing community. We must now develop, implement and evaluate a plan to make it happen. We can start with ourselves.

We need to lead the change. PNA can lead the change.

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





## President's Message



The social relevance of an organization is reflected on how responsive it is to promote and protect the interest of its members. The Philippine Nurses Association (PNA) in the second half of the year 2009 had been very "toxic" (term commonly used by fellow nurses to describe enormous tasks being done). Hundreds of nurses spontaneously volunteered in the medical missions, relief operations and feeding programs for the victims of typhoon "Ondoy" and "Peping". In affected provinces, members of PNA launched disease surveillance and health education programs to control the spread of AH1N1.

Amidst problems of unemployment/underemployment and worsening economic crisis, the Filipino nurses led by their respective Chapters sought for alternative interventions to mitigate the impact of such issues in delivering health services. The PNA motivated and trained nurses to render services in government-identified 1000 poor municipalities through the Project Nurses Assigned in Rural Services (NARS). Community work in the hearts of nurses has been revived.

This was also the period when we became more vigilant in asserting for our rights to just salaries and benefits, humane treatment in the workplace (within and outside the country) and positive image-building for our noble profession.

Although Salary Grade 15 as an entry salary for nurses has not been adopted by the new Salary Standardization Law 3, we will continue with our advocacy until we achieve what is mandated by our Nursing Law (RA 9173). The assertion for increase budget allocation for health, creation of more plantilla positions for nurses in the rural areas, full implementation of Magna Carta of Public Health Workers, campaign against exploitative scheme of volunteerism cum training, and other basic nursing issues will serve as challenges rather than road blocks to PNA's realization of its vision.

Let that passion to serve people be a continuing journey towards an evidence-based nursing practice. Let it be continuing commitment that keeps our hearts aflame as we journey to yet another year of exciting endeavors in 2010. Salute to our sustained leadership in the organization!

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





## The Community Health Development Program: Modeling Partnership Between University and Local Government



**CORA A. ANOÑUEVO, PhD, RN**

Professor, UP Manila College of Nursing

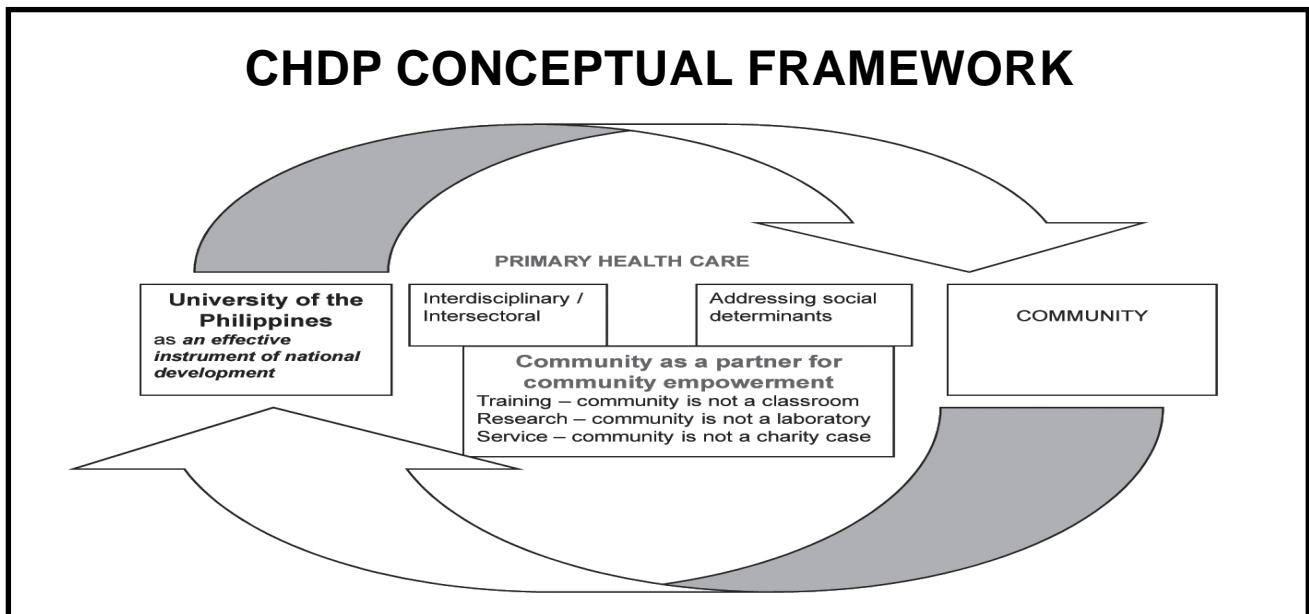
Member, Sigma Theta Tau International Honor Society of Nursing

Now in its third year of implementation, the Community Health Development Program or CHDP affirms the importance of *genuine partnership* between the University of the Philippines (UP) and the municipality of San Juan, Batangas. As a flagship program of UP Manila, its mission is to promote participatory socio-economic, political and cultural development, in which health is included, with the community, utilizing the *primary health care* approach. Corollary to this, the program aims to provide reality-based and *interdisciplinary* community health experience that can help students internalize their role in nation building. The University believes that academic excellence should be expressed as meaningful involvement with marginalized and underserved Filipino communities (Generic Core Module for Field Practice, UPM-CHDP, 2007).

three thrusts of the five-year development program: improved health and health care delivery, an integrated natural resource action, and sustainable livelihood projects.

A main attribute of partnership is collaboration. In the University, this is operationalized by having the disciplines work together utilizing institutional resources and expertise in developing interventions that are integrated, comprehensive and community-based. Thus, various disciplines from health, arts and sciences, social work and community development, and nutrition, actively participate in this endeavor. Collaboration requires that disciplines forego a competitive approach and instead practice the interdisciplinary approach. It entails a shift from traditional hierarchical structures toward more horizontal structures. This kind of experience should help students value professional pluralism and promote awareness, sharing and the integration of their knowledge and practices (San Martin-Rodriguez, et al., 2005).

Partnership involves a process and is initiated based on community needs. Through shared decision-making, mutual goals and problem-solving, the University and the municipality of San Juan identified





A student nurse facilitating a discussion with barangay health workers.



Interdisciplinary health clinic



A trained barangay health worker teaching the proper hand washing technique to children.

Partnership with the community involves empowering strategies with an outcome that people will have the capacity to produce change and are enabled to manage or control their lives. It calls for allowing people to have a greater voice in their health and be empowered in realizing their development goals. Mutual respect and mutual trust are considered important vehicles for collaboration focusing on the people situated within their social context.

### The CHDP and Nurse's Roles and Responsibilities

Sharing common objectives and goals of the CHDP, the UP Manila College of Nursing is confident in its role in contributing towards attaining desired outcomes. Implementing the course in intensive community nursing experience in San Juan, Batangas has for its educational purpose of facilitating the nursing students to work effectively as a community health nurse. They integrate and live in the community for eight weeks with their foster families.

Using the nursing process, nursing students are expected to provide care to different levels of clientele: individuals, families and communities. They assess with the client the health condition to identify existing and potential health problems; plan and implement with them appropriate programs and activities to address identified problems; and evaluate continuously the progress of the client's condition and outcome of care. Guided by primary health care approaches and strategies, nursing students focus on health promotion and disease prevention: healthy lifestyle interventions, environmental sanitation, health training and education, health campaigns and advocacy (UPCN Competency-Based BSN Curriculum, 2006). In all aspects and phases of the programs, their partners - the community, the barangay officials, the rural health units and other agencies are involved. They conduct capacity-building activities for their partners to ensure program sustainability.

Through the interdisciplinary approach (IDA), nursing students participate in clinics in far-flung barangays. They help supervise the barangay health workers in their performance of duties such as taking the vital signs and anthropometric measurements. They assist in taking health history, and conduct health teachings. Together with medical and allied interns, they make house calls for patients who cannot go to the clinics or health centers because of their critical health conditions or disabilities. They also make referrals to appropriate health facility for emergency or urgent cases such as severe injuries, danger signs in child and mother conditions, and stroke. Aside from these activities, the IDA provides venue for the health students and professionals to interact in formal meetings, fora and group discussions.

In order to improve health training and services in the community, nursing students conduct researches as a joint project with local government and health team. In doing so, they make sure that community partners participate in every phase of the research process.

The CHDP is a commitment of the University to provide service to the Filipinos whereby students and faculty uphold the core values of social responsibility, competence, compassion, and nationalism in facilitating development in partnership with the people of San Juan, Batangas.

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# BON at 90: renewed, revived, redeemed



**ELEANOR M. NOLASCO, RN**

Chairperson, Department of Political Affairs, PNA

Convenor, Consumer Action for Empowerment<sup>1</sup>

This year marks the 90<sup>th</sup> anniversary since the setting up of an agency tasked to regulate nursing practice by institutionalizing board examinations as a prerequisite for professional practice. Initially a Board of Examiners headed by a physician, it has since evolved into the highest nursing regulatory authority with broad powers and comprehensive responsibilities governing a profession that has exponentially grown through the years.

The Board of Nursing, as per Republic Act No. 9173 or the Philippine Nursing Act of 2002, fulfills the state policy “to assume responsibility for the protection and improvement of the nursing profession (through) measures that will result in relevant nursing education, humane working conditions, better career prospects and a dignified existence for our nurses.” To emphasize, the State “guarantees the delivery of quality basic health services through an adequate nursing personnel system throughout the country.”

A tall order and a grave responsibility indeed, considering where and what the profession is now: more than half a million registered nurses (BON Newsletter April 6, 2009), the nursing course having one of the highest annual enrolment with “second coursers”, nurses consistently a top export item and among the highest foreign remitting sector of overseas workers. And more importantly, nursing as a vital cog in the country’s engine for development with its role in ensuring and maintaining the maximum productivity of the country’s workforce .

## Hasty turnover

The present Board of Nursing was appointed in November 2006 while the nursing profession was reeling from a leakage scandal in that year’s licensure examinations. With implied high-level involvement, the

integrity and credibility of the august body made up of guardians of the profession had been put on line. The scandal also created deep and wide chasm within the ranks of the nursing sector especially among those in the academe. Owing to the ignominy and embarrassment brought about by the incident, the members of the Board implicated in the leakage scandal were forced to resign, giving way to the untimely though necessary replacement by a new set of Board.

For many, the scandal merely served as the trigger to the time bomb the nursing profession has become. That period served as a time of reckoning for a profession confronted with serious problems in orientation and direction. There was mushrooming of schools riding on the global market demand for skilled Filipino nurses and operating more as business proposition rather than as service institutions. In the course, nursing education was compromised producing graduates who were mostly half-baked and inadequately prepared and whose sights were mainly trained beyond the shores. Service as the essence of nursing was lost in the business maze of nursing schools. Inevitably, the quality of nursing care suffered. And a host of other problems ensued with nurses finding themselves deeper into the pit of economic and professional misery.

The incumbent Board members assumed rein of the nursing profession at a time of brokenness and shattered image. The challenge to rebuild and restore the profession to its respectable place called for leaders who possess not just superior credentials but more a proven record of integrity, dedication to the profession and ethical practice.

Well, the gods did look kindly at the profession, they sent in a team of seven brave man and women who possessed both the mind and the heart at







par with the herculean task laid before them. Now on the last leg of a 3-year term, what has this team of seven got to show? If there is one accomplishment the present Board could boast of, it is having consolidated the ranks of the various nursing interest groups, winning them over into the mainstream of nursing and engaging them anew in the process of professional formation and renewal.

## Mandate

As per RA 9173 or the Nursing Act of 2002, the Board has “quasi-judicial, quasi-legislative and executive functions” that gives it firm authority to formulate rules and regulations they themselves enforce. The major areas of responsibility are the Nursing Licensure Examination, Nursing Standards and Nursing Regulation. All graduates of Bachelor’s course in Nursing are required to pass the nursing Board exams to be able to practice legitimately and professionally. It is the conduct of the Board examination that the Board strictly implements and closely oversees to ensure the integrity of the process and the final results. The two other major areas of responsibility cover the formulation and implementation of professional standards in nursing education, nursing practice including ethico-moral purviews and subsequently the monitoring as regards enforcement of and compliance of these standards within the legal framework.

While the law provides the solid bedrock by which the Board carries out its supervisory and regulatory authority, it is the Board’s charter that serves as the ethereal beacon in pursuit of the vision/mission, “to lead nursing development to its highest level of excellence by ensuring adherence to professional, ethical and legal standards ... while unifying the nursing sector through good governance and fostering linkages with both domestic and international stakeholders..”

Toward this, the BON holds continuing dialogue and consultation with the stakeholders and key players that include the accredited professional association (the PNA) and the various specialty and nursing interest groups that now roughly count to 20 independent aggregations of registered nurses. These groups act as mouthpieces of their respective members and constituents who comprise

the backbone of the profession and who by the quality of the service they deliver mirror the level of competence and competitiveness we have reached as a profession so far. The feedback solicitation and positive interaction with nurses on the ground keep objectives on tract in steering the profession to the intended destination as global icon of nursing.

## Professional Competitiveness

During two conferences held in 2008 and 2009 themed, “Philippine Nursing Competitiveness” participated in by the BON, Presidential Task Force on NLEX, Commission on Filipino Overseas, PRC, PNA, ADPCN, DOH, and IHPDS-National Institute of Health, pressing issues and concerns affecting the nursing profession were discussed. These were categorized into five: a). Nursing Regulation and Management; b). Nursing Education, Training and Development; c.) Nursing Leadership and Governance; d). Nurse Migration and Ethical Recruitment; and, e.) Nursing Employment. (Abaquin, C. Powerpoint Presentation: Nursing Regulation, Philippine Perspective).

Under Nursing Regulation and Management, the focus is on the process and integrity of the national licensure examinations even as there is a downward slide in the passing rate as one reflection of the decline in the quality of education and weakness in the monitoring and regulation of nursing schools to ensure that standards of learning competencies are met. The growth of review centers that have taken over some schools in their function and responsibility to prepare and consolidate their products for NLE is another related concern.

Still on nursing education, the unity is to ensure that the quality of training and preparation of the graduates are in adherence with global standards.

For the broad issue of labor and employment, there was a consensus to intensify advocacy for improved and humane work conditions for nurses employed domestically, at the same time, push for “ethical recruitment” of nurses who seek overseas employment.

Among the initiatives actively pursued are the “Balik-Scientists” and “Balik-Turo” programs for curriculum





*The Board of Nursing with Commissioner Ruth Padilla and ADPCN President, Dr. Carmelita Divinagracia. (Hon. Marco Sto. Tomas, Hon. Yolanda Arugay, BON Chair, Hon. Carmencita Abaquin, Dr. Divinagracia, Hon. Com. Padilla, Hon. Leonila Faire, Hon. Pearl Po, Hon. Betty Merritt, and Hon. Amelia Rosales.*

upgrades and partnerships with government and private agencies like the NARS program or *Nurses Assigned in Rural Service*, a training cum employment program for new nurse graduates hard hit by the global financial crisis. Beneath all these is a conscious and deliberate effort to establish nursing leadership through credible and worthy governance that is responsive to the needs of its stakeholders and relevant to the society in general.

