Nurses going abroad: We train, they gain
By Francis Cueto

First of two parts

A fortnight from today, 35-year-old Esperanza Reyes Alvaran will be boarding a flight that will take her to San Francisco. From there, it will be a short bus ride to Daly City, where a nurse’s job awaits her.

And although the mother of two has had to step down a couple of rungs in the career ladder (she was a teacher at a Quezon City nursing school until last June), the compensation package her new job offers is more than enough to justify her not-too-painless decision. She will be earning five times her present income.

Mrs. Alvaran says she has only one overriding motivation behind her part in the current Philippine diaspora: Her family.

“Who would want to be separated from their children and husband?” she asks. “They are your family.” Her eldest child is 10.

“But I simply can’t let this opportunity pass us by.”

Before her teaching job, Mrs. Alvaran worked as a nurse at a hospital in Mandaluyong City. She started teaching in 1999.

She says she witnessed how the nursing student population ballooned from “a handful” when she started teaching, to the high numbers today.

Ticket out of poverty

Mrs. Alvaran is but one of the thousands of Filipinos who have found—or are hoping, anyway—that nursing is their way out of poverty, their sure ticket to better-paying jobs abroad, and—who knows?—the shortest route to getting that coveted green card in the US.
But is it, really?

Some 20,000 nursing students graduated from 350 schools throughout the country in 2005. As more and more developed countries open their doors to migrant health workers, most of the new graduates made a beeline for jobs overseas. That’s the upside.

A good number failed to pass the qualifying exams for nurses. (In the past few years, less than half of those taking the nursing board exams passed.) Or, given the recent scandal involving leakage in the questions for the board examination for nurses, some countries are beginning to entertain second thoughts about getting nurses from these shores.

Former Health Secretary Dr. Jaime Galvez-Tan, now a professor at the University of the Philippines College of Medicine, says the Philippines leads other nations in the export of nurses. Some 164,000 nurses—85 percent of the country’s total—are working outside the Philippines in 46 countries. Out of this total number, about 100,000 have left in the past 10 years, lured by better pay abroad.

Nurses in Philippine hospitals—public and private—are paid between P3,000 and P6,000 monthly. In countries like Japan, the US and the United Kingdom, they could earn between $3,000 and $5,000 a month.

**Boom in schools**

The high demand for nurses triggered a boom in nursing schools, which sprouted to accommodate the inordinately high enrollment. This in turn led to a decline in the quality of nursing education.

The graduates fortunate enough to make the cut lost no time in applying for jobs abroad, most of them skipping the minimum one-year experience required by hospitals abroad.

In the last 10 years the Philippines sent close to 90,000 nurses overseas. Today it is exporting more qualified nurses than it is producing, leading to a nursing crisis that has already diminished the
quality of hospital care and even forced the closure of a number of hospitals.

No one disagrees that the quality of nursing in the country has deteriorated over the years. While the number of graduates may have increased, the quality has decreased considerably.

Who is to blame for the deterioration?

Data from the National Institute of Health show that migrant health workers (nurses, physical and occupational therapists and midwives) are generally young, aged 20 to 30. Migrant doctors are between 31 and 40 years old. But these figures can deceive. Now and then, hospital staffers would speak of doctors who have retired or are about to retire who are now taking up nursing. Age is not a hindrance to working abroad, specially in the United States, where one can work for as long as one is able to.

Although the number of male nurses is on the rise, the migrant health workers are still predominantly female, meaning more families are losing their traditional caregivers—the wives, mothers and sisters. According to a 2004 Asian Development Bank report, 65 percent of Filipino workers overseas are women.

The institute’s study also warns that because the nurses who emigrate are usually the ones with training, experience and skill, patients in hospitals and other health institutions in the Philippines can expect a higher incidence of cross-infections, adverse postsurgery effects, accidents, injuries and even increased violence from the hands of unskilled, unprofessional nurses.

**Cross-stitch matrix**

It won’t be a rare day when a patient under an unskilled nurse preparing him for dextrose would find the back of his hand with puncture marks similar to a cross-stitch matrix because she found the vein only after several unsuccessful jabs.

Often going abroad almost as soon as they graduate, the best among
new nurses leave a void that would be filled once more by fresh graduates who would repeat the same cycle: get a few years’ experience in a local hospital, apply for work abroad and then they’re out. It is, say many health professionals, a cycle that leaves local hospitals in a state of perpetual displacement—and Filipino patients in constant danger.

