

APPROVAL SHEET



This Undergraduate Thesis entitled **Life of A Nurse** (*A Case Study on the Working Condition of Local Filipino Nurses in Orani District Emergency Hospital and Isaac & Catalina Medical Center*), prepared and submitted by Hennesy Anne A. Roque, has been approved and accepted in partial fulfillment of the requirements for the degree of Bachelor of Arts, major in Development Studies.

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This Undergraduate Thesis is hereby accepted and approved by the Department of Social Sciences in partial fulfillment of the requirements for the degree of Bachelor of Arts, major in Development Studies.

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THE LIFE OF A NURSE

(A Study on the Working Conditions of Local Filipino Nurses in Orani
District Emergency Hospital and Isaac & Catalina Medical Center)

An Undergraduate Thesis
Presented to the Faculty of
The Department of Social Sciences
University of the Philippines Manila

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In Partial Fulfillment of the Requirements
For the Degree of Bachelor of Arts
Major in Development Studies

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Do not let time manage you!!!!

This paper would not be complete without of course the help and guidance of our dear Father in Heaven. I thank Him a lot for the energy, time and wisdom He is giving me. I could not thank Him enough! He is my Provider, my Friend, my Lord...

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CHAPTER 1

STATEMENT OF THE PROBLEM

The number of nurses in our country and even in other third World countries is declining. According to the data presented by the AHW or the Alliance of Health Workers, 2000 nurses are leaving the country every month to practice their profession abroad. Their common reason is that they will earn 4 times or more of their wages here in the country. Developed countries like Canada, Japan, US and some Middle East countries are now lacking of professional health workers. Almost all of their health institutions are dominated by migrant workers who came from different parts of the globe. This phenomenon of migration is termed as “brain drain.”

There have been a lot of articles pertaining to the situation of Filipino nurses who left the country to work abroad but very few pertains to the working and living conditions of those who stay and work here in the Philippines. I find it very important to know their conditions because they are the ones who sacrifice a lot and shoulder all the tasks left by those who migrated. How to be a local Filipino nurse?

The uncontrollable decrease in the number of nurses due to migration is one of the major reasons why the present conditions of local nurses become increasingly hard. Aside from the “heavy loads,” dissatisfaction, and health risks due to the patient’s ailments or diseases, longer working hours and a high ratio of nurse to patients increase more the burdens of Filipino nurses in the Philippines. And all of these do affect the personal lives of our local nurses and their relationships with other people, not to mention their own families. Number of nursing staff may not be a problem to some of our



hospitals. But even in this case, the issue of heavy workloads can still arise since most health institutions allow the employment of freshly graduate nurses with insufficient experiences and trainings and even non-registered or those who still do not pass the licensure examination for nurses. And so, in relation to this, the nature of hospital works characterized by immediate yet careful responses, seem to become so slow and quite unsure.

Saving lives are the primary mission of nurses and other health-related professionals. But how can they save lives if their own lives are at risk? How can they take care of other if their own health is not well taken care of? The living and working condition of local Filipino nurses is something that should not be taken for granted. If this continues, it is like we are digging the grave of our health sector or should I say, our own lives.



DEFINITION OF TERMS

Migration – a phenomenon characterized a vast number of professionals leaving the country or their own fields to work abroad and give service to foreign countries mostly considered as industrialized;

Nurse – a profession mainly concentrated on taking care of patients to enable them to live with as much physical, social, emotional and spiritual well being as possible. He/She is somebody trained to look after sick and injured people, especially somebody who works in a hospital or clinic, administering the care and treatment that a doctor prescribes. A person can only be considered as a registered nurse if he/she will pass the Board of Nursing Licensure Exam.

Understaffed – this means that the number nurses on-duty does not meet the ideal or required amount.

shift – refers to the period or scheduled time of a nurse within the day. This is ideally 8 hours and after this specified time, new set of nurses must turn over.

Nurse-patient ratio – a number of patients a nurse is assigned to look after to; the proportional relationship of nurse to patients.

Underpaid – a condition in which the salary receives by a working individual does not commensurate the responsibility he/she performs.



THEORETICAL FRAMEWORK

The health and wellness of all Filipinos are very much at risk at these days due to decreasing number of nurses in our health institutions. And this is not just a problem of a sick individual; rather it is an issue that calls for an action. All problems do have causes and it is our task to identify the roots of these problems in order for us to determine the ways on how to resolve them.

In analyzing and explaining the reality of what is going on in our health sector, which is indeed a vital sector of our society, dialectical materialism of Karl Marx inspired by Hegel, is the framework that would best suit the study. When and how did the working conditions of local Filipino nurses started to worsen? What we need to do to establish a strong study is to look back on history and use the facts to analyze the present situation. As the theory discusses, dialectical materialism aims to explain present situations by analyzing the history. It is primarily characterized by contradiction of the opposites, and here, he rejected the idea of static structures or the notion of equilibrium analysis. Things are all connected and interrelated for Marx. He is well-known for his humanitarian approach where he showed so much concern to oppressed classes in the society. Since this framework uses historical materialism as its application, the basis of morality is always for the betterment of the underprivileged groups. The entire study will show us how the hierarchical concept of First and Third World are connected to the living and working conditions of nurses. Using the concept of substructure and superstructure presented by Karl Marx, this study will also show how enormous the effect of the worsening economy is to the other sectors and institutions of our society. In this case we would consider nurses as an oppressed sector in our society at large.



METHODOLOGY

One of the first steps to start this study is by gathering secondary data to be used as the foundation for further research. Library research has been done for the review of related literatures. It is also important to collect data regarding the number of registered nurses in the Philippines and how many of them work here and how many choose to work overseas. For registered nurses, statistics can be provided by the Professional Regulation Commission. Data from selected hospitals are very crucial in this study especially those pertaining to the policies executed on these institutions including the number of working hours, the nature of work, the benefits offered to nurses, trainings and the like. The collection of general policies, republic acts, hospital rules and regulations focusing on health sector particularly health workers/professionals, will also be a very important contribution for this study. We should be very familiar with the responsibilities of a nurse provided by their Code of Ethics and analyze if these responsibilities are still met.

Accidental Sampling method will be used in selecting the hospitals and nurses to interview. Questionnaires and interviews will be the source of primary data. Interviews will be very helpful in determining the insights, reactions and point of views of local Filipino nurses regarding their current working situation. Another good source for establishing good data is through participant observation. If possible, I will stay for at least 2-4 hours in the 2 hospitals that will be chosen to observe the daily routines of nurses on duty. Since non-probability sampling method will be used in choosing the area, this research is expected to be a case study.



The number of respondents is expected not to exceed 15 per hospital. Majority of the respondents will be women nurses, with and without family of their own. Remember, population of nurses is comprised mostly by women. With the nature of their work, women are preferred more since they are believed to be very patient, very loving and the notion that they are born to perform the nurturing function.

The life of a nurse can never be detached from the lives of the patients they are handling. It will be very useful if some of the relatives or family of patients can also answer questionnaires or be interviewed so as to know if they are satisfied with the assistance provided for by a nurse in-charge to their patient.

The plight of nurses is a global issue. And this was confirmed when I studied the situation of nurses in other countries. In line with this, I will include in my study a simple comparative analysis of Filipino and foreign nurses. Data will be gathered from Nursing Journals and Forums available in Nursing libraries.



HYPOTHESIS

This particular study concerning the lives of Filipino nurses in selected hospitals here in the Philippines, aims to verify that the declining number of prime nurses due to migration/brain drain is one of the primary cause of their overburdened working condition. But we will also confirm the root causes of poor working condition of local nurses that eventually leads to migration. In relation to this, we will prove that when nurses are overloaded and unsatisfied with their jobs, the performance and quality of the entire system of the health sector is very much affected.

Also, this research intends to attest that the small budget allotted to health sector, our labor-export policy and the poor economy in general intensify the cravings of nurses to leave the country and work abroad. Their salaries still do not match the responsibilities and sacrifices they make. And instead of our government discouraging them to leave, some of our policies actually encourage them to work abroad because our government gains a lot from their dollar remittances.

Lastly, this study will try to verify that though the Philippines is producing the largest number of nursing graduates each year, the supply of nurses on the domestic/local hospitals are insufficient.



REVIEW OF RELATED LITERATURE

Bose, Arun. Appendix 1 of Marx on Exploitation and Inequality (An Essay in Marxian Analytical Economics). Oxford University Press. New Delhi. 1980.

Dictionary defines 'exploitation' in two ways. It could mean economic utilization of a natural resource and advantage; or an improper use of another person for one's own profit or advantage. In any case, the term advantage has been used. For Marx, exploitation of workers by the machine and the exploitation of the machine by the worker are one and the same. The term exploitation is usually associated in a capitalist economy. The concept discusses how capitalists exploit natural advantages and gain at the expense of the laborers. Exploitation also includes wage-differentials, long hours of work, rate of surplus value and rate of profit.

Labor-only Contracting. The Permanence of Contractualization. IBON Facts and Figure. Vol. 19, No. 9, 15 May 1996

Contractualization has been part of the Philippine labor since time immemorial. And through the years, labor contracting has been used by companies to hire workers. At first, it was only applied to small companies to answer the demand for seasonal or temporary menial jobs. But today, it is also prevalent in big companies (even in hospitals). No matter how good or skilled, productive and proficient the worker is, under this mode, he or she stops working, or maybe enter into another contract, which usually expires in 5 to 6 months. Since many people are very desperate to find a job, most of them become victims of labor contracting. And since companies (especially private



ones) are very practical, they find a good strategy in contractualization to reduce production cost while maximizing their profits. Early retirement programs, low wages and the absence of medical care and other benefits are some of the characteristics of labor contracting. And obviously, these will not be a good way for workers to improve their living condition.

Filipinas as Global Slaves. IBON Facts and Figures. Volume 22, Nos. 5-6. 15-31 March 1999.

The Philippines does not only export products because today, manpower is now considered as a global commodity. Working abroad provides an opportunity for economic stability and welfare. So, Filipinos opt to leave their families behind to work abroad to support them with their needs. And studies show how large portion of overseas workers are composed of women. In connection to this, they are proved to be prone to abuse and exploitation and acquire vulnerable occupations in foreign countries. This condition of women is no doubt connected to the government's drive for globalization. Globalization is supposedly the key solution to the country's underdevelopment and poverty but the plight of workers especially women surely gives us an idea of the true picture globalization provides us.

Eviota, Elizabeth Uy. The Political Economy of Gender (Women and the Sexual Division of Labor in the Philippines). Zed Books Ltd. London and New Jersey. 1992.

Men and women relate to each other in culturally specified ways. Sex-gender system defines how male and females become men and women. It assigns specific tasks



and roles on the basis of their gender. Philippine economy and this sex-gender system are connected and these concrete structures shape people's lives. But people try to maintain, rearrange or change these structures.

Women, once married, are tied to their families: they are tied by time and space- by domestic work, by pregnancy and by child-care unlike men who are free to move and seek out alternatives. The same fact, dictated by our culture, also explains why Americans prefer to hire Filipina nurses because of their belief that they are really good in terms of giving health care.

Nurses as an Oppressed Group. An article by Mary Lou Harley. Nursing Times Vol. 97, November 29, 2001

Nurses are now considered as an oppressed group. Though they form the largest sector in the field of health care service, most of them are women, which brings up the perception of the 'weaker sex'. Aside from this is the fact that women historically are easily worried by conflicts in their relationships with others. And in order to maintain a calm environment, women in general try to avoid any kind of disagreements. But aside from being considered as a 'weak', the primary reason why they can be regarded as an oppressed group is the present nature of their jobs due to staffing problem, lack of recognition and respect and salaries that do not commensurate with the responsibility they are providing.



*Health Care for the Elderly: A Social Obligation. An article by J. Michael Stallard.
Nursing Forum Vol 37, No. 3 August 2002*

A study was conducted in Pennsylvania stating that there is a decrease in the number of students who would want to take up Nursing. This was due to the coming of Information Age where students prefer more to take up courses with direct access to information technology in order for them to cope up with the changing world. The Information Era has been the principal reason for the shortage of nurses abroad. The situation caused breakdown to most of their health institutions. Nurses who are dissatisfied in their profession reached 41%. Practitioner, who has an offer to work in other countries with much higher salary, could mean that there is really a shortage of nurses and that the work encourages one to wear his 'combat uniform' because he is headed for a very risky, overloaded job. To encourage nurses, health institutions need to increase their wage offer thrice or even four times of the regular salary received by nurses.



SCOPE AND LIMITATION OF THE STUDY

I was not able to find any book about the lives and working condition of local nurses in the Philippines that is why most secondary sources usually came from American journals and other articles abroad. Nurses especially in urban areas are very busy doing their work so we cannot expect to conduct long hours of interview sessions. So, the weight of this study will rely heavily on questionnaires and participant observation with few interviews for those who will be available. Results of this study will not conclude that the responses of selected nurses will represent the thoughts and feelings of all Filipino nurses. We cannot say that all nurses suffer the same burden and dissatisfaction with jobs. Nurses from some private hospitals are unlikely to experience such conditions.

Instead of including other health professionals like doctors, this study will only focus on nurses since they are the most affected sector nowadays considering the fact that we lack nurses though there is a boom of students taking up BS Nursing. The number of hospitals will be limited into two chosen to represent urban hospitals. For comparison purposes, the two hospitals to undergo study will be the Orani District General Hospital, which is a state-owned institution, and the Isaac-Catalina Medical Center, a private-owned hospital.



SIGNIFICANCE OF THE STUDY

We often hear or read how our government recognizes and praises Overseas Filipino Workers. They are actually highly regarded as heroes of the millennium. We are all aware how large the amount of dollars they remit in our country and as we all know, these dollar remittances are used by our government to pay a huge amount of foreign debts to countries like the United States. But isn't it also deserving for local nurses to receive the same treatment and recognition? Their sacrifices are definitely priceless. They have chosen to stay here taking all the loads of those who left for abroad. They are the ones who maintain our health sector standing amidst the different crisis and problems our society faces. This study can be a step for nurses to voice out their real conditions, their being underrepresented and oppressed, and help in identifying what's wrong and why they suffer such unfavorable conditions.

The state of nurses today is never a small issue because it will dictate the wellness of all citizens of this country especially those who cannot afford to hire health care workers to take care of their health. If we lose them all, our health sector will undoubtedly collapse. This study will be very helpful in opening the minds of those taking-up BS Nursing who want to go abroad and earn dollars. They have to keep in their minds the purpose of this profession. I hope this study will help in letting the government know that we need nurses more than other countries do. We plant the seed but others harvest it. UP-PGH had a 100% nursing board passers last summer, meaning they are now qualified and registered nurses. But how many of them will stay to work here? How many will leave after 6 months of training and experience?



As a Development Studies student, our primary goal is to promote Sustainable Development. And the Philippine perspective regarding sustainable development includes not only nature or environment but also *Individual and Social Development*. We should not wait for the worst thing to happen. Though this study focuses on nurses, the entire structure of our health sector is in great danger. Because of the idea that foreign countries will provide them a good life, even doctors now are giving up their profession and take nursing courses to get passes to go abroad. We are not losing our quality nurses, even doctors and other health care practitioners are now preparing their visas to leave this country they consider hopeless.



CHAPTER 2

HISTORICAL BACKGROUND

History of Nursing Profession

During the first half of 19th century, nursing was a disgusting or dismaying practice. Nursing was not considered a suitable profession for a well-educated woman. It was done mostly by disabled army veterans or by women with no other means of support. It was common that nurses do not undergo any training and they are found drunk on the job most of the time. It was common practice never to wash or change the sheets on a bed, not even when a patient died and his bed was given to a new patient.¹

But a new view for the practice, or profession, began to emerge when a woman named Florence Nightingale started dreaming and believing that it was her calling from God to do nursing. Florence Nightingale is most remembered as a pioneer of nursing and a reformer of hospital sanitation methods. For most of her ninety years, Nightingale pushed for reform of the British military health-care system and with that the profession of nursing started to gain the respect it deserved. She learned and was trained with the Lutheran order of Deaconesses who were running a hospital in Germany. Using the influence of a family friend, the chamber of horrors had turned into a model hospital. The innovations introduced by Miss Nightingale were, for their day, little short of revolutionary. She demanded, and got, a system of dumb-waiters that enabled food to be sent directly to every floor, so that nurses did not exhaust themselves carrying trays up numerous flights of stairs. She also invented and had installed a system of call bells by which a patient could ring from his bed and the bell would sound in the corridor, with a



valve attached to the bell, which opened when the bell rang, and remained open so that the nurse could see who had rung. "Without a system of this kind," she wrote, "a nurse is converted to a pair of legs."²

A war broke out in the Crimea (in Russia, on the north edge of the Black Sea), and Sir Sidney Herbert, Secretary of War, obtained permission for Florence to lead a group of 38 nurses there. Initially the doctors did not want the nurses there and did not ask for their help, but within ten days fresh casualties arrived from the battle of Inker Mann and the nurses were fully stretched. The 'Lady-in-Chief', as Florence was called, wrote home on behalf of the soldiers. She acted as a banker, sending the men's wages home to their families, and introduced reading rooms to the hospital. In return she gained the undying respect of the British soldiers. The introduction of female nurses to the military hospitals was an outstanding success.³

Florence Nightingale's greatest achievement was to raise nursing to the level of a respectable profession for women. From 1872 Florence Nightingale devoted closer attention to the organization of the Nightingale Training School for nurses and almost annually for the next thirty years she wrote an open letter to the nurses and probationers giving advice and encouragement. On completion of training, Florence Nightingale gave the nurses books and invited them to tea. Once trained, the nurses were sent to staff hospitals in Britain and abroad and established nursing training schools on the Nightingale model. In 1860 her best-known work, *Notes on Nursing*, was published. It laid down the principles of nursing: careful observation and sensitivity to the patient's needs. *Notes on Nursing* has been translated into eleven foreign languages and is still in print today.⁴



BRIEF HISTORY OF NURSING IN THE PHILIPPINES

The care of the sick has undergone an evolution, the early part of which was shrouded with superstition and mysticism. Even physicians themselves have shared in these beliefs. First, it was believed that persons carried diseases, then evil spirits were responsible of their transmission and later the priest-physicians were looked upon with favor to cure ailments because they were nearer to God and therefore more influential and more powerful to cure diseases.

The early care of patients in the Philippines was uppermost in the minds of our Spanish rulers partly influenced by their belief in God and their mission to Christianize. Through commitment and with religious fervor they went about their work without looking for material reward and worldly applause. They simply gave their best; they sacrificed their own comfort for the care of the sick poor. What they did not have in the way of material support, they begged from house to house, from town to town and from city to city so that the unfortunate sick may not be found wanting.

