RESEARCH ARTICLE

Nursing shortage in the Philippines: Dissecting an entanglement of issues

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Abstract

The banning of new nursing schools in the Philippines was imposed in 2010 to mitigate the failing compliance of schools with various competency standards set forth by the Professional Regulation Commission (PRC), in addition to the burden of students in paying their affiliations with hospitals. In the midst of the shortage of nurses in the country that was magnified by the COVID-19 pandemic, the Commission on Higher Education (CHED) decided to lift the moratorium. This paper draws on the narratives of nursing leaders and professionals on the phenomenon of nursing shortage and the issues that can arise with the reopening of nursing schools. The verbatims highlight the historical and contemporary entanglement of various issues that contributed to the problem of nursing shortage. In addressing these issues, this paper looks into some of the problems in Philippine nursing that may conform with the broad contemporary problems identified by philosopher Alain Badiou. Viable solutions may be found in the exploration of emerging research methodologies, consideration of systems thinking using technological advances, and incorporating political competency among Filipino nurses.

Keywords: *Nursing shortage; nurse retention; nurse migration; nursing education; nursing school*

Introduction

The Commission on Higher Education (CHED) lifted the ban on the opening of new schools of nursing in the Philippines on July 12, 2022. In 2010, several schools of nursing in the country were closed for failing to meet various competency standards set forth by the Professional Regulation Commission (PRC) in addition to the burden of students in paying their affiliations with hospitals (Ang, 2022). In 2011, it was also recorded that there had been an oversupply of 200,000 unemployed nurses (Torregoza, 2022). The moratorium lifting was one of the responses of the Philippine government to address the shortage of nurses magnified at the height of the COVID-19 pandemic. In examining the issues that surround the shortage of nurses and the opening of new schools of nurses, the authors present in this paper a critical reflection of Alain Badiou's diagnosis of the contemporary world vis-a-vis the desires of philosophy. Drawing from conversations with nursing leaders, professionals, and academicians, it will be argued that while problems in Philippine nursing may conform with the broad contemporary problems identified by Badiou, viable solutions may be found in the exploration of emerging research methodologies, having system thinking and critical analysis using technological advances and in incorporating political competency among Filipino nurses.

Collecting the narratives. Interviews were conducted both online and in person among nurses who occupy leadership and managerial positions. The nurses who were initially interviewed were then asked to refer other potential participants until the point of saturation was reached. Guide

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questions were used, and the responses of the participants were further probed. The collected narratives were then transcribed and coded in extracting their meanings.

Piecing together the narratives. This section of the paper presents the viewpoints and perspectives of the respondents. The collected narratives were discussed alongside the ideas of contemporary French philosopher Alain Badiou (2004) who said that philosophy has four-dimensional desires: revolt, logic, universality, and risks. These desires, however, are being confronted by the glitter of merchandise, the illogical reign of communication, fragmentation and specialization, and obsession with security.

The glitter of merchandise. Elaborating on the dimension of revolt, Badiou (2004, p.39-40) said that "there is no philosophy without the discontent of thinking in its confrontation with the world as it is." One can interpret that the very act of thinking as a form of resistance in the sense that mentally processing and advocating for what is ideal fortifies in us a mission to bring about change in the world. However, this dimension of revolt is being challenged by the infinite glitter of merchandise whenever the idea of profit comes as a motivating factor in the way we do things (Badiou, 2004).

In the Philippines, the ICN once made a remark that there appears to be a train for export model that can be gleaned from schools that offer the Bachelor of Science in Nursing (BSN) curriculum (Buchan & Catton, 2020). While we cannot discount the fact that some students and educators alike pursue careers in nursing education out of passion and a clear vision to serve humanity, the claim from the ICN warrants critical reflection. If indeed such model is nondiscursively accepted as a norm in some institutions, it is possible that such underlying motivation may also propel academic institutions that may soon offer the BSN program. If graduates of the program eventually migrate, the shortage of nurses in the country may still recur.

