

RESEARCH ARTICLE

NORMALIZING ADVANCED PRACTICE IN PUBLIC HEALTH NURSING IN THE PHILIPPINES: A FOUCAULDIAN ANALYSIS

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Abstract

This study provides a closer look to the possibility of having advanced practice in public health nursing by analyzing the power relations between nursing practice and social structures. Representatives from the public health sector, national authorities, and the private sector were invited in a round table discussion. Transcriptions were coded and later on categorized and analyzed drawing upon the concepts of Foucault. Foucauldian analysis hands an important insight on how social structures and institutions can steer the creation of an advanced practice in public health nursing in the Philippines. Various social institutions view the relevance of a master's prepared nurse according to their societal roles and functions. Requisite competencies of a master's prepared nurse in public health nursing include fulfilling the role of a clinician, leader and manager, supervisor, and a researcher. PRBON, CHED, DOH, and nursing schools need to work together to define the knowledge of an advanced practice in public health nursing, to implement appropriate surveillance mechanisms, and to establish a compliant practice.

Keywords: advanced practice nursing, public health nursing, Foucauldian analysis, professional roles

Introduction

In the Philippines, the minimum requirement to be a registered nurse is to have a Bachelor of Science degree in Nursing. According to the National Nursing Core Competency Standards (2014), the expectations of an entry-level nurse is technically a generalist who can be deployed in hospitals or clinics, and public health facilities. They fulfill beginning roles as clinician, researcher, and as leaders and managers. Currently, there are no professionally recognized advanced practice nursing or nurse practitioner tracks in the country.

Nurses comprise the top cadre of institution-based health workers in the Philippines. In 2017, the DOH Health Human Resources Development Bureau computed that there are 8.6 nurses for every 10,000 population. However, only 26% of the 90,308 nurses in the country are employed in primary care facilities in communities (Dayrit et. al., 2018). Hence, the number of nurses serving populations in non-hospital primary care facilities might actually be lower.

In order to support local health systems development, the DOH implemented deployment programs of human resources of health (HRH) to various local government units (LGUs). From 2011 to 2017, an average of 15,953 nurses have been deployed with a high of 21,929 nurses in 2013 under the Registered Nurses Health Enhancement and Local Service or RNHEALS program (DOH, 2015) and 17,538 nurses under the Nurse Deployment Program or NDP (Dayrit et. al 2018).

The World Health Organization (WHO) has called for the transformative scale up of health professional education in 2011. In a seminal published work, equal emphasis was placed on increasing health human resource and at the same time increasing their impact on population health (Frenk et. al., 2011). The severe global workforce crisis was acknowledged along with its contributing factors such as critical shortages, imbalanced skill mix, and uneven distribution of health professionals (WHO, 2011).

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In order to meet population health needs, health professional education should direct the increase in the quantity, quality, and relevance of health providers. (WHO, 2011). Advanced practice in public health nursing can be one of the strategies to enhance the quality and relevance of health providers for the populations being served. This is all the more important as the Philippines transitions to a health system that provides for universal coverage (Universal Health Care Act of 2019). Advanced practice in public health nursing will equip the BSN-prepared RN to fulfill the role of a primary care provider under the implementation of UHC law. This will also enable public health nurses to participate as important actors in systems strengthening to ensure primary health care and achieve universal coverage.

However, advanced practice nursing in public health remains to be a prospect as there is no enabling law that provides for this. This would also entail reforms in education that are informed by community health needs and respective responses. Strong collaboration between education and health sectors, other national authorities and even private sector is needed in order to realize this prospect. An analysis of the power relations between and among these key players in health using a Foucauldian analysis can help situate such reforms. As such, the aim of this paper is to analyse power relations between and among societal structures that govern the practice of public health nursing in the Philippines. It is against this background that the relevance of a master's prepared nurse with specialization in public health nursing as well as the requisite competencies for master's preparation will be discussed.

Methodology

A qualitative descriptive design was used. Six (6) experts were purposively invited to participate in a round table discussion (RTD) essentially to examine the current Master of Arts (Nursing), Community Health Nursing track offering of the University of the Philippines College of Nursing. Participants represented key institutions that can provide substantial input and direction for an advanced public health nursing program. The Department of Health, a local health department from Metro Manila, and a non-government organization (NGO) represented the potential employer of the graduates. The Professional Regulatory Board of Nursing and Commission on Higher Education Technical Committee on Nursing Education were invited to provide input regarding the regulation of nursing practice and of nursing schools, respectively.