1900 to 1910 was a period of organization when hospitals, dispensaries and schools of nursing were established here in the Philippines. The introduction of the profession of nursing was, at first, not looked upon with favor. Customs and traditions of the country did not easily give way to new innovations and experimentations during those days. No one could certainly expect that a new and untried calling should find instantaneous response of the Filipino people. Local pioneers in this new field took up nursing more of a spirit of adventure than anything else. They were selected from representative families and were asked to take up the new profession. Indeed, great doubt was entertained if the Filipino women could adapt themselves to the nursing profession.



Many decades ago, only the optimistic would have believed that it was possible to successfully train young Filipino men and women to assume the most important duties of nursing.

With regard to the present system of selecting student nurses, it is not superior to that of the system of selection in the early days. For several years, entrance examination was not required since there are only few who took up nursing course.⁵

Nursing Act of 1991

Article II, Section 2 states “It is hereby declared the policy of the State to assume responsibility for the protection and improvement of the nursing profession by instituting measures that will result in relevant nursing education, and in humane working conditions, better career prospects and a dignified existence for our nurses.” This section guarantees the delivery of basic health services through adequate nursing personnel throughout the country.

Article III c contains the duties and responsibilities of the Board of Nursing that must ensure the overall standards in the practice of nursing including moral, ethical, technical, which in effect must always take into account the health of the entire nation. It also contains the procedures and requirements for the registration of the profession, and the duty of checking any violations of the Act. Furthermore, it includes the list of the qualifications of Board members, their terms of office, the *compensation* and the possible causes of their removal from office.



Article IV entitled Nursing Education tackles about the general requirements of those students wanting to take up the nursing course as well as the qualifications of trainers or faculty who desire to teach in a school or college of nursing.

The scope of nursing practice can be found in Section 27 of Article V. It is discussed in here that nursing practice is *not only confined in the hospitals* but should establish linkages in the homes and communities outside. Section 28 states the qualifications of nursing service administrator including at least *5 years experience in managerial positions*. The Nursing Board shall undertake studies and initiate and/or cooperate with appropriate government or private agencies in the conduct of studies for health human resource production, utilization and development.

The last part, Article VII, of this Act basically discusses the penalties or prohibitions for any violation of the above articles presented and it also confers about the *standard basic compensation* or pay for both public and private hospitals.

Nursing Act of 2002

This law, which was enacted on the 22 July of 2002, is also known as the Republic Act No. 9173. As compared to the RA 7164, this act is composed of nine articles or 41 sections. It provides the nursing profession to be more responsive to the needs of the health-care system not just in the country but even abroad. It also highlights the role of our nurses by including comprehensive specialty programs. The act states the expansion of board of nursing membership, enhances their functions, and establishes a minimum base pay for both nurses working in the government and abroad.



The Nursing Act, which was first formulated in the early 1990s in its sense, must assure the protection of the nurses and health care system as a whole. Later on, we will try to check and analyze how this law is being implemented or if the contents of this act have already been applied at present.

PHILIPPINE NURSES ASSOCIATION

The Philippine Nurses Association or PNA is the official organization of professional nurses in the Philippines accredited by the Professional Regulation Commission. Basically, it is the organization that speaks for nurses at large. Before it became PNA in 1966, the organization was first named FNA or Filipino Nurses Association which was founded in September 2, 1922 when a group of Filipino leaders in nursing felt the necessity of banding themselves together to form an association. Miss Anastacia Giron, the superintendent of the Philippine General Hospital School of Nursing, presided over the meeting and after due deliberation, FNA was finally organized. It was July of 1929 in a Congress held in Montreal, Canada when the International Council of Nurses (ICN) accepted FNA as its member.⁶

As an organization, the main purpose of FNA, now PNA, is to promote the standard of nursing profession by zealously providing strategic directions and programs that will enhance the competencies of nurses to be globally competitive. Other related purposes they present that are significant to this study include the fostering the spirit of unity, good fellowship and cooperation among the Filipino nurses; *defending* the nursing profession from unlawful and malicious charges; securing better laws for the profession;



etcetera. One of the most important missions of PNA is to sustain the quality work life of our local nurses.⁷

The association has more or less 90 chapters nationwide, each having its own Board of Directors.⁸



CHAPTER 3

GENERAL OVERVIEW

Lots of attention and studies have been focusing on the global shortage of nurses and the issue with regards to local ones left here in the country had no profound study yet. There is no valid reason for disregarding local nurses for they are the pillars of our health care system. Like other sectors, Philippine health system is rapidly declining since the beginning of 21st century. One major factor for this decline is the migration of experienced and skilled health professionals predominantly nurses. Another major aspect is the job dissatisfaction due to some aspects as low wages, overloading, understaffing, lack of budget, training and supervision, and lack of development and recognition.

NEW WAVE OF MIGRATION

Government does not include migrant workers in determining the labor force population. Before, technical and other related professionals constitute a large percentage of migrant workers. Export Labor policy was first formulated in the Philippines during the Marcos regime. And it is quite surprising that the present administration of Pres. Gloria Macapagal Arroyo has the highest number of Filipino workers sent abroad. This is an indication that more and more citizens are becoming jobless.

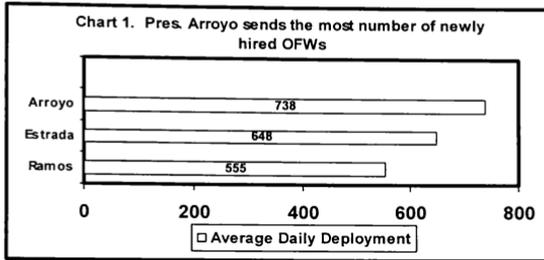


Table 3.1 EMPLOYMENT FACILITATION SERVICES

INDICATOR	2003	2004 ^p (January - October)
Deployed Overseas Filipino Workers (OFWs)	867,969	564,643 ^a
Land-based	651,938	431,410 ^a
Sea-based	216,031	133,233 ^b
Job Vacancies Solicited/Reported	1,200,376	1,137,889
Applicants Placed/Assisted ¹	897,055	711,656
OFW Remittances (US\$Million)	7,640.0	6,937.4

p Preliminary.
a Data from January-July. Also includes 44 workers with Special Exit Clearance issued by Employment Regulation Branch, POEA.
b Data from January-July.
1 Includes placements reported by Private Recruitment and Placement Agencies (PRPAs).

Sources of data: Philippine Overseas Employment Administration (Daily Report).
Bangko Sentral ng Pilipinas.
Bureau of Local Employment, Statistical and Performance Reporting System (SPRS).

But 21st century is setting up a new trend. The most recent wave of migration involves nurses who, like domestic helpers, are now part of a global human ecology of caring. The demand for Filipino nurses, who are said to possess exceptional nurturing capacities, is so high in the United States, Canada and Europe that placement agencies have mushroomed overnight promising the immigration of entire families to countries that are generally walled off to potential immigrants.⁹



Migration of nurses is a wide area of discussion that requires its own specific research. Migration of nurses and other health professionals had been a great threat to the working conditions of those left here in the country and to the stability of our hospitals as a whole. Our government continues to support this condition since migrant workers contribute a lot in the economic sphere. Remittances of Filipino migrants constitute 18% of GNP or about 5 to 7 billion pesos from 1997 to 2000, according to the Philippine Overseas Employment Agency. And as of 2004 alone, remittances of OFWs are as high as 6,937.4 million US dollars (See Table 1). And this is expected to increase further since Overseas Filipino Workers are constantly increasing. Not only are the remittances the issue here with regards to the continued support and/or encouragement of the government to migrant workers. The government also believed that they could establish a good relation or linkage with other countries by supplying them with workers, including nurses. Our government, ever since, aims at endorsing herself and "*magpalapad ng papel*" to maintain good relations with other countries.

Low wages and bad conditions in the health sector drive nurses and doctors to join the ranks of 8 million overseas Filipino workers. The core determinant of migration, either of nurses or other profession, is no other than economic factor. Working abroad implies ten to twenty times higher wages, new opportunities, better working environment, and a chance of acquiring a green card for him and his own family. In some departments as many as half the nurses and doctors currently working have applied for overseas positions.¹⁰ This migration, thus, results to vacant positions, which is a harder case. Replacements are easy to find since there are undoubtedly large number of nursing graduates each year. But what seems to be the major concern is that vacated positions



require high-skilled and well-trained nurses. Freshly graduate nurses could not level the skills and training, which actually acquired by senior nurses from their experiences.

According to PNA President Ruth Padilla, there are 370 licensed nursing schools around the country at present. These nursing schools are producing no less than fifteen thousand graduate nurses every year.

Table 3.2. Registered Nurses 1994-2000

PROFESSION	Grand Total 2000	2000	1999	1998	1997	1996	1995	1994
NURSING	337,939	5,784	8,419	9,441	11,693	15,701	27,272	29,445

Source: Philippine Regulations Commission

In year 2000 alone, it shows in the table above that there were only 5,784 registered nurses (*See Appendix for number of Registered Health Professionals*). The latest data provided by the Professional Regulations Commission (PRC) showed in 2003 that there were 7,495 examinees who passed the Nursing Board Exam out of 15,516 or about 48%¹¹. These figures are noticeably small compared to the number of graduating students. But I will not tackle here the causes of these figures or the scope of nursing education. We will rather look at its relation to the number of nurses leaving the country.

Statistics from the Philippine Overseas Employment Administration (POEA) revealed that 52,110 nurses were deployed abroad from 1996 to 2002 (*See Appendix for POEA tables*). During the first half of 2004, a total of 4,119 Filipino nurses were deployed in more than 30 destinations globally, affirming the Philippines' status as a major source of medical and health workers abroad.¹² It therefore signifies that the



number of newly registered nurses are not enough, both quantitative and qualitatively speaking, to replace the skilled and well-experienced nurses leaving the country every year.

It was only in the late 1990s when the Philippine was tagged as the second largest labor exporting country in the whole world.¹³ In just a matter of 6 years and with the great demand of nurses abroad, Philippines is now the largest labor exporting country in terms of health-related professionals, particularly nurses. The Kingdom of Saudi Arabia is the leading country where most Filipino nurses go. Data from the POEA revealed that more than two thousand nurses were hired in KSA during the first semester of 2004. Citing a report from the POEA, Department of Labor and Employment Acting Secretary Manuel G. Imson said the KSA hired or rehired another 2,628 Filipino nurses during the period.¹⁴

Other top destinations of Filipino nurses (hired or rehired) are United Kingdom, with 470 nurses; Kuwait hired or rehired 333; 175 in the United States; Ireland and Singapore with 90 and 65 respectively. Apart from the cited countries, other destinations of overseas Filipino nurses are the United Arab Emirates, Taiwan, the Bahamas, Bahrain, Canada, the Commonwealth of Northern Mariana Islands, Cyprus, Egypt, Israel, Jordan, Libya, Malaysia, the Maldives, Australia, New Zealand, Oman, Palau, Qatar, Saipan, Sudan, North Yemen, and Spain.¹⁵

We shall never forget to note here that these data from the POEA refer only to migrant nurses who practiced or pass the legal process of deployment.



UNDERSTAFFING AND OVERLOADING

Understaffing is a serious problem among hospitals that plagues nurses. Patients mostly admitted in hospitals, particularly those in the ICU (Intensive Care Unit) require careful monitoring and close attention. Understaffing in hospitals means lack of the required number of employees, which in this case are nurses, assigned in respective units. The principal outcome of such condition is the overloading of patients designated for each nurse. This in turn denotes that the time that must be allocated for each patient nonetheless reduced the promised care to the patient.

Part of the ethical responsibilities of a nurse is to provide, as much as possible, three levels of care – safety, comfort and therapy.¹⁶ Safety includes giving attention, which means deliberately spending efforts and time to care and attend to the patient's needs. Given this responsibility of nurses, though they must, as part of their profession, find time or make time to look after the patient, they could not possibly provide the best of their service since they have to confine their 8 hours not just for rounding but also for other miscellaneous activities.

The acceptable ratio of nurse to patient is 1:5 up to 1:8 except for the ICU, which should only be 1:2 depending on the conditions of the patients. For example, in the ICU department of the well-known Makati Medical Hospital, the nurse-patient ratio should never go beyond 1:2. Three or more patients would violate the rules of the hospital. The head nurse assigned to the unit would be subjected to confrontation by the upper management if such things occur. Operating rooms should always have adequate nurses to assist the doctors during operation. In the Pediatric and OB departments, it is the



responsibility or obligation of the nurses to keep an eye on the patients and conduct vital check-ups once in a while.

But this is hardly the case in most, if not all, hospitals. A nurse nowadays is usually assigned to more than 10 patients and even up to 60 or 80. If we calculate it, for an 8-hour shift of a staff nurse, how much time can he allotted for each patient? Given that span of time, subtract 20 minutes for break/meal and an hour for endorsement; what is left is 6 hours and 40 minutes or 400 minutes. Dividing it to, let us say, 15 patients, this means that a nurse can only allocate 26 minutes for each. It may appear enough but we still have to note that a nurse should already include within that time the recording, charting, carrying out doctor's order, miscellaneous services like making and answering phone calls.¹⁷

Studies in some hospitals illustrate the same problem. One example is the case of the Obstetrics ward in Bicol Medical Center. In this ward, as many as 200 patients at any given time, is served by only two personnel.¹⁸

The Davao del Sur Provincial Hospital's Out-Patient Department, which receives 100-150 patients daily, is served by a lone hospital staff, assisted by a nurse who receives free meals in exchange for her services.¹⁹

Understaffing in public hospitals is mostly due to the lack of budget allocated by the government to the health sector. State-owned institutions could not hire enough nurses because if they would do, it would mean lower salary for employees. On the other side, cutbacks of nurses in private hospitals and institutions are mainly a product of cost-cutting by business owners to guarantee themselves good profit. Actions of both the



public and private health institutions give a dreadful impact on nurses and on the health system as a whole.

If nurses fail to provide the adequate care demanded by their patients, can we blame them?

MULTI-TASKING AND EXTENDED WORK HOURS

The Philippine law limits the workweek to a maximum of 40 hours but most nurses usually have an additional 4 to 8 hours per week. Some, instead of 8 hours per day has to work up to 12 hours. This is true for most nurses such as head nurses occupying higher positions than staff nurse. This scene commonly occurs when a senior nurse or head nurse leaves the position by resigning. Nurses on higher positions cannot be easily replaced due to relativity in the nature of work plus the work experience. Three newly hired nurses cannot compensate one senior nurse. The experience, training and familiarity of nurses working more than 5 to 10 years are some things freshly graduate nurses do not possess. As a result, other senior nurses carry the responsibilities of the vacated position. Hospitals still cannot rely on newly hired nurses to carry the tremendous task because a side from being enormous, it is unlikely to become simple. Hospital routine is a huge system or machine that needs all the parts functioning and delays are never welcome. If you think nursing work is confined to checking the patient, adjusting the dextrose, assisting the sick, well, it is not. Paper works, scheduling, recording of patients' complaints, endorsement and the like are all parts of nursing service particularly of the higher positions. Eight hours will not suffice to do all these miscellaneous activities in addition to patient-care service. In effect, nurses had to extend



the hours of their duties and maximize the time to be able to perform other activities apart from giving care. It is like hitting two birds with one stone.

But what is most alarming is the question of additional payment for additional service. Most overtime work of nurses is unpaid. This will be discussed further in the following section.

Multi-tasking is therefore one of the major protests of local nurses. Complaints frequently come from nurses with family (husband/wife and child/children). Spending 12 hours in hospitals gave them less time for their families. Even if they would want to spend quality time with them, it can hardly happen because after a n exhausting work, their physical bodies would ask for rest or sleep.

As a case in point, let me cite the experiences of my housemate who is working in a large private hospital in Makati. She is a head nurse in the ICU department and at the same time is appointed for a managerial position in the same hospital. Her colleague who previously held her newly acquired position left for abroad. Since she is one of the senior nurses who is capable of taking the position, the upper management appointed her. So, she is now doing the job of 2 high positions.

Her regular duty is from 6 am until 2 pm but has to extend for another 4 hours to do the scheduling of staff nurses under his/her administration. Scheduling requires a lot of time since she has to balance the number of nurses per shift taking into account those who request for leave (sick leave, emergency leave, business leave, etc.). Everyday, she leaves the house at 5:30 in the morning and returns home 9:00 pm. When she returns home, she still brings with her a bag of paper sheets. After 10 minutes of rest, she still manages to do some scheduling for the following week. And when she is home, her cell



phone beeps from time to time with messages or calls from the hospital asking her what to do when some critical situations occur. She spends almost 4-5 hours only for sleep. She often complains how toxic she is in the hospital, doing all the paper works, making rounds and facing all complaints of patients and doctors with regards to nursing services.

LOW SALARY

"In economic terms, wages are compensations given to workers in the production of a good or in the rendering of a service. Whatever effort, skills and knowledge we contribute to create a product has an equivalent amount in money terms. On the other hand, workers receive wages based on a contract that computes wages in terms of time and varied according to skill, educational attainment and work experience, among others. Theoretically, the basic minimum should assure satisfaction of decent living."

In almost all sectors of our economy, the major problem workers are encountering is the issue of just compensation. In the midst of economic instability in the Philippines accorded with a high number of household living below the poverty line, inflation rates, and the like, workers including nurses must assure themselves of a decent life and this is dependent on the salaries they get out of their profession. The Philippines has one of the lowest salaries for health care professionals including nurses. Nurses and other health care professionals, on the average receive P10,000 a month.²⁰ An article posted in the Manila Times dated April 2003 indicated that there are still nurses receiving a salary of Php 9,000 and even below for those working in rural areas, health centers and clinics. Government-employed nurses receive a salary ranging from P8,000 to P10,000 while other nurses receive even less.²¹



Salary of government hospital nurses is dependent upon the budget allotted to the health sectors. If salaries are low, we can attribute this to the small allotment of the government.

Under the Republic Act 9173 or Nursing Act, which, has long been passed since 1992, it seems it has not been fully implemented for all nurses. Signed by President Macapagal Arroyo, the Nursing Act of 2002 assures public or government-owned hospital nurses of a monthly increase in salary from P9,000 to P15,000 a month. The figures are visible in papers but the money itself is not. Nurses working in private hospitals and in clinics receive even less since their salary is dependent on the income of the hospital or clinic. A lot of private hospitals now are operated or set-up by businessmen whose main purpose is to extract profit. As much as possible, they are keeping their labor cost at its minimum to gain more profit at the expense of their employees. Some private hospitals, on the other hand, are established and run as social service by charitable institutions. And like others, there can never be an assurance of a high salary.

