

NURSE'S VOICE FROM THE FIELD

ADVANCED PRACTICE NURSING IN THE PHILIPPINES: ARE WE THERE YET?¹



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Introduction

Filipino nurses are prepared for great metamorphosis in their nursing practice. It is high time for the Filipino nurses to move beyond being mere assistants and envision themselves as autonomous and experts in their professional practice. Expanding the role of Filipino nurses through advanced practice nursing can have a significant positive transformative effect in the healthcare system of the Republic.

There are nearly half a million registered nurses in the Philippines beginning from 1952 (Uy, 2008). Still, the nurse-patient ratio remains to be high both in the public and private healthcare facilities. Brain drain, lack of job satisfaction among nurses, low employment rate, and low morale of nurses continue to be the issues in the country's health care system. Moreover, Filipino nurses continue to migrate to other countries while there is scarcity of doctors in rural areas. The Philippine Overseas Employment Administration (POEA) reported that in 2010 there were 12,082 nurse deployments, while there were only more than 6,000 a decade before (Recto, 2010). However, in the midst of all these concerns is the nursing profession's vision of

becoming the lead in promoting Philippine nursing in the Asia Pacific Region by 2030 (Board of Nursing, 2008). How could this be fulfilled? The reasonable and perhaps, the perfect key in realizing this vision is the Advanced Practice Nursing (APN). APN could be the solution to the great concerns that the nursing profession is facing. This paper discusses the significance and status of APN in the Philippines.

Advanced Practice Nursing as the Proposed Solution

The Article I Section 3(b) of the proposed revision of the Philippine Nursing Practice Reform Act of 2011 defines an Advanced Practice Nurse (APN) as a "nurse who acquired substantial theoretical knowledge and decision making skills in the specialty area of nursing practice and proficient clinical utilization of this knowledge in implementing independent and inter-dependent nursing interventions" (Senate Bill 2720, 2016). Another version of the bill indicated that the minimum qualifications for APN are the following: registered nurse with current identification card from the Professional Regulation Commission; physically, mentally, psychologically fit to practice nursing; not be convicted of any moral turpitude; with relevant

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masters degree from a recognized university-based program; certified by the Board of Nursing (BON); and a member of the accredited professional organization (APO) and the corresponding specialty organization (Senate Bill 622, 2013).

There are various reasons why APN could be the solution to the numerous problems that the nursing profession is facing. First, it could be the key to the increasing number of unemployed nurses and dearth of physicians, especially in rural areas. A great employment opportunity will be unlocked for nurses, since they can work in different areas of specialization. Based from the proposed amendment (i.e., Section 3[b]), there are various categories of specialization that an APN can perform (Senate Bill 2720, 2016). APNs can provide primary, acute and specialty healthcare to patients of all ages. This can be based on functions which can possibly be a college health nurse, case manager, nurse-midwife, nurse-anesthetist. Other categories are disease/pathology (e.g., diabetes, obstetrics, medical-surgical, oncology, nephrology), systems (e.g., psychiatric and mental health, cardiovascular, perinatal), age (e.g., pediatric, adult, elderly or gerontology), acuity (e.g., acute or chronic care), settings (e.g., primary, secondary, tertiary), and technology/therapies (e.g., palliative, informatics) (American Nurses Association, 2012; Canadian Association of Advanced Practice Nurse, n.d.). Moreover, other areas aside from the clinical practice can also be performed such as nursing education and nursing management. Hence, when full application of advanced practice nursing will occur, there will be nurses serving in almost every areas of the health care system.

Secondly, with the advanced skills and training there could be an increase in the morale and job satisfaction of nurses. A recent study of almost 2,000 APNs in Thailand (Hanucharurnkul, Suwisith, Piasue, & Terathongkum, 2007) may prove that the amendment on discussion has very promising future for nurses in the Philippines as both countries have certain similarities in health care needs and limitation of resources. Majority of the APNs in Thailand are in the primary setting (community and post/primary care unit) and their scope of practice include health promotion and protection, treatment of minor illness and injury, care of chronic illness and conditions, care of dying persons at home and

management of health care system. The program has increased the morale of nurses for they perceive themselves as "more useful" and their confidence more enhanced. Moreover, the nurses concur with the policy of having NPs (or APNs) at the primary care level and see it as "an expanded scope of nursing practice which is the progress of nursing profession".

Further, professional autonomy will be observed. Nurses will not be treated as assistants of doctors anymore who just carry out their orders, but nurses would have their own identity and be able to provide care in their own areas of specialization. It is aimed that the bill, when enacted into law, would open more opportunities for nurses provide advanced nursing care such as administration of written prescription for treatment, internal examination during labor and delivery, suturing of perineal laceration. In other Asian countries, such as Thailand, APNs have a higher degree of professional autonomy and independent practice. They have advanced health assessment skills, decision-making skills and diagnostic reasoning skills, as well as consultant services. Furthermore, APNs have the right to diagnose clients, authority to prescribe medication, power to prescribe treatment and refer clients to other professionals, and authority to admit patients to hospital (Thailand Nursing and Midwifery Council, n.d.). For instance, in Thailand, the General Nurse Practitioner (NP) can take health history and perform physical examination, interpret simple laboratory findings, assess and prescribe medication for acute common health problems, manage stable chronic illness (e.g., stroke, hypertension, diabetes), provide emergency care and make referrals. On the other hand, the Community Health NP, aside from establishing partnership with the community and all sectors to improve the health and living conditions of the people in the community, they could also perform advanced health assessments of individuals, families and communities, diagnose and prescribe medication and intervention for common health problems, and manage chronic illness /conditions including dying patients at home (Hanucharurnkul, 2007). The provision could greatly broaden the scope of practice, promote the profession's autonomy and truly work in collaboration with other health care providers.