Next to India, the Philippines is the largest source of doctors in hospitals abroad. The country also supplies 25 percent of all overseas nurses worldwide. Not surprisingly, about 10 percent of the Philippines’ 2,500 hospitals have closed down in the past three years owing to the loss of doctors and nurses to jobs overseas.

As more nurses leave and as fewer are qualifying for the job, the situation in hospitals can only further deteriorate. To Rita Tamse, deputy director for nursing of the Philippine General Hospital, “That worst is happening right now.”

Julito Vitriolo, executive director of the Commission on Higher Education (CHED), agrees. He even traces the roots of the problem further back: The quality of teaching.

“The teachers lack experience,” he told The Manila Times. He says some of these professors in nursing courses were “forced” to mature as teachers owing to the scarcity of medical instructors.

“Because of the worldwide demand [for health workers] the brightest in the faculty, and even medical instructors in the hospitals elect to go abroad. Naturally, the neophytes are the ones left behind. Because of the worldwide demand we run out of experts to impart knowledge,” he said.

Vitriolo lamented the government’s lack of a clear program on how to stop the deterioration in the quality of our medical experts.

**Graying population**

He explains: People in developed countries have a longer life expectancy, the so-called graying of the population. But their younger
people are not interested in the nursing profession, because of the
difficult and risky work conditions: night duty, taking care of the sick
and possible exposure to HIV/AIDS. They also have more options for
other professions that offer better pay and working conditions.

The solution for these countries: hire foreign nurses to do the job. The
US would need around 10,000 nurses a year; the UK, Ireland, the
Netherlands and other European countries would need another 10,000
nurses a year.

Austria and Norway also announced their need for foreign nurses this
year, and Japan, a new market, is expected to open its doors to
foreign nurses this year.

But are our nurses prepared to do the job?

Ray A. Gapuz, founder and professor of the R.A. Gapuz Review Center,
has some doubts. He recounts a session when a student asked him
what the difference was between two basic medical terms.

“It’s disappointing to have a student who does not know the
difference. And this was a student about to take the board exams,”
Gapuz told The Manila Times.

Board exams leakage

The R.A. Gapuz Review Center figured in the news recently when the
Professional Regulatory Commission traced the leak in the latest
nurses examinations to the institution. Dr. Gapuz would explain later
that it was an honest mistake. The questions were faxed to the school
by a source, he said, and the school passed them on to its students,
thinking they were review materials. Gapuz said it was the school’s
policy to exchange review materials with its contacts.

Vitriolo and Gapuz suggest going back to basics. The nursing
curriculum, they say, must be adapted to the course and attuned to
the times.

“What we need is to review the nursing program of the Philippines and
make it more global and attuned sa ginagawa sa international centers
and market,” says Vitriolo.

He added that if there is a deterioration in the quality of nurses today
the old schools and not the new ones should bear the blame, since the
new schools have yet to graduate nursing students.

Some 100 new nursing schools have been established since 2004.

Vitriolo and Gapuz also agreed that the deterioration in the quality of
nursing education in the country is a cause for alarm.

The Technical Committee on Nursing Education blamed this
predicament on the substandard programs offered by many nursing
schools as well as the lack of basic facilities and the large number of
enrollees.

Among the issues CHED failed to address, the committee said, were
the commission’s insistence on using secondary hospitals as base
hospitals; the problem in the selection process for members of the
technical committee; the lack of support and trust for the committee’s
assessment of nursing programs; and the inconsistent interpretation
and implementation of policies and standards by the CHED central
office and the regional offices.

**Confusion**

The inconsistent interpretation, the committee said, has created
confusion among nursing deans, students, the Department of Health
and the Professional Regulatory Commission.

The committee said CHED lacked the political will to close down
schools that fall in the “very poor” category or those that have failed
to meet the minimum 5 percent passing rate requirement.

Last year CHED announced it would crack down on nursing schools
that failed to meet the standards as it raised the passing rate
requirement to 8 percent. It said it would also refuse permits to
applicants that lack basic facilities such as base hospital; a one-to-
big faculty-student ratio; affiliation with an active hospital; and a
qualified dean and faculty.

CHED Resolution 475 also set the guidelines for the phase-out of nursing schools that have performed poorly in the licensure examinations.

The new measure having been taken, 23 nursing schools failed to meet the requirement and are facing the possibility of being shut down.

Very low performers made up 21 percent of the total schools listed by CHED. The bulk, or 36 percent, of the total belongs to the “low-performing” category, or schools that had 30 percent to 49 percent of their students passing the Board.

