

RESEARCH ARTICLE

NURSING WORKFORCE IN THE PHILIPPINES: DATA AND ISSUES

Sheila R. Bonito, DrPH, RN¹, Araceli O. Balabagno, PhD, RN,
Jesusa S. Pagsibigan, MAN, RN, Kate Anjelyn C. Sereneo

Abstract

This study was conducted to: (1) determine the profile of nurses in various work settings based on available databases; (2) describe the current nursing education and programs in the Philippines; and (3) identify national key issues affecting the nursing workforce. The study utilized descriptive, cross-sectional research design; and employed institutional survey, Delphi survey, and round table discussions. Results showed that the Department of Health has the current number of nurses working in hospitals and communities in the different regions, including information on age and sex distribution, employment characteristics, and type of hospital affiliations. The Professional Regulations Commission Board of Nursing has the results of the national licensure examinations. Commission on Higher Education has information on BSN curriculum and schools. Priority key issues identified are: (1) nursing leadership and nursing role clarity, (2) workplace safety and violence, and (3) shortage of nurses, (4) unjust compensation, and (5) skills mix and geographic maldistribution. PNA is thought to have a big role in helping address these key issues.

Keywords: internationally educated nurse, nurse migration, disposable labour, Canada

Introduction

Healthcare professionals are vital for the functioning of the health care system in the country. De Cola et al. (2012) states that nurses form the largest group of frontline healthcare providers who work within diverse practice settings. According to the Department of Health (DOH) (2006, as cited in World Health Organization (WHO), 2013), the Philippines is perceived to be a rich source of competent and skilled nurses making it purportedly the leading exporter of nurses (WHO, 2013). Ironically, the Philippines labeled as a 'source' country alongside many others, has a number of health professionals migrating to developed countries—now leaving the nation with inequitable distribution of health care providers rendering service to a high number of patients (Palaganas, 2017). There has been a significant maldistribution and shortage of nursing staff, particularly in the rural areas brought about by this significant and unmanageable migration of nurses thereby causing tension between the demand for them in the global and local market (Marilyn & Lorenzo, 2008; WHO WPRO, 2008 as cited in Dawson et al., 2011). According to the WHO (2013), there is a lack of a functioning system of rationalizing recruitment, retention, training, development, and placement of health professionals and workers, which could explain the improper deployment and utilization of our health professionals, as a whole, in the healthcare delivery system. Human resources for health (HRH) are vital in an effective health care delivery and health system sustenance and migration of

health care workers from developing to developed countries impact nursing in the Philippines negatively by depleting the pool of skilled and experienced health workers thus compromising the quality of care in the health care system (Lorenzo et al., 2007).

Problems such as unmanaged emigration of health professionals, imbalance in the distribution of health staff, fast turnover of experienced staff, and unemployment of new graduates who lack the required competencies for health care, which were identified back in 2005 by the DOH (s) are still currently prevailing. This complex situation, according to them, is compounded by a weak HRH information system that is unable to supply useful information on the status of new graduates of health-related courses, and to provide updated data on registered health professionals who are active participants of the workforce. It is to be noted, however, that efforts have been made to address this. In fact, they were able to establish a database of selected HRH in hospitals which are still being improved and populated to date. This will aid the country in HRH planning and policymaking.

In response to the call of the International Council of Nurses (ICN) to maximize Nursing's contribution to achieving the objectives of the World Health Organization Global Strategy on HRH: Workforce 2030 and our health goals, the Philippine Nurses'

¹ Correspondence: University of the Philippines, College of Nursing, Pedro Gil, Manila, 1000; email address: sheila.bonito@upou.edu.ph

Association (PNA) Department of Nursing Research pioneered a study in line with the objective of strengthening data on human resources for health (HRH), for monitoring and ensuring accountability of implementation of both national and global strategies.

The study has the following objectives: (1) determine the profile of nurses in various work settings; (2) describe the current nursing education and programs in the Philippines; and (3) identify national key issues affecting the nursing workforce. The study is critical to effective workforce forecasting and resource allocation, leading to an effective Human Resources for Health (HRH) planning based upon workforce minimum data set and human resources databases connecting workforce numbers.

METHODOLOGY

Research Design

The study utilized a descriptive, cross-sectional research design to address its objectives.

Sampling Design

Purposive sampling was used in the study for both the national institutions included in the study and key nursing leaders who participated in the survey coming from different areas of the country and in different fields of nursing.

Instruments

The researchers conducted a round table discussion to explore the need for national data in nursing workforce in the Philippines and the key issues that surround nursing in the country. The researchers also developed two sets of questionnaires: (1) Institutional Survey Questionnaire on Nursing Information and (2) Delphi Survey Questionnaire on Key Issues in Nursing to achieve the study's objectives.

- **Round Table Discussion on Nursing Workforce.** During the first phase of the study, a Round Table Discussion was held last September 9, 2017 at the PNA Auditorium with representatives who were purposively selected in order to gather varied perspectives on nursing human resource, namely the Department of Labor and Employment (DOLE), Association of Nursing Service Administrators of the Philippines (ANSAP), Association of Deans of Philippine Colleges of Nursing, Inc. (ADPCN), Professional Regulation Commission (PRC), and including Philippine Nurses Association, Inc. as the pioneer of this study. Key national issues in relation to this matter were also identified and discussed.
- **Institutional Survey Questionnaire on Nursing Information.** Utilizing the inputs of these representatives, the researchers developed a general questionnaire which was administered at an institutional level to guide them on how data could be given to the researchers. This questionnaire consisted of two parts namely: (1) nurses' profile and (2)

educational profile. This questionnaire was used to determine the profile of nurses and the current nursing education and programs. This tool was sent to the aforementioned institutions with the addition of the Commission on Higher Education - Technical Committee on Nursing Education (CHED-TCNE).

