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Nursing, Nightingale and Beyond: Voices, Dialogues and Talks of the Future

Abstract

Purpose: This research explored the voices of nurses in contemporary times and unraveled nurses' situations for the purpose of generating a substantive theory to guide and refine nursing practice.

Method: The grounded theory methodology of qualitative research was utilized patterned mainly in the works of Glaser and Strauss. Criterion sampling was used in the selection of 31 participants and the basis for selection was employment in the hospital, academe, and community and being part of different levels of management (nurses from top, middle, first, and staff levels). Theoretical sampling also informed the final list of study informants and was conducted by snowballing that consisted of 10 participants. The data gathering procedures included the combination of interviews, observations, and document and literature analysis.

Findings: The study revealed three major themes: (1) nursing as a profession, (2) Nightingale in the 21st century: life of a nurse in today's context, and (3) the challenges and opportunities to quality of nursing care.

Conclusion: Nursing is dynamic, complex, diverse, expanding and highly contextualized. Nursing is a field that grows with time and nurses are adaptive to the widening demands of their profession. The goal of nursing remains a Nightingale's pledge and an endeavor amidst nurses' constant battle between motivations and challenges. The Integrated Systems Approach to Nursing Care model was developed to be used as a framework for sound decision-making in nursing practice. Nursing, nightingale and beyond is a picture of struggles, success, and potential solutions to the predicaments surrounding the nursing profession.

Clinical Relevance: The study has potential to help health managers and policy implementers in providing assistance to nurses in enhancing their knowledge and skills, increasing their emotional and psychological resilience and in revitalizing their commitment to the nursing profession. It may also aid in the reconsideration of

institutional policies and set-ups toward collaborative and enabling work environment. In addition, it may serve as a guide in creating proactive health governance, in facilitating nurses' work motivation and retention through the due implementation of nursing law and other statutes for the welfare of health workers, in providing additional plantilla position for nurses in the country, and in increasing funding for health programs to create more learning and practice environment for nurses. Lastly, the utilization of the theory can be used in developing a more responsive nursing practice.

Keywords: *Concept of nursing, nurses today, relationship of nurses, quality of nursing care, nursing career advancement, nurses' compensation, benefits and incentives, nurses' safety measures for occupational hazards, nursing job satisfaction, nurses' challenges and motivation.*

Introduction

Nursing is variously described as an indispensable profession, discipline, and occupation (Walker and Avant, 2011). Nurses play vital roles in upholding people's right to health (Mason, 2011). Over the past 50 years, nurses have worked to extend and develop the professional image and practice base of nursing. This endeavor has produced training schools, clinical specializations, the legal regulation of practice, a growing body of research on clinical practice, university education, and the nurse practitioner and advanced practiced movement (Nelson and Gordon (n.d) as cited by Reed and Shearer, 2009). In contemporary times therefore, nursing reaches further and influences deeper the health care sector.

In the past years, the Philippine health care system witnessed the unparalleled influx of registered nurses where more than 400,000 Filipino nurses were not gainfully employed in 2011 and 80,000 board passers join this rank annually (Abelgas, 2013). The proliferation of nursing schools in the country and the subsequent transformation of nursing education into an opportunity to escape poverty through migration are traceable the growing international demand for nurses during the said period (Cheng, 2009). Accordingly, the quality of education varied significantly as nursing colleges and enrolled students were increasing, which prompted some physicians to take up nursing studies in order to emigrate for employment.

However, migrant Filipino nurses suffer from a myriad of downside scenarios. Migrant Filipino nurses have become victims of unfair labor practices and illegal recruitment agencies. Pratt (2008) for instance found that highly skilled female Filipino nurses under the auspices of the Canadian Live-in Caregiver Program usually

become members of the most occupationally segregated groups in Vancouver.

Deprofessionalizing from nursing to become domestic workers, migrant Filipino nurses end up being supplicant, pre-immigrants, and inferior housekeepers and within the Filipino community, 'husband stealers' (p.215-236). Albeit unfavorable experiences overseas and because of perceived non-viability of the socio-political and economic conditions in the country, many Filipino nurses are forced to leave and seek the proverbial greener pasture. New nursing graduates are also pre-disposed to the belief that the only way to have a better future as a health professional is by working overseas (Palaganas, Spitzer, Caricativo, and Sanchez, 2014). Families, including relatives abroad, also pressure their children to take up nursing so they can go abroad to improve their families' economic condition.

Thus, Filipino nurses are in a state of contradictory positions. Nursing is described as one of the noblest professions, yet Filipino nurses remain in the margin in terms of recognition and remuneration for their contributions to people's health rights. The above situations of the continuing mobility of our nurses, the sustained rate of unemployment and underemployment locally, plus the extensive practice of hiring paying volunteer nurses in exchange of training experience, according to Ruiz (n.d) make evident the inability of the Philippine health care system to provide viable environment for its renowned nursing health professionals.

These were my beliefs and observations regarding the phenomenon being studied, thus form part of my biases. Nursing is invisible in the Philippines. The government does not prioritize nursing as a profession in our country; nursing leaders face plenty of issues when it comes to "plantilla" positions and compensation of nurses whether in the academe, hospital or in the community; nurses who work in the hospital on a contract of service status (contractual) receive 3000 pesos as their monthly compensation and yet handle 50-100 patients per shift.

The voice of nurses shapes the policy seed that will eventually be planted and implemented; ensuring nurses' condition and perspectives to be heard is an important factor in influencing the effectiveness and efficiency of the health sector (Benton, 2012). It is imperative, therefore, to understand deeper, from the voice of nurses, what it means to be a Florence Nightingale and what vision they see for the profession.

By exploring the lives of nurses in contemporary times and documenting their evaluations of and aspirations for the nursing profession through grounded theory, this study will make

important contributions to the development of a substantive theory to guide and refine nursing practice.

