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"Reviving the Spirit of Alma Ata: Towards Healthy and Empowered Communities"

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LIFE PURPOSE

To promote professional growth towards the attainment of highest standard of nursing.

VISION

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

MISSION

- Zealously provide strategic directions and programs that enhance competencies of nurses to be globally competitive.
- Passionately sustain the quality work life and collegial interactions with and among nurses.
- Continuously strengthen the internal capacity and capabilities for quality care and services to the nurses and to the community we serve.
- Enthusiastically explore possibilities collaboration towards unification of nurses.
- Formulation of Core and Functional Strategies.

The **core strategy** of PNA is "illuminating new frontiers in Nursing".

- Revitalizing existing programs and services.
- Enriching work values and relationships.
- Intensify development efforts on capacity and capability buildup.
- Exuding warmth, sincerity, openness and acceptance of differences.

CORE VALUES

- Truth/Wisdom
- Faith/Risk/Vision
- Knowledge/Insight
- Integration/Wholeness
- Service /Vocation
- Self Confidence Competence

Contents

JANUARY-JUNE 2008

Reviving the Spirit of Alma Ata: Towards Healthy and Empowered Communities

Health for All (HFA) was the rallying cry and the visionary goal of 134 country signatories, the Philippines included, to the Alma-Ata Declaration on Primary Health Care (PHC) in 1978. The Alma Ata Declaration of 1978 was seen by many as a breakthrough, for it officially declared the pursuit of health as inseparable from the struggle for a fairer, more caring society. Alma Ata echoed the message that health was a fundamental human right; that people had the right to participate in the planning and implementation of health care and that comprehensive primary health care was the key to the attainment of health for all. The Declaration was a response to the failure of western medicine to meet the health needs of a large sector of the world's people. It adopted a comprehensive approach to meeting people's basic needs through PHC. The approach called for strong community participation, accountability of health workers and health ministries/departments, and social guarantees to make sure that basic needs were met. The Alma Ata declaration of "HFA by the year 2000" was arguably the first millennium development goal ever enunciated.

Although PHC was argued that it was not a radical concept as many of its practices had already been implemented by private and non-government organizations, its adoption ushered in hope for social change. However, for most governments and health professionals, comprehensive primary health care was too revolutionary. The idea of giving ordinary people more control over their health and lives sounded dangerously leftist and subversive.

To soften its controversial image, Primary Health Care gravitated towards a series of specific, externally determined programmatic activities. PHC lost its multidisciplinary grounding, and became reduced to one or two selected medical interventions. In the process, it lost its power as a metaphor for development, and reverted to a technical panacea for delivering a basic health service. The introduction of selective Primary Health Care, the push for cost recovery or user-financed health services in the 1980s, and the take over of Third World health policy by the World Bank in 1990s were the three major watersheds which undermined and dissipated the radical essence of PHC.

Nevertheless, hundreds of community-based health programs around the world have kept the comprehensive approach of PHC against great obstacles. For the past three or more decades in the Philippines, community-based health programs have been taking on the struggle for health. The CBHPs grew painstakingly through the past four decades. From a paramedic training program, they gradually evolved into community-based health programs. Basic to their philosophy was the recognition of the people's right to organize themselves for their own empowerment, to define and articulate their problems, and to take action for their resolution. Today, community-based health programs have proven that with the proper training and encouragement, people can indeed take care of their health.

Thirty years have passed since the World Health Organization endorsed this brave and challenging vision. We dared to dream and together with all sectors of society, made collective commitments toward its fruition. Revisiting PHC thirty years later, what have we learned? What do we know? What have we as a country and as a profession contributed? Have we lived up to the collective commitments? Is it Health for All or Health for Some? Can we revive the Spirit of Alma Ata towards Healthy and Empowered Communities? Or will Health for All continue to remain just our vision…just an elusive dream?

This issue will provide an opportunity for us to reflect the thirty years that have passed since the declaration of Alma Ata. The challenge is to continue learning, to dialogue and to reflect on the past, present and future of primary health care (PHC) in its nodes and impacts with health rights, reforms, health partnerships, global policies, and the social determinants of health.

Together let us reflect on what we have learned, on what we know, and on how we can use such knowledge to meet the health challenges of the new millennium. Let us re-examine both successes and failures of practice, policies and research. Let us explore new visions and ways of working in primary health care that offer possibilities for achieving improvements to community health, progress toward the Millennium Development Goals, improved equity on the social determinants of health, and strengthened health systems. Let us move towards strategies that can be harnessed to improve our progress in PHC. The articles focused on PHC include a reprint from the PJN, Vol. XLVIII, No. 3, July-Sept. 1978, "The Primary Health Care Project of the Philippine Nurses Association" written by the late Dr. Minda Luz M. Quesada. It was then a source of inspiration and guidance for various nursing groups since its implementation in 1977. Revisiting the PNA-PHC project in Parang, Marikina project may rekindle the Alma Ata spirit among nurses and the PNA as an organization to take off where it has left. After all, PNA claims to take the lead in "delivering, serving, leading Primary Health Care". From a revisit of PHC, two articles by the International Council of Nurses (ICN) puts into context the current status and challenges of PHC namely: "Primary Health Care: What is it and Where are We Today? and "Building, Supporting and Sustaining the Nurse's Role". This issue focuses on Jane, The "Parang" Nurse, then one of the pioneering nurse in CBHPs, who to date continues to rally the cause and torch of PHC as a global nurse. The PNA's initiative in the Globalization Lecture Series: "Delivering Quality Services, Serving Communities: Nurses Leading Primary Health Care", focus on the responses of various Filipino nurses all over the world (Philippines, USA, UK and Ireland and Saudi Arabia).

Advocacy work is inherent in PHC. Thus, this issue highlights the various advocacy efforts of the PNA, hopeful that these advocacy strategies contribute to the revival of the Spirit of Alma Ata. The same wish goes with the pride and marks of leadership that nurses all over the country have shown during the first half of the year. Can the Population and Development Dimensions of Overseas Labor Migration send any message for the "Nurses Left Behind…". Can these nurses inspire others towards reviving the spirit of Alma Ata?

This issue takes pride in introducing the hardworking and dynamic staff behind the scenes at the PNA headquarters. PHC after all is empowering, making the invisible visible. Some of the PNA's "invisible workforce" have dedicated most of their productive years with the organization. And yes, the PNA's strength comes from the local chapters, its committees and specialty groups. We take a glimpse of the work they do not only for the organization, but the communities they serve.

The PNA continues to invite dialogue, debate and learning opportunities to envision primary health care in its intersections with health reform, health rights and the social determinants of health. To reinforce the theme of this issue will be the national celebration of our 86th Foundation Anniversary and 51st Nurses Week Celebration and National Annual Convention on October 21-23, 2008 at the Manila Hotel with the theme: **NURSES: Delivering, Serving, Leading Primary Health Care"**. Guest speakers will inform and inspire participants through stories of success with lessons from experience offering nurse participants an opportunity to revive the spirit of Alma Ata and lead to a renewed commitment for Health for All.

There are ample important reasons leading to the renewal of global interest in PHC: widening of disparities in wealth and health locally and globally; issues of cost and sustainability of vertical and bio-medical approaches; the rise of new and emergent diseases of potential pandemic proportion; the need for community responses to human and climatologically induced disasters; the need for understanding divergent PHC approaches, and using our knowledge of best practices, including indigenous knowledge and practices. A renewed commitment to a comprehensive approach to PHC is vital for meeting the Millennium Development Goals; essential for discussing health as a human right, and promising as a way to address the underlying social determinants of health articulated by the WHO Commission.

By taking the time to review and look forward collectively, the PNA contributes its share in revitalizing PHC forward. May this issue help revive the spirit and excitement of Alma Ata. As we revisit our beginnings with PHC, we hope that nurses will continue to be inspired and sustain such aspiration to turn a dream like *Health for All* into reality towards healthy and empowered communities.

ERLINDA CASTRO-PALAGANAS, *RN, Ph.D.*
Editor-in-Chief

EDITORIAL

Message from the President

Increasing number of young adolescents engaging in peer counseling on campaign against smoking, alcoholism and drug addiction...men and women adults lobbying for health budget from their Mayor for road construction needed in the transport of patients for emergency referral...healthy and well-nourished children happily attending their classes in school...elderly people still joining community assemblies, sharing their wisdom of thoughts and advise...community health workers managing Botika sa Barangay...barangay officials enforcing a local health ordinance on HIV/AIDS Prevention and Control. These are just few indicators of realizing the long-term vision of primary health care **"Health in the hands of the people!"**

Healthy and empowered people in an organized community becomes real and sustainable only if the largest sector of health providers are also empowered! And I am referring to the Filipino nurses who must be responsive to the call of the times... committed to serve and lead the people to a better quality of life.

Nurses are not mere providers of care. They can be very effective community organizers. Through health education and concerted community actions, nurses together with other community leaders can raise the health consciousness of the people and change their behaviors into a healthy way of living. In primary health care, nurses are facilitators of change! From mere passive recipients of care, people in the community must have the capacity to identify their health problems, analyze its root causes and plan concrete actions. Nurses may give technical guidance to the people but never dictate on what they should do.

This year's forthcoming 51st Annual Convention of the Philippine Nurses Association (PNA) put emphasis on the critical role of the Filipino nurses in saving the lives of millions of Filipinos. The theme of the Convention "NURSES: Delivering, Serving and Leading Primary Health Care" is both a wake-up call and a challenge! It is ***a wake-up call*** for many nurses who only think of migration as a solution to the worsening economic situation in the country. It is also ***a challenge*** to many nurses who critically think of solutions to address the deteriorating health situation of the Filipino people.

Putting the vision of primary health care into action is a bold step Filipino nurses should do. The PNA has began taking bold steps towards a strategic direction of leading the nurses into more valuable actions. The basic rights of Filipino nurses to full implementation of RA 9173 (Nursing Law), RA 7305 (Magna Carta of Public Health Workers), decent work policies, and other fundamental rights must be at the priority agenda of nurses' advocacy. These legitimate concerns of nurses must be worked out alongside the advocacy for people's access to basic health services and survival needs. Only empowered Filipino nurses can effectively serve and lead the people to attain the vision of Primary Health Care!

DR. LEAH PRIMITIVA G. SAMACO-PAQUIZ
National President, PNA

Dr. Minda Luz Quesada with Former President Fidel Ramos, Former Senators Freddie Webb and Juan Flavier.

The Primary Health Care Project of Philippine Nurses Association[1]

Minda Luz M. Quesada
PNA 1st Vice-President
PHC Project Director (1978)

Introduction

The primary health care project at Parang, Marikina is a response to the need for the national nursing professional organization to engage in activities that would contribute to the health development of people particularly in depressed and underserved communities.

The proponents of this community-based health project believe that the health problems and needs of most of the depressed areas center on communicable but preventable diseases like the pneumonias, tuberculosis and gastroenteritis. These are closely intertwined with poverty, malnutrition, poor environmental facilities, unhygienic personal habits, appalling housing conditions, low level of education and the preponderance of unscientific health beliefs and practices, and inadequate or inaccessible health care services.

A critical look at the underlying causes of this state of underdevelopment brings to focus the following socio-political and cultural forces that have perpetuated this health picture:

1. A Westernized economy-a legacy of centuries of colonialism-that puts stress on expansive, sophisticated, drug institution-centered technology. This heavy reliance on Western medicine and technology has made health care expensive and inaccessible to the poor.
2. Health workers are disease and treatment-oriented rather than oriented towards prevention and organized health actions. Health professionals have not been adequately trained to engage in health education of the public, organizing and mobilizing people for community health efforts. These kinds of activities, although challenging, do not immediately show positive results hence unattractive to them.
3. The ambiance has not been conductive for health professionals to become interested and committed to serve the real needs of people in depressed areas. Owing to high cost of education, health workers invariably seek jobs that offer them better promise of getting back their investments, hence the heavy concentration in urban medical centers and the exodus to "greener pastures". Thus, in spite of the thousands of health professionals in our country, several communities particularly in blighted areas in the cities and countryside are not being served adequately.
4. The value orientation of decision-makers in both public and private sectors is such that at times decision-making has failed to take into account the felt and expressed health needs of the people and the scarcity of resources. It is not surprising to note that majority of people do not enjoy essential facilities for healthful living such as safe and adequate water supply, sanitary toilets, garbage disposal and decent housing.
5. People in depressed communities, because of their years of deprivation, are engulfed in a culture of poverty that is characterized by superstition, fatalism, apathy, powerlessness, individualism, lack of organization and "present" orientedness.

The Philippine Nurses Association believes that the focus of our community-based health project should be on health rather than disease, and the actions people take to promote health and prevent illness. The improvement of the health situation requires the enlightened and active participation of people affected by the problems and those in a position to help.

The project was conceived as a cooperative effort to create conditions whereby the community could eventually become self-reliant and self-directing in the solution of common health problems. It would thus entail the provision of learning experiences so that people could acquire and use relevant scientific health knowledge, positive attitudes, basic health care competence and organizational skills.

This meant a firm belief in people and their capacity to help themselves if given the necessary guidance and support that do not encourage dependency on authorities and health professionals. We recognize the reality of the dole-out mentality among many people who have been exposed to relief services that perpetuate this kind of attitude.

Aside from these general viewpoints, the organizers of this project believe in the following principles of working with people that would guide those who would become involved in this project:

[1] *This article is a reprint from the PJN, Vol. XLVIII No. 3, July-September 1978. The PNA PHC Project was a source of inspiration and guidance for various nursing groups since its implementation in 1977. Revisiting the PNA-PHC project may rekindle the Alma Ata spirit among nurses and the PNA as an organization to take off where it has left. After all, PNA is all out to support reviving the Spirit of Alma Ata. This article can also invite ideas for research and extension work.*

1. Establish and maintain rapport with people. Mingle with them. Talk with them in their homes, sari-sari stores, playgrounds, laundry places, chapels—anywhere people are to be found. Get to know them and let them get to know you and why you are there.
2. Start where the people are. Build on what they have, know and do, reinforcing the positive things offering alternative ways to unscientific and harmful practices that need to be changed. Teach them in the language that can readily communicate your ideas. Avoid using technical terms. Encourage proper use of local human and material resources such as the hilots and arbularyos and medicinal plants.
3. Involve people actively in the process of learning. They should participate in planning activities. Hold frequent dialogues with them and encourage interactions with other people. Learning experiences should be as direct as possible and should allow them to manipulate things as in return demonstrations, to act out as in role-playing and other educational methods which are dialogical and experiential in nature.
4. Facilitate learning through the use of inexpensive visual materials that could be prepared locally such as pictures, flipcharts, flannelgraph, real-life objects and posters.
5. Utilize motivational forces to mobilize people to take preventive measures. Studies have shown that people's perception of the presence of a threat to health, their susceptibility, seriousness of the consequence of a disease, benefits to be derived from a health action and the barriers to such action could influence adoption of the recommended preventive health measure.
6. Reinforce learning or positive learning. This means giving people a "pat in the back" or recognition for their efforts to change. Showing sincere and sustained concern and interest in people are strong reinforcers especially to people who have less material things in life.
7. Provide group support to behavior changes. This means reaching the "influentials" or the significant people who could endorse, support, legitimize the advocated health behavior. They could be the mayor, barangay leader, husband, employer or in-laws.
8. Get feed-back from people. Find out how they feel about the project and get suggestions from them. Be open about criticism so that people will be frank and constructive in their criticism. Better still if you can start criticizing the shortcomings and weaknesses of the project.
9. Assess what has been achieved in terms of the objectives. Do this with people and enlist their involvement in planning alternative courses of action to improve the project.

General Objectives

At the start, some PNA directors were skeptical about launching such a project, the reason being the lack of adequate funding for its material needs. But the project proponents felt it could start without the money as long as some nurses could be committed to sharing their technical know-how, time and effort for this undertaking.

Thus, the Association finally agreed to venture into this primary health care project aimed at:

1. Arousing people's interest in health particularly in measures that would promote health and prevent illness.
2. Providing appropriate health knowledge and health care competence to enable them to attend to common and simple health conditions in the family and the community.
3. Assessing the health status and needs of people and providing nursing care intervention and referrals to appropriate health care facilities.
4. Developing people's ability to analyze critically their common health problems and alternative courses of action to solve them.
5. Promoting local initiative, leadership, cooperation and organization in the solution of identified health needs and problems.
6. Serving as a learning laboratory on primary health care for nurses and nursing students.

Selection of the Community

Considering that this was the first time the PNA was going to embark on a community-based health project, it was vital that the community would be selected properly. The following criteria were set to serve as guide in the selection of the project community:

1. People must be receptive to the concept of a health development project that would involve them actively and encourage self-reliance.
2. The community must be considered a depressed or blighted area that should have an atmosphere of a rural area.
3. There is no existing voluntary health agency or professional organization working in the area.
4. The community must be accessible to transportation and communication.

The search for a community in Metro Manila started last September 1977. Interviews with key informants and ocular surveys were made of several blighted areas. It was finally narrowed down to Barangay 10 in Parang, Marikina. Initial contacts with Barangay "gate-keepers" and an ocular inspection of the area proved very encouraging. It was agreed that a dialogue be held between the PNA officials and representatives from the different groups in the community.

Social Preparation

This phase of the project entailed several dialogues with the people representing the Barangay Council, Rural Improvement Club, Samahan ng Maralita, Parent-Teacher Assiciation, Kabataang Barangay and the Pag-asa Youth Movement. The philosophy and objectives of the project were discussed extensively. It was stressed that the Association was not a rich organization in terms of material resources but we have nurses with technical know-how willing to share and transfer some of their technology to people who are interested to learn. People asked*, "Ang proyektong nasa isip ninyo ba'y pangkalusuga lamang at pangmatagalan?"* To which query the PNA officials answered, "*Ang primaryang interes po ay ang kalusugan ngunit sisikapin din pong matugunan ang ibang problema sa abot ng aming makakaya. Ang*

layunin namin ay tulungan kayong magkaroon ng kakayahan na mapangalagaan ang inyong kalusugan. Kaya hindi kami basta aalis hanggat nakikita naming mayroon kayong interes na makipag-ugnayan sa amin." One of the community leaders responded, *"handa kaing makipagtulungan sa mga taong tutulong sa amin."*

People talked openly about their health problems. *"Ang daming mga sanggol na namamatay lalo na sa tag-ulan at tag-lamig na panahon. Hindi kami nawawalan ng nagtatae, kasi marami pa ring "flying saucers." "Maraming batang mayroong kurikong(scabies), bulate, sipon, lagnat at ubo."* They complained of inadequate and unsafe water supply, lack of sanitary toilets and pollution of their creek with household and industrial wastes. Some old residents reminisce, *"Noong unang panahon, kami'y nakakapaligo sa sapang ito, nakakahuli ng isda at nagagamit ang tubig sa pang-bahay na pangangailangan. Ngayon, patay na."* The vocal ones decry the fact they are not serviced by health workers. *"Minsan lang namin nakita ang komadrona at ang sanidad, ni anino hindi pa namin masulyapan."* Majority had to turn to the local healers-a hilot, medico and arbularyo-for their health care needs.

Asked whether there would be people who would be interested in learning about how they could attend to their health needs, several responded favorably. Two of these were the local healers. The Barangay Chairman whom residents call Kapitan Benny suggested that each purok should have *"mga taga-pangalaga ng kalusugan sa bawat purok."* We supported this idea and asked suggestions how these people could be selected. They came out with the following criteria:

1. The person should willingly accept and be committed to the responsibility *(Bukal sa kalooban sa pagtanggap ng tungkulin).*
2. Must be able to understand and has adequate intelligence to cope with one's work *(Nakakaintindi, may sapat na talino at may kakayahang maglingkod sa kapwa).*
3. Must be available and is capable of assuming responsibility. (*May panahon at kayang gampanan ang responsibilidad*).
4. Must be healthy and has a pleasant desposition (*Malusog at masigla*).
5. Must be action-oriented and not a procrastinator (*Aksiyon-agad, hindi ningas-cogon o mañana habit*).
6. Must be compassionate and has empathy (*Maawain at maunawain*).

People were asked their opinions of the functions of their purok health workers and the health areas where they think the emphasis should be placed during their training. They cited environmental sanitation, recognition of illness, nutrition, first aid, family planning, physical fitness, referrals, food production, health talks and evaluation.

In one meeting, some community leaders verbalized personal experiences with a few health care facilities to the extent that people started calling them "matadero" or slaughter house because those brought there eventually died. This particular reaction was discussed at great length in order to come out with an objective conclusion of the real situation. Metro Manila Health and Sanitation officials who were present informed them of the health referral system which could facilitate their consultations. But the general feeling was that there is an advantage of being able to take care of their own health to avoid difficulties of securing health services. They were all for the holding of educational sessions on home nursing, first aid, and general health.

Community Diagnosis

Aside from the information gathered from the dialogues with people, it was decided to conduct a community health survey. A simple questionnaire was designed to obtain additional baseline data about the community, its people and the health picture. For this purpose, 61 third and fourth year nursing students of Pamantasan ng Lungsod ng Maynila were mobilized assisted by the volunteer residents.

The site of the PNA primary health care project is Barangay 10, Purok 6 of Parang, Marikina Heights, Metro Manila. It is bounded on the north by Fortune Tobacco Corporation, on the south by Monteres Hills Subdivision, on the east by Modesta Village, and on the west by Goya Products, Inc.

Barangay 10 consists of 7 communities- Champaca I, which has the biggest population; Champaca II, situated at the southern side of Champaca I; Recto, bounded on the north by Squibbman Factory; Meteor, accessible by the East Drive (a narrow feeder road, bounded on the north by Champaca I, on the south by Meteor Street, on the west by La Colina, on the east by Champaca II; Balite, a community of 81 families, is separated from the rest of the closely bound communities by Recto Street; Silvana, a hilly portion on the southernmost part of the community that has the smallest number of residents; and lastly, Bonanza, which is just behind the Bonanza Subdivision.

About a fourth of the total land area is hilly and covered with thick cogon grass and a few trees giving an appearance of bare hills. The rest of the Barangay are plains dotted with creeks and a winding narrow river, which serves as major source of water for household needs like bathing and washing.

Barangay 10 is accessible to nearby towns like Concepcion and Quezon City by public jeepneys plying the Parang-Cubao route. Within the community, transportation is by tricycle and by foot to remote areas like Silvana.

Community resources include 1 public Elementary School, 48 sari-sari stores, 4 factories, 12 dug wells, 23 water pumps (some are not functioning) 7 traditional healers and two Barangay centers.

The total population of Barangay 10, Purok 6 is 3,418 with families numbering 608. At the time of survey, there were 98 prenatals, 63 postpartum women and 72 newborns. Almost half (48%) of the population is below 15 years old. Of the 1,795 people eligible for schooling, only 4% reached college while a third (31%) just reached the primary grades. The rest either reached the intermediate grades and secondary schools (29% and 28%

respectively). More than half of the families have an income of P500 a month while almost a fourth receive P500 and above. Majority of residents are Tagalogs though there are 8 ethnic groups represented in the area.

While more than half of the families own their houses, these are mainly of makeshift materials. Four-fifths use the gasera for lighting while only 4% have access to the electricity. Majority obtain their water supply from water pumps. Only a few have piped water supply. Only 24% households have watersealed toilets, 44% with pit privies while 28% resort to the "balot system". Most of the households dispose of their household garbage by burning and open dumping.