- **Delphi Survey Questionnaire.** This tool was developed by the researchers to determine the national key issues in nursing. The Delphi survey consisted of two rounds where each round also has separate questionnaires. For the first round, using the key issues determined from the round table discussion, the respondents ranked each issue in terms of its importance, explained the context as to why they have considered it most important or not important, and provided supporting documents to prove it. As for the questionnaire for the second round, through a Likert scale, the respondents will then rate how much they agree that the issues determined are key issues in the nursing workforce in the Philippines in terms of salience and possible solutions. They are also asked to suggest possible solutions to address the problem and identify other issues which are not mentioned in the questionnaire. This questionnaire was sent to nursing key leaders nationwide belonging to different fields of nursing such as the academe, hospitals, organizations, etc.

Data Collection Procedures

To determine the profile of nurses in various work settings in the Philippines, an institutional survey was conducted. The researchers sent letters of requests together with the institutional survey questionnaire to respective institutions who were thought to provide any data that they have—preferably for the last five years—about the demographic profile of nurses. In addition, the researchers utilized online databases available for public viewing. Data for this report were sourced from the following:

- *National Database on Human Resources for Health Information System (NDHRIS) - Department of Health's Health Human Resource Development Bureau (HHRDB)*

This was initiated by the Department of Health in 2010 with the initial intention to provide data on the number of human resources for health in hospitals. By 2011-2015, they have incorporated NDHRIS to the licensure policy of hospitals through Administrative Order No. 2015-0017 entitled "Guidelines on the Use of the National Database of Human Resources for Health Information System (NDHRIS)". The system was then able to gradually populate data of basic aggregated demographic information about selected health resource professionals. As of June 2017, the system was able to gather data from 60% of Levels 1 and 2 hospitals and 90% of Level 3 hospitals; however, private clinics, laboratories and other similar health facilities were not yet included.

- *Field Health Services - National Epidemiology Center of the Department of Health Department of Health*

Data of nurses working in the community or field were taken from combined data of LGU-hired and deployed nursing human resources for health assigned in Rural Health Units (RHU) collected by the Field Health Services and nursing human resources for health hired by the Department of Health that were deployed in RHUs through their deployment program. The NDHRHIS database is focused on big health facilities, like government hospitals, while the FHSIS database mainly refers to health facilities linked with LGUs. It cannot be assumed that combining both datasets will provide us the total number of health workers at the national level, since data are overlapped to some point and both datasets provide only partial coverage of the total health workforce they refer to (WHO, 2013).

- *Philippine Statistics Authority*

The estimated population were computed based on Philippine Statistics Authority (PSA)'s Population Counts and Growth Rates. The ratio of nurse per 10,000 population was computed by dividing the total number of nurses with the total population and was multiplied to the constant 10,000 to get the ratio for per 10,000 population.

To determine the nursing education and programs, an institutional survey was also conducted. The researchers also sent letters of requests together with the institutional survey questionnaire to respective institutions who were thought to provide any data that they have—preferably for the last 5 years—containing information on nursing educational profiles and programs. However, data are also not yet retrieved from them at the moment. These institutions include the Commission on Higher Education - Technical Committee on Nursing Education and Association of Deans of Philippine Colleges of Nursing. In addition, the researchers also utilized online databases available for public viewing. The data presented here were retrieved from the following sources:

- *Commission on Higher Education (CHED)*

The Commission on Higher Education (CHED, RA 7722) carries out the regulation of health professional education by setting the minimum standards for programs and institutions of higher learning. Both public and private institutions of higher education as well as degree-granting programs in all post-secondary educational institutions, public and private are covered. Moreover, CHED has the mandate to open institutions and to close those that perform poorly based on the percentage of graduates who successfully pass national board examinations (Romualdez Jr. et al., 2011).

The issuance of permit and recognition to offer baccalaureate programs in all disciplines has been decentralized by the CHED Central Office to the regional offices. However, the issuance of permit and recognition to offer graduate programs and baccalaureate programs in nursing is still done at the Central Office, through the Office of Programs and Standards. CHED is also mandated to regulate the

establishment and operation of review centers and similar entities (WHO, 2013). Although CHED's website has data on the total number of HEIs, entrants, and graduates of HEIs, cost of health science education, these are clustered and counted as one group namely 'Medicine and health-related programs'. The data is not disaggregated per profession.

- *Professional Regulation Commission (PRC)*

Data on the number of the Philippine Nursing Licensure Exam (PNLE) and passing rate were retrieved from the table compiled by OPRKM-Knowledge Management Division entitled Professional Regulation Commission National Passing Percentage by Discipline: 2012-2016 where the data specifically about nursing licensure exams were sourced from the PRC-Educational Statistics Task Force. PRC can provide cumulative and disaggregated data on the supply of health professionals. While data on the socio-demographic characteristics of registered health professionals are being collected by the agency, they are cumulative and unfortunately, do not provide a realistic picture of the supply (WHO, 2013).

To identify the key issues in nursing, the researchers conducted a Delphi survey with 57 key nursing leaders nationwide invited as participants. This consists of two rounds wherein the questionnaires mentioned above were self-administered.