Statement of Purpose

This study explored the voices of nurses in contemporary times and unraveled nurses' situations for the purpose of generating a substantive theory to guide and refine nursing practice. The definite objectives of the study were to highlight nurses' perspectives on (1) nursing as a profession, (2) Nightingale in the 21st century: life of a nurse in today's context, and (3) challenges and opportunities to quality of nursing care.

Significance of the Study

This study is significant for its exposition of present nursing health care knowledge and practice. By articulating nurses' voice and experiences and revealing the health care systems' current predicaments and possibilities, this study provides additional guide to service managers and policy makers towards better health care decisions, the ensuring of quality nursing care, and due treatment of nursing professionals. As Speziale and Carpenter (2003) articulated, grounded theories in nursing can help elucidate theoretical gaps among theory, research and practice and can increase substantive understanding of the philosophy and practice of nursing health service.

Methodology

This study utilized the grounded theory method of qualitative research.

Participants of the Study

The participants of the study are forty-one (41) registered nurses in Region 1 specifically from the provinces of Pangasinan, La Union, Ilocos Sur, and Ilocos Norte. I selected Region 1 because I believe that specific events in nursing such as joblessness, underemployment, and underpayment are prevalent in the area. Criterion sampling was used in the selection of participants, and the basis for selection was employment in the hospital, academe, and community and being part of different levels of management. Hence, informants include nurses from top, middle, first, and staff levels. The participants were aged from 24 to 56 years old.

Theoretical sampling also informed the final list of study informants. Participants who were not in the initial list were identified using a method of participant inclusion that is guided by emerging themes or analytic constructs (Rubin and Rubin, 1995). These theoretical samples or emergent informants were identified through snowballing or the identification of subsequent potential respondents by asking previous respondents or by

obtaining names in the field of nurses who may be able to provide data relevant to the study objectives. This was conducted on the assumption that snowballing will make the study more inclusive as it tried to capture the voices of nurses from the different levels of management and fields of work. As Table 1 shows, I completed 31 interviews based on the break (sex, place of work, and position) and control (experience in nursing) characteristics and 10 key informant interviews from theoretical samples.

Data Generation

Data Gathering Instruments

Instruments used in this study included the researcher, field notes, and a semi-structured interview guide. Field notes were made to document observations during the interview. The semi-structured interview consisted of a series of open-ended questions designed to describe and explore the voices of nurses in contemporary times. The questions were divided into general and probing questions on the concept of nursing, life of nurses in today's context, relationship of nurses, quality nursing care, career advancement, compensation, benefits and incentives, safety measures for occupational health hazards, job satisfaction, challenges, and motivation. Interview questions were general at first, followed by questions tailored to the particular expertise of each key informant (KI). Hutchinson (2001) as cited by Speziale and Carpenter (2003) said that a truly accurate research question is impossible to ask before beginning a grounded theory because the focus of the study may change on the data generated, hence, the original question just lends the focus of the study. Mason (2004) writes that semi-structured interview is flexible and fluid structure because it contains themes, topics or areas that are covered in the interview rather than questions that are standardized.

Data Gathering Procedures

The data gathering procedures included the combination of interviews, observations, and literature scoping. Notes were made before, during, and after each interview to record observations and impressions following Speziale and Carpenter (2003) that daily journals, participant observation, formal or semi-structured interviews are valid means of generating data.

In my first institution visits, I gave a background of myself and the rationale of the study and also read or gave copies of the consent form for potential informants' review. Upon getting consent, I conducted interviews based on the informants' time and venue preference. In the 6-month span of the data gathering, I

Table 1

Position	Management Category	Institution	Sex	Code
Dean	Top Level	Academe	Female	TLAF_01
Program Head-Community	Middle Level	Academe	Male	MLAM_01
Nurse 1	Staff	Community	Male	SCM_02
Senior Nurse	First Level	Hospital	Male	FLHM_03
Nurse 1	Staff	Hospital	Female	SHF_02
Nurse 1	Staff	Hospital	Male	SHM_04
Supervisor	Middle Level	Hospital	Male	MLHM_05
Dean	Top Level	Academe	Male	TLAM_06
RLE Coordinator	First Level	Academe	Male	FLAM_07
Nurse II-Program Coordinator	Top Level	Community	Male	TLCM_08
Coordinator	Middle Level	Community	Male	MLCM_09
Nurse 1(in charge)	First Level	Community	Male	FLCM_10
Chief Nurse	Top Level	Hospital	Female	TLHF_03
Nurse IV(Area Manager)	Middle Level	Hospital	Female	MLHF_04
Senior Nurse	First Level	Hospital	Female	FLHF_05
Program Coordinator	Middle Level	Academe	Female	MLAF_06
Senior Faculty	First Level	Academe	Female	FLAF_07
Clinical Instructor	Staff	Academe	Female	SAF_08
Public Health Nurse	Top Level	Community	Female	TLCF_09
Head- Community Health Office	Middle Level	Community	Female	MLCF_10
Nurse 1 (Senior)	First Level	Community	Female	FLCF_11
Nurse 1 (Staff)	Staff	Community	Female	SCF_12
Nurse IV	Top Level	Hospital	Male	TLHM_11
Clinical Instructor	Staff	Academe	Male	SAM_12
Nurse 1	Staff	DSWD*	Female	TSF_13
Civil Defense Officer	Staff	Civil Defense*	Male	TSM_13
		Unemployed*	Male	TSM_14
Coordinator	First Level	Academe	Female	FLAF_14
Clinical Instructor	Staff	Academe	Female	SAF_20
Staff Nurse	Staff	Red Cross*	Female	TSF_23
Jail Officer	Staff	BJMP*	Female	TSF_22
Senior Police Officer	Top Level	PNP*	Male	TSM_16
School Nurse	Middle Level	Dep. Ed*	Female	TSF_19
Nurse 1	Staff	Hospital	Female	SHF_18
Senior Nurse	First Level	Hospital	Female	FLHF_21
Dean	Top Level	Academe	Female	TLAF_17
Clinical Instructor	Staff	Academe	Female	SAF_16
Clinical Instructor	Staff	Academe	Female	SAF_15
Fire Officer	First Level	BFP*	Male	TSM_15
		Unemployed*	Male	TSM_17
		Unemployed*	Male	TSM_18

