

A HUMANIST APPROACH TO UNDERSTANDING THE MIGRATION OF  
FILIPINO NURSES TO THE UNITED STATES

A Dissertation

by

BENJAMIN B. YUMOL

Submitted to the Office of Graduate Studies of  
Texas A&M University  
in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

May 2009

Major Subject: Educational Human Resource Development

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Major Subject: Educational Human Resource Development

## ABSTRACT

A Humanist Approach to Understanding the Migration of Filipino Nurses  
to the United States. (May, 2009)

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Incarnate Word

Chair of Advisory Committee: Dr. Larry Dooley

The global nursing shortage created opportunities for registered nurses from less developed countries to improve their working and living conditions through migration to more progressive and affluent nations. In the Philippines, this phenomenon left the country devoid of the much needed health care professionals.

In this research study, I described the lived experiences of eleven indigenous Filipino nurses who migrated to the United States. Through the phenomenology approach, I was able to probe into the meaning of the migration as the participants lived through it, approaching it from a humanist perspective and using Abraham Maslow's theory on the hierarchy of needs as the framework. The study was intended to illustrate how the economic, social, and political characteristics of both countries impacted the Filipino nurses' behavior and thought processes while in pursuit of personal goals. Ultimately, this study could be used as a guide in the development of employment and health care policies that are more responsive to the current state of the nursing profession.

To

My Children

Kathleen, Jonathan, & Benjamin, Jr.,

the incentive and reason for me to pursue this project

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I also wish to acknowledge my siblings whose academic achievements provided the inspiration for me to aim high academically: my brothers Tomas, Jr, a distinguished lawyer; Reynaldo, an accomplished medical technologist and a successful government employee; and Ruben, Ph.D. (Physics) university professor and computer expert; and most importantly, my sister Isabel Yumol Jennings, Ph.D. (Linguistics) and Professor Emeritus of English and Spanish, who has been my greatest moral, emotional, financial and academic supporter enabling me to accomplish my goal.

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## CHAPTER I

### INTRODUCTION

“The economic approach... assumes that individuals maximize their utility<sup>1</sup> from basic preferences that do not change rapidly over time, and that the behavior of different individuals is coordinated by explicit and implicit markets.”

- Gary Becker

As the world population continues to grow, new problems and challenges are ushered in. For example, prior to the 1990s, the nursing shortage was obviously not expected to occur. Otherwise, with the development of modern technology combined with effective human resource management strategies during that time, the shortage could have been contained within non-alarming levels than what it is now. The shortage of nurses, however, could not have been solved even with the most modern equipment because of the inability of inanimate computers and machines to perform human activities necessary in patient care.

It is logical for countries that experience scarcity of resources to turn to others that have abundance, to replenish their needs. The United States, for example, actively recruits skilled nurses from other countries to supplement its diminishing supply. The Philippines, on the other hand, continues to encourage the migration of Filipino registered nurses (RNs) to different parts of the world primarily for economic reasons. Foreign remittances have boosted the country's economy and “leaving the country to engage in overseas employment provided temporary relief to the domestic labor market” (Toro-Morn & Alicea, 2004, p.170). The migration of Filipino nurses has become a

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This dissertation follows the style of *Advances in Developing Human Resources*.

phenomenon that has drawn a lot of criticism, sparking debate about the consequences in both the sending and receiving countries and for meeting global health needs (Aiken, Buchan, Sochalski, Nichols, & Powell, 2004).

In this study, I described this phenomenon from a humanist perspective where the focus was on the individual's motivation and quest for satisfaction of human needs. The humanist approach deviated from looking at the phenomenon purely from a strategic point of view to resolve a crisis, or as a remedial response to a market demand to replenish the diminishing supply of human resources. This approach focused on the individual and how the individual's goal was affected by the way he or she perceived the environment. Humanism emphasized that perceptions were centered in experience (Merriam & Caffarella, 1999). It was, therefore, my intent in this study to describe the experiences of RNs in the Philippines and relate how their pursuit of human needs prompted them to seek employment overseas particularly to the United States.

#### Statement of the Problem

Auerbach, Buerhaus, and Staiger (2007) reported that the U.S. nursing shortage began in 1998. By 2001, there were 126,000 unfilled hospital positions. It was estimated that the future shortage would reach roughly 800,000 nurses by 2020 (Auerbach et al, 2007).

With the current shortage, the United States began recruiting nurses from other countries. The Philippines, a well known source country for nurse migrants (Buchan, Kingma, and Lorenzo, 2005), started to feel the impact of losing their best nurses to foreign countries, more specifically to the United States. Adversario (2003, ¶ 5) reported, "The costs of this migration are being felt in this poor country that needed its best health

professionals, spending thousands of dollars training each nurse - only to have them serve the needs of countries like Britain, the United States, Saudi Arabia and Ireland.”

Discussions regarding the pros and cons of the migration of Filipino nurses to the United States have been discussed in numerous articles, however, few researchers described individual nurses' experiences. There were opposing views regarding the effect of this phenomenon in the Philippines. Aiken et al. (2004) indicated that the growing global demand for Filipino nurses was so great that emigration of nurses could be threatening the country's health care quality. Aiken further estimated that there are more than 30,000 unfilled nursing positions in the Philippines. Is the Philippines beginning to have a nursing shortage of its own? Mr. Danilo Cruz, (Undersecretary of the Department of Labor in the Philippines) explained that among other things, there might be a shortage of qualified and experienced nurses, but there was no shortage of nurses because the Philippines had a bigger stack of nursing graduates (Montagne, 2005, ¶ 9). To clarify this, the need to collect data through individual interview of nurses was imperative. By collecting data from the lived experiences of Filipino RNs who migrated to the United States, I was able to illustrate the phenomenon from a humanist perspective taking into consideration the experiences and perceptions shared by the participants.

