Philippine Nurses Association, Inc.
PHILIPPINE JOURNAL OF NURSING

RESEARCH ARTICLE

Professional Journeys Of Nurses

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Abstract

This is a qualitative phenomenological study that explored the challenges found by fifteen purposively selected Filipino nurses in the pursuit of their profession. These nurses started to practice their profession within the years 2004 to the present. Data gathering was done through electronic mail using a semi-structured questionnaire as the main instrument and Colaizzi's method was employed in data analysis. Four (4) central themes, together with their corresponding sub themes, emerged from this study: (1) Challenges faced are nurse volunteerism, poor pay, and extreme workload; (2) Responses to these challenges are underemployment, working abroad, rest and recreation, and spiritual beliefs/ practices; (3) Future plans are teaching fellow nurses or peers, advanced studies and clinical specialization, and return to nursing practice (for those who left the profession at the time of this study's pursuit); and (4) Appreciation of the nursing profession due to their heightened awareness of its nobility and importance, learned resilience as individuals, developed desire to continuously learn, and attained competencies as nurses. Professional nursing organizations, in collaboration with concerned government agencies, private healthcare companies, and nursing schools nationwide, should strive to provide greater employment opportunities and more conducive work environments to address the perceived challenges and to, ultimately, improve the plight of the country's nurse practitioners for optimal delivery of quality nursing care.

Key words: *Professional journeys, Filipino nurses, challenges and responses, phenomenology*

Introduction

Official statistics reveal that professional nurses are the second leading number of deployed land-based overseas Filipino workers by the top ten occupational categories (Philippine Overseas Employment Agency, 2013). The surplus of nurses in the country is one of the major factors that had contributed to this reality. In 2001 alone, the Philippines had produced approximately one million nurses who are unemployed and underemployed (Africa, 2013).

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According to the Alliance of Health Workers, there are around 200,000 unemployed nurses in the country (ABS CBN News Channel, 2014). This enduring condition has forced nurses to work for free while paying for training fees (Mateo, 2011). In addition, the Department of Labor and Employment even advised unemployed and newly licensed nurses to seek alternative jobs instead of waiting for job openings in medical facilities (Jaymalin, 2013).

Such travails of Filipino nurses extend to employed nurses who were fortunate to land jobs that are directly related to their profession but who suffer poor working conditions and low wages. A case in point is the situation of employed nurses at the Philippine General Hospital. According to the Chief Nurse Jossel Ebesate, PGH hires entry level nurses through job contracts with only daily minimum wages, no benefits, and without job security (Umil, 2015).

Given the above-mentioned challenges that Filipino nurses have to endure, it is crucial to understand how they perceive their professional journeys in the light of such challenges through a qualitative study. Such study can compel Filipino nurses to do something about these challenges. Being the Chair of PNA's Department of Welfare, Chief Nurse Ebesate urged nurses to be more involved in matters affecting them. He emphasized that the initiative to act on these challenges must come from Filipino nurses themselves (Ebesate and Santos, 2014).

As a Filipino nurse who has joined approximately 200,000 nurses who are going through the maze of pursuing a stable career in nursing, the researcher is determined to discover how nurses like her make sense of their professional journeys given the existing challenges thrown their way.

This study aimed to explore Filipino nurses' perspectives on their respective professional journeys.

Methodology

The qualitative, phenomenological design was used in this study. According to Waters (2015), the goal of qualitative phenomenological research is to describe a "lived experience" of a phenomenon. This design was used in the present study since it aimed to describe the professional journeys of Filipino nurses in order to gain an in-depth understanding of such phenomenon.

Participants of the Study

Fifteen Filipino nurses were chosen from diverse areas locally, in Iloilo City, Marikina City, Quezon City, Manila, Laguna, Tarlac, and Pampanga and abroad, in California. Nurse participants were purposively sampled based on the following criteria: (1) professional nurse practitioners since 2004 to the present; and (2) willingness to participate in the study. The profile of nurse participants is presented below:

PN 1 is a 31 year old, married, and female Filipino nurse. She started as a staff nurse trainee in a private hospital in 2007 until she eventually became employed at a highly-recognized government hospital where she was promoted as a Nurse 3 level staff nurse in the medical ICU. After 3 years of practice, she decided to leave her job and worked as a medical ICU staff nurse in one of Singapore's largest public hospitals. To-date, after 5 years of clinical practice, she is taking up her Masters of Arts in Nursing while being a home-based entrepreneur in Iloilo City.