Salary of government hospital nurses is dependent upon the budget allotted to the health sectors. If salaries are low, we can attribute this to the small allotment of the government.

Compensation is something that should be relative to the difficulty of the work required. The delivery of health care by nurses is an around-the-clock work having the risk of being blamed or judged for literally, matters between life and death. Although nursing should be done with compassion, it is still a profession rather than a vocation. Employers can hardly attract and retain workers without offering a just compensation.



Compensation or remunerations is a broad term that should reflect the real value of works.²²

An article by Mrs. Connie Chadwick-Lim of Singapore entitled 'Should Nursing Services Be Paid?' is a good argument with regards to the issue of wages. She cited there that nurses provide *specialized* care for patients in hospitals, community, etc. Specialized, in the sense that theoretical knowledge and skills involved are developed after some years of formalized training or course.²³ At present, nurses are generally not paid for these specialized skills. As mentioned above, wages should vary according to the skill applied. If nurses are being paid for wound dressing, for administering nebulizer, for catheterization, etc., nurses might be able to receive higher wages.²⁴

Although President Gloria Macapagal Arroyo signed the 2002 Nursing Act, which increases the monthly salaries of public-hospital nurses from P9,000 to P15,000 a month, implementation seems yet unseen.²⁵

Another important point that should be raised is the issue of unpaid overtime work. Eight hours usually extend up to 10 or 12 as a by-product of understaffing and overloading. A good example of this is the endorsement. Endorsement is supposed to be done on the last hour of duty and is a part of the regular routine, but because of the above causes, nurses have to extend extra hours for it. At times, extension was due to conflicts within the department including patient's complaints, completing doctor's orders, or just due to waiting for next duty nurses because they could not simply leave without someone to take charge. They are not paid for their extensions since they do it as part of their normal shift.



When can we say that remuneration is not enough? Income and consumption always go together. Consumption depends upon the income. If income is less than the average daily or monthly cost of living, it can be said that wages or salary are low since it is a major source of income especially of the middle-class family. IBON Foundation provided a list or table of the Daily Cost of Living in the Philippines for year 2003 and 2004 (Source of basic data: National Statistics Office):

Table 3.3. Daily Cost of Living for a Family of Six

PHILIPPINES	2003	2004
January	444.39	459.62
February	445.44	460.67
March	445.70	462.51
April	446.49	464.61
May	447.00	466.97
June	450.95	473.80
July	451.74	479.06
August	452.79	481.42
September	453.05	484.31
October	453.58	485.88
November	454.63	489.04
December	455.94	492.19

Source of basic data: National Statistics Office

The above table is a list of the average daily cost of living in the Philippines as a whole. The daily cost of living of the people from the National Capital Region (NCR) ranges from 543.84 to 557.67 pesos for a family of six (See Appendix). Those living in areas outside NCR have a DCoL ranging from 405-436 pesos.



You might probably say that the daily cost of living is only for a family of six and it is not applicable to single nurses. Probably yes! But we have to take into consideration the fact that though they are single nurses, there is a possibility that some or most of them are breadwinners. Let us try to compute the average salary and the daily cost of living (December 2004 as the basis):

$492.19 \times 30 \text{ days} = \text{P}17965.7/\text{month}$ (this should be the average income of the family in order to be a part of those living decent lives). Those numbers are just averages. If a family has 3-4 members only but with children studying in private schools, a salary of 10,000 will never be enough to include transportation expenses, food, electric and water bills, phone bills, etc., even if both parents are working.

TRAINING AND SUPERVISION

This and the following subtopics are of no great importance unlike those previously discussed but still are part of the job-related problems of local nurses. The following problems will be discussed very briefly.

Many nurses complain that there is not enough progress within their institutions that would somehow encourage their development into individuals with potentials.²⁶ Not all the information needed by a nurse can be acquired in the colleges and universities they came from. Necessary information and guidance are very significant in nursing profession. Proper training and supervision of higher, knowledgeable and experienced individuals are requirements for a satisfactory performance of nurses. Nursing education does not basically end up after obtaining the license as a registered nurse. Besides,



training and supervision escalate nurses' capacity and/or enhance their ability for further development, thus, better service to render.

This may not be a big deal for most nurses as long as they receive a sparkling amount of salary. But lack of training and supervision is one factor for job dissatisfaction felt by nurses. The Philippines, for example, has been participating to what we call the global world. Our hospitals, especially private ones, are trying at their best to adapt or obtain new medical equipments and facilities. Most of the time, it is the nurse who operates these machines. But not all hospitals organize proper training and supervision for such.

Most nurses feel the lack of supportive measures from the higher level. This leads to decrease in motivation on the part of the nurse, which will eventually result, to poorer quality health care, diminished commitment and job dissatisfaction until it reaches the point of leaving the service and losing the qualified nurses.²⁷

¹ <http://elvis.rowan.edu/~kilroy/JEK/05/18.html>

² *Ibid.*

³ *Ibid.*

⁴ <http://www.florence-nightingale.co.uk/flo2.htm>

⁵ Anastacia Giron Tupas, *History of Nursing in the Philippines*

⁶ Philippine Nurses Association, *PJN (Philippine Journal of Nursing)*, Vol. 72, No. 2, July-December 2002

⁷ Anastacia Giron Tupas, *History of Nursing in the Philippines*

⁸ *Ibid.*

⁹ <http://www.unu.edu/hq/japanese/gsj/gs2002/shonan18/>

¹⁰ <http://www.workers.org/ww/2003/philipp1127.php>

¹¹ <http://www.mb.com.ph/issues/2004/09/19/>

¹² www.au.news.yahoo.com/

¹³ www.poea.gov.ph

¹⁴ www.au.news.yahoo.com/

¹⁵ *Ibid.*

¹⁶ Philippine Nurses Association, *PJN*, Vol 14, Jan-March 1994



¹⁷ IBON Facts & Figures, *HOSPITALS*, July 31, 1982

¹⁸ IBON Facts & Figures, *Checking Up On Hospitals*, Vol. 20, No. 16, August 31, 1997

¹⁹ *Ibid.*

²⁰ IBON Facts & Figures, *The Health Sector Reform Agenda (Privatizing Philippine Health)*, Vol. 26, No. 16, August 31, 2003

²¹ <http://www.mb.com.ph/issues/2004/09/19/MTNN2004091918696.html>

²² Philippine Nurses Association. *A Study on the Job-Related Problems That Lead to Migration Among Nurses, 1980.*

²³ Connie Chadwick-Lim. *Should Nursing Services Be Paid?* (from the "THE PROFESSIONAL NURSE"), Vol. 23, No 4, October-December, 1996.

²⁴ *Ibid.*

²⁵ www.nursesglobalcongress.com

²⁶ Philippine Nurses Association. *A Study on the Job-Related Problems That Lead to Migration Among Nurses, 1980*

²⁷ *Ibid.*



CHAPTER 4

CASE STUDY

DATA PRESENTATION AND DATA ANALYSIS

A. Hospital Profile

A case study will be illustrated to further deepen the awareness or understanding about the working conditions of our local nurses. This study is done in two hospitals in Bataan – Isaac and Catalina Medical Center (private) and Orani District (Emergency) Hospital (public). Below is the table of health service facilities in the whole province of Bataan. As you can see, there are only eleven hospitals in the province – 5 of which are private and the remaining six are public. In 1998, there is only one doctor for every 27,900 persons, one dentist for every 37,200, **ONE NURSE** for every **20,700** and one midwife for every 3,100.ⁱ

Table 4.1 Number of Health Service Facilities in Bataan as of 2000

Health Service Facilities	
Hospitals	11
Brgy. Health Stations	181
Rural Health Units	18
Day Care Centers	220
Dental Clinics	97
Medical Clinics	102
Optical Clinics	38

Source: Bataan Provincial Government



ISAAC AND CATALINA MEDICAL CENTER

Isaac and Catalina Medical Center is the latest hospital established in Bataan. It was founded on September 1, 1995 in the city of Balanga. Other information regarding its foundation was kept confidential in the administration office. It is a private hospital owned by Don Eddie de Guzman who also owns most of the major establishments in the province including Jollibee and the Centre Plaza Mall. Having only one building, ICMC has 3 floors with 3 nurse stations. Dr. Rommel Tiangco is the current Medical Director of the said hospital. It is important to note here why the administration did not allow me to have a copy of any census and other information regarding its foundation. They told me that private establishments are very strict especially if data are only be used for researches. I even sent and talked personally to the medical director of the hospital and I was surprised to know that he has no voice or he could never influence the decision of the head administrator.

As of 1991, its bed capacity reached 90. This number was not from the hospital itself but from the figures provided by the Provincial Government made available through the Internet (*See Appendix for the bed capacity of all Bataan hospitals*). Census pertaining to the number of patient admissions and employees are also kept private. There are approximately 60 patients per day and more or less 70 nurses and nursing aids, as said by the medical director.

ORANI DISTRICT EMERGENCY HOSPITAL

Orani District Emergency Hospital, on the other hand, was founded in May 1972. The administration was not able to provide me a long-winded history of the hospital due to the fact that records have been destroyed by fire twenty-five years after its foundation,



December 20, 1997 with almost all its documents and records. ODEH is most commonly known as Emergency because most of the admissions are of emergency cases since this is the nearest hospital in almost 3 towns. It is a public (district) hospital in the vicinity of Orani, Bataan. Patients or admissions here usually come from the nearby towns of Caliguiman, Samal, Lalawigan, Hermosa, including Orani itself. In the 2001 record of the provincial government, the said hospital has 21 bed capacities only. (*See Appendix for the bed capacity of all Bataan hospitals*).

**Table 4.2. Total Patient Admissions (ODEH)
January-September 2004**

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept
Excluding newborn	333	307	287	243	328	336	432	429	368
Newborn	75	66	74	77	59	81	62	105	106
Total admissions	408	373	361	320	387	417	494	534	474

Source: Orani Emergency District Hospital

The figures presented in the table show how many patients were admitted in the hospital from January to September, 2004. These numbers will be helpful in examining the condition of resident nurses as to the number of patients assigned.

**Table 4.3. Total Number of Employees (ODEH)
January-September 2004**

Employees	Number	Total
<i>Nurses</i>	15 + 1 (Chief Nurse)	16
<i>Nursing attendant</i>	10	10
<i>Doctors</i>	7 + 1 (Chief of Hospital)	8
<i>Midwife</i>	1	1

Source: Orani District (Emergency) Hospital



Above is the number of employees in the ODEH. As you can see, there are all in all 16 nurses in the hospital. By looking back at Table 5, without further explanation, it is dubious how these nurses manage to take care of all the admitted patients. *(Survey data regarding the number of patients assigned to each nurse from both hospitals will be included in the following pages.)* The staff of 15 nurses indicated, however, are not present everyday since each of them has at least one to two days off. A maximum of 5 nurses are on duty everyday, which means that 1-2 nurses are available per shift.

There are a total of 30 respondents for this case study. Half of them are from the private-owned Isaac and Catalina Medical Center and the other half from the public Orani District Emergency Hospital. The number of respondents was limited to thirty only due to the fact that the nurse populations in both hospitals are small especially in ODEH with 16 nurses. The respondents in this district hospital covered the entire population of the nurses. There was no need to extract a sample population. The chief nurse of the ODEH was not included in the sample.

Respondents were from different departments or units of the hospital like Intensive Care Unit, Obstetrics and Pediatrics.

The following tables indicate the answers to the first part of the questionnaire, which is the personal profile of the respondents:

Table 4.4. Number of Respondents according to gender

GENDER	PUBLIC (ODEH)		PRIVATE (ICMC)	
	NUMBER	%	NUMBER	%
Male	2	13%	7	47%
Female	13	87%	8	53%
Total	15	100%	15	100%



It is highlighted in the table that majority of the nurses in both hospitals, given the sample population, are female. If we combine the female populations of the 2 institutions, we will come up to a very high 70%. We can see from the table that the population of nurses in ICMC is well distributed based on gender as compared to those in ODEH where majority of the nurses are female with 2 males and 13 females (87%).

Table 4.5. Distribution according to civil status

Civil Status	PUBLIC (ODEH)		PRIVATE (ICMC)	
	NUMBER	%	NUMBER	%
Single	2	13%	12	80%
Married	13	87%	3	20%
Total	15	100%	15	100%

It is very noticeable how the distribution of the nurse population in both hospitals is largely different from one another. In ODEH, 87% of its nurses are married (1 of them, however, is separated) contrary to the distribution in ICMC, which has 80% single nurses.

Table 4.6. Number of respondents according to age

AGE	PUBLIC (ODEH)	PRIVATE (ICMC)
	NUMBER	NUMBER
20-22	0	1
23-25	0	5
26-28	3	6
29-31	5	1
32-34	2	0
35-37	1	0
38-40	0	0
41-43	1	0
above 44	3	0
Total	15	13*

*2 respondents from ICMC, no answers



ICMC nurses are characterized by younger population as compared to ODEH. Probably, the difference can be attributed to the years of operation of both hospitals. ODEH has been operating for 33 years while ICMC, 9 years. We can also assume that previous nurses from ICMC left the hospital and migrated abroad or transferred to other hospitals while nurses in ODEH preferred more to stay since they have been working in that hospital for so many years.

The next set of tables comprise the second part of the questionnaire, which has a relation to work:

Table 4.7. Number of years working as a nurse

Number of years working	PUBLIC (ODEH)		PRIVATE (ICMC)	
	NUMBER	%	NUMBER	%
less than 1	0	0%	8	53%
1 to 3	3	20%	6	40%
4 to 6	5	33%	1	7%
More than 6	7	47%	0	0%
	15	100%	15	100%

This category is somewhat related to the previous table (age). We can observe here that 53% of the nurses in ICMC has been working for only less than a year while no nurses, based on the sample population, has been working for more than 6 years. On the other hand, 47% of the nurses in ODEH have been working for more than 6 years and none for less than a year. It denotes, then that ODEH has no newly hired nurses within the last 11 months or less and ICMC's first nurses in the hospital since its foundation are more or less no longer working in the said hospital.



Table 4.8. Number of days working (per week)*

No. of days working (per week)	PUBLIC (ODEH)		PRIVATE (ICMC)	
	NUMBER	%	NUMBER	%
2-3 days	0	0%	1	7%
4-5 days	12	80%	1	7%
6-7 days	1	7%	13	87%
Total	13	87%	15	100%

**2 respondents from ODEH, no answers*

Two nurses from ODEH did not answer the portion of the questionnaire with regards to the number of working hours per day. Out of 13 who answered, 12 of them work for 4-5 days and 1 works 6-7 days. Again, the disparity between the two hospitals is huge. 87% of ICMC nurses work 6-7 days. We can say now that nurses from the said private hospital do not conform to the 48-hour work requirement per week. This, perhaps, is the management's way to answer the problem of understaffing – extending the number of days of work.

To make this more noteworthy, we can compare this to the case of the United States and other Western countries importing nurses. Based on the secondary data and past interviews, Filipino nurses abroad work for 3-4 days only per week. With this, those who are fortunate enough still manage to find an extra part-time job. Some still finds time for leisure since they have 3-4 days off duties.

Table 4.9. Number of hours working (per day)

Number of hours working (per day)	PUBLIC		PRIVATE	
	NUMBER	%	NUMBER	%
below 8 hours	0	0%	0	0%
8 hours	10	67%	12	80%
above 8 hours	5	33%	3	20%
Total	15	100%	15	100%



The number of hours is very important to this study especially to those married nurses who want to find time for their own families. But there is an issue behind the provided statistics in Table 12. Though most of the nurses answered in the questionnaires that their daily duty lasts for 8 hours, interviews with some of them revealed that it does not mean they *really* work for 8 hours. Example, for head nurses, an extra hour for endorsement is a must! For some regular staff nurses, they have to wait, most of the time, for next duty nurses before they can leave. At times, some of them have to stay longer if there are emergency leaves among other nurses.

Sixty and eighty percent of the nurses of ODEH and ICMC respectively, according to the survey, work 8 hours per day. None of them works below 8 hours per day.

Table 4.10. Number of patients assigned to each nurse

Number of patients	PUBLIC (ODEH)		PRIVATE (ICMC)	
	NUMBER	%	NUMBER	%
below 10	0	0%	3	20%
10-15 patients	1	7%	8	53%
above 15	14	93%	3	20%
		100%		93%

*1 respondent from ICMC, no answer

The table above shows how large the responsibilities of nurses are when it comes to patient care. A large 93% of the nurse population is appointed to take care of more than 15 patients per shift, while the remaining 7 percent is assigned for 10-15 patients. What else could we expect if out of more or less 500 patients per month, only 16 nurses (chief nurse included), are available?



Eight out of 14 (53%) ICMC nurses who responded divide their 8 hours for 10-15 patients. Below 10 and above 15 patients assigned to a nurse both acquired 20%. But I have to make some clarifications. Though there are 3 respondents from the ICMC who take care of less than 10 patients, I have to note here that these three are from the ICU departments and there is a MUST that only few patients be assigned to a nurse due to the sensitivity of the cases.

As cited in the previous chapter, the nurse to patient ratio must be limited to 1:4-8 in order for a nurse to give at least a satisfying care. More patients only mean less time for each of them. Nurses could not just glance at their patients and tell what their body temperatures are, nor could tell what their needs are. Proper care involves checking the patient once in a while, talking to them or their families in order to have knowledge of their needs, wants and even complaints.

Table 4.11. Monthly salary

Salary	PUBLIC (ODEH)		PRIVATE (ICMC)	
	NUMBER	%	NUMBER	%
below 10,000	0	0%	15	100%
10,000-15,000	15	100%	0	0%
Total	15	100%	15	100%

Table 4.11 no longer needs further explanation. It is very clear that nurses from the private hospital (ICMC), receive a salary below 10,000 while nurses from the district hospital (ODEH) receive a salary ranging from 10,000-15,000. Little deductions are still made for some benefits such as PhilHealth and SSS. Now, the question is, what happened to the Nursing Act of 2002 that should guarantee government hospital nurses a salary of P14,000 a month? What kind of living can nurses from private hospital provide



to their families if their salary is below 10,000? Note that this amount is applied even to head nurses who supposed to be are on a higher position.