#### Purpose of the Study

The intent of this study was to illustrate and describe how the desire to satisfy human needs prompted Filipino nurses to seek employment overseas particularly to the United States. Abraham Maslow (1908-1970) developed a theory on the hierarchy of human needs. He argued that humans strove for an upper level of capabilities which drove them to move towards fulfillment of basic needs (Simmons, Irwin, and Drinnien,

1987). Using this as the framework, this study was undertaken to describe the experiences and reactions of Filipino RNs to the conditions of the environment within which the nursing career exist. These experiences were related to each level in the hierarchy to determine how the experience influenced the RN's behavior and thought processes according to the theory. In this study, I described how the prevailing economic, social, and political conditions in the Philippines created an impact on the nursing career in the country and why the United States has been the preferred country for migration.

The intent of this research was to answer the following research questions:

1. What prompted Filipinos to pursue a nursing career?
2. How would the Filipino RN describe his or her career in the Philippines and how did this compare with experiences in the United States?
3. What did it mean for the Filipino RNs to be immigrants in the United States?

#### Design of the Study

It is of great importance in this study that the descriptive accounts of the participants be illustrated because "it requires the participants to look at how factors in their lives interacted to bring them to their present situation" (Seidman, 1998, p. 12). To achieve this, I found it appropriate to use the phenomenology approach which focuses on understanding a concept or phenomenon (Cresswell, 1998). The participants were to reconstruct their lived experiences within the parameters of the study from which data were obtained (Seidman, 1998). The goal was to provide a comprehensive description of the experiences and to determine what the experience meant to each individual (Moustakas, 1994).

Research using phenomenological studies have focused on the internal point of view of the self (De Carvalho, 1991). By learning about the lived experiences of the participants, I was able to gain insight of each individual's mental process and uncovered recurring themes that provided a better understanding of the phenomenon. Patton (2002) explained that the only way to really know what another person experienced was to experience ourselves the phenomenon as directly as possible. Along this line of thinking, I mutually shared with the participants, the essence of the experience of migration, being also an indigenous Filipino migrant to the United States. This therefore allowed me to better understand what the participants' felt as they went through their experiences.

Because of the very personal nature of the information, in-depth interviews were used to collect data. The purpose was to let the participants talk about their experiences, feelings, opinions, and knowledge (Patton, 1980). At the root of the interview was an interest in understanding the experience of the participants and the meaning they made of that experience which eventually became the backbone of the study (Seidman, 1998). This was very important in establishing the theme that would best describe the migration of Filipino nurses to the U.S. An interview guide was prepared in order to keep the information obtained within the parameters of the study. The interview was informal and conversational, which was phenomenological in nature that allowed maximum flexibility in order to pursue information in whatever direction appeared to be appropriate (Patton, 1980). Data obtained were then analyzed following the modified van Kaam method (Patton, 2002), which will be discussed in Chapter IV. This allowed me to grasp and interpret the meaning, structure, and essence of the lived experience.

### Limitations and Delimitations

In the conduct of this study, data were obtained from the lived experiences of eleven Filipino nurses who left their country and are currently living in the United States. These are Filipino nurses who came from various parts of the Philippines, were educated and trained in the Philippines, and had worked or are currently working as registered nurses, either part-time or full-time, in various medical facilities in the United States. The choice for these participants was made based on convenience. This method of selection involves the selection of participants based on easy availability (referrals) or accessibility (location) (Passmore & Baker, 2005).

### Significance of the Study

This study may have significance in several areas of interest. First and foremost, the study contributes to existing literature regarding understanding the migration of Filipino nurses to the United States from a humanist perspective. Next, in this study, an insight into the personal issues and motives that drove Filipino nurses to leave their country was discussed. The results intend to give the readers, especially aspiring Filipino migrant nurses, an opportunity to revisit their experiences and understand the motives behind their decision to leave their country. This can help them in assessing their opportunities as they go through the decision making process.

The study poses as a challenge to human resource development (HRD) scholars since HRD issues such as career development, job satisfaction, employee retention, training, and human development are concerns that have relevance in the nursing shortage and international migration of nurses. The very essence of these issues traverses the foundation of humanism which is absolutely central to the field of HRD (Swanson &

Holton, 2001). In this study, the Filipino nurses are described as self-actualizing and self-directing beings who are motivated by human needs that provide the job satisfaction and fulfillment in their chosen career. A conduct of related studies by HRD scholars may provide a more in-depth analysis and understanding of this phenomenon.

Finally, this study contains valuable information for the government and other social institutions in drafting policies directed towards (1) resolving the shortage of nurses within their domain; (2) strategizing to develop the inherent human resources towards the nursing career to fill the vacuum created by the shortage, and (3) establishing bilateral and mutually beneficial activities between the United States and the Philippines in relation to the phenomenon. Reforms on nursing education and health care policies on a national level may also be initiated to become more responsive to the current state of the nursing profession.

### Operational Definitions

#### *International Migration*

This refers to the movement of people from one country to another to take up employment and to establish residence abroad either temporarily or permanently (Calma, 2005).

#### *Nurse-medics or Nursing- medics*

These are Filipino medical doctors who study to become nurses and are currently working as nurses in the United States and other parts of the world. It is a reverse human resource development phenomenon that according to an American recruiter is found only in the Philippines (Adversario, 2003, ¶ 11).

### *Nursing Shortage or Nurse Shortage*

At its most basic level, nursing shortage is the situation where the demand for nurses is greater than the supply. It is a condition where an imbalance exists between the requirements for nursing skills (usually defined as a number of nurses) and the actual availability of nurses (Buchan & Calman, 2004).

### *Push and Pull Factors*

These are poor economic, social, and political conditions in a country that “push” local nurses away from their homeland while the more progressive conditions in other countries which may be better pay, professional development and improved career opportunities, or the opportunity to experience life and work in a different culture “pull” them into those countries. (Buchan, Kingma, & Lorenzo, 2005).

### *Registered Nurse*

This refers to a licensed health-care professional who is skilled in promoting and maintaining health, who practices independently or is supervised by a physician, surgeon, or dentist (Merriam- Webster, 2007).

### *Remittances*

This refers to portions of overseas workers’ income that are sent to their home country through formal and informal channels such as the banking systems, wire transfers, and hand-carrying into the country (Carroll, 2008).