“Good Governance”, the idea or concept that has been adopted as a cornerstone for Philippine nursing by the Philippine Regulatory Board in 1991 during the term of Mrs. Antonieta Fortuna Ibe is finally coming to fruition after almost a decade. This is the essence and the heart of the Nursing Roadmap 2030 that the Board of Nursing together with the Philippine Nurses Association (PNA) and other nursing specialty and interest groups have painstakingly and judiciously worked on the past years to set the pathway for Philippine nursing. Under the guidance of the Institute for Solidarity in Asia (ISA), “an independent, non-partisan, not-for-profit institution” a technology was adopted that will help steer the Philippine nursing profession through the “good governance pathway” to achieve its vision/mission of professional excellence and global competitiveness.

It was the BON’s quiet brand of leadership, principled and intensely devoted to the service philosophy of the profession that enabled them to successfully rein in the profession through the challenge of this decade. As the incumbent BON winds up their 3-year term, whoever takes over or if they hold over, the next leg of the journey will be decisively smoother. Taking the Filipino brand of nursing to greater heights in the global arena is now a more realizable dream.

The present Board of Nursing is composed of honorable and distinguished members of the profession, headed by the Hon. Chair Carmencita M. Abaquin and the following members: Hon. Yolanda C. Arugay, Hon. Leonila A. Faire, Hon. Betty F. Merritt, Hon. Pearl G. Po, Hon. Amelia B. Rosales, and, Hon. Marco Antonio C. Sto. Tomas.<sup>2</sup>

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<sup>2</sup> All Honorable Members of the BON will serve until December 2011.

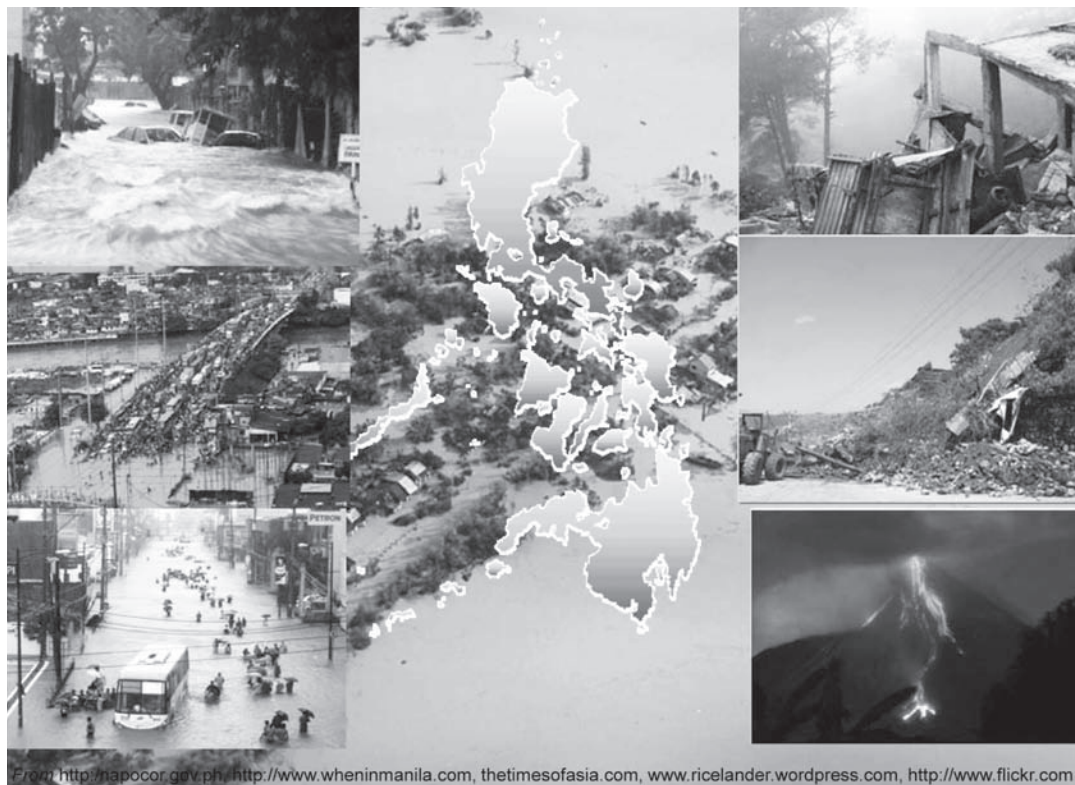




# Ondoy and other disasters face off with the nurse

ELEANOR M. NOLASCO, RN

Chairperson, Department of Political Affairs, PNA  
 Convenor, Consumer Action for Empowerment<sup>1</sup>



From <http://napocor.gov.ph>, <http://www.wheninmanila.com>, [www.thetimesofasia.com](http://www.thetimesofasia.com), [www.ricelander.wordpress.com](http://www.ricelander.wordpress.com), <http://www.flickr.com>

The Asia-Pacific is one of the most disaster-prone regions in the world. According to the World Disaster Report 2009, 40.5% of global disasters between 1999 and 2008 occurred in Asia, and 84.5% of those affected during the same period lived in the region. The International Council of Nurses (ICN, 2009) asserts that lack of funding for disaster preparedness and impact of disaster on the health care, economic and social infrastructure make them vulnerable to the impact of disaster. Community infrastructure for water, transportation, communication, electricity, public health services and health care are some of the few effects of any form of disaster. Such impact can be devastating at all levels – individual, family, community, region/country.

Three disasters befell the country in the latter part of the year. First to land was tropical storm “Ondoy” (international name: Ketsana) that came in quietly,

surreptitiously un-intimidating even, but proved too much and lethal just the same with its “record amount of rainfall”. According to the Philippine Atmospheric Geophysical Astronomical Services Administration (PAGASA), Ketsana dropped 455 mm (17.9 in) of rain on Metro Manila in a span of 24 hours on Saturday – equivalent to a month’s worth of rain - the most in 42 years. The volume was just too much for the clogged and inefficient sewage systems even for the urban city centers of the National Capital Region that after the overnight downpour, most of Metro-Manila had turned into a sea of putrid and filthy waters. In the one day that Ondoy swept across Manila and neighboring regions of Luzon it left in its trail more than “300 dead and more missing, 880,175 families or approx 4.5M individuals displaced and rendered homeless in 1,902 barangays in 32 cities of 25 provinces in Regions 1-6, 9, 12, ARRM, CAR and NCR. The estimated cost of damages to infrastructures and crops was more than 10 billion.” (NDCC Update, SitRep.27)

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





*Nurse and student nurse volunteers intently listening to instructions prior to the conduct of relief operations for disaster victims who are residents of Paranaque area last September 29.*

Quickly following the destructive path of Ondoy was typhoon Pepeng (International Name: Parma) that thankfully skipped the areas that Ondoy slammed and still reeling from the disaster's aftermath. Instead, Pepeng concentrated in the northern part of the country including the provinces of Pangasinan, Tarlac, Benguet Province, Ilocos Region, Baguio, Mountain Province and the Cordillera Region. Ten days it stayed in the country, it evened up Ondoy's record as one of the country's worst disasters in recent history.

Disaster again threatened to strike this time from a beautiful natural wonder in the South, Mayon Volcano. Located on the eastern side of Luzon, Mayon is part of the Pacific Ring of Fire and is the most active of the active volcanoes in the Philippines. After having erupted over 49 times in the past 400 years, the volcano again became restive middle of this year and in December showed signs of erupting thereby forcing the residents within the dangerous zones to leave their homes for evacuation centers. (Wikipedia, 2009) Thankfully, Mother Nature eventually chose not to fully demonstrate her



*A member of NARS, an association of community health nurses and people's health advocates teaches a flood victim some lessons on disaster management.*

awesome power and calmed down, allowing the evacuees to return to their communities after a few days stay in the evacuation centers.

### **Nurses' Response and Nurses' Role During Disaster**

Given its topographical and geographical features, our country is most prone to natural disasters like typhoons and even earthquakes. But while we have adequate scientific and empirical appreciation of these natural occurrences, our general response continues to be reactive, short-sighted and short-termed. Preparedness as the key is recognized only as an afterthought at the end of disaster management. This was evident at the height of the Ondoy floodings where basic equipment such as water rafts and rescue devices were lacking and the



*Nurses doing emergency treatment for some victims of typhoon Ondoy.*

people had to resort to their ingenuity to get through perilous situations. Be that as it may, our resilience as a nation and as a people continue to be a saving grace during disasters buoyed up by the "bayanihan spirit" that always shines through during times like "Ondoy," "Pepeng" and the Mayon incident.

Within our ranks, we had been quick in responding to the urgent call for immediate relief assistance for victims of disasters Ondoy and Pepeng. The PNA national office together with the local and foreign chapters and individual members had launched relief missions and other resource-generating activities that benefitted the typhoon victims especially the hard-hit communities and sectors. The PNA Disaster Management Committee chaired by Ms. Ofelia Hernando and with full participation of the national officers and leadership partnered and worked with various groups specifically, the Philippine Medical

<sup>1</sup> Consumers' Action for Empowerment is a coalition of organizations and individuals for safe, affordable and accessible essential medicines.





Association (PMA); the Samahang Operasyon Sagip or SOS, an NGO health coalition of community-based disaster programs and people's organizations; the NARS, Inc. (Nagkakaisang mga Narses para sa Adhikaing Reporma sa Pangkalusugan ng Sambayanan) an association of community health nurses and people's health advocates, in the conduct of relief operations and delivery of goods and services in the most affected areas in the National Capital Region up to adjacent Luzon provinces like Pampanga and Pangasinan. More than a hundred nurse-volunteers, including student nurses from NCR schools and colleges of nursing gave of their time, money and skills to help alleviate the physical pain and the mental anguish of an estimated 80,000 individual victims of typhoon Ondoy and Pepeng. There had been generous outpouring of all forms of assistance and cash donations including those from the Japan Nurses Association, PNA Jeddah chapter, PNA-America, PNA Region 1, Iloilo Chapter and UST Class of '65 that were used to purchase food and essential items bundled in emergency packs and distributed to affected families and sectors mostly in poor communities. Local chapters covering the most affected areas like in the Cordillera Region did their own relief operations for the disaster victims that included fellow nurses. In Metro-Manila, one of the hardest hit, many nurses and health workers were stranded in the course of duty and some hospitals were submerged in flood waters hampering health service delivery. Tales of heroism by nurses

residing in affected areas were reported: helping in rescue of and/or giving emergency aid to distressed victims with little regard for their own personal safety. Whoever they are and wherever they may be now, we salute these men and women who lived the best ideals of nursing service.

### The Challenge

Disaster management is part and parcel of our professional training as nurses especially in the preventive aspect through health education. In the community where our services are most needed and where the vulnerable sectors are, we can make a great difference in capacitating the people to handle emergency situations through organized efforts. In this way we mitigate the immediate damage corollary to a disaster and facilitate the rehabilitative process toward recovery. While the prompt response by PNA to the recent disasters showed exemplary civic leadership, we can be more effective if we start early on in building our defense resources prior to the occurrence of disasters that will inevitably happen as a matter of course. Preparedness is a primary, if not the principal component in disaster management. And who could best promote and teach preparedness if not the nurse who is in the forefront of the health delivery system? That is the challenge posed by Ondoy, Pepeng and the Mayon evacuation to each and every nurse who is under constant threat of a disaster, natural or even man-made.

## Reflections: Could we have done better?

### Pepeng and PNA-CAR

**GOV. RUTH THELMA TINGDA, RN, MAN, MM**

Governor, PNA-CAR; Vice President for Programs and Development, PNA National

The Philippine Nurses Association (Baguio City/CAR) conducted its own volunteer relief activities for the survivors of typhoon Pepeng. The moment the wrath of storm Pepeng subsided, the officers and members led by Gov. Ruth Thelma Tingda met to explore ways of extending services to the victims of typhoon Pepeng. The group collectively decided to focus on Benguet rather than Baguio City for purposes

of prioritizing needs and availability of resources. The group immediately coordinated with the LGU, government and non-government organizations and private institutions and individuals. After a brief orientation by the Head and staff of the Provincial Social Works and Development on the situation and needs of the province, we were all set to do our share in disaster response and management.





The devastation typhoon Pepeng caused Northern Luzon was distressing. But the overflowing generosity and volunteerism of our *kakailian* is inspiring. The owners of the Cordillera Career Development Center offered its campus as headquarters for the PNA. They also offered cooking and kitchen utensils with Vanguard's of the schools to assist in the cooking activities. Various forms of support poured in (clothes, shoes, funds, etc) from various individuals, and groups including the PNA National, ADPCN National, and the Board of Nursing. Truly, the Filipino *bayanihan* spirit is alive. The support received by the

their perspective and methods of disaster response work. The bulk of the funds solicited from the KAISA PARA SA KAUNLARAN were given to this network whose organized efforts reached the various people organizations in the communities affected. The pooling of resources done by the network proves effective such that the needs are identified and prioritized. The network is able to identify and prioritize areas where services are not provided. The developmental nature of the Network's approach to disaster response is also very apparent. The network just does not give relief but through the



*The wrath of Pepeng: Destruction of properties, loss of lives and isolation.*

association fuelled with the commitment to serve saw the organization working with other organizations in its effort to alleviate needs of the survivors: food for work and relief work, medical missions, monitoring and documentation activities, CISD (Crisis Intervention and Stress Debriefing), capability building of nurse-volunteers and public school teachers residing in areas affected by the landslides.

As we joined other development workers belonging to *Serve the People Brigade* of the Cordillera Disaster Response Network, we also learned from

relief activities, they encourage the communities to work together, share the resources and use whatever meager assistance to help rebuild the community in whatever possible ways. The community members are reminded not to make the given resources be a source of misunderstanding in the community. In community meetings, we saw the network raised the awareness of the people by giving a brief orientation on what the situation is, the extent/scope of the disaster and why the disaster happened (e.g. aggravating factors such as effects of large scale mining and climate



*Professionals and student nurse volunteers prepare for relief work.*





change). Also, we saw how the network facilitated the distribution of resources. With the resources at hand, the representative of the network consults the community how it will be utilized and/or distributed (e.g. how much goes for community work and how much goes to the affected families). They realized that this is a more equitable, participatory and developmental process of responding to the needs of the communities, at the same time enhancing community values leading to empowerment. As we did our share, the question of how the survivors will start rebuilding their lives is indeed a challenge

that development workers and government must confront.

This reflection captured in photos will forever remain in our memories. We can never capture and put into words the pain and sufferings, the grief and hopelessness as lived and experienced by the survivors. These are indeed beyond description. However, support from friends and organizations provides flickers of hope and added strength. We continue to serve the people as this is our mandate... to care...to love...This is our commitment.