The glitter of merchandise also becomes apparent when nurses forego opportunities to work in community settings. One respondent observed that while most nurses are seemingly concentrated in hospital and clinical settings, it appears that only a few are deployed in community health settings. Another also highlighted that it seems nursing students lack immersion and understanding of the relevance of public and community nursing. While remunerations may be higher in the public sector, a respondent mentioned dismal factors like location and limited transportation and electricity in far-flung communities which may potentially push new graduates to apply in more urban settings. Furthermore, a respondent added that a track record in a community health facility might not be of use should one decide to apply abroad in the future. As such, there is a need to create strategies to entice nurses to consider working in the field of community/ public health as their future destination, not just in the hospital setting.

The Universal Health Care (UHC) Act of 2019 planned a transition to primary care, which guarantees equitable access to quality and affordable healthcare goods and services. However, 50% do not have access to primary care facilities (PCFs) within 30 minutes which impedes universal access to essential healthcare services (Flores et al., 2021). To strengthen the healthcare system, the mere availability of healthcare workers is not sufficient. The respondents believe in the reinforcement of primary healthcare in the community setting to sustain the needs of the community as highlighted in the following statements:

> "The government should be assertive with the healthcare needs of the community. They should mandate improvements [and], provide a safer workplace for them.."

> " I think it's already time to go back to the community where we handle actual patients to further assess and observe…"

> "The lifting of the moratorium in nursing programs provides a wider opportunity for academic institutions to offer BSN. This will help ease the shortage of registered nurses deployed in health care facilities and can even help in the reinforced implementation of primary healthcare at the community setting."

As nurses are ablaze with the opportunities arising from global recruitment, the shortage of nursing workforce will eventually exist indefinitely. The shortage of nurses in the country is expected to be 249,843 by 2030 (Cervantes, 2022). During the COVID-19 pandemic, several news outlets have reported on the shortage of health workers (ILO, 2020; Romero & Bhatt, 2021; Koty, 2021) to help cater to the needs of individuals who have been infected by the virus. However, this shortage happened chronically. Even before the pandemic, many nurses have been migrating abroad or have been entering various economic sectors due to the field not being adequately remunerated (Yumol, 2020). This claim can be gleaned from the following statements:

> "The pandemic is just an eye opener that we really have an issue in the healthcare workforce, specifically among nurses. I believe that the lack of nurses is not because of the lack of schools for nursing. The poor salary and unfair treatment of nurses is the culprit to all of these. The main issue for me is what we call the Filipino nurses' diaspora in which many of us travel abroad, including me, for greener pastures."

> "I disagree with the assertion, though, that a lack of nursing [schools] is to blame for the shortage of nurses. There are a variety of factors that should be considered. The nurses here in the Philippines need to feel more motivated. … [R]egardless of how many nursing programs are established if students aren't encouraged to pursue the profession and stay in the country, [the shortage may still persist]. "

The migration of nurses unintentionally led to a disproportionate nurse-patient ratio (Lorenzo et al., 2007). The nursing shortage does not necessarily mean a shortage of qualified nurses, but a shortage of nurses willing to work as nurses (Buchan & Aiken, 2022). Hence, finding solutions to bottlenecks must focus on attracting, retaining, motivating, and encouraging nurses to return to nursing practice.

The illogical regime of communication. The dimension of logic for Badiou (2004, p.40) corresponds to "a belief in the power of argument and reason." However, tension can be located in the "illogical regime of communication" whenever the messages we see around us no longer show rational and historic underpinnings (Badiou, 2004). In recent times, the problem of disinformation has gained greater momentum in further complicating our notions of truth. While technology has made great distances to be shorter in reconnecting us with other people and numerous sources of knowledge, it has also given birth to voices that intend to revise history and distort the truth in favor of specific political alliances and ideologies, conforming to Badiou's (2004, p.40) notion of a "spectacle devoid of memory." In the COVID-19 crisis, for example, several anti-lockdown protests have occurred in various parts of the world in an attempt to downplay the importance of personal protective equipment (PPEs) and even link the immunological benefits of vaccines to conspiracy theories (Breakey, 2021; Iddiols & Shelley, 2021). As new schools of nursing will reopen, it is possible that such an act will soon be reframed as a superficial and unsustainable solution provided by those in power when in fact, other related reforms need to be included. One respondent likened the problem of nurse shortage to a "leaking pail of water" due to the presence of several holes.

> "Instead of patching up the hole, they (referring to the government) are just giving or supplying more water (nurses) once again to the pail so that it will be full. But it will never be full because of existing holes that are not being addressed properly."

