

The National Nursing Crisis: 7 Strategic Solutions

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Introduction

At the rate we are losing monthly our highly skilled nurses to the United States, the United Kingdom, Ireland and the Netherlands, and with the Philippine government, via the Department of Health raising its hands in helplessness, offering no strategic solutions in sight, expect a worsening of the health crisis already plaguing our country. It is not only the nurses the country is losing, our medical doctors are now enrolling in nursing schools offering an abbreviated course for doctors to become nurses.

Why? There is an acute shortage of nurses in the countries mentioned above which became palpable 3 to 4 years ago. The need will not just be for a year or two but for at least the next 10 to 15 fifteen years. So it will no longer be the roller coaster demand for foreign graduate nurses by developed countries which characterized the outflow of nurses from developing countries during the last 35 years but a persistent, chronic need is transpiring. The USA would need around 110,000 nurses a year while the U.K., Ireland, the Netherlands and other European countries would need another 50,000 nurses a year. Austria and Norway have also announced their need for foreign nurses this year. Japan is expected to open its doors to foreign nurses by 2005.

The Northern countries of the world are experiencing longer lifespan and the graying of their population. These factors create increasing pressure on their health systems for greater response mechanisms to the health problems of a growing proportion of the elderly. Their youth population no longer take interest in the nursing profession due to relatively difficult and riskier working conditions such as evening duties, care of the chronically ill and exposure to HIV/AIDS. Thus, there is a great demand for foreign graduate nurses.

The Problem

The Philippines will never be able to compete with the salary scales of nurses in these Northern countries. The basic monthly pay there is US\$3,000-US\$4,000 a month compared to the US\$150-US\$250 that nurses receive in the Philippines. Yes, our Filipino nurses are globally competitive in professional nursing care and practice but our Filipino salaries will never be competitive. Filipino doctors are going through a reversal of health human resource development by becoming nurses. Even specialist doctors are enrolling in nursing schools. The current income of doctors in the Philippines of US\$300 to US\$800 a month is still a pittance compared to the monthly salary of US or European based nurses.

Hospitals in the USA even offer additional attractive benefits like residency visa status for nurses, their spouse and children plus other perks like subsidized housing and transportation.

In the year 2001, the Philippine Overseas Employment Administration (POEA), reported the departure of 13, 536 Filipino nurses to 31 countries. The majority went to the U.K. with 5, 383 nurses, Saudi Arabia with 5, 045 and Ireland 1,529. The POEA reported only 304 nurses going to the USA. This is definitely gross underreporting since the International Union of Nurses reported that close to 10,000 Filipino nurses were directly hired by US based hospitals in 2001 through their nursing job fairs held in various parts of the Philippines.

In 2002, the POEA further reports that a total of 11,911 Filipino nurses left for 33 countries. In 2003, POEA initially reported 8,968 nurses leaving. Again with underreporting of those who left for the USA. Clearly, the trend is here to stay. Sadly, this is no longer “brain drain” but more appropriately “brain hemorrhage” already of our Filipino nurses.

These annual outflow of Filipino nurses for Years 2001-2002 is two to three times greater than the annual production of licensed nurses during the same two year period. Since 1999, the Professional Regulation Commission (PRC) through the Board of Nursing gives licenses to only 5, 784 to 8,419 nurses annually. This is despite the increase of nursing schools from 142 to 240 within the last four years. There were only 40 nursing schools in the 1980s. So very soon, the Philippines will be bled dry of nurses.

With the proliferation of nursing schools, the quality of nursing education has shown signs of deterioration as measured by the proportion of nursing graduates who pass the Board of Nursing licensure examinations. In 2001, 54 percent (4,430 nurses) passed the nurse licensure examinations. In 2003, only 45 percent (4, 227 nurses) passed. Compare this with the average proportion who passed the nurse licensure examinations from 1994-1998 which was 57 percent.

Will the Philippine government just tolerate this trend of health human resource outflows to other countries? Will we, as Filipinos, just wait, standby and not do something about this health threatening situation now? Will the Department of Health act only when the catastrophe is already beyond resuscitation?

Seven Strategic Solutions

This national crisis in nursing and medicine is a very complex issue requiring strategic thinking, multidisciplinary approaches and long term goals. Since the problem is both global and national in scope, it also requires solutions that are global and national in nature.