PN 2 is a 30 year old, single, and male Filipino nurse who began his practice as a nurse volunteer in 2007 and after 3 months of volunteer nursing, he decided to pursue a different career path that is more practical and stable. At present, he is a student activities coordinator at a well-known university in Pampanga.

PN 3 is a 26 year old, single, male Filipino nurse who first practiced as a nurse volunteer in a secondary hospital in 2009 and after 4 months, was hired and is currently a senior staff nurse who trains new nurses in the emergency room at the same hospital in Tarlac.

PN 4 is a 29 year old, female, married Filipino nurse who started out as a staff nurse trainee in an ICU unit of a highly respected private hospital in

2007 until she was promoted as a Senior Resource Nurse where she taught new nurses. After 4 years of clinical practice, she is now pursuing her Master of Arts in Nursing while being a full time mother.

PN 5 is a 28 year old, female, and single Filipino nurse who began to practice nursing as a clinical tutor in one of the most esteemed universities in Metro Manila. At some point in her career in the academe, she left to practice in the hospital for 1 year. Today, she has rejoined the academe, has finished her Masters of Arts in Nursing degree, and has become an active nurse leader.

PN 6 is a 28 year old, female, and single Filipino nurse who got licensed as a nurse in 2007. Given the hardship of finding a stable employment since she passed the boards, she had opted to change her career path and is now a professional dentist in Manila.

PN 7 a 28 year old, female, and single Filipino nurse who started her nursing practice in 2007 as a lecturer at a training school for caregivers and nursing assistants until she eventually landed a job as a clinical instructor at a distinguished university in Metro Manila where she also pursued and finished her Masters of Science in Nursing. After 2 years of stay in the academe she decided to pursue clinical practice in a highly respected private hospital in Metro Manila where she is presently a NICU staff nurse.

PN 8 is a 25 year old, female, and single Filipino nurse who first practiced as a nurse trainee/ volunteer for 1 year in a tertiary hospital in 2012. After a long struggle in gaining hospital employment, she is now an endoscopy nurse at a world class hospital.

PN 9 is a 28 year old, female, and married Filipino nurse who worked for 3 years since 2007 as a staff nurse in the medical ward at one of the topnotch private hospitals in Quezon City. To-date, however, due to practical reasons, she has shifted to a different career direction as a company auditor of a US-based insurance company in Makati City.

PN 10 is a 27 year old, female, and single Filipino nurse who began her nursing practice as a clinical instructor in 2008 in one of the well known universities in Metro Manila. After 2 years in the academe, due to the decline in student nurse enrollees, she had engaged in other fields such as international research and is now a government training officer in one of the national government's departments.

PN 11 is a 24 year old, female, and married Filipino nurse who first practiced as a nurse volunteer in 2011. Unable to land a hospital employment despite her numerous pursuits, she decided to change her career direction and is currently a police officer in Tarlac.

PN 12 is a 27 year old, male, and single Filipino nurse who started to practice as a volunteer nurse in 2009 in different hospitals. Given the series of his unsuccessful attempts to land a job in these said hospitals, he decided to pursue a different career path and is now a medical representative.

PN 13 is a 22 year old, male, and single Filipino nurse who just passed the boards recently (he is a 2015 nursing school graduate). To-date, he is a nurse volunteer in the emergency room of a tertiary hospital in Tarlac.

PN 14 is a 25 year old, male, and single Filipino nurse who began to practice as a nurse volunteer for 6 months in 2010 at a tertiary hospital in Marikina. To become financially independent, he is currently an airline executive in one of the biggest airline companies in Asia.

PN 15 is a 31 year old, male, and single Filipino nurse who started to practice as a staff nurse in one of the premiere private hospitals in Quezon City in 2004. After 1 year of practice in the said hospital, he then pursued the opportunity to work as a nurse abroad and is presently a staff nurse in one of the tertiary hospitals in California, USA.