More than half of the 1,279 eligible age group have not received any immunization. Almost a third have reported being ill with a variety of diseases, the most common of which were the communicable diseases like TB, scabies, pneumonia, diarrhea flu, typhoid fever, measles, and mumps. Of the total individuals who were there for the last two years, almost a fourth have not sought medical attention from either the local healers or health professionals. A total of 188 deaths were registered for the past two years, attributed largely to communicable disease and miscarriage. Nearly three-fourths of these cases obtained medical services, 15% were attended by local healers and a fifth had neither the services of medical people nor the local healers. When they fall sick, residents usually apply household remedies before going to the doctor or hospital.

Mothers attribute the low immunization to the problem to lack of time, fear of subjecting their children to immunizations, lack of money to buy vaccines and lack of knowledge about vaccinations. Most of the eligible couples who have not been practicing family planning give these reasons for non-adoption, lack of knowledge of family planning, fear of side effects, religious conflicts and lack of interest.

The significant esults of the community health survey including a spot map were presented and discussed at a meeting with the people. Mothers who served as respondents to the survey commented, "*Nasisiyahan kami na naitanong ang mga hinaing namin." Nagpapasalamat ako dahil sa ipinakitang pagmamalasakit ng student narses." "Hindi ako na-interview pero maski wala ako, nagpapasalamat ako sa pagtatanong at interes nila."* The student nurses on the other hand expressed great satisfaction with their experience. " Ang mga na-interview namin ay kooperatiba at tinaggap nila kami." The activity provided us opportunity to see the real problems and give incidental health teachings." These were some of the comments of the PLM student nurses who did the survey from October 18 to 21, 1977.

Nurses' Day in the Barangay

During the Nurses' Week in October 1977, the PNA planned and conducted with the people several activities. This included the holding of a day-long nursing clinic at the subcenter, health talks, planting of medical plants around the Barangay centers and the official launching of the PNA primary health care project. Special guests were Mayor of Marikina, Zone 2 Team Leader of Metro Manila Health and Sanitation Services, the Vice-President for Personnel of Fortune Tobacco Corporation and the company nurses, the Municipal Health Officers of Marikina and a representative from the Department of Social Services and Development. The culminating activity was a cultural presentation participated in by local talents and nursing students from PLM, United Doctors' Medical Center and Perpetual Help Hospital.

Community Health Activities

After the community diagnosis, the following specific objectives of the primary health care project were set:

1. To increase the number of prenatal and postpartum women health consultation.
2. To increase the number of mothers submitting their infants to child health supervision and immunization as well as giving supplemental feeding.
3. To decrease the mortality and morbidity from the upper respiratory and gastro-intestinal tract infections among 0-14 age groups.
4. to increase the number of household with proper waste and garbage disposal.
5. To improve the cleanliness of the creek.
6. To train local people on health assessment, referrals, home nursing, first aid, and health education.

To achieve these objectives, the PNA mapped out a program of activities in collaboration with the Community Health Nursing faculty of Pamantasan ng Maynila. This included the establishment of a nursing clinic where health assessment of well and sick clients were made. During consultations, nurses and nursing students make it a point that patients learn about their conditions and what they have to do to improve their condition and/or prevent illness. It was necessary at times to give demonstrations on the prescribed regimen. The clinic serves as a good catchment area to discover individuals and families with special health needs who need to be followed up and referred to other health care facilities. Simple medications were given for ailments like cough, colds, fever, diarrhea and scabies. At present, this clinic is being manned by a registered nurse employed by PNA starting August 1978.

Home visiting is a major activity in the Primary Health Care program. This provided the venue for case-finding, follow up of clients seen in the clinic and giving of direct health teachings. It was observed that when health teachings were given formally people were apt to be more interested. Some discussions sessions held right in the home settings instead of a center were all attended, not only by women but by men and children within the neighborhood. During one of these visits, the nurse

volunteers from the National Orthopedic Hospital discovered orthopedic conditions and were referred to their hospital. One underwent surgery and while confined at NOH nurses provided the best care.

During the immunization months, there was a campaign for mothers to submit their eligible children for vaccination. Nurses from Quezon City Health Department volunteered to conduct the immunization. Several infants were immunized with either BCG or DPT.

In connection with the heart month and the World Hypertension Year, nursing students conducted a mass blood pressure screening. Those discovered to have high blood pressure were advised to have a re-check-up while others were referred to a hospital.

To arouse health consciousness among the residents, the PLM students organized several educational activities using a variety of methods and materials. They did skits, role-playing, demonstrations and small-group discussions. A study designed to elicit people's reactions/opinions on these educational activities showed positive reactions and general satisfaction.

We were able to enlist the participation of the Chairman of the Technical Committee on Environmental Sanitation of Metro Manila Health and Sanitation Services the Municipal Sanitary Inspector in the environmental health aspects of the program. They gave several talks and on-the-spot demonstrations on how to put up sanitary toilets and garbage disposals. People were encouraged to put up a recycling project. This was going to be pursued except that the person who was going to underwrite the project left the country. But the menfolk were successfully mobilized to clean up the creek which have already become stagnant from dumping all kinds of wastes. There is still a long way to go before water from the creek becomes usable again for household purposes. The Municipal Sanitarian facilitated the construction of a water pump in one of the puroks with water supply problem.

Training the Barangay Health Workers

It was agreed that the selected health workers would undergo training at the old sub-center. A syllabus was prepared in Pilipino based on the identified competency needs and interests. It contains statements on the behavioral objectives, learning content and activities for each session. A pre-test was administered to establish baseline data on participants' health knowledge, attitudes and practices. The evocative/dialogical approach was used in teaching. Demonstrations on health assessment and home nursing care were given liberally. Participants were encouraged to share their experiences in taking care of their families.

As part of their training, the Barangay Health Workers were urged to attend and observe during the nursing clinics so that they could learn more skills in health assessment from nurse volunteers who were instructed to teach them.

Training of the workers included the use of medical plants for common ailments. They were encouraged to produce these in their own backyards.

In addition, they have involved in mobilizing community resources for the completion of Barangay Hall center. Fortune Tobacco Corporation has contributed a lot to material needs but the local people provided the labor in the construction and painting of the center.

Follow-Up and Evaluation

To ascertain whether there were changes and improvements in people's health behavior, observations, and interviews were made with key informants during home and community visits. One of the significant feedbacks from mothers who were attending the health classes is their statement, *" Ipinamalita po namin sa aming kapitbahay ang tungkol sa maagang pagbibigay ng supplemental feedings sa mga sanggol kaya marami na ang gumagawa."* But what is noteworthy is the finding that infant deaths have been reduced from an average of three deaths per month to one per month. A review of the nursing clinic records an increase in number of infants being brought to the center for child health supervision and immunization. Majority of pregnant mothers who were advised to seek regular prenatal consultation complied with their scheduled visits.

There is need however to unify and strengthen the existing community organizations which have been weakened by factionalism. During one of our meetings, we stressed the need for a unified front in solving the community's priority health and health-related problems. Steps have been taken to mobilize the people in the improvement of the health of elementary school children, completion of health center, petition for electrical connections and operation "*Linis Sapa*".

It is envisioned that after the training of the Barangay Health Workers, we could pursue projects like the Community-based TB control program with the assistance of Alay Kapwa Kilusang Pangkalusugan, garbage recycling, family planning, IEC, Botika sa Baryo using medicinal plants and many other health activity.

It has been 30 years since the PNA engaged in a Primary Health Care Project.

Today, can PNA:
- Revisit the Parang Marikina PHC Project?
- Revive the Spirit of Alma Ata in similar community?
- Go back to the grass roots?

Primary Health Care: What is it and Where are We Today?[1]

Primary health care (PHC) is the first level of contact with the national health system for individuals, families and the community, bringing health care as close as possible to where people live and work.

This year, the World Health Organization (WHO) marks 60 years of service to humanity and 60 years of affiliation with ICN. It also marks 30 years since the goal of universal access to health services through primary health care was enshrined by WHO and member states in the ***Declaration of Alma-Ata****, which highlighted the "gross inequality in the health status of the people particularly between developed and developing countries as well as within countries,"[2] To address this WHO focused on PHC as the key to attaining the goals of its 1977 strategy* ***Health for All by the Year 2000****. Fifteen years later, governments reconfirmed this at Riga.*

In 2008 primary health care is again high on the global health agenda. ICN is celebrating nursing's leadership and advocating for greater nursing involvement in PHC, the key strategy to achieving universal access and better health for the world's people.

What Have We Learned?

When we embraced PHC in 1978, we saw it as the optimal route for improving health and addressing the enormous challenges facing health care systems. As we plan ahead, it is useful to take stock of and learn from our successes and failures. While there has been progress in the past few decades in global health, the health gains have not benefited everyone. There are ever - widening inequalities in the burden of disease and in access to care, both between and within countries, whether industrialized or developing.

However, some health outcomes have improved significantly. Many diseases, such as measles and poliomyelitis, have been better controlled; others, such as small pox, have been eradicated. Immunization rates in most countries have increased - in some developing countries up to 80%. Worldwide, there is a significant decline in infant and child morality and a substantial increase in life expectancy. Between 1960 and 1995, life expectancy in low - income countries increased by 22 years and in developed countries by 8 years. PHC - together with economic and technological advances, and targeted disease funding - contributed extensively to these health gains. However, since then the AIDS pandemic has tragically reversed this increase in life expectancy in sub - Saharan Africa.

And 30 years later, it has become increasingly apparent that a hospital - based, curative approach to health care services cannot meet the health needs of populations. The paradigm shift from hospital - based health services is well underway, but critical challenges remain.

The Millennium Development Goals

While international support for primary health care appeared to waver during the 1990's, the focus returned more sharply in 2000 with the global agreement on the Millennium Development Goals (MDGs). The MDGs are a set of time - bound (by 2015) and measurable goals and targets for combating poverty, hunger, disease, illiteracy, environmental degradation and discrimination against women.

"I do not believe we will be able to reach the Millennium Development Goals unless we return to the values, principles, and approaches of primary health care… Decades of experience tell us that primary healthcare is the best route to universal access, the best way to ensure sustainable improvements in health outcomes, and the best guarantee that access to care will be fair." Dr Margaret Chan, Director General, World Health Organization, 2007

We are now at the half-way mark toward the MDG target and progress is not on track. To help meet the current challenges, a renewed commitment to PHC internationally and nationally is essential.

Further challenges facing global health

Today a number of key forces - poverty, increased globalization, climate change, political unrest - affect health and contribute to challenges in service planning and delivery. These challenges shape the environments in which nurses are delivering PHC and include:

- The rising costs of health care
- Increasing consumer expectation and demands
- Changing demographics and ageing populations
- Nursing and other health worker shortages
- Legislation and/or political will to fully utilize nursing's potential
- Social conflict and unrest which destabilize services and constrain resources
- Natural and man-made disasters
- Endemic and pandemic disease, as well as new and re-emerging ones
- The surge in chronic diseases
- Making the shift to community-based care.

Many of these global health issues are not new. They are the cumulative effect of past policy and practice. To be better able to create and deliver effective PHC and other services, we need to understand the effects of these factors on overall health delivery and outcomes.

"International evidence suggests that health systems based on a strong PHC orientation have better and more equitable health outcomes, are more efficient, have lower care costs, and can achieve higher user satisfaction than those whose health systems have only a weak PHC orientation."[3]

[1] *Reprint from the ICN Publication, 2008: Delivering Quality, Serving Communities: Nurses Leading Primary Health Care, pp 1-5.*

[2] *WHO/UNICEF (1978), "Declaration of Alma-Ata", International Conference on Primary health care, Alma-Ata, USSR 6-12, September 1978. Geneva: WHO/UNICEF.*

[3] *Pan American Health Organization (2007). Renewing Primary Health Care in the Americas: A Position Paper of the Pan American Health Organization/World Health Organization (PAHO/WHO). Washigton, D. C: PAHO.*

Defining primary health care today

Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology, made universally accessible to individuals and families in the community through their full participation, and at a cost the community and country can afford. It forms an integral part of any country's health system. (www.paho.org/English//dd/PIN/alma-ata_declaration.htm)

At the broadest level, PHC includes all services that play a part in health, such as income, housing, education, and environment. It also includes primary care, i.e. the diagnosis and treatment of illness and injury. One of its greatest strengths is citizen participation in needs identification and service delivery and in bringing these services as close to people as possible.

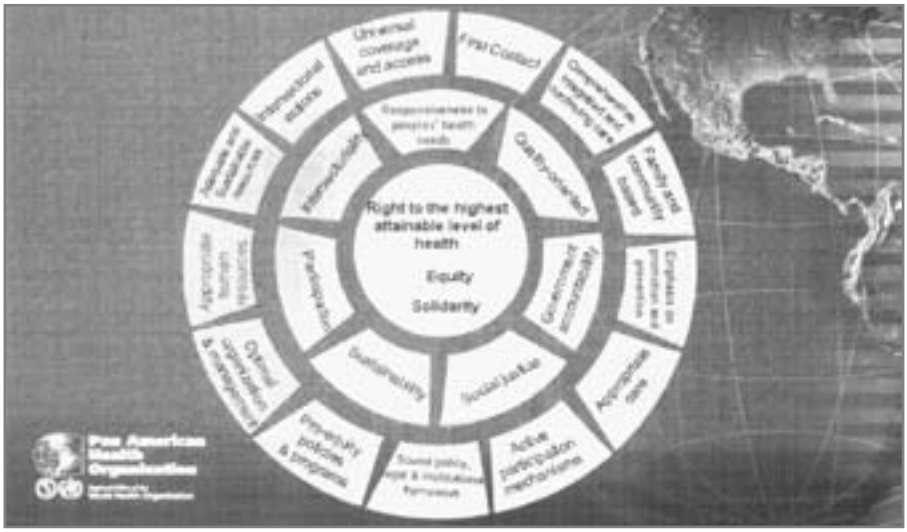

Figure 1: Proposed values, principles, and elements of a PHC-based health system

Core Principles

1. ***Equal and universally accessible health services***. Everyone should have reasonable access to essential health services with no financial or geographical barriers.
2. ***Community participation in defining and implementing health agendas***. The public should be encourage and empowered to participate in planning and making decisions about their own health care.
3. ***Intersectoral approaches to health***. Professionals from various sectors, including the health sector, work interdependently with community members to promote the health of the community.
4. ***Appropriate technology.*** Technology and modes of care should be based on health needs, and appropriately adapted to the community's social, economic and cultural development.

Strengthening PHC to improve health outcomes

Globally, there has been considerable uptake of PHC since 1978. Individual countries and regions have made considerable effort to learn the lessons regarding implementing and strengthening PHC and to adapt the principles and elements to their own setting. The conceptual framework from PAHO shown in Figure 1[4] is a good example of how one region has done this.

Strategies to develop or further strengthen PHC - based health systems will require concerted efforts from health professionals, citizens, government, civil society, multilateral and bilateral agencies, and others. Nurses can, do, and should play a leading role, aided by lessons already learned.

Building, Supporting and Sustaining the Nurse's Role[1]

Nursing's commitment to primary health care is embodied in the ICN Code of Ethics for Nurses – first adopted in 1953 and regularly revised – which affirms that "nurses have four fundamental responsibilities: to promote health, to prevent illness, to restore health and alleviate suffering."[2]

-ICN Code of Ethics for Nurses, 2006

In any health system based on PHC, the role of nurses figures prominently. Historically, nursing has always been concerned with the broader determinants of health - education, income, gender, social environment, etc. In a PHC-based system support for the full spectrum of nursing activities should be in place.

Nurses are the principal group of health personnel providing PHC. They foster and maintain links between individuals, families, communities, and the rest of the health care system, working both autonomously and collaboratively to prevent disease and disability, and to promote, improve, maintain, and restore health. Their work encompasses population health, health promotion, disease prevention, wellness care, first-point-of-contact care and disease management across the lifespan.

> *"**N**urses know the needs of children and families at home, at work, and at play, while also serving as the connecting link between individuals, families, communities and health - care providers. These qualities are why nurses are the backbone of health care the world over - and it is also why nurses are proponents of the right of children to survival, protection, full development and participation - and fierce opponents of the unacceptable inequalities that threaten those rights."*
>
> ***- Carol Bellamy***
> *Former Executive Director, UNICEF*

If progress is to be made it is critical that nurses - as central figures in primary health care delivery - engage,

[1] *Reprint from the ICN Publication, 2008: Delivering Quality, Serving Communities: Nurses Leading Primary Health Care, pp 15-26.*
[2] *ICN (2006). ICN Code of Ethics for Nurses. Geneva: ICN.*

lead and coordinate care, and that their roles in policy and provision be seen as legitimate and essential in all areas.

Having nurses at the center means:

- **Improved access to care**. The WHO Commission on Microeconomics and Health has affirmed that the highest priority for scaling up health care coverage is at the community level through close-to-client' services that can be delivered by nurses.[3]
- **Improved prevention of chronic diseases**. Disease prevention and health promotion are perfect examples of the roles and expanding influence of nurses. Nurses get the message out that healthy living is essential to sustaining, recovering and improving health. Nurses promote healthy diets and lifestyles; offer counseling to the confused and frustrated; help patients manage chronic health conditions to live longer, healthier lives.
- **Improved cost-effectiveness**. Studies have shown that 60 to 80 percent of primary care, traditionally delivered by physicians, can be carried out by nurses at lower cost and with similar outcomes.
- **Improved outcomes**. Examples abound of improved results from nurse-led care. NP Care is a nurse practitioner-based care delivery system operating in long-term care settings in several American states. Since 2001, nurse practitioners have been seeing residents with acute medical issues, reviewing test results, evaluating wounds, communicating with families, and educating nursing staff. As a result hospital readmission rates have been cut up to 50% in nursing facilities that NP Care is covering.[4]
- **Improved Surveillance**. International mobility and changes in climate mean that the need for surveillance has grown, a need reflected in the 2007 International Health Regulations (IHR) framework. As the providers most in direct contact with the population, nurses' in surveillance is crucial.
- **Improved disaster recovery**. Nurses make up the largest part of initial disaster response and should play an even larger role in disaster recovery. They are in direct contact with victims, prisoners, the wounded, the sick, and the displaced. Their efforts are invariably linked to gestures which consider both the psychological and physical dimension.[5]
- **Improved patient compliance with care**. Poor compliance or adherence with therapies is a direct cause of poor health outcomes and nursing can strongly impact this. Consider the following example. A group of 228 adults with high blood cholesterol were split into two teams. One monitored by a nurse; one not. During one year of lipid management from a nurse, the intervention group received outpatient and telephone visits for counseling on nutrition, medication, physical activity, lifestyle modification, and a host of other issues. After one year the serum total cholesterol, low density lipoprotein and triglyceride levels were significantly lower in the intervention group. That group also reported a greater reduction in dietary consumption of total fat, better adherence to drug therapies and more frequent exercise.
- **Leveraging technology for primary health care**. Through telenursing people are able to remain in their homes or remote communities – and communicate vital signs, test results, and concerns to nurses working across town, or hundreds of kilometers away. Nurse-led 24-hour health information telephone services provide telephone triage, advice and information about illness and conditions, including support and self-help groups, local health care facilities and on –call services. This service is both supportive for the community, and cost-effective for the health system, as it dramatically cuts the number of people seeking help in hospital emergency departments.

Building, Supporting and Sustaining the Nurse's Role

"If the millions of nurses in a thousand different places articulate the same ideas and convictions about primary health care, and come together as one force, then they could act as a powerhouse for change"

- **Halfdan Mahler**
Director General, World Health Organization, 1985.

Those directly delivering care must be supported by a variety of other nursing involvement, from global to local and from health policy to resource management.

1. Internationally: The role of ICN

ICN early recognized the centrality of nursing to PHC. Its efforts to mobilize nurses worldwide for primary health care have been consistent over decades and include endorsement of the Declaration on Alma-Alta in 1978. In partnership with members of national nurses associations, WHO and others, ICN has worked to position nursing in primary health care through lobbying for inclusion of PHC principles and programmes in health provider education, in service planning and delivery, and in research.

"I attach great importance to the work of ICN, and admire its dedication to high quality nursing and health care. Indeed, the right to health care is contained in the Universal Declaration of Human Rights, and in this respect nursing and the ICN are making a significant contribution to the work of the United Nations."

Kofi Annan
Former United Nations Secretary-General

[3] *World Health Organization (2001). Macroeconomics and health: investing in health for economic development. Report of the Commission on Macroeconomics and Health. Geneva: WHO.*
[4] *Email communication from Jeanette Galvez-Piscioniere, MSN, APRN, Director of Clinical Services, NP Care.*
[5] *Quote by Cornelio Sommaruga, President (1987 – 1999), International Committee of the Red Cross*

In mobilizing nurses for PHC for the 21st century, ICN uses a range of strategies to enhance knowledge transfer, capacity building, dissemination of research evidence for action lobbying and advocacy. Through policy, special networks, competencies, advocacy, information generation and dissemination and education ICN supports and enhances the nursing position in PHC.

ICN's commitment to PHC is also evident in its many projects and programmes. Its leadership programmes - Leadership in Negotiation and Leadership in Change - are global initiatives that prepare nurses to lead in all settings and in times of change. Through continuous leadership and collaboration and, by engaging the nursing profession in projects to strengthen primary health car, ICN represents a robust and sustained force for strengthening the role of nurses in primary health care.

ICN Projects to Strengthen Nursing in Primary Health Care

ICN's multifaceted projects and initiatives reach out to nurses with the aim of strengthening nursing and contributing to health promotion, disease prevention, care and treatment. A number of these take their inspiration from primary health care and the Millennium Development Goals (MDGs). Such projects include:

- **Wellness Centers for Health Workers**, which provide dedicated health services for all health care workers and their immediate families in sub-Saharan countries hit hard by the health human resources crisis and the HIV pandemic.
- **Safe Water Initiative** for the provision of safe water technology, sanitation and hygiene for orphaned and vulnerable children in a number of countries.
- **The Mobile Nursing Library** delivers up to date, relevant nursing and health information to nurses in rural health facilities in developing countries.
- **TB/MDR-TB Project** delivering training to strengthen nursing capacity for detection, prevention, care and treatment of TB and MDR-TB.
- **Girl Child Education Fund** which supports the primary and secondary education of the orphaned daughters of nurses in developing countries.
- **ICN Girl Child Policy and Research Project** which aims to mobilize nurses for healthy development of young girls.

2. Nationally: The Role of National Nurses Associations (NNAs)

As the national voice of nursing, NNAs represent a key force in providing leadership for PHC, incorporating it into nursing practice and policy, as well as offering PHC services. This leadership is critical in order to sustain PHC as the cornerstone of health policy and to position nursing within it. NNAs can lead by:

- Facilitating collaboration with other health professional associations, health ministries, and other relevant sectors and stakeholders.
- Working with ministries of health and others to influence national health policy that supports nursing roles and strengthens nursing capacity.
- Working with educational facilities to incorporate PHC into curricula.
- Facilitating exchange of experiences and information on PHC, its meaning, elements and principles.
- Collaborating with nursing education and research centers to focus research supporting PHC, including evidence of its cost-effectiveness.
- Disseminating research results to nurses, policy makers and others.
- Offering continuing education on primary health care.
- Profiling nurses work in PHC (in publications, websites, conferences etc.).
- Lobbying for legislation that enhances PHC and nurses' contributions and for a balanced approach towards preventive, promotive, curative and rehabilitative services.
- Providing a forum for dialogue and proper understanding of the issues and differences between PHC and primary medical care.
- Advocating for the health care needs of vulnerable populations.
- Promoting PHC as a career option.
- Lobbying ministries to provide scholarships or other funding assistance to facilitate further education (e.g. ongoing scholarships for primary health care nurses to complete study).
- Stimulate interest in nursing and PHC research through the provision of fellowships and training opportunities for nurses and the development of career opportunities.
- NNAs, managers and practice nurses can lobby for funds and policies that provide adequate support for nurses working in remote areas or in challenging circumstances. Support may be in the form of relief personnel, travel expenses, better resources for safety or care delivery, etc.