Only 12 nursing schools—a mere 6 percent of the total—made it to the outstanding category: University of the Philippines-Manila, Saint Paul College (Iloilo), Silliman University, Saint Louis University, Mindanao State University-Marawi City, Saint Paul College (Dumaguete), Pamantasan ng Lungsod ng Maynila, Saint Mary’s University (Bayombong), Saint Paul College (Manila), and University of the East Ramon Magsaysay Memorial Medical Center.

Of the 94 schools that had less than five years of Board performance, 42 scored zero. None of their graduates passed the national exam.

Under the law, a nursing school must have a passing rate of 5 percent to be able to continue operating. CHED wants to push the rate up to 30 percent, a level that could close down many of the nursing schools.

To certain schools, CHED’s plans might seem draconian. But the government and even recruiters know that in the end, having high-quality graduates is the best way the country could stay in the business of exporting nurses.

CHED and the Technical Committee on Nursing Education have identified the areas where most nursing schools failed to make the grade: the faculty-student ratio, hospital affiliation and a qualified dean and faculty.
Authorities complain, however, that too many schools have sprouted too soon, as more and more Filipinos want to become nurses so they can leave the country and work abroad.

IT may not have reached the higher levels of the decibel scale yet, but there is an ongoing debate on what to do with the exodus of nurses and other health workers for better paying jobs abroad.

On the one hand, you have the nurses themselves, as well as leaders of the profession, who say “hey, last we looked, this was still a democratic country, and anybody is free to travel and work elsewhere, if employers will take him in.”

On the other, you have lawmakers and other government officials who have expressed alarm over the diaspora, fearing the development—and the resulting dearth of such professionals will exact a heavy toll on the health of the population.

And for good reason, says Dr. Jaime Z. Galvez Tan, former health secretary and now vice chancellor for research at the University of the Philippines in Manila and executive director of the National Institute of Health.

The annual outflow of Filipino nurses for jobs abroad is now three times greater than the number the country issues licenses to yearly.

The Professional Regulation Commission (PRC), through its Board of Nursing, issues licenses to 6,500 to 7,000 nurses annually.

**Brain hemorrhage**

“Sadly, this is no longer [a case of] brain drain, but more appropriately, brain hemorrhage of nurses,” says Dr. Tan. “Very soon, the Philippines will be bled dry of nurses.”

Dr. Tan’s dire prognosis is shared by Dean Glenda Vargas of the University of Santo Tomas College of Nursing.
In a recent issue of the Varsitarian, the UST student organ, Dean Vargas had said that if the government would not institute measures to prevent nurses from leaving the country would inevitably suffer.

“The government and other health-care agencies should ensure that the needs of the local population will be met first before the needs of others abroad,” Vargas said.

She fears that the Philippines would continue losing its health workers to more affluent nations in the coming years as the demand for nurses abroad soar.

“The demand for Filipino nurses this time will be a persistent to meet the global shortage of nurses,” Vargas said. “Enrollment in nursing schools [in developed countries] is declining because [foreigners] are not interested in the job.”

Vargas said that the demand for nurses abroad began in year 2000 due to the low number of enrollees in nursing schools of developing nations. She added that the US Department of Health and Human Services projected that the demand for nurses in the US will continue to rise to 1 million by the year 2020.

According to the data from the Commission on Higher Education, in the academic year 2000-01, enrolment in nursing schools stood at 28,095. It nearly doubled to 50,390 after just a year. The trend continued as it continued to peak with the continued demand of nurses abroad. In the school year 2004-05, CHED recorded a grand total of 292,240, the majority of the increase coming from the National Capital Region (80,187), followed by the Western Visayas region (28,138) and the Ilocos region (27,739).

The same data also showed that for school year 2000-01, the number of nursing graduates reached only 4,428. Close to 10,000 were added in school year 2004-05, with 14,123 finishing the course.

From 2001 to 2005 the number of nursing schools ballooned from 183 to more than 400.
Vargas said developed countries such as the US, the United Kingdom and Ireland offer higher salaries to lure nurses from Third-World nations to work there. She cited an Asia Times report in 2003 to show that the monthly pay for nurses abroad range from US$3,000 to US$4,000 (P159,000 to P212,000) compared with the average monthly pay of most nurses in the Philippines which is US$169 (P8,980).

Vargas said the big disparity in the salaries is enough to lure lawyers, businessmen and, lately, soldiers to enroll in nursing programs schools. Vargas also pointed out that Filipino doctors leave their jobs to enroll in nursing schools so they can work overseas. About 3,000 doctors are currently enrolled in nursing programs, she added.