## Mayon Volcano, PNA-Bicol and Disaster Nursing

**MARIA DELLA R. CRUZ, PhD, RN**

Member, PNA Bicol Chapter

The sight of Mayon Volcano standing tall and picturesquely magnificent continues to attract tourists by the hundreds each passing year. Its perfectly unique cone shape remains a spectacle to behold. Mayon Volcano keeps everyone in awe every time people take a good look at it.

In December late last year, Mayon Volcano spewed lava once more. It alerted the entire province of Albay

mobilized every member of the council to perform their responsibilities in protecting the Albayanos in the midst of a looming catastrophe.

When the Philippine Institute of Volcanology and Seismology (Phivolcs) raised the Alert Level to no. 2 due to more frequent volcanic quake and tremors, and more vigorous crater glow, the PDCC immediately proceeded to its preemptive evacuation scheme.



*Majestic Mayon Volcano, picturesque, even at its wrath*

for fear of a much larger explosion. The Provincial Disaster Coordinating Council (PDCC) headed by Albay Governor, Honorable Joey Salceda, immediately

The locals were not too happy of the sudden turn of events, especially that it was right on the yuletide season. Nonetheless, they knew that evacuating





*PNA Bicol Chapter Governor Dr. Alcala, 5<sup>th</sup> from left & inset, with PNA members at the Daraga High School Evacuation Center*

their homes was for their own good. Hence, they had no choice but to stay away from impending danger, away from the permanent danger zone (PDZ) and onto the measly comforts of evacuation centers.

The evacuees must have been forlorn on Christmas eve, but, some good-hearted individuals endeavored to take their blues away. One group who visited them on the afternoon of December 24 was the Philippine Nurses Association (PNA) headed by Dr. Emerlinda E. Alcala, PNA Bicol Chapter Governor.

Dr. Alcala and some PNA members delighted the Mayon evacuees at the Daraga High School Evacuation Center with songs and dances to keep the Christmas spirit in high gear. They likewise gave out some simple gifts and food stuffs. Indeed, the PNA brought joy to the so-called internally displaced persons (IDP) on Christmas eve to address their psychosocial needs in the midst of calamity. The PNA members simply proved the true value of “caring” in its broadest sense.

An afterthought however dawned on us about our preparedness as nurses and as a professional organization to respond to disasters such as the Volcanic eruption. Do we have the competencies aside from providing palliative measures such as those we provided to the evacuees? WHO and ICN (2009) states that the “fundamental attributes of nursing consist of providing nursing care to the injured and ill, assisting individuals and families to deal with physical and emotional issues, and working to improve communities” (p.5). It is therefore important that nurses possess a level of competence

or “a level of performance demonstrating the effective application of knowledge, skill and judgment” (p.34).

As a reflection, not only for us nurses in the disaster prone Bicol region, but all over the country, do we have the essential competencies necessary for us to appropriately and effectively respond to disaster situations? The ICN asserts the following essential competencies: “facilitate deployment of nurses globally, create consistency in the care given, facilitate communication, build confidence, facilitate a more professional approach, promote shared aims, allow for a unified approach, enhance the ability of nurses to work effectively within the organizational structure, assist nurses to function successfully as members of the multidisciplinary team” (2009, p.37).

Above all, the nurses must be ready in the entire disaster management continuum – from pre-incident (prevention/mitigation and preparedness) to responding during the incident to post-incident (recovery and reconstruction/rehabilitation) activities. Indeed, we realize that we have yet a long way to go with disaster preparedness and management. This is a challenge our local, regional and national professional organization need to respond to.

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# A Divergent Perspective Analysis on the Characteristics of an Excellent Nurse Teacher using Q Methodology

AL D. BIAG, RN, RM, EdD



## Abstract

The objective of this study was to describe the divergent perspectives on the characteristics of an excellent nurse teacher among undergraduate nursing students. Q methodology was used as a method and a tool to examine the diversity of responses regarding what constitutes excellent teaching in nursing. Thirty-five (35) undergraduate nursing students ranked each item in a set of 41 statements (Q sample) using a 9-point scale that ranges from -4 (most uncharacteristic) to +4 (most characteristic). The Q statement rankings generated by the participants were factor analyzed using the centroid method and varimax rotation. The analysis yielded five factors representing viewpoints of five clusters of undergraduate nursing students. Each of these groups identified an excellent nurse teacher as someone with professional treatment to learning and the learner, efficient organization and management of learning, high regard to growth and expansion of knowledge, reasonable evaluation practices, and encouraging demeanor towards students. The five viewpoints about an excellent nurse teacher described a nomenclature of ideas that is distinct yet related to the usual ideas about good teaching in nursing.

## Introduction

Nurses take on the teaching role in a variety of settings. They may be patient or client teachers, school nurses, staff development instructors, or collegiate educators. In many nursing position, it is safe to say that the nurse will be teaching (DeYoung, 2003). With this, nurses are considered information brokers (Bastable, 2003).

In collegiate education, nurse teachers use both course work and clinical experiences to instill professional values, develop core competencies and knowledge, and broaden understanding of

beginning practitioners' roles (Hanson & Stenvig, 2008). Student learning and performance in clinical experiences reflect the nurse teachers' ability to create an environment in which the student can learn (Reilly & Oermann, 1992 as cited in Hanson & Stenvig, 2008). Thus, the nurse teachers' attributes and dispositions determine critically the quality of learning experiences of student nurses (Li, 1997).

Over the years several researches have identified consistently attributes of excellent nurse teachers. These attributes have been organized into five overlapping categories: clinical competence and subject knowledge; interpersonal relationships with students; teaching skills; evaluation strategies; and personal characteristics.

Clinical competence, educators' current knowledge in theory and clinical practice, integration of knowledge into practice for students, ability to demonstrate care for patients in real situation, and allowing opportunities for problem solving, experiential learning, and human caring have been identified repeatedly in the literature as characteristics of excellent nurse teachers (Benor & Leviyof, 1997; Bergman & Gaitskill, 1990; Brown, 1981; Gignac-Caille & Oermann, 2001; Hanson & Stenvig, 2008; Johnsen & Aasgaard, 1999; Mogan & Knox, 1987; Nahas, Nour, & al-Nobani, 1999; Pugh, 1988; Reilly & Oermann, 1992; Sellick & Kanitsaki, 1991; Sieh & Bell, 1994).

Interpersonal relationship is demonstrated by taking a personal interest in students, being sensitive to their feelings and problems, conveying respect for them, alleviating their anxieties, being accessible for conferences, being fair, permitting students to express differing viewpoints, creating an atmosphere in which they feel to ask questions, and conveying a sense of warmth (Bergman & Gaitskill, 1990; Brown, 1981; Fairbrother, 1996; Gignac-Caille & Oermann, 2001; Griffith & Bakanauskas, 1983; Hanson &





Stenvig, 2008; Karns & Schwab, 1982; Mogan & Knox, 1987; Nehring, 1990; Oermann, 1998; Sieh & Bell, 1994; Zimmerman & Westfall, 1988).

Excellent nurse teachers also demonstrate specific teaching skills such as diagnosing the students' learning needs; planning instruction reflecting the students' needs, while meeting the goals of the clinical experience; supervising effectively students; accessibility and availability to demonstrate a procedure or answer questions; organization and ability to facilitate discussions; explaining concepts and providing feedback; and role modeling (Gaberson & Oermann, 1999; Gignac-Caille & Oermann, 2001; Hanson & Stenvig, 2008; Knox & Mogan, 1985; Krichbaum, 1994; Mogan & Knox, 1987; Oermann, 1998; Windsor, 1987; Wiseman, 1994).

The use of effective evaluation strategies has been identified throughout the literature (Benor & Leviyof, 1997; Bergman & Gaitskill, 1990; Gignac-Caille & Oermann, 2001; Knox & Mogan, 1985; Nehring, 1990; Oermann & Gaberson, 1998; Sieh & Bell, 1994) as an important attribute of excellent nurse teachers. Effective evaluation strategies include providing useful feedback to students on clinical performance and written assignments; exhibiting fairness in the evaluation process; promoting student independence; correcting students' mistakes without belittling them; and communicating clear expectations to students.

Qualities such as personal magnetism, enthusiasm, cheerfulness, self-control, patience, flexibility, a sense of humor, a good speaking voice, self-confidence, willingness to admit errors, and a caring attitude are all desirable characteristics of excellent nurse teachers (Brown, 1981; Fairbrother, 1996; Griffith & Bakanauskas, 1983; Kotzabassaki et al., 1997; Nehring, 1990; Van Ort, 1983).

It is evident from the aforementioned empirical literature both current and past that considerable research has been devoted to the question of what constitutes excellent teaching in nursing. While some research has involved asking faculty about excellent teaching practices, most studies have surveyed students to elicit their opinions. Although the majority of the students in a class may agree on the qualities of an excellent nurse teacher, some students have

different opinions based on their individual learning styles, goals, and personal needs. This subjectivity is identified to be apparent in all student surveys.

Although many studies have been conducted examining the characteristics of excellent nurse teachers for the past twenty years, none of them focused on the study of subjectivity that is existing between and among the student participants. Thus, it is the purpose of this study to deal with that subjectivity. As defined, subjectivity is judgment based on individual personal impressions, feelings, or opinions rather than external facts (Akhtar-Danesh, Baumann, Cordingley, 2008). As such, this study seeks to understand student subjectivities about who an excellent teacher is to them. Since an understanding of student experiences and perspectives is central to the delivery of quality nursing education program (Barker, 2008) it is imperative to understand the students' subjectivities. Using Q methodology, their subjective viewpoints are analyzed using a combination of qualitative and quantitative techniques.

Q methodology is used as an alternative approach which will provide insight into, and a method for studying, student subjectivity through the use of factor analysis. Within a Q methodology, students are asked to rank-order (Q sort) statements, which are then intercorrelated and subjected to factor analysis. As McKeown and Thomas (1988) noted "Q methodology encompasses a distinctive set of psychometric and operational principles that, when conjoined with statistical applications of correlation and factor analytical techniques, provides a systematic and rigorously quantitative means for examining human subjectivity" (p. 5).

In this way groups of students holding similar expressed subjectivities are identified as clusters of individuals who share common perspectives within a broader domain of interest or experience (Barker, 2008; Goto, Tiffany, Pelto, & Pelletier, 2008). The identification of similarities among individual views which may not have been known a priori is one of the major strengths of Q methodology (Addams, 2000). So the goal of Q methodology is to reveal different patterns of thought rather than their numerical distribution in a larger population. *In other words, the number of participants is not the important issue; rather, it is the*





representation of different viewpoints about the topic of study (Akhtar-Danesh, Baxter, Valaitis, Stanyon, & Sproul, 2009). Q-studies typically use small sample sizes compared to, for example, survey research; and low response rates do not bias the results because the primary objective is to identify a typology, not to test the typology's proportional distribution within the larger population (Brown, 1993 as cited in Akhtar-Danesh et al., 2009).

### Research Objectives

1. To describe the divergent perspectives on excellent nurse teachers among nursing students.
2. To categorize the subjective viewpoints held by nursing students as clusters or factors.

## Methods

### Research Design

Q methodology was adopted as the study's design because its main aim was to understand the student subjectivity regarding an excellent nurse teacher. This method involves four major steps: development of concourse; development of Q sample; identification of P set; and Q sorting.

### Setting and Participants

The study was conducted in the College of Nursing of Holy Angel University involving 35 students coming from second through fourth year levels. The selection of participants was nonrandom and included only those with substantial exposure and contact with nursing instructors both in the clinical and the classroom settings.

### Data Collection

Participants were asked to rank each item in a set of statements using a 9-point scale that ranges from -4 (most uncharacteristic) to +4 (most characteristic). In keeping with the standard Q sort procedures, participants were given rules that restrict their assignment of extreme scores to only a few statements. Each participant was interviewed immediately following the ranking task and will be asked to elaborate on their reasons for ranking statements into the extreme categories.

### Data Analysis

Statistical analysis was centered on by-person correlation and factor analysis. For by-person correlation the overall configurations produced by the participants were intercorrelated. The initial correlation matrix reflected the relationship of each (Q sort) configuration with every other (Q sort) configuration.

The rankings of Q sample by the 35 participants were subjected to factor analysis using the centroid method. Varimax rotation was used as a factor rotation technique because it allows a rotated solution which maximizes the amount of variance explained by the extracted factors (Watts & Stenner, 2005). The generated factors were then selected for interpretation. Two standard requirements were observed for interpretation (i.e. factor estimation): factor with an eigenvalue in excess of 1.00 and factor with at least two significantly loading Q sorts upon it alone. A software program called PQMethod was used for analysis and treatment of data.

## Results

### I. Concourse

The researcher collected a wide range of ideas about excellent nurse teacher from extensive reference to the conceptual and empirical literature (i.e. *a priori* knowledge about excellent nurse teaching). From this an assembly of opinions was developed and became the concourse. An initial set of 39 statements is presented in Table 1 as the concourse.

### II. Q Sample

The concourse underwent validation by a group of nursing students for the purpose of clarifying ambiguous to interpret statements. Some statements were rewritten for clarity, combined to form one meaningful statement, or eliminated because of irrelevancy to the topic of interest. After careful scrutiny, a set of 41 statements consisted the Q sample (see Table 2).

### III. P Set

Thirty-five students were chosen to constitute the P-set. There were five participants each for Levels II and III. Twenty-five students came from Level IV. The distribution (Table 3) is based on special relevance to the topic and on strong views about the topic of interest.





#### IV. Q Sort

Participants were asked to rank-order the 41 statements. To simplify the process of Q sorting, the participants started by separating all the statements in two groups. They were instructed to separate the statements with first group containing the statements that represent the most characteristic of an excellent nurse teacher and the second group containing statements that describe the most uncharacteristic of an excellent nurse teacher.

The rank ordering of statements followed a condition of instruction. From the group of statements containing the most characteristic of an excellent nurse teacher

the participants chose two statements that most represent their perspectives. These statements were then placed in the two cells of the tables in the extreme right hand side (Figure 1). The remaining statements in the most characteristic group were placed in the four cells immediately central to the extreme right hand cells. The participants repeated the process, each time choosing statements that represent their perspectives about most characteristic and placing them immediately central to the cells that they had just finished filling up.