Table 4.12. Answer to the survey question '*Do you consider your wage proportionate to the work you are providing?*'

TYPE OF HOSPITAL	RESPONSE		
	YES	NO	
PRIVATE (ICMC)	1	12	13*
PUBLIC (ODEH)	4	11	15

*2 respondents from ICMC, no answers

We can see from the table that majority of the nurses in both hospitals are not satisfied with the salary they are receiving. Most of them think that the monthly salary is too small and is not commensurate to the work they are providing, given that private and public hospital nurses receive different amounts of compensation.

Migration. Based on the survey performed in the two hospitals, clearly a hundred percent (100%) of the nurses from the sample population wanted to leave the country and work abroad. 83% of the respondents target United States or United Kingdom as their destination. Others answered Australia, London, Canada, or any as long as it is not in the Middle East.

Although almost fifty percent of them are married, they still prefer to leave the country mainly for practical reasons. All respondents reasoned out that they want to help or support younger siblings or children through earning higher wages. 10 out of the 30 respondents, aside from higher salary, declared that their objective for wanting to migrate was for career advancement or personal development.



Table 4.13 The Four Major Job-Related Problems of Local Nurses

	Response	Percentage
Migration of co-nurses	2	7%
Low budget/low salary	15	50%
Number of patients assigned	7	23%
Overloading and understaffing	6	20%
Total	30	100%

This table gives the summary of the problems encountered by nurses from ODEH and ICMC. Out of the 30 respondents, 2 answered migration as the number 1 cause of their burden; 15 of them said it is the low salary that causes their major dissatisfaction to the job; 7 reacted that it is a huge number of nurses assigned to them per shift; 6 out of 30 responded that it is the lack of enough nurse employees. It is very obvious that for most nurses, their low salary is their topmost complaint, followed by the number of patients assigned with 7 votes.



CHAPTER 5

CONCLUSION AND RECOMMENDATION

Nurses are the pillars of any health system. They compose the largest population of hospitals and even health clinics. Before, nurses chose their profession because they wanted to help, give service to mankind and these give them fulfillment. But as time passes by, nursing profession becomes something linked to the word sacrifice and charity. It is simply not enough to know that our beloved nurses are carrying the burden left by migrants. There is a wider and long-range effect that must be viewed as early as now – our health system is collapsing. Because of the poor condition faced by nurses in the Philippines, offers from abroad appear as winning number combinations for a lottery that even doctors would choose a step downward, take nursing units and leave the hospitals hungry for high-quality health care.

The lowest salary of professionals is received by nurses. The services they render are not worth less than ten thousand pesos. Why do the Philippines continue to sell novice professionals? We are selling not our best products but our best nurses, and we left nothing for ourselves, for our own country. We are good at helping others and neglecting our own, and we should not get surprised if we found our country plagued by sick people that even our own families are at stake. The good quality of living cannot be attained with less than ten thousand on one's pocket. The Nursing Act signed by Her Excellency Gloria Macapagal-Arroyo promised our nurses of fair remuneration but it is still unseen in most hospitals including public hospitals in Bataan. It is true, based on my research that government-owned hospital nurses receive higher payment as compared to



private ones where salary is relative to the profit of the hospital. But in any case, wages from both institutions are not sufficient to meet the daily or monthly standard of living. An attractive salary can make our nurses stay and provide the best care they can give. Their present salaries, in fact, are way below the poverty line. Prices are increasing and basic services like electricity, transportation and water systems, are one by one becoming privatized. Without proper adjustment or upgrading of salaries, nurses and their families can never cope up with inflation. Recognizing their abilities and their service to mankind is not enough. Recognition might boost their character but not their lives. There must be an upgrading of salaries that is in conformity to the needs, to the purchasing power of peso, and to the overall increase in prices.

For private hospitals, it is fine to be profit-oriented as long as your moves are not detrimental to the majority. Do not deprive the nurses of remuneration that are actually due for them. Remember that when we speak of their profession, we mean health and life, and these two are priceless.

To the government, do not forget that our health system is a vital sector of our economy. There should be a consistent plan and a proper distribution of budget among the most important systems of the country. I could not believe that Orani District Hospital does not have a set of computers to keep all the hospital records. I have noticed that some of their paper works are still done either handwritten or through the use of a typewriter. Simple equipments to enhance efficiency are still not present in public hospital like ODEH. Small allotment does not only deny nurses and other health professionals of apt compensation, but it also denies all the citizens of the country of acquiring a modern and finest health care.



With regards to labor export policy, our government does nothing to show their concern to our local nurses. It gives more importance to those leaving the country because migrants provide them millions and billions worth of remittances. But these remittances cannot fully compensate the loss of all our hospitals, particularly prime nurses and doctors. The government even calls migrant nurses as heroes of the millennium. Our government move to tie-up with foreign countries appears as a business, a transaction that involves not products but labor. As others say, it is time, right this very moment, to review our labor export policy and let us not wait for our health institution or system to be totally expunged from the map and we see ourselves bringing our sick relatives abroad only for minor sickness or damages.

The population of Bataan is continuously increasing. Its capital town has been transformed into a city. Eleven hospitals with few doctors and nurses cannot handle all the responsibilities. If now, only a small number of nurses are available in the hospitals, what more to the health clinics and community health centers? Like peasants, women, and youth, nurses now constitute a sector in our society; like worker's plight, their condition is something of big concern. We cannot blame them if they fail to provide the needed assistance and care of patients and even doctors. By just staying in our country is a big means of sacrifice for them because they have to bear all the hardships in aiding more than 15 patients, endorsing, doing paper works, etc. in just a matter of 8 hours. For nursing students, the Philippines sow seeds for you, let this country harvest the fruits of your service.

Although this study speaks more of the proper remuneration, of understaffing and of migration of nurses, the working condition of nurses is not confined to these. Non-



financial incentive, like training, seminars, and other additional education, will also be an important factor for the development of health services.

Go for the Strong Republic!!! Isn't it ironic that we are pursuing a strong republic yet, our physical well-being are not well-taken care of because, the fact is, there is no one to take good care of us? The plight of our local nurses is the plight of the whole system of health.



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APPENDIX A



REGISTERED HEALTH PROFESSIONAL, 1991 - 2000

PROFESSION	Grand Total 2000	2000	1999	1998	1997	1996	1995	1994	1993	1992	1991
DENTISTRY	41,484	1,052	763	1,391	1,571	1,224	1,104	1,077	1,209	1,739	2,150
DENTAL HYGIENIST	6										
MEDICAL TECHNOLOGY	40,879	1,821	1,689	1,686	1,463	1,344	2,169	2,135	1,345	1,620	1,509
MEDICAL LABORATORY TECHNICIAN	3,323	95	85	68		69	73	103	61	75	58
PHYSICIAN	95,016	2,174	2,276	1,812	1,876	2,208	2,176	2,558	2,809	3,119	1,415
MIDWIFERY	129,532	1,738	2,278	3,503	4,018	6,291	8,833	8,022	9,677	7,399	6,681
NURSING	337,939	5,784	8,419	9,441	11,693	15,701	27,272	29,445	30,921	15,986	9,165
NUTRITIONIST	10,841	342	334	393	396	467	326	432	70	340	197
DIETITIAN	1,410										
OPTOMETRY	9,155	68	116	111	274	305	316	413	275	427	268
PHARMACY	44,316	1,622	1,987	1,702	1,447	1,296	1,498	1,621	1,107	1,155	1,359
CHINESE DRUGGIST	485										
PHYSICAL & OCCUPATIONAL THERAPY	11,442	2,313	2,276	1,433	969	777	664	524	578	369	131
PHYSICAL THERAPIST	1,191	250	2,141	167	124	36	35	35	29	23	25
OCCUPATIONAL THERAPIST	78		305								
PHYSICAL THERAPY TECHNICIAN	119										
OCCUPATIONAL THERAPY TECHNICIAN	4,034	627	448	461	470	597	466	556	409		
RADIOLOGIC TECHNOLOGIST	8,031	228	222	385	479	897	1,698	2,736	1,386		
X-RAY TECHNOLOGIST	739,281	18,114	23,339	22,553	24,780	31,212	46,630	49,657	49,876	32,252	22,958

Source: Professional Regulation Commission



AN ACT REGULATING THE PRACTICE OF NURSING IN THE PHILIPPINES

ARTICLE I TITLE

Section 1. *Title.* — This Act shall be known as the "*Philippine Nursing Act of 1991.*"

ARTICLE II DECLARATION OF POLICY

Sec. 2. *Declaration of Policy.* — It is hereby declared the policy of the State to assume responsibility for the protection and improvement of the nursing profession by instituting measures that will result in relevant nursing education, and in humane working conditions, better career prospects and a dignified existence for our nurses.

The State hereby guarantee the delivery of basic health services through an adequate nursing personnel throughout the country.

ARTICLE III ORGANIZATION OF THE BOARD OF NURSING

Sec. 3. *Name and Composition of the Board.* — There shall be created a Board of Nursing to be composed of a Chairman and four (4) members who shall be appointed by the President from a list of twelve (12) nominees who are registered nurses of recognized standing in the Philippines and who possess the qualifications prescribed in Section 5 of this Act as certified by the accredited national nurses' association to the Professional Regulation Commission.

Sec. 4. *Power and Duties of the Board.* — The Board shall have following powers, duties and functions:

- (a) Supervise and regulate the practice of the nursing profession;
- (b) Describe the subjects in the licensure examination, determine the syllabi of the subjects, and their relative weight, construct the test questions, in the licensure examination, and score and rate the examination paper. The Board shall within one hundred twenty (120) days after the examination, submit a report of the examination result which shall contain the weighted average rating of each examinee to the Office of the President for release and publication;
- (c) Issue, suspend, or revoke certificates of registration for the practice of nursing;
- (d) Study the condition affecting the nursing practice in the Philippines and exercise the powers necessary to ensure the maintenance of efficient, ethical, technical, moral and professional standards in the practice of nursing, taking into account the health needs of the nation;
- (e) Examine the prescribed facilities of universities or colleges seeking permission to open colleges of nursing or departments of nursing education in order to ensure that standards and essential requirements for a qualified dean and faculty and adequate budget are properly complied with and maintained at all times. The authorization to open colleges of nursing shall be based upon the favorable written recommendation of both the Board and the Department of Education, Culture and Sports;
- (f) Require nurses who graduate from state colleges and universities to render, after being issued the necessary board licenses, at least one (1) year of nursing service in the Philippines before they are allowed to leave for overseas jobs;
- (g) Investigate violations of this Act. For this purpose it may through its Chairman, with the approval of the Board, issue summons, subpoena or subpoena duces tecum to violators of this Act and witnesses thereof and to compel their attendance by the power of contempt; and

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- (h) Promulgate decisions or adopt measures as may be necessary for the improvement of the nursing practice, for the advancement of the profession, and for the proper and full enforcement of this Act.

Sec. 5. *Qualifications of Board Members.* — A member of the Board shall:

- (a) Be a citizen and resident of the Philippines;
- (b) Be a member in good standing of the accredited national nurses' association;
- (c) Be a registered nurse and holder of a master's degree in nursing conferred by a college or university duly recognized by the Government;
- (d) Have at least ten (10) years of continuous practice of the profession prior to appointment;
- (e) Not be a holder of a green card or its equivalent; and
- (f) Not have been convicted of any offense involving moral turpitude even if previously extended pardon by the President of the Philippines.

Sec. 6. *Requirements Upon Qualification as Member of the Board of Nursing.* — Any person who qualifies as Chairman or member of the Board shall automatically resign from any teaching position in any school, college or university and/or review program for the local nursing board examinations or in any office or employment in the Government or any subdivision, agency or instrumentality thereof, including government-owned or controlled corporations or their subsidiaries. He shall not have any pecuniary interest in or administrative supervision over any institution offering basic nursing education programs, including review classes.

Sec. 7. *Term of Office.* — The Chairman and the members of the Board shall hold office for a term of three (3) years and until their successors shall have qualified: Provided, That a member of the Board may be reappointed for another term not exceeding three (3) years: Provided, further, That, in the event that only one (1) member of the Board is reappointed, he or she, by virtue of seniority, shall automatically become the Chairman of the new Board. However, in case two (2) or more members are reappointed, the best qualified among them, to be determined by all the members of the new Board, shall become the new Chairman of the Board: Provided, finally, That, in case all members of the old Board are reappointed or all members are new, all the members of the new Board shall determine the best qualified from among themselves who shall be recommended to the President of the Philippines to be the Chairman of the Board.

Any vacancy in the Board occurring within the term of a member shall be filled for the unexpired portion of the term only. Each member of the Board shall take the proper oath of office prior to the performance of his or her duties.

Sec. 8. *Compensation of Board Members.* — The Chairman and members of the Board shall receive as compensation an amount equal to that given the Chairman and members of other government boards situated under analogous circumstances.

Sec. 9. *Removal of Board Members.* — The President may remove any member of the Board on the following grounds after giving the member concerned an opportunity to defend himself or herself in a proper administrative investigation to be conducted under the supervision and control of the Department of Justice, upon instruction of the President:

- (a) Continued neglect of duty or incompetence;
- (b) Commission or toleration of irregularities in the examination conducted by the Board; and
- (c) Unprofessional or dishonorable conduct.

Sec. 10. *Rules and Regulations.* — The Board shall promulgate such rules and regulations as may be necessary to carry out the provisions of this Act.

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- Sec. 11. *Records.* — All records of the Board of Nursing, including examination papers, minutes of deliberations, records of administrative cases and investigations, and examination results shall be kept by the Professional Regulation Commission under the direct custody of the person designated by the Chairman of the Commission. No record shall be removed, altered or examined without the prior authorization of the Board.
- Sec. 12. *Examination Required.* — All applicants for license to practice nursing shall be required to pass written examination by the Board of Nursing.
- Sec. 13. *Qualifications of Applicants.* — In order to be admitted to the examination for nurses, an applicant must, at the time of filing his or her application, establish to the satisfaction of the Board of Nursing that:
- He or she is a citizen of the Philippines, or a citizen or subject of a country which permits Filipino nurses to practice within its territorial limits on the same basis as the subject or citizen of such country: Provided, That the requirements for the registration or licensing of nurses in said country are substantially the same as those prescribed in this Act;
 - He or she is at least eighteen (18) years of age: Provided, That any underage applicant who successfully passes the examination shall not be permitted or licensed to practice nursing until he or she shall have reached the age of majority;
 - He or she is in good health and is of good moral character; and
 - He or she is a holder of bachelor's degree in nursing from a college or university duly recognized by the proper government agency.
- Sec. 14. *Licensure Examination.* — The licensure examination for the practice of nursing in the Philippines shall be given by the Board not earlier than one (1) month but not later than two (2) months after the closing of the semester prescribed by the Department of Education, Culture and Sports. The examination shall be held in the City of Manila or in such places as may be decided by the Board subject to the approval of the Professional Regulation Commission.
- Sec. 15. *Scope of Examination.* — The scope of the examination for the practice of nursing in the Philippines shall be determined by the Board. The Board shall take into consideration the objectives of the nursing curriculum, the broad areas of nursing, and other related disciplines and competencies in determining the subjects of examinations.
- Sec. 16. *Rating in the examination.* — In order to pass the examination, an examinee must obtain a general average rating of at least seventy-five percent (75%) with a rating of not below sixty percent (60%) in any subject. An examinee who obtains an average rating of seventy-five percent (75%) or higher but gets a rating below sixty percent (60%) in any given subject must take the examination again, but only in the subject or subjects where he or she rated below sixty percent (60%).
In order to pass the succeeding examination an examinee must obtain a rating of at least seventy-five percent (75%) in the subject or subjects repeated.
An examinee who despite the third examination fails to obtain at least seventy-five percent (75%) in the subject or subjects repeated shall no longer be allowed to take the examination, unless he proves to the satisfaction of the Board that he/she has undergone a refresher course consisting in enrollment and passing in the regular fourth year subjects in a recognized nursing school.
- Sec. 17. *Issuance of Certificates.* — A certificate of registration as nurse shall be issued to any applicant who passes the examination upon payment of the prescribed fees. Every certificate of registration shall show the full name of the registrant, the serial number, the signature of the members of the Board, and the official seal of the Board.

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- Sec. 18. *Fees of Examination and Registration.* — Applicants for licensure examination and for registration shall pay the prescribed fees set by the Professional Regulation Commission.
- Sec. 19. *Registration by Reciprocity.* — Certificates of registration may be issued without examination to nurses registered under the laws of any foreign state or country: Provided, That the requirements for the registration or licensing of nurses in said country are substantially the same as those prescribed under this Act: Provided, further, That the laws of such state or country grant the same privileges to registered nurses of the Philippines on the same basis as the subjects or citizens of such foreign state or country.
- Sec. 20. *Non-issuance of Certificates in Certain Cases.* — No person convicted by final judgment of any criminal offense involving moral turpitude or any person guilty of immoral or dishonorable conduct shall be issued a certificate of registration. The Board shall furnish the applicant a written statement setting forth the reasons for its action, which shall be incorporated in the records of the Board.
- Sec. 21. *Revocations and Suspension of Certificates.* — The Board shall have the power to revoke or suspend the certificate of registration of a nurse upon any of the following grounds:
- (a) For any of the causes mentioned in the preceding section;
 - (b) For unprofessional and unethical conduct;
 - (c) For gross incompetence and serious ignorance;
 - (d) For malpractice or negligence in the practice of nursing; and
 - (e) For the use of fraud, deceit, or false statements in obtaining a certificate of registration.
- Sec. 22. *Reissuance of Revoked Certificates and Replacement of Lost Certificates.* — The Board may, for reasons of equity and justice or when the cause for revocation has disappeared or has been cured and corrected, upon proper application therefor and the payment of the required fees, issue another copy of the certificate of registration.

ARTICLE IV NURSING EDUCATION

- Sec. 23. *General Entrance Requirements.* — Applicants desiring to enroll in a nursing course must belong to the upper forty percent (40%) of the graduating class of the general secondary course, as certified by the school.
- Sec. 24. *Nursing Education Program.* — The nursing education program shall provide sound academic and professional foundation for the practice of nursing.
- Sec. 25. *Learning Experiences.* — The learning experiences required in a classroom, hospital, home, community or other health/welfare agency shall adhere strictly to specific requirements embodied in the prescribed curriculum for the nursing course and in the rules, policies, and standards of nursing education. Such learning experience shall not be less than six (6) units or its equivalent.
- Sec. 26. *Qualifications of the Faculty.* — A member of the faculty in a college or school of nursing must:
- (a) Be a Filipino citizen;
 - (b) Be a registered nurse in the Philippines;
 - (c) Have at least three (3) years of clinical practice in a field of specialization;
 - (d) Be a member of good standing in the accredited national nurses' association; and
 - (e) Be a holder of a master's degree in nursing or other related fields conferred by a college or university duly recognized by the Government of the Republic of the Philippines; Provided, however, That nothing in this Act shall be construed to disqualify those who have already been considered qualified and actually occupying the position before the effectivity of this Act: Provided, further, That those occupying such position before the effectivity of this Act shall be given a period of five (5) years from the date of effectivity of



this Act within which to qualify under the provisions hereof: Provided, finally, That, by the year 2000, all colleges of nursing shall only employ faculty members with a master's degree in nursing or in other related fields.