Legend: (*) Theoretical Samples

interviewed 41 participants, 26 of whom chose to be interviewed on my first visit. Most interviews took place in the participants' offices, the rest were in the informants' home. All interviews were digitally recorded using a smart phone. Immediately after each interview, recordings were transferred to digital computer files for security purposes. To ensure the accuracy of information gathered and prior to verbatim transcription, recordings were listened to and compared with detailed manual notes taken during interviews. In cases when transcript review signaled some answers not properly explored, I requested second rounds of interviews which five (5) informants gladly permitted. Data coding and analyses were performed at various levels by customizing Speziale and Carpenter (2003) data management procedure. Interviews continued until all categories were saturated and no new data emerged.

Literature scoping included the review of printed and electronic research materials on the following search terms: grounded theory and nursing research, concept of nursing, nurses today, relationship of nurses, quality of nursing care, nursing career advancement, nurses' compensation, benefits and incentives, nurses' safety measures for occupational hazards, nursing job satisfaction, nurses' challenges and motivation. These terms are consistent with the key themes explored in the KII. Similar to the approach I adopted in the interview conduct and transcript analysis, I also took notes of the emergent themes from the reviewed literature and performed cross referencing as necessary.

Transcript Digest and Levels of Analysis

According to Speziale and Carpenter (2003) concept formation will be the first part of transcript analysis which will include level I coding (substance codes) that is done by examining data line by line to identify the process in the data; level II coding (categorization) which requires use of constant comparative method and assign the data to clusters or categories according to obvious fit; level III (Basic Social- Psychological Process Identified) which will compose the title given to the central themes that emerge from the data. Then, concept development will be done to expand and define the emerging theory. This includes reduction, selective sampling of literature, and selective sampling of data. Reduction is made to reduce the number of categories by clustering these to form a category of broader scope.

The next step would be selective sampling of data to develop hypotheses and identify properties of the main categories.

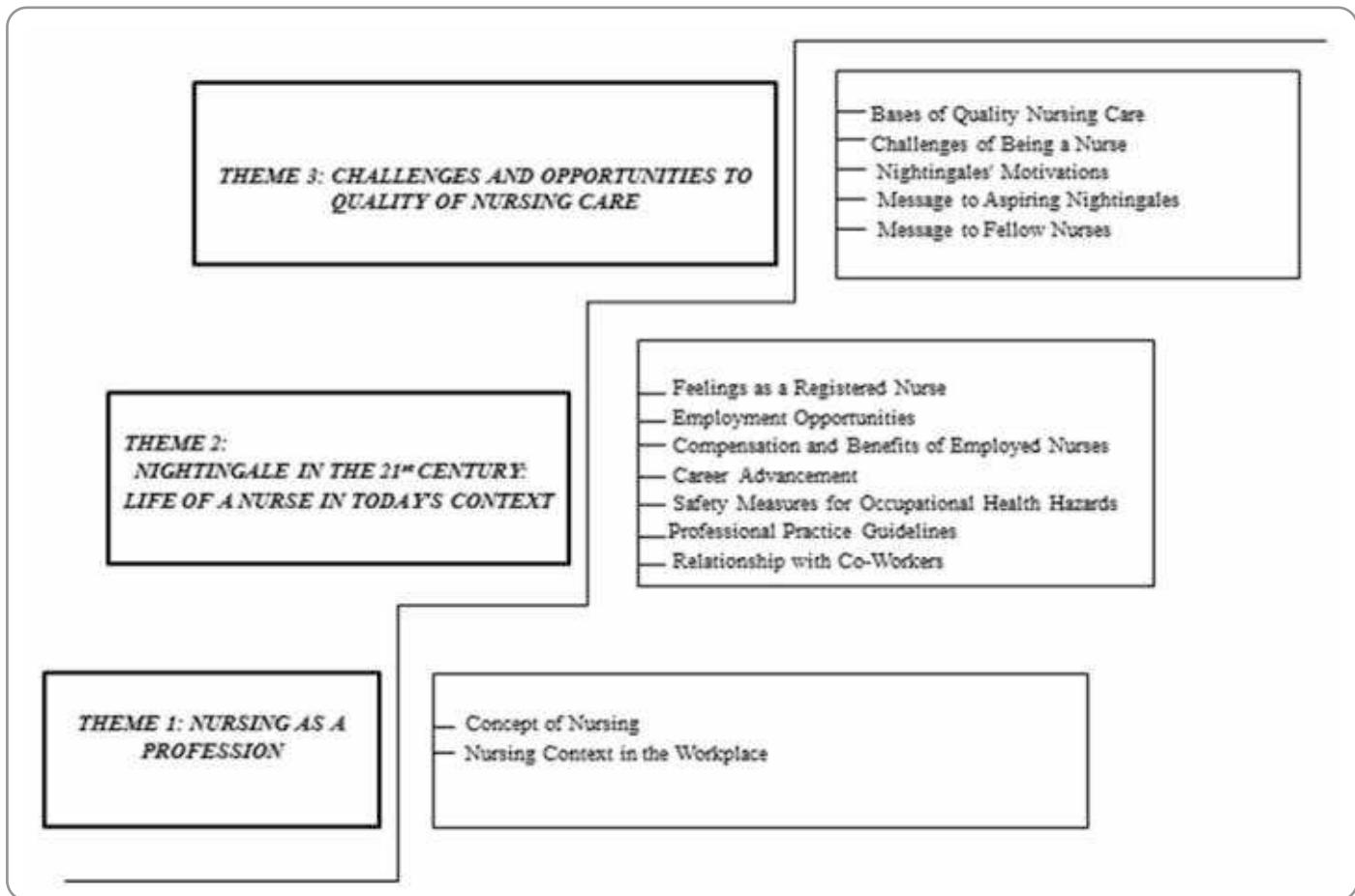
Stern, et al. (1982) as cited by Speziale and Carpenter (2003) stated that through selective sampling, saturation of the categories occurs. After the process of reduction and comparison, the core variable for the investigation emerges. Consistent with the purposes of grounded theory and being conscious of reflexivity, a model emerged from the data and the theory was developed.