After the participants completed placing all the statements from the most characteristic group, they repeated the same process with the most

**Table 1.** *Statements comprising the concourse*

Statements describing an excellent nurse teacher

1. current knowledge in theory and clinical practice
2. integration of knowledge into practice for students
3. allowing opportunities for problem solving and experiential learning
4. develops a thorough knowledge and expands this knowledge through reading, research, clinical practice and continuing education
5. develops skills throughout his or her career
6. clinical expertise of the teacher is trustworthy, that information given is accurate, and skills are demonstrated correctly
7. awareness of how the clinical facility functions
8. awareness of staff expectations for students
9. knowledge of the students' background and learning needs
10. awareness of student learning styles and readiness to learn before incorporating teaching styles for optimal learning
11. showing to students that they are valued
12. conveying to students that they are respected, appreciated, and accepted as people
13. demonstrating professionalism
14. demonstrating deference to facility staff as well as to the students
15. providing a caring atmosphere for learning
16. being a good role model for students
17. awareness of their deficiencies and working for their improvement
18. not getting too involved with the students
19. showing balance between professional role and sincere concern for students' welfare
20. helping students appreciate the importance of learning
21. encouraging student to look for opportunities to go further or see something
22. conveying a sense of warmth
23. creating an atmosphere in which they feel free to ask questions
24. permitting learners to express different points of view
25. making student expectations clear
26. helping students integrate new information into their current knowledge
27. making priorities known prior to the start of the clinical day
28. limiting paperwork to an amount conducive to learning and appropriate to patient care
29. providing timely and constructive feedback on paperwork
30. stimulating critical thinking through challenge in the clinical setting
31. offering students the chance to challenge what is known
32. taking a personal interest in learners
33. being sensitive to their feelings and problems
34. conveying respect for them
35. alleviating student anxieties
36. providing timely feedback on student progress
37. correcting students tactfully
38. being fair in the evaluation process
39. giving tests that are pertinent to the subject matter



**Table 2.** *Statements comprising the Q sample*

Statements describing an excellent nurse teacher

1. current knowledge in theory and clinical practice
2. integration of knowledge into practice for students
3. allowing opportunities for problem solving and experiential learning
4. develops a thorough knowledge and expands this knowledge through reading, research, clinical practice and continuing education
5. polishes skills throughout his or her career
6. learners need to know that they can trust the clinical expertise of the teacher, that information given is accurate, and skills are demonstrated correctly
7. awareness of how the clinical facility functions
8. awareness of staff expectations for students
9. knowledge of the students' background and learning needs
10. awareness of student learning styles and readiness to learn before incorporating teaching styles for optimal learning
11. showing to students that they are valued
12. conveying to students that they are respected, appreciated, and accepted as people
13. demonstrating professionalism by not being intimidating, and by guiding and being approachable
14. giving and receiving respect by facility staff as well as the students
15. providing a caring atmosphere for learning
16. being a good role model for students
17. presents self in good grooming
18. awareness of their deficiencies and working for their improvement
19. not getting too involved with the students
20. showing balance between professional role and sincere concern for students' welfare
21. taking a personal interest in learners
22. being sensitive to their feelings and problems
23. conveying respect for the students
24. alleviating student anxieties
25. helping students determine the significance behind specific thoughts and ideas
26. encouraging student to look for opportunities to go further or see something
27. conveying a sense of warmth
28. creating an atmosphere in which they feel free to ask questions
29. permitting learners to express different points of view
30. making student expectations clear
31. helping students integrate new information into their current knowledge
32. making priorities known prior to the start of the clinical day
33. limiting paperwork to an amount conducive to learning and appropriate to patient care
34. providing timely and constructive feedback on paperwork
35. stimulating critical thinking through challenge in the clinical setting
36. offering students the chance to challenge what is known
37. providing time for students to absorb the lesson
38. providing timely feedback on student progress
39. correcting students tactfully
40. being fair in the evaluation process
41. giving tests that are pertinent to the subject matter

uncharacteristic group. They chose statements that represent the most uncharacteristic of excellent nurse teacher and placed them in the opposite polar region of the table. The participants had again worked from the polar region to the center. Thus resultant distribution assumed a quasi-normal or near-normal shape with the most characteristic or uncharacteristic statements being placed in the two extreme polar regions with neutral statements placed in the central region. Each participant's distribution of these statements constituted one Q sort (Figure 1) and this individual Q sort became the unit of data for analysis.

### ***V. Q Factor Analysis***

Q factor analysis revealed five distinct factors about excellent nurse teacher. Each of the five factors identified was labeled using the statements specific to that factor. The distinguishing statement for a factor was used as basis because its score on that factor was significantly different ( $p < .01$ ) from its score to other factors. Statements with extreme scores on either end of the sorting continuum were also considered as they represent the most likes and dislikes of the participants loading on a particular factor. These are



**Table 3.** *The participants and their corresponding profile*

Participant	Age	Gender	Year	Participant	Age	Gender	Year
1	33	Female	2	19	24	Male	4
2	19	Male	2	20	18	Male	4
3	17	Female	2	21	20	Female	4
4	23	Female	2	22	19	Female	4
5	18	Female	2	23	25	Male	4
6	19	Female	3	24	33	Male	4
7	19	Male	3	25	20	Male	4
8	17	Male	3	26	20	Female	4
9	19	Male	3	27	20	Female	4
10	18	Female	3	28	19	Female	4
11	19	Female	4	29	19	Female	4
12	20	Female	4	30	21	Female	4
13	20	Male	4	31	29	Female	4
14	20	Male	4	32	19	Female	4
15	18	Female	4	33	19	Female	4
16	19	Female	4	34	20	Female	4
17	19	Female	4	35	19	Female	4
18	20	Male	4				

described in Table 4 which indicates the rankings assigned to each item within each of the factor exemplifying Q sort or item configurations.

### **Factor 1: A nurse teacher with professional treatment to learning and the learner**

Five students (all Level 4) are grouped into this factor based on their similar views. These students regard an excellent nurse teacher the one who “develops a thorough knowledge and expands this knowledge through reading, research, clinical practice, and continuing education” (4: +4). This knowledge attribute is complemented also with their high regard to educator attitude such as “demonstrating professionalism by not being intimidating and by guiding and being approachable” (13: +4); “being a good role model” (16: +3); and “awareness of their deficiencies and working for their improvement” (18: +3). Likewise, “providing time for students to absorb the lesson” (37: +3) is also highly regarded.

It is nonetheless important to note that “not getting too involved with the students” (19: -4) and “being sensitive to the learners’ feelings and problems” (22: -4) are considered as the most uncharacteristic of excellent nurse teachers.

The statement “correcting students tactfully” (39: -1.73) is identified as the distinguishing statement for Factor 1 because its score on that factor is significantly different ( $p < .01$ ) from its score on other four factors. The analysis of data has pointed to treatment as the prevailing theme for this factor. This is also validated from the post-sorting interview proceedings among the participants. The factor is thus labeled ‘nurse teacher with professional treatment to learning and the learner.’

### **Factor 2: A nurse teacher with efficient organization and management of learning**

Seven students (all Level 4) are clustered together under this factor. These students have chosen “stimulating critical thinking through challenge in the clinical setting” (35: +4) and the “integration of knowledge into practice for students” (2: +4) as the most characteristic of excellent nurse teacher. They also have described the most uncharacteristic of excellent nurse teacher to be “taking a personal interest in learner” (21: -4) and “aware of staff expectations for students” (8: -4).

Factor 2 reflects the organizational skills and management of learning of an excellent nurse teacher. This is evident in the statements “limiting paperwork to an amount conducive to learning and appropriate to patient care” (33) and “helping students integrate new information into their current knowledge (31). The two statements are the distinguishing statements as their scores (1.37 and -0.21 respectively) in this factor are significantly different ( $p < .01$ ) from their scores on any other factor.

### **Factor 3: A nurse teacher with high regard to growth and expansion of knowledge**

All the five Level 3 students are grouped under this factor. Their viewpoints about an excellent nurse teacher are centered on the knowledge attributes





Most Uncharacteristic					Most Characteristic			
31	37	36	4	15	11	1	12	25
39	38	32	19	16	13	7	2	9
	30	33	23	18	14	8	5	
	40	29	26	20	17	10	6	
		28	27	34	21	24		
			3	41	22			

Figure 1. A completed Q sort from a single participant

of the teacher. Statements like “integration of knowledge into practice for students” (2: +4) and “helping students integrate new information into their current knowledge” (31: +4) are highly regarded as exemplars of excellent teaching. On the one hand, students in this factor dislike the nurse teacher who is “personal” as evidenced in their sort of most uncharacteristic of excellent nurse teacher such as “not getting too involved with the students” (8: -4) and “taking a personal interest in learners” (21: -4).

Furthermore, distinguishing statements such as “develops a thorough knowledge and expands this knowledge through reading, research, clinical practice, and continuing education” (4) and “encouraging students to look for opportunities to go further or see something” (26) validate predilection of these students toward knowledgeable nurse teachers. The scores (-1.28 and -1.54 respectively) of these statements distinguish the scores from other factors at .01 level of significance.

#### Factor 4: A nurse teacher with reasonable evaluation practices

This factor comes from the clustered viewpoints of four students (2 each for Levels 2 and 4). The essence obtained from the distinguishing statement points to evaluation practices of the nurse teacher. The statement “being fair in the evaluation process” is the distinguishing statement because it defines the uniqueness of this factor to other factors (40: -2.14,  $p < .01$ ).

This distinguishing statement is further corroborated by the post-sorting interview and the relevant statements like “learners need to know that they can trust the clinical expertise of the teacher, that information given is accurate, and skills are demonstrated correctly,” “allowing opportunities for problem solving and experiential learning” and limiting paperwork to an amount conducive to learning and appropriate to patient care.”

#### Factor 5: A nurse teacher with encouraging demeanor towards students

Three students (1 Level 2 and 2 Level 4) form the group for this factor. Their viewpoints converge on the idea of the teacher demeanor towards students as revealed in the statements they singly considered as characteristic of an excellent nurse teacher. Responses to some of the statements exemplifying the views of the participants are provided below.

Showing balance between professional role and sincere concern for students' welfare (20: +4)

Showing to students that they are valued (11: -4)

Moreover, the distinguishing statements “conveying to students that they are respected, appreciated, and accepted as people” (12: -.90) and “knowledge of the students' background and learning needs” (9: -1.77) substantiate the theme describing this factor as encouraging demeanor towards students.

#### Discussion

This study revealed five distinct viewpoints regarding an excellent nurse teacher. The excellent nurse teacher is someone with professional treatment to learning and the learner, efficient organization and management of learning, high regard to growth and expansion of knowledge, reasonable evaluation practices, and encouraging demeanor towards students. Students have different understandings and definitions of who an excellent nurse teacher is and it is precisely these different understandings that are elicited and explored in this Q methodological research.



**Table 4.** *Q statements and associated factor scores for clusters*

No.	Statements	1	2	3	4	5
1	current knowledge in theory and clinical practice	2	2	-2	-1	2
2	integration of knowledge into practice for students	0	4	4	2	0
3	allowing opportunities for problem solving and experiential learning	0	1	3	4	2
4	develops a thorough knowledge and expands this knowledge through reading, research, clinical practice and continuing education	4	1	-3	1	4
5	polishes skills throughout his or her career	-2	-1	2	2	1
6	learners need to know that they can trust the clinical expertise of the teacher, that information given is accurate, and skills are demonstrated correctly	1	0	2	4	3
7	awareness of how the clinical facility functions	1	-2	2	0	-2
8	awareness of staff expectations for students	-1	-4	2	0	-4
9	knowledge of the student's background and learning needs	-1	0	-1	3	-3
10	awareness of student learning styles and readiness to learn	0	-2	1	2	1
11	showing to students that they are valued	1	-2	-1	0	-4
12	conveying to students that they are respected, appreciated, and accepted as people	2	0	3	1	-3
13	demonstrating professionalism by not being intimidating, and	4	1	-2	3	2
14	giving and receiving respect by facility staff as well as the students	2	-2	-3	0	-2
15	providing a caring atmosphere for learning	0	-1	3	-2	3
16	being a good role model for students	3	0	0	-1	1
17	presents self in good grooming	-2	2	-2	2	-2
18	awareness of their deficiencies and working for their improvement	3	3	-1	-1	0
19	not getting too involved with the students	-4	-3	-4	0	2
20	showing balance between professional role and sincere concern for students' welfare	1	1	0	1	4
21	taking a personal interest in learners	-3	-4	-4	-1	0
22	being sensitive to their feelings and problems	-4	-3	-1	-3	0
23	conveying respects for the students	-1	1	-2	1	0
24	alleviating students anxieties	-1	-2	-2	-3	-1
25	helping students determine the significance behind specific thoughts and ideas	2	-1	-3	1	2
26	encouraging students to look for opportunities to go further or see something	-2	2	-3	0	-1
27	conveying a sense of warmth	0	-3	-1	-1	-3
28	creating an atmosphere in which they feel free to ask questions	1	-1	0	-2	3
29	permitting learners to express different points of view	0	0	0	0	3
30	making students expectations clear	-3	-3	0	-3	0
31	helping students integrate new information into their current knowledge	2	0	4	3	2
32	making priorities known prior to the start of the clinical day	0	-1	2	-2	-1
33	limiting paperwork to an amount conducive to learning and appropriate to patient care	-1	3	0	-4	1
34	providing timely and constructive feedback on paperwork	-2	1	1	-2	-1
35	stimulating critical thinking through challenge in the clinical setting	-1	4	3	3	1
36	offering students the chance to challenge what is known	-3	-1	1	-1	-2
37	providing time for students to absorb the lesson	3	2	-1	-2	-1
38	providing timely feedback on student progress	1	0	1	-3	-3
39	correcting students tactfully	-3	2	0	1	-1
40	being fair in the evaluation process	3	3	1	-4	1
41	giving tests that are pertinent to the subject matter	-2	3	1	2	0







Q methodology offers a systematic approach to understanding these different viewpoints. The key advantages of Q methodology are: its focus on subjective experiences, perspectives, and beliefs which are permitted to emerge in their own right and not simply in relation to an objective operational definition imposed by the researcher and its focus on eliciting and describing a wide diversity of different subjective experiences, perspectives, and beliefs none of which are defined a priori by the researcher.

In summary, this Q methodological study revealed multiple theoretically and pragmatically significant perspectives about excellent teaching in nursing. The corpus of literature provides support on the conceptualizations the students have about excellent nurse teacher. The results of the study suggest that the literature-consistent descriptions of an excellent nurse teacher based on student subjectivities can offer a significant context for deepening knowledge about the hallmarks of excellent teaching in nursing. The study also illustrates the potential of Q methodology as a technique for inductive theory building.

### Conclusions

1. The viewpoints share some elements in common, as might be expected based on some commonalities (i.e. school or institution, orientation, training, etc.) among students.
2. The distinctive elements in each viewpoint are even more striking and suggest that excellent teaching in nursing can be viewed in as many ways as possible.
3. The views about excellent nurse teachers as having a reasonable evaluation practices, high regard to growth and expansion of knowledge, encouraging demeanor, and professional treatment to learning and the learner are consistent with essences of excellent teaching in nursing as described in several empirical literature.
4. The relevance of Q methodology comes into consideration with the identification of a factor on efficiency in organizing and managing learning which is unheard of or unspoken in several researches.