A win-win strategic solution between the Philippines and the nursing importing countries of the North must be the ultimate goal in dealing constructively and resolving the crisis in

nursing and medical human resources and services. There is no longer room for piecemeal approaches to this issue. But first, President Macapagal-Arroyo, the Cabinet and Congress leaders must accept that this is indeed a serious national problem deserving urgent attention and action.

A seven-point policy action agenda is hereby proposed:

One. Creation of a National Commission on Health Human Resources Development.

Initially, through a Presidential Executive Order, and later as a legislative act, this National Commission will be composed of the leaders from the Executive and Legislative branches of government with participation from the private sector, academe and civil society groups involved in nursing and medical human resources development. With budgetary support and a lifespan of 3 to 5 years, its major tasks include: an intensive review of the past, current and future scenarios of the nursing and medical human resources; completion of a data base of Filipino health human resources; updating of the 25 year National Health Human Resources Policy and Development Plan (1996-2020) formulated with the guidance of Drs. Fernando Sanchez and Dennis Batangan in 1992-95 for the Department of Health; and the development of a unified health human resource development policy and a national policy research agenda on health human resources.

Two. Initiation of High-Level Bilateral Negotiations with Northern Countries Importing Filipino Nurses.

Led by a team composed of Secretaries of the Department of Foreign Affairs (DFA), Department of Labor and Employment (DOLE), the National Economic Development Authority (NEDA), Commission on Higher Education (CHED), Department of Trade and Industry (DTI) and the Department of Health (DOH), bilateral discussions with the United States, United Kingdom, Republic of Ireland, Netherlands and Saudi Arabia will center on a partnership approach between the Philippines and these countries. The current approach to the importation of Filipino nurses by these rich countries has been lopsided and advantageous only to such countries while the Philippines continue to wallow in poverty, underdevelopment and inadequate health care. In the negotiations, these rich countries must be made to realize that the agenda and interests of their Departments/Ministries of Health and their Development Agencies can coincide. Thus for example, USAID, in behalf of the US government and DFID, in behalf of the United Kingdom, will include in their aid package to the Philippines, financial assistance to continuously train globally competitive nurses, constantly upgrading nursing education, nursing health services and nurse remuneration and offering nursing scholarships. Such aid will eventually benefit both countries e.g. the US and UK having a regular pool of nurses to serve their needs since many of these nurses will eventually work there, while the Philippines will be ensured also a regular production and supply of nurses for its health care system.

The Philippine Cabinet Bilateral Negotiation Team must be able to come up with concrete investment packages for nursing and health human resource development for discussions with these countries at the soonest possible time.

Three. North-South Hospital to Hospital Partnership Agreements. While bilateral country negotiations are on-going and the financial aid packages for nursing development eventually actualized, Northern country hospital to Philippine hospital/nursing school agreements should proceed with the same vigor and pace. Such partnership would focus on the provision of a financial grant given by the Northern country hospital for every Filipino nurse that enters its staff. The said financial grant will go to a Nursing Development Trust Fund of the Philippine hospital/nursing school, to be used to improve nurse salaries, training and nursing practice, upgrade hospital and educational facilities and nurse scholarships. Current estimated total cost of educating and producing a nurse that will pass the Philippine nursing licensure examinations are in the range of US\$4,000 to US\$7,000. Thus for example, the Philippine General Hospital (PGH) will enter into a partnership agreement with the Johns Hopkins University Hospital (JHUP) in Maryland, USA. JHUP will donate a negotiated amount to the PGH Nursing Development Trust Fund, for every nurse that it recruits from the PGH.

This is but just since hospitals from countries of the North do not spend a single centavo in the production, development, education and licensure of Filipino nurses. At the very least, they should be able to pay partially if not fully the cost of nursing development since they are going to benefit from the services of that nurse for at least 25 years.

Fourth. Institution the National Health Service Act. The Philippines is one of the few countries in SouthEast Asia that does not have a National Health Service Act. This is a compulsory requirement for all licensed health professionals to serve anywhere within the country for a number of years equivalent to the number of years it took them to study their health professions. While in the past there were attempts to have such a law passed, major objections centered on the individual human rights to move freely and practice their profession where each individual wants, such as in another country. However, with the globalization and active trading of health human resources and the inevitability of the severest brain drain to hit the Philippines, the country's collective interest and collective rights should now prevail.