Ethical Considerations

This study had been guided by the ethical principles of autonomy, right to know and to withdraw, beneficence, privacy and confidentiality. Firstly, autonomy, right to know and to withdraw, were respected by providing the participants with

all information pertinent to the present study through emailed letters of consent and informed consent forms, and by making them understand that their participation is voluntary in nature which allows them to freely withdraw from the study anytime. Secondly, beneficence was observed by informing the participants about the objectives of the study for their further information and proper guidance. Finally, privacy and confidentiality were secured by the proper handling and storage of data gathered from the participants. In addition, full access to communicate with researcher was provided through phone calls, text messages, and electronic mail notifications concerning the participants' clarifications and requests.

Instrumentation

An open format questionnaire was used in the electronic mail interviews that were conducted. The said questionnaire was formed with the guidance of the principles of Meaning, Transcendance, and Rhythmicity that was derived from Rosemarie Parse' Theory of Human Becoming (Parse, 1981). Hence, this questionnaire comprised of open-ended questions which explored the depth of the many facets of participants' professional journeys e.g. their various experiences since the start of their pursuit of the nursing profession, their learnings about issues that concerns them as nurses, their future plans, and their overall regard of the nursing profession as a result of their individual journeys.

The participants' demographics specifically their age, gender, civil status, start of nursing practice, location, and employment status were also obtained before the interviews were conducted.

Data Gathering Procedure

After receiving participants' verbal consent to participate, letters of consent together with the informed consent forms and semi-structured questionnaires were emailed to them for their perusal. Upon the participants' receipt of these documents, they were also consulted regarding their preferred method of interview and all of them chose to be interviewed through electronic mail.

Participants were given one week to send their signed informed consent forms together with their answers to the semi-structured questionnaire. They were assured that their identities and all data that would be gathered from them would be kept confidential. Validation with the participants regarding the study's findings was observed after the transcription of their interviews was done.

Results and Discussion

Data analysis of each interview's transcript using Colaizzi's method resulted into four central themes, as well as, their corresponding sub themes: (1) Challenges faced. Its sub themes are Nurse Volunteerism, Poor Pay, and Extreme Workload; (2) Responses to these Challenges. Sub themes under this are Underemployment, Working Abroad, Rest and Recreation, and Spiritual Beliefs/ Practices; (3) Future Plans. Its sub themes are Teaching Peers, Advanced Studies and Clinical Specialization, and Return to Nursing Practice; (4) Appreciation of the Nursing Profession. Sub themes under this are Nobility and Importance of the Nursing Profession, Resilience, Desire to Continuously Learn, and Attained Competencies as Nurses.

Theme 1: Challenges faced

This theme pertains to the travails that participants have undergone in their professional journeys as nurses. Most of them perceive such travails with frustration and dismay.

A foremost cause of these said travails is the lack of employment opportunities. This rampant problem had led the majority of this study's participants to experience the painstaking challenge of being nurse volunteers.

Nurse volunteerism (Sub Theme 1) was raised by the participants due to its exploitative process. PN2, PN3, PN8, and PN14 had articulated about this:

"Volunteer work has been abused by the hospital administration." (PN 2)

"Working as volunteer nurse in a hospital that is understaffed (volunteer ka na nga and under

staffed pa) with increased workload, decreased patient interaction leading to poor assessment, and ultimately to poor quality of care…And having no salary." (PN 3)

"As to what I had experienced before, I underwent post graduation for nurses training or PGNT where I was the one who paid the hospital in order to be granted a certification. It was very unfair for my part to work voluntarily knowing that I was the one who's gonna pay for my services to the hospital." (PN 8)

"RNs like me were required to pay for our own training to secure a nursing background in a hospital…" (PN 14)

In a study done on nurse volunteers by Pring and Roco (2012), they discovered that: (1) Majority of the nurse volunteers were newly licensed nurses with ages that ranged from 21 to 24 years old and mostly single females; (2) Their length of stay as volunteers varied from 3 months to 1 year; (3) These nurses saw volunteering as a means to sharpen their clinical skills and as a way to land a job eventually; (4) Nurse volunteers drew inspiration from the people they were able to help get better; (5) Being a nurse volunteer made them feel inferior towards the staff nurses they work with; (6) Some feel trapped in their situations as volunteers; and (7) Others regretted having chosen the nursing profession.