## Summary and Organization of Research

Chapter I of this study contains an introduction which describes the focus of the study and the issue of interest. Chapter II includes the discussions and arguments regarding the focus of the study obtained from various literature and other references. In

Chapter III, the conceptual framework, which included Maslow's theory on the hierarchy of needs that was integrated into the study, was introduced. Chapter IV is comprised of the methodology used in the study, the selection of participants, and the process used in data collection and analysis. In Chapter V, the findings and analysis of the data obtained in the study are discussed. Chapter VI is the highlight of the discussion and summary of the findings which contains the explanation that support the development of a new meaning for the migration of Filipino nurses to the United States.

## CHAPTER II

### REVIEW OF LITERATURE

This chapter is an overview of the arguments obtained from various literature regarding how the migration of Filipino nurses was commonly perceived and why Filipino nurses leave their country and migrate to the United States. This chapter also contains a description of the characteristics of the environment in both the United States and the Philippines and how this influenced the career of Filipino RNs which prompted them to leave their country and move to the United States despite the physical, emotional, and psychological consequences and “sacrifices” that they had to endure. The issues are addressed at each level in Maslow’s hierarchy of needs and are presented in conjunction with the characteristics of both countries. This chapter also includes a discussion of the individual and collective experiences of the registered nurses as they moved towards the achievement of their personal goals.

#### The Global Nursing Shortage

“Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles.” - International Council of Nurses

“Shortage” as defined by Webster, is a lack or deficit. A “nurse” is defined as a person who cares for the sick or infirm; specifically, a licensed health-care professional who practices independently or is supervised by a physician, surgeon, or dentist and who

is skilled in promoting and maintaining health (Merriam-Webster On Line Search, 2007). Thus “nurse shortage” refers to a condition of lack or deficit of a person who cares for the sick and is skilled in promoting and maintaining health. The implication of this definition is not to be taken lightly because it appeals to the human sentiment to be concerned, aware, vigilant, and conscious of the consequences of what lie ahead.

The nursing shortage is a global phenomenon that is currently experienced by even the most progressive countries in the world such as the United States. Despite its economic stability and leadership, the United States experiences deficits in its supply of registered nurses. It is predicted that the nation will need at least 800,000 new nurses by 2020 (Pittman, Folsom, Bass, & Leonhardy, 2007). The United States is in the midst of a nursing shortage that is expected to intensify as baby boomers age and the need for health care grows (Rosseter, 2007). As a result, the United States turned to overseas recruitment and had become the largest importer of nurses because of the size of its health care system, its favorable wage structure, and media attention to international recruiting activities by U.S. hospitals (Aiken et al. , 2004). Foreign-trained nurse entrants to the U.S. nurse workforce have increased at a rate faster than that of U.S.-educated new nurses (Aiken et al., 2004).

The United Kingdom has likewise opened its doors for employment of foreign nurses to replenish its diminishing supply of RNs. Just like the United States, more nurses joined the U.K. register from overseas than from education sources within Britain (Aiken et al., 2004). Other countries such as Ireland, Canada, and Australia, with their projected nurse shortfalls (See Table 1), have likewise resorted to recruiting from less developed countries to supplement their diminishing supply of RNs.

Table 1:

*Host Country Registered Nurse Workforce and Predicted Shortfall as of 2002*

Host Country	Number of RNs in Workforce	Predicted Shortfall	Shortfall Year
US	2,202,000	275,000	2010
UK	500,000	53,000	2010
Ireland	49,400	10,000	2008
Canada	230,300	78,000	2011
Australia	179,200	40,000	2010

Note: Reproduced from Health Affairs, (2004), 23 (3), p 70.

Between 1998 and 2002, the United Kingdom alone recruited 5,259 nurses from South Africa, and 32 percent of the registered nurses in Zimbabwe (Brush et al, 2004). In 2000, over 500 nurses left Ghana for employment in industrialized countries (Kingma 2007). In 2003, of 3,200 registered nurses in Swaziland, 40% worked in the United Kingdom (Buchan et al., 2005). A 2002 Zimbabwe survey conducted among 215 nurses showed that 71 per cent expressed the intent to migrate (Chikanda, 2005). Likewise, in a study carried out between 2004 and 2005 in three South African provinces, over half of the nurses interviewed considered moving abroad (Penn-Kekana, Blaauw, San Tint, & Monareng, 2005). In the Philippines (See Table 2), an estimated 85 percent of employed Filipino nurses are currently working internationally.

Table 2:

*Estimated Number of Employed Filipino Nurses by Work Setting, 2003*

Work Setting	Number	Percentage
I. Local/national	29,467	15.25
A. Service		
1. Government agencies	19,052	9.86
2. Private agencies	8,173	4.23
B. Education	2,241	1.16
II. International	163,756	84.75
Total	193,223	100.00

*Note:* Reproduced from (Lorenzo, Tan, Icamina, and Javier, 2007, p. 1409).

The nursing shortage created opportunities for registered nurses in less developed countries to leave their country in search of a better life elsewhere and to be emancipated from their country's social, political, and economic problems. However, the escalating need for nurses in developed countries depleted the supply of qualified nurses in less developed ones, crippling its health care systems (Aiken et al., 2004). This was particularly true for a country like the Philippines, an Asian nation with 91 million people, which continued to become the primary source country for registered nurses.

The Philippines has a literacy rate of 92.6%, one of the highest in Asia (CIA World Factbook, 2008). It is the world's third largest English-speaking country, after the United States and the United Kingdom (Philippine Department of Energy, 2006). Being trained in and having knowledge of the English language is one reason why this country

has been the steady source and main supplier of foreign nurses in the United States. Filipino nurses who were primarily educated in college-degree programs (Aiken et al., 2004), are in demand also because of their caregiving skills. They are found in more than 30 countries. In 2004, most Filipino nurses were deployed to countries like the United Kingdom, Kuwait, and the United States (Mendoza, 2005). According to the World Health Organization (WHO), the Philippines is the largest exporter of registered nurses to foreign countries. As of 2007, official statistics reported the number at 250,000 (The World Health Organization, 2007).