3. At the workplace: The role of nurse managers

The role of the nurse manager is vital in enabling and empowering nurses in practice. In the context of PHC, it is a role that supports staff in many ways, including:

- Encouraging/facilitating uptake of new information technologies, through adequate training and feedback mechanisms.
- Facilitating change management among employees.
- Ensuring the sustainability of financial, physical, and technological resources for PHC and lobbing for more resources when necessary.
- Allocating human and financial resources in a way that supports nursing involvement in PHC activities.
- Facilitating or encouraging continuing education.
- Encouraging/facitating multi-disciplinary and multi-sectoral collaboaration.
- Faciliatting opportunities for nurses working in PHC to become key players and focal points for schools of nursing and nurse educators.

4. In nursing educational institutions

Given that nurses are central to PHC delivery, their competence and leadership in PHC are critical. PHC concepts and principles need to be the basic elements in the nursing curriculum. As well, educational institutions should:

- Shift from being hospital-oriented to a broader community based focus.
- Match the curriculum to the needs of the population.
- Ensure admission criteria allow for a culturally appropriate mix of students.

- Work with NNAs and others to ensure models of best practice are available.
- Carry out research in support of nurses' role in primary health care.
- Ensure PHC concepts are practiced in student placements and service.
- Provide high-quality primary health care clinical experiences, where nurses access to a range of experience, limited responsibility and clinical preceptorship (guidance).
- Develop PHC leadership in nursing faculties and therefore maintain a critical mass of faculty in PHC.
- Offer continuing education focused on PHC.

5. In nursing research institutions

Effective PHC services need to be guided by nursing and other research so that outcomes can be evaluated for impact and cost-effectiveness. A commitment to PHC-based health systems requires a more complete evidence base, with appropriate investments made in the evaluation and documentation of experiences that allow for development, transfer, and adaptation of best practices. Nursing research institutions should:

- Collaborate with educational institutions, NNAs, governments and others to conduct research that helps make PHC a funding priority.
- Conduct reseach on approaches to educate nurses for PHC.
- Develop methods and indicators to evaluate the effectiveness of various health care providers in PHC teams.
- Stimulate interest in nursing and PHC research through the provision of fellowships and training opportunities for nurses and the development of career opportunities.
- Influence the local, national, and international research agendas by identifying priority areas of concern and gaps in information related to nursing contribution to PHC.
- Research institutes (and NNAs) can generate and use evidence from the frontline to document realities of PHC implementation and ways of attracting resources, including human resources, for PHC.

6. Nursing regulatory bodies play a fundamental role in facilitating implementation of effective pHC and nursing's leadership. They can:

- Promote nursing practice acts that allow full utilization of nursing skills and potential.
- Work with legislators to eliminate any inconsistencies in legislation and regulatory practices that restrict nurses in fulfilling their full potential in PHC.
- Work with educational institutes to ensure educational requirements meet the needs of population in terms of demographics epidemiology, cultural practices, etc.
- Develop a communication plan to ensure nurses understand all key legislative/regulatory changes.
- Regularly review legislation and regulations to ensure PHC is a cornerstone, supports current nursing practice and does not hinder appropriate nursing innovation regarding PHC.
- Collaborate with other regulatory bodies to guide legislators in creating legislation that actively aims to facilitate interdisciplinary collaboration.
- Work with regulators to resolve any issues regarding scope of practice, title protection, etc.

7. What each of us can do

Support from organized nursing at the international and national levels, educators, researchers, regulators and policy makers is crucial for nursing effectiveness in primary health care. But it is the personal commitment of each and every nurse that will truly fulfill the promise of primary health care. There are many ways and opportunities for all of us to take action to ensure nurses lead primary health care.

- Implement primary care principles in your practice no matter how you work.
- Advocate for legislation and policy allowing nurses to do more.
- Get involved in your community.
- Undertake research in your local primary health care environments.
- Work to influence educational policies.
- Push for continuing education that focuses on PHC.
- Work with NNAs to initiate/influence policy change.
- Talk with the local media, your neighbors, friends, etc. about the benefits of nurse-led PHC.
- Talk and write about your experience in PHC.
- Encourage patients and communities to lobby for increased resources and political support for PHC.

Primary health care provides a valid and universally applicable approach to reducing health inequality and improving access to essential health care. Thirty years after the Alma-Ata Declaration on PHC, the world faces challenges in access to care and quality of care. The world's nurses represent a formidable force in the global endeavor to advance PHC and to achieve Millennium Development Goals. With proper investment, and enabling legislative and practice environment, nursing can play a key role in improving the health status of the world's population.

Looking Ahead

In primary health care and throughout the health care sector, the reality is that people want choice and access to the information to make those choices. This trend will continue in the future and increasingly people will need the support that nurses can give them in accessing information and making good choices.

As emphasis and service delivery moves ever more quickly from home to hospital, curative to preventive, institutions to communities, nurses will be ever more at the center of the health care vortex – the glue that brings to continuity to care.

Nurses will become the guests in people's homes and communities and this will require different orientation and skill sets in addition to clinical skills. Capacity in advocacy, community development, communication expertise and teaching/coaching will be essential.

The future will also bring an increase in supervision and delegation of the ever growing number of cadres in health care. We will be delegating to people we don't know and supervising them remotely. The health care team will enlarge and diversify and take on a new fluidity in how the nurse functions within the team. Sometimes we will be the leader, sometimes the co-leader and sometimes a member with no specific leadership tasks. Time, team, resource and

information management will be increasingly important. We will be sharing competencies, shifting tasks and working with a wider range of providers.

In the shift from hospital to home care is successful, hospitals will have a high acuity and nurses' ability to link to the hospital to the community, to join individuals and family with the right services and build bridges between patients, patient groups and providers will be critical. This will mean more coaching, collaborating and coordinating and it is critical that we see this as caring rather than as distancing us from care.

Telehealth is an exciting area which will enable nurses to improve access, quality and continuity of care to population in all settings regardless of distance. Through telenursing, nurses will increasingly manage the demand for health services, educate consumers, counsel high risk populations, provide after hours triage, and maintain communication with patients who have chronic conditions and debilitating illnesses and provide services for widely dispersed or rural populations, making health care accessible to whole nation.

The public, patients, employers, policy makers and providers will increasingly push for essential health care based on practical, scientifically sound and socially acceptable methods and technology, made universally accessible to individuals and families in the community through their full participation, and at a cost that the community and country can afford. It forms an integral part of any country's health system. Nurses will be expected to practice PHC principles in all settings.

Delivering quality services to our communities will not happen by chance. It will happen only by choice, determined action and nursing leadership. It requires long term planning, strategic management and policy making.

Nurses and national nurses associations can lead the way to better health for all. Nurses have the knowledge, skills and numerical dominance. The public and policy makers view nurses as ethical, caring, competent, and cost effective. It's up to us to move the nursing agenda for the coming years and create a preferred future for the profession and for our societies; one that begins with quality PHC services for all communities.

Our mission is to lead our societies toward better health. Working together… we harness the knowledge and enthusiasm of the entire nursing profession to promote healthy lifestyles, healthy workplaces, and healthy communities. We foster the health of our societies as well as individuals by supporting strategies of sustainable development that mitigate poverty, pollution, and other underlying causes of illness.

(From ICN Vision Statement 2007)

Jane: the "Parang" Nurse

Jane Banez-Ockelford, indeed, was the "Parang" nurse; no pun intended. She was the nurse coordinator of the PNA's pilot PHC program established in Parang, Marikina in 1981. Marikina then was still a sleepy town famous for its shoe industry and Parang was a community mostly of urban poor dwellers, resettled squatters and factory workers in *Fortune Tobacco* that served as the area's economic central.

The moniker "Parang nurse" was also descriptive of Jane's job: "parang" to mean something like but not quite. PHC nursing was atypical as it did not entail the usual 3-shifting in an institutional job. It was a 24/7 job that meant living with and in the community, and completely integrating into the community's culture of bareness; definitely way below the middle-class comfort Jane was familiar with . It was a life of commitment rather than a job; a choice where the payoff was not monetary but a sense of fulfillment that one has served the least of her brethren.

Given Jane's background, going into community development work did not come as a surprise. As a leader of the youth arm of the Methodist Church that belonged to the progressive block of the church, she had been a witness to the sorry plight of the farmers and workers and how the government had been remiss in its mandate to serve the needs and promote the interests of the poor.

On the other hand, choosing to practice community health nursing also meant giving up the chance of a "good future" offered in a silver platter to nurses like her. Graduating from St. Luke's College of Nursing, Trinity College (now, Trinity University of Asia), at that time with consistently perfect nursing board performance, already assured Jane of an unenviable nursing job in the land of milk and honey. In fact, most in the 1975 batch followed the American dream and Jane was considered an odd-person out.

But Jane was made of a different stuff. She was defined and molded by the exposure she had had with the progressive nationalist movement of the martial law years.

She had also been greatly influenced by the exemplary and vibrant leadership of two nurse stalwarts, Dean Mary Vita Jackson and Prof. Minda Luz Quezada (both deceased) who ardently believed in and advocated the principles of PHC enshrined in the 1978 Alma Ata Declaration to which our country was a signatory. The Parang project, in fact, was a showcase of the PHC principles at the same time that it served as a real-life arena for learning by nursing students in community service work.

After her stint as a community nurse, Jane took the job of PHC Coordinator of the YWCA in Geneva that meant propagating the principles and concepts of PHC by setting up community-based projects in ten Asian countries. Her masters degree in Community Development from UP came in handy for her to have clinched this job with the endorsement of Dean Mary Vita Jackson who was a witness to Jane living and sharing the PHC "service to the people" motto. Her contribution likewise, did not go unnoticed by her fellow alumnae from the St. Luke's College of Nursing Alumna Association who, in 1983, awarded her the recognition "most outstanding community health nurse."

Thereafter, she assumed various jobs and positions in health NGOs that involved advocacy or PHC project management. A turning point, somewhat, was her deployment to Cambodia in 1990 as technical adviser for the PHC programme of CIDSE (Cooperation International pour le Development et la Solidarite).

From 1990 to 1995, Jane helped in getting the health system in Cambodia going, even as she grew to cherish being an *expat* in another Asian country. It was likewise in Cambodia that Jane met the man who brought her footloose ways to a break, a British water engineer, who wooed and won her for his wife. Jeremy Ockelford, far from being the stereotype English snob, was a gentle, soft-spoken, opera-loving fellow that contrasted Jane's extroverted disposition. It was Jeremy's perseverance and kindheartedness and grounding that did her in. Their relationship was further fortified when in 2002, after years of uneventful and generally blissful togetherness, Jane was diagnosed with a breast cancer. And all throughout her treatment, it was Jeremy who served as her pillar of strength, together with her family who trooped from the Philippines to support her.

Jane with friends from community-based health program days: Dr. Cora Añonuevo, Dr. Delen de la Paz, Mariz Abenojar, Jocelyn Beltran and Dr. Jojo Carabeo

Jane currently serves as development director for EveryChild, an international development agency working for the welfare and interests of vulnerable and marginalized children in the regions of Asia and South America, including the Caribbean. She continues to preach the gospel of Primary Health Care to the four corners of the world. From being the *Parang* nurse, she is now a *complete* global nurse. ***(Eleanor M. Nolasco)***

For people can set their direction
more clearly if the darkness
of confusion and ignorance
is lit with common wisdom.

They can move towards their dream
if the fire of faith is in their hearts.

They can face the dimness of the future
if they carry the torch of freedom.

Celebrating International Nurses' Day

In observance of International Nursing Day on May 12, also the birth anniversary of nursing beacon Florence Nightingale, the AIM Policy Center and the Konrad Adenauer Foundation, co-sponsored with the PNA and the Department of Foreign Affairs, an international video conference on the theme *"Delivering Quality Services, Serving Communities: Nurses Leading Primary Health Care."*

The event marked the 75th edition of the Globalization Lecture Series under the auspices of the AIM Policy Center and the Konrad Adenauer Foundation.

The event acknowledged the major role played by nurses in "helping shift the health system away from a predominant focus on illness and cure towards increased attention on health promotion and disease prevention;" the very essence of Primary Health Care.

The international video conference successfully brought together nurses from around the world to share their experiences in meeting the challenges and complexities of managing primary health care in their respective communities. Specifically, for the Filipino nurses with PNA foreign chapters in USA, UK, United Arab Emirates, Saudi Arabia and Singapore, the tele-video conference initialed what is hoped to be a continuing dialogue and forum with colleagues in the homeland and other parts of the world.

There were four scientific papers presented during the International Nursing Video Conference. The conference focused on New Approaches and Strategies in Primary Health Care: A Global Concern of Nurses, held on May 15, 2008, 7:30-9:00 p.m. at the Global Distance Learning Center, Asian Institute of Management . The presentation of the papers is divided into two Parts. Part I features the papers of the Philippine Nurses Association and the Philippine Nurses Association of America. Part II will be published in the July-December issue and will feature the papers of PNA United Kingdom and Ireland and Filipino Nurses Society in Saudi Arabia.

"Delivering Quality Services, Serving Communities: NURSES Leading Primary Health Care"

PHILIPPINE NURSES ASSOCIATION

Have you ever wondered why thousands of Filipino women die each year when in fact pregnancy is not a disease condition? Figures jointly released in October 2007 by UNFPA, WHO, UNICEF and the World Bank reveal that women continue to die of pregnancy-related causes at a rate of about ten maternal death per minute. In addition, thousands of young children are dying from preventable diseases like diarrhea and pneumonia. For every 1000 live births, 29 are dying before the age of one year. And another 40 for every 1000 live births die before the age of five years old (NDHS, 1993-2003). Worst, this is aggravated by the fact that 90% of Filipinos have one or more risk factors in developing non-communicable diseases (NCDs) which are lifestyle-related. Foremost among these NCDs are cardiovascular diseases, diabetes mellitus, cancer and chronic obstructive pulmonary diseases.

Poverty, hunger, increasing population and lack of health services are the commonly pinpointed reasons behind these inessential deaths of Filipinos. However, the health problems of Filipinos are far beyond economics! **Health is politics** because the voices of the poor people who suffer from these diseases are often not heard. These are the poor people who have less access to health services and information. The current health care delivery system is often disease-focused and curative rather than client-centered and preventive.

This is precisely the reason why the World Health Organization (WHO) defines **public health** as essential health services in the context of politics which aimed at removing inequalities in health in order to deliver the best health for the greatest number (mainly the poor people). (NLGN, 2007)

When members of WHO embraced primary health care in its Declaration in Alma-Ata, Russia 30 years ago, emphasis was given on the capacity of the people to take care of their own health. A sick child suffering from diarrhea will not die from dehydration, ONLY if the mother or father of the sick child knew how to prepare homemade oral rehydration solution (ORS).

Primary health care is also the best strategy to achieve the eight Millennium Development Goals (MDGs) specifically MDG # 4 to reduce childhood mortality, MDG # 5 to improve maternal health, and MDG #6 to combat HIV/AIDS, malaria and other diseases.

Defining Primary Health Care

Primary health care (PHC) to an ordinary person means basic health services that will enable them to live longer, free from harm and risk factors that will cause disease. And these services must always be available, physically accessible, affordable and appropriate to the health needs of the people in the communities.

"The eight elements of PHC are the following: education concerning prevailing health problems and the methods of preventing and controlling them; promotion of adequate food supply and proper nutrition; adequate supply of safe water and basic sanitation; maternal and child care, including family planning; immunization against major infectious diseases; prevention and control of locally endemic areas; appropriate treatment of common diseases and injuries; and provision of essential drugs." (CPH-UP-DOH, 1998, p. 1)

The above elements of PHC reflect various levels of health care: promotive, preventive, curative and rehabilitative aspects of health. Critical feature of primary health care is citizens' active participation. The community must have active role in making decisions in all phases of health management cycle – planning, implementation, monitoring and evaluation.

In a **community-oriented PHC**, decisions are mainly undertaken by the health team, and not only confined to the doctor, nurse or midwife. In a **community-managed PHC**, decisions are already initiated by the community. Thus the major responsibility for health care lies in the hands of the people and not the health implementers. The latter is the vision of PHC: **"Health in the hands of the people!"**

The Roles of Nurses in PHC

To ensure that the vision of PHC is achieved, community organizing is the main tool for empowering the people in the community. Filipino nurses are in better position to raise the health awareness of the people and to enable them to learn basic health skills in order to manage their own health. Nurses deliver services wherever people are found: in homes, schools, workplaces, prisons, health and wellness clinics, and other community settings, as well as in hospitals and research centers.

This year's theme of the International Nurses Day - "Delivering Quality Services, Serving Communities: NURSES Leading Primary Health Care" - is very timely and appropriate. Nurses must pave the way for achieving better health outcomes through primary health care. This is a major challenge to all nurses in various fields of health care - research, health policies and advocacy, health education, planning, community organizing and community development, health services and other forms of community services.

Basic principles in primary health care includes culture-sensitivity including respect for the indigenous health practices in the communities, gender-sensitivity at all times, rights-based approach, people-centered and pro-poor.

PNA Taking the Lead Role in Primary Health Care

The Philippine Nurses Association (PNA) affirms its commitment to primary health care (as embodied in the Code of Ethics of the International Council of Nurses) stating that "nurses have four fundamental responsibilities: to promote health, to prevent illness, to restore health and to alleviate suffering."

In order to sustain primary health care as the cornerstone of health policy and to ensure that the voice of Filipino nurses is heard, the PNA lead the nurses in:

- Advocate for the health care needs of the vulnerable populations like the children, women, disabled persons, indigenous communities and older people.
- Capacity-building for nurses (such as continuing education) to enhance their skills in providing basic health services to the people.
- Providing a forum for dialogue and proper understanding of the issues and differences between PHC and primary medical care.
- Lobbying for legislations and policies that enhance PHC and nurses' contributions for a balanced approach towards preventive, promotive, curative and rehabilitative services.
- Facilitating collaboration with other relevant sectors and health professional associations and other stakeholders on various fields – health education, research and advocacy.
- Working with educational facilities to incorporate PHC into nursing curricula.
- Lobby from potential donors who can provide scholarships or funding assistance to facilitate further education and nursing research.
- Disseminating research results to nurses, policy makers and others.
- Work with government and non-government agencies to influence national policy that supports nursing roles and strengthen their leadership as nurses.

WHAT CAN A FILIPINO NURSE DO?

There are many ways and opportunities for Filipino nurses to show its commitment in leading primary health care. Unifying with the ICN, the PNA enjoins every Filipino nurses to:

1. Get involved! Be a bonafide member of the Philippine Nurses Association (PNA), awarded by the Professional Regulation Commission as the Most Outstanding Accredited Professional Organization in 2003. Join any of the six Departments of PNA – Departments of Nursing Practice, Nursing Education, Nursing Research, Continuing Professional Education and Welfare, Special Programs and Services, and Political Affairs.

2. Participate actively in your community. Join health promotion and advocacy activities for facilitating people's access to basic health services.
3. Implement primary health care services in your workplace. Promote a violence-free and decent work environment.
4. Integrate primary health care in educational institutions. Provide adequate opportunities for nursing students to have community immersion.
5. Undertake research in your local primary health care environments.
6. Volunteer in your communities by undertaking health activities that alleviates the poor people's suffering from discomforts, pain, trauma and diseases.
7. Conduct home visits and do counseling of families on promotion of healthy lifestyle that covers good nutrition, physical activity and exercise, stress management, safe sexual life and promotion of smoke-free environment.
8. Organize the people in the community and empower them through basic health skills training, leadership training and health care management.

References:

College of Public Administration – University of the Philippines and Community Health Service – Department of Health. 1998. *Forging Community-Managed Primary Health Care*, p.1, Quezon City.

Department of Health. 1993. *National Demographic Health Survey (NDHS),* 1993 – 2003, Philippines.

International Council of Nurses (ICN). 2008. *International Nurses Day Kit: Delivering Quality, Serving Communities: Nurses Leading Primary Health Care.* Geneva, Switzerland.

National League of Philippine Government of Nurses (NLPGN), 2007, *Public Health Nursing in the Philippines,* Manila.

The PNAA approach of delivering Primary Health Care
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As we celebrate the 21st International Nurses Day, the Philippine Nurses Association of America (PNAA) takes part with all Filipino Nurses in America as they strive to surface the struggles in continuing their cause via this videoconference.

Guided by the theme: "Promoting a culture of excellence, dedication, commitment to community, involvement and passion for the next generation", the PNAA has develop its program thrusts. The foci of the association which are in harmonization with the ICN Position and WHO declaration include: Profession & Avocation, Partnership and Community Building, Funding Resources and PNAA Initiatives and Linkages.

Evidently, PNAA makes it a point to deliver primary health care to the Fil-Am community in New York, Maryland, Virginia and USA as a whole or even in the Philippines through its various initiatives. One initiative is the Project AsPIRE which has provided 31 health assessments in the 1st quarter of 2008. This was made possible with collaborative efforts with Damayan, Kalusugan and Coalition, Creation of a Module for Core Curriculum in Ethno geriatrics, Lobbying for safe passage of QOL in Breast Cancer Survivors, Conduct of Community/Research forum on Filipino health, Advocate for culturally competent, accessible and affordable healthcare, Research agenda to eliminate health disparities, conducted Balik-Turo to 9 hospitals & Schools of Nursing with 11 sessions and attended by 1,700 participants and a Medical mission to Luzon, Visayas and Mindanao with 21,696 visits, surgeries and dental care.

The PNAA with its competence and world recognition has been a persistent initiative awardee for 5 consecutive years. It has received a $15,000.00 grant to develop an Evidence-based clinical practice guidelines and $95,000.00 grant for advocating smoking cessation programs.

PNAA looks forward to delivering, serving and leading primary health care for the Fil-Am communities in the future through barangay managed care, Nurse run clinics, EBP outcome studies and establishing community self sustenance. The results PNAA shall inform the nursing community, come next International Nurses Day.

Go in search of your people:
Love them.
Learn from them.
Plan with them.
Serve them.
Begin with what they have.
Build on what they know.
But of the best leaders
When their task is done,
Their work accomplished,
The people all remark:
"We have done it ourselves."

Lao Tzu, *Chinese Taoist Philosopher*

Advocacy Work and PNA

The word 'advocate' comes from a Latin word meaning 'to be called to stand beside'. It is a process of speaking up for, or representing, a person or cause. Advocacy can enable people to take more responsibility and control for the decisions which affect their lives. Advocacy represents the strategies devised, actions taken and solutions proposed to influence decision-making at the local/regional/national level to create positive change for people and their environment.

PNA has a clear mandate to take action towards changing of public policies, programs and resource allocation especially on issues and concerns directly or indirectly affecting the nurses, clients and the nursing profession. Thus, the PNA has a role to challenge power relations through policy environment (policy and decision makers) and public opinion. As an advocate, the PNA acts on behalf of the nurses of the country, with the conscious effort to empower not only the nurses but the target audience through consciousness-raising in the process of generating the broadest support possible in upholding the association's interest.