The session lasted for about 4 hours. It began with an introduction of participants, a review of objectives, sharing of insights, discussion of issues, and finally, a summary of important points. The RTD was guided by the following questions: 1) What are the current roles of the Public Health Nurse? 2) What is the added value of a BS Nursing prepared

nurse to have a masters degree in Public Health Nursing? 3) How should advanced nursing practitioners and clinical nurse specialists be regulated or credentialed? 4) What reforms are needed to establish an advanced practice in Public Health Nursing?

The consent of the participants were solicited for the publication of the results of the RTD. Responses of the participants were transcribed. Transcriptions were coded and analyzed using Foucauldian discourse analysis.

Results

As mentioned, the participants of the RTD came from various sectors, which are also stakeholders, in the advancement of public health nursing in the Philippines. Six of the seven participants are nurses while the only non-nurse participant is a medical doctor who represents the Department of Health.

The participant who works as a public health nurse in one of the cities in Metro Manila described the roles and responsibilities of public health nurses based on their rank. Their local government only accepts registered nurses with several years of relevant nurse experience for the entry level positions. This is due to the fact that in their setting, nurses are in the frontline of health systems.

Nurses are basically expected to provide primary care through the implementation, monitoring and evaluation of health programs. Promotion to higher ranks means they are expected to perform more complex roles such as providing school health services, coordinating a health program for their entire local government setting, managing the health facility and supervising health personnel, and providing capacity building activities for other health personnel.

Post-graduate degrees are required for a public health nurse to be promoted to the highest possible rank. Currently, these positions are filled by nurses who have non-nursing postgraduate degrees.

Schools in the Philippines are now offering a Bachelor of Science in Midwifery. Entry of BS Midwifery graduates can create a conflict in the tasks of health human resources who are in the public health setting.

The participant from a non-government organization (NGO) shared her experience on employing community-based health and wellness nurses (CBHW nurses). The nurses of the NGO are assigned to low resource communities or geographically isolated and disadvantaged areas (GIDA) where the organization has built barangay health centers or birthing homes. These facilities are endorsed to respective LGUs after construction.

The identified roles and responsibilities of CBHW nurses include 1) conducting clinical assessments, 2) providing appropriate community interventions 3) organizing wellness clusters in the community, 4) training Barangay Health Workers to become leaders, teachers, and health workers, and 5) preparing innovative and culturally sensitive learning materials, 6) providing nursing care, 7) evaluating and monitoring program outcomes, and 8) managing health projects.

There is a general need to train registered nurses on 1) program development, 2) Filipino traditional medicine, 3) cultural competencies for indigenous knowledge and resource management in the community, 4) adapting to the realities of community health nursing practice, 5) adapting educational materials for the local setting, 6) community-based approaches, and 6) research in the community setting.

The participant from the Department of Health described the leadership and development framework for rural health units. The discussion included the general functions, mission, and mandate of rural health units since the devolution of healthcare in the Philippines back in 1991. Core competencies of public health workers such as municipal health officers, public health nurses, and rural health midwives were also discussed.

A task analysis of public health based on health systems management was presented. Tasks were classified as both overlapping and specific to public health workers in local health units and identified as part of the building blocks of health systems – health service delivery, health regulation, health human resource management, health information systems, health financing and health governance.

Priority setting and management were identified as the key core competencies of public health workers. Beyond the provision of care, public health workers should participate in systems strengthening and health systems management.

The participant from the Professional Regulatory Board of Nursing (PRBON) explained the practice standards and career progression of Public Health Nurses. She made the distinction between Community Health Nurses and Public Health Nurses. Both practices have the same goals but the approaches to achieve their goals are different based on theories and concepts used.

Currently the nursing profession is primarily regulated by the Philippine Nursing Act of 2002. It is also influenced by other laws such as Continuing Professional Development Act of 2016 and PQF (Philippine Qualifications Framework) Act of 2017. The former was intended to advance professional knowledge, skills, and ethical values while the latter sets the professional standards and nursing education outcomes. These laws have led to the creation of national policies that enforce quality assurance frameworks and mechanisms.

The recommendation to have a clear career pathway in nursing was emphasized. This means that nursing practice standards should be upheld and updated especially for post-licensure specialization. Another important recommendation was to shift nomenclatures and respective curricula and trainings to Public Health Nursing as it already includes community health nursing.

The participant from the Commission on Higher Education (CHED) Technical Committee on Nursing Education informed the group that there will be a new CMO (CHED Memorandum Order) governing graduate education that will soon come out. As soon as this new Policies, Standards and Guidelines (PSG) for Graduate Education is published, the TCNE plans to release a new memorandum governing graduate education in nursing. This proposed memorandum will primarily address the current graduate nursing education scenario wherein post graduate nursing courses are seen in various curricular programs as in Master of Arts in Nursing, Master of Nursing, and Master of Science in Nursing for the master's level and PhD in Nursing, Doctor of Nursing Science and Doctor of Nursing Practice for the doctorate level.