Exportation of manpower has become the key source of economic growth for the Philippines. Overseas Filipino Workers (OFWs) and professionals bring millions of dollars into the country in the form of remittances. These remittances are portions of an OFW's income that enter the Philippines through formal and informal channels such as the banking systems, wire transfers, and hand-carrying into the country (Carroll, 2008). Despite a recent decline in the OFW population, remittances continue to increase because of the recent shift in OFW population to more highly skilled jobs with higher wages such as in healthcare (Carroll, 2008). The Central Bank of the Philippines reported that remittances from the OFWs were projected to reach \$ 16.3 billion in 2008, about 13% higher than in 2007 (Ferriols, 2009).

Among the OFWs, Filipino Americans are the largest senders of US dollars to the Philippines. In 2007, Filipino Americans sent about \$ 8.2 billion (See Table 3), which represented 57% of the total amount received by the Philippines (Philippine Overseas Employment Administration, 2007). Research carried out in the South Pacific indicated

that nurses remitted a higher portion of their income than other migrants (International Centre on Nurse Migration, 2007).

Table 3:

*Overseas Filipino Remittances by World Group (2007) (in thousands of US dollars)*

COUNTRY OF ORIGIN	TOTAL
ASIA	1,543,180
MIDDLE EAST	2,172,417
EUROPE	2,351,691
AMERICAS	8,244,349
AFRICA	16,027
OCEANIA	121,418
OTHERS	846 819
TOTAL	14,449,928
<i>Monthly Remittance Average</i>	1,204,161

*Note:* Reproduced from 2007 Overseas Employment Statistics of the Philippine Overseas Employment Administration (POEA).

Among the countries of destination, the United States is the preferred choice of Filipino nurses because they can become immigrants and citizens of the country. This allowed the United States to utilize the skills of the Filipino RNs and retain them in the workforce until retirement. The Filipino nurses, on the other hand, enjoyed better career

opportunities and quality of life compared to those afforded in the Philippines (Berg, Rodriguez, & De. Guzman, 2004). In other countries such as the United Kingdom and Saudi Arabia, nurses cannot apply for citizenship (Cruz, 2004).

The massive outflow of registered nurses from poorer to wealthier countries is one of the most difficult challenges posed by international migration today. This outflow highlighted the complexities of migration as it related to poverty alleviation and the lack of jobs in the native country. Economic motivations remain strong for workers to move from areas with large labor surpluses but slow employment growth (Iredale, Hawksley, & Castles, 2003). Skilled professionals and workers are increasingly turning to migration as a means to improve their own lives and that of their families. Furthermore, it is also facilitated by the policies of receiving countries (Stalker, 2000). For most, it is a deliverance from the bondage of poverty and from a chaotic political and social system.

This phenomenon casts a shadow of uncertainty to the future of the health care systems of these countries. In the Philippines, this exodus has continued to deplete the country of the most skilled and highly educated registered nurses, a problem that the country must now face in the 21<sup>st</sup> Century.

#### International Migration of Registered Nurses

International migration is defined as “the movement of people from one country to another to take up employment and to establish residence abroad either temporarily or permanently as an Overseas Foreign Worker or Permanent Migrant.”(Calma, 2005, p. 241). There are many consequences of international migration including such issues as “brain drain” and the cost of training and educating the migrants from the exporting country only to lose them to serve other countries. According to Jesus Galvez-Tan,

professor at the University of the Philippines College of Medicine, it costs about \$4,000 to \$7,000 to educate and produce a nurse that would pass the Philippine nursing licensure examinations (Adversario, 2003b). Filipino nursing students are expected to invest this much in order to become a nurse. For the Filipino nurse whose average monthly salary is equivalent to \$169 in most cities and \$75 to \$95 in the rural areas (Adversario, 2003a), this is a large sum of money that may take years to recover or not at all.

The scarcity of RNs prompted the United States and other developed countries to recruit from outside national borders. In the United Kingdom, about 60 percent of the nurses are foreigners, majority of them Filipinos (Filipino Reporter, 2004). While some recruitment was from one developed country to another (e.g. Canada to USA, Australia to the UK, UK to Ireland), the increase of nurse recruitment from the less developed countries to the developed ones, has been more significant and has garnered public policy attention (Buchan & Sochalski, 2004; Buchan, Kingma, & Lorenzo, 2005). Migration is not just about a one-way flow from "source" to "destination". Nurses may leave one country to work in a second, and then either return to their home country, or move onto a third. They may even live in one country and cross a national border on a regular basis to work in another (Buchan et al., 2005, p. 8).

Among the less developed countries from which registered nurses have been recruited include the Philippines, Ghana, Swaziland, Barbados, and South Africa (Buchan et al., 2005). Among the five, the Philippines is the leading primary source country for nurses internationally by design and with the support of its government. (Aiken et al, 2004). Of migrant-sending countries, the Philippines is probably the most penetrated by foreign, almost entirely U.S. media (Stalker, 2000). As a result, Filipinos have greater

awareness regarding the “good life” in the United States as well as the problems that besieged the country particularly about the nursing shortage. This added to the enticement that has drawn the Filipino nurses more towards the United States than to other countries. While this ‘brain drain’ may be advantageous for the individuals, it represented a considerable loss to countries that have invested in workers’ training and skill (Stalker, 2000).

#### Nursing Shortage in the United States

The 2004 National Sample Survey of Registered Nurses (NSSRN) gives information about the population of registered nurses with an active license to practice in one or more of the 50 states in the U.S. (See Table 4). This survey has been conducted every four years since 1980 and shows trends over time about the nation’s largest health profession (HRSA, 2004).

Table 4:

*Registered Nurse Population by Employment Status (in thousands)*

	Year						
	1980	1984	1988	1992	1996	2000	2004
Total Number	1662	1888	2033	2240	2559	2697	2909
Total Employed 1217	1485	1624	1852	2244	2338	2417	
Percent Employed	76.49	78.70	80.00	82.70	87.70	86.70	83.10
Full Time	52.00	52.20	54.10	57.00	59.00	58.50	58.30
Part Time	24.49	26.50	25.90	25.70	28.70	28.20	24.80
Not Employed	23.40	21.30	20.00	17.30	17.30	18.30	16.80

*Note:* Reproduced from National Sample Survey of Registered Nurse (HRSA, 2004)

According to the survey, the estimated RN population increased by 1,246,975 between November 1980 and March 2004. In 2004, 2,909,357 persons were estimated to have licenses to practice as RNs in this country. Of this total, however, only 58.3% were working full time and 24.8% were working part-time, while an estimated 16.8% of the population were not employed in nursing. This indicated under utilization of human resources in this specialized medical field.