RESULTS

Nursing Human Resources Profile

According to the DOH records as of 2017, there is a total of 90,308 nurses working in the hospital (n=66,761; 74%) and in the community or field (n=23,547; 26%). The ratio of nurses per 10,000 population is 8.65. Based on the estimated population, Region 4A – CALABARZON has the highest number comprising 15% of the total population, followed by the National Capital Region comprising 13% of the total population. Most of the nurses are working in the National Capital Region (n=16,757; 19%), followed by Region 4A – CALABARZON with 9,820 (11%) nurses working in that region. The region with the least number of nurses is in Autonomous Region in Muslim Mindanao where there are only 1,616 (2%) nurses. For the nurses working in the government hospitals (N=66,761), most of them are working in the National Capital Region (n=15,171; 23%) whereas only a few (n=489; 1%) are working in Autonomous Region in Muslim Mindanao. For the nurses in the community or field (n=23,547), most of them are working in Region 4A – CALABARZON (n=2,363; 10%) while only a few are working in Region 4B – MIMAROPA (n=776; 3%).

Sociodemographic Characteristics

Of the 66,765 nurses who were counted in the National Database on Human Resources for Health Information System (NDHRIS), majority are females (n= 50,280; 75%). More than half of the total

Table 1. Nursing Human Resources, 2017

Region	Estimated Population ^[1]	NHR in Hospitals ^[2]	NHR in the Community/Field ^{[3],[4]}	Total No. of Nurses
Region 1 - Ilocos Region	5,145,124	4,215	1,528	5,743
Region 2 - Cagayan Valley	3,544,448	2,903	1,382	4,285
Region 3 - Central Luzon	11,536,054	6,705	2,066	8,771
Region 4A - CALABARZON	15,144,551	7,457	2,363	9,820
Region 4B - MIMAROPA	3,082,718	983	776	1,759
Region 5 - Bicol Region	6,022,952	3,118	1,495	4,613
Region 6 - Western Visayas	7,745,311	4,032	1,542	5,574
Region 7 - Central Visayas	7,632,835	5,797	2,158	7,955
Region 8 - Eastern Visayas	4,604,998	1,740	1,469	3,209
Region 9 - Zamboanga Peninsula	3,754,950	2,333	1,210	3,543
Region 10 - Northern Mindanao	4,835,656	3,350	1,161	4,511
Region 11 - Davao Region	5,075,184	2,739	857	3,596
Region 12 - SOCCSKSARGEN	4,719,957	2,681	933	3,614
NCR - National Capital Region	13,129,819	15,171	1,586	16,757
CAR - Cordillera Administrative Region	1,782,912	1,888	896	2,784
ARMM - Autonomous Region in Muslim Mindanao	3,973,841	489	1,127	1,616
Caraga	2,703,048	1,160	998	2,158
Total	104,434,357	66,761	23,547	90,308

Source: National Database of Selected Human Resources for Health, by Department of Health -Health Human Resource Development Bureau, Retrieved from hhrdbjob.doh.gov.ph/ndhrhis

Table 2. Sociodemographic Characteristics of Nurses, as of December 31, 2017

AGE (in years)	SEX		Total
	MALE	FEMALE	
<25	450	2,036	2,627
25-34	11,012	25,409	36,410
35-44	1,958	6,754	8,687
45-54	1,065	5,975	6,958
55-64	238	4,723	4,969
>65	1,748	5,382	7,113
Total	16,471	50,280	66,765

Source: National Database of Selected Human Resources for Health, by Department of Health -Health Human Resource Development Bureau, Retrieved from hhrdbjob.doh.gov.ph/ndhrhis

number of nurses (n=36,410; 55%) belong to the 25-34 age group. This is followed by those belonging to the 35-44 age group comprising 13% (n=8,687) of the nurses. There is also a significant number of nurses aged 65 and above as they comprise 11% (n=7,113) of them.

Employment Characteristics

As for the employment characteristics of these nurses (N=66,765), 85% (n=56,840) of them are involved in direct patient care while the rest are involved in administrative services. In terms of employment category, 65% (n=43,722) of these nurses are working full time. Although the other

categories of employment are not enumerated on their online database, 34% (n=22,529) of nurses belonged to this category. Only 1% (n=514) of the nurses are working part-time. For the category of affiliation of the nurses wherein there is a total of 66,679 counted nurses, 64% (n=42,812) are working full time and permanent; while a number of nurses (n=10,499; 16%) fall under the contractual category of affiliation.

Area of Practice

Of the 66,761 nurses counted in the database, more than half (53%; n=35,365) are working in private institutions while 47%

(n=31,396) are working in public institutions. In terms of the place of practice categorized by regions, most (n=15,171; 23%) nurses working in private and public institutions are situated in National Capital Region. Of this, 8,200 (54%) nurses are working in public institutions whereas 6,971 (46%) are working in private institutions. Autonomous Region in Muslim Mindanao is the region with the least number of nurses (n=489; 1%) counted that are working in private and public institutions.

Nursing Education and Programs

For the past five years, there has been a decreasing trend in the number of the Philippine Nursing Licensure Exam (PNLE) takers. From 109,159 takers in 2012, it has declined to 24,045 takers last year. The average passing rate is 43.92%.