Through the dynamic, critical and persevering initiatives of the Chair of the Department of Political Affairs led by Ms. Eleanor M. Nolasco and committee members, advocacy work has gained so much momentum and visibility during the first year half of 2008. The tremendous support of the PNA President, Dr. Leah Samaco-Paquiz and Executive Director, Ms. Mariz Abenojar, nurse leaders like Dr. Carmelita Divinagracia, President of ADPCN, Dr. Marilyn E. Lorenzo of the UP Manila College of Public Health, the Board of Nursing under the leadership of Dr. Carmencita Abaquin and officers and members of Nursing Specialty Groups, projected the collective strength of the nursing profession.

The PNA has been active and visible in advocating for nurses' rights and giving them a stronger voice so that their wishes and needs are known. The professional organization made efforts to respond appropriately to current issues and concerns affecting its constituents, both in the country and overseas press releases. It has come out with strong and principled statements/position papers on various issues namely:

- The Pending Bill Seeking Access to Quality And Affordable Medicines For The People
- Position Paper on the Sentosa Case
- Position Statement on the Japan-Philippine Economic Partnership Agreement (JPEPA)
- Position Paper Opposing Institution of Practical Nursing Program in the Philippines
- Philippine Nurses Association Demand Due Respect for the Worth And Dignity Of Nursing Profession (WINROX Ad)
- The CHED Memorandum Order No. 5, Series 2008
- Many Filipino Nurses Now Underemployed And Unemployed

POSITION ON "ACCESS TO QUALITY AND AFFORDABLE MEDICINES FOR THE PEOPLE"

The Philippine Constitution mandates the State "to adopt an integrated and comprehensive approach to health development which shall endeavour to make essential foods, health and other social services available to all the people at affordable cost."

Millions of Filipinos are dying due to infectious but treatable diseases because they have no access to them. According to the studies conducted by the National Drug Policy Program Group of the department of health (NDPP-DOH), the very expensive prices of medicine that are the highest in the ASEAN region, that is 250% - 1,600% higher than other countries as of 2002 are a factor to the continuing decline of the Philippine health care system.

The profit-oriented Transnational Corporations (TNC's) control the domestic drug industry commanding 72%-80% of the market to a high of 75%-90% as the remaining 32% is shared by both foreign and local players of the industry. There is no real national drug industry because we do not have a petrochemical industry to process the basic raw materials that are also largely imported. The local drug industry is limited to formulating, processing, packaging and distributing the drug products of TNCs, but does not manufacture finished products from raw materials. Some functions merely as product licensees of the multinationals.

TNCs dictate the prices of medicines, with the local firms paying royalties to their mother companies.

Ineffective and weak implementation of the Generic Law contributes to the high cost of medicines.

Government should respond to the problem of making safe and effective medicines affordable for the Filipino people at low cost:

- Compulsory licensing for medicines as part of the patent law.
- Use parallel importation of medicines as a scheme

where similarly branded drugs that are cheaper in other countries are imported and introduced in the local market.
- Greater support to local drug companies thru incentives such as tax holidays, and reduction of taxes leading to lower production costs and assure an adequate level of price competition.
- Assist local drug manufacturers in building their research and development capabilities in providing cheaper alternative medicines by tapping abundant indigenous plants as raw materials and improve productivity, competitiveness and sustainability of Philippine pharmaceutical industry.
- Enforcement of price control of essential drugs, impose sanctions and penalties on firms overpricing their medicines and insist on the inspection of accounting books of drug companies to protect the consumers.

Let's put an end to the Transnational Corporations' (TNC) monopoly control of the local industry.

Let us work towards a self-reliant national drug industry!

POSITION ON THE "SENTOSA CASE"

The Philippine Nurses Association (PNA) strongly denounces the prejudiced treatment and excessively unfair situation currently being faced by 26 Filipino nurses who were recruited from the Philippines by the Sentosa Recruitment Agency, a single proprietorship run by Francis Luyun. Sentosa works in partnership with Ben Philipson, a Danish national and a permanent resident of the US who owns and manages 14 nursing facilities in New York. Even upon arrival in the United States, it was already quite evident that Sentosa was shortchanging the 26 Filipino nurses when they were made to work for different nursing facilities other than those provided for in their contracts.

Moreover, these Filipinos were paid, not by the nursing facility where they worked, but by the Sentosa Services Prompt Nursing Employment Agency (which meant that they were not getting their full pay, as the agency gets a certain percentage from the workers' salaries.)

It is further saddening to note that Sentosa did not fulfill several of its commitments, based on the pre-employment agreement, as follows:

a. That the licensure and certification expenses of the Filipino nurses will be reimbursed; worse, a couple of them were not even reimbursed their plane fares from Manila to New York, earlier promised by the recruiter and likewise reflected in the Sentosa Recruitment Agency flyer.
b. That immediately upon arrival in the US, all 26 Filipino nurses will work as registered nurses. In fact, a few of them got their limited permits about 3 weeks after their arrival while majority got their limited permits or licenses two months after.
c. That the nurses will be paid reasonably. It turned out that some of the Filipino nurses started out as "clerks" and were paid only US$12-$14 per hour, compared to the prevailing US$24 per hour wage rate for a nurse. The nursing home where the Filipino nurses worked were paying higher than the prevailing price, at US$35-$45 an hour to their staff nurses. Worse, some of the Filipino nurses were not paid for actual work hours rendered; some were underpaid and others were not paid the night shift differentials and even their holiday duty.

We likewise condemn Sentosa's moves to purportedly reprove and discipline the Filipino nurses when they bonded to fight for their rights - first, Sentosa withheld the green cards of the Filipino workers and only released them when confronted with the fact that the US Immigration Service has already confirmed that these cards have earlier been sent to Sentosa Care's office in Woodmere.

Second, Philipson and his group of companies tried to harass the Filipino nurses by filing a counter-complaint against them for alleged breach of contract; later, Sentosa's lawyers also filed administrative cases against the Filipino nurses before the New York State Education Department so that these nurses will not receive their limited permits to work for other employers. The effects of such harassment were most felt when a number of Sentosa employees who claimed to be victims of Sentosa discrimination and exploitation and who voiced willingness to file charges against Sentosa and even signed affidavits to this effect, detracted from their decision out of "fear for their lives".

Aside from the wages issue, the Filipino nurses brought to the fore other problems confronting nurses in the US, such as patient healthcare, understaffing and improper/incomplete orientation or training.

A case for discrimination against Philipson, Sentosa Care, LLC, and Prompt Nursing Employment Agency, has already been filed before the Office of Special Counsel for Immigration-Related Unfair Employment Practices of the US Dept of Justice in Washington, DC. Moreover, during the last week of April 2006, administrative cases have been filed before POEA against the Sentosa Recruitment Agency for violation of recruitment rules and regulations; also labor claims filed against Philipson and Luyun before the NLRC and criminal cases against Sentosa Recruitment Agency and Luyun for illegal recruitment before DOJ (the criminal cases were forwarded to the Anti-Human Trafficking Division of the DOJ.

What we find most unfortunate, however, was that after a year, nothing concrete has come out of these cases. Further, there were several attempts to quash the case, as follows:

a. in early May 2006, New York Senator Charles Schumer wrote the New York Consul General of the Philippines, interceding in behalf of Philipson and his Sentosa group of companies. (It is common knowledge that Philipson was one of the big financiers to Schumer's senatorial bid.) Schumer also wrote POEA following the issuance of a preventive suspension order against Sentosa.

b. Even our own officials were guilty of political interference, to include then Presidential Chief of Staff Mike Defensor who called up POEA Administrator Baldoz to lift the POEA preventive suspension order she signed on May 24, 2006 against Sentosa Recruitment Agency. Also, POEA's Deputy Administrator for General Administrative Support Services, Carmeilita Dimzon, told the prospective recruits during a Sentosa recruitment seminar in Manila in May 2006, that Sentosa had no pending cases filed against it.
c. The preventive suspension was lifted on June 8, 2006, after Sen Schumer wrote Adm. Baldoz reminding her not to take any action that she deemed inappropriate and immediately following Defensor's call.

We must throw our full support to the Filipino nurses who continue to face the ordeal of fighting an apparently powerful conglomerate in New York whose tentacles even reach our own government machinery. They are waging a battle not only for themselves but for the entire Philippine nursing sector. We must join hands with other sectors to be heard and we call on our legislators and other government officials to stand by us. MABUHAY ANG PINOY NARS!!

POSITION ON THE JPEPA

The Filipino nurses constitute the biggest foreign-educated nurses in the United States. There is also a growing number of nurses in Europe and Middle East. They are dubbed to be the best nurses in the world. Global respect for the quality of caring and the competencies of the Filipino nurses have undoubtedly evolved from the Filipino nurses produced by the Philippine Nursing Education, regulated by the Philippine Board of Nursing, and provided experience and training by the Philippine Nursing Practice. The Philippine government shall maintain the pride, dignity and professionalism of Filipino nurses.

The Filipino nurses politely decline the offer of Japan as it is currently embodied in the JPEPA. Nurses strongly feel that the bilateral agreement shortchanges the professional qualifications of Filipino nurses and exposes to potential abuse and discrimination those who may be unwittingly enticed to seek Japanese employment under its bilateral channel.

Even Japanese Nurses are Aware that Reforms are needed in the Local Japanese Nurses Condition!

Filipino Nurses are calling for the rejection of the JPEPA with keen regard and utmost consideration to the official position of the Japanese Nursing Association (JNA) that reforms and improvement in the working conditions salaries and benefits of local Japanese nurses should first be instituted before the entry of Filipino nurses. They should institute to improve the working conditions of local Japanese nurses first before they can ensure that Filipino nurses will have favorable working conditions in Japan.

Discrimination

Under the bilateral agreement, the odds are unfairly stacked against us. It could be said that with the JPEPA, Japan slightly opened the gate to the yard, but double-bolted the door to the house.

Under the present inequitable terms of the JPEPA, a qualified Filipino nurse will not be accorded the equal status of a full-fledged Japanese nurse practicing in Japan.

Indonesian Nurses, who studied nursing in three years only without licensure examinations and two years experience, are currently accorded better placement and career opportunities by Japan than Filipino nurses who had four years of nursing education, passed the licensure examination and had 3 years working experience.

Not Nursing Practice but Training

Even with a bachelor's degree earned from four years of higher education in the Philippines, proof of competence by virtue of having passed the Philippine Licensure Examination and three solid years of work experience, the Filipino nurse will go to Japan not to fully practice the nursing profession but to become a **trainee**. Under the JPEPA, the Filipino nurse must train under the supervision of a Japanese nurse for up to three years. If unable to pass the nursing licensure examination in Japanese, the Filipino nurse would have to be deported.

Not salaried but given allowance…
Neither employees nor workers…
Hence, not protected!

As trainees who have not yet passed the Japanese Licensure Examination, the Filipino nurses risk receiving mere **trainee allowance** *(not **salary** for a professional practice of nursing).* They also risk having virtually zero employment right in Japan as they are considered neither employees nor workers under Japan's Immigration Control Act. Specific provisions committing Japan to international core labor standards and the protection of the rights of migrant health workers are also absent in the agreement.

Also, Japan's failure to ratify ILO Convention no. 111, otherwise known as the Discrimination (Employment and Occupation) Convention, is an indication that the Japanese government is not keen on addressing the persistent problem of discrimination on the basis of race, gender, language and social status in Japan.

Better opportunities in other countries

Thus, exposed to generally unfavorable working conditions in Japan, the Filipino nurse would be spending three years of his or her life hoping for real work when he or she could have a rewarding professional career in other countries abroad with better remuneration than what Japan currently offers even to its local Japanese nurses.

Unrealistic Demand for Filipinos to Speak Nihonggo, a suspicious agenda of cheap labor

Filipino nurses acknowledge that communication skills form an integral part of health care service delivery and that a working facility with the Japanese language is a valid

requirement for nursing practice in Japan. **But the language skills required by the JPEPA are so high as to constitute an almost impregnable barrier to our entry**. Filipino nurses, given the unnecessarily stringent requirements, will most likely end up providing ***cheap labor and quality nursing care*** as nursing trainees in Japanese health care facilities.

Philippine Situation not worse than Japan Situation

If only Filipino nurses are aware of the plight of the Japanese nurses, they will realize that we have a similar situation here in the Philippines. Even with the promulgation of RA 7305 or the Magna Carta of Public Health Workers, the greater benefits and increased remuneration for nurses mandated by that law are ignored by the Philippine government. This is a major factor to the many reasons why Filipino nurses decide to look for foreign employment. As the Philippine situation is not ideal for Filipino nurses, the JPEPA offers a blurred opportunity that discriminates the Filipino nurses, and in effect attract Filipino nurses to serve Japanese (instead of Filipinos) for a future that after all does not belong to them. Nurses should rather see the value of staying in the Philippines to serve the Filipinos (and given professional accord and protection by the government) that being "exported," discriminated and without clear career path and security.

A Nurse is Not a Commodity!

The economic values of JPEPA should exclude the nurses for the issue is beyond just the influx of economic variables but the **dignity of professionals** that Philippines have been proud of in the global market. A Filipino professional nurse, reduced to a trainee, paid allowance, and given neither protection nor assurance of tenure and career path in Japan, may indeed bring in economic productivity but shall certainly hurt the self-esteem and the rightful pride of being a professional nurse in particular and of being Filipino in general.

"Beggars can't be choosers." True! But Filipino nurses are not begging for job in Japan for the rest of the world has been wanting the service of Filipino nurses.

POSITION OPPOSING INSTITUTION OF PRACTICAL NURSING PROGRAM IN THE PHILIPPINES

We, the nursing sector representing all the nursing associations, specialty groups and other nursing institutions from public and private sectors, **declare our strong objection to the institution of Practical Nursing (PN) program and further oppose the insertion of PN by CHED** through a proposed ladderization of the nursing curriculum.

We deplore moves that impose upon the nursing profession, critical proposals like the PN program that gravely impact our nursing profession already saddled with a host of serious problems that need immediate meaningful intervention.

Well-trained health workers save lives! (WHO, 2006). This is the Human Resource for Health (HRH) Development philosophy currently pursued around the world espoused by the World Health Organization. It seems that the current efforts on health human resource development are not harmonized with this dictum.

Philippine trained nurses have been and are in high demand globally particularly because of the quality of professional nurses being produced in the country. To date, the Philippines may be the only country with a single preparation at the Bachelor of Science in Nursing level, which prepares professional nurses for service, academic and leadership positions here and abroad. There is definitely a global demand for professional nurses, not for practical nurses.

We are unequivocally opposed to the institution of practical nursing on three major points:

1. *There is no local demand nor positions for practical nurses within the Philippine Health Care Delivery System particularly in the light of the oversupply of nurses and subsequent unemployment of graduate nurses;*
2. *There is no global demand for foreign-trained practical nurses, only for professional nurses; and*
3. *There is no licensure of practical nurses provided for in the Philippine Nursing Act (RA 9173) and therefore the institution of practical nursing programs has no legal basis.*

To further substantiate these points, we offer the following:

1. There is already an oversupply of different types of health workers in the Philippine health care system, with nurses comprising the biggest number. Adding another type of health worker will further bloat the health manpower amidst a market unable to absorb this production level. We have about 65,000 newly registered nurses just in 2007. In the coming years, we expect some 100,000 new hopefuls who will be churned out yearly by the country's 460 nursing schools many of whom will be unemployed. This does not even consider the vast numbers who do not pass.
2. As it is, the quality of nursing education is already deteriorating because of the proliferation of poor performing nursing schools that are not effectively monitored and regulated. By CHED's account, only 12 nursing programs are recognized as excellent while an additional 18 were identified as highly performing in terms of board performance and quality to ensure that their students acquire the nursing competencies to deliver quality health care. There is not enough training capacity within the country with only about 20 percent of about 1,600 hospitals that have formal training capacities. With the introduction of the Practical Nursing program, we will further tax the already overburdened training hospitals and nurse preceptors. In the end, the safety and well-being of the patient is compromised and endangered.
3. The protection of public safety is a key policy goal that Philippine nursing shares with all other health

professions. The Filipino people who will benefit from well trained human resources should likewise be a major concern of education, business and other sectors.

4. Many countries notably, USA, Canada and UK, are currently considering adopting a single standardized nursing program such as what we have in the Philippines. In Canada, a definite move towards a single BSN preparation for their nurses is happening. In view of this, introducing the PN program is a global trend regression and untenable.

We are convinced that the proposal to introduce the PN may not be an effective economic strategy. Instead of creating more jobs, it will lead to more unemployment and exploitation by unscrupulous businessmen who see this as another income opportunity in enrolling young people without real job opportunities both here and abroad. The bigger stake here is the welfare of would-be enrollees, the unemployed nurses, and ultimately, the welfare and safety of the Filipino patient.

We believe that there are already viable propositions that we need to revisit and review to effectively address the critical issues confronting nursing systems (both practice and education, including all HRH involved in the provision of nursing services) as part of the bigger picture of a national health situation just as grim. The proposed introduction of the PN program is not part of the solution.

We therefore strongly recommend that moratorium on the operation of existing practical nursing program be imposed and that serious review of this program be undertaken in proper consultation with the critical stakeholders to close existing PN programs that have no mandate. It is not fair to urge for the revision of the Philippine Nursing Law just to legitimize these programs.

We reiterate our firm objection to the institution of Practical Nursing program in the Philippines to promote a progressive nation.

Institutionalizing Practical Nursing
is a step backward in progress …
Not forward!

POSITION ON THE CHED MEMORANDUM ORDER NO. 5, SERIES 2008 MAY 26, 2008

The **Philippine Nurses Association (PNA),** the Accredited Professional Organization of the Professional Regulations Commission (PRC) with 92 local chapters nationwide and 9 foreign chapters abroad **hereby declare its strong support to the implementation of the CHED Memorandum Order No. 5, Series of 2008** to provide a quality and relevant nursing education.

Contrary to the news released by some media last May 23, 2008, the PNA represented by its **National President, Dr. Leah Primitiva G. Samaco-Paquiz, a member of the CHED Technical Committee on Nursing Education (TCNE), fully believes and supports the rationale of the new and enhanced Four-Year Bachelor of Science in Nursing (BSN) program.** PNA has been part of the discussions on the policies and standards of this new 4-year BSN Program. This BSN Program aims to produce a fully functioning nurse who is able to perform the competencies under each of the Key Areas of Responsibility as enumerated in Article IV Section 5 of CMO # 5 which are as follows:

1. Safe and Quality Nursing Care
2. Management of Resources and Environment
3. Health Education
4. Legal Responsibility
5. Ethico-moral Responsibility
6. Personal and Professional Development
7. Quality Improvement
8. Research
9. Records Management
10. Communication
11. Collaboration and Teamwork

The **5-Year BSN Program** which was proposed by the previous CHED TCNE **was not approved by CHED** and thus was never implemented. **It never gained ground and support** because aside from being too long a program, it is going to be more expensive. What we have is still a 4-year BSN Curriculum which was enhanced and reconfigured for development of competencies. The additional related learning experiences (RLE) hours which are 357 RLE hours equivalent to 7 units are spread through the 4 year curriculum from levels 1 –4.

Thus, PNA reiterates its firm stand to support the CHED Memorandum Order No. 5 on the enhanced 4-year BSN Program.

Remember:

- *Discussing advocacy is easier than done.*
- *Not all people can be good advocates because not all people will take the option of serving others and pursuing this vigorously until the goals are attained.*
- *Advocacy is a manifestation of shared leadership towards self-appreciation and self reliance of the people.*

Filipinos Beyond Borders:
POPULATION AND DEVELOPMENT DIMENSIONS OF OVERSEAS LABOR MIGRATION*

Facts and Figures
Who are the OFWs? How has overseas employment changed their lives and the nation's economy? How does this relate to the country's population concerns, human development, and prospects of economic growth? The *State of the Philippine Population Report 4* discusses Filipinos' international migration from a population and development perspective. It focuses on temporary labor migration, which involves overseas Filipino workers or OFWs. Here are the facts and the figures.

Profile of the OFWs
- Most of the OFWs are young, with the median range of 32. the biggest number of women are in the 25-29 age group, while the men 45 and over. (NSO)
- From 1995 to 2003, males outnumbered females; in 2004 and 2006, females outnumbered the males. (NSO)
- More females are getting newly hired- 7 out of 10 of the new hires in 2000-2005, and 6 out of 10 in 2006. (POEA)
- The largest number of OFWs comes from CALABARZON (16.8%) and the National Capital Region (16.4%). (SOF)
- Forty-four percent of OFWs reached college, 31% in high school and 12% in grade school. (YLS)
- Forty-one percent of the households belong to the Class D income group with monthly household income of P6, 000-P14, 000. (FIES)

Overseas Destinations
- The Middle East is the most popular destination, with Saudi Arabia topping the list, employing 1, 001, 330 OFWs as of 2006. (POEA-CFO)
- Top destination countries from 2000 to 2006 are Saudi Arabia, United Arab Emirates, Kuwait, United States, Hong Kong, Qatar and Japan. (CFO)
- Women OFWs predominate in 7 out of 10 top destinations in 2002: hong Kong 93%, Kuwait 74%, Singapore 72%, Italy 63%, UAE 56%, Japan 53%, Taiwan 53%.

Jobs
- The biggest number of OFWs are laborers and unskilled workers (355,000 in 2004), followed by trade-related workers, machine operators, service and sales workers. (NSO)
- New hires from 1992-2005 mostly service workers (1, 281,437) production workers (1,057,073), and professional and technical workers (919, 522). (POEA)
- Women OFWs are mostly doing domestic and healthcare-giving work. Some are in entertainment.

Remittances
- A total of US$87.64 billion worth of remittances were sent in by OFWs through banks from 1995 to 2006. (POEA)
- Sixty-five percent of remittances are sent through banks, 20% through door-to-door channels, 6% through money transfer agencies. (ADB)
- On the average, OFWs send home remittances of $340 monthly. (ADB)
- Average yearly remittances was P72,795.00 per OFW in 2004. (NSO)
- OFWs commonly remit around 60% of their earnings. (ADB)
- Remittances are spent on food, clothing, education, health care, housing, appliances, land, farm animals, and motor vehicles.

Economic and Social Consequences
Benefits to the individual migrant worker
- Better financial status, opportunities for better quality of life.
- Increased self-confidence, autonomy, stronger bargaining position in the family.

Cost to the individual, particularly women
- Gender discrimination- menial work, lower wages
- Abuse, exploitation, sexual harassment
- Exposure to health risk and hazardous situations

Benefits to the family
- Bigger income, improved standard of living
- Ability to spend more for health and education
- Ability to save and invest

Changes in family roles and relationships
- Some family members become over dependent on remittances.
- The parent left behind becomes a solo parent.
- Children become seasonal orphans or are left in the care of other relatives.
- Changes in family relationships could result in marital problems, family breakdown, and development in children.

Impact of remittances on national economy
- Add significantly to the country's gross national product (GNP).
- Contribute to the country's dollar reserves. Remittances accounted for 58% of the Philippines' gross international reserves in 2005.
- A source of foreign currency that helps finance imports, prop up the peso value, and improve the country's balance of payments.
- Help increase per capita income, and contribute to the poverty reduction. A 2.5 percentage point increase in the remittance-GDP ratio is associated with a 0.5 point decrease in the number of people living in poverty.