The demand for nurses in other countries has also spawned a boom in nursing schools, most of which do not have adequate programs, Vargas said.

Vargas added that there are 450 registered nursing schools in the Philippines, many of which are unregulated. As a result, many schools produce half-baked students.

“There is a big number of examinees in the nursing board examinations, but the national passing rate ranged only from 44 percent to 58 percent,” she said.

The UST College of Nursing is, itself, a victim of the exodus of nurses.

Over the past four years college lost 16 faculty members who have opted to work abroad.

Dr. Teresita I. Barcelo, vice chancellor for academic affairs of the UP-Open University, said nursing schools have sprouted at a very fast rate, taking advantage of the high demand for nurses overseas. Records showed that since 1994 more than 100,000 nurses have left the country with 50,000 leaving from 2000 to 2004. Of the total, 57 percent went to Saudi Arabia, 14 percent to the US and 12 percent to the UK.
This development has alarmed health experts who said that the exodus could severely affect the country’s capability to adequately provide for the medical needs of its growing population. They cited the case of the state-run Philippine General Hospital, which is losing 300 to 500 nurses every year.

Figures from the International Union of Nurses said that close to 10,000 Filipino nurses were directly hired by US-based hospitals in 2001 through nursing job fairs held in the Philippines. Nurses who leave on immigrant visas are not processed by the Philippine Overseas Employment Administration.

At an interactive forum among nurses at a recent congress, a nurse voiced his concern: “We are dealing with human lives here, not paper. We need to assess who are qualified to be nurses. If not, three to four years from now, our profession will be doomed.”

The problem is not limited to the shortage in human resources, said Barcelo. Clinical and laboratory facilities have also not expanded with the increased enrolment.

All these contribute to a poor quality of education and consequently, poor quality graduates, who inevitably have a low chance of passing local and foreign board exams.

With poor quality graduates, fewer nurses are licensed to practice their profession and provide competent health services. Nursing graduates who do not pass the board exams, but who still want to work abroad are likely to take on jobs as domestic care givers, a job that requires only six months’ training.

Many of those recruited to work abroad are graduates with one to two years’ work experience. Even if they pass the local licensure exams and find jobs in the US, they still have to take the state board exams. If they fail, they are demoted to nurse assistants in some hospitals.

Barcelo said the entry of new colleges or departments of nursing should be rationalized. Only colleges with a faculty of qualified nursing
educators and adequate clinical resources should be allowed to open a new nursing program.

Schools also need to review their criteria for admitting students. The CHED and the nursing board must also evaluate so-called special programs for second courses. These are for other professionals, mainly doctors, who are studying to be nurses.

Barcelo said the nursing curriculum should not only focus on training nurses to be globally competitive. Equally important is the need to internalize a sense of a nationalism and patriotism among nursing students.

The course could include topics like the nursing shortage and the ethics of migration, the health status and needs of the country, and the interplay of economic, health, social and environmental factors on the shortage of nurses and migration.

Students should also be exposed to the health care situation outside their hospital base by requiring them to participate in community immersion programs.

An intensive information campaign on the “perils of the unregulated exodus of nurses to other countries in terms of social, economic and health costs” should also be launched, said Barcelo.

At the moment, the preferred destination of nurses seeking jobs abroad is the United States because of the possibility of acquiring US citizenship and all its privileges. But 57 percent of Filipino nurses abroad are in Saudi Arabia and only 14 percent are in the United States; 12 percent are in the United Kingdom.

That may soon change. Figures vary but the United States is said to need about a million nurses over the next few years; Canada, 10,000; the Netherlands and the United Kingdom, 7,000; other countries, 27,000.

Dr. Rusty Francisco, a nurse with a doctorate in nursing education and an owner of a training center for nurses bound for abroad, says many
students are deluded into thinking that enrolment in a nursing school is a guaranteed passport to a job abroad.

“Passing all examinations does not make them competitive,” he says. Not many Filipino nurses are familiar with the medical equipment being used in US hospitals, he points out. Neither do they know how to operate in an environment where patients are more assertive and aware of their rights. That is why in his training center, Francisco emphasizes what Filipino nurses should expect when they are in the United States.

He adds that while Filipinos are still the preferred health workers, they may soon be facing stiff competition from the Chinese and the Indians who have come to realize the financial windfall from the export of nurses to developed countries.

Although Filipino nurses are known for being compassionate and caring, these qualities appear to be disappearing because the goals for taking up nursing have changed. From desiring to be of service to another human being, nursing students are now primarily motivated by the need to make money.