Barcelo (2011, as cited by Mateo, 2011) explained that volunteer nursing is a form of exploitation because nurses who volunteer are asked to pay for training fees that require them to perform the work of regular staff nurses. She also added that nurse volunteers are not liable when they commit errors or carry out nursing tasks because they are not employees. Thus, patients are rendered vulnerable in such trainings. Finally, she said that nurse volunteers, too, are at the losing end because they cannot complain about how these hospitals treat them. Since they are not employed, they cannot go to the Department of Labor and Employment to complain.

Other than volunteer nursing, another pressing cause of participants' travails is the dire work conditions they had experienced. This said cause gave rise to the next challenge of participants' experience of **poor pay (Sub Theme 2)** despite their professional stature, the enormity of their tasks, and their need to sustain themselves and their loved ones. PN1, PN2, PN9, PN11, and PN 14 had articulated about this:

*Another issue which is quite obvious to all nurses in the Philippines is that the compensation here (especially in the private hospitals), can barely maintain a family. (*PN 1)

The minimum wage of registered nurses is below that which they deserve considering that nurses are PROFESSIONALS! (PN 2)

Much of the nurses felt that they were exploited and underpaid. (PN 9)

That in spite of the high tuition fees they have spent during their college days, some nurses work for a low salary. (PN 11)

Extremely low salary of nursing personnel (e.g. staff nurse, nurse supervisor, chief nurse) (PN 14)

According to Ebesate, there are private hospitals who give salaries at approximately 4,000 to 5,000 pesos which is not even within the prescribed minimum wage (Manongdo, 2014). Moreover, this depressing fact also applies to nurses in public hospitals like the Philippine General Hospital where nurses are hired as job contracts with only daily minimum wages, no benefits, and without job security (Umil, 2015).

In addition to poor wages, participants had also voiced out their concern about the challenge of being given **extreme workload (Sub Theme 3)**. The physical exhaustion they endure in balancing their time to carry out nursing care among many patients coupled with other non-nursing tasks is exacerbated by the knowledge that their patients may suffer as a result. PN2, PN4, PN7, PN9, and PN14 had articulated regarding this:

The nurse-patient ratio is not reasonable. (PN 2)

I also had professional issues wherein there were times when I became irritable due to overtime duties and work related stress. (PN 4)

The bulk of the hospital work is shouldered by the nurse. Ang problema ng pasyente, billing, admitting, pharmacy, laboratory, pati ng mg doctor eh problema ng nurse. Ang kasalanan ng ibang department isisisi pa din sa nurse. Si nurse na bugbog na sa paperworks at pagbibigay ng patient care sa iba't ibang klaseng pasyente. Sa dami ng trabaho ni nurse hinde na nya malaman kung pano pagkakasyahin lahat yun sa loob ng 8 or 12 hours ng trabaho. Kawawa naman si nurse na underpaid, walang hazard pay, and overworked. (PN 7)

Unsafe staffing ratios were predominant. A nurse-to-patient ratio of 1:8 was not uncommon. Sometimes, a bedside nurse would have to cater to as much as six level II and III patients with an additional ventilated patient. When this happened, the safety of nursing care delivered diminished. Because of this, overtime was rampant with nurses doing 12-hour shifts or more. This resulted in over fatigue, demotivation, and high levels of stress. (PN 9)

Stressful working hours and high work load (e.g. staffing issues within departments) …Way too far on the ideal Nurse Patient Ratio (both in government and private health agencies)… (PN 14)

According to Herrera (2014), there is nurse to patient ratio of 1: 25 in PGH and 1:45 in provincial hospitals such as in Davao del Sur. These startling figures are a far cry from the nurse to patient ratio of 1:12 that had been set by the Department of Health (Manongdo, 2014).