Even if the container is filled with water, it will soon be empty because no action is being taken in the presence of the hole. In the same vein, producing more student nurses will be useless if no action is done on retaining them in the country while improving their pay and working conditions. The previous claim is also supported by the following statement:

> "I believe that there are several solutions that are needed to address the lack of manpower; one is to supply nurses. Kung ano 'yung kulang pupunan mo, how to maintain nurses or how to let nurses stay in the position kasi kung pupunan mo kung lalabas naman sila, wala din and habang pinupunan natin, I hope that the government will take initiatives to look for the welfare of nurses to prevent them from going out of the country…" (I believe that there are several solutions that are needed to address the lack of manpower. One is to supply nurses specifically those that are lacking in terms of their compensation. We need to explore ways of retaining nurses. It will be useless if they eventually decide to leave. I hope that the government will take the initiative to look for the welfare of nurses to prevent them from leaving the country. I am hoping that their benefits and compensation will be addressed...)"

Another respondent also reflected that:

> "Lifting of the moratorium will cause [a] mushrooming of colleges of nursing again. Increase in the number of nurses to be produced but [we may be] unsure of the quality. If this time, we can no longer hire qualified clinical instructors, how much more with the budding colleges of nursing?"

The value of learning from past experiences was also brought up by one respondent who remarked that we need to :

> "[l]earn from the past because in the past, there were several schools that were ordered for closure because of poor performance. I hope in the opening of new schools again in nursing, they will focus more in retention policies…maint[enance] of academic standards and in produc[ing] globally competent professional nurses because that is what we all want regardless of what school we are from."

The respondents believe that reopening nursing schools is not the main solution but just a temporary one. In reopening the nursing schools, addressing the question of how to maintain nurses or how to let nurses stay in the position must also be factored in. Improving salaries, benefits, and imposing strict implementation of salary grade 15 in nursing practice were also raised by the respondents as among the issues that also need to be addressed. The respondents also mentioned the long-time issue of volunteerism and the absence of permanent

plantilla positions for nurses that is still unresolved. A public health nurse shared his experience when he was just starting his career as a nurse. He mentioned:

> "Although the salary of nurses has increased already, they just hire under a contract[ual] basis. Anytime, you can be removed after 6 months, then you don't have a job again. I have been to the same experience where you are unsure if they will still renew your contract, which is not a good feeling. This is still happening. Unfortunately, there is no job security for us (nurses)."

Other participants even added that there is a need to:

> "[c]reate items to accommodate graduates in line, improve the salary and address [the] brain-drain [effects of nurse migration]. There are ongoing established nursing schools today. Dios ko, nakaad-adu tayon nakkong. Adu ti maproproduce nga nurses. The problem is low salary and the implementation of SG (salary grade) 15". (My God, we are too many [in the profession]. There are a lot more nurses. The problem is low salary and the implementation of SG 15)."

> "Reopening might address the fast turnovers but there should also be improvement of salary for nurses for their hardship [in the performance of their] duties."

Furthermore, fresh nursing graduates are financially exhausted from grabbing work experience opportunities where they are forced to work for free as volunteers in exchange for such experience. The nurses' lack of job security after graduation can be depressing. With this, some respondents suggested having a guaranteed tenure of service with a decent salary to keep nurses in the country. Nurse educators also asked for a salary that is commensurate with their credentials. While some of the respondents believe that the salary of nurses in the academe must abide by the provisions of the CHED, others thought that co-implementing salary grade 15 in the academe would bring forth a spirit of fairness, justice, and equality:

> "Yes to SG 15 in the academe kasi hindi rin biro ang trabaho natin lalo na 'pag nasa ospital tayo. Pasyente, pagiging nurse at estudyante ang responsibilidad mo. Nakataya ang lisensya mo. (SG 15 must be equally implemented in the academe because our work is a no joke in the hospital. We look after our patients and students, and our license is at stake.)"

> "In the implementation of SG 15, yes as a nurse, that will be my bias. If that is allowed, it will benefit all nurses. If the nursing salary of nurses in the hospital is [equivalent to] the starting salary of academicians, [then] that will be beneficial … that will inspire them a lot to stay in the profession either in the academe or [in the] hospital."