Under Republic Act No. 7722, the Commission on Higher Education (CHED) is mandated to promote quality education,

Table 3. *Employment Characteristics of Nurses, 2017*

	Frequency	Percent
SERVICE TYPE		
Administrative	9,925	14.87
Direct Patient Care	56,840	85.13
Total	66,765	100.00
EMPLOYMENT CATEGORY		
Full Time	43,722	65.49
Part Time	514	0.77
Others	22,529	33.74
Total	66,765	100.00
CATEGORY OF AFFILIATION		
Permanent Full Time	42,812	64.12
Permanent Part Time	497	0.74
Contractual	10,499	15.72
Visiting Consultant	56	0.08
Casual	3,490	5.23
Volunteer	1,568	2.35
Multiple Affiliations	1,191	1.78
No answer	6,656	9.97
Total	66,769	100.00

Source: *National Database of Selected Human Resources for Health*, by Department of Health -Health Human Resource Development Bureau, Retrieved from hhrdbjob.doh.gov.ph/ndhrhis

Table 4. *Distribution of Nurses in the Hospitals per Region and Type of Institution, 2017*

REGION	TYPE OF INSTITUTION		TOTAL
	Public	Private	
Region 1 - Ilocos Region	2,129	2,086	4,215
Region 2 - Cagayan Valley	1,642	1,261	2,903
Region 3 - Central Luzon	2,849	3,856	6,705
Region 4A - CALABARZON	1,763	5,694	7,457
Region 4B – MIMAROPA	738	245	983
Region 5 - Bicol Region	1,715	1,403	3,118
Region 6 - Western Visayas	2,329	1,703	4,032
Region 7 - Central Visayas	2,362	3,435	5,797
Region 8 - Eastern Visayas	1,250	490	1,740
Region 9 - Zamboanga Peninsula	1,139	1,194	2,333
Region 10 - Northern Mindanao	1,284	2,066	3,350
Region 11 - Davao Region	558	2,181	2,739
Region 12 – SOCCSKSARGEN	920	1,761	2,681
National Capital Region (NCR)	8,200	6,971	15,171
CAR	1,296	592	1,888
ARMM	459	30	489
Caraga	763	397	1,160
Total	31,396	35,365	66,761

Source: *National Database of Selected Human Resources for Health*, by Department of Health -Health Human Resource Development Bureau, Retrieved from hhrdbjob.doh.gov.ph/ndhrhis

broaden access to higher education, protect academic freedom for continuing intellectual growth, and ensure the advancement of learning and research. Under the overall supervision of CHED, access to higher education in the Philippines is provided by both private and public higher education institutions (HEIs) (WHO, 2013).

The Commission on Higher Education, with reference to set standards, recognizes the following Higher Education Institutions as Centers of Excellence and Centers of Development in Nursing. Centers of Excellence (COEs) refers to those which continuously demonstrate excellent performance in the areas of instruction, research, and publication, extension and linkages and institutional qualifications. Centers of Development (COD),

on the other hand, refer to those which demonstrate the potential to become a Center of Excellence (COE) in the future. The COE and COD programs are provided for under Section 8 (f) of RA 7722, otherwise known as the "Higher Education Act of 1994", which states that CHED shall "identify, support and develop potential centers of excellence in program areas needed for the development of world-class scholarship, nation building and national development." It aims to sustain/develop excellence of higher education institutions (HEIs) by enhancing their teaching, research and service programs to further nation-building and national development.

Table 5. Professional Regulation Commission National Passing Percentage for RNs (2012-17)

Year	Number of Philippine Nursing Licensure Exam Takers	Passing Rate (%)
2012	109,159	40.63
2013	73,231	37.12
2014	55,777	47.52
2015	36,164	51.82
2016	28,243	45.85
2017 ^a	24,045	40.58

Source: PRC Educational Statistics Task Force, PRC Board News, Retrieved from www.prcboardnews.com

Table 6. Professional Regulation Commission National Passing Percentage for RNs (2012-17)

Type of Higher Education Institution	Higher Education Institution	Center of Excellence	Center of Development
Public	Bicol University		✓
	Cebu Normal University	✓	
	University of the Philippines – Manila	✓	
	West Visayas State University		✓
Private	Angeles University Foundation		✓
	St. Paul University (NCR)		✓
	St. Paul University (Region 2)	✓	
	St. Louis University	✓	
	Silliman University	✓	
	Trinity University of Asia		✓
	University of Santo Tomas	✓	
	University of the East Ramon Magsaysay Memorial Medical Center		✓

Source: Office of Programs and Standards Development, Commission on Higher Education (CHED)

Table 7. Profile of Respondents in the Delphi Survey

SECTOR	Frequency	Percent
Nursing Education	7	63.64
Nursing Practice	4	36.36
BACKGROUND		
Nurse Administrator	4	36.36
Academic (in Nursing)	7	63.64
HIGHEST DEGREE/CERTIFICATION		
Master's degree	4	36.36
Doctorate degree	7	63.64

Key Issues Affecting Nursing Human Resource

Eleven nursing key leaders were able to accomplish the Delphi survey. Of these 11 respondents, seven belong to the nursing education sector and four from the nursing practice. Seven respondents have a background in academics (in nursing) while four have background as nurse administrators. Four respondents have master's degrees while seven of them have doctorate degrees.

Key nursing issues identified are the following: Shortage of Nurses, Geographic Maldistribution and Imbalances, Nursing Leadership, Nursing Role Clarity, Skill Mix, Workplace Violence and Safety, and Aging Nursing Workforce. Responses per issue were collated and are presented below.

Shortage of Nurses

	Most/ Extremely important	Very important	Moderately important	Slightly important	Not important	TOTAL
Number of response/s	10	1	0	0	0	11

Nearly all respondents rated “shortage of nurses” as most/ extremely important issue in nursing in the Philippines. According to one respondent, “It is no secret that there is a shortage of nurses in both public and private sectors. Yes, there have been efforts to rectify this situation but it is still not enough.”

Some respondents were able to recognize this problem mainly in hospitals. According to one respondent, many hospitals have a shortage of qualified staff because of the rapid turnover. Some respondents agreed that experienced or highly skilled nurses are taking the chance to work outside the country leaving the country with scarcity of skilled nurses to take care of fellow Filipinos. One of them specifically identified senior nurses as the ones leaving the country. As one of the respondents stated, “...Patient problems are getting complex and thus nurses need to be more experienced in handling this.” One respondent stated that (adequate) staffing is important to ensure safe practice. One respondent stated that in our current situation, the main problem is the plantilla availability. Although the hospitals are in need of more staff and that there are enough nurses applying for positions, the approved number of plantilla is insufficient to accommodate them to balance the situation.