Theme 2: Responses to these Challenges

This theme depicts how participants were able to respond to the challenges they faced during the course of their professional journeys.

A common response among majority of this study's participants is to leave the Nursing profession and **become underemployed (Sub Theme 1)**. This had been articulated by PN2, PN6 and PN 9:

I wasn't able to tolerate these challenges, which led me to leaving the nursing field. (PN 2)

I took into consideration numerous factors such as: nursing as a career choice, the state of healthcare in the Philippines, and even being able to financially sustain a family. As tough a decision as it was, I decided to set nursing aside and pursued Dentistry. (PN 6)

After the three years at St. Luke's, I moved to an office job, taking an auditor role in a US based insurance company. The decision was driven by financial motives. I am still currently working in this role, and though it is much different from being a bedside nurse, I would say that I am equally stimulated in an intellectual capacity. (PN 9)

According to Cuartero (2014), lack of employment opportunities had pushed nurses to seek different career paths. Underemployed nurses are usually found in BPO industries or "call centers." This trend began in 2012 when Labor Secretary Rosalinda Baldoz advised 100,000 unemployed Filipino nurses in the country to consider a career in the non-traditional health related profession (Tubeza, 2012). According to her, there is an array of non-clinical but medical-related outsourcing opportunities like medical transcriptionists, billers, and health secretaries.

Like most Filipino nurses in the country, a similar response of this study's participants in dealing with the challenge of dire work conditions is by **working abroad (Sub Theme 2)**. PN1, PN8, PN9, and PN 15 had articulated this:

*The first job opportunity that welcomed me and which I pursued was to become a staff nurse at the medical intensive care unit of the National University Hospital of Singapore. I grabbed the opportunity and ventured to a foreign land. (*PN 1)

As soon as I get enough work experience here in the Philippines, I will continue my profession in a different country. (PN 8)
…I find it extremely helpful that I am learning about the US healthcare delivery system because I plan on eventually practicing nursing in the US. I find that this prepares me somehow

to anticipate some of the issues I am likely to encounter there. (PN 9)

I was hired by a US employer and initiated immigration processing that required me to take the NCLEX-RN. I passed the test and became a USRN and migrated to the US to fulfill the American Dream…gained appropriate financial compensation. (PN 15)

This diaspora of Filipino nurses had unfortunately resulted into what is known as the country's "nurse brain drain." Barcelo explained that this phenomenon is a result of the oversupply of fresh nursing graduates and an undersupply of nurses skilled in ICU or critical care, OR, and ER who are targeted by foreign recruiters (Mateo, 2011).

Another response used by the participants to handle challenges in their professional journeys is through **rest and recreation (Sub Theme 3)** in order to take care of their physical well being. PN4 and PN9 had articulated the importance of this response:

It's also a good thing that the hospital where I worked provides employees with annual vacation leaves and seminars to combat work related stress. (PN 4)

With respect to long work hours and fatigue, in all honesty, all one can do is cope and hope that requests for additional staff are granted. Getting adequate rest when off from work and maintaining good nutrition are vital in keeping healthy in order to be fit enough to deliver safe nursing care. (PN 9)

In a study by Cimiotti, Aiken, Sloane, and Wu (2012) regarding nurse staffing, burnout, and health care associated infection, it was discovered that reducing burnout among nurses is a promising strategy that would help control infections in acute care facilities. In another study by Rogers (2008) on the effects of fatigue and sleepiness on nurse performance and patient safety, she learned that "there is a very large, strong body of evidence showing that insufficient sleep has adverse effects on cognition, performance, and mood". Moreover, this same study also revealed that although studies have not always been able to document that the cognitive deficits associated with insufficient sleep lead to medical mishaps, "there is enough evidence to suggest that insufficient sleep can have adverse effects on patient safety and the health of nurses."