Although the data gathering procedures were patterned from Speziale and Carpenter's, I altered some of the process parts as I also utilized the qualitative data management tool NVIVO 10. Using the software, I analyzed KII data simultaneously via systematic, documented procedures of thematic and constant comparative analysis. I initially developed a coding scheme based on the key themes of the interview guide; I likewise used mother and child nodes to show the relationship of codes and themes to the research queries and objectives.

I manually performed Level II coding (categorization) or the constant comparative method and cluster or category assignment by digesting the aggregated data from NVIVO 10. I moved each NVIVO node summary to word file. I re-analyzed aggregated transcripts and recategorized responses and quotations in tabulated forms. From the tabulation, I reclustered data into categories and themes for the Basic Social- Psychological Process Identification. Figure 2 summarizes the levels of data analysis I performed using NVIVO and manual processes.

Ethical Considerations

Ethics review for this study was obtained from the Saint Louis University Ethics Committee. The conduct of interviews and the research methodology itself were guided by the study's ethical protocol. Consent forms were duly explained to and signed by participants prior to the actual interview conduct. Actual measures I followed are as follows: protection of privacy and confidentiality of research information; vulnerability of research participants; risks of study involvement and participation compensation; informed consent process and recruitment procedures; and establishing trustworthiness of the data. Speziale and Carpenter (2003) said that the goal of rigor in qualitative research is to accurately represent study participants' experiences. Furthermore, Guba (1981) and Guba and Lincoln (1994) identified credibility, dependability, confirmability and transferability as operational techniques supporting the rigor of the study.



Findings: Empirical Grounding of the Study

This section provides the Key Informant interview results conducted for the study. The three themes explored and the subthemes and concepts that emerged are provided in Figure 1.

The findings of the study revealed three major themes: (1) nursing as a profession, (2) Nightingale in the 21st century: life of a nurse in today's context, and (3) the challenges and opportunities to quality of nursing care.

Theme 1: Nursing as a Profession

This section provides the captured Nightingale voices on the following: concept of nursing and nursing context in the workplace. Furthermore, it gives a picture of participants' perception of what nursing is and what nursing should be.

A. Concept of Nursing

Nursing is an art of caring. For nurses working in hospitals, nursing revolves around the provision of services to patients and their family. Nursing was likewise expressed as a form of

sacrifice as nurses attend to sick people even with the risk of acquiring communicable diseases.

Nursing is generally about giving care to the clients, pero yong clients natin ngayon, hindi nalang only the patients, expanded, kasama na doon yong significant others nila, yung mga taong pumpunta para bisitahin sila (*Our clients now are not just the patients, they have already expanded to include their relatives and their significant others*) (Key Informant MLHF_04).

The participants shared their concept of nursing as an art and vocation. Nursing was also expressed as a form of servitude and of being sensitive to patients' needs. For some, nursing is all about caring and being considerate; nursing is a life of commitment, mentoring, multi-functioning, and being resilient and available at all times. Nursing was expressed by some informants as a channel for role modeling and continuing learning process. Conversely, one participant thought that nursing would make him rich but found out that landing on a job suited for his training is difficult. Nurses in the academe perceive nursing as a channel for affecting students and committing to health service. Nursing also aims to touch the lives of learners.

B. Nursing Context in the Workplace

Nursing context in the workplace includes the environment or setting and duties of nurses in their respective institutions. Nursing in the academe has transitions, and being a nurse educator requires the updating of knowledge through continuing education.

Nursing (nowadays) compared when we were students, sabali tattan ta latest trends in the provision of and the whole concept of nursing. Ado dagidiy integration na i-tattan nga haan nga kasla idi nga no MS, MS lang latta ket adda didiay, uray adda nursing process met idi kwa a ngem much tatta nga differ, differ tattan (*There are a lot of changes in the nursing trends today. There is already an integration of other concepts unlike before*) So, as an educator, you have to update yourself with the latest trends by continuous learning and reading (Key Informant SAF_20).

Nursing is dynamic and is being influenced by internal and external factors. The context of nursing varies among the informants. On a general note, participants view nursing in their workplace as interesting. Likewise, while the need to adjust to the changing world of nurses is a challenge; the adaptation process is a venue for work and self-reformation. For nurses in the academe, work is less stressful. Nursing in the academe has transitions, and being a nurse educator requires the updating of knowledge through continuing education.

Theme 2: Nightingale in the 21st Century: Life of a Nurse in Today's Context

This section features how it is to be Nightingale in the 21st century in terms of nurses' emotions in terms of employment, employment and career advancement opportunities, work benefits and compensation, safety measures, practice guidelines, and peer relations. Moreover, it provides a clearer spectacle of the actual world where nurses fulfill their duties and responsibilities.