At best, health professionals graduating from state universities, schools and colleges must be covered by the National Health Service Act. Their education have been heavily subsidized with the taxes paid by the Filipino people. It is but right that they repay the country with their services equivalent to the number of years of subsidy. If the Philippine Military Academy (PMA) has been doing this since its foundation, government health sciences schools should no longer be exempted. Graduates from private health sciences schools can have a modified scheme in complying with the Act, but nevertheless should be covered as well.

With the National Health Service Act, the country will be able to program scientifically the exit of our health professionals, thus ensuring a steady maintenance of health human resources in all health facilities, whether rural or urban.

Fifth. Establish Philippine Nursing Registries. A nursing registry is corporately run human resource development center that provide hospitals, clinics and other health

facilities with their nursing needs. It has management mechanisms that efficiently locates and monitors nursing human resource availability. It actively negotiates for better remuneration and benefits, better working conditions, keeping always nursing welfare high in its agenda. Usually private sector led, nursing registries can be created at the local level covering a specific geographical area. It can start within a local government unit (LGU) service area, either at the city, province or municipality level or a district health system (DHS) level, covering a network of public and private health facilities in various LGU locations. The registry can also center around a tertiary hospital and cover its referral units and catchment areas.

While nursing registries are functioning well in the United States and Europe, the Philippines still has to catch-up with this nursing development. The numerous colleges and schools of nursing should complement this service by making sure that their office of alumni affairs keep a regularly updated directory of all their graduates, keeping track not only of where they are but how they are, in terms of their human welfare and professional growth. With the era of advanced computer software systems and global communication technologies, there should be no more excuses for nursing schools to guarantee this.

Sixth. Expand Nursing Residency and Nurse Practitioner Training Programs. This strategy was adapted from the Board of Nursing-led policy workshops. Patterned after medical specialist residency training programs, all secondary and tertiary hospitals should start a similar one for nurses. These will also be three year residency training focusing on nursing specialties such as intensive care nursing, operating room nursing, emergency nursing, psychiatric nursing, neonatal care nursing, geriatric nursing and nurse counseling. There can also be fellowship programs centering on sub-specialty nursing such as cardiac care nursing, neurology care nursing, genetic nurse counseling, chronic care nursing, and palliative and hospice care. A Board of Nursing Specialties, entirely separate from the Board of Nursing of the Philippine Regulations Commission, should be established to regulate the production and development of these nursing residency and fellowship training programs.

Another nursing development program is the offering of nurse practitioner post graduate courses. Nurse practitioners are independent, highly skilled nurses that work in solo, group or networks. While the Philippines produces a lot of graduates of Masters in Nursing which focuses more on nursing management, administration and research, it has been lagging behind in developing a nurse practitioner education program. This will give room for clinical skills in the nursing areas of wellness, counseling, public health, community health, complementary and alternative health care. The course can be offered by colleges of nursing and can also be regulated by the Board of Nursing Specialties or another new board as well. Once this course is available, the time will come when Filipinos can benefit from direct nursing care from stand alone nurse clinics, nurse wellness centers and other modalities of nurse practitioners' facilities.

The above mentioned developments in nursing education will become venues for nurses to comply with the National Health Service Act without neglecting their professional

growth. These will also ensure better nurse holding mechanisms to maintain a steady pool of nurses to stabilize nursing care in our health care delivery system.

Seventh. Create the Philippine National Council for Nursing Concerns. This will be composed of all the major national organizations involved in nursing. Some of these are the Philippine Nurses Association, the Association of Deans of Colleges and Schools of Nursing, the Board of Nursing, the League of Government Nurses, and the Private Duty Nurses Association. The possible functions of this national council are: to develop a 10 year strategic plan for nursing development in the Philippines; to act as an oversight body for the implementation of all nursing policies, legislations and regulations; to be the locus for the national data bank on nurses and nursing; to be the national sounding board for all nursing issues and concerns; and to coordinate all efforts in uplift and upgrade the nursing profession. To ensure funds for its initial three years of operations, a Presidential Executive Order can be issued to create this National Council until it is able to source out its own financing like as was mentioned in strategic solutions #2 and #3, that is, bilateral aid funding or a percentage of the nursing development trust funds of hospitals and nursing schools. The President can also appoint the first ever Undersecretary of Health for Nursing Concerns, who should be a nurse, to chair this National Council.

Let us just not hope but act now on these 7 strategic solutions. Let us call upon President Gloria Macapagal Arroyo, Cabinet Members, the Senate and Lower House leadership and the country's leading personalities in health and nursing for urgent and immediate actions to solve this current and future crisis in nursing and medicine.

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