According to projections released in February 2004 by the US Bureau of Labor Statistics, RNs among the nursing professions, top the list with the largest projected number of jobs in the years 2002-2012 (See Table 5). More than 2.9 million RNs will be employed in the year 2012 (American Nurses Association, 2006).

Table 5:

*Employment by Health Occupations in the United States / Ranked by Total Openings  
(Numbers in Thousands)*

Occupation	Number of Jobs		Total Job Growth		Total Job openings due to growth and net replacement
	2002	2012	Number	Percent	
Registered Nurses	2,284	2,908	623	27.3	1,101
Nursing Aides, orderlies, attendants	1,375	1,718	343	24.9	523
Home Health Aides	580	859	279	48.1	355
Personal and Home Care Aides	608	854	246	40.5	343
Licensed Practical/Vocational Nurse	702	844	142	20.2	295

*Note:* From the Bureau of Labor Statistics Occupational Projections (2002 – 2012)

Based on this data, the U.S. Department of Labor, Bureau of Labor Statistics has declared that the registered nurses are projected to create the second largest number of new jobs among all occupations; job opportunities in most specialties and employment settings are expected to be excellent, with some employers reporting difficulty in attracting and retaining RNs.

The American Nurses Association (2006) reported that the total job openings, which included both job growth and the net replacement of nurses would be more than 1.1 million. Coupled with current trends of nurses retiring or leaving the profession and fewer new nurses, this could lead to a shortage of more than one million nurses by the end of this decade.

As shown in Table 6, an estimated 2.8 million RNs will be needed by 2020 and only 1.8 million will be available to fill the jobs (HRSA, 2007). One in seven hospitals reported that at least 20 percent of their nursing positions were vacant (Rivers, Tsai, & Munchus, 2005).

Table 6:

*Projected Number of and Demand for Licensed Registered Nurses, 2000-2020*

	Licensed RNs	Licensed RNs Active in Nursing	FTE Licensed RN Workforce	Projected Demand for FTE Licensed RNs
2000	2,697,000	2,249,000	1,891,000	2,001,500
2020	2,705,000	2,163,000	1,808,000	2,824,900

*Note:* Reproduced from HRSA (2007) from <http://bhpr.hrsa.gov/nursing/>. FTE (Full Time Employed).

The Sigma Theta Tau International (2007) identified several factors that contributed to the nursing shortage in the United States. Among the top in the list were: (1) steep population growth resulting in a growing need for health care services, (2) a diminishing pipeline of new students in nursing due to lack of qualified faculty, (3) An aging nursing workforce and, (4) nurses leaving the profession due to stress and discomfort while on the job.

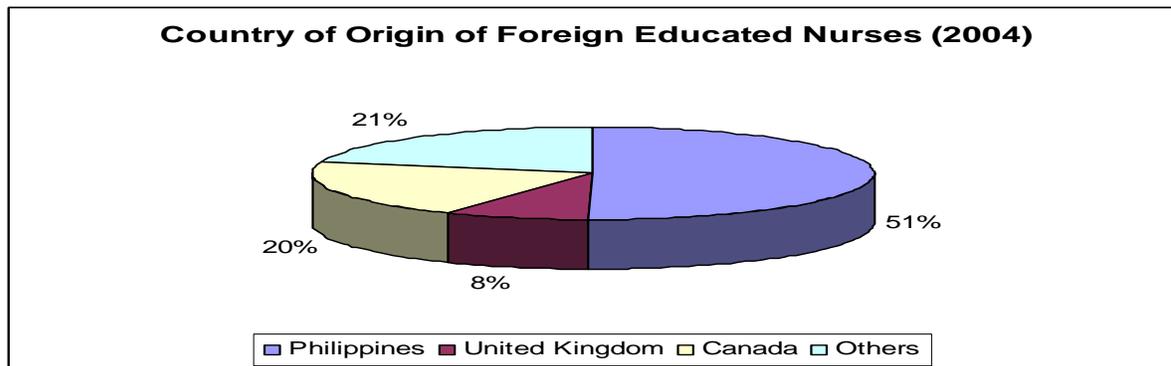
#### Migration of Filipino Nurses to the United States

It is widely assumed that the United States is the largest importer of nurses because of the size of its health care system (Aiken et al., 2004). With the shortage of nurses, clinics and hospitals in the United States have been hiring directly from the Philippines. “Advertisement from U.S. hospitals took advantage of the economic and professional dissatisfaction of nurses in the Philippines to recruit them to work in their institutions” (Choy, 2003, p. 107).

Nursing education in the Philippines is highly regarded worldwide. Since 1970, all educational programs in nursing in the Philippines have offered a 4 year (BSN) degree which is the only pathway to become a registered nurse in the country (Paquiao, 2003). Schaffer and Ludwig (2003) stated that in the United States there are three paths to becoming a registered nurse: 1) a two year associate degree in nursing, 2) a two year diploma program administered by hospitals and, 3) a four year bachelor of science degree in nursing. Nurses with a BSN degree were prepared to work in any setting and were considered better educated (Schaffer and Ludwig, 2003). Filipino nurses have this advantage, which is another reason why they are preferred by many American hospitals. The country is such a rich recruitment ground for nurses that U.S. based hospitals have

held nursing job fairs there. The International Union of Nurses says close to 10,000 nurses were hired in this manner in 2001 (Adversario, 2003).

In a 2004 survey conducted by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services, 3.5% of the RNs practicing in the United States obtained their basic nursing education from outside the United States. Fifty one percent, or more than half of these foreign educated nurses were from the Philippines, (See Figure 1). The rest were shared by Canada (20%), the United Kingdom (8%), and others (21%).