Participants' final response in dealing with the earlier mentioned challenges is through their **spiritual beliefs/practices (Sub Theme 4)**. They recognized the crucial need to remain well-grounded in their faith in God and in the ability to hope despite adversities experienced in their professional journeys. PN7, PN8, PN10, and PN13 had articulated this:

With much prayer, devotions/quiet time with The Lord and constant counseling from my parents, church leaders and even my Christian friends both in the profession and those who are not. I value their counsel. They see things in a different way- in a godly way. They always advise me not to conform myself with how the world should respond to these challenges (in the nursing profession)-to still trust and have faith in God's will, to have my peace and true joy to be deeply rooted on God, to wait upon the Lord. (PN 7)

Being optimistic and God-centered. (PN 8)

Keeping a positive mind and looking for various opportunities. (PN 10)

First, is to put God in the beginning of my duty. Seeking His guidance during my duty is a priority for me to deliver quality care. Next is to become more patient, calm, and to think before doing nursing interventions/ procedures. (PN 13)

A study by Abassi, *Farahani-Nia, Mehrdad, Givari, and Haghani* (2014) on nursing students' spiritual well being, spirituality, and spiritual care revealed that "many studies show that internal spirituality and desire for spiritual care are interrelated and that despite this, there is less stress on self-awareness in the area of spirituality and its role in spiritual nursing care." Hence, the said study raised the awareness that deprived of adequate spiritual education for students and

nurses, the spiritual dimension may not be adequately addressed in holistic care. Therefore, as solution, the study proposed two elements that are essential for adequate spiritual nursing care delivery: one is personal development of a spiritual self and the second is knowledge of culturally relevant spiritual interventions to meet those needs.

Theme 3: Future Plans

This theme describes participants' future plans and dreams based on their personal experiences in their professional journeys as nurses.

A dream that most participants had expressed to pursue is to **teach their fellow nurses or their peers (Sub Theme 1)** in order to impart not only what they had learned but to also pass on to them their values and ideals as well. PN1, PN5, PN7, and PN13 had articulated about this future aspiration:

> *I would like to teach given the chance, and impart everything I have learned (all the rewards and wisdom) to the younger generation of nurses.* (PN 1)

> *I plan to equip myself further with the necessary knowledge, skills, and attitude so that I can inspire other young people in the future to continue challenging our present practices and finding ways on how these practices could be improved. I might not be able to solve all the problems in the profession in my lifetime, but at least I can transfer my ideals to young nurses who can continue making nursing a better vocation*. (PN 5)

> *... I also want to share what I have learned and experience to other nurses or soon to be nurses. It would be really great if I could do that*. (PN 7)

> *I'm planning to continue my service by sharing my knowledge to my countrymen…* (PN 13)

D'Auria (2014) of a non profit teachers' organization emphasized that the essence of teaching is to transform and to inspire learners. In a study by Stone, Cooper, and Cant (2013) on the value of peer learning in undergraduate nursing education, they concluded that "peer learning is a rapidly developing aspect of nursing education which has been shown to develop students' skills in communication, critical thinking, and self-confidence." In addition, they also learned that "peer learning was shown to be as effective as the conventional classroom lecture method in teaching undergraduate nursing students."

Another future plan by the participants is **to pursue advanced studies and to specialize clinically (Sub Theme 2)** in their nursing practice to be able to progress in their respective professional journeys. Such plan was articulated by PN7, PN9, and Pn15.

> *...I want to pursue advance studies and specializations, well not here but in another country...* (PN 7)

> *With the clinical knowledge I have gained, my hope is to practice as a critical care or palliative care nurse.* (PN 9)

> *Planning on pursuing an advanced practice certification on either critical care, case management or anesthesia if feasible with my work schedule and finances as those programs are expensive as well.* (PN 15)

With regards to participants' goal of getting specialized training, a study by McHugh and Lake (2011) on understanding clinical expertise defined clinical expertise as a hybrid of practical and theoretical knowledge. They recognize that "clinical nursing expertise is central to quality patient care."

On the other hand, when it comes to participants' plan of pursuing advanced studies, the American Association of the Colleges of Nursing (2015) believes that "education has a significant impact on the knowledge and competencies of nurse clinicians, as it does for all healthcare providers."