In relation to this, the respondents are concerned about how this issue affects quality care to the patients and its serious implications. Not only is this a concern in terms of the care received by the patients but also to the situation of the nurses themselves. As one respondent said, “The work of three becomes the work of two. The nurses will have to catch up with the demands of the patients, medical order, due medications, laboratory follow-ups, care of gadgets attached to patients, completeness of charts, updates of the nursing care plans and orderliness of the unit—all in one shift. That does not include the stress from being tired of being on their feet all day, no snack breaks, no bathroom breaks, and the immense quality of care becomes a second priority because these nurses think that they must be fast and quickly to compensate in order to meet the workload.” Moreover, the issues of burnout and the health of nurses being compromised were related to this. One respondent mentioned the importance of collaboration in work for the nurses to be satisfied with their profession.

One of the respondents stated that if this issue will not be addressed and foreign recruiters will continue to attract our nurses, the country will suffer from nurse shortage thereby affecting the healthcare delivery system since nurses are integral to the system in order to solve health disparities. One of them even cited an article stating that the United States will, once again, open up because of their looming nursing shortage mainly due to the aging nurses (in the US).

As for the academe, one respondent mentioned that their faculty applicants lack the Commission on Higher Education (CHED) Memorandum Order (CMO) qualifications specifically on 3 years' clinical experience and educational qualification. According to this respondent, “This is important since qualified instructors are needed to competently implement the new Outcomes-Based Education curriculum.”

According to another respondent, “More than shortage which is a function of external market demand, we need to address contributing factors like implementation of nursing standards in education, lack of positions and local employment opportunities, and barriers to returning nurses in being hired back into hospitals and institutions.”

Geographic Maldistribution and Imbalances

	Most/ Extremely important	Very important	Moderately important	Slightly important	Not important	TOTAL
Number of response/s	7	1	3	0	0	11

In terms of geographic maldistribution and imbalances, majority (64%) consider this as most/ extremely important. One respondent mentioned that this issue is more applicable in the community setting. Furthermore, according to this respondent, “The nursing workforce has been more focused on lately on compensating the shortage of nurses in the hospital setting. Thus, resulting sometimes in making community health nursing an afterthought. The number of community health nurses is also dwindling. The role of the nurse in the community is vital as he/she provides not only physiologic care to the members of the community but more importantly, serves as a health educator to improve people's knowledge on prevention rather than cure. ... As stated by DOH, there is a specific ratio of nurse versus the number of population to the community in order to achieve the millennial goals of the government. If this cannot be allowed, achieving the said goals would take longer than is expected.” One respondent recognized this as significant, stating that different nursing practice settings have different needs and competencies required. Hence, there has to be enough qualified staff to man the operations and address various concerns in different settings.

According to one respondent, "Right now, there seems to be some imbalance in terms of less qualified nurses outside of Metro Manila and Luzon; there is now less migration to the cities or Luzon because of the recent recruitments by Middle East Countries recruiting directly from Mindanao etc."

As cited by one respondent from an article, "When Geographically Isolated and Disadvantaged Areas (GIDA) and conflict/disaster areas have no nurses, and urban (high access) areas are overpopulated, the problem of equity comes into play and access to healthcare by our vulnerable populations is limited."

One respondent mentioned that ensuring that the nurses are adequately distributed geographically is vital. Another respondent mentioned that "The need is greater in populated areas in the cities and it is here that nurses are most needed." Another respondent said that "Nurses are lacking in the countryside."

One respondent suggested that there is a need to strategize the geographic distribution of nurses across the country to ensure the adequate number and skill mix of the health workforce to deliver safe and quality care to the clients. As one respondent mentioned, "The lack of qualified staff affects the nursing service to the patients with varying health care needs."

One respondent reasoned that many nurses prefer to go to the hospitals to work so that they can meet the qualification of years of clinical experience to get a job abroad. Contrastingly, one respondent sees this issue as not that important because nurses have their own choice on where they want to work and if they wish to seek career development or professional growth.

According to one respondent, "If proper distribution of qualified staff (is) in the right location, the nursing workforce would be strengthened because it puts light that not only nurses are capable of giving care in the hospital but rather also out of it."

Aging Nursing Workforce

	Most/ Extremely important	Very important	Moderately important	Slightly important	Not important	TOTAL
Number of response/s	2	4	1	1	2	11

The respondents showed varied response to the issue of the aging nursing workforce in the Philippines, with six stating that this is very important to extremely important; and 4 saying it is not important to moderately important. The respondents who did not see this as an important issue justifies that there is an ample supply of younger nurses (belonging to the X and Y generations)

who are capable of taking the job of the aging nurses. One respondent approximated 80% of any given nursing workforce (in the hospital setting) are millennials. Another respondent who also did not see this as an important issue says that this issue is presently seen from a different perspective is that a lot of experienced nurses tend to leave the country to support their family leaving the nursing workforce with younger ones usually having only 1-2 years of experience. However, one respondent stated, "This is affecting the institutional experience and stability of the institution as the younger nurses may also migrate, given the opportunity."