> "[The] implementation of SG 15 should be [observed] in [both] public and private [sectors] for equality. Health care professionals should have fair salaries as long as there are available funds."

When economic sectors in the Philippines started to ease and more people resumed and displayed pre-pandemic mobilities, there arose calls for a timeout from health workers for the reason that the threshold of health system capacities had been reached and several members of the health workforce had been infected with the virus (Mercado & Sta Ana III, 2020; Baron, 2021). However, the illogical regime of communication manifested when these logical requests from health workers were invalidated by political actors. This was evidenced by a scolding received by medical doctors from presidential spokesperson Harry Roque during a meeting with the Inter-Agency Task Force for the Management of Emerging Infectious Diseases (IATF) after the group of medical doctors requested for an extended lockdown (Salaverria et al., 2021).

Addressing the illogical regime of communication may also entail looking into valuable lessons in recent times. The respondents mentioned that if ever previously closed schools of nursing will reopen, it is essential to review the very reasons why they have closed and check whether they have prepared strategic plans to improve the competency of their graduates. Instead of merely looking into the quantity of enrollees and graduates, attention must also be given by academes and legislators to the provision of quality education, as well as, to the creation of retention policies. The respondents raised the need to conduct timely evaluations, possibly every after five years, to determine whether the lifting of the moratorium has indeed addressed the problem of nursing shortage.

Fragmentation. Universality, for Badiou (2004, p.40), is a desire of philosophy such that it "supposes that all humans think." Badiou (2004), however, tells us that the understanding of the ripple effect of various social issues that we have today may become harder to perceive when we are fragmented. The fragmentary feature of the world can become evident when we think that problems like poverty are of our own making that we miss the fact that it can be influenced by systemic factors in the level of politics. The ideology of individualism (Laverack, 2012) in this regard, instills a mentality that can even prevent people from joining political activist movements for the reason that they think, they can simply migrate abroad or enter a better-paying industry to increase their economic productivity. If there is a predominance of individualistic ideologies and limited political competency, it is possible that nurses will still bear the

brunt of ill-conceived socio-political reforms that may arise in the future.

Another dimension of fragmentation can come in the form of thinking that the opening of new schools of nursing is a magic solution to the problem of nurse shortage. While some respondents disagree with the idea of reopening new schools of nursing, others believe that reopening nursing schools will give opportunities to those who want to become nurses and provide a box of options. The respondents added that"

> "Reopening [nursing schools] … will help decongest schools and give opportunities to those who want to become a nurse"

> "[Reopening nursing schools will] accommodate students [specifically] those who have passion for nursing."

However, many respondents said that there is a need to comply with the needed requirements and meet the basic guidelines for public and private nursing schools. They highlighted the needed salience of quality education over profit. The participants recommended that there is a need to:

> "[s]trengthen the mechanism particularly [on the] monitoring [and] evaluation [of] new institutions and provide support to old institutions to [help] build their reputations.

> "I would suggest that [these new schools must be fully prepared for 4 years of operation upon application, meaning, its faculty are all qualified, the facilities (simulation rooms etc), equipment, and funding are all ready. "

> "Prioritize the opening nursing schools in regions. No to private schools but SUCs (state universities and colleges) should be prioritized [because they provide education] free."

> "Reopen [nursing schools] but [they] should be constant[ly] monitored … for quality education and not for just for profit…"

One requirement mentioned by some respondents is the extensive planning of hospital affiliation logistics. As some hospitals are already saturated with nursing students, the need to increase the number of accredited hospitals who will accept affiliates might be required. Moreover, limiting nursing students per hospital affiliation might be needed to ensure quality clinical exposure. One educator remarked:

> "In my experience, we have hospitals here who should be catering for [our students] as we do not have a hospital of our own as a government school. However, the big schools from the cities who also do not have their own hospitals will come and compete with our slots. The slots will then be divided and distributed when we, as a government school, should have been prioritized. In addition, we will also be displaced as we do not pay as much fees as the private schools do. As a result, we are the least priority in the allocation of slots."