*Figure 1.* Country of origin of foreign educated nurses

*Source:* Reproduced from the National Sample Survey of Registered Nurses (2004)

Entry into the practice of nursing in the United States requires registered nurses to pass the NCLEX (National Council on Licensure Examination for Registered Nurses) examination. Prior to February 2007, NCLEX examinations were taken in other countries other than the Philippines. Thus, Filipino nurses had to spend for airline tickets and accommodation in another country just to take the exams. However, on February 8, 2007, the National Council of State Boards of Nursing (NCSBN) added Manila, the capital city

of the Philippines, as a new site for the administration of the NCLEX examinations (NCSBN, 2007). This reduced the cost and the inconvenience of taking the NCLEX.

Prior to taking the NCLEX, a Filipino nurse must pass a federal screening program which is comprised of three parts: 1) credentials review of the nurse's education, registration and licensure; 2) CGFNS Qualifying Exam, a one-day qualifying exam testing nursing knowledge and, 3) English language proficiency exam using the TOEFL (Test of English as a Foreign Language). The Commission on Graduates of Foreign Nursing Schools (CGFNS International) was named in the 1996 legislation as an organization qualified to offer this screening program (CGFNS International, 2006). CGFNS statistics show that the Philippines continue to top the list of CGFNS exam takers over the past few years (See Table 7).

Table 7:

*Top 5 Countries Which Participated in The CGFNS Examinations*

Rank	2004	2005	2006	2007
1	Philippines	Philippines	Philippines	Philippines
2	Canada	India	India	India
3	India	Canada	United States	United States
4	United States	United States	Canada	Canada
5	South Korea	South Korea	South Korea	South Korea

*Note:* Reproduced from CGFNS International, Visa Screen 2007 Statistical Data

The number of Filipino nurses who sought employment abroad has grown because of factors and conditions that drove or pushed the nurses away from their country

while pulling them into the United States, a more superior and affluent nation that offered a better quality of life. Lorenzo et al. (2007) reported the following “push and pull” factors that led to migration:

*Push Factors*

- Economic: low salary at home, no overtime or hazard pay, poor health insurance coverage.
- Job related: work overload or stressful working environment, slow promotion.
- Socio-political and economic environment: limited opportunities for employment, decreased health budget, socio-political and economic instability in the Philippines.

*Pull Factors*

- Economic: higher income, better benefits, and compensation package.
- Job related: lower nurse to patient ratio, more options in working hours, chance to upgrade nursing skills.
- Personal/family related: offers opportunity for family to migrate, opportunity to travel and learn other cultures, influence from peers and relatives.
- Socio-political and economic environment: advanced technology, better socio-political and economic stability.

Based on the “push and pull” factors mentioned above, the situation in the Philippines made immigration not a choice but a necessity.

## The Philippines Socio-Political and Economic Environment

### *Philippine Economy*

The CIA World Factbook (2008) reported that the Philippines' population was growing at a high rate of 1.764% per year with 5000 people born everyday in this country where the number of poor people, those living below the poverty threshold, has increased by more than 4 million since 1985. Its population as of July 2007 was approximately 91 million and an estimated 40% of this population were below the poverty line (CIA World Factbook, 2008).

According to the Bureau of Labor Employment Statistics (BLES), the unemployment rate had steadily increased from 8.4 percent in 1990 to 12.7 percent in 2003 (Lorenzo et al, 2007). The Philippines had too few jobs for its population. Even for those with jobs, conditions were difficult. One out of every five employed workers was underemployed, underpaid, or employed below his/her full potential (Lorenzo et al, 2007). Latest statistics however, indicated that unemployment has gone down to 8% as of July 2008 (National Statistics Office , 2008).

The National Statistics Coordination Board (NSCB) of the Philippines in a press release dated June 21, 2007, stated that Filipino families living in the National Capital Region and comprised of five members should have earned a monthly income of PhP 8,254 (equivalent to \$ 183.00) to be able to sustain their families' minimum basic food and non-food needs. Of this, PhP 4,920 (60 percent of the poverty threshold) should have been allocated for basic food needs and PhP 3,334 (40 percent of the poverty threshold) to basic non-food needs of the family (National Statistics Coordination Board, 2007). The

current minimum daily wage according to the Labor Department, is PhP 283 per day which translates to only PhP 7,358.00 (equivalent of \$163) per month (Conde, 2007).

The growing population and poverty created a condition in the Philippines that incapacitated the government's ability to provide decent living conditions to a great majority of its population. Based on the 2002 Annual Poverty Indicators Survey (APIS) (Philippine National Statistics Office, 2005), 44% of the bottom 40% income group did not have electricity in their homes. In 2004, according to APIS, at least eight out of 10 Filipino families met the minimum basic needs (MBN) for survival which was measured by access to safe drinking water, presence of electricity at home, and use of sanitary toilets (Philippine National Statistics Office, 2005).

The frustration of the Filipino people regarding their failure to be liberated from the country's economic, political, and social turmoil created dissatisfaction that had been passed on from one generation to the next. This dissatisfaction has created a stigma of hopelessness that prompted the Filipino to look for other options and opportunities outside their national boundaries. The estimated number of overseas Filipino workers as of December 2007 is shown in Table 8. The highest is found in the Americas indicating that the Americas is the preferred destination for overseas employment. The huge number of overseas Filipino workers is an indication of the problems that besieged the Philippines with regards to domestic employment.

Table 8:

*Estimated Number of Overseas Filipinos as of December 2007*

Africa	90,403
Asia (East & South)	1,219,445
Asia (West)	2,181,579
Europe	953,519
Americas	3,653,007
Oceania	362,014
World Total	8,726,520

*Source:* Reproduced from 2007 Overseas Employment Statistics of the Philippine Overseas Employment Administration (POEA).

Unemployment has been and continues to be a severe problem of the Philippine economy. With a continued high population growth, there is a need to create new jobs domestically in the Philippines. Until long-term structural inequities in the Philippines' political economy are addressed, Filipinos will continue to search for better opportunities on other shores (Toro-Morn & Alicea, 2004).

*Philippine Politics*

The Philippines, a country made up of 7,100 islands, is divided into 16 regions distributed among the main islands of Luzon, Visayas, and Mindanao. Former President Ferdinand Marcos said, the Philippines stands as “a nation divided against itself- divided between urban and rural, rich and poor, majorities and minorities, privileged and underprivileged” (Bunge, 1991).