In another perspective, one respondent said, "Most would think of this issue in a negative context. ... However, we need to look at it in a different light. We must remember that these (aging) nurses are tenured and experienced in their own right. ... So instead of questioning their skills, why not use their learned knowledge from experience to cultivate and train the new generation of nurses? I believe that these experienced nurses are highly qualified to be preceptors. ... They can also be of big help in researches such as this. We can use them to improve nursing in the country." In relation to this, this respondent added, "Hopefully, better retirement benefits can also be available for all aging nurses." This is because one reason why they still keep on working apart from their love for their job is that they have to support their families and to save so they could look forward to a good retirement. In addition, she said, "After all, we will all come to a point where we will be part of the said aging nursing workforce."

Another respondent said that it is the middle age group of nurses that are missing and they are the ones who are experienced and skilled in the hospitals and academe and can serve as mentors.

As for those who considered this as an important issue, one stated that in the Philippines, lately, the production of nurses is slowly deteriorating due to some factors like the closing of nursing schools. The country is one of those countries that are exporters of nurses and there will come a time when there will be no one who will replace the aging nurses. According to this respondent, "Therefore, our country must ensure that we continuously produce nurses who will work for the country."

Another respondent said that this should be addressed to address the problem of shortage of nurses. Similarly, one respondent stated, "This is highly connected to the migration problem as well where there is a vacuum of qualified and experienced nurses in the middle management level, with much more nurses with less experience. In the meantime, the nurses who stayed and enjoy leadership positions in both academe and clinical practice, especially in government, are retiring."

According to one respondent, "It is in the leadership roles where the aging nursing workforce will provide maximum impact. There is a shortage of nurses who have the maturity to step into leadership/management roles. There is also, currently, as of this

writing, no formal, evidence-based leadership/management program specifically designed for emerging nurse leaders that provides a certification of skill acquisition.”

Nursing Role Clarity

	Most/ Extremely important	Very important	Moderately important	Slightly important	Not important	TOTAL
Number of response/s	8	2	1	0	0	11

Nursing role clarity is also considered as extremely important by many of the respondents (90%). One respondent stated, “This is an issue that needs to be tackled for the reason that we can avoid confusion and can also help in identifying proper delegation of work.”

According to one respondent, “In many small hospitals, nurses are doing non-nursing tasks such as clerical work, accounting work etc. The different positions (head nurse/nurse manager/supervisor/ chief) of nurses need to be clearly defined or delineated to avoid overlap or gaps.” According to one respondent, “The nurse’s roles include a lot of things. We are all caregivers, advocates, educators, and so much more. Clarification of the nursing role will aid the modern nurse to be able to do her job with more efficacy.”

Another respondent also said, “Nursing is evolving and so is the role of nurses. Gone are the days that nurses are just defined to be in a hospital or a clinic nurse. This is important in order for us to be at par with global demands and at the same time widen the job opportunities for our nursing graduates.”

However, according to one respondent, there should still be a clear delineation of specific roles for guidance in giving holistic, quality care to all types of patients. Similarly, another respondent said, “In properly clarifying the nurses’ role, we can also identify our limitations which will help us improve areas need to be worked on.”

One respondent gave emphasis particularly on the coordinator role of nurses were not well defined in nursing school and there is no formal course in coordination skills. This respondent stated, “The coordinating role of nursing is fast becoming front and center with the rise of Noncommunicable Diseases as a looming public health menace.”

One respondent reported that there are sectors who are not aware or even value what nurses do. Similarly, another respondent stated, “Other members of the health team do not seem to appreciate the role and capacities of nurses; this again is highly linked to the current situation where nurse migration led to inadequate numbers of experienced nurses.” Another

respondent supports this saying that nurses must be empowered as we are thinkers and not followers.

As for the respondent who did not see this as a much important issue, there is not much concern in this issue because even during undergraduate years, nurses were already made aware of the roles, they will take depending on their chosen field of practice however, it is also beneficial to explore other roles that nurses can fulfill in patient care settings.” Similarly, one respondent stated, “Professional nurses are taught about their roles in school.” However, this respondent added, “...but once in the practice, they go back to the traditional roles.”

Skills Mix

	Most/ Extremely important	Very important	Moderately important	Slightly important	Not important	TOTAL
Number of response/s	6	1	3	1	0	11

In terms of skills mix, many (54%) feel that it is extremely important while 36% feel that is slightly to moderately important. According to one respondent, we have enough supply of professional nurses but with varying levels of skills. According to this respondent, “To help advance beginners progress to a higher level, a good skill mix is necessary so the younger ones can be coached/mentored. Moreover, the need for experts to be available as resource persons for difficult situations is also a proactive strategy.”

One respondent said that this is very important because of experience and level of competence aids in clinical decision making but because of attrition, this skill mix become unbalanced as there are less and less senior nurses who can act as mentors. In addition, this respondent said, “There is a growing concern on nurses who were trained on specific skills yet after sometime, leave the country.”

One respondent said that, “If team nursing is the kind of nursing method to use, skill mix with the registered nurse (RN) as the team leader and nursing aides as team members is alright. However, the same respondent said that an all RN staff could be advocated since, with non-RNs in the team, the leader will spend more time telling the nursing aide, for example, about what to do and the nursing aide wastes time waiting for the RN leader to tell her/him what to do.”

Another respondent saw this issue in a different light saying that this is crucial for us nurses where our role will just be replaced by others. As this respondent stated, “There have been studies that quality health care will be affected by this skill mix. So, this is an issue to tackle that all of our nursing skills will be preserved and cannot just be replaced by a machine or anybody who are just trained like nursing assistants.”

One respondent said, "This is not an issue in nursing per se because we only have one entry to nursing practice. The auxiliary role of the nursing assistant is not a threat to nursing's scope. However, the midwives are making incursions in our scope, at least in the area of maternal care. The same respondent suggested that nursing leaders must come up with a concerted response to this issue. So far, however, they have been silent on this particular issue."