The last future plan of most participants is to **return to the nursing profession (Sub Theme 3)** when the conditions surrounding its practice have already been improved. This aspiration to return to professional nursing practice was articulated by PN2, PN9, and PN 12:

If these shortcomings in the Philippines will be fixed and the right opportunity will be given, I am still very much willing to pursue my nursing career. (PN 2)

…I find it extremely helpful that I am learning about the US healthcare delivery system because I plan on eventually practicing nursing in the US. I find that this prepares me somehow to anticipate some of the issues I am likely to encounter there…That being said, I am still intent on returning to the clinical side of nursing, becoming a bedside nurse again. My goal is to work as a critical care nurse. (PN 9)

The knowledge of being a nurse is always there. What I can say now is we have just to wait for proper timing. (PN 12)

It is interesting to learn how the participants of this study would feel if and when the opportune time to go back to nursing practice arrives. A reflection by Moodey (2012) on her return to nursing practice after 25 years had cast some light on this matter. She revealed that when she went back to practice as a nurse she was initially gripped with a combined feeling of familiarity and cold fear that was eventually eased with the memory of how she had practiced before.

Theme 4: Appreciation of the Nursing Profession

This theme describes participants' deepened appreciation and heightened sense of pride in the profession's nobility and importance. Most of them perceive their various experiences, especially their struggles, **"**as enriching" because they have come to better understand that the **nobility and importance of the nursing profession (Sub Theme 1)** stems from its main purpose of bringing good service. PN1, PN7, PN9, PN11, and PN15 had articulated this:

I have learned to see the profession in different perspectives, as well as its ups and downs. Looking at the bigger picture, I can see that nursing is one of the most noble professions. Practicing the profession entails so much. It's never just a mental or physical task, but an all around service-focused and patient focused job. It requires a generous heart and spirit to be able to uplift our patients, and make them even just a tad better every shift. (PN 1)

It was exciting, challenging, life changing and sobrang nakaka-bless. (PN 7)

I am now more certain than ever that I chose the right profession because I love the human and caring aspect of nursing and I look forward to remaining a nurse for a very long time. (PN 9)

As of now, I am an active Police Officer…and it is really useful for me and for our organization that I am a registered nurse because whenever there is a medical mission in our organization, I had been keen in joining and supporting such programs that would help our fellowmen. And when there are Barangayan activities in our community, I also gladly share my knowledge to the Barangay Officials on First Aid in Case disaster occurs. (PN 11)

It was a tedious undertaking but very fulfilling. (PN 15)

One of the reasons why participants had came to feel proud of their profession as nurses can be attributed to their achieved professional growth. Participants have mostly become resilient due to their individual encounters with challenges in the nursing professional practice. PN6, PN10, and PN12 had articulated this learned **resilience (Sub Theme 2)**:

I find myself more patient in decision making and I allow myself ample time to consider all possibilities before coming to a conclusion. I've learned that life does not have to be so structured and that it's okay to live life at our own pace. (PN 6)

Much has changed. I believed that I have improved on the so called 'critical thinking' and 'adaptability' skills. (PN 10)

When I passed the NLE it was a joyful feeling because at last you made it. But when the reality strikes that there are only limited

opportunities for nurses in our country you will learn to be more patient and flexible. (PN 12)

In a study by Foureur, Besley, Burton, Yu, and Crisp (2013) on enhancing the resilience of nurses and midwives, the crucial importance of increasing the resilience among these health workers was strongly emphasized since their typical work conditions is viewed as highly demanding and therefore, very stressful.

Moreover, in terms of their achieved professional growth that had contributed to their appreciation of the nursing profession, participants have also developed a strong **desire to continuously learn (SubTheme 3)** in order to become better nurses. PN5, PN7, and PN9 had articulated this:

*I am more inquisitive and eager to discover how things could be improved, unlike before when I was afraid of taking risks and unsure of my potentials. (*PN 5)

I think I am more passionate now with my profession. It has widened my view about nursing. It's like there's this long hallway that has a lot of doors waiting to be opened. There are so many opportunities and blessings just beyond my grasp, waiting for me to just grab and hold on to. There's this excitement and I guess joy within me knowing that I am still about to learn something new. (PN 7)

A lot of what were mere theoretical to me are now more concrete due to the experiences I had gathered in the clinical setting. Where previously I would study sporadically whenever it suited me, I now appreciate the necessity of doing this on a regular basis as part of the fulfillment of my duties to my patients. (PN 9)

A discussion paper by Wetters (2011) on the culture of continuous learning in nursing highlighted the priceless contribution that this kind of learning has on nurses' knowledge and skills. She believes that this culture would help nurses to remain updated with the latest trends, practices, and treatments that are essential in nursing practice.