In addition to the aforementioned qualifications, the dean of a college or school of nursing must have had at least three (3) years of experience in teaching and supervision in nursing education, and preferably must have a master's degree in administration and supervision of nursing education programs.

ARTICLE V NURSING PRACTICE

Sec. 27. *Scope of Nursing.* — A person shall be deemed to be practicing nursing within the meaning of this Act when he, for a fee, salary or other reward or compensation, singly or in collaboration with another, initiates and performs nursing services to individuals, families and communities in various stages of development towards the promotion of health, prevention of illness, restoration of health, and alleviation of suffering through:

- (a) Utilization of the nursing process, including assessment, planning, implementation and evaluation of nursing care. Nursing care includes, but not limited to, traditional and innovative approaches in self-executing nursing techniques and procedures, comfort measures, health teaching and administration of legal and written prescription for treatment therapies, medication and hypodermic intramuscular or intravenous injections: Provided, however, That, in the administration of intravenous injections, special training shall be required according to protocol established;
- (b) Establishment of linkages with community resources and coordination of the health team;
- (c) Motivation of individuals, families and communities; resources and coordination of services with other members of the health team;
- (d) Participation in teaching, guidance and supervision of student in nursing education programs, including administering nursing services in varied settings such as hospitals, homes, communities and the like; undertaking consultation services; and engaging in such other activities that require the utilization of knowledge and decision-making skill of a registered nurse; and
- (e) Undertaking nursing and health manpower development training and research and soliciting finances therefore, in cooperation with the appropriate government or private agency: Provided, however, That this provision shall not apply to nursing students who perform nursing functions under the direct supervision of qualified faculty.

Sec. 28. *Qualifications of Nursing Service Administrator.* — A person occupying supervisory or managerial positions requiring knowledge of nursing must:

- (a) Be a Filipino citizen or a former Filipino citizen who has officially declared his/her intention to reacquire Filipino citizenship;
- (b) Be a registered nurse in the Philippines;
- (c) Be a member in good standing of the accredited national organization of nurses;
- (d) Have at least two (2) years experience in general nursing service administration; and
- (e) Possess a degree of Bachelor of Science in Nursing, with at least nine (9) units in management courses at the graduate level.

Provided, That a person occupying the position of chief nurse or director of nursing service shall, in addition to the foregoing qualifications, possess:

- (a) At least five (5) years of experience in a supervisory or managerial position in nursing; and
- (b) A master's degree major in nursing service administration or its equivalent: Provided however, That those occupying such position before the effectivity of this Act shall be given a period of five (5) years from the date of effectivity of this Act within which to qualify: Provided, further, That, by the year 2000, only holders of a master's degree major

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in nursing administration shall be appointed to such position: Provided finally, That, for hospitals with bed capacity of fifty (50) and below, the minimum academic qualifications and experiences for a chief nurse shall be as specified under subsections (c), (d) and (e) of this section.

ARTICLE VI HEALTH HUMAN RESOURCE DEVELOPMENT, PRODUCTION AND UTILIZATION

Sec. 29. *Studies for Nursing Manpower Needs, Production, Utilization and Development.* — The Nursing Board shall undertake studies and initiate and/or cooperate with appropriate government or private agencies in the conduct of studies for health human resource production, utilization and development.

ARTICLE VII PENAL AND MISCELLANEOUS PROVISIONS

Sec. 30. *Prohibitions in the Practice of Nursing.* — A fine of not less than Ten thousand pesos (P10,000.00) nor more than Forty thousand pesos (P40,000.00) or imprisonment of not less than one (1) year nor more than six (6) years, or both, in the discretion of the court, shall be imposed upon:

- (a) Any person practicing nursing in the Philippines within the meaning of this Act:
 - (1) Without a certificate of registration or without having been declared exempt from examination in accordance with the provisions of this Act;
 - (2) Who uses as his/her own the certificate or registration of another;
 - (3) Who uses an expired, suspended or revoked certificate of registration;
 - (4) Who gives any false evidence to the Board of Nursing in order to obtain a certificate of registration;
 - (5) Who falsely poses or advertises as a registered nurse or uses any other means that tend to convey the impression that he or she is a registered nurse; or
 - (6) Who appends B.S.N./R.N. (Bachelor of Science in Nursing/Registered Nurse) to his/her name without having been conferred said degree or registration;
- (b) Any person who undertakes in-service educational programs or who conducts review classes for both local and foreign examinations without permit/clearance from the Philippine Nursing Association, the Board of Nursing and the appropriate office or officer of the Department of Labor and Employment; and
- (c) Any person violating any provision of this Act. Sec. 31. *Standard Basic Pay.* — Based on current National Economic and Development Authority (NEDA) figures, the proper government office or agency shall fix a standard pay for all nurses working in either public or private health agencies. The same standard basic pay shall be increased periodically to cope with the increase in cost of living.

Sec. 32. *Enforcement of this Act.* — It shall be the duty of all duly constituted law-enforcement agencies and officers of national, provincial, city or municipal governments to enforce the provisions of this Act and to prosecute any person violating the same.

Sec. 33. *Repealing Clause.* — All laws, decrees, orders, circulars, rules and regulations, and other issuances, which are inconsistent with this Act are hereby repealed, amended or modified accordingly.

Sec. 34. *Separability Clause.* — If any part of this Act is declared unconstitutional, the remaining parts not affected thereby shall continue to be valid and operational.

Sec. 35. *Effectivity.* — This Act shall take effect one (1) month after its publication in any newspaper of general circulation in the Philippines.

Approved: November 21, 1991



Republic of the Philippines

Congress of the Philippines

Metro Manila

Twelfth Congress

Second Regular Session

Began and held in Metro Manila, on Monday, the twenty-second day of July, two thousand two.

[REPUBLIC ACT NO. 9173]

AN ACT PROVIDING FOR A MORE RESPONSIVE NURSING PROFESSION, REPEALING FOR THE PURPOSE REPUBLIC ACT NO. 7164, OTHERWISE KNOWN AS "THE PHILIPPINE NURSING ACT OF 1991" AND FOR OTHER PURPOSES

Be it enacted by the Senate and House of Representative of the Philippines in Congress assembled.

ARTICLE I

TITLE

Section 1. *Title.* – This Act shall be known as the “Philippine Nursing Act of 2002”

ARTICLE II

DECLARATION OF POLICY

Sec. 2. *Declaration of Policy.* – It is

hereby declared the policy of the State to assume responsibility for the protection and improvement of the nursing profession by instituting measures that will result in relevant nursing education, humane working conditions, better career prospects and a dignified existence for our nurses.

The State hereby guarantees the delivery of quality basic health services through an adequate nursing personnel system throughout the country.

ARTICLE III

ORGANIZATION OF THE BOARD OF NURSING

Sec. 3 *Declaration and Composition of the Board.* – There shall be created a Professional Regulatory Board of Nursing, hereinafter referred to as the Board, to be composed of a Chairperson and six (6) members. They shall be appointed by the President of the Republic of the Philippines from among two (2) recommendees, per vacancy, of the Professional Regulation Commission, hereinafter referred to as the Commission, chosen and ranked from a list of three (3) nominees, per vacancy, of the accredited professional organization of nurses in the Philippines who possess the qualifications prescribed in Section 4 of this Act.

Sec. 4. *Qualification of the Chairperson and Members of the Board.* – The Chairperson and Members of the Board shall, at the time of their appointment, possess the following qualifications:

(a) Be a natural born citizen and resident of the Philippines;

(b) Be a member of good standing of the accredited professional organization of nurses;

(c) Be a registered nurse and holder of a master's degree in nursing, education or other allied medical profession conferred by a college or university duly recognized by the Government" *Provided*, That the majority of the Members of the Board shall be holders of a master's degree in nursing.

Provided, further, That the Chairperson shall be a holder of a master's degree in nursing;

(d) Have at least ten (10) years of continuous practice of the profession prior to appointment: *Provided, however*, That the last five (5) years of which shall be in the Philippines; and

(e) Not have been convicted of any offense involving moral turpitude;

Provided, That the membership to the Board shall represent the three (3) areas of nursing, namely: nursing education, nursing service and community health nursing.

Sec. 5 *Requirements Upon Qualification as Member of the Board of Nursing.*

– Any person appointed as Chairperson or Member of the Board shall immediately resign from any teaching position in any schools, college, university or institution offering Bachelor of Science in Nursing and/or review program for the local nursing board examinations or in any office or employment in the government or any subdivision, agency or instrumentality thereof, including government-owned or-controlled corporations or their subsidiaries as well as those employed in the private sector. He/ she shall not have any pecuniary interest in administrative supervision over any institution offering Bachelor of Science in Nursing including review classes.

Sec. 6 *Term of Office.* – The Chairperson and Members of the Board shall hold office for a term of three (3) years



and until their successors shall have been appointed and qualified: *Provided*, That the Chairperson and Members of the Board may be reappointed for another term.

Any vacancy in the Board occurring within the term of a Member shall be filled for the unexpired portion of the term only. Each Member of the Board shall take the proper oath of office prior to the performance of his/her duties.

The incumbent Chairperson and Members of the Board shall continue to serve for the remainder of their term under Republic Act No. 7164 until their replacements have been appointed by the President and shall have been duly qualified.

Sec. 7. Compensation of Board Members. – The Chairperson and Members of the Board shall receive compensation and allowances comparable to the compensation and allowances received by the Chairperson and members of other professional regulatory boards.

Sec. 8. Administrative Supervision of the Board, Custodian of its Records, Secretariat and Support Services. – The Board shall be under the administrative supervision of the Commission. All records of the Board, including applications for examinations, administrative and other investigative cases conducted by the Board shall be under the custody of the Commission. The Commission shall designate the Secretary of the Board and shall provide the secretariat and other support services to implement the provisions of this Act.

Sec. 9 Powers and Duties of the Board. – The Board shall supervise and regulate the practice of the nursing profession and shall have the following powers, duties and functions;

(a) Conduct the licensure examination for nurses;

(b) Issue, suspend or revoke certificates of registration for the practice of nursing;

(c) Monitor and enforce quality standards of nursing practice in the Philippines and exercise the powers necessary to ensure the maintenance of efficient, ethical and technical, moral and professional standards in the practice of nursing taking into account the health needs of the nation;

(d) Ensure quality nursing education by examining the prescribed facilities of universities or colleges of nursing or departments of nursing education and those seeking permission to open nursing courses to ensure that standards of nursing education are properly complied with and maintained at all times. The authority to open and close colleges of nursing and/or nursing education programs shall be vested on the Commission on Higher Education upon the written recommendation of the Board;

(e) Conduct hearings and investigations to resolved complaints against nurse practitioners for unethical and unprofessional conduct and violations of this Act, or its rules and regulations and in connection therewith, issue *subpoena ad*



testificandum and *subpoena duces tecum* to secure the appearance of respondents and witnesses and the production of documents and punish with contempt persons obstruction, impeding and/or otherwise interfering with the conduct of such proceedings, upon application with the court;

(f) Promulgate a Code of Ethics in coordination and consultation with the accredited professional organization of nurses within one (1) year from the effectivity of this Act;

(g) Recognize nursing specialty organizations in coordination with the accredited professional organization; and

(h) Prescribe, adopt, issue and promulgate guidelines, regulations, measures and decision as may be necessary for the improvement of the nursing practice, advancement of the profession and for the proper and full enforcement of this Act subject to the review and approval by the Commission.

Sec. 10. *Annual Report.* – The Board shall at the close of its calendar year submit an annual report to the President of the Philippines through the Commission giving a detailed account of its proceedings and the accomplishments during the year and making recommendations for the adoption of measures that will upgrade and improved the condittons affecting the practice of the nursing profession.

Sec. 11. *Removal or Suspension of Board Members.* – The President may removed or suspend any members of the

Board after having been given the opportunity to defend himself/herself in a proper administrative investigation, on the following grounds;

(a) Continued neglect of duty or incompetence;

(b) Commission or toleration of irregularities in the licensure examination; and

(c) Unprofessional, immoral or dishonorable conduct.

ARTICLE IV

EXAMINATION AND REGISTRATION

Sec. 12 *Licensure Examination.* – All applicants for license to practice nursing shall be required to pass a written examination, which shall be given by the Board in such places and dates as may be designated by the Commission: *Provided,* That it shall be in accordance with Republic Act No. 8981, otherwise known as the “PRC Modernization Act of 2000.”

Sec. 13 *Qualifications for Admission to the Licensure Examination.* – In order to be admitted to the examination for nurses, an applicant must, at the time of filling his/her application, establish to the satisfaction of the Board that:

(a) He/she is a citizen of the Philippines, or a citizen or subject of a country which permits Filipino nurses to practice within its territorial limits on the



same basis as the subject or citizen of such country. *Provided*, That the requirements for the registration or licensing of nurses in said country are substantially the same as those prescribed in this Act;

(b) He/she is of good moral character, and

(c) He/she is a holder of a Bachelor's Degree in Nursing from a college or university that complies with the standards of nursing education duly recognized by the proper government agency.

Sec. 14. *Scope of Examination.* – The scope of the examination for the practical of nursing in the Philippines shall be determined by the Board. The Board shall take into consideration the objectives of the nursing curriculum, the broad areas of nursing, and other related disciplines and competencies in determining the subjects of examinations.

Sec. 15. *Ratings.* – In order to pass the examination, an examinee must obtain a general average of at least seventy-five percent (75%) with a rating of not below sixty percent (60%) in any subject. An examinee who obtains an average rating of seventy-five (75%) or higher but gets a rating below sixty percent (60%) in any subject must take the examination again but only in the subject or subjects where he/she is rated below sixty percent (60%). In order to pass the succeeding examination, an examinee must obtain a rating of at least seventy-five percent (75%) in the subject or subjects repeated.

Sec. 16. *Oath.* – All successful

candidates in the examinations shall be required to take an oath of profession before the Board or any government official authorized to administer oaths prior to entering upon the nursing practice.

Sec. 17. *Issuance of Certificate of Registration/ Professional License and Professional Identification Card.* – A certificate of registration/professional license as a nurse shall be issued to an applicant who passes the examination upon payment of the prescribed fees. Every certificate of registration/professional license, shall show the full name of the registrant, the serial number, the signature of the Chairperson of the Commission and of the Members of the Board, and the official seal of the Commission.

A professional identification card, duly signed by the Chairperson of the Commission, bearing the date of registration, license number, and the date of issuance and expiration thereof shall likewise be issued to every registrant upon payment of the required fees.

Sec. 18. *Fees for Examination and Registration.* – Applicants for licensure and for registration shall pay the prescribed fees set by Commission.

Sec. 19. *Automatic Registration of Nurses.* – All nurses whose names appear at the roster of nurses shall be automatically or *ipso facto* registered as nurses under this Act upon its effectivity.

Sec. 20. *Registration by Reciprocity.* – A certificate of registration/professional license may be issued without examination



to nurses registered under the laws of a foreign state or country. *Provided*, That the requirements for registration or licensing of nurses in said country are substantially the same as those prescribed under this Act: *Provided, further*, That the laws of such state or country grant the same privileges to registered nurses of the Philippines on the same basis as the subjects or citizens of such foreign state or country.

Sec. 21. *Practice Through Special/Temporary Permit.* – A special/temporary permit may be issued by the Board to the following persons subject to the approval of the Commission and upon payment of the prescribed fees;

(a) Licensed nurses from foreign countries/state whose service are either for a fee or free if they are internationally well-known specialists or outstanding experts in any branch or specialty of nursing;

(b) Licensed nurses from foreign countries/states on medical mission whose services shall be free in a particular hospital, center or clinic; and

(c) Licensed nurses from foreign countries/states employed by schools/colleges of nursing as exchange professors in a branch or specialty of nursing;

Provided, however, That the special/temporary permit shall be effective only for the duration of the project, medical mission or employment contract.

Sec. 22. *Non-registration and Non-issuance of Certificates of*

Registration/Professional License or Special/Temporary Permit. – No person convicted by final judgement of any criminal offense involving moral turpitude or any person guilty of immoral or dishonorable conduct or any person declared by the court to be of unsound mind shall be registered and be issued a certificate of registration/professional license or a special/temporary permit.

The Board shall furnish the applicant a written statement setting forth the reasons for its actions, which shall be incorporated in the records of the Board.

Sec. 23. *Revocation and Suspension of Certificate of Registration / Professional License and Cancellation of Special / Temporary Permit.* – The Board shall have the power to revoke or suspend the certificate of registration/ professional license or cancel the special/temporary permit of a nurse upon any of the following grounds:

(a) For any of the causes mentioned in the preceding section;

(b) For unprofessional and unethical conduct;

(c) For gross incompetence or serious ignorance;

(d) For malpractice or negligence in the practice of nursing;

(e) For the use of fraud, deceit, or false statements in obtaining a certificate of registration/professional license or a temporary/special permit;



(f) For violation of this Act, the rules and regulations, Code of Ethics for nurses and technical standards for nursing practice, policies of the Board and the Commission, or the conditions and limitations for the issuance of the temporary/special permit; or

(g) For practicing his/her profession during his/her suspension from such practice;

Provided, however, That the suspension of the certificate of registration/professional license shall be for a period not to exceed four (4) years.

Sec. 24. Re-issuance of Revoked Certificates and Replacement of Lost Certificates. – The Board may, after the expiration of a maximum of four (4) years from the date of revocation of a certificate, for reasons of equity and justice and when the cause for revocation has disappeared or has been cured and corrected, upon proper application therefore and the payment of the required fees, issue another copy of the certificate of registration/professional/license.

A new certificate of registration/professional license to replace the certificate that has been lost, destroyed or mutilated may be issued, subject to the rules of the Board.

ARTICLE V

NURSING EDUCATION

Sec. 25. Nursing Education Program. – The nursing education program shall provide general and professional foundation

for the practice of nursing.