POPDEV Dimensions Overseas Labor Migration

Overseas Employment and Population
- The Philippine population is now 86.4 million, the 12th largest in the world.
- Rapid population growth is due mainly to continued high

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* Reprinted from **THE STATE OF THE PHILIPPINE POPULATION REPORT 4** of the Commission on Population and the United Nations Population Fund

FEATURE

NURSES LEFT BEHIND:
The Case of Three Catholic Hospital Nurses

Felipe L. Muncada, *SVD, PhD*[1,2]

Much of the research on migration looks at the migration process itself or the effects of migration on the migrants and their families. Macro studies focus on the impact of migration on the host countries and sending countries. This paper looks into the people left behind. In particular, this research focuses on the nurses left behind.

The Philippines is a major nurse-sending country in the world. Nursing is seen as a passport to jobs abroad – and hence to a better life. From hospitals in the Middle East to a country hospital in England or the United States, Philippine nurses are an ubiquitous presence. The question is who are the nurses left behind? Who takes care of the patients in the local hospitals in the Philippines? The question is of utmost importance in order for the Philippines to maintain the quality of health care in local hospitals.

Nurses left behind are young. They are left behind but for only a few months or years after which they, in turn will leave the country. There are, however, nurses who do not plan to work abroad. The paper discusses the reasons for not leaving the country. The paper also discusses several strategies practiced by some hospitals in order to maintain the quality of health care in the Philippines.

I. Introduction

Picture this: One day your father passed out while working. He was brought to the hospital and eventually it was found out that he had a myocardial infarction. When you visited him, he was in the ICU being attended by a young nurse - a recent graduate with perhaps a few months in the hospital experience. Would this not concern you? Perhaps not since you are either too worried to think of other things. But upon closer look, there might be some things to be concerned about. Does this nurse have enough training to take care of the sick - especially of this ICU patient in particular? Is there anybody monitoring her movements?

The exodus of Philippine nurses is a daily experience in the Philippines. Various scholars studied the phenomenon and lamented at the effect this migration of nurses have on the local health care. They appealed to the government for intervention - like a mandatory rural service and bilateral agreements with host countries (Galvez Tan, 2007). Sad to say, all efforts seem to fall on deaf ears. Some government officials are all too willing to leave migration to run its "natural" course. In the words of a CHED official, "there has been nurse demand before and soon it tapered and stopped. The current nurse demand is no different from previous ones."[3]

There is a big difference in the current nurse shortage. It will not abate in the near future. Studies show that there is a world-wide demand for nurses. The population in the first world countries like the US, UK and other European countries is fast becoming aged and hence there is a need for more health care workers. Batata (2005) claims that this is aggravated by the local nurses' disdain for hard work with a salary that they perceive to be incommensurate with their efforts. And even when, there are students willing to take up nursing, the academe is not ready to train them (AACN, 2007). There are few instructors available in (US) nursing schools.

But rather than tackle the nurse demand and supply issues, this paper focuses on the nurses left behind - at least until they get their turn to go abroad. Knowing the profile of the nurses left behind enables us to produce effective programs to manage whatever human resources is available. Hence, instead of lamenting on the loss, must focus energies on maximizing and making the best of what is at hand.

Migration scholars have long studied the phenomenon of human movements. Migration has been explained by different theories: equilibrium theory, modernization theory, dependency and world-system theory, to name a few. But ultimately, the United Nations Declaration for Human Rights asserts that migration is a basic human right. Everybody has the right to leave one's own country and to return to it. Reasons could range from economic, personal safety and well-being or personal fulfillment, etc. Economistic explanation of migration usually focuses on the disparity of salaries that create the push and pull pressures. Areas with lower salaries are "pushed" to move to areas with higher salaries. Some scholars noted that people would tend to migrate as long as the expected higher income is greater than the current income. After considering the expenses incurred in the migration process such as travel costs, housing, and other expenses before eventually getting a job, if the expected salary is even a little bit higher than their current local salaries, people will tend to decide to migrate to that place.

If such is the case, with the great disparity of wages between the Philippines and first world host countries, controlling the migration of Philippine nurses is virtually impossible. For instance the starting salary of a new nurse in the province is about 7,000 pesos a month.[4] This peaks at Php 15,000 for a head nurse. According to Spratley, Johnson, Sochalski, Fritz & Spencer (2000), this is incredibly miniscule compared to the average annual salary of $57,000 in the US. This translates to about $4,000 a month (about Php 180,000.00 a month at Php45.00 per dollar). A Filipino nurse working in the US earns 31 times more than his/her

[1] *This study has been made possible through the funding of Nanzan University, Nagoya, Japan during my official sabbatical leave. This article had been edited to comply with editorial policies.*

[2] *I am grateful to Drs. Yu Fang Li, Nancy Sharp and collabo rators for allowing me to use their Nurses' Survey form. This paper uses the demographic section of the survey.*

[3] *Informal interview with a CHED official in Region VII*

[4] *Interview a nurse in Tacloban City.*

counterpart in the Philippines. In light of the expenses in matriculation and other expenses for the nursing course, which is about 500,000 pesos, it would take only about three months to recoup the expenses if one works in the US.[5] On the other hand, it would take about six years working in the Philippines just to break even with education expenses.

Thus, thousands of nurses leave the country. Nursing schools are on the rise to take advantage of and cash in on the situation in order to accommodate thousands of students who want to leave the country using their nursing caps as passports. One is left to wonder, who are the nurses left behind? Who are the nurses bound to leave hospital nursing? What is being done to maintain the quality of the health care service? These are some of the questions this paper study tries to address.

II. The Outflow of Philippine Nurses

The current labor migration of Filipino workers, especially of nurses, can be traced back to the time of President Marcos (Marcos, 1973). At that time, there was a great need for nurses in the US and elsewhere. The Philippine government was confronted with the question of whether to limit or control labor migration in order to safeguard the local health care system. President Marcos responded by encouraging the production of nurses. If other countries need nurses, then the Philippines will produce more nurses enough for local as well as foreign demand. And so decades passed and labor migration which was then conceived as a temporary solution has become an unofficial stand of the country. Human labor - not limited to only nurses - has become the largest export of the country.

The Philippine Overseas Employment Agency (POEA) processes the papers of Filipino nurses and other workers bound for different countries. Below is the data of the outflow of Philippine nurses to Saudi Arabia and the US from 1992 to 2006.[6] See Table 1.

Table 1. Flow of Philippine Nurses to Saudi Arabia and USA, 1992-2006.

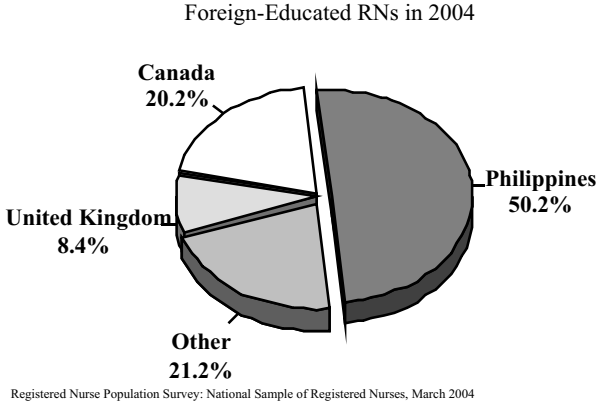
Year	Total Flow	Saudi Arabia		U.S.A.	
		N	%	N	%
1992	5,747	3,601	62.66	1,767	30.75
1993	6,744	3,762	55.78	1,987	29.46
1994	6,699	3,032	45.26	2,833	42.29
1995	7,584	3,015	39.75	3,690	48.66
1996	4,734	2,711	57.27	268	5.66
1997	4,242	3,171	74.75	11	0.26
1998	4,591	3,473	75.65	5	0.11
1999	5,413	3,567	65.90	53	0.98
2000	7,683	3,888	50.61	89	1.16
2001	13,536	5,045	37.27	304	2.25
2002	11,911	5,704	47.89	320	2.69
2003	8,968	5,740	64.01	196	2.19
2004	8,556	5,640	65.92	373	4.36
2005	7,094	4,620	65.13	229	3.23
2006	8,076	5,640	69.84	202	2.50
Total	111,578	62,609	56%	12,327	11%
Average	7,438	4,173		821	
From 1997-2006 (10-year span)					
Total	080,070	46,488 (58%)		1,782 (2.2%)	
Ave/yr	008,007	4,648		178.2	

Note that a Filipino nurse can be unlisted from the statistics if he/she did not pass through the POEA. This could happen if the nurse went to the country of destination under a different visa and eventually finds a job in that country as a nurse. Similarly, once abroad, nurses are very much free to move around.

Ask any nurse about his/her desire country of destination and most of them will respond: USA, UK or Canada. Looking at the data, however, it is clear that Saudi Arabia gets most of the nurses. In 1998, three-fourths of nurses passing through the POEA went to Saudi Arabia while less than 1% went to the US. In 2006, 69.8%, or more than two-thirds of nurses went to Saudi but only 2.5% were registered as going to the US.

Nurses going to the US were at its highest at 48.6% in 1995. This decreased to 4.36% in 2004. Surprisingly though, a nurse population survey in the US in the same year showed that more than half of foreign nurses in the US are Filipinos (Sprately, et al, 2000). This could mean that Filipino nurses are entering the US without going through POEA. Or, since Filipino nurses would tend to take permanent residency in the US, their numbers have cumulatively increased (Fig. 1).

Figure 1. Foreign Educated RN in USA, 2004



The main obstacles towards working in the US are CGFNS and NCLEX. CGFNS weeds out nurses who would most likely fail the US state board examination. Before the institution of CGFNS, Filipinos taking the board examinations had a very low passing rate. NCLEX on the other hand is the board examination itself. Passing NCLEX is a guarantee that the nurse will be accepted in hospitals.[7]

Until recently, NCLEX was offered only in Saipan, Guam, American Samoa, Virgin Islands, and Puerto Rico.[8] This means a huge expense for the nurse. Including registration fees, travel, accommodation and review fees, it would cost about Php 100,000 to take the examinations. Fortunately, NCLEX is now available in the Philippines. Nurses will only have to pay for the registration fees and review fees if they want to take review classes.

[5] *Matriculation amount from interview with administrators of College of the Holy Spirit (Manila) and Divine Word College (Legazpi).*
[6] *Philippine Overseas Employment Agency (POEA) in-house data.*
[7] *NCLEX: National Council Licensure Examination*
[8] *All Nursing Schools Homepage, "Common Q & A. NCLEX Examinations"; available from http://www.allnursingschools.com/faqs/nclex.php; Internet; accessed February 20, 2007.*

With NCLEX available in the Philippines, we can expect more nurses going to the US. The US, by allowing NCLEX to be administered in the Philippines is openly admitting the great demand for nurses in the US. The American Hospital Association (2005) estimates that by 2010 about one million nurses will be needed in the US. Also, by allowing NCLEX to be administered in the Philippines, the US is proactively tapping Philippine nurse supply.

This brings us to the next chapter. If Philippine nurses are leaving in droves, who are the nurses left behind? Why are they left behind? How long will they be left behind?

III. Those Left Behind: The Demographics[9] and Perspectives

The Demographics:

Participating Hospitals and Respondents

The following data were obtained from three Catholic hospitals I will refer to them by their location. The first hospital is in the greater Manila area, the second in Cebu City and third in Tacloban City. It is interesting to note that while these hospitals are located far from each other, the demographic characteristics are so similar that one can conclude that other hospitals - even public hospitals may have the same general profile.

The table below shows the number of participating nurses and the response rates to the questionnaire.

Table 2. Participating Nurses

Hospital	Participating Nurses	Response Percentage	Number of Questionnaires
Manila	96	80%	120
Cebu	146	97%	150
Tacloban	76	95%	80
Total	318	90.8%	350

Most of the nurses are women and indeed, the results confirm this. Among the three hospitals, more than 80% of hospital nurses are women. There are more female nurses in Manila (94.8%) compared to Cebu (84.2%) and Tacloban (88.9%).

The majority of Catholic hospital nurses are young - below thirty years old. More than eighty percent of nurses in Cebu and Tacloban are between 20 to 29 years old. Cebu (85.6%) has the youngest hospital nurses. Three-fourths of Manila nurses are under thirty years old. Less than 3% of the nurses are in their 40's. Close to ten percent (9.5%) of nurses in the Manila hospital are in their forty's and above. Cebu, on the other hand had only 1.4% of their nurses in their 40s. There are few nurses aged between 30 and 39. These are the more experienced nurses. If they are not in the Philippines, they would be nowhere else but abroad. An even fewer nurses in their 40s and 50s are still around. Most of them will be involved in administrative duties.

Confirming the young age of hospital nurses is the year when they graduated. More than two-thirds of Manila (67.7%) nurses graduated in the 2000s. More than three-fourths (76.7%) of Tacloban and 84.8% of Cebu nurses graduated in the 2000s. Only about 5% of Manila and Tacloban nurses graduated in the 80s and about 1% in the 70s.

Belonging to a professional organization in the Philippine context would normally mean belonging to the Philippine Nurses Association or similar associations. The Philippine Nurses Association is the biggest and only accredited professional nursing association in the Philippines. It is active both in the legal, academic and professional issues that concerns Philippine nurses. Data from the three hospitals show that the majority of nurses in all three of the hospitals belong to a professional organization. Membership is highest in Manila hospital nurses (100%), followed by Cebu nurses (93.1%). Tacloban nurses have the lowest participation at 85.1%).

Half (50%) of Manila nurses have dependents while close to two-thirds (58.1%) of Tacloban nurses have. Only one-third (32.6%) of Cebu nurses have dependents - the lowest in the group. A dependent refers to family members, siblings and extended families that may depend on the nurse in one way or another for their economic needs.

Of the three hospital nurses, one-third (36.8%) of Manila nurses are breadwinners. The figures are low in Tacloban (20.3%) and even lower in Cebu (17.2%). Interestingly, while only 20% of Tacloban nurses are breadwinners, close to two-thirds (58.1%) have dependents. In the South, where families would tend to be larger and more extended, there would tend to be more dependents - like cousins and aunts but at the same time, nurses would not be the main breadwinners of the family since most of them are young and unmarried.

Perspectives:

Desire to leave the country: One indication of the desire to leave the country is when a nurse takes a CGFNS or NCLEX. Taking CGFNS or NCLEX takes both time and money. Those taking them have a concrete plan to apply for a nursing job in the US. Data show that two-thirds (64.2%) of Manila nurses have taken either CGFNS or NCLEX. Fewer nurses from Cebu (14.8%) and Tacloban (16.2%) have taken the examinations. Perhaps, the discrepancy can be due to the availability of information about the examinations. Also, as mentioned earlier, these examinations are costly. Manila nurses have higher salaries than their counterpart in Cebu and Tacloban hence would have more resources available for such examinations. Another reason maybe is the fact that nurses in these areas are interested to work in countries other than the US,[10] although future data may reveal a different trend.

Plan to work abroad as nurse: Asking directly whether the respondents plan to work abroad as a nurse show that close to two-thirds (57.4%) of nurses in Manila plan to do so. Forty-five percent (44.3%) within the next 12 months while 13.1%

[9] *The demographic data is only is small part of survey.*
[10] *The reader should note that NCLEX has just been offered in the Philippines in 2007.*

within the next 6 months. Less than half (42.6%) have no plans within the next year. See Table 3. Cebu nurses have the greatest percentage among those who plan to work abroad at 94.7% (adding "within 6 months and within 12 months). More than two-thirds (68.4%) within the next 12 months, while 26.3% plan to work abroad within next 6 months. Only 5.3% have no plans to work abroad as nurse. Tacloban follows a similar trend with three-quarters (75%) of its nurses planning to leave their local posts within the year. If it is a consolation, nobody plans to leave within the next six months. Only five percent (5.5%) have no definite plans of working abroad as nurse.

Table 3 shows how many among those who took CGFNS/NCLEX plan to leave and work abroad. It also indicates how many of the respondents with dependents and who are breadwinners in their families plan to leave and work abroad.

It is interesting to note that among Manila nurses who took CGFNS/NCLEX, about two-thirds (57.4%) plan to leave and work abroad. In the case of Cebu nurses taking CGFNS/NCLEX is even more predictive of leaving to work abroad. More than ninety percent (94.7%) plan of leaving. In the case of Tacloban nurses, three-quarters (75%) of those who took either of these exams plan to leave and work abroad. It is fascinating to note that a quarter (25%) of Tacloban nurses and 42.6% of Manila nurses took the exams but have no plans of leaving to work abroad. Perhaps, there was an initial desire and plan to work abroad but this was derailed by other concerns.

Table 3. Plan of Leaving and Working Abroad among Nurses who took CGFNS/NCLEX, with dependents and who are Breadwinners

HOSPITAL	CGFNS/NCLEX		DEPENDENTS		BREADWINNER	
	Leaving	No Plans	Leaving	No Plans	Leaving	No Plans
Manila	57.4% (n=35)	42.6% (n=26)	54.2% (n=26)	45.8% (n=22)	57.1% (n=20)	42.9% (n=15)
Cebu	94.7% (n=18)	5.3% (n=1)	78.7% (n=37)	21.3% (n=10)	72.0% (n=18)	28.0% (n=7)
Tacloban	75% (n=9)	25% (n=3)	48.4% (n=15)	51.6% (n=16)	67.7% (n=10)	33.3% (n=5)

Having *dependents* does not really deter a nurse from leaving to work abroad. More than three-quarters (78.7%) of Cebu nurses still plan to leave and work abroad. More than half (54.2%) of Manila nurses who have dependents intend to leave and work abroad while almost half (48.4%) of Tacloban nurses share the same vision. Being a *breadwinner* in the family does not also seem to prevent a nurse from planning to work abroad. Almost two-thirds (57.1%) of Manila nurses who consider themselves as breadwinners plan of leaving. Close to three-quarters (72%) of Cebu nurses plan to leave while more than two-thirds (67.7%) of Tacloban nurses share the same sentiment.

One clear picture emerges: the majority of those who took CGFNS/NCLEX plan to leave within a year. Taking a CGFNS/NCLEX indicate a definite and strong determination and at least work abroad. For one thing, these exams involve extra efforts for review. Second, these entail additional budget for examination fees and travel expenses. It should be noted however, that as earlier mentioned, the majority of Cebu and Tacloban nurses have not taken CGFNS/NCLEX; the majority of nurses are not breadwinners; and except for Cebu nurses, about half of the nurses have dependent parents or relatives.

Reasons for not leaving

What could be the reasons for not leaving? This question was answered by all the respondents, including those who may have actual plans of leaving the country to work abroad. Hence, this is a hypothetical question for those who actually plan to leave. In varying degrees, nurses from Manila, Cebu and Tacloban cite *lack of funds* (Manila 25.6%; Cebu 36.2% and Tacloban 41.4%) as the major reason for not leaving the country. (See Table 4.)

Not leaving in order to *serve the country* is the second reason for Manila nurses (23.3%). For Cebu nurses *other reasons* account for one-third (37.8%) of the nurses' reason for not leaving.[11] This is slightly higher than *lack of funds*. The *presence of dependents* is the second reason for Tacloban nurses (18.6%). For Cebu nurses, *presence of dependents* is the third main reason for not leaving (12.6%). Note that Manila nurses, where opportunities for leaving abroad should be more abundant than Cebu or Tacloban, cite *lack of opportunity* as the fourth reason for not leaving (14%). The same reason scores accounts for 10% of Tacloban nurses. This is more understandable considering the lesser flow of information and opportunities available. Only 4.7% of Cebu nurses cite *lack of opportunity* as the reason for not leaving.

Table 4. Reasons for not leaving

HOSPITAL	LACK OF FUNDS	LACK OF OPPORTUNITY	DEPENDENTS	SERVE COUNTRY	OTHER
Manila	25.6%	14.0%	22.1%	23.3%	15.1%
Cebu	36.2%	4.7%	12.6%	8.7%	37.8%
Tacloban	41.4%	10.0%	18.6%	17.1%	12.9%

IV. Discussion

So who are the nurses left behind? Table 5 below shows the profile of nurses left behind. Manila nurses are generally below thirty years old and graduated in the 2000s. Half of them have dependents but only one-third (37%) is the main breadwinner. Two-thirds (64%) took either CGFNS or NCLEX and about two-thirds (57%) will leave in one year time. The main reason for not leaving is lack of funds.

Table 5. Summary description of nurses left behind

PROFILE	MANILA	CEBU	TACLOBAN
Age	<30 yrs.	<30 yrs.	<30 yrs.
Year Graduated	2000=68%	2000=85%	2000=77%
Membership in Professional Organization	100%	93%	85%
Presence of Dependents	50%	33%	58%
Breadwinner	37%	17%	20%
Taken CGFNS/NCLEX	64%	14%	16%
Leaves in 1 Year to work abroad	57%	96%	75%
Main reasons for not leaving	funding	other	funding

[11] *Others category include loneliness, not yet ready to leave family, unfinished business and other personal reasons.*

These are the nurses left behind. These are the same nurses who will leave the country in a few months or in the coming years. What are the implications on the health care system? How do hospitals make do with what they have and at the same time maintain the quality of the health service?

The exodus of Philippine nurses has vast implications for the patient, the hospitals and the nurses themselves. For patients, they can continue to expect more and younger nurses in years to come. Taking it positively, young nurses are full of energy and are very willing to learn. They offer excellent service - if not because it is their duty, because of the much needed certificate of training.

Taken negatively, first year nurses are bound to be more ambivalent or tentative in their actions and tend to commit more mistakes. Bedside manners may also aggravate the condition of some patients. At the very least, nurse trainees who lack professionalism can be annoying to the patients. The last thing a suffering patient wants is being bothered by a barrage of the same tests conducted by different batches of new nurses or new doctors for that matter. Unfortunately, this is the everyday experience of many patients with every new nurse and new doctor wanting to gain new experiences.

Relationships between nurses and physicians may also impact nurses' attitude towards patients. Such relationships can be rocky between nurses and physicians/staff among new nurses. Looking at the correlation between age and verbal abuse by physician or staff shows a statistically significant negative correlation: (-0.209** Manila); (-0.233** Cebu). Older nurses are less likely to be verbally abused by physicians or staff - which is the same as saying that younger nurses are bound to be more verbally abused by physicians and staff. Perhaps it is the inexperience of younger nurses that provokes the ire or reprimand by senior staff members. The opposite is true when it comes to compliments from physicians, patients or visitors. Data from the Cebu hospital indicate that nurses' age is positively correlated with receiving compliments from patients or visitors (+0.183*); (+0.259**); (+0.286**). Older nurses tend to also receive compliments from physicians or other staff member (+0.286).

For hospitals, the exodus of more experienced nurses can be expensive in the long run due to hidden costs involved in training and retraining of new personnel. It can also be debilitating to the service being offered in a hospital and discouraging for other co-workers and administrators. But with the present situation, administrators and staff train nurses but they leave as soon as they gain some basic experience. With this, hospitals have gained another mission - training nurses on top of its mission to take care and cure the sick. But with the demand for more "training of nurses," sometimes "curing" part becomes the victim. Hospitals have to be keen on nurse staffing by always being on the look out when to start recruiting fresh blood into the staff.