A. Feelings as a Registered Nurse

The life of a registered nurse is fulfilling and employment allows nurses to have greater financial capability for themselves and their family. Informants shared "For me, becoming a nurse is a fulfillment because that was my dream" (Key Informant SAF_20); "Idi naemploy nak as a nurse, syempre naragragsakanak, nagkaroon nak iti stability," (When I was employed as a nurse, I was happy and became stable). (Key Informant TSM_15). "Naragragsak manen ah ta

naiyaplikar mo didiay binasam, makatulong ka met kadagidiy nagrigrigat kinyamun," (I am happy to apply what I learned from school and be able to help those who supported me) (Key Informant TLHF_03).

Most of the participants, especially those who are employed in the government, articulated their employment as fulfillment of personal and professional aspirations and the gratification of life dreams and independence. While some participants forwarded that they are having mixed-emotions because of limited time for their family and inadequate training. Furthermore, other participants particularly those who were not employed, shared that they feel sad, insecure and worthless.

B. Employment Opportunities

Employment opportunities refer to nurses who were hired or were not hired to work in the hospital, academe, community and, other government agencies. Informants have divergent views on the availability of opportunities for nurses. On the positive end, informants cited continuous recruitment, hospital expansion, resignation and succession, and demand for nurses in other fields as factors. As shared, "They are now hiring more manpower, so far so good" (Key Informant MLHM_05) "The availability of opportunities for nurses? As of now, yes, our hospital is expanding" (Key Informant FLHF_21). "Adu latta met, adequate latta met kasi diretso iti recruitment" (*There are adequate opportunities because of continuous recruitment*) (Key Informant TSM_15).

Nurses who were employed in government agencies have adequate employment because of continuous hiring, hospital expansion and resignation and, succession. While other informants expressed that there are inadequate employment opportunities due to lack of budget and plantilla positions, giving priority to influential backing and reduced teaching load. Furthermore, male nurses are preferred by some agencies because of limited number of leave credits and they can work best at the E.R, ICU and, far flung areas.

Compensation and Benefits of Employed Nurses

Compensation and benefits refers to the salary and other aids for nurses provided by their institution. The following viewpoints were expressed by the informants who are affirmative of the availability of monetary and non-financial benefits in their institutions:

Wala naman po tayong masasabi sa sa benefits at tsaka incentives kasi lahat naman ay naibibigay. So kung saang salary grade pare-parehas lang, wala naman tayong masasabi (*All benefits are given and salary grades are*

equal). We're still on the (top din naman), mas mataas naman (*top or much higher*) than other agencies ang sa government (Key Informant FLHM_03).

Half of the informants expressed satisfaction with the kinds and amount of incentives they receive, the other half voiced out discontent. The plights of the temporarily hired and volunteer nurses are also among the voices captured in this study section. The availability of incentives differs among Nightingales as determined by their organization type, rank, and tenure status.

C. Career Advancement

Career advancement refers to availability or unavailability of training opportunities for nurses across institutions. An informant from a hospital shared that "Every highly specialized area like the operating room, HDU, intensive care units offers more than adequate advancement for a nurse's career. Likewise, only nurses with adequate and appropriate training programs are assigned to these areas" (Key Informant TLHM_11).

Data revealed that across institutions, career trainings are available for nurses. However, the access to these advanced learning opportunities remains to be barred by various elements like inability to counterpart, constrained by work schedule, and job orders are not being prioritized.

D. Safety Measures for Occupational Health Hazards

Safety measures for occupational health hazards are safety protocols/benefits and equipment provided for nurses. Data suggest the following standpoints of nurses on the availability of safety measures: different safety measures are available for nurses depending on their line of work and tenure status; in some institutions, nurses are not covered by safety measures nor are given appropriate safety benefits and legal frameworks, resource allocation, and institutional policies are barriers to ensuring nurses' safety.

Kasla nu adda kuma met ti contagious kada kwa ah ket ikkan da kami met ti advice kada kwa instructions tapnu maprotektaan mi ti bagbagi mi (*They give instructions whenever there are contagious diseases so that we can protect ourselves*) (Key Informant TLCF_09).

According to the participants, the safety measures available for nurses depend on their scope of work and tenure status. In the case of hospital nurses, they are provided with Personal Protective Equipment and biomaterials against communicable diseases. Hospitals, likewise have programs and committees that ensure the availability of programs and paraphernalia to secure nurses. Community workers covered by the safety

programs of the local government and are given guidance on communicable diseases.

E. Professional Practice Guidelines

Professional practice guidelines are set of procedures or rules that must be followed by every nurse in their corresponding institutions. The informants shared different viewpoints on the availability of professional practice guidelines (PPGs) in their institutions. Various policies and materials were identified as forms or substitutes of PPGs.

Informants shared that "Upon employment, nu sumrek dan ket ma-orient da panggep ti policies" (*upon entry, they will be oriented with the policies*) (Key Informant TLHF_03). Likewise, nurses are given pertinent information related to contract of service, code of ethics and values, and manual of procedures and standards.

Nurses who were employed in government hospitals, uniform service, and at the DOH were provided with manual of procedures and standards, institutional policies, and implementing guidelines. Likewise, nurses in the academe were provided with memorandum and job description. While in some other government agencies, clinical instructors and contractual nurses forwarded that they do not have work-orientation, institutional PPG's, regulatory guidelines and clear job description.

F. Relationship with Co-Workers

Interview data point to the presence of good working relationship among nurses. For nurses in the community, a friendly relationship characterizes their ties with their colleagues, as Key Informant FLCM_10 stated, "We have a friendly relationship, we treat each other professionally in the way na may respect at nagtutulungan kami sa workplace." (*We have a friendly relationship with each other; we treat each other professionally in a way that we respect and help each other in the workplace.*)

Across institutions, the participants shared that their relationship with their co-workers is generally good. Nonetheless, the occurrence of occasional conflict cannot be avoided. The participants forwarded that conflicts need to be resolved for them to have a harmonious working relationship and good work-outcomes.