### Recommendations

1. The factors can be used as constructs for an instrument that measures student's satisfaction to teaching or as a basis for a revised faculty evaluation rating.
2. Directions for future research include refinement and validation of factors using a quantitative method like R factor analysis or using a qualitative tradition such as grounded theory. The R factor analytic procedures allow a robust validation of construct by involving a larger sample size. Grounded theory analysis would be a better qualitative research design to capture exhaustively the social dimensions of excellent nurse teaching as this tradition centers on social structures and social processes inherent in human interaction.

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# The Philippine Nursing Compensation Survey 2009<sup>1</sup>

## EXECUTIVE SUMMARY<sup>2</sup>

### PHILIPPINE NURSES ASSOCIATION

The total compensation package of licensed nurses in the Philippines, and the working condition in general, is shaped by the bifurcated nature of the national nursing labor market - - a government wage-regulated sector and a market-based private sector. The co-existence of two separate markets is confirmed by a statistically significant difference between the means of wages in the two sectors, P14, 645 for the 117 public and P10,594 for the 226 private nurses from a cleaned up database of 428 respondents in the Pampanga survey conducted by the University of the Assumption for the Philippine Nurses Association. This is confirmed in regression analysis where PUBPRIV variable show higher wages as nurses work in the public sector.

Indeed, as the national market is largely shaped by the public policy on salary grade levels and minimum wages mandates, a “residual market” hypothesis can be posited. This suggests that those who find better employment prospects in the private sector are either the best prepared to meet private sector quality standards, especially in teaching where the highest average salaries are found, or are those who find no better alternatives than in lower-paying hospital service (relative to community nursing and work in other institutions in the employment categories variable or EMPCAT) where the most employment is generated for nurses.

The main force in the national market is thus the government sector. In the Pampanga survey, majority of the older nurses work in the government sector with relatively secure tenure (longer years of service

in the institutions or YRSERVINST) and comparatively better wages (minimum wage laws and several social protection measures), compared to their private sector counterparts, even with problems in the implementation of a salary standardized law. Due to the limited number of positions in government institutions (hospitals, community workplaces, other institutions, and in education or EMPCAT), the younger nurses find more job opportunities in the private sector, albeit at lower pay not only on account of age but more so due to less experience (which can be also interpreted as not reaching a stage where learning on the job pays off, technically the absence of the YRSERVINSTSQ variable).

This lower pay is a result of the monopsony conditions in local private sector markets where nurse employers have greater bargaining power over a vast supply pool of young nurse’s majority of whom are attracted by global job opportunities. Hence there seems to be a “stepping stone” syndrome (shown in age profiles across various work settings) where young mobile nurses (many of whom are female, unmarried, living with parents or renting rather than owning homes) accept poor working conditions temporarily, and are even willing to pay hospital employers (or “volunteer”) for further “training.”

Since the demand in old industrialized economies for nurses is projected to grow faster than their domestic supply, the Philippines can continue its status as the number one supplier of nurses in global markets, thus releasing the downward pressure on local nursing wages and global market intelligence which public-private partnerships can deliver.

<sup>1</sup> A Research Project of the Philippine Nurses Association Inc. led by Dr. Federico M. Macaranas (Principal Investigator); Dr. Primitiva Samaco-Paquiz (Research Adviser); Ms. Ling I. Alvez (Project Manager), Ms. Aileen G. Lucero (Assistant Project Manager), Ms. Rhory Fernandez (Economist Analyst/Statistician) and Mr. Giancarlo Go (Economic Analyst/Econometrician)

<sup>2</sup> The research report is found in the library of the PNA for research utilization.





What explains wage variations across individuals in the two separate markets? Using regression analysis, the Pampanga survey data shows that employment category or EMPCAT (hospital, community, other institutions, and education) is significant for the *separate* as well as the *combined* public and private sectors in explaining the age levels. For the public sector, the interpretation of the regression is that public nurses get higher incomes as they move from hospitals to community to other institutions.

Other variables that are statistically significant in increasing wages in the public sector are having more children, owning a house, and activeness in PNA. The first two maybe explained by the pressure of family obligations for nurses to find jobs that pay more; an issue is that economic situations here and abroad have led to the shift of nurses to pecuniary motives away from the original service-orientation reason for entering the field of nursing. The result on the significant variable “activeness in PNA” may indicate the salutary effects of networking on increasing wages; hence even provincial activities of PNA Chapters must be heightened. Experience also increases wage but at a declining rate as the learning curve due to length of work in an institution plateaus or declines.

On the other hand, wages of nurses who are working in private institutions are positively influenced by age (older gets paid higher), career in education (academic workplace pays more), activeness in the PNA (same networking effect as above), highest educational attainment (more years of schooling pay off) and experience (more years of service in an institution reflects in higher salaries) which seems not to pay off as much as in the public sector because of relatively shorter stay on the job, a likely offshoot of the stepping stone syndrome.

Interesting questions arise from a comparison of the two regression results. Why does education not influence public wages the way it does in the private sector? Is occupational mobility in the public sector constrained by choice of nurses or by the design of the civil service rules? It could be both. What forces shape the condition in public vs. private sectors that

lead to significance of “years of service in the present institution”, with the former increasing wages at a decreasing rate? In both markets, activeness in PNA show positive impact on increasing wages – what specific network effects are these? Are they the result of better labor market information flows for both the public and private markets?

There are many ways by which the compensation and working conditions of nurses can be improved on the demand side; more jobs can be generated thru new nursing employment in health and wellness sector, including geriatric care for the very promising retirement industry for the Philippines that is targeting foreign clients, the retooling of hospital and other health service delivery administrators for more effective management skills, and the promotion of the Philippines as a center for nurse education not only in ASEAN (where a Mutual Recognition Agreement opens up new markets for Filipino nurse educators) but for the world through videoconferencing technologies. Recognizing that many health delivery institutions need mission-critical skills of nurses is one strategy for getting more support for plantilla items in the government sector.

On the supply side, curriculum reform to match global requirements (geriatric and psychiatric nursing), retooling nursing graduates who fail PRC licensure examinations (EMS, medical transcription, call centers, other entrepreneurial activities), qualified and efficient nursing leaders who can effectively train, lobby in legislative and executive braches of government at both national and local levels, organize workers, and represent the voice of disadvantaged and exploited nurses e.g., those receiving below minimum wages (20% of public and 56% of private nurse respondents), and carrying heavy workloads (averaging over 70 patients and beds per nurse in some workplaces, and averaging 49 students per section in nursing education) as documented in this study.

Unionism in public and private sectors (weak due to plant negotiations policy of government and the surplus nurse’s situation), tapping global network of nurses, and lobbying for implementation of salary grade levels





provided by the Magna Carta for Health Workers are other ways of dealing with the welfare of nurses.

The contentment with present compensation and benefits packages are explained most by the workplace variables **PUBPRIV** and **EMPCAT** suggesting that standards in the separate public vs. private sectors must be studied also at the hospital versus other institutional work categories. The issues include different benefits packages, as stipulated in law or contracts versus their implementation, which varies by workplaces as above. Other significant variables of wage regressions show the relevance of lobbying for changes in minimum wages through time since the marginal increases are likely to impact also on contentment as reflected in asset ownership; the advocacy on changes in minimum wages should also impact on all nurses – contented or not with their present compensation and benefits package. Among those who are not content, the stepping stone syndrome may be in effect; future surveys can incorporate this question directly.

Some best practices in the implementation of salary standardized and benefits implementation are reported in the last section of the report. It is quite important to note that this study also forced the updating of the files on step in any evidence-based policy-making.

The creation of a coordinating group among public and private players in nursing is suggested for monitoring global market developments; this should serve as benchmarks for standards in local wage setting if the initial mover advantage of the export of Philippine nursing services is to be maintained and explored for further blue ocean strategies. Indeed, it is in the area of services where Filipinos keep their competitive advantage; except for the seafaring industry, nowhere else than in nursing is this global engagement realized. Thus the call for the long-term strategy of making the Philippines a nurse education capital of the world. Welfare and wage issues will then be truly benchmarked with global standards.

## Prayer for Peace and Justice



From PALASÓ, Vol. 1, Issue 6, October 2005, a newsletter of the Center for Social Concern and Action (COSCA)

*Almighty and eternal God,  
May your grace enkindle in all of us Lord  
For the many unfortunate people  
whom poverty and misery reduce  
to a condition of life unworthy of human beings.*

*Arouse in the hearts of those who call you Father  
A hunger and thirst for justice and peace  
and for fraternal charity in deeds and in truth.*

*Grant, O Lord, peace in our days,  
peace to souls, peace to families,  
peace to our country, and peace among nations.*

*Amen.*

*Live Jesus in our hearts, forever.*





# AGT: An Exemplary Nurse Remembered

During the annual observance of nurses' week every last week of October we fittingly remember and pay tribute to the grand dame of nursing, ANASTACIA GIRON-TUPAZ, who led 150 fellow nurses in founding the Filipino Nurses Association on September 2, 1922 "to exalt the standard of the nursing profession and other allied purposes"<sup>1</sup>

In pursuit of this mission, the PNA created a section of the League of Nursing Education that published standard nursing curricula, raised admission requirements to Philippine schools of nursing, and advocated a baccalaureate program in nursing while promoting public health nursing. A central directory of registered nurses was created for private duty employment, alongside efforts to increase salaries of nurses and ensure pension for government nurses. The PNA also extended financial assistance to elderly and sick nurses, and started a scholarship fund for nursing students.<sup>2</sup>

These historical vignettes demonstrate the solid and strong character of the lady who gave birth to the professional association of Filipino nurses. Under her leadership and guidance, the association not only enshrined the worth and value of the Filipino nurse but strove, as well, to promote the well-being of its members. She could well be the first advocate for and of the Filipino nurses for them to carry out their life purpose to provide quality patient care.

Thereupon, in 1929, the PNA was admitted to the International Council of Nurses (ICN), a federation of national nurses' associations (NNAs), representing

nurses in more than 128 countries. Founded in 1899, ICN "works to ensure quality nursing care for all, sound health policies globally, the advancement of nursing knowledge, and the presence worldwide of a respected nursing profession and a competent and satisfied nursing workforce."<sup>3</sup>



Eventually in 1958, then Pres. Carlos P. Garcia signed Proclamation 593 declaring last week of October every year as nurses' week in recognition of the nurse's contribution to and role in our country's development.

The pioneering efforts of Anastacia Giron-Tupaz were remarkable indeed. Yet, given the kind of leader that she was, her accomplishments could only be outstanding. To wit, in 1907 she became the First Filipino Chief of Nurses and Superintendent of the Philippine General Hospital, one of the early premier public health institutions to provide tertiary health care during the post-American colonial era.

The country was emerging from the rubbles of colonial wars and there was much pain and suffering. The challenge posed by the situation could have crushed or daunted a lesser mortal but not Ms. Giron. She practiced "nursing" applying innate wisdom, deep compassion and skills gained from her hospital experience in the course setting standards of practice that guided the next generations of nurses. Made of extraordinary stuff, she gave "nursing" its noble title with "service" as synonym.

Her selflessness, serviceability and courage enabled her to scale greater heights of professionalism; the same ideals and virtues that we keep aflame yearly

<sup>1</sup> Saporta, C. (2004). *Organizing Filipino Registered Nurses: A Social Movement Union Approach*. Occidental College, p.12.

<sup>2</sup> Ibid

<sup>3</sup> International Council of Nurses website. Retrieved from <http://www.icn.ch/abouticn.htm>. December, 2009.





## ELEANOR M. NOLASCO, RN

when we confer the Anastacia Giron-Tupaz Award to outstanding nurse/s who meet the stringent selection criteria. Since the award was conceived in 1975, sixty-one outstanding nurses who are PNA members (a foremost criterion) had earned the highest distinct honor of having exemplified the virtuous life of our founder. This year, however, on our 87<sup>th</sup> founding anniversary and 52<sup>nd</sup> Nurses' Week celebration, no one among the ranks of the hundred thousand PNA members had been found eligible for the AGT award. Notwithstanding, having been nominated for this most prestigious award was, in itself, already a recognition of the individual member-nominee's meritorious contribution to PNA, albeit short of the criteria.

Beyond awards, the essence of nursing as lived by our founder should serve as guidepost in our practice of the profession. An effective and competent nurse is one who is able to gather and harness the resources in whatever community or setting he/she finds her/himself in while transforming disease into ease and illness into wellness.

At all times, and not only during the foundation anniversaries, with or without recognition, award or trophy, let us remember and emulate our model-founder, Anastacia Giron-Tupaz, who lived the vision of a Filipino nurse:

***"Courageous and unwavering in the face of danger and dissent***

***Calm in the midst of chaos and stress***

***Gentle and warm where there is suffering and pain***

***Efficient and effective***

***Innovative***

***Ever searching for ways to elevate and safeguard the profession and be of better service to the people.*"<sup>4</sup>**

<sup>4</sup> Handout on AGT Award retrieved December, 2009



## The Anastacia Giron Tupas Award

was conceived not only to honor the founder of the Philippine Nurses Association but to remind us of the uniqueness and nobility of our profession as exemplified by the recipients of the award.





# Is Nursing Becoming an Adjunct of Medicine?

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The history of nursing as a profession in general, and in the Philippines in particular, depicts, among others, the struggle of its members to be considered and treated as equal professionals in their own right, not as subjugate to another profession. Nurses, in particular, protested against being assistants to or “hand maidens” of doctors, subject to the latter’s beck and call, and to always follow “doctor’s order”. The fight for equality with other professions in the health sector took the form of improvements in nursing education, service and administration, promoting the use of the scientific / problem-solving method (referred to as the nursing process) in lieu of routine nursing procedures in the day-to-day practice of nursing, the development of theories, theoretical framework and conceptual bases of nursing practice, and the development of nursing research.

The nursing profession and nurses in most countries of the world, including the Philippines, have indeed gone a long way since the days of Florence Nightingale. Our basic nursing education is now at the baccalaureate degree level, and graduate education programs up to doctoral level have produced highly qualified and competent practitioners, educators, administrators and researchers. Nurses continue to be in demand, particularly in developed countries, and our nurses constitute a significant part of our manpower export despite scandals of nursing licensure examination leakage in 2006 and a mushrooming of nursing schools, with consequent concern for the quality of graduates.