On the positive note, some hospital administrators welcome this exodus of nurses. Old nurses leaving the hospitals mean that salaries will be kept low. The influx of new and young nurses means that salaries will always be kept at their starting levels. In terms of the quality of service rendered, young nurses may be wanting but their energy and willingness to learn may be enough to offset the balance. Young nurses are energetic unlike the older nurses who are already worn-out, slow and weak. Young nurses are very willing to learn new skills and hence more docile compared to older nurses whose ways are already set. Hospitals see training nurses not only as service to the new nurses themselves but also service to future patients these nurses will have.

The secret in maintaining the quality of health care service is in maintaining the balance between providing health care and giving training to nurses. Some hospitals are more successful in this than others. For nurses, getting the proper and right amount of training is another necessary step to getting a job abroad. With the great number of nurses graduating each year, there are more nurses who want to train than hospitals that can train them. Hospitals are deluged with a large number of new nurses. The result is fewer hours and fewer real "hands-on" opportunities on basic skills. Indeed, some hospitals charge fees - and nurses are willing to pay to get trained in these hospitals. When hospitals have a well placed training program, the certificates of training that come from these hospitals are indeed very valuable.

Conclusions:

With the fast turnover of nurses, hospitals have developed their own strategies in order to maintain the quality of nursing care. One strategy is "shadowing." In this strategy, another nurse is assigned to closely follow the work load of a nurse who is scheduled to leave the hospital. A second strategy is nurse training program towards a sustainable nurse staffing. In this program, the hospital assigns nurse mentors whose main job is to train new nurses. They develop and implement nurse training programs making sure that new nurses will have a well rounded training. A third strategy is to give incentives to nurses. Hospitals also offer "goods" such as computers, and even cars or loans for cars to "desirable" and valued nurses. It is interesting to note that many nurses do stay because of these incentives.[12] But more than temporary incentives, Aiken, Clarke, Sloane, Sochalski, Busse, Clarke, Giovannetti, Hunt, Rafferty, & Shamian, (2001,p.51) argues that "hospitals will have to develop personnel policies and benefits comparable to those in other lines of work and businesses, including opportunities for career advancement, lifelong learning, flexible work schedules, and policies that promote institutional loyalty and retention." Until these core issues are addressed, it will be very difficult to retain qualified nurses.

With the government's dependence on remittances, there is a general reluctance to control labor migration. Migration of nurses can be expected for the years to come. Thus it is imperative not just to produce more nurses but produce excellent nurses of export quality. Hospitals will have to make do of what available manpower there is. Training programs that ensure both excellent training and offers consistent and safe health care to patients have to be in place. This means enforcing quality control on nursing schools. Without regard to political pressures, nursing schools with consistent dismal board examination passing rates should be closed. Without these in place, the Philippines will end up producing low quality nurses who are unable to pass board exams, unable neither to work locally nor internationally. Inferior education wastes a lot of resources and gives false hopes to students. Since nurses are in the front-line in the health care service, it is also dangerous to patients. If hospitals will end up more as training hospitals, then hospital administrators may look at the possibility of direct negotiations with foreign hospitals which they can supply a consistent number of nurses trained with appropriate skills that

[12] *Personal interview with Nurse Alice Wagas, R.N. MHA.*

may be needed abroad. Doing so, local hospitals may also improve their equipment and services available to local patients.

About the Author

The author, Felipe (Philip) Muncada, is a member of the Society of the Divine Word (SVD). He is a missionary to Japan since 1983. Currently he is teaching at Nanzan University in Nagoya, Japan. He obtained his M.A. and Ph.D. at The Catholic University of America in Washington, DC.

References

Acac, Rizalene P. "Licensed Practical Nurses seek recognition." The Inquirer – Internet Edition. Available from http://globalnation.inquirer.net/news/news/view_article.php?article_id=45407; Accessed September 29, 2007.

American Association of Colleges of Nursing (AACN). "Nursing Faculty Shortage Fact Sheet." Available from http://www.aacn.nche.edu/Media/FactSheets/NursingShortage.htm; Accessed July 1, 2007.

Aiken, L.H., Clarke, S.P., Sloane, D.M., Sochalski, J.A., Busse, R., Clarke, H., Giovannetti, P., Hunt, J. Rafferty, A. & Shamian, J. (2001). "Nurses' Reports On Hospital Care In Five Countries: The ways in which nurses' work is structured have left nurses among the least satisfied workers, and the problem is getting worse." Health Affairs. Volume 20, Number 3. Available from http://content.healthaffairs.org/cgi/reprint/20/3/43.pdf; Accessed September 19, 2007.

All Nursing Schools Homepage. "Common Q & A. NCLEX Examinations." Available from http://www.allnursingschools.com/faqs/nclex.php; Accessed February 20, 2007.

American Hospital Association. "Taking the Pulse – The State of America's Hospitals." Available from http://:www.aha.org/aha/content/2005/pdf/TakingthePulse.pdf+The+State++America%27s+Hospitals+Taking+the+pulse&hl=en&ct=clnk&cd=1&gl=ph&client= firefox-a; Accessed February 16, 2007.

Batata, Amber S. (2001) "International nurse recruitment and NHS vacancies: a cross-sectional Analysis." Available from http://www.globalizationandhealth.com/content/1/1/7 ; Accessed June 30, 2007.

Ernell Spratley, E., Johnson, A,, Sochalski, J., Fritz, M. Spencer, W. (2000). Registered Nurse Population Report: Findings from the National Sample Survey Of Registered Nurses Available from http://bhpr.hrsa.gov/healthworkforce/reports/rnsurvey/rnss1.htm; Accessed February 15, 2007.

Li, Yu Fang, Nancy Sharp and others. "Nurse Staffing and Patient Outcomes in VA."Available from http://www1.va.gov/pshsrd/docs/Nursing_Staff_Survey.pdf. Accessed October 3, 2006.

Marcos, Ferdinand. "Address of His Excellency President Ferdinand Marcos." In Proceedings – 1973 PNA Convention. *Philippine Journal of Nursing.* 43(1). Manila, Philippines. 1973: 13-23.

Mediavilla, Sam. "US: Vast Market for practical Nurses"; The Manila Times - Internet Edition available from. http://www.manilatimes.net/national/2007/jan/19/yehey/top_stories/20070119top4.html. Accessed September 29, 2007.

Muncada, Felipe. "Philippine Nursing Schools: A Close-up on Passing Rates," Academia Humanities and Social Sciences 83. Nagoya. Nanzan University, June 2006. pp. 315-353.

Galvez-Tan, Jaime Z. (2007). "Philippines: The Challenge of Managing Migration Retention and Return of Health Professionals" Available from www.academyhealth.org/nhpc/foreignpolicy/2006/galveztan.ppt; Accessed September 21, 2007.

United Nations Declaration of Human Rights. "Universal Declaration of Human Rights." Article 13. Available from http://www.un.org/Overview/rights.html; Internet; Accessed July 2, 2007. .

U.S. Department of Health and Human Services, "Registered Nurse Population: National Sample Survey of Registered Nurses, March 2004. Preliminary Findings"; Available from http://bhpr.hrsa.gov/healthworkforce/reports/rnsurvey/default.htm ; Accessed September 10, 2006.

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fertility. The average number of children born to woman in her reproductive years is 3.5.
- Rapid population growth strains the capacity of families and the country to provide for their members, making overseas employment an attractive option.
- Half the population is below 21. This implies a high dependency burden.
- Around 18 million young people will reach the working age and be added to the labor force in the next five years.
- 1.5 million jobs have to be generated every year to absorb the growing labor force. The local economy is unable to provide enough jobs, prompting Filipinos to work abroad.

The Feminization of Migration
- Women have more freedom, greater sense of self-worth, and a stronger bargaining power in the family.
- On the other hand, they could be exploited, violated and sexually harasses while working abroad.

Global Migration Trends
- Developed countries have low fertility levels. Their population growth comes mostly from migrants from high-fertility countries, like the Philippines.
- Many of the top destinations of OFWs in the developed world have declining birth rates and rising number of elderly population.

Human Resource Formation
- Remittances spent in the education of children help in the education of children help develop the country's future labor force.
- New skills and technologies acquired in overseas work contribute to Filipinos' human capital build-up.
- However, overseas labor migration takes away as much as 10% of the country's human capital-the percentage of the labor force comprising OFWs.
- The departure of skilled service providers may affect the country's education and health delivery systems, and the development of human capital.

Marks of Leadership...Inspiring Leadership...

2008 PRC OUTSTANDING PROFESSIONAL IN NURSING

JOSEFINA A. TUAZON, *PhD*

One of the recipients of the highest award given by the Professional Regulatory Commission is an exemplar of leadership in nursing. Josefina Angeles Tuazon is currently the Dean of the College of Nursing, University of the Philippines Manila. She has held various positions in local and international bodies among which are as head of the World Health Organization Collaborating Center for Leadership in Nursing Development in the Philippines, as member of the Board of Advisers of Japan Journal of Nursing Science, and as Vice Chair of the Steering Committee of the Philippine Coalition for the Prevention of Non-Communicable Diseases under the auspices of the Department of Health (DOH).

Leadership is not a one-day thing.
It is a constant commitment to excellence,
a habit...a daily practice.

Dr.Tuazon has contributed significantly to the advancement of Philippine nursing education. She has acted as project leader and consultant in important endeavors such as the development of a training program for Deans of Nursing Colleges on Leadership and Management. This program, conducted in 2005 and 2007, was implemented in partnership with the Association of Deans of Philippine Colleges and the Asian Institute of Management. She has written relevant modules for the Open University on topics related to Nursing Care in Cardiovascular Conditions, Advanced Pathophysiology, and Theoretical Foundations in Nursing. In recognition of her achievements in teaching, she was one of the awardees of the prestigious Metrobank's Outstanding Teacher Award in 2000.

She has done numerous studies and some of her works were published in peer-reviewed international and local nursing journals. She was the founding editor of the UP Manila Journal in 1995 and has been is the editor of said Journal up to the present. Along with her qualified competence in research, she is a much sought-after speaker here and abroad, appearing in various gatherings of nursing practitioners, researchers, and educators.

As a manifestation of her effective discharge of the profession's social responsibility, Dr. Tuazon, took with courage, to head the Special Nursing Review organized by the Department of Labor and Employment in relation to the nursing leakage issue in the June 2006 Nursing Licensure Examination. Her social responsibility extends to the national community through her advocacy work particularly in the prevention of asthma, promotion of healthy lifestyle, and diabetes education.

As an Outstanding Professional Nurse, Dr. Tuazon can only be an epitome of excellence in the nursing profession.

HONORABLE LEADER

COMMISSIONER
RUTH RAÑA-PADILLA

She has earned what no other nurse, yet, has ever earned: a seat at the Professional Regulations Commission, the government body mandated to regulate and supervise the practice of eleven professions in the country, among them nursing. For our colleague, the distinction is doubly significant because she did it despite not having post-graduate titles appending her baccalaureate degree. While some may raise an eyebrow, those who knew her and have followed her rise in the career ladder would agree that this is not beyond her league.

Introducing **RUTH PADILLA nee RAÑA**: first nurse Commissioner, Professional Regulations Commission. "Ruth" graduated from St. Luke's College of Nursing, Trinity College of QC (now Trinity University of Asia) in 1975, and passed the licensure examinations the same year. She went into rural service for 6 months, then mandatory under the BSN 5-year program, working as community nurse in one of the towns in the North. Charming even then, it did not take long for the town's sought-after bachelor and political upstart , Carlos M. Padilla, to take notice and be smitten. Their union bore three children, now young adults, living their lives and creating their own niches.

Family life is probably the ho-hum part for Ruth secured as she is that home will always be her fortress and sanctuary. Yet, Ruth did not take the backseat even as her husband's political star shone. She stood by his side and helped him build his political base by doing public service for the people of Nueva Vizcaya's lone district that he now represents in Congress and in various capacities for the last 20 years.

As her husband's political career shored, so did Ruth's. Her genuine concern for people and dedication to service and diligence to finish whatever she involves herself in, professionally and as the supportive wife of a local politician, did not go unnoticed. This was evident when she herself had been voted into the elective positions of, first, as vice-governor in 1986, and as the province's governor in the subsequent year.

Her stint in local politics served as the impetus for her winning another elective position, this time within the nursing circle, as president of the local PNA chapter of Nueva Vizcaya. It was a position she held for ten years that led to her ascent as regional governor for Region 2 concurrently holding the position of National vice-president for Finance. And eventually, assuming the PNA national presidency from 2003 to 2005. Thereafter, she became a member of the Presidential Task Force that successfully lobbied for the Philippines to be an NCLEX testing site. That was In 2006; same time she was chair of the Nomination Committee for members of the BON.

The interim between 2005 and 2006 however, would stand out in Ruth's career path because that was when she went through the proverbial "needle's eye." The nursing profession was thrown into chaos by the leakage scandal that involved leaders and icons in the nursing industry. Ruth, as the previous PNA president was caught in a difficult spot where she had to make a choice between friendships and convictions. And the Capricorn in her, while fiercely loyal to friends, is uncompromising to truth. With her choice to uphold the truth, she painfully had to cut ties. Largely by example, Ruth has shown that title does not a person make. And truth is truth regardless of title and position.

Her brand of leadership anchored on integrity and passion for service are the elements that must have put her in her present role as PRC commissioner. Yet, with the honor comes the grave responsibility to steer the country's professional human resource to sterling performance, locally and globally. With her track record, Ruth, undoubtedly could very well deliver.

All who have accomplished great things have had a great aim, have fixed their gaze on a goal which was high, one which sometimes seemed impossible.
- Orison Swett Marden

EXCELLENCE IN NURSING PRACTICE: MOST OUTSTANDING NURSE PRACTITIONERS

The awardees of the 7th ANSAP and B. Braun Search for Excellence in Nursing Practice (Front Row from Left: Ms. Leonila Barbosa, , Dr. Elsa V. Castro, Ms. Felina Hernandez. Back row from left: Maj. Cristina Blanca Trinidad, Col. Editha R. Arriola and Capt. Ana

The Association of Nursing Service Administrators of the Philippines and B. Braun Medical Supplies, continues to search for the finest nurse practitioners in the country. On their seventh year, they have chosen two chief nurses from Mindanao, an Air Force nurse and a Military OR nurse, a testament to the dedication they have for the profession in any location or situation.

One of the awardees, **Ms. Leonila Barbosa**, a nurse practitioner from Mindanao, has served the people for 31 years. Barbosa was nominated by their Hospital Chief for being instrumental in upgrading safe nursing practice not only for nurses in their hospital, but for nurses from neighboring cities and provinces. She has earned recognition as the Department Model Employee of 2007.

An advocate for nurses, women's and children's causes, **Ms. Felisa Hernandez**, Chief Nurse of Cotabato Provincial Hospital solved their understaffing problems. She boldly proposed to the provincial government to hire contract of service nurses. Her proposal was approved and was successfully implemented and replicated by other LGUs. She provides programs for the continuing professional advancement of nurses in her region serving as PNA Governor for Region 12.

Considered to be "the most unique of this year's awardees" is **Capt. Ana Lisa J. Morata**, a flight nurse of the Philippine Air Force. Capt. Morata airlifts military and civilian patients in peace and war times nationwide. She is team leader or training coordinator of the Air Force Health Service Mobile Team. Recognizing the need to respond to the need for more nurses, both civilian and military, she has successfully spearheaded the Intensification and Recruitment Program of the Nurse Corps since January 2005.

Major Cristina Blanca Trinidad has also been familiarized to battle wounds since she was commissioned to Military Service in 1991. She has taken care of soldiers and civilians alike, having taken part in the first surgical team which treated over a hundred battle casualties and performed 18 major surgeries. Commended the Philippine Army Nurse Corps Officer for Year 2007, she continues to find happiness and strength in serving the people, a reward that she considers beyond compare. Despite Military Services, Maj. Trinidad participates in various organizations and incessantly quench her thirst for knowledge through her personal pursuit of graduate studies.

Other nurse practitioner awardees include: **Elsa V. Castro**, RN, MAN, Ph. D., VP for Nursing Service at the World City Medical Center, was given the Award of Leadership and **Col. Editha R. Arriola**, AFP Medical Center Command Nurse was commended for her service.

The ANSAP Davao Chapter was awarded the Most outstanding local chapter. Chapter President, **Vilma Comoda**, Chief Nurse of Davao Medical Center, together with the officers received the recognition.

The difference between the impossible and possible lies in a person's determination.

Dr. Leticia B. Puguon, Governor of Region 2 was recently conferred a PUBLIC SERVICE AWARD for being an Active Member of the United Church of Christ in the Philippines (UCCP) at Imugan, Santa Fe Nueva Vizcaya, a Supervising Public Health Nurse(Nurse IV) of the Provincial Health Office of Nueva Vizcaya and as Governor of Region 2 of the Philippine Nurses Association. The Award was given to Dr. Puguon on the commencement of the 60th Annual Session of the Northeast Luzon Conference held at UCCP, Imugan, Santa Fe, Nueva Vizcaya on May 15, 2008.

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THE 28th JULITA V. SOTEJO GRAND LECTURE

On June 17, 2008, the UP College of Nursing Alumni Association, Inc, held its annual Julita V. Sotejo Lecture at the SMX Convention Center at the Mall of Asia in Pasay City. The Lecture was established in 1979 in honor of Dean Julita V. Sotejo, the founder of professional nursing in the Philippines. She had an extensive and significant role in the development of Philippine Nursing until 2004, upon her death at the age of 98.

This year's Lecture, held in conjunction with the University of the Philippines centennial celebration, had for its theme "Nation-Building Through Caring." The lecture was delivered by Dr. Marita V.T. Reyes, former Chancellor of UP Manila, and who is known to be an activist, unionist, and an advocate of women's reproductive rights. She stated that nation-building must be infused in the consciousness of every health professional. To do so, nation-building must be an important learning objective in the health curricula. Nation-building must be in the mission statements of all professional schools. She believed that Dean Sotejo demonstrated nation-building throughout her life beginning with the establishment of the College of Nursing in a university setting that would become a pillar in caring for the Filipinos and the country.

Three panel members delivered their reactions to the lecture. Dr. Caesar Agnir, President of Northern Christian College in Laoag City, himself a multi-awarded management practitioner and educator, spoke of professional nursing "as an instrument for provoking social conscience, for calling attention to the urgency of institutionalizing a systematic response to the crying needs of our increasingly poor, marginalized and vulnerable brethren." He stressed that Christian ethics must be a core subject in the curriculum, since they are indispensable ingredients in nation-building. For a people bereft of ethical values can never be truly a nation.

Another reactor, Father Romeo J. Intengan, was educated as a medical doctor. He is presently the president of the Society of Jesus. For him, social justice, as a concrete manifestation of nation-building attitude of caring, entails the struggle to reduce, if not, to eliminate poverty in one's country. It means the equitable distribution of wealth and opportunities among people. He said that if we really care for our people, and if we want to build our nation, each one must work towards pursuing equal access to the economic resources needed for a decent and productive livelihood, to the requirements for good physical and mental health, and to quality education.

Ms. Kalayaan Pulido-Constantino, Executive Director of Gender Policy Development and Advocacy, is active in women's organizations working for reproductive health policies and programs and fighting against women's violence. She agreed with Dr. Reyes that nationalism is key to nation-building. She said that nationalism must be rooted in our common history as a Filipino people. She stressed that nationalism is more than just displaying the Philippine flag during Independence Day and more than just being against anything American. It is about having clarity on what is of the best interest of a nation and fighting for it. She said that our country needs to be nursed back to health, where there is social justice for every one, especially the poor. ***(Cora Añonuevo)***

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The Award was given in full recognition of her exemplary achievement in the pursuit of her chosen career, having demonstrated exceptional quality of leadership imbued with lofty idealism, courage, impeccable record in public service, thereby contributing much to the development of her constituents and the community.

More Pride of PNA:

Dr. Teresita I. Barcelo, Incumbent Governor of Zone 1, PNA-NCR and Professor of Nursing at the University of the Philippines Manila College of Nursing, was awarded the Most Outstanding Teacher in June 2008. This award is in line with UP Manila's Annual Search for the Most Outstanding Teacher.

Dr. Erlinda Castro-Palaganas, Professor of Management at the UP Baguio, Chair of the PNA Publications Committee, former Governor of Region I and PNA Corporate Secretary, was unanimously elected as National President of the All UP Academic Employees Union, the first and only accredited/recognized faculty union of the UP System.

Leaders accomplish great things and inspire others to grow in responsibility and skills. Leaders give their best in whatever job they're doing. Perseverance, service, and reliability are important qualities. Any of us can take on leadership roles and qualities just by doing our jobs in a dependable way and encouraging others to share in and help us in attaining a worthwhile vision.

Meet the New PNA Executive Director

She walked in the PNA headquarters to renew her membership and ended up taking a seat. That was September of last year and she has not gotten out of that seat since.

Meet the new PNA Executive Director, Ms. Maristela Presto-Abenojar, RN, MAN.

Maris graduated from the Pamantasan ng Lungsod ng Maynila (PLM), College of Nursing, batch 1983, under the 4-year BSN program. That same year, she took the nursing licensure board exams and passed it with flying colors. Thereafter, she plunged into work as a nurse organizer-researcher-trainer in Council for Primary Health Care, a deviation from the usual work route of bedside nursing new nurses took. The job that Maris took entailed complete integration with poor people in far flung rural communities and also among industrial workers in urban areas.

Maris was a product of her time.

- She was part of the 80's generation where idealism translated to activism and what kept the students and young people busy were involvement in activities for social reforms and transformation.
- She got her inspiration and mentorship from then Dean of the PLM College of Nursing Mary Vita Jackson and Prof. Minda Luz Quesada, both distinguished nursing stalwarts of that era, who blazed the way for a redefinition and revision of the BS nursing curriculum that must be enjoyed by all.
- From her initial work as nurse-organizer, she became Program Coordinator; and ultimately, in 1988, the first Executive Director of the Institute of Occupational Health and Safety Development (IOHSAD): a health NGO that pioneered in organizing & training of Health & Safety Committees among blue-collared workers, integration of health and safety provisions into the Collective Bargaining Agreement of organized trade unions, and in conducting participatory action research (PAR) on health and safety hazards in various industries such as mining, semiconductors, textile, metal and banana/pineapple/coffee plantations.
- Three years later, she took the critical role of National Program Coordinator for Organizing and Networking in the newly-formed Alliance of Health Workers that embraced the collective interests of the general health workers (not only the nurses) and actively participated in the successful passage of the Magna Carta for Public Health Workers in 1992.
- She assumed several other positions: Executive Director of the Philippine Women's University's Community Outreach Department for three years (1995-1998); Project Coordinator of the European Commission (EC) for its Women's Health and Safe Motherhood Project-Partnerships Component (WHSMP-PC) with the Department of Health; Dean of the College of Nursing, in St. Scholastica's College of Health Sciences in Tacloban City (2003-2005); College Secretary of the Graduate School of Health Sciences (GSHS) in her alma mater PLM; Consultancy work for the United Nations Population Fund (UNFPA) 6th Country Programme of Assistance with the Department of Health (DOH).

In the 25 years of her professional practice, the various jobs she has assumed honed her people-skills and served as good training ground for her present role as Executive Director of the PNA. Yet, for Maris, her sweetest and most gratifying "success" come from raising four self-actualizing and self-reliant children. Them, she considers her greatest blessings and treasures. In between work and family, Maris was able to hurdle her masteral studies graduating from University of Asia and the Pacific with major in Nursing Administration in 2003.