Theme 3: Challenges and Opportunities to Quality of Nursing Care

As this section reveals, despite the struggles and contradictions nurses faced, their passion to render quality patient care keeps nurses' passion ablaze.

A. Bases of Quality Nursing Care

Informants offered varying perspectives on what constitutes quality nursing as contextualized in their field and institutional affiliations. In the academe, students' performance in the Nurse Licensure Examination was commonly forwarded as the parameter of quality nursing education and service. Informants, likewise, take pride in their contribution in making their students succeed in the national nursing aptitude test. An Informant also articulated school accreditation and compliance with the standards of the Board of Nursing and Commission on Higher Education as proofs of a nursing school's quality of service. "Our way of life as nurses is excellence. Commendable (performance in the) board exam is one way of evaluating the quality of nursing care that we have in our institution" (Key Informant MLAF_06).

The bases for quality nursing care for nurses who work in the academe are student performance in the NLE, CHED, and BON compliance standard, and accreditation. On the other hand, participants who were employed in the hospital and uniform service articulated that adhering to national standards, constant supervision of colleagues, attendance to seminars and trainings, using patient feedback are ways done to attain quality nursing care. Nurses who work in other government agencies, uniform service, and in the hospital narrated that the barriers in attaining quality nursing care are understaffing, lack of incentives, benefits and skills training, lack of facilities, weak health governance and limited national funding.

B. Challenges of Being A Nurse

Nurses confront various challenges as individuals and as parts of the health work force. Among the trials associated with patient care is the daily encounter of suffering and possible and actual deaths. What makes it more challenging, according to some informants, is when nurses themselves witness the pain of their own family members or the agony of patients' relatives. One informant shared, "Mahirap talaga pag relatives mo (ang pasyente) pero kahit yung mga pasyente mo nag aagaw- buhay, diay kamag anak na, parang, ang hirap-hirap sa pakiramdam dimo talaga magwang ngumiti kasi nakikita mo silang umiiyak (*It is really difficult when the patient is your own relative. Likewise, seeing your patients dying or his or her relatives grieving gives you a heavy heart.*) (Key Informant SHF_02).

The participants narrated the challenges and most difficult situation case experienced as health professionals. Yet, their commitment to the nursing profession keeps them fervent in facing their responsibilities.

C. Nightingales' Motivations

Data revealed the following motivations for nurses: the opportunity to share skills and do responsibilities as a nurse in uplifting and saving the lives of clients such as being able to help those who are in need; client's recovery and expression of gratitude; commitment to one's family; serving God by serving clients; seeing students graduate and succeed in their career; employment compensation; staying in the country and serve Filipinos; supervisor or job superior's appreciation and affirmation of nurse's work; helping patients and providing their needs are the sources of motivation commonly cited by the study's nurse informants and the source of engrained passion to save lives that inspires nurses as health professionals.

D. Message to Aspiring Nightingales

Ang masasabi ko lang (all I can say) especially those who are thinking to enter nursing professional is that hindi siya madali pero (it's not easy but) at the end of the day, at the end of your journey as a nursing student, it will be worth it. In any course naman siguro mahirap sa umpisa pero (It would probably be difficult at the beginning) but as long as you embrace the field that you have chosen, at the end of the day mamahalin mo siya, nag-eejoy ka (you'll love and enjoy it). I think yun yung pinakaimportante yung mahal mo at nag eenjoy ka sa ginagawa mo (That to me is the most important- loving and enjoying what you are doing) and at the same time nakakatulong ka sa ibang tao (you are helping other people). I think yun naman ang purpose ng bawat isa sa atin yung makapag (that is the purpose of each one of us) to serve not only God, pero para makapag serve (sa but also serve) the human race. Nagseserve ka, nag eenjoyka, minamahal mo yung ginagawa mo. (You serve, enjoy, and love what you are doing.)

-Key Informant TSM_14

The participants forwarded that aspiring nurses should love and enjoy nursing because it is not a job for the weak-hearted. Furthermore, the participants expressed that nursing requires sacrifice, so aspiring nurses must revisit their purpose before enrolling and pursue nursing if it is really their dream to serve.

E. Message to Fellow Nurses

For the informants, there are key values and perspectives that current nurses must revitalize or uphold as they continue in their trajectory as health professionals. First of this is, "No adda commitment mo nga agbalin nga maysa a nurse. Kasi tay kunada (*if you have the commitment to become a nurse, as*

they say,) it is your humanity being a nurse, to serve people, being a nurse is to care for people, being a nurse is to be of service to people" (Key Informant SAF_20). "Nurses must continue providing care; Nurses must continue rendering service to the sick" (Key Informant TLHM_11).

Across institutions, the participants voiced that nurses must have the heart and passion for patient care; avoid discrimination; uphold competence and continue the search for knowledge.

Discussion

This section analyzes the perspectives of Nightingales' on (1) nursing as a profession, (2) Nightingale in the 21st century: life of a nurse in today's context, and (3) the challenges and opportunities to quality of nursing care. "The public views of nursing and nurses are typically based on personal experiences with nurses, which can lead to a narrow view of a nurse often based only on a brief personal experience. This experience may not provide an accurate picture of all that nurses can do to provide in the healthcare delivery process" (Finkelman and Kenner, 2012, p. 86). Veering away from public opinion to highlight the voices of nurses, this section reveals what it means to be a Nightingale at present time and the visions nurses see for their profession. At the end of this section, a substantive theory to guide and refine nursing practice shall be proposed.