One of the respondents mentioned that even if new schools of nursing are opened to address the local and global shortage of nurses, there exists a gargantuan task from academes, both public and private, in ensuring that their graduates can meet competency standards. In particular, these tasks pertain to specific classroom and instruction components such as reexamining existing learning tools, syllabi, and current curriculum content if they are in adherence with outcomes-based education. In addition, academies would still need to encourage their faculties to pursue graduate degrees to keep up with changes in the realm of knowledge development. Continued education (including bridging programmes for masters and doctorate courses) and even hospital training/ workshops should be re-emphasized further to advance the skills and research capabilities of nurses. The respondents observed that:

> "…if the [new] nursing school[s] will not have good qualifications to produce nurses, then the quality of nursing education will be affected. A globally competitive nurse should be equipped with knowledge and skills, and this starts in the school …We may produce more nurses but as I [have] said the quality of graduates [will be] jeopardized due to lack of qualified clinical instructors."

> "Dapat dagiti agopen, suruten da dagiti nakasaad diyay CHED memo. Diyay standard requirement." (New schools of nursing that will open should abide by the standard requirements specified by the CHED)."

> "Uray no adda reopening, follow the standard policy." (Even if new schools of nursing will reopen, we still need to follow standard policies)

Other respondents viewed the current situation of nursing shortage as an additional burden along with the shortage of qualified nursing instructors in the academe which could jeopardize the quality of nursing education.

> "[t]here is limited opportunity and benefits for nurses now in the Philippines as many are leaving. The opening of new and old schools will help produce graduate nurses but the challenge is [on] the supply of faculty who will teach the students."

> "The crafting and delivery of [online classes using] Zoom platforms and hybrid programs were a temporary aid for the nursing profession for the past two years, but we should think of the long-term effect …"

Most of the respondents recommended that the qualifications of clinical instructors should be realigned with the new curriculum. Moreover, the government should allocate a larger budget for its implementation by allowing state universities and colleges to initially open the program. The infrastructure development and acquisition of equipment and materials must be strategically financed. Partnerships must be forged with teacher education professionals to enhance the teaching skills of clinical instructors who will later on, improve the teaching and learning process in nursing schools. The difficulty of hiring nurse educators was mentioned by one participant:

> "Not enough nurses are enticed to be in academe with the low salary [alongside the] heavy requirements by CHED. It is not easy to recruit such faculties who meet the required qualifications nowadays as many nurses with masters degree are already abroad. They need to boost the training of faculties by offering scholarships especially to finish their master's degree"

In line with this, one respondent suggested that:

> "The government [should] help in upgrading the salary of nurse educators in SUCs to ensure that the best clinical instructors will be hired and will stay for long."

While it is essential that new schools of nursing abide by the provisions of the CHED Memorandum Order 15 Series of 2017 that faculties in a college of nursing must take nursing-related graduate courses, it may be interesting to also imagine the possibility of allowing faculty members to explore graduate programs, possibly in the social sciences and humanities as a way of promoting transdisciplinary systems thinking and problem-solving. While taking graduate programs in nursing may lead to the production of nursing science experts, valuable insights, models, and frameworks may also be learned from other disciplines like economics and anthropology to name just a few which in turn may provide holistic viewpoints of timely and relevant issues.

On Badiou's (2004) notion of fragmentation, one respondent commented on the need to hone nursing students holistically, i.e. not just focusing on their knowledge and skills but also on shaping their characters and attitude:

> [N]ursing schools nowadays should look into the character development of students because it is a challenge now in today's generation… [students] have different characteristics and personalities … [Educators need] to maintain and develop the competence and character of students.

Obsession with security. Badiou (2004, p.40) points that "thinking is always a decision which supports independent points of view" or risks. Confronting this dimension, however, is our obsession with security. Badiou (2004, p.41) writes that we live in a world where "risky decisions" are frowned upon. While elaborate calculations are necessary to some extent, some forms of innovative thinking may require creative ways to enact change. One of the risks that nurses partake in would be their engagement in political activism. In 2019, numerous nurses in the Philippines participated in a nationwide protest that aimed to call for the implementation of policies that can address the problem of low salaries and poor working conditions (David, 2019). Diamond's (2011) account of institutional memory asserts that a group may have a prior experience of a calamitous event but this experience has been forgotten. Displays of activism are commonplace in the Philippines and are rampant in several channels of communication but they appear to be excluded in the institutional memory of actors who could have thought of crafting inclusive policies to address public clamor. Moreover, these protests do not always result in meaningful engagement between political actors and marginalized members of society. Instead, there have even been reports of red-tagging and assassination of known political activists. In 2019, the Alliance for Health Workers (AHW) was tagged by National Security Adviser Hermogenes Esperon as a front of the CPP-NPA or the Communist Party of the Philippines - New People's Army (Cruz, 2019). As to the background of the AHW, news reports would reflect that as an organization, it is vocal on issues like that of the PhP 170-million that was deducted from the operating expenses of the Research Institute of Tropical Medicine (RITM) (Sarao, 2021). All these phenomena reflect the challenging paths that nurses need to traverse just so their voices can be heard in political arenas.