As a whole, life has not been a walk in the park for this lady-lioness who is turning a year older this July. But her working-class background and lifetime of grassroots integration have fortified the survivor spirit in her. So even when she gives you the girlish look and the bubbly laugher, you can be sure that behind this façade is one tough cookie who lives by the adage, "when the going gets tough, the tough gets going." ***(Eleanor Nolasco)***

"Behind the Scenes...at the Forefront!"

Have you been to PNA National Office? When was the last time you visited the home of nurses? The National Office of the Philippine Nurses Association (PNA) is a home for nurses and friends of nurses...not only because there are rooms for them to stay in the dormitory but also because it is the nurses' most frequently sought venue for multipurpose functions such as business meetings, seminars, continuing professional education, workshops and conferences. It is also the place where nurses apply for or renew their membership to PNA as a proof of their being "professionals".

The day-to-day operation of PNA is managed by a pool of personnel whose dedication cannot be undermined. They are the people who attend to your needs... always at the forefront of

PNA activities. Their faces and names seldom appear in journals, souvenir programs, press releases or other publicity materials of PNA. But they are part and parcel of PNA's milestone accomplishments as a strong professional organization.

I am happy to be given this opportunity to "paint" the faces of the "unseen forces" of the organization. Their dedication at work is noteworthy to commend as they continue to serve the Filipino nurses in their own humble capacities.

One of the most popular staff of PNA is this committed woman from Pangasinan, who have spent 32 years of her energetic life in PNA. Right after graduating from the Philippine College of Commerce (PCC), Bachelor of Science in Commerce, she began working as Librarian of PNA in 1976. After 14 years, she was promoted Senior Clerk. And in mid-2003, she was appointed Officer-In-Charge for Administration and General Services in the absence of an Executive Director. She is popularly referred to as the "historian", having witnessed the many phases of PNA's organizational growth. Without her, many of our PNA leaders would have difficulty recalling milestone events, significant files/records, valuable agreements and decisions. More than just a sign of respect, nurse-leaders of the past, present and future generation call her "Ate Mila" as a tribute to someone who has always been a "genuine friend" to everyone**. Ms. Mila E. Abella** is the PNA's current Manager for Administration and General Services.

Another important pillar of PNA is the overall in-charge of ensuring the safety of the organization's funds and other financial assets. She is none other than **Ms. Nena S. Nimedes** or "Ate Nena", a graduate of Bachelor of Science in Business Administration (Accounting Major) from FEATI University. Her 34 years in PNA is an indication of her loyalty and flexibility to learn within the culture of a very dynamic professional organization. Her leadership skills have been honed by tough experiences she underwent, from a bookkeeper in 1974, then Officer-In-Charge during 1994 to 1995 and finally as current Manager of Finance and Accounting. Indeed her "strictness" in implementing financial policies and systems has contributed a lot to PNA's "survival" over the last eight decades. What makes her inspired in working up to this time? No secret formula except being a happy wife and a loving mother.

This time it's 28! No, that is not her age…nor her waistline. **Ms. Emelinda Olivo-Tagle** is the only nurse among the PNA staff. A native of Zambales, "Ate Emy" as she is fondly called has been with PNA for 28 years already. Emy is the current Manager of Programs and Projects Development (VPPD) ensuring that the needs of PNA members are appropriately addressed through its various Programs and Committees. She is responsible for assisting the VPPD in keeping the high spirits of the various committees: Nursing Practice, Nursing Research, Nursing Education, Political Affairs, Continuing Professional Education, and other special projects. Indeed a tough and demanding task to perform. Described to be always "toxic", Ate Emy will always touch your heart with her ready smile and emphatic ears, willing to listen and understand. In the midst of a chaotic situation, Ate Emy remains calm and objective, opting to "keep things inside", patiently waiting for the right time to say the right words…an inner strength wanting from many of us. "Teamwork" is what she values most!

Now, let us know more about the dynamic staff of PNA who we consider "the winds beneath the wings": Staff of the Administration and General Services, the Finance and Accounting, and the Programs and Projects Development. They work interdependently with one another to achieve specific outputs of PNA during specific period of time.

The Administration and General Services Staff

Ms. Julita "Julie" M. Obando is the lady with a golden voice who welcomes clients/members of PNA with a warm "Hello" whether by telephone, mobile phone or thru the glass window of the reception area. She holds a Bachelor of Science in Secretarial Administration degree that has tide her through her work with PNA since 1989. Over the years, Ms. Julie's patience and perseverance have been tested and strengthened a lot. She has learned to be sweet yet smart, tactful yet assertive, and most especially "resourceful" in the midst of crisis.

Ms. Everlee Andaya-Agcaoili is the charming Resident Manager of the PNA dormitory, commonly referred to as the "Matron". Young as she is at 27, she efficiently supervises the daily operations of the PNA's dormitory, ensuring the safety and wellness of all clients. She has learned the art of dealing with various types of persons; some nice and cooperative, some behaving beyond expectations. As a graduate of Information Technology, Ms. Ever is able to assist PNA in other computer-related functions whenever necessary.

Cleanliness and orderliness in the PNA's building premises are the main concerns of **Mr. Jesus "Bong" T, Bernal and Mr. Bryan T. Blantucas,** the hardworking Janitors of PNA. Their primary objective is to make PNA a safe and conducive workplace for its employees and members. Comfort, safety and satisfaction are key indicators for Bryan and Bong's mission in PNA. Bong is a Bicolano from Catanduanes while Bryan is from far place of Surigao City. They share a common denominator, that of being good fathers to their children and caring husbands to their wives.

In transporting key officers, staff and friends of PNA to their official functions, **Mr. Froilan "Allan" S. Belmonte** carefully drives the PNA van to ensure utmost safety. Starting as driver-messenger in April 2005, he remains in service because of his dedication to PNA, also doing technical tasks such as mailing of communications, paying utilities and other bills. Mr. Allan's inspiration in work is his family, visiting them in Pangasinan every weekend whenever possible.

The Finance and Accounting Staff

All PNA members pass through this hardworking and responsible Cashier of PNA, **Ms. Ester Rio** or "Ate Ester" to many. With PNA since April 1990, she has always enjoyed talking with nurses as they transact business with her in line with their membership, subscription of Philippine Journal of Nursing and other related payments. Her honesty and integrity won the confidence of PNA officials. Bank transactions have been delegated to her. Despite her busy schedule, she still finds time to comfort her colleagues when they need someone to talk to.

Ms. Sherell Bianzon-Tabafunda, the very jolly and kind-hearted Membership Clerk of PNA since 1990 is known to be the comedienne of the team. Anything about PNA Member Status - Lifetime ID number, data on local membership status, chapter share from the total membership fees remitted, etc., Sherell has these ready for reference. She believes that every individual must enjoy one's life while working, that is why her smile and laughter serve as analgesic for some staff. A diligent employee, her presence brightens up your day even with unending deadlines to beat.

The "darling" of the Team, **Mr. Vachielle A. Marquez,** "Pics" for short is a graduate of Bachelor of Science in Commerce, Major in Management who came to PNA all the way from the University of St. Louis in Tuguegarao. This young man puts his heart into every piece of task he must accomplish as Membership Support Staff of PNA. He is very sensitive to the needs of his colleagues; offers generous help to anyone, anytime. His openness to learn and humility explain his closeness to many staff.

Ms. Candy Palaganas is the PNA's "youngest" staff in terms of length of service. With barely three months in PNA, this friendly Accounting Clerk of PNA is the "apple of the eye" of many staff because she is the petty-cash custodian. Often busy in her work corner reconciling the petty cash fund against the daily expenditures of the PNA, her positive outlook in life enables her to cope with the stressful demands of her work.

The Programs and Projects Development Staff

As PNA increase its membership, more and more demands from nurses call for timely, appropriate and sustained programs / projects. Given this situation**, Ms. Aileen Garcia-Lucero**, was hired in April, 2008 as a contractual Project Coordinator. A graduate of Bachelor of Science in Business Administration, Major in Management Information System (MIS), she has a very result-oriented attitude at work. Facilitating the realization of various PNA projects, her charisma has inspired many nurse-leaders to activate the Departments and Committees of PNA.

Another reliable staff is the young Encoder of PNA, **Ms. Divina Luz "Divine" Leyson**. Her creativity and enthusiasm produced a lot of presentation materials for various PNA events**.** She manages the PNA website and ensures that all e-mail communications of PNA are properly acted upon. She also assists in encoding data from membership forms of various Chapters whenever necessary. The spirit of teamwork is very visible in her work style, always consulting her colleagues on matters requiring their inputs. Ms. Divine is a graduate of Bachelor of Science in Commerce, Major in Computer Science from St. Mary's College of Meycauayan.

Ms. Alona Jane Canoza-Navarro, is PNA's very efficient Membership Clerk for more than a year now. She is God-centered and work-focused, never stops until her work for the day has been accomplished. She updates the profile of PNA members, prepares Chapter Shares from membership remittances, monitors the status of all Chapters and regularly does an inventory of membership ID cards. She balances her reserve personality with her good sense of humor.

Mr. Nichiren "Nicole" Francisco Kon is the "crush ng bayan" of nurses attending Continuing Professional Education (CPE) seminars in PNA. He is a graduate of Information Technology Major in Internet Technology at the AMA Computer College of Dasmarinas, Cavite. As Program Coordinator for CPE, he prepares and schedules seminars, as well as monitors the process of the seminar-training. He also performs other related tasks especially during "peak season" of PNA when thousands of nurses renew their membership status.

They are the sixteen (16) staff members of PNA with varied background and expertise. In diversity, they harmoniously exist with one another, recognizing the relevance of PNA as a professional organization. Humbly admitting their limitations at some point, they know that imperfection is the reason why they are striving for improvements in their capabilities.

Together they work as a team! The accomplishment of the staff is the accomplishment of PNA. The quest for excellence in delivering health services motivates the staff to make a difference in the history of PNA! ***(Maristela Presto-Abenojar)***

The Editorial Board is grateful for the support it has received from all the staff of the PNA (Maris, Aileen, Mila, Divine, Emy, Nena, Julie, Ever, Ester, Candy, Sherell, Bong, Bernal, Allan, Nicole, Alona, Pics). They have made our task a lot easier with the extra hands and brains added to ours. Their contributions made every page of this issue possible! Thank you very much.

PNA Chapters on the Go!

Nurses from The Martinez Memorial Hospital, College of Nursing and the Philippine Nurses Association of NCR Zone 2: Extending services beyond walls of the hospital and classroom.

Learning to Serve, Serving to Learn: The Case of the Martinez Diabetic Club and NCR Zone 2

Integrating with the people in the communities allows students to face social realities; to learn from the wisdom of the ordinary people; to find the connection between theory and reality; and to develop character such as sense of meaning, patience and discipline, care and compassion, love of country, recognizing other people as equals and service to the people. Such can be the case of extension service program of The Martinez Memorial Hospital, College of Nursing and the Philippine Nurses Association of NCR Zone 2. As a learning institution and a professional organization, such responsibility is translated into functional terms through an active extension service program where student and professional nurses are provided with opportunities to learn to serve and serve to learn. This Extension Service Program called Martinez Diabetic Club addresses a social responsibility to collaboratively respond to health care needs of the community: the Martinez Institutions, the PNA NCR Zone 2 in coordination with private agencies and the diabetic clients and people of the local communities of CAMANAVA (Caloocan, Malabon, Navotas and Valenzuela). This is to respond to the growing rate of diabetes among Filipinos.

Such health situation according to the DOH has to be circumvented radically. This is done through a strong comprehensive care such as health education, community organizing, health screening/detection, treatment, socio-spiritual nurturance, referral and nursing care, anchored to the pillars of community participation and inter and intra-sectoral approach. Indeed, Martinezian and PNA recognize these characteristics of serving the people. *(Neil G. Cabbo)*

PNA Chapters Join in the Celebration of the 21st International Nurses Day

May 12, 2008

Nurses have always been equated with caring. What better way to celebrate a day for nurses than to care for the environment! It is for this reason that the Officers of **PNA Zone 4** chose to plant trees in observance of the International Nurses Day. The ground of the National Center for Mental Health (NCMH) was aptly chosen as the venue. Dr. Bernardino A. Vicente, NCMH Director, himself a nature lover and host to environment-friendly projects within the Center, supported the activity.

The activity was graced by the presence of Dr. Leah Primitiva Samaco-Pacquiz, PNA's National president; local city officials led by Vice Mayor Renato Sta.Maria and 3 city councilors, Hon. Titus Francisco, Hon. Noel Bernardo and Hon. Darius Razon and Dr. Dr. Martin de la Rosa, President of Our Lady of Guadalupe College of Nursing (OLGC). All guests pledged support to PNA Zone 4 and NCMH activities. **Ms. Zenaida Celestino,** Zone 4 President and Dean of OLGC, was the prime mover of the activity. Student nurses of OLGC came in force to lend success to the activity. Fifteen fruit bearing trees were planted near the Center's pay pavilion. These trees shall receive sustained care from student and professional nurses form OLGC and NCMH. These trees are Zone 4 nurses' legacy to the future generation. *(Thelma Singson-Barrera)*

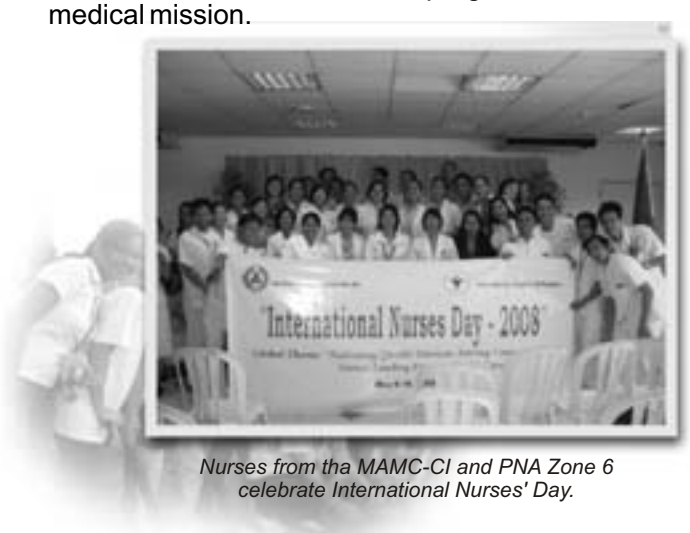
The PNA Zone 5 celebrated the International Nurses Day on May 13, 2008 at the Sta. Ana Covered Court, Taguig City. The activities lined up centered on physical fitness program and display/exhibits of foods considered to be alternatives to rice. These activities aimed to promote wellness through exercise and dancing, and promotion of alternative foods. The preparation of the

PNA Zones 4 & 5 Governor, Dr. Louise Marie Flores, with Zone 5 Board of Directors led by Lea A. Torio, Mary Jane A. dela Cruz and Shena C. Casing and other officers and members lead the International Nurses Day Celebrations.

activity was aired at 1134 am Band Double, the Radyo ng Bayan with Ms. Marietta Lapuebla, PNA Zone 5 President and Col. Wilma Castillo, PNA Zone 5 Vice-President as spoke-persons. In attendance were 80 student nurses and 10 clinical instructors from the Centro Escolar University College of Nursing Makati, 25 school nurses from the Department of Education, 5 staff nurses from Ospital ng Makati, 15 military nurses from the Philippine Army, barangay officials and community residents of Taguig City. The exhibits were made successful by the participation of the following: Makati school nurses (Makati Health Department and Department of Education); Military nurses (Philippine Army, Fort Bonifacio); Ariza Farm (makers of organic vinegar); Wellness 128 (makers of organic soap and beauty products); Fresh Place (makers of veggie meat, double yolk egg & coco vinegar) and Sagana 100 Healthy Rich (makers of herbal medicines and food supplements).

With the support of the PNA Zones 4 & 5 Governor, Dr. Louise Marie Flores, and the collaborative efforts of Zone 5 Board of Directors Lea A. Torio, Mary Jane A. dela Cruz and Shena C. Casing, the activity received very positive feedback from the participants

The Manila Adventist Medical Center and Colleges Inc. (Former Manila Sanitarium and Hospital) in cooperation with the PNA Zone 6 celebrated 21st International Nurses Day on May 12, 2008., with two simultaneous programs: a forum and a medical mission.



Nurses from tha MAMC-CI and PNA Zone 6 celebrate International Nurses' Day.

The forum on "The Role of the Nurse in Rational Drug Use" was held at the MAMC-Angelo King Health and Wellness Center from 10AM to 12 noon. Ms. Eleanor M. Nolasco, PNA Chair Department of Political Affairs and Project Coordinator of Health Action International shared her perspective on the topic. The Nursing Service Department presented a musical interpretation on drugs to the delight of 191 participants.

The medical-dental mission held in Barangay Munting Mapino, Naic, Cavite with 49 students of MAMC-CI on Community Immersion, 6 MAMC-CI College of Nursing Clinical Instructors and 8 Medical Dental Team from MAMC and Pasay Adventist Church members and laymen. The team was able to provide services in the form of: 79 circumcisions done, 30 tooth extractions and 67 patients availed the medical-nursing interventions.

A tree planting activity was done on a separate day in Barangay Ark of Munting Mapino to Gulod. Barangay Captain Virginia Poblete and her group collaborated with nursing students and clinical instructors. The palm and fruit trees planted maybe minute contributions to the environment but will surely make a dent when taken collectively with other efforts to save mother earth.

These activities received tremendous support from Dr. Leah S. Paquiz, PNA President, Ms. Nelia Chavez, PNA Governor of Zone 6 and Dr. Ofelia M. Osorio, President NCR Zone 6. Officers of Zone 6, Faculty members and student nurses of MAMC-CI all joined hands to make the activities relevant and successful. (*Ofelia M. Osorio)*

PNA CAR and Region I Reach Out

The Cordillera Administrative Region (CAR) and Region 1 Council of the PNA, during the first half of 2008, conducted several activities in the communities, both as an organization/chapter and in collaboration with other partner agencies and the people/clients they have committed to serve. Conscious of the principles embodied in the Primary Health Care (PHC) approach to health care delivery, the nurses in the region made efforts to respond to the specific needs and situations namely:

PNA Baguio Chapter delivers service to the community.

- The Baguio City Chapter, in coordination with the Baguio Health Department, participated in the "Knock-Out Tigdas" program of the DOH. Held at the PNA grounds, the officers and members of the chapter were able to immunize eligible children. Aside from the provision of immunization, health education classes were also conducted. Home visits were done to nearby families in an attempt to bring such services accessible. The Baguio City Chapter also provided community service in partnership with Barangay Kias on April 5, 2008. In response to the dire need of the City to widely disseminate the proper waste segregation program, officers and volunteers embarked on intensive community information

dissemination on the said concern. Health education regarding prevention of infection and cancers was also done. On the side, health services such as blood pressure taking, health assessment and counseling were also provided.

- The Benguet Chapter participated in medical missions in coordination with the Benguet General Hospital. Health promotion was operationalized through conduct of health education and ward classes.
- The Ilocos Norte Chapter through a Health Caravan, a project that is regularly conducted to respond to requests of communities in need of health services, involves the participation of nurses, doctors and volunteers. For this round, communities in Pagudpod were served.
- The Ilocos Sur Chapter takes pride of its "Kabsat Caravan", a community-based program in far-flung barangays with nurses, doctors, volunteers in partnership with the communities as partners. Medical and dental services are provided on a weekly basis.
- The La union Chapter, in partnership with the local government unit, is an active partner of the "Rang-ay Program", a community outreach program offering dental and medical missions. The chapter adds on the health education component to enhance the health services provided by other partners.
- Mountain Province Chapter actively coordinates with local health agencies in implementing activities in line with the "Garantisadong Pambata Program." The chapter officers also respond to collaborative efforts to participate in medical-dental services in the communities.
- The Pangasinan Chapter, in line with the International Nurses Day Celebration, planned and actively participated in a medical-surgical mission.

It is recognized that the different chapters are in need of more sustaining and empowering strategies. With the nurses' passion and commitment to serve the communities/people of the region, despite and in spite of hectic work schedules, such small contributions, combined with all others, can make a difference towards the goal of PHC of putting "Health in the Hands of the People". *(Norenia T. Dao-ayen)*

PNA Quezon Chapter: Responding to the Call of Times

Nursing profession is a vocation more than just a career. This is most felt and realized once a nurse takes on meaningful and empowering caring strategies in addressing the needs of the people. The PNA Quezon Chapter has consistently been undertaking socially relevant projects. The chapter takes pride in sharing and learning from our experiences.

The Chapter had the opportunity to take part in the timely response to the needs of 28 survivors of the sunken MV Princess of Stars. In cooperation with the Quezon Medical Center, the survivors were assessed and assisted for their needs. The survivors underwent medical assessment, counseling and were provided other logistical support to comfort and debrief them from the trauma experienced in one of the most tragic sea disasters in Philippine history.

PNA Quezon Chapter President, Ariel Pabelonia leads Chapter activities.

The members of the Chapter also joined nurses all over the world in celebrating the International Nurses Day with the theme "NURSES Leading Primary Health Care". From May 8 15, 2008, the Chapter conducted three consecutive activities (1) Job Fair for Nurses in the Middle East through the district office of Congressman Procy Alcala; (2) Eye Screening and Medical Mission in Lucena City and (3) Operation "Tule" or free circumcision.

Providing services in the countryside is both rewarding to the clients and health service providers. A medical mission was launched in MCST, Tayabas, Quezon last January. More than 600 patients were assessed and diagnosed by our nurses together with a team of nurses and doctors from the PNA Washington Chapter.

Other activities conducted by the Chapter include: Mid-Year Convention and the Oathtaking Ceremonies. The mid-year convention was held on April 4, 2008 with its theme, "Professional Nurses Responding to Global Competition". The successful Oathtaking ceremonies for board passers of the December 2007 Nursing Licensure Examinations was held on March 27, 2008. These activities of the Chapter consolidated the strength of its members and officers. The strong presence of the Chapter in the Province did not go unnoticed. Thus, Governor Rafael P. Nantes generously provided the Chapter its own office space within the Quezon Medical Center.

The warm and encouraging responses of the people continue to inspire the officers and members. "The smile in the faces of the people in the communities touched our hearts to continue what we have initiated…… this is the social relevance of our existence!" *(Ariel V. Pabelonia)*

Caring for the Environment: Caring for Health and Population

One of the activities conducted by the Eastern Samar PNA Chapter was a forum on global warming and eco-

Eastern Samar PNA Chapter officers led by Ms. Teresita A. Dala, Chapter President, with Gov. Tabale, in their eco-walk and coastal clean-up as their share in caring and nurturing the environment.

system held last May 23 in Lalawigan, Borongan City. The chapter officers led by Ms. Teresita A. Dala, Chapter President, together with Ms. Dorinda Labro (DENR-CNRO) and Mr. Marlon Ortiguesa who served as the resource speakers, spent the day for "caring and nurturing our "Earth". The forum highlighted the importance of conserving forest resources and our role in keeping the environment clean. The value of each participant planting a tree to help in slowing down climate change in our country was emphasized. The forum culminated with an eco-walk together with the 42 nurse participants and the DENR. All participants were encouraged each to plant trees to help on slowing down climate change in our country.