Another respondent stated, "It is imperative that nurses not only be limited to one specialization. Improving and adding more skills and knowledge is of necessity for several reasons. One of these is ... she can help in other areas. For example, an infusion unit nurse has also been trained and further educated on chemotherapy, she could be of help to the oncology unit should there be a shortage of staff, high census, or difficulty in looking for insertion sites. Improvement for one's skills, knowledge, and attitude must always be a goal for all."

Nursing Leadership

	Most/ Extremely important	Very important	Moderately important	Slightly important	Not important	TOTAL
Number of response/s	9	1	0	1	0	11

Most of the respondents (82%) feel that nursing leadership is a key issue in nursing in the Philippines. According to one respondent, this is relevant and is a pressing concern in the nursing profession to respond to global healthcare needs of the Filipino people. Another respondent stated that governance in nursing is important for direction, inspiration, motivation and goal accomplishment. This was supported by another respondent stating that nursing leadership is essential as it can impact change in the nursing practice be it in the academe, hospital, or community.

One respondent stated that it is one of the nurse's role to become a leader in his/her own way. It is embedded in the curriculum in nursing schools that graduates will be competent enough and with leadership skills to manage not only to individuals but to families, communities, and colleagues/co-workers.

One respondent stated that leadership is the vital need in Nursing today. As this respondent stated, "The influence of leaders in the profession should be obvious and felt in our society. We are in need of leaders for the betterment of the nursing profession and not for other agendas." Another respondent suggested that "Current leaders, in my opinion, should be evaluated on a regular basis. Evaluation must include areas on leadership technique, relationship with peers, and contribution to the unit and institution. ... It is important that proper monitoring of these leaders be done because they set examples for the young generation of nurses who are to become in the years to come."

According to one respondent, "(This issue is) very important as this can be the key to improving the work conditions and improve the morale of nurses. This includes leadership in nursing groups where some groups need to exercise better governance and leadership succession (some presidents overstay their position and it makes one wonder what their constitution and election guidelines are), academic leadership particularly when there was mushrooming of nursing schools, and leadership in hospitals where exploitation of nurses such as the rampant practice of having so-called "volunteer nurses" were actually perpetuated by our own nursing leaders and colleagues."

Another respondent mentioned this issue's relation to 'succession planning'. According to this respondent, "Nurses never get beyond the advanced beginner stage before they are lured by opportunities abroad." As one respondent stated, "Currently, many of the nurses who assume management positions in the hospitals lack experience and/or educational qualifications. In some hospitals, a nurse becomes the supervisor or the chief nurse because of seniority and not because of competence. Also, there is a need for "clinical leaders" who can lead to improving the quality of care. Unit managers usually focus on the administrative aspects of care because of the many responsibilities one has to address as the head nurse or supervisor. I would like to see clinical specialist have a "real" position in the hospitals and not as administrators."

One respondent stated that this aspect has to be given importance and emphasis so that there will be more aspiring leaders and there will be more who can be trained to lead, guide, and direct practices of nurses. Similarly, one of the respondents said, "...We, as a profession, should target the development and cultivation of future leaders. It seems that fewer seminars and trainings are conducted to do so. There are no avenues that inspire the young generation to lead. Nowadays, the young Filipino nurse is too engrossed in the idea of going abroad and earning money. Therefore, tenure and training which prerequisites to be well-rounded leaders and we have to start all over again and wait."

One respondent who did not see this as an issue justified that nurse leaders are actively responding.

Workplace Safety and Violence

	Most/ Extremely important	Very important	Moderately important	Slightly important	Not important	TOTAL
Number of response/s	7	2	1	1	0	10

According to one respondent, the safety and welfare of the nurses should be paramount. Nurses are exposed to many threats in their safety and welfare. Efforts need to be put together to prevent and protect them from abuses or violations to their safety and

welfare. One respondent stated that nurses deserve a safe and conducive working environment that will enable them to work harmoniously with the team. As for one respondent, it is imperative that the workplace of the nurses be established as a safe zone.”

Two respondents mentioned about an incident wherein this issue was observed. One stated, “There has been an incident (in Cebu) that has gone viral on social media about the nurse who was physically harassed by a watcher and was later on bashed by (the) same individual. Though other nurses have come to her aid on social media to defend her, it is still not enough.” With this, one of the respondents thinks that safety in the workplace is not that effective. In relation to this, one response was “Nurses also bear the brunt of patients and families frustration with the hospital facilities and lack or delay in services, and are at risk of violence.”

In another context, two respondents identified specific areas—Emergency Rooms and Operating Rooms, where violent incidents and issues of disruptive behavior of physicians and senior nurses commonly happen. One respondent stated that bullying is a big issue in Philippine nursing because of the wide authority gradients that are prevalent. Similarly, another respondent said, “Violence is hardly documented although there seems to be an indication that there is some level of “bullying” and possibly “sexual harassment.”

One respondent mentioned that employee's safety is part of their advocacy for positive practice environment. In relation to this, one respondent said, “Hopefully, more Personal Protective Equipment (PPEs) can be provided especially in areas that cater to patients with highly contagious diseases. Needle pricks are avoided when we update ways on proper disposal. Updates and seminars can also be included so that as professionals, we become more equipped in keeping ourselves and others safe.” As one respondent said, “In relation to staff retention, workplace factors can also be barriers and facilitators.”

One respondent stated that this issue could be addressed by the nurses on their own if they would not allow themselves to be used and abused. This respondent also suggested that nurse leaders may come into play by empowering or giving them the strength to do such. However, another respondent suggested that there should be a clear agency or organization who will take care of this.

