Nursing: open season for other professions

A recent phenomenon in the nursing profession is the invasion of its ranks by so-called nursing medics—doctors-turned-nurses.

Now, not only physicians but graduates from other courses are taking up nursing, most of the career shifts motivated by economic factors. We now have “nursing mechanics,” “nursing clerics,” even “nursing biologists.”

Their ages cover practically the entire range from post-teens to pre-senility.

And all of them have their sights trained on overseas nursing jobs which pay from $3,000 to $5,000 monthly.

For Dr. Elmer Reyes Jacinto, it was a round trip from being a nurse to becoming a physician, and then going back to nursing.

Jacinto, a nursing graduate of the Western Mindanao State University in Zamboanga, was working as a nurse in Lamitan, Basilan, before he pulled up stakes and enrolled at the Fatima University College of Medicine in Valenzuela City. He topped the medical board exams after graduation in 2004.

But he didn't practice medicine. He went to New York, where he now works as a nurse.

Quite predictably, most of those who shift to nursing are practitioners in allied professions. They hold degrees in biology, medical technology, occupational therapy, physical therapy, midwifery, and dentistry.

Surprisingly, however, graduates of business courses have also made inroads into the nursing profession, according to statistics from the Board of Nursing of the Professional Regulation Commission. Since 2004 a total of 273 graduates of business administration, accountancy and commerce have gone into nursing.

The list of nurse-wannabes includes graduates of courses not even remotely related to nursing. A sampler: Christian education, computer science, mass communications, economics, journalism, political science, theology, agro-forestry, agriculture, criminology, fisheries, geology, marine biology and mining engineering.

To illustrate the pendulum arc in the age department. Dr. Femy Octaviano, head of the PRC’s Board of Nursing, recounts that during one interview for doctors making the switch, two people came in: a young woman and her father.

“We thought we would be interviewing the daughter. It was the father making the shift.”

She says the doctor was a consultant at a major hospital. He took up nursing because he wanted to put up a Philippine-based nursing home. And since he was also a registered nurse, he wanted to be the chief nurse of the home.

Data from the PRC show that some 4,000 doctors-turned-nurses have already left the country,” says Dr. Kenneth Ronquillo, head of the Department of Health’s health and human resource development division, in an article in the Business Mirror. “About 4,000 more are studying nursing. Should they pass the board examination for nurses, they are likely to leave the country as well.”
Around 80 percent of government physicians have taken up or are enrolled in nursing, coming from all kinds of specialization, reports former Health Secretary Dr. Jaime Galvez-Tan, a professor at the University of the Philippines College of Medicine.

Their ages range from 25 to 65, with years of practice as physicians ranging from 0 to 38 years. Most of them are females, says Galvez-Tan.

There has been a downtrend on the applicants for the National Medical Admission Test from some 6,000 in 2000 to only 2,900 in 2005. Dr. Jose Sabili, president of the Philippine Medical Association, attributes this trend to the “low return on investment” in the medical profession.

While medical students pay tuition of P100,000 per semester for at least eight semesters, the salaries of doctors range from only P17,000 to P21,000. As nurses abroad, they could easily earn up to $5,000 a month.

As a result, the Philippines is starting to reap the negative consequences, the Business Mirror report quotes Galvez-Tan. He says 200 hospitals have already closed for lack of doctors and nurses, and another 800 are “partially closed,” meaning at least one of their wards have been shut for lack of health personnel.

---Katrice R. Jalbuena

Revisiting the doctor-as-nurse phenomenon

By Patricia B. Gatbonton, MD, FPCP, FPSEM

I first wrote about the doctor-as-nurse phenomenon over two years ago, and unlike most trends, this has not died a natural death. Unfortunately, doctors are still taking nursing and leaving the country for greener pastures steadily and in greater numbers. And what is the worrying prognosis? There is no relief to the hemorrhage in sight.

Foreigners fill in the gap

Aging baby boomers continue to strain the health-care system in developed countries, causing an acute shortage of nurses. Sara Llana, in a March article in the Chicago Sun Times, reports that according to the US Bureau of Labor and Statistics, 78 million American boom-ers will push the deficit to 1 million by 2012; nearly double the estimate made in 2004.

Hospitals and nursing homes are filling the gap by foreign recruitment. Some 15,000 nurses from abroad benefited from expedited visa processing in 2004, and may compose up to 10 percent of all practicing nursing staff.

A 2004 survey by the US Department of Health and Human Services says that the Philippines is the largest exporter of nurses, contributing more than half of the 3.5 percent of registered nurses who received basic training outside the United States.

In spite of opposition by the American Nurses Association which says this solution only solves the shortage over the short term, President George W. Bush signed a law last year making some 50,000 employment-based visas available for foreign nurses. The US government recalled these visas, unused from 2001 to 2004. In an article by Celia Dugger in May 2006, “US Plan to Lure Nurses May Hurt Poor Nations,” the US State Department expects these visas to run out by early 2007. Pending Senate legislation—removing the cap
on the limit of nursing migration until 2014—will widen the already open floodgates. Employment visas allow nurses to bring their families and obtain immediate green cards, an opportunity too enticing for most to pass up.