Ms. Belen Tabale, PNA Governor for Region 8, participated and supported the activity. She also provided updates on PNA Matters.*(Teresita Dala)*

Soaring High with Zone 1

In line with the current thrusts of the PNA, Zone 1 contributed its share in the Capacity-Building for Globally Competitive Filipino Nurses. Several continuing professional updates were offered and attended by its members such as: "Understanding the Use and Nursing Responsibilities of Mechanical Ventilator, Defibrillator, and ECG Machine" at AVR of Ospital ng Maynila last May 9, 2008; and "Professionalism in Nursing" and "Acupressure for Self and Family Care" last June 27, 2008. The chapter also actively participated in workshop-discussions led by the PNA National Office on various issues namely: Practical Nursing Program and CHED Memorandum No. 5.

The Chapter's pride is having nominated Dean Josefina A. Tuazon of College of Nursing, UP Manila, for the search for Outstanding Professional of 2008. The chapter soars high with Dr. Tuazon who received the award in Manila Hotel last June 20, 2008.

To ensure the promotion and protection of the socio-economic and political welfare of the members, and officers through active participation in the following activities: Fora on Sentosa Case at PNA National Office last February 5, 2008 and at Trinity University last February 8, 2008; and advocacy action against JPEPA in the Senate last February 20, 2008.

In our effort to forge national and international network linkages, we participated in the following activities: The 6th International Nursing Conference with the theme, "Caring for the World, the Homeland and Ourselves" on January 30-February 1, 2008, at the Manila Hotel; Video Conference spearheaded by the PNA, DFA and AIM Policy Center in celebration of the International Nurses' Day with other Filipino nurses from the USA, UK, Malaysia and Saudi Arabia on May 15, 3008; and Forum on "Current Issues and Concerns: The Challenge to Nurses" at the PNA Auditorium on May 15, 2008.

Membership campaign was intensified resulting to an increase of membership from last year's 1,708 to 2,831 members (as of June, 2008).

Active Participation in Multisectoral Projects/ Programs in Support to Nursing Education, Research and Nursing Practice was pursued. Activities included hosting the health education forum on "Rational Drug Use" and "Essential Drugs" on May 12, 2008. This was a joint activity of the Out-Patient Department of the Ospital ng Maynila, the PNA National Office and the Health Action Information Network (HAIN). Ms. Eleanor Nolasco, Chairperson of the Department of Political Affairs, served as resource person. The chapter also conducted a Community Development Program with the Nuestra Senora Foundation, providing health education among pre-school children on the theme "Kumain ng Right (Tama) Para Maging Bright (Matalino). This was held in Tondo, Manila on May 28, 2008. (Asuncion C. Balisado)

Celebrating International Nurses' Day with PNA Zone 1 and Ms. Leny Nolasco.

The President's Report

JANUARY-JUNE 2008

Consistent with its commitment to promote and protect the welfare of its members, the Philippine Nurses Association (PNA) led its members in achieving the following goals in the last six months.

Uplifting and Protecting the Integrity of the Nursing Profession

PNA started the year with activities aimed at strengthening its leadership capability to lead its member-nurses. A two-day leadership training-workshop with the theme "Competing through Unity" on January 17-18, 2008 was held at the PNA Conference room. The Board of Governors together with various nursing organizations actively participated with Dr. Federico Macaranas of AIM Policy Center and Prof. Cecille Manikan as the resource speakers. The training began with the assessment of the participants' leadership capabilities and followed by the review of the concepts "cooperation" and "co-opetition", emphasized on the need of the nursing organizations to be united before they can compete in different parts of the globe. The training ended with a revisit of PNA's vision, mission and goals. After the training, the first Board of Governor's meeting was held (January 18-20, 2008) where new sets of PNA and COMELEC officers were elected. Internal policies and directions have been discussed.

The PNA led the way for the voices of the nurses to be heard as one strong profession. It has joined major health summit and conferences to contribute in the discussions of nursing issues and related concerns.

The PNA emerged victorious over their advocacy on the improper use of nursing uniforms portrayed in media. Winrox, a detergent brand, released an advertisement with women in nursing uniforms doing flirty dances, pulled it off air on March 9, 2008. Similarly, in an episode of Wowowee aired on January 25, 2008, PNA raised a complaint regarding the misbehavior of Pokwang while wearing a nurse's uniform. The Chairperson of KBP, Ms. Diana Gozum, acted on this complaint and warned the Legal Counsel of ABS-CBN that people involved in TV shows must be reminded to be more sensitive in portraying various professions.

ABS-CBN sought professional help from PNA to be its consultant in the scriptwriting and taping of its forthcoming NURSERYE, a first ever "nurse series" to project the life and career experiences of a Filipino nurse in the country and abroad. In addition, the possibility of integrating the Usapang Nars project of PNA in one of the existing television program of ABS-CBN is being studied to ensure a captive audience with less logistical expense. NURSERYE and Usapang Nars are two potential avenues to project the relevant contributions of nursing profession in the health care delivery system, as well as, in the overall development of the country.

PNA joined the Professional Regulations Commission's (PRC) search for the Most Outstanding Accredited Professional Organization (APO) last May 30, 2008 and was recognized as one of the four APO finalists during the Awards night held in Manila Hotel last June 20, 2008. On the same occasion, Dean Josefina Tuazon of UP-Manila College of Nursing was given the Most Outstanding Professional Award.

The PNA's Committee on Awards and Scholarships drafted the guidelines for the selection of candidates for the *Magiting na Nars* Award, another prestigious award organized by PNA to recognize Filipino nurses who made exemplary contributions to the nursing profession.

Strengthen Organizational Capacity of PNA toward More Responsive Services

With the growing demand for PNA services, PNA hired additional personnel (contractual or probationary status) which include hiring of a Project Coordinator, Accounting Clerk and Membership clerks.

Staff development activities were conducted such as Fire Prevention Training and Earthquake Drill (April 22), Operation of the newly purchased ID maker machine and team-building activities held last April 31 – May 2, 2008 in Marabut, Samar and San Damiano Retreat House in Tacloban City. Salary adjustment for all the PNA personnel has been implemented following a new salary scheme. As a practice, performance evaluation was done in June, a control mechanism that PNA does every six months.

The facilities of the PNA have been improved to further enhance its services: air-conditioning of the lobby and construction of fire exit in front of Building 1, the provision of visitors' lounge, repainting of ground floor, 2nd floor and roof deck, additional fence, refill of 15 fire extinguishers and purchase of additional three fire extinguishers, upgrading of computers, purchase of ID maker machine and improvements in the dormitory rooms. New services, offering Legal Counseling on matter concerning the Nursing Profession (8:00 am to 12:00 noon) and facilitation of renewal of PRC License for PNA members working abroad were also introduced. A Cooperative among PNA members is currently being initiated. The Cooperative Development Authority (CDA) conducted an orientation seminar among prospective incorporators for the said Cooperative last June 17, 2008. PNA also entered into an agreement with the Union Bank of the Philippines to facilitate on-line remittance of membership fees from the PNA local chapters to the PNA National Office.

The PNA National and Board of Nursing jointly conducted an Oath taking Ceremonies for the Board of Passers of the December 2007 Nursing Licensure Examinations. This was held in the SMX Convention Center near Mall of Asia last March 17 and 18, 2008. The preparation of the activity (e.g. distribution of tickets for the oath taking) was facilitated by PNA. A total of 10,309 nurses from those who took the oath became new members of PNA.

PNA supported/participated in the various nursing organizations' major events such as PNAA, ADPCN and UPCN's 6th International

Nursing Conference (January 29-31, 2008), ANSAP Convention (March 28, 2008), PNA Quezon Chapter's Midyear Convention (April 4, 2008), 4th Annual Convention of the Philippine Society of Emergency Care Nurses (April 11, 2008), ADPCN's Summer Workshop in Baguio City (May 12, 2008), 3rd National Nurses' Christian Fellowship (NCF) Conference, 34th Annual Convention & Scientific Meeting of the Operating Room Nurses Association of the Philippines (ORNAP) and 25th Annual Convention of the Philippine Blood Coordinating Council (PBCC).

With the dynamic and inspiring leadership of the VPPD, Dr. Susan Salvacion with the Chairpersons of the Departments and Committees, various projects have been realized and currently being implemented. The Department of Nursing Practice headed by Ms. Delia Ramos had reactivated the Task Force - Needlestick and Sharp Injuries (TF-NSI) in developing PNA guidelines for the NSI Prevention as an integral part of occupational health and safety for nurses. It is also currently preparing for the second round of Training of Trainers on the Care and Control of Tuberculosis and Multi-Drug Resistant (TB-MDR) Tuberculosis in Health Care Facilities this forthcoming September in cooperation with the International Council of Nurses (ICN). Other concern of this Department is the advocacy for reproductive health like women's health issues, BATA movement, HIV/AIDS prevention and gender equality.

- The Department of Nursing Education (headed by Ms. Maria Isabelita C. Rogado) supported the Balik-Turo Program of the Philippine Nurses Association of America (PNAA) where almost 1,500 nurses from 10 hospitals/institutions participated. This Department also initiated awareness-raising on the issue of Practical Nursing.
- The Department of Nursing Research (headed by Dean Roberto Sombillo) have prioritized three major research agenda: (1) Profiling of PNA members; (2) Baseline data gathering about the status of Filipino nurses in the country and those working as overseas Filipino workers; and (3) Nursing Industry Wage Standards to come-up with more decent wage standards for Filipino nurses.
- On the other hand, there were 24 seminars conducted under the Department of Continuing Professional Education and Welfare headed by Dean Salud Zaldivar and with the leadership of Ms. Belle Rogado. A total of 2,595 nurses have attended the said seminars covering various topics.
- The different Committees under the Department of Special Programs and Services chaired by Dean Caridad Galban have undertaken significant activities which include the formation of new Editorial Board for the Philippine Journal of Nursing, revision of guidelines for PNA membership (Local and Foreign Chapters), creation of Media Watch to pro-actively monitor and respond to PNA and nursing issues projected in media (television, radio and print media), consultative meetings with the Department of Foreign Affairs (DFA) on the tracking system of Filipino nurses, renewed Memorandum of Agreement with the Ayala Foundation on solid waste management seminars, conceptualization of the International Center for the Filipino Nurse and preparations for the conduct of PEOS seminars.
- Likewise, the Committees under the Department of Political Affairs actively chaired by Ms. Leny Nolasco have done milestone achievements such as the (1) Deliberation of amendments to the PNA Constitution and Bylaws by the Assembly of Nursing Representatives (ANR) last June 17, 2008; (2) series of consultation, symposia/fora and mobilization of nurses & nursing students in the Senate with the Health Sector Alliance Against JPEPA, Magkaisa Junk JPEPA Coalition, Health Sector Alliance in Support for Sentosa Victims and the Health Sector Alliance Seeking for Truth and Justice; and (3) the first-ever celebration of the International Nurses Day (IND) in the Philippines simultaneously done with other country-members of the International Council of Nurses (ICN). From May 8 to May 15, 2008, the PNA spearheaded week-long celebration of IND was participated by various PNA Chapters (NCR Zones 1-6 and Regions I, II, IV, VI, VIII, X and XI) with the theme "Delivering Quality Services, Serving the Communities: Nurses Leading Primary Health Care." The celebration culminated with a videoconference held at the AIM Center in Makati in cooperation with the AIM Policy Center, the Globalization Lecture Series (GLS) of the Konrad Adenauer-Stiftung Foundation (KAF) and the Department of Foreign Affairs. Local PNA Chapters and Specialty Groups of Nurses, the Department of Health, POEA and PNA Foreign Chapters in Washington, USA, United Kingdom, Saudi Arabia and Singapore participated in the videoconference.

Sustaining Local and Global Partnerships

PNA sustained its collaboration with other local nursing and health-related organizations to promote and protect the interests of the nurses, as well as to contribute to the improvement of health care delivery system in the country. Among these are the following:

- Council of Health Agencies of the Philippines (CHAP)
- COPHA
- Philippine Thyroid Council
- PCAHO
- Philippine Cancer Society (participation in the "Relay for Life" activity last February 22 – 23, 2008 on cancer prevention awareness and in the Annual Meeting last May 26, 2008)
- Alliance of Health Workers (AHW) – led the celebration of the National Health Workers' Day celebration last May 7, 2008.
- Philippine Health Insurance Corporation (Philhealth) – workshop on "Provider payment System" held last April 15, 2008.
- Philippine Coalition for the Prevention of Non-Communicable Diseases (PCPNCD) – 4th Foundation Anniversary last may 8, 2008
- Philippine Federation of Professional Associations (PFPA) – discussion on Magna Carta for Professionals (APO Bill) and PRC week last June 11, 2008
- Save the Children – consultative meeting held last June 4-5, 2008 on the State of Filipino Mothers to advocate for improved maternal and child health
- Employees Compensation Commission (ECC) - seminar-workshop on the importance of safety consciousness in the workplace and the Employees Compensation Program held last June 27, 2008

PNA also participated in the 1st Island Pinoy Expo in SM Megamall (March 8 and 9, 2008 and in the 2nd Philippine Nursing Opportunities Conference & Expo 2008 where additional nurses registered to be PNA members.

Last March 6, 2008, PNA had a consultative meeting with nurse leaders from the Saskatchewan Province of Canada and the Executive Director of IPAMS regarding their plan to recruit 800 Filipino nurses from 2008 – 2010.

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CPE PROGRAMS TO LOOK FORWARD TO...

INTERNATIONAL

First Asia Pacific Conference on Nursing Research: "Moving Nursing Towards Evidence-Based Practice", UP Manila College of Nursing. This conference aims to develop and document evidence-based practice especially in the Asia Pacific; provide a collegial exchange of new ideas and information in a forum where evidence-based practices can be disseminated and discussed; encourage the pursuit of evidence-based practices in nursing especially in the region; and strengthen the capacity for nursing research through regional and global linkages and network.

Themes of the conference include Nursing Interventions including Clinical and Bio-behavioral Interventions; Caring for Special Population Groups; Nursing Education including Teaching Learning Strategies and Evaluation of Programs and Curricula; Health and Patient Education and Health Promotion. It will be held on September 4 and 5, 2008, Manila Hotel.

For inquiries, contact University of the Philippines Manila, College of Nursing, Sotejo Hall, Pedro Gil Street, Ermita, Manila, Philippines 1000; Tel. no. + 63 2 523-1494
E-mail:...inquiry@firstaspacnursingresearch.com
www.cn.upm.edu.ph

Royal College *of* Nursing, Australia (RCNA) is convening its Annual National Conference at the Sheraton Hotel, Perth from 25-27 September 2008. The conference, *Celebrating Professional Excellence in Nursing,* will bring together nurses from Australia and overseas and provide them with the opportunity to explore, debate and critically analyze nursing and health issues. The conference will highlight the critical role of nursing in the health care system and the need for nurses to be innovative and be agents of change whilst maintaining professional excellence.

The **International Society of Nurses in Cancer Care (ISNCC)** is the international voice of oncology nursing dedicated to the protection and preservation of health and the relief of cancer-related sickness through the provision of education, research and international networking opportunities among cancer nursing groups and individuals. The International Conference on Cancer Nursing (ICCN) is the longest running international conference in the field. Held biennially, ICCN is the premier educational and networking event for oncology nurses. The 15th ICCN will be held from August 17-21, 2008 in beautiful Singapore at the world-class Suntec Singapore International Convention and Exhibition Center, with the theme "Creating Partnerships, Championing Progress, and Celebrating Practice". Visit: http://www.isncc.org

The **ICN 24th Quadrennial Congress**, its first in Africa, will showcase the key role nursing plays in leading the way to healthier nations. The Congress will permit access to and dissemination of nursing knowledge and leadership across specialties, cultures and countries. The three ICN pillars – Professional Practice, Regulation and Socio-economic Welfare – will frame the Congress sessions and programmes. Featured plenary speakers will bring inspiration and the latest information on the nursing workforce and workplace, pandemics/disasters, ethics/human rights, clinical care and patient safety. Concurrent sessions, symposia and posters will address these issues plus developments in nursing education and the learning environment, advocacy, lobbying and legislation, care systems, technology, innovations and informatics, leadership and regulation. The Congress will also be the venue for ICN Network meetings, workshops and thought provoking main sessions – including a focus on task-shifting and the future of nursing. You are invited to submit an abstract for a concurrent session, a symposium or a poster. The submission guidelines and abstract form available on the Congress website Visit: www.icn.ch/Congress2009.htm

NATIONAL

86th FOUNDATION ANNIVERSARY, 51st NURSES WEEK CELEBRATION, "NURSES: Delivering, Serving, Leading Primary Health Care", October 21-23, 2008, The Tent City, Manila Hotel. This year, the Philippine Nurses Association (PNA), will be celebrating its 86th Foundation Anniversary and 51st Nurses Week Celebration during its National Convention on October 21-23, 2008. The theme of the celebration will revisit the role of Filipino nurses in the realization of Primary Health Care in the country.

Amidst the many challenges confronting our nurses to deliver quality health services, they still remain to be the biggest sector in the health profession to ensure that the marginalized and disadvantaged poor Filipinos would have access to quality health care. There will be concurrent sessions in the three-day convention to discuss major policies and programs affecting the nursing profession. Experts in the various fields of PHC and Health Programs will be invited to enhance the discussions.

At the end of the three-day convention, the participants will be able to: 1) Revisit the implementation of Primary Health Care in the context of addressing the prevailing health problems in the country; 2) Unify the members of PNA on its stand on various issues affecting the delivery of quality health services - migration of Filipino nurses, promoting quality of nursing education and other policies affecting nursing practice; 3) Promote some Best PHC Nursing Practice that have been initiated by our Filipino nurses in various community settings - public health, occupational health, primary health facilities, health promotion and health education, health advocacy and campaigns, community health organizing, etc; and 4) Enhance the leadership of Filipino nurses in making significant contributions to attain "Health in the hands of the people" (PHC vision).

For inquiries, call the PNA Headquarters:+632 400-4430; +632 525-1596 or your regional/local PNA Chapters. e-mail: philippinenursesassociation@yahoo.com or visit: www.pna~ph.org.

1st National Conference: "Adventures of Nursing Research: Stories from the Field"; General Santos City from November 13 to 14, 2008. Nurses and other health care providers, researchers, administrators, and educators interested in nursing research and evidence-based nursing practice, are invited to participate in this first national conference on Nursing Research. The conference will provide participants with knowledge related to feasible and relevant strategies to integrate research findings and evidence into practice, and to enhance organizational strategies for sustaining environments supportive of research and evidence-based practice. In addition, participants will have the opportunity to exchange research initiatives and agendas with colleagues to gain increasing collaborative research opportunities.

This is an exciting opportunity to collaborate with your colleagues, share your innovative ideas, and catch the enthusiasm of nurses who are proud to call themselves nurse researchers. This activity is towards the founding of the Philippine Nursing Research Society.

For inquiries, contact: Prof. Erlinda Castro-Palaganas, RN, Ph.D., Convenor : +63 9175335341 and Prof. Jerome G. Babate, RN MBA, Co-convenor: +63 9265856435; Website www.philnurses.com; Email research@philnurses.com.

REGIONAL/LOCAL

The **Philippine Hospital Infection Control Nurses** Association (PHICNA), Inc. will be holding its skills-building activity on September 26, 2008, Friday at the 12th Floor Auditorium of Capitol Medical Center, with the theme: "Bundles of Care in Infection Control". These "bundles" are sets of simplified practices designed by the Institute of Healthcare Improvement (IHI) which aim to lower hospital-acquired infections. The basic rule behind these "bundles" is the all or none principle. Hospitals which apply these "bundles" show excellent results in lowering healthcare-associated infections. The bundles of care consist of the following: Central Line Bundle, Ventilator Bundle, MRSA & VRE Bundle and Surgical Site Infections Bundle. This skills-building activity will have two (2) phases, theoretical and practical. For more inquiries, please contact 723 03 01 local 4730 or 0917 8686593.

The **Renal Nurses Association of the Philippines** invites colleagues in the nursing profession to participate in various continuing professional programs lined up for the rest of the year. All these seminars will be conducted at the Philippine Heart Center's Dr. Avelino Aventura Hall. "Self-Empowerment for Renal Nurses" Aug. 27, 8-12, "Self-Empowerment for Renal Nurses" Aug. 27; 8:00am - 12:00pm; "Anemia Management in ESRD Patient"; RENAP Accreditation Exam; "DOQI Guidelines for Peritoneal Dialysis (PD) Adequacy: Are They on Target? "Sept. 17; 8:00am - 12:00pm; "Infection Control in Dialysis" /RENAP Accreditation Exam; Renal Training Updates Oct 27-28, 8:00am - 5:00pm; PD Workshop; Oct. 29; 8:00am - 5:00pm; RENAP ANNUAL CONVENTION/RENAP Accreditation Exam. For inquiries, contact Raquel Z. Tejada, RN, CRNS, at the PHCA, Tel. No.:925-2402 loc 2474.

The **Committee on Continuing Education of the PNA** headed by Ms. Maria Isabelita C. Rogado, regularly conducts seminars at the PNA Conference Room. Please call the PN Headquarters for inquiries:+63 2 400-4430; +63 2 525-1596 or your regional/local PNA Chapters. e-mail: philippinenursesassociation@yahoo.com or visit: www.pna~ph.org.

The PJN accepts articles about activities of PNA Departments and Committees, PNA Chapters, Nursing Specialty Groups and Advocates. The inclusion is however dependent on the availability of space. Articles will have to be in a narrative form and accompanied with one or two pictures properly labeled.

Information for Reader

Communication regarding original articles and editorial management should be addressed to the Editor-in-Chief, Philippines Journal of Nursing, Philippine Nurses Association, Inc. 1663, F.T. Benitez, Malate, Manila 1000 or philippinenursesassociation@yahoo.com.ph

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Finally, I represented the PNA as Observer status in the 61st World Health Assembly held in Geneva, Switzerland last May 19-24, 2008. I joined the delegates of the Department of Health upon recommendation of the International Council of Nurses (ICN). Among the health policies discussed were global immunization strategy, prevention and control of non-communicable diseases, monitoring of achievements of the health-related Millennium Development Goals, health of migrants, and strengthening the Nursing and Midwifery sectors.

The first half of the year was really full of actions for the Philippine Nurses Association. Although there are still a lot of projects to be strengthened, tremendous achievements happened in so short a time because of teamwork and increasing and sustained commitment among leaders and members of PNA.

Thank you for the encouraging support and confidence you have given. Mabuhay ang mga narses ng Pilipinas. Padayon…Carry on…

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

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

The Philippine Journal of Nursing invites original research and scientific papers, full text or abstract, written by professional nurses on areas of nursing practice and education.

Please submit two copies of manuscript, which should not be more than ten pages. Submission must be typed, double spaced on the letter-size (8.5" x 11") paper with at least 1" margin on both sides. Include a cover letter listing the author's contact number, address, title, institutional affiliation, position, and other relevant credentials. All articles should be addressed to PNA office at 1663 F.T. Benitez St. Manila, Philippines or send through email philippinenursesassociation@yahoo.com

The article should have a main title with subheadings to indicate the subdivisions in the text. Research articles should have the following parts: Introduction, Methodology, Results and Discussion. Abbreviations and acronyms should be spelled out. Photo of the author as well as photos that highlight article content maybe submitted. Black and white photos are preferred. Drawings and graphs should be clear.

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

Articles published in the Philippine Journal of Nursing are the responsibility of the author and not the Editorial Staff nor the Philippine Nurses Association.

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Theme for July-December Issue:
"Nurses' Continuing Commitment to Quality Care"

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"Reviving the Spirit of Alma Ata: Towards Healthy and Empowered Communities"

PNA HYMN

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

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

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

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

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