It was clarified that equivalencies of nursing education should be facilitated by the Commission on Higher Education (CHED) and credentialing be performed by the Professional Regulatory Board of Nursing (PRBON). Professional, research, and academic post graduate tracks for nurses should be clearly seen in educational outcomes and curricula.

Advanced practice in public health nursing can only be created with clear nursing education guidelines from the CHED and credentialing by the PRBON. The latter should be assisted by a professional society of public health nurses.

The participant from the UP College of Nursing presented the Bachelor of Science and Master of Arts (Nursing) curriculum. Particular attention was given to undergraduate community health nursing courses and the proposed Master of Science in Nursing Public Health Nursing track. Health systems thinking and systems strengthening were recommended to be emphasized in the proposed curriculum.

Issues regarding professional opportunities for nurses with graduate preparation on public health nursing were raised. Specifically, if the government would provide positions for the graduates of the program. The current transition to Universal Health Care provides such opportunities.

For the first objective, the participants highlighted the following roles of the masters-prepared public health nurse: 1) clinician, 2) manager and supervisor, and 3) researcher. These roles are vital in caring for the various clients in the public health setting. Nurses, through these identified roles, can enable the transition of the Philippine Health Care towards Universal Health Care.

For the second objective, the relevance of a masters-prepared public health nurse was viewed based on an academic, institutional, industry, professional, and social lens.

The current epidemiological shifts and complex health problems require advanced knowledge in public health to ensure the care of communities and population groups. With such preparation, nurses can be better equipped to deliver primary care and to work with wider health systems that are people-centered. In order to realize this, educational institutions are expected to include global and public health issues, universal health care and other relevant topics in the master's curriculum. A mechanism to bridge formal and informal training should be put in place. DOH should engage the Commission on Higher Education to recognize not just academic postgraduate degrees but also informal, professional development trainings that can be recognized for equivalencies.

Specialization in public health nursing should be covered by law. Legal implications of having an advanced practice in public health nursing is comparable with independent nursing practice. This can also affect the current scope of practice and harmonization among and between nursing and other health professions. The advanced practice in public health nursing requires a collaborative arrangement with public health physicians. Instead of creating another professional silo, this should be seen as an opportunity to work with other health professionals.

Issues surrounding the possibility of a having a nurse-led public health clinic and nursing clinics for wellness were discussed. This would require advanced, complex, multiple interventional skills and financial literacy for the nurse. With the Universal Health Care, these clinics must be certified as part of the health care provider network. Likewise, nurses should be certified as primary care providers. These certifications are required to ensure that nurses and their clinics contribute to Universal Health Care and that their respective clients are covered by PhilHealth. This model can be piloted in one of the state university systems.

Discussion

The relevance of a masters-prepared nurse in public health nursing is subject to the same control of social structures and institutions that look after the profession. The powers of such institutions, that includes their influence and reach, ultimately determine the relevance of a masters-prepared nurse in public health nursing. State and social apparatuses were represented by the participants who have shown the mandate, the interest, and the power of the entity they represent. They exert power directly to the nursing profession and indirectly to other nursing-related structures and institutions.

In the creation of a new norm for nursing, it is imperative that power relationships are analyzed through a Foucauldian lens.

This would particularly look at notions of surveillance, notions of knowledge, and ultimately, notions of docility. Power is always related to knowledge. Knowledge is the exercise of power and power is the application of knowledge (Foucault, 1977). Surveillance is a normalizing force in society based on the fear of being seen to be doing something wrong. Here, there is constant inspection. The inspecting power is visible yet unverifiable. Notions of docility pertain to passivity and non-resistance to societal structure and control achieved through the internalization of disciplinary surveillance.

Masters-prepared public health nurses can consume social spaces where they are deemed relevant along with their identified requisite competencies if they can be equipped and backed by knowledge and a form of surveillance. Power is gained by a person to practice the profession by gaining knowledge through medical training specific to the nursing practice. Hence, the more degrees or training a registered nurse has, the wider their practice becomes.

The Commission on Higher Education plays a key role in ensuring that advanced practice public health nurses have enough knowledge, competencies, and skills to consume and deliver public health services in social spaces. Their surveillance activities cover academic institutions that offer nursing related courses. A certain level of docility among public health nurses can be achieved if they work closely with the professional regulatory commission in harmonizing education, credentialing, and equivalencies of educational outcomes specific to this field.

Literally, on the basis of one's knowledge, the professional regulatory commission allows a board passer to practice nursing. In the same way, the institution should create mechanisms to open, and to prepare the field for public health nurses and implement a form of surveillance or monitoring of activities based on one's level of knowledge. Hence, providing trainings for specialization and adhering to the Philippine Qualifications Framework is not enough. To create an advanced practice in public health nursing entails establishing the knowledge into the field of nursing practice. The state and social apparatuses of the field should be internalized in every advanced practice public health nurse.