Francisco argues that even a high-standard school may not be able to change the mindset of those already determined to earn dollars above anything else. “A school curriculum,” he says, “does not automatically turn a person into a caring, compassionate nurse with the ability to be assertive and articulate.”

Too much attention has been on addressing the global shortage, and not enough on the local shortage and improving the working conditions of nurses who are still here, said Maria Isabelita C. Rogado, head of the department of nursing education at the Philippine Heart Center.

A key issue is the salary. According to Ruth Padilla, the average pay of nurses in the cities is still P9,000 a month. Nurses in government hospitals are paid slightly higher. In the rural areas, the average pay ranges from P4,000 to P5,500 a month.
The new nursing law (Republic Act 9173) pegs the minimum basic pay of nurses in public health and institutions at P13,300.

National nurses’ groups decry that the law does not provide the same guarantees to nurses who work in private hospitals, who are paid only from P2,500 to P3,000 a month.

At a recent nursing forum an informal survey among nurses said if their salaries are raised to a minimum of P30,000 a month, they will stay. Easier said than done. At current rates, even nursing directors don’t even earn close to that.

Nursing in the Philippines is still seen as a “non-rewarding career choice, a non exciting, risky profession to practice,” said Barcelo.

“This poor image will continue to push young nurses to migrate to other countries. There’s a need to improve this image of nurses so they will be motivated to practice their profession here,” she said.

Lawmakers have tried to stanch the hemorrhage of nurses for jobs abroad. At least two congressmen are pushing for a mandatory domestic service for nurses.

Reps. Tranquilino Carmona Sr. (First District, Negros Occidental) and Janette Garin (First District, Iloilo) have respectively filed House Bills 2700 and 2926 which seek to require Filipino nurses to render service to the country for a certain period of time before they are allowed to work abroad.

The bills are now under joint deliberation by the Committees on Labor and Employment and on Civil Service and Professional Regulation, headed by Reps. Roseller Barinaga (Second District, Zamboanga del Norte) and Francis Nepomuceno (First District, Pampanga), respectively.

The authors explained that their bills aim to address the looming shortage of nurses and deteriorating quality of health care services in the country due to the exodus of experienced nurses to high-paying jobs abroad.
Garin said that the mushrooming of substandard nursing schools naturally will result in poorly trained nurses. By the same token, the demand for experienced nurses in foreign countries has created a shortage of qualified and experienced nurses for local hospitals.

Her HB 2926 seeks a mandatory three-year domestic service for registered nurses (RNs) as a prerequisite for employment in foreign countries.

The proposed domestic nursing service, she added, would provide newly licensed nurses a training ground for them to practice and develop their “clinical eye.”

On the other hand, Carmona’s bill seeks to require nurses to render a two-year service within the country prior to employment abroad.

He clarified that RNs, to be able to fulfill the required domestic service requirement, shall be allowed to either seek employment in local hospitals or do volunteer work in hospitals that lack nurses.

Representatives of the nursing profession, however, objected to the proposals.

Ruth Padilla, president of the Philippine Nurses’ Association (PNA), belied that the country is experiencing a shortage of registered nurses. Numbers show that out of 369,000 RNs, only 35,744 are gainfully employed, she claimed.

What should be addressed, Padilla stressed, is the worsening working condition of nurses in the country. She said very few RNs have acquired nursing jobs, while many have ended up working as sales clerks and on other jobs not related to their profession.

Dr. Maria Linda Buhat of the Nursing Administrators of the Philippines (NAP) confirmed that the main reason for RNs leaving the country is for financial gain.

Buhat informed the committee that RNs in government hospitals earn P10,000 a month and nurses in private hospitals receive only P3,000 to P4,500 a month.
Rep. Maria Milagros Magsaysay (First District, Zambales) also opposed the bills. She cited the government’s failure to carry out laws and policies that protect the welfare of RNs and enable them to make a decent living.

Defending her stand, Garin maintained that the massive “export” of RNs will severely affect local health-care delivery.

Meanwhile, Barinaga said the body has to contend with certain issues in considering the proposed mandatory domestic service for nurses.

First, he pointed out that to encourage nurses to remain in the country, opportunities for gainful employment must be available to them. Second, there is a possibility that the proposal might run aground because of human rights issues, he added.

The last issue, which Barinaga raised, is the need to clarify the main purpose of the bill. “Does it aim to produce quality nurses, avert [a] shortage of nurses, or [an] appeal to nationalism?” he asked.

The committee decided to form a technical working group to further study and subsequently consolidate the two bills.