The learning experience shall adhere strictly to specific requirements embodied in the prescribed curriculum as promulgated by the Commission on Higher Education's policies and standards of nursing education.

Sec. 26 Requirement for Inactive Nurses Returning to Practice. – Nurses who have not actively practiced the profession for five (5) consecutive years are required to undergo one (1) month of didactic training and three (3) months of practicum. The Board shall accredit hospitals to conduct the said training program.

Sec. 27. Qualifications of the Faculty – A member of the faculty in a college of nursing teaching professional courses must:

- (a) Be a registered nurse in the Philippines;
- (b) Have at least one (1) year of clinical practice in a field of specialization;
- (c) Be a member of good standing in the accredited professional organization of nurses; and
- (d) Be a holder of a master's degree in nursing, education, or other allied medical and health sciences conferred by a college or university duly recognized by the Government of the Republic of the Philippines.

In addition to the aforementioned qualifications, the dean of a college must have a master's degree in nursing. He/she



must have at least five (5) years of experience in nursing.

ARTICLE VI

NURSING PRACTICE

Sec. 28. *Scope of Nursing.* – A person shall be deemed to be practicing nursing within the meaning of this Act when he/she singly or in collaboration with another, initiates and performs nursing services to individuals, families and communities in any health care setting. It includes, but not limited to, nursing care during conception, labor, delivery, infancy, childhood, toddler, pre-school, school age, adolescence, adulthood and old age. As independent practitioners, nurses are primarily responsible for the promotion of health and prevention of illness. As members of the health team, nurses shall collaborate with other health care providers for the curative, preventive, and rehabilitative aspects of care, restoration of health, alleviation of suffering, and when recovery is not possible, towards a peaceful death. It shall be the duty of the nurse to:

(a) Provide nursing care through the utilization of the nursing process. Nursing care includes, but not limited to traditional and innovative approaches, therapeutic use of self, executing health care techniques and procedures, essential primary health care, comfort measures, health teachings, and administration of written prescription for treatment, therapies, oral, topical and parenteral medications, internal examination during labor in the absence of antenatal bleeding and delivery. In case of suturing of perineal laceration,

special training shall be provided according to protocol established;

(b) Establish linkages with community resources and coordination with the health team;

(c) Provide health education to individuals, families and communities;

(d) Teach, guide and supervise students in nursing education programs including the administration of nursing services in varied settings such as hospitals and clinics, undertake consultation services; engage in such activities that require the utilization of knowledge and decision-making skills of a registered nurse; and

(e) Undertake nursing and health human resource development training and research, which shall include, but not limited to, the development of advance nursing practice;

Provided, That the section shall not apply to nursing students who perform nursing functions under the direct supervision of a qualified faculty: *Provided, further,* That in the practice of nursing in all settings, the nurse is duty-bound to observe the Code of Ethics for nurses and uphold the standards of safe nursing practice. The nurse is required to maintain competence by continual learning through continuing professional education to be provided by the accredited professional organization or any recognized professional nursing organization: *Provided, finally,* That the program and activity for the continuing professional education shall be submitted



to and approved by the Board.

Sec. 29. *Qualifications of Nursing Service Administrators.* - A person occupying supervisory or managerial positions requiring knowledge of nursing must:

(a) Be a registered nurse in the Philippines;

(b) Have at least two (2) years experience in general nursing service administration;

(c) Possess a degree of Bachelor of Science in Nursing, with at least nine (9) units in management and administration courses at the graduate level; and

(d) Be a member of good standing of the accredited professional organization of nurses;

Provided, That a person occupying the position of chief nurse or director of nursing service shall, in addition to the foregoing qualifications, possess;

(1) At least five (5) years of experience in a supervisory or management position in nursing; and

(2) A master's degree major in nursing:

Provided, further, That for primary hospitals, the maximum academic qualifications and experiences for a chief nurse shall be as specified in subsections (a), (b), and (c) of this section. *Provided, furthermore,* That for chief nurses in the

public health agencies, those who have a master's degree in public health/community health nursing shall be given priority. *Provided, even further,* That for chief nurses in military hospitals, priority shall be given to those who have finished a master's degree in nursing and the completion of the General Staff Course (GSC): *Provided, finally,* That those occupying such positions before the effectivity of this Act shall be given a period of five (5) years within which to qualify.

ARTICLE VII

HEALTH HUMAN RESOURCE PRODUCTION, UTILIZATION AND DEVELOPMENT

Sec. 30. *Studies for Nursing Manpower Needs, Production, Utilization and Development.* - The Board, in coordination with the accredited professional organization and appropriate government or private agencies shall initiate, undertake and conduct studies on health human resource production, utilization and development.

Sec. 31. *Comprehensive Nursing Specialty Program.* - Within ninety (90) days from the effectivity of this Act, the Board in coordination with the accredited professional organization, recognized specialty organizations and the Department of Health is hereby mandated to formulate and develop a comprehensive nursing specialty program that would upgrade the level of skill and competence of specialty nurse clinicians in the country, such as but not limited to the areas of critical care, oncology, renal and such other areas as may



be determined by the Board.

The beneficiaries of this program are obliged to serve in any Philippine hospital for a period of at least two (2) years of continuous service.

Sec. 32. *Salary.* - In order to enhance the general welfare, commitment to service and professionalism of nurses, the minimum base pay of nurses working in the public health institutions shall not be lower than salary grade 15 prescribed under Republic Act No. 6758. Otherwise known as the "Compensation and Classification Act of 1989": *Provided*, That for nurses working in local government units, adjustments to their salaries shall be in accordance with Section 10 of the said law.

Sec. 33. *Funding for the Comprehensive Nursing Specialty Program.* - The annual financial requirement needed to train at least ten percent (10%) of the nursing staff of the participating government hospital shall be chargeable against the income of the Philippine Charity Sweepstakes Office and the Philippines Amusement and Gaming Corporation, which shall equally share in the costs and shall be released to the Department of Health subject to accounting and auditing procedures: *Provided*, That the Department of Health shall set the criteria for the availment of this program.

Sec. 34. *Incentive and Benefits.* - The Board of Nursing, in coordination with the Department of Health and other concerned government agencies, association of hospitals and the accredited professional organization shall establish an incentive and

benefit system in the form of free hospital care for nurses and their dependents, scholarship grants and other non-cash benefits. The government and private hospitals are hereby mandated to maintain the standard nurse-patient ratio set by the Department of Health.

ARTICLE VIII

PENAL AND MISCELLANEOUS PROVISIONS

Sec. 35. *Prohibitions in the Practice of Nursing.* - A fine of not less than Fifty thousand pesos (P50,000.00) nor more than One hundred thousand pesos (P100,000.00) or imprisonment of not less than one (1) year nor more than six (6) years, or both, upon the discretion of the court, shall be imposed upon:

(a) any person practicing nursing in the Philippines within the meaning of this Act:

(1) without a certificate of registration/professional license and professional identification card or special temporary permit or without having been declared exempt from examination in accordance with the provision of this Act; or

(2) who uses as his/her own certificates of registration/professional license and professional identification card or special temporary permit of another; or

(3) who uses as invalid certificate of registration/professional license, a suspended or revoked certificate of



registration/professional license, or an expired or cancelled special/temporary permit; or

(4) who gives any false evidence to the Board in order to obtain a certificate of registration/professional license, a professional identification card or special permit; or

(5) who falsely poses or advertises as a registered and licensed nurse or uses any other means that tend to convey the impression that he/she is a registered and licensed nurse; or

(6) who appends B.S.N./R.N. (Bachelor of Science in Nursing/Registered Nurse) or any similar appendage to his/her name without having been conferred said degree or registration; or

(7) who, as a registered and licensed nurse, abets or assists the illegal practice of a person who is not lawfully qualified to practice nursing.

(b) any person or the chief executive officer of a juridical entity who undertakes in-service educational programs or who conducts review classes for both local and foreign examination without permit/clearance from the Board and the Commission; or

(c) any person or employer of nurses who violate the minimum base pay of nurses and the incentives and benefits that should be accorded them as specified in Section 32 and 34; or

(d) any person or the chief

executive officer of a juridical entity violating any provision of this Act and its rules and regulations.

ARTICLE IX

FINAL PROVISIONS

Sec. 36. *Enforcement of this Act.* - It shall be the primary duty of the Commission and the Board to effectively implement this Act. Any duly law enforcement agencies and officers of national, provincial, city or municipal governments shall, upon the call or request of the Commission or the Board, render assistance in enforcing the provisions of this Act and to prosecute any persons violating the same.

Sec. 37. *Appropriations.* - The Chairperson of the Professional Regulation Commission shall immediately include in its program and issue such rules and regulations to implement the provisions of this Act, the funding of which shall be included in the Annual General Appropriations Act.

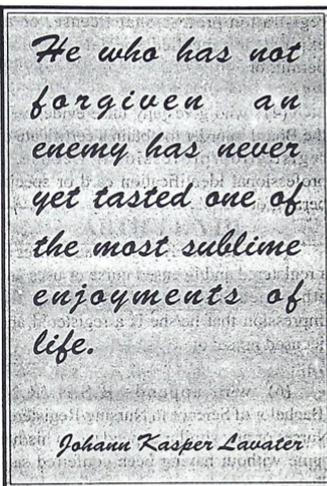
Sec. 38. *Rules and Regulations.* - Within ninety (90) days after the effectivity of this Act, the Board and the Commission, in coordination with the accredited professional organization, the Department of Health, the Department of Budget and Management and other concerned government agencies, shall formulate such rules and regulations necessary to carry out the provisions of this Act. The implementing rules and regulations shall be published in the *Official Gazette* or in any newspaper of general circulation.



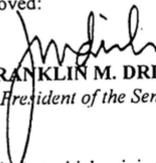
Sec. 39. *Separability Clause.* - If any part of this Act is declared unconstitutional, the remaining parts not affected thereby shall continue to be valid and operational.

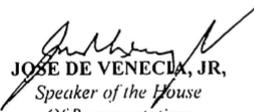
Sec. 40. *Repealing Clause.* - Republic Act No. 7164, otherwise known as the "Philippine Nursing Act of 1991" is hereby repealed. All other laws, decrees, orders, circulars, issuances, rules and regulations and parts thereof which are inconsistent with this Act are hereby repealed, amended or modified accordingly.

Sec. 41. *Effectivity.* - This Act shall take effect fifteen (15) days upon its publication in the *Official Gazette* or in any two (2) newspapers of general circulation in the Philippines.



Approved:


FRANKLIN M. DRILON
President of the Senate


JOSE DE VENEZIA, JR.
*Speaker of the House
Of Representatives*

This Act which originated in the House of Representative was finally passed by the House of Representative and the Senate on October 15, 2002, respectively.


OSCAR G. YABES
Secretary of the Senate


ROBERTO P. NAZARENO
*Secretary General
House of Representatives*

Approved: Oct. 21, 2002


GLORIA MACAPAGAL-ARROYO
President of the Philippines



APPENDIX D



Philippine Overseas Employment Administration

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**OFW Deployment by Skill, Country and Sex
For the period January to June 2004**

Country / Skill Major Group / Skill Sub-Class	Male	Female	Not Stated	TOTAL
Sub Skills Group: NURSES PROFESSIONAL	480	3,638	0	4,119
ANGOLA	1	0	0	1
AUSTRALIA	1	4	0	5
BAHAMAS	0	3	0	3
BAHRAIN	4	16	0	20
CANADA	0	5	0	5
COMMONWEALTH OF THE NORTHERN MARIANA IS	0	1	0	1
CYPRUS	1	0	0	1
EGYPT	9	14	0	23
IRAQ	8	1	0	9
IRELAND	17	73	0	90
ISRAEL	0	8	0	8
JORDAN	0	40	0	40
KUWAIT	66	267	0	333
LIBYA	0	2	0	2
MALAYSIA	1	0	0	1
MALDIVES	0	1	0	1
NEW ZEALAND	0	3	0	3
OMAN	0	1	0	1
PALAU	0	1	0	1
QATAR	5	21	0	26
SAIPAN	5	12	0	17
SAUDI ARABIA	227	2401	0	2628
SCOTLAND	0	1	0	1
SINGAPORE	2	63	0	65
SPAIN	0	2	0	2
SUDAN	0	4	0	4
TAIWAN	0	4	0	4
UNITED ARAB EMIRATES	15	154	0	169
UNITED KINGDOM	81	388	0	470
UNITED STATES	33	142	0	175
YEMEN NORTH	4	6	0	10
Sub Skills Group: NURSING PERSONNEL (N E C)	12	119	0	131
BAHRAIN	0	3	0	3
IRELAND	0	1	0	1
SAUDI ARABIA	11	102	0	113
UNITED ARAB EMIRATES	1	13	0	14

APPENDIX D



Philippine Overseas Employment Administration OFW Deployment by Skill, Country and Sex For the Year 2003 (New Hires)

Country / Skill Major Group / Skill Sub-Class	Male	Female	Not Stated	TOTAL
Sub Skills Group: NURSES PROFESSIONAL	981	7,986	1	8,968
ANGOLA		1		1
AUSTRALIA	3	12		15
BAHRAIN	2	19		21
BELIZE		3		3
BRUNEI		2		2
CANADA	6	19		25
COMMONWEALTH OF THE NORTHERN MARIANA IS.		2		2
DIEGO GARCIA	1	1		2
EGYPT	4	11		15
IRAQ		2		2
IRELAND	26	181		207
ISRAEL	1	1		2
ITALY		1		1
JORDAN		38		38
KUWAIT	9	42		51
LIBYA	5	47		52
MALAYSIA		7		7
MARSHALL ISLAND		4		4
MICRONESIA	1			1
NEW ZEALAND		5		5
NORWAY	2	1		3
PALAU		3		3
QATAR	27	215		242
SAIPAN	1	4		5
SAUDI ARABIA	451	5288	1	5740
SINGAPORE	33	293		326
TAIWAN	30	170		200
UNITED ARAB EMIRATES	78	148		226
UNITED KINGDOM	267	1277		1544
UNITED STATES	31	165		196
YEMEN NORTH	3	21		24
YEMEN REPUBLIC OF		3		3
Sub Skills Group: NURSING PERSONNEL (N E C)	34	268		302
IRELAND		3		3
QATAR	1			1
SAUDI ARABIA	30	226		256
UNITED ARAB EMIRATES	3	38		41
UNITED STATES		1		1

APPENDIX D



Philippine Overseas Employment Administration

OFW Deployment by Skill, Country and Sex For the Year 2002 (New Hires)

Country / Skill Major Group / Skill Sub-Class	Male	Female	Not Stated	TOTAL
<i>Sub Skills Group:</i> NURSES PROFESSIONAL	1,615	10,295	1	11,911
ALGERIA	2			2
ANGOLA		1		1
AUSTRALIA		2		2
BAHAMAS		2		2
BAHRAIN	3	54		57
BELGIUM		1		1
BERMUDA		1		1
BRITISH WEST INDIES		1		1
BRUNEI	2	7		9
CANADA	7	44		51
COMMONWEALTH OF THE NORTHERN MARIANA IS.	1	9		10
CUBA	1			1
ICELAND		1		1
IRELAND	131	784		915
ITALY		1		1
KUWAIT	19	89		108
LIBYA	78	336		414
MALAYSIA		16		16
MARSHALL ISLAND		1		1
NETHERLANDS	1	9		10
NEW ZEALAND		6		6
NORWAY	5	27		32
OMAN	1			1
PALAU		1		1
QATAR	33	180		213
SAIPAN	4	13		17
SAUDI ARABIA	526	6,177		5704
SINGAPORE	34	303		337
TAIWAN	12	119		131
UNITED ARAB EMIRATES	83	322		405
UNITED KINGDOM	591	2,514		3,105
UNITED STATES	75	245		320
YEMEN NORTH	6	26		32
YEMEN REPUBLIC OF		2		2
YEMEN SOUTH		1		1
<i>Sub Skills Group:</i> NURSING PERSONNEL, (N E C)	43	381		424
IRELAND	1	14		15
ISRAEL	1	11		12
LIBYA		10		10
NORWAY	1			1
SAUDI ARABIA	37	327		364
SINGAPORE		1		1
UNITED ARAB EMIRATES	2	17		19
UNITED STATES	1	1		2

APPENDIX D



Philippine Overseas Employment Administration

OFW Deployment by Skill, Country and Sex For the Year 2001

Country / Skill Major Group / Skill Sub-Class	Male	Female	Not Stated	TOTAL
Major/Skill Group: PROFESSIONAL TECHNICAL AND RELATED WORKERS	14,392	83,056	5	97,453
Sub Skills Group: NURSES PROFESSIONAL	2,269	11,267		13,536
ALGERIA	1			1
ANGOLA		1		1
BAHAMAS	1	3		4
BAHRAIN	1	6		7
BERMUDA		4		4
BRUNEI		1		1
CANADA	1	6		7
COMMONWEALTH OF THE NORTHERN MARIANA IS.	4	23		27
GUAM	1	6		7
ICELAND		1		1
IRELAND	311	1218		1529
ITALY		1		1
JORDAN		36		36
KUWAIT	52	130		182
LIBYA	1	8		9
MALAYSIA	1	1		2
MALDIVES		1		1
NETHERLANDS	13	21		34
NEW ZEALAND	3	9		12
NORWAY	7	43		50
OMAN	1	2		3
QATAR	30	113		143
SAIPAN	14	35		49
SAUDI ARABIA	483	4562		5045
SINGAPORE	45	368		413
TAIWAN	3	6		9
UNITED ARAB EMIRATES	79	164		243
UNITED KINGDOM	1152	4231		5383
UNITED STATES	56	248		304
YEMEN NORTH	9	18		27
YEMEN REPUBLIC OF		1		1
Sub Skills Group: NURSING PERSONNEL (N E C)	25	261		286
IRELAND	2	30		32
ISRAEL	2	1		3
KUWAIT		10		10
SAUDI ARABIA	20	210		230
UNITED ARAB EMIRATES		6		6
UNITED KINGDOM	1	4		5