The obsession with security can also be observed in the tendency of some nurses to be blinded by what other countries have to offer financing for their careers, while not realizing the true power of commitment to service and assertiveness in the face of inequality and injustice. Despite acknowledging the various benefits resulting from speaking up, healthcare professionals frequently choose not to voice their concerns and remain silent instead (Choi et. al., 2021).

Although nurses are harried, the capacity to exercise their social rights and engage in political discourses must not be neglected. Political participation may not necessarily entail leaving one's profession or merely participating during elections. Political participation may mean being a voice of patients or other groups who are in a disadvantaged position. Although not fully successful, they have actively engaged in political activism. An initial step is to open to the public that nurses play a crucial part in the healthcare system, so their undeniable issues must be addressed and taken into priority. One participant lamented:

> "Although we have [numerous] nursing organizations, they are [often] seen as bureaucratic and not politically involved. We are not well-represented in the senate or [in the] lower house. Only a few courageous nursing leaders are trying to engage but they are not resonating enough. Our nursing voice is not loud enough to make an impact."

Envisioning potential strategies. Amidst the entanglement of issues surrounding the occurrence of nurse shortages in the Philippines, several viable solutions can be explored. This includes (1) the consideration of emerging research methodologies that can provide a more contextualized depiction of timely social issues (2) the system thinking approach of critical analysis using technological advances to develop models for health workforce planning tailored fit for the Philippine healthcare setting and economic status, and (3) the integration of political competency among Filipino nurses to influence and provide stewardship within the profession of nursing.

Considering emerging research methodologies. The nursing shortage is a phenomenon that must not only be subjected to organizational or economic analyses (Buchan & Aiken, 2008). While it is essential to take into account a quantitative depiction of the situation, it is also necessary to include the organic experiences and narratives of individuals who bear the brunt of the problem. In this way, policymakers can have a more holistic glimpse of areas that need to be addressed. Rapport and Braithwaite (2018) have observed that health and medical research still continues to be heavily reliant on quantitative approaches. However, the so-called "*fourth research paradigm*" may potentially harmonize quantitative and qualitative methods and include creative ways of collecting data such as those obtained from social media sources and other technological devices (Rapport & Braithwaite, 2018). Collecting data from online sources may sound optimistic since many people openly discuss their sentiments on these platforms, however, nurse researchers must continue to utilize critical thinking so as not to fall prey to Badiou's observation on the illogical regime of communication.

System thinking and critical analysis using technological advances. Nursing shortages impact nurses and can negatively affect patient outcomes (Ferrer et al., 2014). Therefore, a strategic plan is needed to improve nurse retention and subsequent patient outcomes. Innovation is key when it comes to tackling the nurse shortage. Healthcare needs a total overhaul, and technology is one of the solutions. Possibilities of harnessing technological advances should be explored to improve the capacity of a reduced nursing workforce. As technological innovation accelerates, more and more caregiver tasks are being delegated to machines and artificial intelligence (AI). Technological advancements have helped nurses do their jobs and care for their patients more efficiently and safely. Nurses should oversee the implementation of automated technology for assessment and documentation and AI to allow nurses in providing a more holistic aspect of care. To involve nurses in technological advancement, nursing education must be redesigned to incorporate technology and machine learning into the curriculum, an aspect that can be explored by emerging schools of nursing. The challenges and opportunities of using technology as a healthcare tool must be addressed in nursing education (De Momi et al., 2016). Apart from changes in nursing education, a greater emphasis on research into new techniques in nursing is recommended. The increasing availability of new technologies will improve care quality, working conditions and reduce costs. Further research is needed to determine this new technology's impact on nursing and accelerate its adoption into nursing practice in the country (de Veer et al., 2011).