Finally, in addition to their attained resilience and desire to continuously learn, participants have inevitably become more competent in carrying out safe and effective nursing care that had also, ultimately, inspired their appreciation of the nursing profession. PN1, PN3, PN4, PN8, PN9, PN13, and PN 15 had articulated these **attained competencies (Sub Theme 4)**:

I have matured in so many ways. I think I have experienced my own share of the clinical nursing practice, and reached my peak as an ICU staff nurse. (PN 1)

More confident of doing nursing interventions, critical thinker... with more dependent nursing actions, can manage bulk of patients, can impart more knowledge and educate patients not only in the hospital but also in my community. (PN 3)

*I can say that I have grown professionally as a nurse, and that I can handle patients now on a more holistic approach as well as make assertive nursing. (*PN 4)

Obviously I can practice what I have learned during my college days and also started appreciating life. (PN 8)

I am much more self-assured and confident. When I first started working as a nurse, I was very timid and aimed to please everyone that I worked with. Now, I am much more interested in providing nursing care with the patient as the main priority no matter what the cost. (PN 9)

I am more confident after passing the NLE compared to when I was just a student nurse. I am more reliant on myself in giving quality care and more conscious in providing nursing interventions especially in life threatening situations. (PN 13)

I became more responsible and more careful with provision of care... (PN 15)

In a position statement by the American Nurses Association (2014), they reaffirmed nurses' obligation to demonstrate professional competence all throughout their careers.

Conclusions

The abusive and exploitative consequential nature of the nurse volunteer program, the dearth of employment opportunities for nursing graduates, and the dire work conditions in the country's health care facilities are the common challenges of the nursing profession.

Underemployment through career shifts and migration to other countries are the options for Filipino nurse participants in facing the challenges of their profession. Those who are steadfast in their profession, however, eventually learn to cope (i.e. "grin and bear it").

The challenges faced by the Filipino nurse participants did not deter their desire to help those in need but inspired them to continue serving and to deliver better service through advanced studies and training. Moreover, these said challenges led to a better understanding and a deeper appreciation of the nobility of the nursing practice.

Recommendations

Based on the findings and conclusions, these are the recommendations:

Filipino nurses should strive to become active members of recognized nursing organizations such as the Philippine Nurses Association in order to directly participate in activities and projects that would help promote their professional welfare.

The Board of Nursing, in cooperation with the Commission on Higher Education, should be more vigilant in improving the employability of nursing graduates in the country through a more stringent process of accrediting the schools responsible for their education.

Nursing schools, together with the Philippine Nurses Association and other concerned public and private organizations, could hold regular job fairs and conduct employment enhancement seminars for nursing graduates nationwide.

Government agencies, in consultation with the Philippine Nurses Association, must enforce a salary standardization law that would provide the much needed salary increase of government nurses nationwide. In addition, these said agencies should also look into the salary hike of nurses in the private sector by creating public and private partnership agreements on major healthcare investments that would fund such endeavor.

Future researchers may use this study as a reference for further exploration or to replicate studies on Filipino nurses' professional journeys using a different sampling population.

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Acknowledgement: This article was taken from the MAN requirement of the Philippine Women's Executive Class Program in Taft Avenue, Manila. The author would like to thank God (the source of all goodness and mercy), her loved ones especially her parents Frank and Lily Santos, the faculty and staff at PWU's School of Nursing (both undergraduate and graduate) headed by Dean Edna Dominguez, Dr. Erlinda Palaganas and Dr. Cora Anonuevo of the PNRSI and PJN, and to all of this study's participants and the rest of the struggling number of Filipino nurses in the country who had served as her inspiration to pursue such research undertaking.