APPENDIX D



Philippine Overseas Employment Administration

Deployment Per Skill Per Country for the year 2000

Country / Skill Major Group / Skill Sub-Class	Male	Female	Not Stated	TOTAL
Major Class: PROFESSIONAL TECHNICAL AND RELATED WORKERS				78,685
Sub Class: NURSES PROFESSIONAL				7,683
AUSTRALIA	2			2
BAHRAIN	5	17		22
BERMUDA		1		1
CAMBODIA		1		1
CANADA		1		1
EGYPT	8	10		18
GUAM	1			1
IRELAND	24	102		126
ISLE OF MAN	2	2		4
JORDAN		29		29
KUWAIT	53	80		133
LIBYA	4	13		17
MALDIVES		1		1
MALTA		1		1
NEW ZEALAND	3	13		16
NIGERIA	1			1
NORWAY	5	14		19
OMAN	6	41		47
PALAU		1		1
QATAR	2	5		7
SAIPAN	5	19		24
SAUDI ARABIA	410	3,478		3,888
SINGAPORE	37	255		292
THAILAND		1		1
UNITED ARAB EMIRATES	20	275		295
UNITED KINGDOM	657	1,958		2,615
UNITED STATES	22	67		89
YEMEN NORTH	6	24		30
YEMEN REPUBLIC OF		1		1
Sub Class: NURSING PERSONNEL (N E C)				658
GUAM		5		5
HONG KONG		1		1
ICELAND		1		1
IRELAND		1		1
SAUDI ARABIA	28	470		498
SINGAPORE	3	123		126
TAIWAN	1			1
UNITED ARAB EMIRATES	1	9		10
UNITED KINGDOM		13		13
UNITED STATES		2		2

APPENDIX D



Philippine Overseas Employment Administration

Deployment Per Skill Per Country for the year 1999

Country / Skill Major Group / Skill Sub-Class	Male	Female	Not Stated	TOTAL
Major Class: PROFESSIONAL TECHNICAL AND RELATED WORKERS				62,367
Sub Class: NURSES PROFESSIONAL				5,413
ANGOLA		1		1
AUSTRIA	1			1
BAHRAIN	1	10		11
BELIZE		1		1
BRUNEI		1		1
COMMONWEALTH OF THE NORTHERN MARIANA IS.	1	1		2
EGYPT	2	26		28
EQUATORIAL GUINEA	2	1		3
FEDERATED STATES OF MICRONESIA	1			1
KUWAIT	21	32		53
LIBYA	1	17		18
MALAYSIA	2	11		13
MALDIVES		2		2
NEW ZEALAND	11	14		25
NIGERIA	1			1
NORWAY	1	2		3
OMAN	12	100		112
QATAR	3	9		12
SAIPAN	9	12		21
SAUDI ARABIA	395	3,172		3,567
SINGAPORE	23	131		154
UNITED ARAB EMIRATES	57	310		367
UNITED KINGDOM	279	655		934
UNITED STATES	9	44		53
YEMEN NORTH	7	22		29
Sub Class: NURSING PERSONNEL (N E C)				559
OMAN		7		7
SAUDI ARABIA	29	435		464
SINGAPORE	3	57		60
TAIWAN		17		17
UNITED ARAB EMIRATES		11		11

APPENDIX D



Philippine Overseas Employment Administration

Deployment Per Skill Per Country for the year 1998

Country / Skill Major Group / Skill Sub-Class	Male	Female	Not Started	TOTAL
Major Class: PROFESSIONAL TECHNICAL AND RELATED WORKERS				55,823
Sub Class: NURSES PROFESSIONAL				4,591
ANGOLA		1		1
AUSTRIA		1		1
BAHAMAS		2		2
BAHRAIN	14	28		42
BRUNEI		2		2
COMMONWEALTH OF THE NORTHERN MARIANA IS.		1		1
EGYPT	10	18		28
JORDAN		18		18
KUWAIT	64	79		143
LEBANON	1	23		24
LIBYA	17	72		89
MALAYSIA	5	29		34
MALDIVES		1		1
NEW ZEALAND	1	14		15
NORWAY	1			1
OMAN	38	34		72
PAKISTAN	2	3		5
QATAR	6	15		21
SAIPAN	2	2		4
SAUDI ARABIA*	336	3,137		3,473
SINGAPORE	28	196		224
THAILAND		2		2
UNITED ARAB EMIRATES	107	161		268
UNITED KINGDOM	22	41		63
UNITED STATES	2	3		5
YEMEN NORTH	10	42		52
Sub Class: NURSING PERSONNEL (N E C)				808
BRUNEI		1		1
NORWAY		1		1
OMAN	5	2		7
QATAR	2	6		8
SAUDI ARABIA	92	533		625
SINGAPORE	25	122		147
TAIWAN		8		8
UNITED ARAB EMIRATES	1	10		11

APPENDIX D



Philippine Overseas Employment Administration

Deployment Per Skill Per Country for the year 1997

Country / Skill Major Gr. up / Skill Sub-Class	Male	Female	Not Stated	TOTAL
Major Class: PROFESSIONAL TECHNICAL AND RELATED WORKERS				51,656
Sub Class: NURSES PROFESSIONAL				4,242
ALGERIA	1			1
ANGOLA		3		3
AUSTRIA		2		2
BAHRAIN	11	16		27
BRUNEI	2	30		32
COMMONWEALTH OF THE NORTHERN MARIANA IS.		1		1
JAPAN		1		1
JORDAN		17		17
KUWAIT	7	18		25
LIBYA	14	161		175
MALAYSIA	7	101		108
NEW ZEALAND	22	54		76
NIGERIA	3	1		4
OMAN	81	42		123
QATAR	4	10		14
SAIPAN	1	2		3
SAUDI ARABIA	440	2,731		3,171
SINGAPORE	6	222		228
SOUTH WEST AFRICA NAMIBIA	1	1		2
THAILAND		1		1
UNITED ARAB EMIRATES	61	128		189
UNITED STATES	4	7		11
YEMEN NORTH	6	22		28
Sub Class: NURSING PERSONNEL (N E C)				1,003
SAUDI ARABIA	57	566		623
SINGAPORE	37	321		358
TAIWAN	2			2
UNITED ARAB EMIRATES		20		20

APPENDIX D



Philippine Overseas Employment Administration

Deployment Per Skill Per Country for the year 1996

Country / Skill Major Group / Skill Sub-Class	Male	Female	Not Stated	TOTAL
Major Class: PROFESSIONAL TECHNICAL AND RELATED WORKERS				36,848
Sub Class: NURSES PROFESSIONAL				4,734
AUSTRALIA	2	7		9
BAHRAIN	5	14		19
BANGLADESH	1			1
BRUNEI		8		8
COMMONWEALTH OF THE NORTHERN MARIANA IS.		5		5
GERMANY WEST		5		5
ISRAEL		2		2
JORDAN		18		18
KUWAIT	91	178		269
LAOS		1		1
LEBANON	1	27		28
LIBYA	75	734		809
MALAYSIA	5	91		96
MALDIVES		3		3
NEW ZEALAND		6		6
OMAN	41	67		108
PAKISTAN	7	7		14
QATAR	2	4		6
SAIPAN	1			1
SAUDI ARABIA	353	2,358		2,711
SINGAPORE	7	257		264
TAIWAN		1		1
THAILAND	1	2		3
UNITED ARAB EMIRATES	9	41		50
UNITED STATES	53	215		268
YEMEN NORTH	11	16		27
YEMEN REPUBLIC OF		2		2
Sub Class: NURSING PERSONNEL (N E C)				743
BAHRAIN		1		1
ISRAEL		3		3
MALAYSIA	2	3		5
SAUDI ARABIA	62	298		360
SINGAPORE	40	245		285
UNITED ARAB EMIRATES	20	67		87
UNITED STATES		2		2

APPENDIX E



Daily Cost of Living, Purchasing Power of the Peso, Inflation Rate & Consumer Price Index
(DCoL for a family of six, in Pesos; inflation rate in %; for 2004)

	Daily Cost of	Purchasing	Inflation Rate		Consumer Price
	Living ^a	Power of the Peso ^b	Y-o-Y ^c	M-o-M ^d	Index ^e
Philippines					
January	459.62	0.57	3.4	0.8	175.0
February	460.67	0.57	3.4	0.2	175.4
March	462.51	0.57	3.8	0.4	176.1
April	464.61	0.57	4.1	0.5	176.9
May	466.97	0.56	4.5	0.5	177.8
June	473.80	0.55	5.1	1.5	180.4
July	479.06	0.55	6.0	1.1	182.4
August	481.42	0.55	6.3	0.5	183.3
September	484.31	0.54	6.9	0.6	184.4
October	485.88	0.54	7.1	0.3	185.0
November	489.04	0.54	7.6	0.6	186.2
December	492.19	0.53	7.9	0.6	187.4
NCR					
January	561.45	0.56	3.2	0.7	178.6
February	562.70	0.56	3.4	0.2	179.0
March	563.33	0.56	3.9	0.1	179.2
April	566.48	0.55	4.4	0.6	180.2
May	568.99	0.55	4.8	0.4	181.0
June	578.42	0.54	5.1	1.7	184.0
July	580.94	0.54	6.1	0.4	184.8
August	582.19	0.54	6.1	0.2	185.2
September	584.71	0.54	6.4	0.4	186.0
October	586.91	0.54	6.3	0.4	186.7
November	594.45	0.53	7.2	1.3	189.1
December	602.31	0.52	8.0	1.3	191.6
Areas outside NCR					
Agricultural					
January	418.27	0.58	3.3	0.9	173.7
February	418.99	0.57	3.2	0.2	174.0
March	421.40	0.57	3.7	0.6	175.0
April	422.84	0.57	3.9	0.3	175.6
May	425.01	0.57	4.3	0.5	176.5
June	431.27	0.56	5.1	1.5	179.1
July	436.81	0.55	6.0	1.3	181.4
August	439.46	0.55	6.4	0.6	182.5
September	442.35	0.54	7.1	0.7	183.7
October	444.04	0.54	7.5	0.4	184.4
November	445.48	0.54	7.7	0.3	185.0
December	447.41	0.54	7.9	0.4	185.8
Non-agricultural					
January	440.07	0.58	3.3	0.9	173.7
February	440.83	0.57	3.2	0.2	174.0
March	443.36	0.57	3.7	0.6	175.0
April	444.88	0.57	3.9	0.3	175.6
May	447.16	0.57	4.3	0.5	176.5
June	453.75	0.56	5.1	1.5	179.1
July	459.58	0.55	6.0	1.3	181.4
August	462.36	0.55	6.4	0.6	182.5
September	465.40	0.54	7.1	0.7	183.7
October	467.18	0.54	7.5	0.4	184.4
November	468.70	0.54	7.7	0.3	185.0
December	470.72	0.54	7.9	0.4	185.8

^a - Estimates of daily cost of living for a family of six are inflated figures of 1988 and 1994 daily cost of living.

^b - Purchasing power of the peso refers to the real value of one peso compared to prices in 1994 (base year).

^c - Y-o-Y is Year-on-Year, figure compared to the same period of the previous year.

^d - M-o-M is Month-on-Month, figure compared to the previous month of the same year.

^e - Consumer Price Index base year = 1984

Source of basic data: National Statistics Office

APPENDIX E



Daily Cost of Living, Purchasing Power of the Peso, Inflation Rate & Consumer Price Index
(DCoL for a family of six, in Pesos; inflation rate in %; for 2003)

	Daily Cost of	Purchasing	Inflation Rate		Consumer Price
	Living ^a	Power of the Peso ^b	Y-o-Y ^c	M-o-M ^d	
Philippines					
January	444.39	0.59	2.5	-0.4	169.2
February	445.44	0.59	2.9	0.2	169.6
March	445.70	0.59	2.7	0.1	169.7
April	446.49	0.59	2.7	0.2	170.0
May	447.00	0.59	2.6	0.1	170.2
June	450.95	0.58	3.2	0.9	171.7
July	451.74	0.58	3.2	0.2	172.0
August	452.79	0.58	2.9	0.2	172.4
September	453.05	0.58	2.7	0.1	172.5
October	453.58	0.58	2.9	0.1	172.7
November	454.63	0.58	3.1	0.2	173.1
December	455.94	0.58	3.0	0.3	173.6
NCR					
January	543.84	0.58	3.2	1.1	173.0
February	544.16	0.58	3.5	0.1	173.1
March	542.27	0.58	2.5	(0.3)	172.5
April	542.59	0.58	2.4	0.1	172.6
May	542.90	0.58	1.9	0.1	172.7
June	550.13	0.57	4.0	1.3	175.0
July	547.30	0.57	3.4	(0.5)	174.1
August	548.87	0.57	3.5	0.3	174.6
September	549.50	0.57	3.6	0.1	174.8
October	552.02	0.57	4.2	0.5	175.6
November	554.53	0.57	4.4	0.5	176.4
December	557.67	0.56	3.6	0.6	177.4
Areas outside NCR					
Agricultural					
January	404.78	0.59	2.4	0.3	168.1
February	405.99	0.59	2.9	0.3	168.6
March	406.23	0.59	2.9	0.1	168.7
April	406.95	0.59	2.9	0.2	169.0
May	407.43	0.59	2.9	0.1	169.2
June	410.32	0.59	3.0	0.7	170.4
July	412.25	0.58	3.1	0.5	171.2
August	412.97	0.58	2.6	0.2	171.5
September	413.21	0.58	2.4	0.1	171.6
October	413.21	0.58	2.4	-	171.6
November	413.69	0.58	2.6	0.1	171.8
December	414.66	0.58	2.7	0.2	172.2
Non-agricultural					
January	425.88	0.59	2.4	0.3	168.1
February	427.15	0.59	2.9	0.3	168.6
March	427.40	0.59	2.9	0.1	168.7
April	428.16	0.59	2.9	0.2	169.0
May	428.67	0.59	2.9	0.1	169.2
June	431.71	0.59	3.0	0.7	170.4
July	433.74	0.58	3.1	0.5	171.2
August	434.50	0.58	2.6	0.2	171.5
September	434.75	0.58	2.4	0.1	171.6
October	434.75	0.58	2.4	-	171.6
November	435.26	0.58	2.6	0.1	171.8
December	436.27	0.58	2.7	0.2	172.2

^a - Estimates of daily cost of living for a family of six are inflated figures of 1988 and 1994 daily cost of living.

^b - Purchasing power of the peso refers to the real value of one peso compared to prices in 1994 (base year).

^c - Y-o-Y is Year-on-Year, figure compared to the same period of the previous year.

^d - M-o-M is Month-on-Month, figure compared to the previous month of the same year.

^e - Consumer Price Index base year = 1994

Source of basic data: National Statistics Office



7. HEALTH

HEALTH INDICATORS, 1998	
Bataan	
Hospitals	9
Public	4
Private	5
Doctors	20
Dentists	15
Nurses	27
Midwives	181
Barangay Health Stations	176
Households with access to potable water	101%
with access to sanitary toilet facilities	73.8%
<i>Source:</i> Department of Health	

Four public hospitals and five privately owned hospitals provide health service in the province as of 1998. There are also 176 health stations designated in the different barangays that ideally provide easy access for those who need immediate medical attention.

Like in any other province, there is lack of health practitioners in service. There is only one doctor for every 27,900 persons, one dentist for every 37,200, one nurse for every 20,700 and one midwife for every 3,100.

APPENDIX G



**LIST OF PUBLIC AND PRIVATE HOSPITALS
WITH NO. OF BED CAPACITY
Province of Bataan
As of 2001**

Name of of Hospital/Location	Bed Capacity
PUBLIC	
1. Bataan General Hospital formerly BPH (Tenejero, Balanga, Bataan)	250
2. Orani District (Emergency) Hospital (Orani, Bataan)	21
3. Dinalupihan District Hospital	50
4. Arsenal District (Kalusugan) (Lamao, Limay, Bataan)	25
5. Bagac Medical Hospital (Bagac, Bataan)	
6. Mental Hospital, Mariveles, Bataan	
PRIVATE	
1. Bataan Doctor's Hospital DFS Balanga City	50
2. Women's Hospital St. Joseph Subd. Balanga City	30
3. St. Joseph Hospital Diversion Road, Balanga City	18
4. St. Peter Hospital Dinalupihan, Bataan	10
5. Isaac and Catalina Medical Center Balanga City	90



**SAMPLE
REQUEST LETTER
AND
QUESTIONNAIRES**

University of the Philippines – Manila
College of Arts and Sciences
Department of Social Sciences

Sir/Madam:

Greetings!

I am Hennesy Anne A. Roque, a graduating student of the University of the Philippines - Manila taking up BA Development Studies. In partial fulfillment of the requirements in this course, I am now working on a thesis about the present working condition of local Filipino nurses here in Bataan particularly those working in Orani District Emergency Hospital and Isaac & Catalina Medical Hospital.

In this regard, may I request for your kind permission to integrate with the nurses under your administration. This would provide me the opportunity to conduct personal interviews and in the form of questionnaires for my data presentation. Moreover, I would like to request for copies of any pertinent data or documents and statistics related to my study.

I appeal for your positive response. Thank you so much.

Respectfully yours,

Hennesy Anne A. Roque
Student

Noted by:

Prof. Edberto Villegas
Thesis Adviser

Good day! I'm Hennesy Anne A. Roque, a 4th year Development Studies student from the University of the Philippines Manila (UP-PGH) who is currently working on my thesis regarding the present condition of local Filipino nurses. Your answers to this questionnaire will serve as a source of data to complete my research. I hope for your cooperation..

Name: _____ Age: _____ Gender: _____ Status: _____

If married, how many children do you have? _____

Are you an RN? Yes No

Position: (pls. include the unit/department) _____

(For the following questions, please encircle your answer)

- Type of hospital:**
a. private
b. public/government-owned
- Salary: (monthly)**
a. below 10,000
b. 10,000-15,000
c. 16,000-20,000
d. Above 20,000
- How long have you been working as a nurse?**
a. less than 1 year
b. 1-3 years
c. 4-6 years
d. More than 6 years
- No. of working hours (per day):**
a. below 8 hours
b. 8 hours
c. Above 8 hours
- No. of working days per week:**
a. 2-3 days
b. 4-5 days
c. 6-7 days
- No. of patients per shift**
a. below 10
b. 10-15
c. 16 and above
- Where do you prefer working? Private Hospital Public Hospital
- If given an opportunity, do you want to work abroad and leave your work here? Why?
a. yes. _____
b. no. _____
- If yes, to what country? _____
- In your overall work, are you satisfied? Or overburdened? Explain.

- Do you consider your wage proportionate to the work you are providing? Explain.

- What are the benefits provided to you by this hospital? Please enumerate.

- What do you think are the causes of your being overburdened? (Number the items from 1-6, 1 being the main cause)
 migration of co-nurses abroad
 lack of budget/low salary
 Understaffed, multi-tasking, long hours of work
 many patients assigned
 Lack of enough training and supervision
 Insufficient benefits
 Lack of enough development and recognition

Thank you!!!