Nursing as a Profession and the Virtue of Keeping Nightingale Lamp's Ablaze

The voices captured in this study consistently define nursing not only as a profession but as a vocation chosen from one's heart. Statements such as "Nurses are special; we are angels on earth" (Key Informant FLAF_14) and "Nursing is a calling that will totally change you from being self-centered to being compassionate; you become the person that wants to give everything" (Key Informant FLCF_11) reveal the dignified perception of nurses of themselves and their chosen field.

Despite the changing scenario of nursing, data point that modern day Nightingales still consider quality care through compassionate service and dedication to patients' health as the goal of the profession. Regardless of which work context nurses are, "Nu nurse ka, agserbi talaga ti oath ken commitment nga tinanggap mo" (*As a nurse, you have to serve and be committed to the oath you received*) nurse informants commonly voiced out. This is consistent with the assertion of Selanders and Crane (2012) that "Modern nursing is complex, ever changing, and multi focused. Since the time of Florence Nightingale, however, the goal of nursing has remained unchanged, namely to provide a safe and caring environment that promotes patient health and well-being"

Nightingale in the 21st Century: Life of a Nurse in Today's Context

Interview data corroborate literature review results from the presence of various motivations and challenges to nurses and the nursing profession. Examining data on the profession's impact to the nurses, informants revealed the following as positive contributions of nursing to their lives:

- Learned the value and inviolability of life.
- Appreciated compassion and care over financial gains
- Developed decision making skills
- Adopted service to other people as life's essence
- Acquired greater skills in managing self and family's health
- Developed the ability for self- motivation aside from financial compensation
- Learned to commit to other people regardless of their income and social status
- Discovered one's purpose: knowing one's personal and professional values and changing towards one's betterment a professional
- Overcame the fear of blood, procedures, and emergency situations
- Succeeded on complicated tasks and responsibilities
- Gained better time and task management skills
- Maximized opportunities to integrate, help, and affect communities
- Experienced continuing learning opportunities with colleagues
- Enhanced communication and people skills
- Became part of a team and a family
- Gained professional recognition
- Attained financial independence
- Earning for one's self and family.

These positive contributions are consistent with the findings of O'Shea (2006) on the satisfying aspects of nursing such as feeling appreciated, feeling like a member of the team, getting respect, making a difference and earning money. Items on the above list are likewise consistent with Utriainen and Kynga (2009) on the value of communal aspects of nursing work such as interpersonal relationships, social interaction and communication with peers and Janssen, Jonge and Bakker (1999) proposition on autonomy, social contacts, skill variety and opportunities to learn as intrinsic motivations of nurses. The life of a nurse is beset with challenges and concerns, and the findings of the study corroborate existing literature on the presence of internal and external challenges to nurses' practice of and dedication to the nursing profession. Informants' voices are consistent with Lim, Bogossian, Ahern (2010) on the role of heavy workload, work conflict and ambiguity in nurses' daily stress experiences; likewise with Zangaro and Soeken (2007)

on negative workplace relationship, demanding aspects of work, and unmet career expectations as contributors to nurses' exhaustion.

The Challenges and Opportunities to Quality of Nursing Care

The challenges and motivations in the personal, institutional, and health system are 3 sets of interrelated dimensions that dictate nurses' life as health workers. The resolution of the contradictions and predicaments within and among these three spheres is the dynamics that form and strengthen nurses' commitment to the profession (Palaganas, 2009).

The physical and psycho-social trials are weighed against personal benefits and motivations. Institutional conflicts and work place issues are balanced with work benefits and collegial ties. The wider socio-political issues of the land are counteracted with patriotism and service. These findings are similar to Palaganas (2009), Tourangeau and Cranley (2006), and Vanaki and Vagharseyyedin (2009) on the roles of personal and professional dreams and community and organizational commitment in the retention of nurses in community and facility-based health delivery systems.

Substantive Theory Proposal

This study forwards The Integrated Systems Approach to Nursing Care as a framework for balancing the challenges and opportunities in nursing health care. The conceptual model also illuminates that majority of the participants are certain with their concept of nursing and their beliefs of what nursing should be. However, in the real world, they are confronted with struggles and contradictions that need to be balanced.

Integrating the proposition of the *Care Circle of the Three Cs Theory of Lydia Hall and adopting the concept of environment, stressors, and reconstitution* from Betty Neuman's Systems Model, the proposed theory posits that the provision of safe and caring environment for patients and their families is dependent on the resolution of nursing professionals' predicaments as individuals and as subjects of institutional policies and wider health management concerns of the country.

As an output of this research, the proposed theory is grounded on the following assumptions:

- Nurses are certain of what nursing is and what nursing should be.
- The provision of nursing care is never simple and must be understood against the multifaceted and complicated backdrop where services are provided by nurses.
- The challenges and opportunities in ensuring the quality

nursing care are present at the providers, institutional, and health systems' level.

- Quality nursing care cannot be attained without locating the relationship of the issues and concerns and the opportunities and solutions at these three levels.
- Only through the resolution of nurses' struggles and contradictions will nurses be at a favorable condition and in turn make guarantee quality health care delivery.

According to the Care, Core, and Cure Theory, nurses are focused on and dedicated to performing the noble task of nurturing patients and ensuring comfort and well-being. However, motivations, and stressors abound the system affecting nurses and their commitment to their noble tasks. Hence, to reconstitute nurses back to their care circle or patient dedication, "the return and maintenance of system stability, following treatment of stress" must be ensured" (Gonzalo, 2011). This, as discussed in the previous sections, is the resolution of the multi-level struggles that nurses face (See Figure 2).

The Integrated Systems Approach to Nursing Care model can be used as a critical tool or guide for nurse managers and policy implementers to discover what is really going on in their area of practice. This is vital for them to intervene with confidence and help resolve the concerns of nurses.

