Producing the “World-Class” Nurse: The Philippine System of Nursing Education and Supply

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May 16, 2007

Workshop On Human Resources For Health And Migration
MOBILITY, TRAINING AND THE GLOBAL SUPPLY OF HEALTH WORKERS
Current Trends in Nurse Migration

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Source: POEA 2007
Source: POEA 2007 (Includes CFO data on nurses deployed to the U.S. with immigrant visas)
Context and Content of the Study

- Organizational and institutional perspective on international labor migration
- Conceptualizing the ‘migration industry’
- Case study: Nurse migration and recruitment from the Philippines to the U.S.
Methods and Data

In-depth Interviews:
• 54 overall with individual organizations and institutions

Education and Production Chapter:
• 14 deans from traditional nursing schools
• 1 owner of new program transferring students to the U.S.
• 3 representatives from professional nursing organizations
• 4 representatives from government offices in health or education

Documents and Statistics
• Primary data from government agencies: PRC, CHEd, POEA, CFO, DOH
• Survey: nursing students from the University of the Philippines
• Secondary data from literature
The Formal Migration Industry

A network of mediating agents working to connect employers with immigrant labor, typically for profit. The industry acts to facilitate the migration process.
Who is part of the migration industry?

**Philippine-Side Operations:**

- **Nursing Schools**
  Indirect profit through production of nurses

- **Recruitment Agencies**
  Direct profit by facilitating labor migration

- **Government Agencies and Offices**
  Direct and indirect profit from regulating migration
Private Education in the Philippines

- The private sector is an important provider of education, especially at the tertiary or college level.

- In the 2005-2006 academic year:
  
  - 182 or 11 percent of tertiary level schools were public institutions.
  
  - 1,465 or 89 percent of colleges and universities were private institutions (sectarian and non-sectarian).
  
  - 395 or 85 percent of institutions offering the nursing course were private institutions (CHEd 2007).
Proliferation of Nursing Programs

- Greatest growth experienced after 2000
- Corresponds to opening of U.S. market for nurses
- “Devolution”: CHEd regional offices independently issuing local permits

Source: Lorenzo et al. 2000; CHEd 2007
Impact of Proliferation?

How has the expansion of nursing education and production impacted the two Q’s of nursing products?

Quantity vs. Quality
Paradox of Supply
Informant Reports

- In terms of sheer volume, the Philippines has a numerical oversupply of nurses specifically concentrated in Metro Manila.

- However, too many nursing schools in the country has undermined the quality of new nurse graduates, as evidenced by the decline of BON exam passing rates.
Evidence

Philippine Board of Nursing Licensure Exam
Examinees and Passers, 2000-2005

Average Passing Rates in Philippine
Board of Nursing Licensure Exam, 1992-2005

Source: Manila Times 2006

Source: PRC 2007
### B.S. Nursing Program Enrollment and Graduate Data by Academic Year (Raw Counts)

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Source: CHEd 2007
Competing Indicators?

NCLEX Examination Passing Rates for First Time Candidates with Foreign Trained Status, 1990-2004

NCLEX Examination Results for First Time Candidates Trained in the Philippines, 1990-2004

Source: NCSBN 1991-2005
Points of Clarification

- Not just proliferation that is the problem, but expansion of existing programs as well.

- While trend in Board passing rates has shown steady decline, the stock of those passing has increased incredibly.

- Other indicators show that the issue is not necessarily the quality of nurses who make it through the system, but those who are left out and left behind.
Paradox Continued:
Other Effects of Migration

Contending issues faced by traditional nursing schools:

- World-Class or Local Nurse?
  Tensions in producing nurses for global or local needs

- Loss of faculty and resulting “faculty sharing”
What does this mean for the Philippine healthcare system?

- Desirable acute hospital training sites overwhelmed with new nursing staff
  → Volunteer, unpaid or low wage training positions

- Rural areas still continue to be ignored by new nurses as a potential site for employment
Wages of nurses are non-competitive not just globally, but locally as well

Despite “Magna Carta of Nursing,” hospitals have not met minimum wage standards, even in government hospital settings

Majority of hospitals are private

Claims of lack of budget can be substantiated by the fact that healthcare services are largely paid out-of-pocket by patients

Demand for healthcare more generally could be enhanced by better health insurance mechanisms
When the “gamble for abroad” is lost, what will nurses by training do?

→ Teaching
→ Medical Transcription
→ Call Centers
Legislation requiring nurses to serve locally has proven to be unachievable

- Due mostly to the individual, private nature of human capital investments
- Does not resolve the issue of skill composition in the nurse workforce

Taking into account current rates of nursing production, if migration does not continue, the country will experience a great surge in unemployment as well as underemployment
Closing Remarks

Thank You.