Despite the progress and positive developments in the nursing profession there is a disturbing trend in the way nursing is practiced in our country, specifically in the hospital setting. Personal experience and direct observations of nursing care in several secondary and tertiary care hospitals in Metro Manila in the recent and not-so-distant past, as well as experiences and observations of close friends and colleagues,

have led to the same conclusion : there is no more nursing care and nursing practice in the hospital setting has been reduced to become an adjunct of medicine, in support of the implementation of the medical plan of therapy. Doctors order, and nurses execute and implement the order. Nurses are seen at the bedside only when they take vital signs, administer oral and parenteral drugs, including intravenous medications, as well as perform other treatments ordered by the doctor. These functions of nurses occupy the bulk of their working time, to the neglect of their supposed and alleged independent functions as distinct professionals in the health field. The domain of nursing as a profession appears hazy and blurred, and often not demonstrated at all. Nurses’ activities revolve around the domain of medicine which is diagnosis and treatment of diseases pathology. Nursing’s domain is supposed to be care and comfort of the patient, and activities of daily living contributing to health, or its recovery, or a peaceful, dignified death when death is imminent. Areas of concern within this domain --- such as personal hygiene (skin, hair and nail care, oral care, perineal care), nutrition, sleep and rest, exercise, elimination, hydration, prevention of complications like bed sore, hypostatic pneumonia, muscle contracture, foot drop, etc., prevention or reduction of anxiety and stress while in the hospital, health teachings to enhance the patient’s and his/her family’s ability for self-care, and preparation for discharge so that he/she and his/her family can continue proper care at home, as well as prevent the same health problem from happening again, or worsening – are seldom or not given any attention at all. There is hazy application of the nursing process, and in most instances, there is seldom assessment of nursing needs. Some nurses do not even know what the patient is in the hospital for. Nurses have also become indistinguishable from other members of the health team, especially from







the eyes of the public, as the cap that used to project a sense of identity for nurses is gone. Some ward their white uniform, or white blazer over colored/printed uniform, often with a stethoscope around their neck, pretty much like doctors.

This is not saying that nursing functions related to the implementation of the medical plan of therapy are not important. They are very important, and for sick patients confined in the hospital, as well as for their families, they rank highest in their priorities and in their criteria of “good care”, over and above care and comfort measures. If the situation and realities in the hospital care setting so demand, that nurses be primarily charged with the implementation of medical order, and spend most or all of their working time with medications, IVs, opening, adjusting or closing heplocks, monitoring respirators and cardiac monitors and performing other medical /treatment procedures, so be it. Let this be stated as their primary role and function in hospital administrative and policy manuals and documents, and give nurses credit and recognition for what they are actually doing. And maybe, there is a need for a different nursing position or nurse who, with the assistance of auxiliaries and nurses’ aides, will assume responsibility for care and comfort functions that used to be the domain of nursing.

In these days of high-tech medicine, there is a need to redefine the nurse’s roles and functions in relation to those of the other members of the health team, to make them attuned to the situation and realities of the

actual care settings Nursing leaders from all sectors — education, service, administration and research – and in professional nursing organizations, need to review the theories, philosophies, theoretical and conceptual frameworks that serve as bases for nursing practice, and agree on what roles and functions nurses should assume in the new millennium, in consideration of the current situation and context of practice. This should be done in both the hospital and community care settings, and in consultation with representatives from the medical sector and other professions in the health field, as well as from hospital and public health authorities, and the public. There is a need to clearly define the roles, functions and contributions of each professional group in the health team to the health development effort.

Nursing schools and colleges need to review their respective curriculum and ensure that their graduates are prepared to competently assume their roles and functions in the actual care settings. It is stressful, frustrating and demoralizing to practice a profession differently from what one was taught, and to cling to an ideal of practice that remains a dream and an illusion in the real job setting. The so-called leaders of the profession in our country should confront this major issue NOW, not go on with business as usual, avoid rocking the boat and pretend that everything is alright when they are not. All the past struggles and progress made to uplift the profession to an equal footing with other members of the health team are rendered moot, when nurses function as assistants of doctor.

## “If” for Nurses

*If you can bring a special understanding  
To all of those entrusted to your care*

*And meet their needs, no matter how demanding  
With patience and energy to spare;*

*If you can lend each task your full devotion,  
And always try to listen and to cheer,*

*If you can learn to understand emotion,  
And comfort others just by being near;*

*If you look forward with anticipation  
to meeting special challenges each day,*

*If you keep your faith and dedication  
Whenever disappointment comes your way;*

*If you take pride in giving your profession  
The finest skills and talents you possess,*

*Then all your dreams and goals will find expression  
And, as a nurse, you’ll be a great success*

Source: <http://www.mollieb.us/if.html#if>

- Author Unknown





## 2<sup>nd</sup> National Nursing Research Conference and the Liceo de Cagayan University College of Nursing

**DONNA LOU E. NERI, RN, MAN**

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Chief for Health Research, Liceo de Cagayan University

On November 12-13, 2009, the College of Nursing of Liceo de Cagayan University played host to the 2<sup>nd</sup> National Nursing Research Conference with the Philippine Nursing Research Society, Inc. (PNRS) as convenor. Held at the Marco Hotel, Cugman, Cagayan de Oro City, the conference was in cooperation with the Philippine Association of Institutions for Research, Inc. (PAIR) and the Philippine Nurses Association- Misamis Oriental Chapter.

The 2-day conference with the theme "Developing Best Practices for the Nursing Profession through Research", according to Dr. Erlinda C. Palaganas (PNRS Board President), is a forum for dissemination of nursing research findings through oral and poster presentations. Specifically, the event has 4 objectives, namely 1) to share research findings in order to facilitate its translation to nursing practice, 2) to document best practices among nurses, 3) to formalize networks and linkages among nurse-researchers and nursing institutions, and 4) to set up regional chapters of PNRS.

The opening salvo consisted of musical presentations by the Liceo G-clef Society, welcome remarks by Liceo University President Dr. Mariano M. Lerin, greetings from CHED Region X OIC Dr. Zenaida G. Gersana (represented by Mr. Demetrio), response from the PNRS Board President Dr. Erlinda C. Palaganas, and keynote address by an international nurse leader and researcher Dr. Maria Cindy Leigh (Australia Catholic University).

Two succinct plenary presentations were prepared by the local organizing committee (headed by LDCU College of Nursing Dean Ma. Chona V. Palomares, PNA Region X Governor Neil M. Martin, and Organizing Chair Donna Lou E. Neri), with 11 speakers who are Filipino icons of Nursing Research. Plenary speakers during the first day were ADPCN President and UERMMM College of Nursing Dean, Dr. Carmelita C. Divinagracia. Sr. Carolina S. Agravante, President of St. Paul University-Iloilo, presented her theory called the CASAGRA Transformative Leadership Model. Dean Deogracia M. Valderrama of Mapua Institute of



Honorable Guests: **Seated:** Mr. Demetrio, Dr. Mariano M. Lerin, and Dr. Maria Cindy Leigh **Standing:** Mr. Jerome Babate, Dr. Heidi Palad, Dean Escobar, Sr. Carol Agravante, Dr. Carmelita Divinagracia, Ma. Irma Bustamante, Dean Grace Valderrama, Dean Ruth Thelma Tingda, Dean Chona Palomares and Dr. Erlinda Castro-Palaganas.





*Dr. Maria Teresita Sy-Sinda, Dr. Bernarda C. Llano, Dr. Genaro V. Japos and Dr. Erlinda Castro-Palaganas.*

Technology shared on her hand hygiene study which is an example of a Continuous Quality Improvement (CQI) study. Board of Nursing Chair, Dr. Carmencita M. Abaquin also delivered her speech on building nursing research capacity in absentia (through Dr. Palaganas).

Three very relevant and interesting workshops were later conducted in the afternoon of day 1. Workshop 1 was on Qualitative Data: Establishing Trustworthiness and Analysis by qualitative research experts Dr. Erlinda E. Palaganas (UP Baguio) and Dr. Cora A. Anonuevo (UP Manila). Workshop 2 was related to research ethics entitled Protecting Human Research Subjects by Dr. Maria Cindy Leigh (Sigma Theta Tau) and Prof. Faustino Jerome Babate (Beta Nu Delta Society). Workshop 3 was about conducting phenomenological studies facilitated by Dr. Maria Irma Bustamante (St. Paul University- Manila). The first day ended with a blast through a cultural presentation in Rodelsa Hall by the multi-awarded

LDCU Folkloric Dancers trained by Prof. Veberlino Yamut and the LDCU High School Rondalla.

Day 2 started with the second plenary session on "Documenting Best Practices in the Nursing Profession" with the following speakers: Dr. Maria Teresita Sy-Sinda (Dean, Silliman University College of Nursing and ADPCN Board Member), Dr. Bernarda C. Llano (OIC-Chief, CHED Region X), and Dr. Genaro V. Japos (LDCU Research and Publication Director and PAIR, Inc. President).

Fifty-five (55) researches coming from more than 20 nursing schools in the country were presented during the 8 concurrent sessions with the following subthemes: 1) towards the development of quality nursing education, 2) complex nursing within acute care settings, 3) women's health and care of children, 4) nursing care in the community setting, 5) innovations in clinical nursing care, 6) caring for communities with diverse needs, 7) current issues in nursing, and 8) new discoveries in pharmacology. The last day ended with a keynote by Makati Medical Center Director of Nursing Service, Prof. Eden E. Cacanindin.

Truly, the national event was very successful with 245 participants (registered nurses; student nurses; and hospital, public health, and academic personnel and administrators) from more than 40 institutions in the country.

Kudos to the 26 members of the working committee for a job well done!



*The Working committee led by conference Host Co-Chair Donna Lou E. Neri (3rd from left), Dean Chona Palomares and PNA Governor Neil Martin.*





## Field Notes of a Research Affiliate

CELSO PAGATPATAN, JR., RN, MSN<sup>1</sup>

More nurses are now engaging in qualitative research as recognition of the importance of people's perspective on their experiences and issues affecting them. It is an indication that in a predominantly positivist perspective, qualitative research in the Philippines has slowly found its niche in the nursing practice. For community health nurses, qualitative research facilitates the attainment of the health goal - healthy and self-reliant community towards "health for all".

As a research affiliate of Philippine Health Social Science Association (PHSSA), I participated last summer 2009 (April-May) in the evaluation study of the Community-Based Health Programs (CBHPs) in several municipalities of the Cordillera provinces. It was such an enriching learning experience as an academician. Indeed, as researchers would say, "research is best learned by doing it...you have to go through the research process". This realization dawned in me in this short encounter with fieldwork.

As a community development worker having worked with CBHPs in Isabela for many years, I had been exposed to many field works. However, this experience has taught me more. It has taught me that *field research* is an imperative approach to be able to look concretely at situations and validate



existing knowledge and concepts using triangulation of methods. From the development of research tools (questionnaires, FGD/KII/observation guides for children, youth, program leaders and program beneficiaries and listing of secondary data to gather) to the collection, consolidation, analysis and validation of data, it was a professional experience that provided a lifelong learning. Such learning was not meant only for me, but will cascade to the students I teach and the people I work with in the communities.

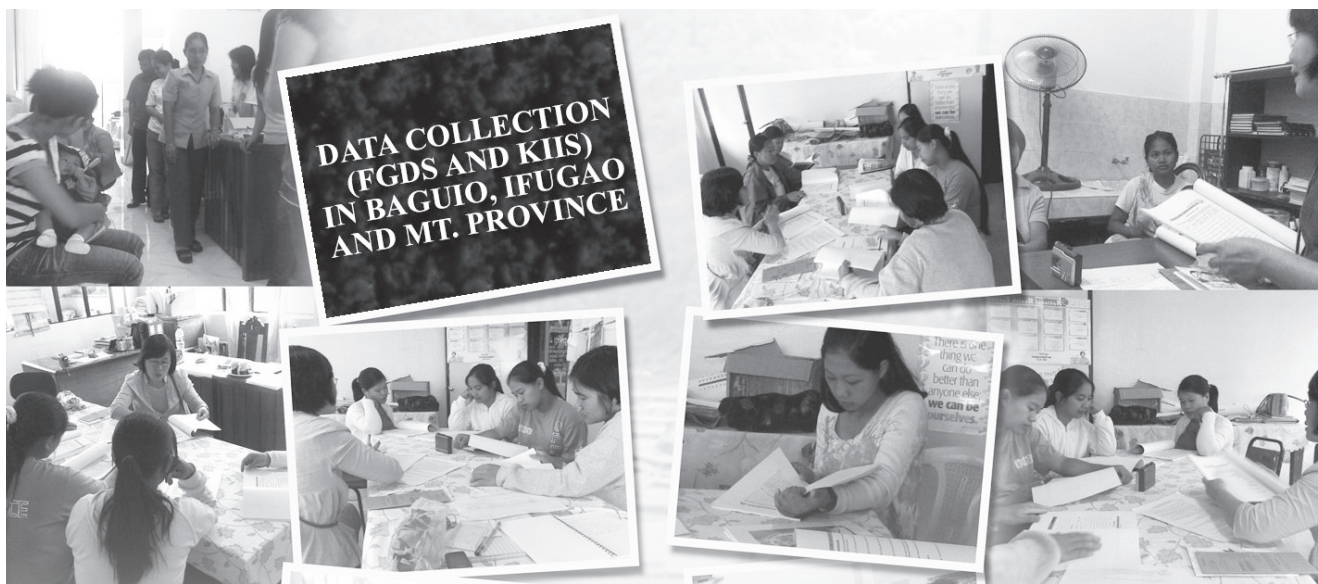
The rigor of developing the tools with the research team made me realize that it was not as easy as I seem to remember it from my previous field works. I was up for another challenge. Each member of the research team was given a tool to develop which then was presented to the research team for critiquing. I became a student once again as I saw myself revising the tool after presentation and pre-testing, and preparing the final tool.

The data gathering phase saw me going to various indigenous communities of the Cordilleras which I have never been before. I never have dreamt going to such distant and breathtakingly beautiful communities. I saw myself with the research team in Sadanga and Tadian in Mountain Province; Kiangnan and Banawe in Ifugao; and in urban poor communities of Baguio City. (I wish I could write more about these areas which resonate ingenuity and commitment to the land they consider life but I guess it will have to be another story).

I came face to face with the concept of triangulation of data collection method, data source and lens of data analysis. We used different data gathering methods such as *focused group discussion (FGD)*, *key informant interview (KII)*, *survey* and *participant observation* to be able to concretize the situation of community members and leaders on child and maternal health, indigenous health practices, water and sanitation, and adolescent reproductive health. These provided us a broader range of perspective

<sup>1</sup> Celso Pagatpatan, Jr., RN, is the Community Extension and Research Coordinator, Our Lady of the Pillar College Cauayan. He joined the group of nurse researchers and health related professionals of the Philippine Health Social Sciences Association of the Cordillera Administrative Region during the summer as a research affiliate.





and understanding of how CBHPs were designed and implemented in different municipalities in its unique way, different from other CBHPs of the country. Key informant interview (KII), on the other hand, deepened my understanding of the program by actively probing about the connections and relationships of their experiences. Data were gathered not only during formal talks but also during our walk through the rice terraces paddies as we traveled to other upland *barangays*. I came to see how these methodologies were complementary to each other as they provided *breadth and depth* of data gathered. The composition of the research team coming from different disciplines provided a more holistic lens of analysis, making the study of the various data even richer.