The Philippine Islands became a Spanish colony during the 16th century; they were ceded to the US in 1898 following the Spanish-American War. In 1935, the Philippines became a self-governing commonwealth. Manuel Quezon was elected president and was tasked with preparing the country for independence after a 10-year transition. In 1942, the islands fell under Japanese occupation during WWII, and US forces and Filipinos fought together during 1944-45 to regain control. On July 4, 1946, the Philippines attained its independence from the U.S. and became a Republic (CIA World Factbook, 2008).

In 1965, Ferdinand E. Marcos became President. He declared martial law in September, 1972, charging that a Communist rebellion threatened and opposition to Marcos's government did swell the ranks of Communist guerrilla groups, which continued to grow into the mid-1980s. On August. 21, 1983, opposition leader Benigno Aquino was assassinated at the Manila airport, which incited a new, more powerful wave of anti-Marcos dissent which led to the expulsion of Marcos who fled the country on Feb. 25, 1986, eventually obtaining asylum in the United States (The Columbia Electronic Encyclopedia, 2007). He was succeeded by Corazon Aquino, widow of Benigno.

Aquino's government faced mounting problems, including several coup attempts, significant economic difficulties, and pressure to rid the Philippines of the U.S. military presence. Aquino declined to run for reelection and was succeeded by her former army chief of staff Fidel Ramos. His political program was somewhat successful, opening dialogues with the Marxist and Muslim guerillas (The Columbia Electronic Encyclopedia, 2007).

Joseph Marcelo Estrada, a former movie actor, was elected president in 1998, pledging to help the poor and develop the country's agricultural sector. Estrada's presidency was buffeted by charges that he accepted millions of dollars in payoffs from illegal gambling operations. As demonstrations against Estrada mounted and members of his cabinet resigned, the supreme court stripped him of the presidency, and Vice President Gloria Macapagal-Arroyo was sworn in as Estrada's successor (The Columbia Electronic Encyclopedia, 2007).

Macapagal-Arroyo was elected president in her own right in May, 2004, but the balloting was marred by violence and irregularities. Coup plots against her involving several army generals and left-wing legislators were discovered. The president survived an opposition move to impeach her when her opponents failed to muster the votes needed to force a trial in the senate (The Columbia electronic Encyclopedia, 2007). In January, 2007, a government commission blamed many of the more than 800 deaths of activists during her presidency on the military. Congressional elections in May, 2007, were marred by fraud allegations and by violence during the campaign; the voting left the opposition in control of the senate and Macapagal-Arroyo's allies in control of the house (The Columbia Electronic Encyclopedia, 2007).

The succession of events that transpired for over forty years in the Philippines, shows a country that is constantly experiencing political turmoil and instability. Over and above this, the Philippine Government continues to face threats from three terrorist groups on the US Government's Foreign Terrorist Organization list (CIA World Factbook, 2008).

The crime rate in the Philippines is high. Kidnapping cases averaged 125 a year, or slightly more than 10 cases a month. In the past decade, 2,300 people have fallen prey to kidnapers, an average of two victims every three days. About PhP 1.6 billion in ransom has been paid to kidnapers in the last 10 years as well, slightly more than a fourth of which was paid out in 1996 and 1997 (See, 2004). This breakdown in peace and order compels Filipinos to leave their country in search for a safer and more secure environment.

### The United States

The United States has a population of 301 million people with a population growth rate of 0.894% (The CIA World Factbook, 2008). The percent of the population below poverty line is 12%. Its GDP (Growth Domestic Product) is \$13.06 trillion with a national budget of \$ 2.707 trillion. Unemployment rate is 4.8% . “The United States has the largest and most technologically powerful economy in the world. It is at or near the forefront in technological advances, especially in computers and medical, aerospace, and military equipment” (CIA World Factbook, 2008). Unlike the Philippines, which is an agricultural country, “the United States is highly urbanized with three out of four residents living in an urban area” (Toro-Morn & Alicea, 2004, p.211).

The United States is a country known for its economic supremacy and political stability. Although, international terrorism continues to remain a threat to the country, the domestic environment is safe and protected. The two most traumatic experiences in the United States' history were the Civil War (1861-65) and the Great Depression of the 1930s. Buoyed by victories in World Wars I and II and the end of the Cold War in 1991, the US remains the world's most powerful nation state. The economy is marked by steady

growth, low unemployment and inflation, and rapid advances in technology (CIA World Factbook, 2008).

The country has emerged as the “land of opportunity.” Due to its economic leadership, the economy has maintained high wages and a better quality of life which attract immigrants by the millions from all over the world. For the would be immigrants, this is the “American Dream”. Immigrants however, find themselves relegated to the bottom of the economic ladder where they work in the least desirable jobs and subsist in meager conditions until some of them achieve some degree of upward social mobility (Toro-Morn & Alicea, 2004). “Educational attainment of American-born or immigrant Filipinos does not guarantee their entry into well-paying or high-status jobs....Only for those who are educated in the healthcare fields tend to find jobs that are consistent with their education” (Pacquiao, 2003, p.140).

#### Healthcare in the Philippines in the 21<sup>st</sup> Century

The consequences of the migration of nurses and doctors from the Philippines to other countries specially to the United States is beginning to hurt the healthcare system of this poor country. It can very well be ascertained that the quality of the RNs that are left to care for the sick in the country may not be the best considering that the best have been lured to work abroad. The ones who have left are the skilled and experienced nurses. Most of those who are still in the country are relatively unskilled and inexperienced, and this poses serious implications on the quality of health care they provide (Adversario, 2003, ¶ 6).

At the rate the Filipino nurses are leaving the country, Dr. Jaime Galvez Tan claims that soon, the Philippines will be bled dry of the much needed medical

professionals. He claims this is no longer a brain drain, but more appropriately, a brain hemorrhage of nurses and doctors (Cruz, 2004, ¶ 8).