Integrating political competency. Political competence pertains to the "skills, perspectives, and values" required of nurses in bringing about significant political involvement (Warner 2003, p. 135). Political competency is needed in intervening with issues related to the social determinants of health and in raising the concerns of nurses to policy decision-making tables (Warner, 2003). As patient advocates, nurses are bound morally and politically to be engaged in health legislation and policy-making specifically for healthcare issues related to the social determinants of health. Political activism can profoundly bring vital changes in the healthcare system. The formalization of the nursing curriculum including policy education in nursing should be integrated as early as ~~at~~ the undergraduate level. One concrete example can come in the leadership and management positions that can be assumed by nurses in various organizations. This will enhance leadership skills and stimulate the interest of students in policy and politics at the local, or national level of government. In the pursuit of continued higher education, nurses can further strengthen their commitment to evidence-based practices through

research while serving as the voice of the unheard at the level of healthcare legislation.

The chronic understaffing of hospitals and nursing homes left nurses struggling to adequately care for patients even before Covid 19 pandemic (Lasater et al., 2021). Accordingly, nurses are not leaving health care in massive numbers —they are changing employers and looking for opportunities to provide better care to patients (Chambers, 2022). Simultaneously, circumstances of nursing shortage in the Philippines will result in poorer patient outcomes due to the inadequacy of the healthcare workforce and adequate care which poses a greater risk to public health. According to Lasater et al. (2022), to ensure adequate levels of nurse staffing in health care, public policies are needed. The bases for such policies and evidence-based solutions can be identified and evaluated by nurse researchers in leadership roles. With nursing research now seen as a source of innovation, nurse leaders can contribute to expanded nursing outcomes and use policy research to lead the way in developing innovative care practices, impacting public policy for the greater good. In addition, legislators must fund enough positions for nurses and create reasonable working conditions. If political competency were more seriously ingrained in the consciousness of many Filipino nurses, meaningful collective action can also be more likely in the face of social inequalities. Educators in this regard can play a crucial role in opening the eyes of student nurses to the realities of the Philippine healthcare system and how they may intervene.

Conclusion. An important point to note is that there is no single policy that will solve the nurse shortage. Rather, bundles of human resource interventions that are well-coordinated are more likely, than individual or uncoordinated interventions, to achieve sustained improvements in organizational performance (Buchan & Aiken, 2008). Reopening nursing schools is one of the solutions to the nursing shortage but not the sole and sustainable solution. There is a need to anchor more strategies to improve this initial solution. Other approaches should focus on retaining nurses in the country and bringing them back to practice, enticing nurses to community health or academe, expanding nurse competency in research and technological advancement, and empowering them to make their voices heard in political issues that affect the profession.

Since nursing schools will reopen, it is also imperative to look into the entanglement of issues that continue to surround the profession. Issues like migration and the reopening of new schools of nursing need to be examined for their corresponding pros and cons. While invoking the language of heroism of nurses in the pandemic can uplift morale, policy makers need to do more in improving the working conditions and corresponding remuneration of nurses.

Lifting the moratorium on nursing schools can provide opportunities to deliver nursing education, especially in the provinces. To be aligned, preparations should include not only in providing all the facilities needed but must also consider the hospital affiliations that will ensure maximum related learning experience (RLE) among its nursing students. In addition, the competence and qualifications of nurses educators must not be neglected. The rapidly increasing cost of pursuing higher education is one barrier to the growth and development of nurse educators. Employers in this regard should provide advanced learning opportunities for nurse educators to continue their education through scholarships or return of service grants. The efforts aimed at retaining and compensating nurses in hospital/clinical practice, in other words, must be the same to those who are in the academe.

In addressing the already apparent shortage of nurse educators in the academe, the potential contributions of retiring or retired educators must be looked into even if they can only participate through part-time teaching (Jean, 2022). Given the multi-faceted nature of problems affecting nursing practice and education, long-term, sustainable, and workable solutions need to be brought up in policy discussion tables. These policies are tremendously influential in health care delivery and deserve greater public attention and advocacy (Buchan &Aiken, 2008; Aiken, 2021). As nurses continue to innovate through training, education, leadership, research, and policy-making, nurses need to rise by representing the voice of the majority of the nursing profession.

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