Conclusions and Recommendations

Nurses are essential workforce in ensuring people's welfare, and Nightingales' perspectives are among the powerful evidence and tools for the refinement of health systems and policies. Using grounded theory, this study explored nursing as a concept and as a profession. Nightingale in the 21st century: life of a nurse in today's context, and their views on issues confronting their field and the potential direction of nursing were likewise explored.

This study concludes that nursing is dynamic, complex, diverse, expanding and highly contextualized. Despite modernity and change, the goal of nursing remains concentrated on the provision of safe environment and quality care. This objective remains a Nightingale's pledge and endeavor amidst nurses' constant battle between motivations and challenges. Given the explored voices in the paper, nurses, health care managers and policy implementers should therefore concentrate on:

- Helping nurses help themselves by providing assistance in nurses' endeavor for continuing education and skills enhancement, implement intervention programs for monitoring and increasing nurses' emotional and psychological resilience, conducting reflection activities to help revitalize their commitment to the nursing profession.
- Revision of institutional policies and set-ups toward

collaborative and enabling work environment by adopting participatory form of management and open system of communication, increase room for team work, reduction of workload, provide clearly defined practice scope and guidelines, and institutionalize financial and non-monetary forms of benefits and incentives, and ensuring occupational safety.

- Proactive health governance by facilitating nurses' work motivation and retention through the due implementation of nursing law and other statutes for the welfare of health

workers, provide additional plantilla position for nurses in the country, increase funding for health programs to create more learning and practice environment for nurses.

Lastly, the utilization of the theory is suggested in developing a more responsive nursing practice. And further research must be done to explore a wider scope of the problems that Nightingales face and the potential solutions to the issues surrounding the nursing field.

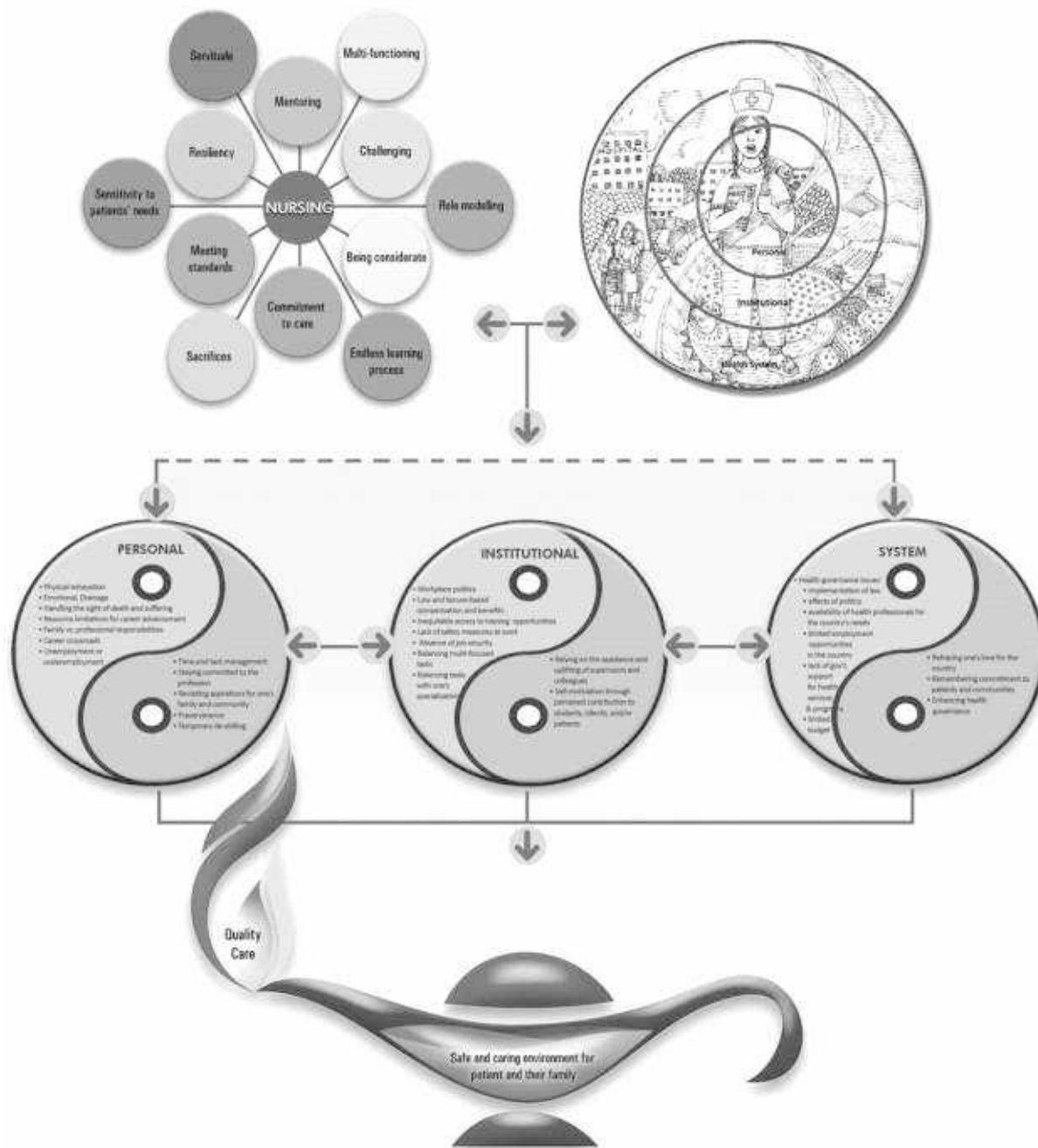


Figure 2. Integrated Systems Approach to Nursing Care

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ACKNOWLEDGEMENT

The author wishes to thank Ms. Marian C. Sanchez, Mr. Raul DC. Quetua, Mr. Clifford Carsola and Ms. Zenaida T. Anquillano for all the valuable support given in the fruition of the research.

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