

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

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

Current Trends in Nurse Migration

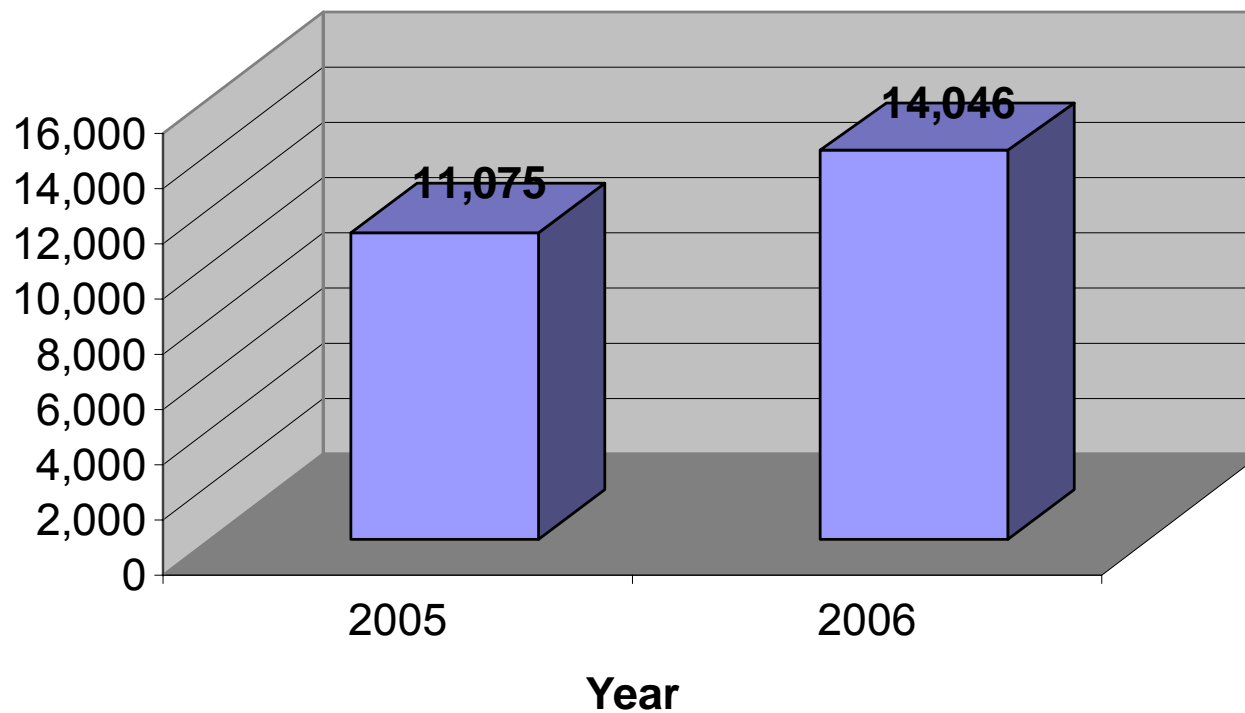
TOP DESTINATIONS OF DEPLOYED NURSES (New Hires) ACTUAL FIGURES

	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Saudi Arabia	3,279	4,202	3,332	3,249	3,071	3,794	4,098	4,301	4,386	5,275	6,068	5,996	5,926	4,886	2,886
United Kingdom				1			63	934	2,628	5,388	3,105	1,544	800	703	139
United States of America	1,767	1,987	2,853	3,690	270	11	5	53	91	304	322	197	373	546	133
United Arab Emirates	271	47	270	94	137	209	279	378	305	249	424	267	250	357	398
Singapore	6	47	85	162	549	586	371	214	418	413	338	326	166	297	56
Ireland									127	1,561	930	210	191	229	202
Kuwait	320	139	455	59	269	25	143	53	133	192	108	51	408	193	191
Qatar	7	7	6	10	6	14	29	12	7	143	213	243	318	149	38
Taiwan	2	44	4	1	1	2	8	17	1	9	131	200	6	133	142
Trinidad and Tobago														113	35
Other destinations	426	835	166	688	1,174	604	403	280	245	288	696	236	441	162	4,308
Grand Total	6,078	7,308	7,171	7,954	5,477	5,245	5,399	5,972	8,341	13,822	12,332	9,270	8,879	7,768	8,528

Source: POEA 2007

Current Trends in Nurse Migration

Total Nurse Migration (New Hires) 2005 and 2006



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:

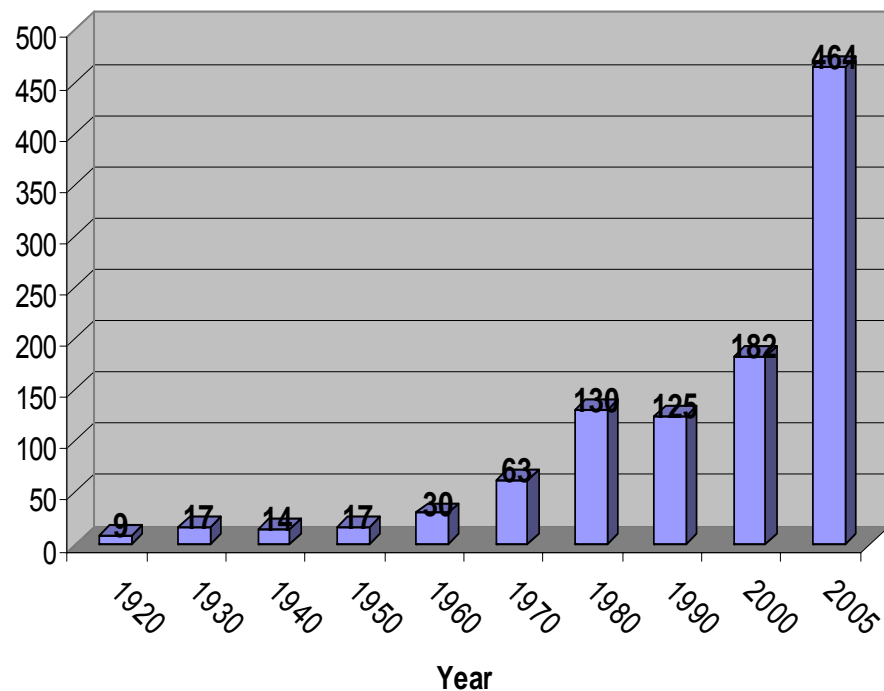
182 or 11 percent of tertiary level schools were public institutions

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

Higher Education Institutions in the Philippines offering B.S. Nursing Programs, 1920-2005



- 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?

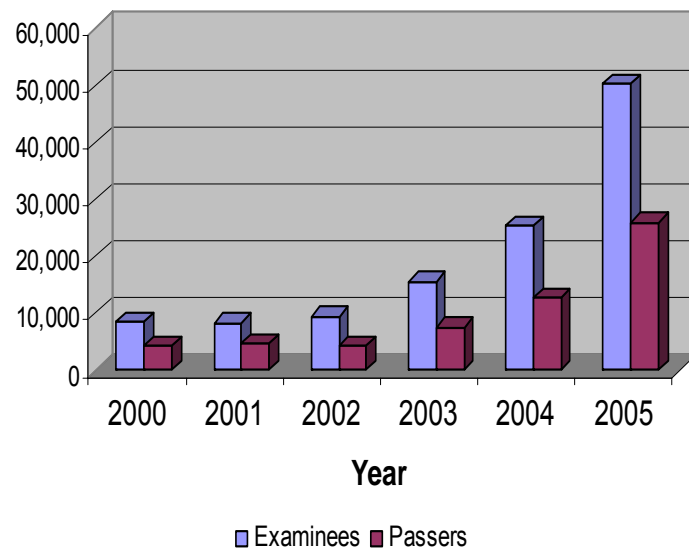
Quantity vs. Quality

Paradox of Supply Informant Reports

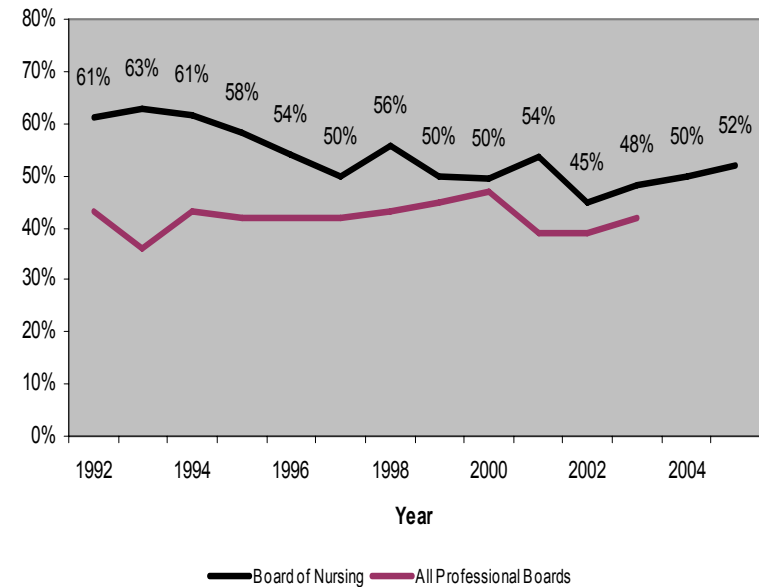
- In terms of sheer volume, the Philippines has a numerical oversupply of nurses specifically concentrated in Metro Manila
- However, too many nursing schools in the country has undermined the quality of new nurse graduates, as evidenced by the decline of BON exam passing rates