The amendment may even help retain senior and experienced nurses or encourage nationalistic nurses to go back home by expanding opportunities for increased compensation and remuneration (Tuazon,

n.d.). At the same time, promising novice nurses will be encouraged to pursue an advanced training and education in order to be knowledgeable and skilled. Since most nurses leave the country because of financial reasons, the guarantee for a minimum base pay of nurses salary grade 15 with the additional remuneration (Article VII, Sec. 47) is a great assurance for these nurses who will have a good compensation without being separated from their family and loved ones (Senate Bill 2720, 2016). Further, being an APN would help establish a clear alternative clinical career path for all nurses with a promise of employment or opportunity for self employment such as building their own specialty clinic.

Finally, the presence of APN may resolve the problem of physician shortage, reduce the number of patients going to the hospital, decrease cost of care as well as provide choices for people (Hanucharunkul, et al, 2007). Furthermore, an 18-year study shows the great contributions of advanced practice nurses (Newhouse, et al, 2011). Result shows that in acute care settings, the presence of APNs specifically the clinical nurse specialists can reduce length of stay and cost of care for hospitalized patients. Moreover, the outcome indicates that APNs provide effective and high-quality patient care, an important role in improving the quality of patient care, and cost-effective care with high patient satisfaction.

Possible Barriers

However, every significant change comes with hurdle. Nevertheless, the provision of superior health services to the Filipino people cannot be taken for granted. Patients deserve quality care. However, there are some concerns that should be considered. For instance, clear job expectations of advanced practice nurses, provision of standardized salary rate and benefits, security of tenure and job satisfaction are important issues that need to be clarified. Moreover, the training of these promising APNs should be clearly planned and stated. Since no school in the Philippines offers the depth and breadth of knowledge and skills required for advanced practice yet. Nevertheless, they can be required to undergo a period of clinical internship as an APN-Intern under the mentorship of a Medical Consultant in the specific clinical specialty as what Singapore is doing (Singapore Nursing Board, 2011).

Finally, culture of paternalism between doctors and nurses and public acceptance APN's credibility may also be encountered. This is evidenced by an international survey of APNs that reveals the opposition of the APN role development came primarily from domestic physician organizations and individual physicians (Pulcini, Jelic, Gul, & Loke, 2010). Nevertheless, Borromeo (A. Borromeo, personal communication, August 10, 2012), the Chief nursing director of St Luke's Medical Center and a clinical nurse specialist who worked in U.S. for more than two decades, believes that there are still doctors who are "very open to the idea of nurses extending their work" since this will be a way for physicians to see more patients. And although she assumes that it "may take a while for the medical establishment to accept nurse practitioners, she adds that "that did not stop our western counterparts" and encourage us that "we should do likewise". Moreover, the Thailand's experience shows that Thais perceived APNs as "very valuable" for primary care (Hanucharunkul, et al, 2007, Aug). Hence, there is also a great possibility of this happening also in our country.

The Board of Nursing has already paved the way for this specialist group by formulating resolutions for the creation and regulation of the nursing specialty certification council (Board of Nursing Resolution No 14, s. 1999 and BON Resolution No. 118, s. 2002). Therefore, support from legislators, health care policymakers, administrators (i.e., community, hospital, and other health care sectors), and various institutions are essential in order for the APN to be a reality.

Where Should We Start?

Worldwide, there are already 33 countries with an advanced nursing role (American Academy of Nurse Practitioner [AANP], 2011). It has long been recognized and accepted by developed countries. There are approximately 155,000 APNs, also called Nurse Practitioners (NPs), practicing in the U.S. (AANP, 2011). As early as 1950s, other Asian countries have already acknowledged the need for this significant innovation in the nursing profession. Korea, Hong Kong, Taiwan, Japan, Thailand, and Singapore have previously established their APN programs (Sheer & Wong, 2008). APN in these countries have proven to provide an optimistic

outlook to the dwindling hope of the nursing profession - so can the Philippines.

Borromeo believes that "the areas where advanced practice may be able to take root are in the community and in highly specialized functions in acute care like nurse anesthetists and wound and enterostomal care specialists" (Borromeo, 2012, August 10). Moreover, we have already some practicing APNs in the country. Borromeo mentions the Philippine military, which has nurse anesthetists. Also Carol Llamanzares, Ph.D., RN, has an advanced practice in psychiatric and mental health at Makati Medical Center.

Conclusion

Advanced practice nursing is an indispensable amendment in the proposed Philippine Nursing Practice Reform Act of 2011. It represents a sleeping giant for healthcare systems in developing countries, such as the Philippines. Empowering nurses and upholding the morale of nursing profession, retention of experienced nurses, and most importantly the promotion of the quality of health care services in the country are some of the great changes that the advanced practice nurses may perhaps eventually contribute. This could be one immense intervening measure not only for the collective good of the nursing sector but also for the whole health care delivery system of the Philippines as well. However, four years after the passing of the bill, the status of advanced practice nursing seem to be still on deep slumber. This made me ask, are we there yet?

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