I came to appreciate effective facilitation as yet another imperative skill in qualitative research. Talking points are sometimes very fluid. In one of our FGD sessions, we had to adjust the level and content when we saw hesitancy on the part of the participants. From a more guided interview, we shifted to narrative discussion and stories about their activities. It reminded me of an article on “time line drawing” which provides participants with a way to engage their stories with depth and create new meanings and understandings. Similarly, while doing fieldwork, we needed to be creative to draw out information.

In any research undertaking, documentation is an important responsibility. Taking down notes was

not enough as we had to be aided with mechanical devices such as tape recorders and cameras. The toughest part was the cleaning of accomplished questionnaires, transcription of the recorded discussions and interviews, and encoding of field notes almost every night.

I learned that feedback sessions among sources of information were not only a form of reciprocity but of data validation as well. Presenting initial findings in bullet forms while the final output was being processed enabled the different groups of participants to concretize and validate information initially gathered by the research team. This facilitated learning of both the researchers and the partners.

The final output was presented after two months to the staff and leaders of the Community-Based Health Programs. The findings and recommendations provided the program implementers with basis to undertake expansion, replication and enhancement over another cycle of three years.

By drawing lessons from experiences, qualitative research indeed can contribute to the realization of a program's goal, in the case of the CBHPs, towards “Health for All” And yes, especially in a field of nursing such as research where concepts are best understood when conducted, it is through “hands on” experience that learning becomes even more meaningful and lasting.





## PNA ON THE GO...

# “Leading change: Building healthier nations”

The 87<sup>th</sup> Founding Anniversary, 52<sup>nd</sup> Nurses’ Week Celebration  
and 2009 Annual National Convention

ROSANA GRACE B. BELO, RN, Ed. D.  
Program Chair, 2009 PNA Convention

Nursing needs leaders in every aspect of professional practice. Therefore, nurses as leaders must be prepared to be competent, flexible, politically savvy, and able to energize others to adapt to change. It is along this line that the 87<sup>th</sup> Founding Anniversary, 52<sup>nd</sup> Nurses’ Week Celebration and 2009 Annual National Convention was organized.

Adopting the theme of the International Council of Nurses (ICN) Quadrennial Congress held in July 2009 in Durban, South Africa— **“Leading change: Building healthier nations,”** – the convention focused on the shared obligation of Filipino nurses to be in the forefront of building healthier people. The main objectives of the convention were the following: 1) To underscore the role of nurses as change agents for better health; 2) To highlight current trends and challenges in nursing and health care, and the potential to overcome them; 3) To provide a platform for sharing best practices, promoting dialogue, and encouraging advocacy, capacity building, and communication; and 4) To foster closer relationships and networking among the PNA chapters.

In collaboration with the local government unit, a pre-convention Coastal Clean-up activity was conducted



*Dr. Bello facilitating a forum in one of the scientific session*

on October 19, 2009 from 4:00 PM – 6:30 PM at the front beach area. As a manifestation of PNA’s collective concern for the environment, the activity drew in some 400 participants from all over the Philippines.

### The Convention Begins...

The beating of the drums and street dancing of an Ati-Atihan Tribes from Kalibo, Aklan heralded the start of the 2009 PNA Convention on October 20. About 1,800 delegates and guests converged at the Boracay EcoVillage Convention Center for the Opening Ceremony. The processional was participated in by PNA Chapter Presidents, PNA Department and Committee Chairs, Past PNA Presidents and Chairmen; and the present national officers headed by PNA President Teresita I. Barcelo and Chair Ruth Thelma Tingda. Also present were the Vice Mayor of Malay Aklan and the Provincial Administrator who represented the Provincial Governor.

Hon. Ruth R. Padilla, Senior Commissioner, Professional Regulation Commission, in her keynote speech encouraged nurses to recall the original mission of their profession and to render their nursing services to the marginalized communities with the same commitment, competence and compassion as they would to any clientele in the most advanced countries.

The opening ceremony aptly closed with the recognition of accredited chapters for the year.

### The Scientific Sessions

To attain the objectives, the scientific sessions were grouped into sub-themes to encompass the responsibilities of the nurse as a person and a professional, and towards the community and the environment: The Nurse and Change, The Nurse and Megatrends in Nursing, and The Nurse and the Environment.





### ***Sub-Theme: The Nurse and Change***

The first Panel Discussion was held in the afternoon of the first day (October 20). The panel focused on the role of the nurse in leading change for the advancement and development of progressive, dynamic and globally competitive nurses. Leaders in nursing education, nursing service, public health, and research aptly integrated the convention's perspective. Speakers included: Dr. Carmelita Divinagracia, President of the Association of Deans of Philippine Colleges of Nursing (ADPCN); Ms. Ma. Rita Villanueva- Tamse, Deputy Director for Nursing, Philippine General Hospital; Dr. Robert E. Ponje, Nursing Coordinator for Hospital Operations Management Services, Iloilo Provincial Health Office; and Dr. Erlinda C. Palaganas, President, Philippine Nursing Research Society.

### ***Sub-Theme: The Nurse and Megatrends in Nursing***

On October 21, the plenary session focused on the emerging challenges and advancements confronting the nursing profession. Topics included Tech "NO" Nurse to Tech "K" Nurse: The Impact of Technology, Innovation and Informatics by Prof. Michael Joseph S. Diño, Level IV Coordinator, Our Lady of Fatima University, Valenzuela City; Advocacy, Lobbying and Legislation by Dr. Gene A. Nisperos, Board Member, Community Medicine Development Foundation, Inc.; Nursing Advocacy: A Case Study by Ms. Eleanor M. Nolasco, Project Staff of Health Action Information Network (HAIN); and International Volunteerism by Mr. Glenn Bede A. Benablo, Volunteer and Programme Adviser, Voluntary Service Overseas (VSO) Bahaginan, Philippines.

### ***Sub-Theme: The Nurse and the Environment***

The last plenary session held in the afternoon of October 21, focused on the effects of global warming and environmental stewardship. Ms. Merci Ferrer, Director, Health Care Without Harm in Southeast Asia talked on Chemicals Safety: Nurses and Environmental Health Concerns. Mr. Clemente Bautista, National Coordinator of Kalikasan People's Environment Network discussed about Environmental Stewardship: Pathways to Action.

The Declaration of Commitment for a Safer, Greener Environment was led by Dr. Rosana Grace B. Belo, Convention Program Chair. This was followed by the signing of the "Green Wall" by the general membership.

### **Other highlights**

- A **fellowship night** on the first day, October 20, featured the famous Barter of Panay and the Ati-atihan Festival of Kalibo. Snake dancing followed after the presentation.
- The **Assembly of National Representatives (ANR)**, participated in by PNA chapter presidents, tackled issues and formulated resolutions to address the needs and concerns of the organization
- The **Election of Officers** for the Board of Governors and COMELEC was also held to fill up vacant positions.
- The **Hawaiian Night Special** for PNA National Officers and Chapter Presidents and Guests on October 21 at the Boracay Eco Village Poolside truly made the 2009 PNA Convention an "October to Remember."
- The **Dialogue** with the Chairman of the Board of Nursing, Dr. Carmelita Abaquin and Chairman of the CHED Technical Committee for Nursing, Dr. Marilyn Yap enlightened the audience about the duties and responsibilities, activities and accomplishments of the BON and Technical Committee.
- The **Business Meeting** was presided by the PNA President, Dr. Teresita Barcelo. The President's Report was accepted by the General Assembly with commendation.

A video presentation captured the highlights of the 3-day convention. Certificates of appreciation were given to the different committee chairs, men and women nurses who worked as front-liners and behind the scenes, making the convention possible, despite and in spite certain limitations. Gov. Eunice Bedonia of Region VI, the host region, gave the Acknowledgments and Closing Remarks, with the invitation to the 2010 Nurses' Convention to be held in Manila.

Indeed, a convention to remember, not only pleasant and not so pleasant memories, but insights and lessons gained.





## From the Desk of Governor Neil M. Martin, Region X

**M**y first year as PNA Governor of Region X was most fulfilling. Having been honed among leaders in the nursing profession, I realized it was not as easy and rosy as it seemed to be from a member's perspective. However, it feels extremely rewarding to have been given the opportunity to be a servant leader to my colleagues in the region and country. It was a year of growing and learning with my colleagues in the region. It is with pride that I share part of the annual report (July-December 2009) of Corazon Y. Jamero, RN, MAN, President of the PNA Bukidnon Chapter, this year's host to the Annual Regional Convention.

### PNA in Bukidnon

The Philippine Nurses Association – Bukidnon Chapter with the consolidated effort of the officers and members worked towards its contribution in the attainment of its vision and as leaders in building a healthier people and nation. It affirmed its commitment, to promote and protect the welfare of its members, and to sustain its collaboration with other local government and health related organization towards better delivery of health services. The chapter was guided by these goals in the last 12 months.<sup>1</sup>



The Chapter has always been actively involved in the activities and programs of the Department of Health. In response to emergent health

problems such as rise in AH<sub>1</sub>N<sub>1</sub> viral infection cases, the PNA gave its own share. The chapter launched various health activities for the month of July – August 2009, such as monitoring and surveillance of cases. Information dissemination fora were conducted such as during watchers class in the hospital, speaking in local radio programs, and integrating it in the monthly meeting as an update for nurses.



To contribute to the improvement of health services, the Chapter also participated in other DOH programs.

These include health education on increasing dengue awareness; participating in the medical and dental mission with NGOs (held on July 3, 2009 at Barangay San Martin, Malaybalay City) and attending an update on Urethral Catheterization and Continues Bladder Training conducted by Dr. Adonis Latayan.

September is known to be celebrated as the “Civil Service Month”. Members of the chapter participated in various activities: Medical-Dental Mission (September 5-6) with the Bukidnon Provincial Medical Center staff, City Health Office nurses and the Philippine Charity Sweepstakes Office; “Hataw” every Friday as part of Physical fitness and celebrating the obesity prevention and awareness week (September 7-11); BP and weight taking; breast and prostate examination with the medical team for early detection of cases.

Together with the other chapter presidents in the region, we participated in the first regional council meeting held on September 2, 2009 at Vienna Cafe,

<sup>1</sup> The President's report covered a 12 month period but this report shall cover July-December 2009, the PJN issue's time coverage.







Cagayan de Oro City. Gov. Neil Martin together with Board of Nursing Member, Hon. Amelia Rosales, among other things planned and discussed the Oath Taking Ceremonies.

In response to environmental disaster, nursing presented itself not only as a profession but a tradition of vocation as we saw our fellow nurses render their commitment and compassion in serving people in need. While we were witness to the wrath of typhoon "Ondoy" to our fellow nurses and countrymen in Luzon, we offered prayers during our monthly Eucharistic Mass Celebration at the Bukidnon Provincial Medical Center, Malaybalay City.

Locally, we joined efforts with the Hospital staff in sponsoring a professional update on Patients Safety with Dr. Cristopher Casuga. In October 19-23, fourteen members and officers of the PNA Bukidnon Chapter participated in the PNA National Annual Convention held in Boracay Island, Aklan. As chapter delegates, we networked with other chapters, gained new friends and learned with fellow nurses. It was a very enriching experience. There, we held our meeting with Gov. Neil M. Martin, to reinforce the plan for the forthcoming Regional Convention.

November saw the celebration of the Nurses Week and the Annual Regional Convention at the Kaamulan Folk Arts Theatre in the City of Malaybalay. It was such a memorable event not only because it was well participated by various chapters, different hospitals and colleges of nursing in region 10, but because the Chapter accepted the challenge to host the affair. Indeed, November 18 and 19 were nerve wrecking days but witnessing the participation of professional and student nurses from all over the region gave us so much relief and satisfaction. Indeed, the different

activities prepared for this special occasion were well attended and appreciated. The motorcade around the city of Malaybalay opened the Convention. A Eucharistic celebration followed as joyful participants gave praises and thanksgiving to Him that made it all possible. A fellowship night showcased the different talents of professional nurses and nursing students. It is amazing how nurses never really run out of talents! The second day was the Convention proper. All the way from the North (Baguio City), Dr. Erlinda C. Palaganas wholeheartedly accepted the invitation to grace the convention as keynote speaker. A research advocate that she is, her passion for research and commitment to the improvement of nursing practice as a nationalistic nurse, was indeed contagious. Dr. Marcelo T. Lopez, renown national and regional nurse leader, President of Cebu Normal University, shared his perspectives on Nurses Leading Change in Administration. Local government officials also



came to greet and wish the participants. Participants stayed on not only for the overflowing raffle prizes but for the good opportunities to network and foster closer relationships with the PNA chapters in the region. With the successful convention, officers and members showed that by doing the best in whatever task they do, the chapter can accomplish great things.

## Postscript

In my first term as governor, I have yet another two years to go. I know I have a long way to travel. But I look forward to the journey with the Regional Council, the members of the organization, my colleagues in the Board of Governors and with the various nurse leaders and mentors that cross my path. There are many lessons yet to learn, and with an open mind, commitment and willingness to serve, I am sure this journey will be worth it. I owe it after all to my constituents in the region.





# President's Report

July to December 2009

## PNA's Visible Actions

The second half of the year 2009 was witness to the visible actions of the Philippine Nurses Association (PNA) in addressing key health issues affecting the nursing profession and the health of the Filipino people. It led the Filipino nurses in the sustained campaign to implement Salary Grade 15 as entry salary of nurses in the public sector (Republic Act 9173); in the advocacy for ethical recruitment policies related to migration of Filipino nurses; and in the evaluation of the Project Nurses Assigned in Rural Service (N.A.R.S.).

As an organization, the PNA continued to expand and consolidate its ranks in spite of local and international challenges to the nursing practice. The legitimacy, integrity and productivity of the nursing profession were constantly upheld through internal activities, and PNA's participation and partnership with national and international health and nursing organizations and formations.

The PNA was also visibly at the heart of crisis situations selflessly carrying out its social responsibility in managing the effects of calamities and public health risks such was in the case of the AH1N1 outbreak and the two consecutive tropical storms "Ondoy" and "Pepeng".

## Quick Response to Emergencies

PNA responded immediately to the AH1N1 pandemonium by taking part in the health education of the public on AH1N1 viral infection. Last September of 2009, the PNA members and officers of various chapters mobilized resources to support the families devastated by super typhoons "Ondoy" and "Pepeng". As of December 31, 2009, a total of P 547,831.29 and US\$ 730 cash donations were received from individual nurse leaders, PNA Chapters, PNA of America (PNAA), Japan Nurses Association, PNA Jeddah and friends of PNA. This amount was used by PNA to buy relief goods, rice,

water and other basic materials for personal hygiene which were distributed to a total of 450 families in Paranaque and NCR Zone 2 in collaboration with the Philippine Medical Association (PMA), Samahang Operation Sagip (SOS) and PNA Chapters. PNA also provided P30,000 cash donations for typhoon victims in Benguet through the PNA Baguio City Chapter; and P20,000 in Pangasinan through the PNA Pangasinan Chapter. The total expenditures for the relief missions amounted to P226,101.88.