The input of the Department of Health and practitioners from the field show how spaces for health are consumed by health human resources. They described the current norms in public health citing the different health professions to include public health nurses. The current structure of public health systems is an intersection of knowledge coming from the expected roles and functions of public health workers. To disturb the current public health structure by creating a precept of a norm as in an advanced practice in public health nursing is to deconstruct this intersection of knowledge. The power and influence of other

health professions, especially the medical profession, and their particular reaction to this change and how it will affect their professional practice should be considered. Social spaces for health curated by the knowledge held by social structures such as DOH, PRBON, and CHED and the social relations of its actors.

Educational institutions adhere to the prescriptions of PRBON and CHED. The latter regulates them while the former provides the industry standards (Dayrit et. al, 2018). Educational institutions open the gateway for an individual to acquire knowledge that gives them agency to consume greater social spaces in health. DOH is the main industry that employs nurses. It relates with other institutions in a way wherein its social structure is consumed and defined by the products of all the other institutions.

Nursing schools transform individuals from disciplinary objects of the nursing profession to docile bodies that can navigate the healthcare system according to the boundaries set by the social apparatuses of nursing education that they have internalized. Schools implement DOH, CHED and PRBON recommendations and their powers are directed toward their students.

State control of the mechanisms of power in the nursing profession are not absolute. Despite strategies to enforce PRBON and CHED regulations, educational institutions can use social stature and positions as a form of strategy as defined by Bourdieu (1998) and or a form of resistance to power (Foucault, 1977). Institutions can also take advantage of gaps in social structures through tactics, the weapons of the weak (De Certeau, 1984). This is especially true for underperforming nursing schools or those who comply to the bare minimum of the industry, academic, and professional standards. Advanced practice in public health nursing can be taken advantage at the onset by institutions who are not really equipped with the requisite knowledge for the specialization.

The activities of non-government organizations is a glimpse of the mismatch between the state set-up and the actual practice of public health nursing. Gaps are filled by NGO's that contribute to innovations that transform the profession. Once categories of new norm making (Foucault, 1975) are satisfied, the recognition of these transformation can lead to state-imposed normality (Lefebvre, 1991). Nurses who engage in public health, however, cannot be automatically considered as public health nurses as it is a field yet again, defined by knowledge.

The recommendations and insights on the relevance of a masters-prepared nurse in public health nursing and its requisite competencies by participants represent the power of their respective institutions. From their responses, changes in the nursing profession happen when these flow from the PRBON and CHED down to nursing schools. PRBON regulates

professional nursing practice and CHED sets the standards for nursing education programs and institutions of higher learning. Nursing schools can capitalize such changes by updating their curricula or by using creative ways to prompt the prescribed structure. DOH has power and control over the health industry and serves the main employer of nurses and other health professionals. DOH also defines the social spaces of health and transforms them into places where various actors of the health industry perform their duties and responsibilities and relate with one another.

Successfully creating an advanced practice in Public Health Nursing requires a power, based on knowledge, exerted by these institutions to the nursing profession. A masters-prepared nurse is only as relevant as how these institutions would give value and define the need for such knowledge in the field. The requisite competencies that is expected from them, will follow from this definition.

The nursing profession is a social product. The creation of advanced practice in public health nursing requires a deconstruction of current intersections of knowledge from social institutions. To create a new track for nurses is to shift this intersection of knowledge to be acknowledged and supported by social institutions and health professionals as actors of the health industry whom these advanced practitioners will potentially work with.

Advanced practice in public health nursing will provide additional agency to nurses. This challenges social norms and powers and at the microlevel, power of other actors in the health industry cannot be discounted. With the devolved health care set up in the Philippines, actors can follow, resist, and interpret structural prescriptions at the national and the local level. Social structures provide agency to the nursing profession and the nursing profession in turn can also shape social structures (Bourdieu, 1998).

Summary

Foucauldian analysis provides an important insight on how social structures and institutions can steer the creation of an advanced practice in public health nursing in the Philippines. Various social institutions view the relevance of a master's prepared nurse according to their societal roles and functions. Requisite competencies of a master's prepared nurse in public health nursing include fulfilling the role of a clinician, leader and manager, supervisor, and a researcher. PRBON, CHED, DOH, and nursing schools need to work together to define the knowledge of an advanced practice in public health nursing, to implement appropriate surveillance mechanisms, and to establish a compliant practice. To normalize advanced practice in public health nursing is to recognize that social structures shape the capacity of nurses to function.

Conversely, nurses contribute to the transformation of social structures by practicing their profession and by exerting their agency.

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