The Philippine Nurses Association estimates that 2,000 doctors have enrolled in nursing schools throughout the country. Dr. Jaime Galvez-Tan, former health secretary and executive director of the National Institute of Health, pegs the number closer to 3,000—double the number of licensed medical practitioners produced each year. In a recent Asian Institute of Management (AIM) forum, Dr. Tan raised the alarm: an astounding 100,000 nurses left the country from 1994 to 2003.

The doctor morphing into nurse issue is so pervasive that in October 2004, even the Philippine Journal of Internal Medicine, the scholarly quarterly of the Philippine College of Physicians, the Filipino internist's local source of case reports, retrospective and prospective papers, has published an article, “M.D., R.N. As a Second Profession: The Current Trend,” by Drs. Glenford R. Refre, Manuel C. Jorge and Sheila T. Lira, from the University of the Philippines. The authors lament that “despite many years in medical practice, there are still physicians who suffer from a potential loss in their careers. It seems that good scholastic achievements, outstanding credentials, and extensive training are not enough to predict a satisfying profession in society.”

Ouch. That's enough to make many physicians take a hard second look at their profession and ask: Is being a doctor worth it anymore?

**Profession shifters**

The joke—and several disparaging versions of it—making the rounds in Manila among the doctors’ circuit is: “What's the new prerequisite for a nursing degree? An M.D.!”

Every physician I know speaks of at least one colleague who has taken up nursing. I have lost a long-time friend who migrated to California in 2004.

At a recent AIM Policy center forum with the International Organization for Migration (IOM), “Creative Solutions to Brain Drain: Doctors into Nursing and Other Developments,” Irena Sollorano, IOM regional representative, enumerated three reasons that spur migration: (1) the lack of job opportunities; (2) low income; and (3) advancement potential (the future of one's children), problems, motives and dreams that people share worldwide.

Doctors are not immune to human affliction. Most people leave the country because of disenchantment with the medical profession itself: the paltry health management organization-driven consultation fees, the long wait for checks, the looming threat of compulsory malpractice insurance, the persecution and paper chase by the Bureau of Internal Revenue. Society's creeping mistrust of the profession is a malady that taints what is still a noble and selfless calling.

Additional reasons include attractive financial incentives—the magnetic lure of the almighty dollar—the opportunity to live abroad to flee what they perceive to be a hopeless political and economic situation, and to provide a better future for their families.

**Stanching the hemorrhage**
How does one stop the nursing hemorrhage locally? A Department of Health task force is looking at a bill bringing back the requirement of a period of compulsory national service for doctors and nurses.

In the UP-PGH paper, Dr. Tan proposes eight strategic, albeit controversial action plans to address the loss of our medical manpower to other countries. At the national level, he proposed the following: a) the creation of a national commission to review the current 1996-2020 National Health Human Resources Policy Development Plan; b) the creation of a law to require health professionals to serve the country for a period after they receive their license; c) the establishment of nursing registries to oversee the availability of nurses; d) the introduction of postgraduate training programs for nurses; e) and the setting up of a council to address nurses’ concerns.

Dr. Tan also compares the Philippines to countries in the region like Indonesia and Malaysia which require their medical and health science graduates to work in the country before going abroad. He also points out that the Philippines is the only country in Southeast Asia that does not have a National Health Service Act.

Obviously, to entice people to stay, options include: Improving salary scale for government physicians, and providing tax breaks for hospitals. The sociopolitical situation is another cancer altogether. But the bottom line is that migration is an individual’s free will. Staying will entail no small sacrifice from the doctors and nurses. “We cannot stop people from seeking financial growth elsewhere, but there should be a balance between individual human right and national interest,” says Dr. Francisco Duque, the current health secretary, during an August 2005 press conference. “So we appeal to our doctors' sense of patriotism.”

**Honor in our calling**

Many doctors who are sticking it out in the country are looking at other alternative sources of income outside medicine. That being a doctor does not make enough of a living for the majority of us saddens me. More and more doctors are coming out of the medicine closet, openly admitting to taking up nursing, even if they have no intention of going abroad, yet. They tell me they did it “just in case,” that it is “insurance for the future.”

So we do what we need to do to survive. I empathize with my friends and colleagues who feel the only way to improve their lots is to leave the country. I don’t question their reasons, idealism or nationalism, because I can’t be a hundred percent sure that I won’t go down that road myself one day.

In spite of the major crisis that has hit medicine in this new millennium, not too many people can wake up and say they love the work they do. The beauty of the medical and nursing profession is that it brings rewards that money cannot buy: a unique sense of purpose and fulfillment. It is something other people don’t or can’t have. Although money is necessary to sustain a comfortable life, it mustn’t stain our hearts, morals and principles. Nor must it entirely drive our career decisions.

It is easy to reconcile the doctor-nurse phenomenon, for if you cannot, by force of circumstances, stay a doctor, nursing is the next best thing. Nursing is as much about caring for a patient’s well-being, lessening pain or suffering, and bringing comfort as
doctoring is. If it happens to pay well, there is nothing wrong with that. But let’s not lose sight of the profession’s primary purpose: To help ease suffering souls.

And as long as the doctor-nurse has both eyes fixed firmly on that purpose, there is honor in your calling, whether at home or abroad.