## Organizational Expansion and Strengthening

As of December 30, 2009, the Philippine Nurses Association has reached a total of 121,850 members whereby 19,760 of them are Life Members (16%) and 102,090 are Regular Members (84%). These numbers continue to increase as the Local Chapters of PNA eye for expansion and consolidation of members this year. Forty four (44) out of the 91 Local Chapters are accredited and actively functioning in the different parts of the country while the remaining 47 Local Chapters are working on their accreditation.

Policy revisions were done for improved representation, decision-making and functions in the key policy-making and implementing bodies of the PNA. Amendments to the PNA Constitution and By-Laws which were approved in the 2008 Assembly of Nursing Representatives (ANR) have been submitted to the Securities and Exchange Commission (SEC) and approved last July 15, 2009. Some of the salient





features of the amended By-Laws of the association are the following: (1) Rebirth of the House of Delegates (HOD) which replaces the Assembly of Nursing Representatives (ANR); (2) Representation of 3 Special Regions – CAR, ARMM and CARAGA or Region 13 – which increases the Board of Governors from 17 to 20; and (3) Provision of Regional Council Funds for regional level activities of the Regional Council and the PNA Governor.

Key events were celebrated and served as team-building activities of PNA Officers and Members from the Local Chapters. The most significant were the 87<sup>th</sup> Founding Anniversary, 52<sup>nd</sup> Nurses Week Celebration and the Annual National Convention held last October 20-22, 2009 in Boracay EcoVillage and Convention Center with the theme “Leading Change: Building Healthier Nation”.

Other activities and services were likewise facilitated by PNA to establish and support its new chapters, and further consolidate the previous ones. The finalized Organizing Guidelines for PNA Chapters Abroad came in handy for the creation of the PNA Jeddah Chapter last July 2009. The facilitation of PRC identification card renewal was indeed very useful to the members of the Filipino Nurses Association in Saudi Arabia (FILNASA) whose salaries are not released to them unless their expired PRC identification cards are renewed. A similar service for renewal of PRC identification cards will be extended even to the Filipino nurses in Jeddah.

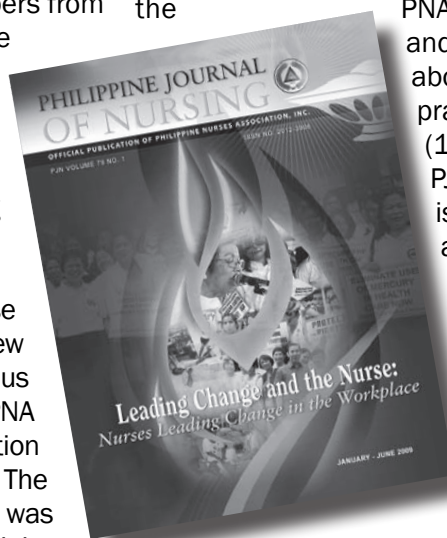
Research and publications were undertaken to establish and disseminate validated issues affecting Filipino nurses, such as salaries and wages. The “PNA Nurses Survey 2009”, which was a “profiling” of

PNA members, was initiated by the PNA Department of Nursing Research to establish the basic profile of Filipino nurses and thereby identify their common issues and concerns. The “Pilot Study on the Philippine Nursing Compensation Survey” done by Dr. Federico Macaranas and his team revealed the statistically significant difference between the factors determining the wages given by public and private employers. The completion of the study was made possible through the collaboration of the PNA Pampanga Chapter, the University of the Assumption, DOLE Region III and the Office of the Provincial Governor in Pampanga.

A new Data Entry System was developed by Philsoft Technologies Group, Inc. to systematically manage and maintain PNA membership records. This will simplify the task of Local Chapters, as well as the National Office, in synchronizing records of members.

The regular distribution of the PJN to Life and Regular Members, including new registered nurses, sustained

PNA's continuing education and disseminated updates about the medical and nursing practice. Ten thousand (10,000) copies more of the PJN July-December 2008 issue were reproduced and 50,000 copies of PJN January – June 2009 issue were printed.



Nursing skills and competencies were further enhanced by way of the 20 Continuing Professional Education (CPE) seminars; Advanced Cardiac Life Support (ACLS); Basic Hospital Infection Control and Nursing Skills Fair Workshops which were attended by a total of 1,121 nurses, 48% of which were PNA members.

### Linking with Nursing Partners Worldwide

As an active member and partner of national nursing organizations and formations, the PNA remained a vanguard for the respectable, competent, and ethical





practice of the nursing profession. It has been in constant collaboration with nursing professionals, educators and practitioners for the enhancement of the nursing education and the different fields of nursing practice.

The PNA had a joint undertaking with the PRC - Board of Nursing (BON) as the logistics arm for the oath taking of the June 2009 passers of the Philippine Nurse Licensure Examinations (PNLE). The oath taking was held last August 18 - 19, 2009 at the SMX Convention Center - Mall of Asia. Regional and provincial oath taking ceremonies thereby followed and were jointly organized by PRC, ADPCN and the PNA Regional Councils and PNA Local Chapters. PNA Guidelines for Provincial Oath taking ceremonies have been drafted by the PNA Executive Committee for implementation beginning year 2010.

The PNA is an active co-member together with ADPCN in the PRC -BON Continuing Professional Education Council (CPEC) working for the accreditation of CPE Providers and CPE Programs for the nursing profession. It also acted as the voice of its nurse-members in the following: (1) Coordinating Body for Good Governance in the Nursing Profession (CBGGNP); (2) Council of Professional Health Associations (COPHA); (3) Framework Convention on Tobacco Control Alliance, Philippines (FCAP); (4) Philippine Council of Accreditation of Health Organization (PCAHO); (5) Philippine Federation of Professional Association (PFPA); and (6) Philippine Thyroid Council (PTC). Likewise, it participated in the CHED-TCNE meetings in relation to the implementation of the revised BSN curriculum, CHED Memorandum Order # 14, series of 2009. Future engagement with the institute for Solidarity in Asia (ISA) for the implementation of the 2030 Nursing Roadmap has been deliberated with the Board of Nursing and ANSAP.



The PNA maintains connections with local as well as international nursing partners grounded on the uncompromising advocacy to uphold the rights of the Filipino nurses for a fair, efficient and dignified practice of their profession in their own country or abroad.

In its consistent efforts to protect the professional image of Filipino nurses, the PNA was successful in dismantling the Osiris KTV Club's billboard showing a nude nurse with a nurse cap & stethoscope; and generating public censure against the Pinoy Big Brother episode last October 10, 2009 projecting a bad image of a nurse. It also sent a letter of support for the approval of House Bill No. 5985 filed by Hon. Edgar S. San Luis prohibiting public and private hospitals from requiring the payment of money by graduate nurses who want to gain hospital-based work experience, and penalizing any violation thereof.

The PNA supported the government's project "Nurses Assigned in Rural Service" (N.A.R.S) Program as member of the National Project Management Team and Regional Project Management Teams (RPMTs). Together with the DOLE, DOH, PRC-BON and the Association of the Deans of the Philippine Colleges of Nursing (ADPCN), National League of Philippine Government Nurses (NLPGN), PNA assisted in developing the program design for the six-month deployment and training of nurses in 1,000 poor municipalities. As members of the RPMTs, the PNA Regional Governors and Chapter Presidents provided orientation and guidance to the deployed nurses. The PNA is also tasked to evaluate the effectiveness and impact of the program.

PNA evaluated the first batch of Project NARS as mandated by the DOLE, DOH and PRC-BON. Formed to undertake the evaluation from September 15 to November 15, 2009 was the Special Task Force chaired by Ms. Maristela P. Abenojar, with Mr. Juanito





H. Formoso Jr. and Ms. Rita C. Ramos as members. The Evaluation Task Force conducted the evaluation in sample provinces of Region III (Pampanga), Region IV (Palawan), Region VI (Iloilo), Region VII (Cebu) and Region VIII (Tacloban).

To keep track of fair and safe working conditions for Filipino nurses and health workers, PNA actively participated in multisectoral conferences and consultations related to migration of Filipino workers and bilateral agreements of the Philippine government with other countries. Among such activities with partner organizations were: (1) Regular meetings with DOLE, DOH, PRC and ADPCN on ethical recruitment policies such as the hiring of nurses for Saskatchewan, Canada; (2) DOH-led consultation meetings regarding the Philippine-Egypt Memorandum of Undertaking (MOU) for assisting the Government of Egypt in their nursing education; (3) Consultation with the Office of Senator Loren Legarda regarding the request of Prime Minister of Bhutan to hire 800 Filipino nurses who are willing to work as international volunteers in their country; (4) Assisted the Philippine Overseas Employment Administration (POEA) in reviewing the Belgium



government's nursing curriculum. With the assistance of ADPCN, PNA compared the present nursing curriculum in the Philippines with that of the Belgium government. The Philippine BSN curriculum has a total of 4,560.0 hours while the nursing curriculum in Belgium requires only 2,755.75 hours.

### **PNA in the Global Network for Health and Nursing Development**

The PNA was involved as well in activities initiated by international health and nursing partner organizations acting as conduits for critical issues and concerns affecting the nursing profession here and abroad.

It participated in the ICN Quadrennial Congress held in Durban, South Africa last June 27 - July 3, 2009. Sharing with other ICN member nursing organizations has strengthened PNA's advocacy to promote the contributions of Filipino nurses in building healthier nations. The progressive increase of ICN membership fee in the next four years was approved after deliberation by member organizations during the Congress while the proposal to admit more than one national organization per country to ICN was disapproved.

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 consisted of a specially designed medal and a grant to support the professional development of the

award recipient towards further improvements in TB prevention, care and treatment. In 2009, the ICN and Eli Lilly awarded Ms. Lorna L. Garde, a PNA Life Member and a Nurse III at the Negros Occidental Provincial Health Office



for the last 20 years. ICN transferred US\$1,600 for Lorna Garde and US\$ 212 for PNA for its support to the ICN/Lily Awardee.

PNA was also represented in the WHO - United Nations Population Fund (UNFPA) consultations assessing the level of access to critical and life-saving drugs for maternal health in the Philippines. The highlights of identified needs were: (1) review of the accessibility and availability of the life-savings drugs like oxytocin injection, ergometrine injection and magnesium sulphate injection for the poor in order to achieve significant reduction in maternal deaths; (2) integration of standard treatment guidelines and





clinical practice guidelines into the formal education of health students and continuing professional education of health professionals; (3) integration of the core set of life saving drugs into other existing MCH programs of DOH as “public health goods” to be ensured by DOH and LGUs; and (4) operationalization of efficient monitoring and evaluation mechanisms of BEMOC and CEMOC to achieve MDG 4 and 5 (reduction of IMR and CMR and improvement in maternal health).

A joint undertaking of the PNA and Wolters Kluwer Health or LWW headed by Mr. Terry MacManus was the conduct of a national survey on the needs of Filipino nurses for nursing journals like American Journal of Nursing (AJN). Over 400 nurses from the PNA Chapters participated in the survey. AJN publisher is keen to come-up with an Asian edition of AJN to make the journal more relevant and affordable to the nurses in the region.

PNA was visited by Dr. Wei Yu, Founder of Fly Free for Health (FFFW)/ Borderless Healthcare, a medical tourism hub aimed at integrating tourism, health care

and lifestyle management. This is another window for possible job to thousands of unemployed nurses.

PNA-WHO Joint Partnerships in projects related to Adolescent Health and Development (ADH) was formalized between PNA representatives and WHO WPRO Officers Dr. Patanjali Dev Nayar and Ms. Kathlyn Fritsch last August 17, 2009. PNA sent Ms. Maristela P. Abenojar to the National Workshop on Policy-Development and Standards-setting for Adolescent Reproductive Health organized by the WHO-DOH last August 4-6, 2009 in Hotel Kimberly, Tagaytay. Another delegate, Ms. Asuncion “Babes” Cueson, from the PNA NCR-Zone 4 Chapter, attended the Training of Trainers (TOT) for ADH last September 7-12, 2009.

The most recent international undertaking of PNA was the International Nursing Conference held on January 7-9, 2010 in Cebu City and the Balik-Turo Program for nurses in Cebu, Bohol and Ilocos Norte. The Philippine Nurses Association of America (PNA), Philippine Nurses Association (PNA) and the ADPCN were responsible for preparations for the said events.

## ANNOUNCEMENTS

### PNA 88th Foundation Anniversary, 53rd Nurses Week Celebration, 2010 National Annual Convention



**Venue:** Fiesta Pavilion, Manila Hotel  
**Date:** October 26 - 28, 2010

**Convention Theme:** “Delivering Quality, Serving Communities: The Challenge for Filipino Nurses Leading Chronic Care”

**Registration Fees:**

P5,200 - Early registration until July 31, 2010  
P5,600 - Registration from August 1 to September 30, 2010  
P6,000 - Registration from October 1 to October 22, 2010

**NOTE:** No Registration Onsite.

**For those who want to attend only on a specific day:**

P2,500 is the Registration Fee per day (Inclusive of food and Certificate of Attendance for that specific date but without Kit)

**For nursing students:**

Registration fee is P1,800 per day inclusive of Food and Certificate but without Kit. If the student will attend 3 days Convention, the registration fee is P4,800.

**Where to Register:**

You may deposit your registration fee through the bank:  
Account Name: Philippine Nurses Association, Inc.  
Bank Account: Savings Account No. 1650092634  
Then send your deposit slip to the PNA via facsimile no. (02) 525-1596.

Or you may also register personally at the **PNA National Office** located at 1663 F.T. Benitez Street, Malate, Manila

Visit our website: <http://www.pna-ph.org>

### Gerontology Nurses Association of the Philippines (GNAP) 2nd Annual Convention

Theme: Towards a Culturally-Sensitive Care for Older Persons

August 27 & 28, 2010 Manila Pavillion Hotel, UN Ave.

Contact 523-1494 c/o Paz Dumlaog

### Philippine Nursing Research Society, Inc. 3rd PNRS National Research Conference



**Host:** West Visayas State University, Iloilo City

**Date:** November 18-19, 2010

**Venue:** Iloilo Grand Hotel, Iznart Street, Iloilo City

**Theme:** Reflexivity in Nursing Practice: Journeying with

Qualitative Research as a Mode of Nursing Inquiry

**Keynote speaker:** Cynthia Ayres, PhD, RN, Assistant Professor, Rutgers, The State University of New Jersey, USA.

**Pre-Conference Workshop:** November 17, 2010

Statistics Made Easy for Nurses

Qualitative Data Collection Methods

**For inquiries, please contact:**

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**OF THE PJN JANUARY-JUNE 2010 ISSUE:**

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





## 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