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

Future Impact?

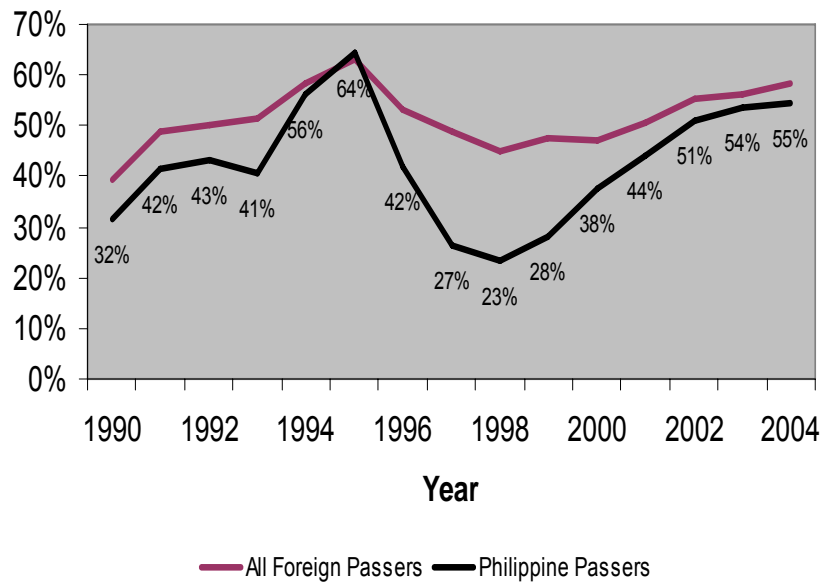
B.S. Nursing Program Enrollment and Graduate Data by Academic Year (Raw Counts)

AY	Graduates	Enrollment
1998-99	8,822	27,463
1999-00	5,672	25,951
2000-01	4,409	27,833
2001-02	5,425	49,995
2002-03	8,596	92,106
2003-04	14,383	178,626
2004-05	34,589	295,742
2005-06	-	397,195

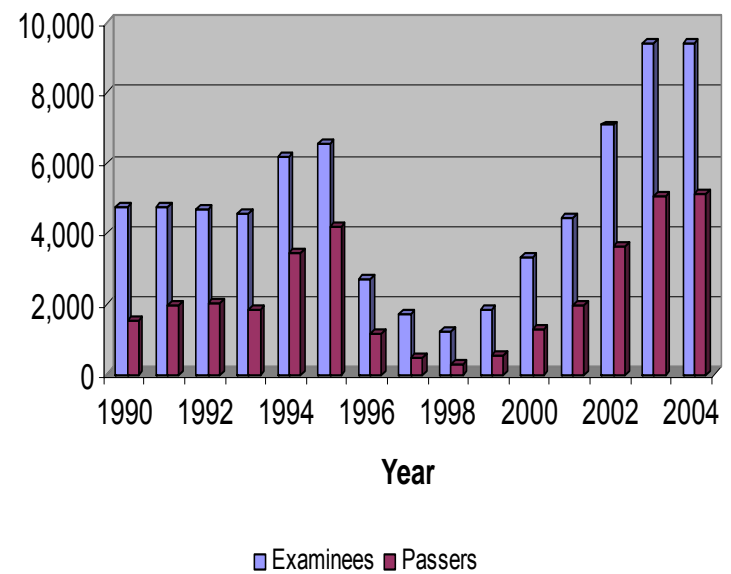
Source: CHEd 2007

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

Structural Issues in Retention

- 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

Structural Issues Continued

- When the “gamble for abroad” is lost, what will nurses by training do?
 - Teaching
 - Medical Transcription
 - Call Centers

Limits to Policy Restricting Migration

- 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.