Lastly, according to one respondent, “This issue does not only involve the literal meaning of violence in the workplace nor lack of safety. ... Emotionally, we are also at risk like other professions. Also, how do we keep our nurses mentally safe? Emotions are always involved in our job. More ways to help nurses in this area can also be hopefully taken into consideration.” In addition, according to one respondent, “This is not as documented but there is some concern now about workplace safety in terms of nurses in government hospitals being overworked with too many patients and not enough resources to facilitate care. We also hear of nurses working for long hours with no overtime pay and not enough rest days.”

Other Key Nursing Issues

Other issues identified by the respondents are the following: lack of personal protective equipment (PPEs), lack of decent work and just wages, contractualization (no incentives for staying in the country), lack a Chief Nursing Officer in the Department of Health, poor image of nurses, inability to move legislators to better nurses' working conditions need for support for Continuing Professional Education, and the need for improvement of evidence-based practice in clinical practice. Some of these issues are clearly related and even mentioned under the discussion of some issues above.

According to one respondent, “(Nurses having unjust compensation) is the root of majority of the aforementioned issues.” In addition, this respondent also mentioned, “...It is highly recommended in the current Philippine administration to financially help nurses not only in the government sector but equally important is the private sector ... because if left alone, there's a probability that these institutions will be closing down because of the impossibility to meet the demand of imposed salary grade. Thus, more problems will occur in our country.”

With regard to the Continuing Professional Education, one respondent elaborated that this aspect is also significant because nurses need to be motivated and inspired to pursue continuing education that will not only benefit them in practice but also in the roles or track that they will take in the future. They need to be equipped with necessary knowledge, skill, and attitude continuously in their clinical practice. In relation to this, another respondent said, “As professionals, we always deem to be the best we can be. To do so, we must be hungry for more learning and to improve and widen the skill set that we have.” ... Attending said events would not be a problem if only the price of attending them would not cost too much. For example, a seminar that can give 8 units cost Php2,000. A nurse who has two kids cannot afford to simply shell out the said amount on the whim because there are more pressing needs that have to be considered...”

Another respondent identified this issue, “Evidence-based practice in clinical practice needs to be improved. Nurses should be trained on how to integrate this in their day-to-day practice. This should also be given due credit/ recognition in the evaluation so that the staff will see that their efforts to integrate EBP in their practice is valued.” Similarly, one respondent identified the ‘Quality of nursing services and care’ as another issue stating, “I see this as the outcome of rapid migration, a very young population of nurses with weak nursing leadership and the overproduction of nurses at the level of nursing schools about 10-15 years ago.”

CONCLUSION

This study showed that there is a need to collate information about the nursing workforce from different institutions, such as Department of Health, Department of Labor and Employment, Association of Deans of Philippine Colleges of Nursing,



RTD 1: September 7, 2017 – AG Tupaz Auditorium, PNA

Association of Nurse Service Administrators of the Philippines, and the Philippine Regulation Commission, Board of Nursing, in order to inform programs, practices, and policies in the profession. This is critical to effective workforce forecasting and resource allocation for an effective Human Resources for Health (HRH) planning. The identified priority key issues, namely: (1) nursing leadership and nursing role clarity, (2) workplace safety and violence, and (3) shortage of nurses, (4) unjust compensation, and (5) skills mix and geographic maldistribution also reflect the need to address these HRH-related issues. The Philippine Nurses Association, cognizant of its role in improving the welfare of Filipino nurses, is challenged to help address and advocate for the needed programs and policies. In the last three years, PNA has been conducting a Leadership Summit where nurses learn more about leadership and governance. PNA Department of Welfare has also been conducting activities related to workplace safety and advocating for general welfare of nurses. Different local chapters of PNA are also encouraged to become the voice of nurses to bring about a collective action at the national level for issues that concern all nurses.

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RTD 2: September 21, 2018 – JV Sotejo Auditorium, PNA

Participants: Front Row (L-R) Ma. Doris R. Obias, RN, EdD (PNA Dept. of Nurses Welfare), Sheila R. Bonito DrPH, RN (Chair, PNA Dept. of Nursing Research), Gov. Merle L. Salvani, PhD, RN (PNA President), Araceli O. Balabagno, PhD, RN (PNA Dept. of Nursing Research), Jerome P. Yanson (DOLE - Program Management and Technical Support Services Division); Second Row (L-R) Kate Anjelyn C. Sereneo, RN (PNA Dept. of Nursing Research), Presentacion Q. Romero, MAN, RN (PNA - Manager for Programs and Development), Ofelia E. Hernando, RN, DEM (ANSAP), Edna O. Imperial, MAN, RN (ADPCN), Virginia C. Ducusin, RN (PNA Committee on Nurse-Led Clinics), Jesusa S. Pagsibigan, MAN, RN (PNA Dept. of Nursing Research).

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ABOUT THE AUTHORS



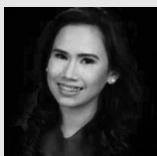
Sheila R. Bonito - Professor, College of Nursing, University of the Philippines Manila and UP Open University and Chair, Department of Nursing Research, Philippine Nurses Association (2018-2019)



Araceli O. Balabagno - Professor, College of Nursing, University of the Philippines Manila and Chair, Department of Nursing Research, Philippine Nurses Association (2015 - 2017)



Jesusa S. Pagsibigan - Assistant Professor, College of Nursing, University of the Philippines Manila and Chair, Committee on Operations, Department of Nursing Research, Philippine Nurses Association



Kate Anjelyn C. Sereneo - Research Assistant, Department of Nursing Research, Philippine Nurses Association

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