Good day! I'm Hennessy Anne A. Roque, a 4th year Development Studies student from the University of the Philippines Manila (UP-PGH) who is currently working on my thesis regarding the present condition of local Filipino nurses. Your answers to this questionnaire will serve as a source of data to complete my research. I hope for your cooperation..

Name: QUE, MARIE MAE C. Age: 26 Gender: F Status: SINGLE

If married, how many children do you have?

Are you an RN? Yes No

Position: (pls. include the unit/department) NURSE II - OPAS-OB DEPT.

(For the following questions, please encircle your answer)

5. Type of hospital:
- private
 - public/government-owned
5. Salary: (monthly)
- below 10,000
 - 10,000-15,000
 - 16,000-20,000
 - Above 20,000
5. How long have you been working as a nurse?
- less than 1 year
 - 1-3 years
 - 4-6 years
 - More than 6 years
5. No. of working hours (per day):
- below 8 hours
 - 8 hours
 - Above 8 hours
5. No. of working days per week:
- 2-3 days
 - 4-5 days
 - 6-7 days
5. No. of patients per shift
- below 10
 - 10-15
 - 16 and above
5. Where do you prefer working? Private Hospital Public Hospital
5. If given an opportunity, do you want to work abroad and leave your work here? Why?
- yes. I have to be practical, I still have a brother who is studying and I want to help my parents by supporting him
 - no.
5. If yes, to what country? any country except Middle East
5. In your overall work, are you satisfied? Or overburdened? Explain.
- I agree both compensation is quite ok but the no. of patients we handle each day is most of the time, too many that we can't handle even the people case we should be giving.
5. Do you consider your wage proportionate to the work you are providing? Explain.
- No, because after your day of work, the feeling of exhaustion is just too much that when you think of the compensation that you receive you can't help but feel dejected.
5. What are the benefits provided to you by this hospital? Please enumerate.
- Hazardous
Hazard Pay
5. What do you think are the causes of your being overburdened? (Number the items from 1-6. 1 being the main cause)
- 3 migration of co-nurses abroad
 - 4 lack of budget/low salary
 - 2 Understaffed, multi-tasking, long hours of work
 - 1 many patients assigned
 - 5 Lack of enough training and supervision
 - 7 Insufficient benefits
 - 6 Lack of development and recognition

Thank you!!!

Good day! I'm Hennessy Anne A. Rogie, a 4th year Development Studies student from the University of the Philippines Manila (UP-PGH) who is currently working on my thesis regarding the present condition of local Filipino nurses. Your answers to this questionnaire will serve as a source of data to complete my research. I hope for your cooperation.

Name: Daphne C. de Leon Age: 49 Gender: F Status: M

If married, how many children do you have? 3

Are you an RN? Yes No

Position: (pls. include the unit/department) Nurse II, OB

(For the following questions, please encircle your answer)

1. Type of hospital:
- a. private
 - b. public/government-owned
2. Salary: (monthly)
- a. below 10,000
 - b. 10,000-15,000
 - c. 16,000-20,000
 - d. Above 20,000
3. How long have you been working as a nurse?
- a. less than 1 year
 - b. 1-3 years
 - c. 4-6 years
 - d. More than 6 years
4. Where do you prefer working? Private Hospital Public Hospital
5. If given an opportunity, do you want to work abroad and leave your work here? Why?
- a. yes. Good salary, good working condition
 - b. no.
6. If yes, to what country? USA
7. In your overall work, are you satisfied? Or overburdened? Explain.
- overburdened - salary is not compensated, lack of manpower, supplies of equipment
8. Do you consider your wage proportionate to the work you are providing? Explain.
- No, not compensated
9. What are the benefits provided to you by this hospital? Please enumerate.
- Clothing allowance
Food allowance
10. What do you think are the causes of your being overburdened? (Number the items from 1-6, 1 being the main cause)
- 4 migration of co-nurses abroad
 - 1 lack of budget/low salary
 - 2 Understaffed, multi-tasking, long hours of work
 - 3 many patients assigned
 - 6 Lack of enough training and supervision
 - 5 Insufficient benefits
 - 7 Lack of development and recognition

Thank you!!!

Good day! I'm Hennesy Anne A. Roque, a 4th year Development Studies student from the University of the Philippines Manila (UP-FGH) who is currently working on my thesis regarding the present condition of local Filipino nurses. Your answers to this questionnaire will serve as a source of data to complete my research. I hope for your cooperation.

Name: Hennedette G. Age: 26 Gender: F Status: S

If married, how many children do you have?

Are you an RN? Yes No

Position: (pls. include the unit/department) AK

(For the following questions, please encircle your answer)

- ☞ Type of hospital:
 - a. private
 - b. public/government-owned
- ☞ Salary: (monthly)
 - a. below 10,000
 - b. 10,000-15,000
 - c. 16,000-20,000
 - d. Above 20,000
- ☞ How long have you been working as a nurse?
 - a. less than 1 year
 - b. 1-3 years
 - c. 4-6 years
 - d. More than 6 years
- ☞ No. of working hours (per day):
 - a. below 8 hours
 - b. 8 hours
 - c. Above 8 hours
- ☞ No. of working days per week:
 - a. 2-3 days
 - b. 4-5 days
 - c. 6-7 days
- ☞ No. of patients per shift
 - a. below 10
 - b. 10-15
 - c. 16 and above
- ☞ Where do you prefer working? Private Hospital Public Hospital
- ☞ If given an opportunity, do you want to work abroad and leave your work here? Why?
 - a. yes FOR FINANCIAL PURPOSES
 - b. no.
- ☞ If yes, to what country? US/UK
- ☞ In your overall work, are you satisfied? Or overburdened? Explain.
SATISFIED BUT OVERWORKED
- ☞ Do you consider your wage proportionate to the work you are providing? Explain.
NO!
- ☞ What are the benefits provided to you by this hospital? Please enumerate.
HIGHER SALARY THAN PRIVATE
- ☞ What do you think are the causes of your being overburdened? (Number the items from 1-6, 1 being the main cause)
 - 2 migration of co-nurses abroad
 - 5 lack of budget/low salary
 - 2 understaffed, multi-tasking, long hours of work
 - 1 many patients assigned
 - 4 Lack of enough training and supervision
 - 6 Insufficient benefits
 - 7 Lack of development and recognition

Thank you!!!

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Name: MICKO K. ALCANTARA Age: 26 Gender: M Status: S

If married, how many children do you have? NA

Are you an RN? Yes No

Position: (pls. include the unit/department) ICU - NURSE

(For the following questions, please encircle your answer)

Q1. Type of hospital:

- a. private
 b. public/government-owned

Q2. Salary: (monthly)

- a. below 10,000
 b. 10,000-15,000
 c. 16,000-20,000
 d. Above 20,000

Q3. How long have you been working as a nurse?

- a. less than 1 year
 b. 1-3 years
 c. 4-6 years
 d. More than 6 years

Q4. No. of working hours (per day):

- a. below 8 hours
 b. 8 hours
 c. Above 8 hours

Q5. No. of working days per week:

- a. 2-3 days
 b. 4-5 days
 c. 6-7 days

Q6. No. of patients per shift

- a. below 10
 b. 10-15
 c. 16 and above

Q7. Where do you prefer working? Private Hospital Public Hospital

Q8. If given an opportunity, do you want to work abroad and leave your work here? Why?

- a. yes. To earn much money, to help my family.
b. no.

Q9. If yes, to what country? Australia or America

Q10. In your overall work, are you satisfied? Or overburdened? Explain.

I'm overburdened because of too much working load and low salary paid.

Q11. Do you consider your wage proportionate to the work you are providing? Explain.

No. Because of low salary provided.

Q12. What are the benefits provided to you by this hospital? Please enumerate.

1. Medicare (PHILHEALTH)

Q13. What do you think are the causes of your being overburdened? (Number the items from 1-6. 1 being the main cause)

- 7 migration of co-nurses abroad
2 lack of budget/low salary
1 Understaffed, multi-tasking, long hours of work
6 many patients assigned
4 Lack of enough training and supervision
3 Insufficient benefits
5 Lack of development and recognition

Thank you!!!

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Name: SULAN, NAROS M. Age: 21 Gender: M Status: C

If married, how many children do you have?

Are you an RN? Yes No

Position: (pls. include the unit/department) Assistant Nurse

(For the following questions, please encircle your answer)

1. Type of hospital:

- a. private
 b. public/government-owned

2. Salary: (monthly)

- a. below 10,000
 b. 10,000-15,000
 c. 16,000-20,000
 d. Above 20,000

3. How long have you been working as a nurse?

- a. less than 1 year
 b. 1-3 years
 c. 4-6 years
 d. More than 6 years

4. No. of working hours (per day):

- a. below 8 hours
 b. 8 hours
 c. Above 8 hours

5. No. of working days per week:

- a. 2-3 days
 b. 4-5 days
 c. 6-7 days

6. No. of patients per shift

- a. below 10
 b. 10-15
 c. 16 and above

7. Where do you prefer working? Private Hospital Public Hospital

8. If given an opportunity, do you want to work abroad and leave your work here? Why?

- a. yes. because the salary here is not enough to support our needs.
b. no.

9. If yes, to what country? Western country

10. In your overall work, are you satisfied? Or overburdened? Explain.

overburdened: too much work & less salary.

11. Do you consider your wage proportionate to the work you are providing? Explain.

No, too much work, low salary.

12. What are the benefits provided to you by this hospital? Please enumerate.

none for solid

13. What do you think are the causes of your being overburdened? (Number the items from 1-6, 1 being the main cause)

- 1 migration of co-nurses abroad
1 lack of budget/low salary
3 Understaffed, multi-tasking, long hours of work
2 many patients assigned
2 Lack of enough training and supervision
5 insufficient benefits
6 Lack of development and recognition

Thank you!!!

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Name: Janice M. Arrozal Age: 23 Gender: F Status: Married

If married, how many children do you have? 1 (boy)

Are you an RN? Yes No

Position: (pls. include the unit/department) Supervisor Nurse

(For the following questions, please encircle your answer)

1. Type of hospital:
a. private
b. public/government-owned
2. Salary: (monthly)
a. below 10,000
b. 10,000-15,000
c. 16,000-20,000
d. Above 20,000
3. How long have you been working as a nurse?
a. less than 1 year
b. 1-3 years
c. 4-6 years
d. More than 6 years
4. No. of working hours (per day):
a. below 8 hours
b. 8 hours
c. Above 8 hours
5. No. of working days per week:
a. 2-3 days
b. 4-5 days
c. 6-7 days
6. No. of patients per shift:
a. below 10
b. 10-15
c. 16 and above
7. Where do you prefer working? Private Hospital Public Hospital
8. If given an opportunity, do you want to work abroad and leave your work here? Why?
a. yes To acquire new knowledge + skills concerning my profession
b. no
9. If yes, to what country? US/UK
10. In your overall work, are you satisfied? Or overburdened? Explain.
Yes im satisfied coz I enjoy doing my job
11. Do you consider your wage proportionate to the work you are providing? Explain.
No compare to other nurses working in other hospital
12. What are the benefits provided to you by this hospital? Please enumerate.
SSS
Phil - health
Agibig
13. What do you think are the causes of your being overburdened? (Number the items from 1-6. 1 being the main cause)
1 migration of co-nurses abroad
1 lack of budget/low salary
3 Understaffed, multi-tasking, long hours of work
4 many patients assigned
4 Lack of enough training and supervision
5 Insufficient benefits
6 Lack of development and recognition

Good day! I'm Hennesy Anne A. Roque, a 4th year Development Studies student from the University of the Philippines Manila (UP-PGH) who is currently working on my thesis regarding the present condition of local Filipino nurses. Your answers to this questionnaire will serve as a source of data to complete my research. I hope for your cooperation.

Name JONIE VERA 20K Age: 24 Gender: F Status: S

If married, how many children do you have? _____

Are you an RN? Yes No

Position: (pls. include the unit/department) _____

(For the following questions, please encircle your answer)

Q5. Type of hospital:

- a. private
 b. public/government-owned

Q6. Salary: (monthly)

- a. below 10,000
 b. 10,000-15,000
 c. 16,000-20,000
 d. Above 20,000

Q7. How long have you been working as a nurse?

- a. less than 1 year
 b. 1-3 years
 c. 4-6 years
 d. More than 6 years

Q8. No. of working hours (per day):

- a. below 8 hours
 b. 8 hours
 c. Above 8 hours

Q9. No. of working days per week:

- a. 2-3 days
 b. 4-5 days
 c. 6-7 days

Q10. No. of patients per shift

- a. below 10
 b. 10-15
 c. 16 and above

Q11. Where do you prefer working? Private Hospital Public Hospital

Q12. If given an opportunity, do you want to work abroad and leave your work here? Why?

- a. yes. to earn more money & to acquire new knowledge
 b. no.

Q13. If yes, to what country? London, US/UK

Q14. In your overall work, are you satisfied? Or overburdened? Explain.

you are satisfied coz im happy to do my job

Q15. Do you consider your wage proportionate to the work you are providing? Explain.

no, compare to other nurses working on other hospital

Q16. What are the benefits provided to you by this hospital? Please enumerate.

SSS
Phil. Health
Pagibig

Q17. What do you think are the causes of your being overburdened? (Number the items from 1-6, 1 being the main cause)

- 1 migration of co-nurses abroad
1 lack of budget/low salary
4 Understaffed, multi-tasking, long hours of work
1 many patients assigned
4 Lack of enough training and supervision
3 Insufficient benefits
2 Lack of development and recognition

Thank you!!!

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Name: Anabelle Penafra Age: 28 Gender: F Status: ∅

If married, how many children do you have? _____

Are you an RN? Yes No

Position: (pls. include the unit/department) Head Nurse

(For the following questions, please encircle your answer)

- ↪ Type of hospital:
- a. private
 - b. public/government-owned
- ↪ Salary: (monthly)
- a. below 10,000
 - b. 10,000-15,000
 - c. 16,000-20,000
 - d. Above 20,000
- ↪ How long have you been working as a nurse?
- a. less than 1 year
 - b. 1-3 years
 - c. 4-6 years
 - d. More than 6 years
- ↪ No. of working hours (per day):
- a. below 8 hours
 - b. 8 hours
 - c. Above 8 hours
- ↪ No. of working days per week:
- a. 2-3 days
 - b. 4-5 days
 - c. 6-7 days
- ↪ No. of patients per shift
- a. below 10
 - b. 10-15
 - c. 16 and above
- ↪ Where do you prefer working? Private Hospital Public Hospital
- ↪ If given an opportunity, do you want to work abroad and leave your work here? Why?
- a. yes: to acquire new skills concerning my profession & to earn more money
b. no: _____
- ↪ If yes, to what country? USA & U.K.
- ↪ In your overall work, are you satisfied? Or overburdened? Explain.
Yes, because I enjoy doing my job
- ↪ Do you consider your wage proportionate to the work you are providing? Explain.
No, esp. when compared to other nurses working in other hospital
- ↪ What are the benefits provided to you by this hospital? Please enumerate.
SSC
pag-Idig
PHILKOLHA
- ↪ What do you think are the causes of your being overburdened? (Number the items from 1-6, 1 being the main cause)
- 2 migration of co-nurses abroad
 - 1 lack of budget/low salary
 - 4 Understaffed, multi-tasking, long hours of work
 - 1 many patients assigned
 - 6 Lack of enough training and supervision
 - 3 Insufficient benefits
 - 2 Lack of development and recognition

Thank you!!!

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Name: Amelita Limjapan Age: 2 Gender: F Status: U

If married, how many children do you have?

Are you an RN? Yes No

Position: (pls. include the unit/department) nurse station 2 charge nurse

(For the following questions, please encircle your answer)

1. Type of hospital:
a. private
b. public/government-owned
2. Salary: (monthly)
a. below 10,000
b. 10,000-15,000
c. 16,000-20,000
d. Above 20,000
3. How long have you been working as a nurse?
a. less than 1 year
b. 1-3 years
c. 4-6 years
d. More than 6 years
4. Where do you prefer working? Private Hospital Public Hospital
5. If given an opportunity, do you want to work abroad and leave your work here? Why?
a. yes. for a greener pasture
b. no.
6. If yes, to what country? UK/USA
7. In your overall work, are you satisfied? Or overburdened? Explain.
overburdened, the ratio of patients is not appropriate for the nurse/staff on duty
8. Do you consider your wage proportionate to the work you are providing? Explain.
No, as I mentioned earlier, its due to the ratio of nurses to patients
9. What are the benefits provided to you by this hospital? Please enumerate.
Health Insurance, emergency care
Visiting leave, separation pay upon resignation
and more
10. What do you think are the causes of your being overburdened? (Number the items from 1-6, 1 being the main cause)
3 migration of co-nurses abroad
2 lack of budget/low salary
4 Understaffed, multi-tasking, long hours of work
1 many patients assigned
7 Lack of enough training and supervision
5 Insufficient benefits
6 Lack of development and recognition

Thank you!!!

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Name: Arthur de Vera Age: 27 Gender: M Status: Single

If married, how many children do you have? _____

Are you an RN? Yes No

Position: (pls. include the uni/department) Respiratory Therapist Dept

(For the following questions, please encircle your answer)

1. Type of hospital:

- a. private
- b. public/government-owned

2. Salary: (monthly)

- a. below 10,000
- b. 10,000-15,000
- c. 16,000-20,000
- d. Above 20,000

3. How long have you been working as a nurse?

- a. less than 1 year
- b. 1-3 years
- c. 4-6 years
- d. More than 6 years

4. No. of working hours (per day):

- a. below 8 hours
- b. 8 hours
- c. Above 8 hours

5. No. of working days per week:

- a. 2-3 days
- b. 4-5 days
- c. 6-7 days

6. No. of patients per shift

- a. below 10
- b. 10-15
- c. 16 and above

7. Where do you prefer working? Private Hospital Public Hospital

8. If given an opportunity, do you want to work abroad and leave your work here? Why?

a. yes. low salary

b. no. _____

9. If yes, to what country? USA

10. In your overall work, are you satisfied? Or overburdened? Explain.

satisfied

11. Do you consider your wage proportionate to the work you are providing? Explain.

12. What are the benefits provided to you by this hospital? Please enumerate.

13. What do you think are the causes of your being overburdened? (Number the items from 1-6. 1 being the main cause)

- 6 migration of co-nurses abroad
- 1 lack of budget/low salary
- 2 Understaffed, multi-tasking, long hours of work
- 2 many patients assigned
- 4 Lack of enough training and supervision
- 5 Insufficient benefits
- 3 Lack of development and recognition

thank you!!!