There are arguments regarding whether the Philippines is actually experiencing a nursing shortage of its own as a result of the mass exodus. Some believe a shortage is imminent while others think there is an over supply of nurses. Although thousands of nurses leave the country, there are also, thousands who enroll in nursing schools, and thousands more who graduate from these schools and become nurses. Some critics say that in the Philippines, there is a constant supply of nurses unlike in the US, where the supply is diminishing. Dr. Marilyn E. Lorenzo, director of the Institute of Health Policy and Development Studies and a professor at the University of the Philippines College of Public Health, believes there is no shortage because there are enough warm bodies here, but there is a shortage in terms of quality (Adversario, 2003a).

The opportunities for RNs to work abroad have become increasingly attractive to Filipinos. In the year 2000, enrollment in medical and allied programs began to increase while other disciplines started to drop (See Figure 2).

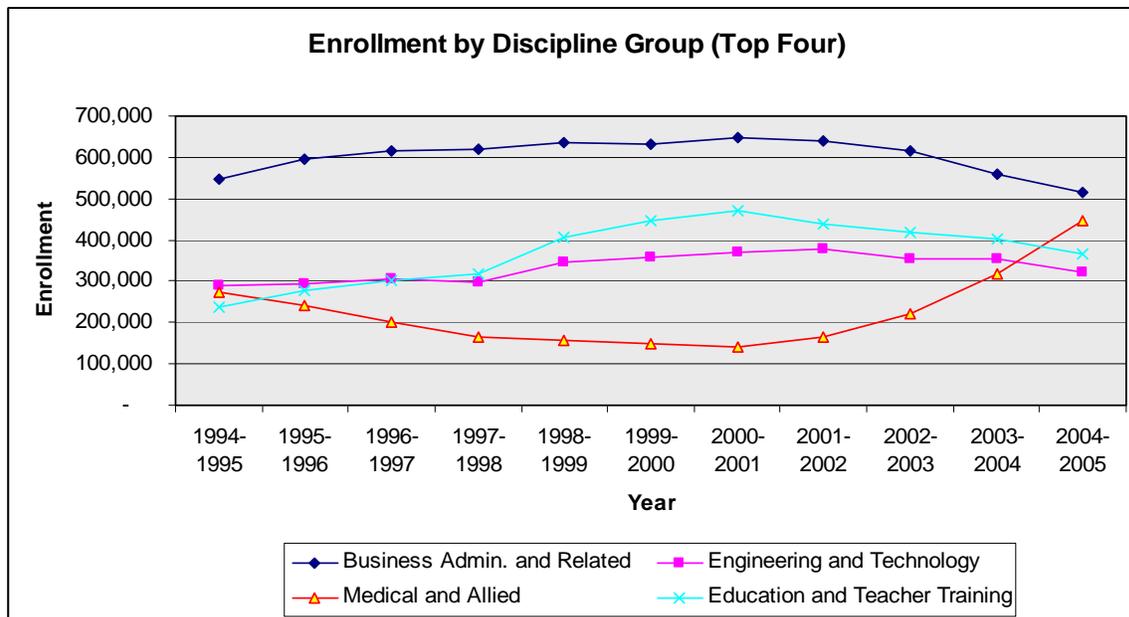


Figure 2. Enrollment By Discipline Group

Source: Data obtained from the Philippine Commission on Higher Education Statistical Bulletin (2004-2005).

The Philippine Commission on Higher Education (2005), reported that from the year 2000 to the year 2005, there was a 226% increase in enrollment in the medical field from 136,715 to 445,729. The number of private colleges and universities, as well as private hospitals offering BS nursing degrees have also increased. Furthermore, the Commission suggested, for the year 2008, nursing may be the top choice for new enrollees. “This is not surprising given the fact that many Filipino students still view nursing as their ticket to work outside the country for more money.”

(FilipinoNurseNews.com, 2008, May 17). In the 1970s, there were 40 nursing schools in the country. In 1999, there were 186, and in 2004 there were 329 such schools (Conde, 2004 ¶ 11). The demand was such that even computer schools have started offering

nursing courses. Today there are about 350 nursing schools, including many that are focusing more on reaping profits from people dreaming of high-earning jobs overseas than on preparing students for an exacting profession that provides care for ailing patients and technical support for doctors (Estella, 2005). There will be no "under-supply" in the nursing and health professionals in the Philippines as there is a steady stream of new students and other professionals shifting careers to the health sector. In 2003 alone, the estimated current stock of nurses was 332,206 while the demand was 193,223, leaving the country with a surplus of 138,983 nurses (Lorenzo et al, 2007).

Many career people shift to nursing so they can easily be hired in the US, Canada and UK. Physicians and doctors, engineers and architects, lawyers and managers, teachers and civil servants, among others, have shifted careers, studied nursing, passed the nursing board exams, and waited for their turn to be hired abroad (Clemens, 2006). There were 31,275 nurses out of 64,900 takers that passed the Nurse Licensure Examination given by the Board of Nursing last June, 2007 while 28,924 nursing graduates have passed the Philippine nursing licensure exams last December 7, 2007 (Abba Personnel Services, Inc, 2008; The Filipino Nursing Herald, 2008). The number of takers in the June 2007 has been the largest so far in the history of the nursing Board exams. This year 2008, there are two nursing licensure exams scheduled, and the Professional Regulation Commission of the Philippines expects 80,000 to 100,000 examinees who will be participating (Abba Personnel Services, Inc, 2008).

There are some short-term problems, like large-scale exodus of experienced nurses and doctors from rural or provincial hospitals to the metropolis, creating an immediate "vacuum" of experienced health professionals in some parts of the country

(Clemens, 2006). The disparity in the wages between rural and urban practitioners contributes to this outflow of nurses, leaving health care facilities in rural areas devoid of the nursing skills necessary to care for the sick. As a result, rural hospitals and health centers experience shortages and in some areas, there are no nurses at all. However, there is also a shortage in the job vacancies in the urban area. Hospitals simply refuse to hire more people as a way to cut operational costs (Santos, 2005).

### CHAPTER III

#### CONCEPTUAL FRAMEWORK

The purpose of this chapter is to introduce the theory that would facilitate the understanding of the phenomenon under study. The intent is to delineate the essential issues and concepts that were obtained from the study and inter-relate them with the accepted theory appropriate for the nature and essence of the phenomenon. “A theory simply explains what a phenomenon is and how it works. It explains the phenomenon by identifying the main ideas or concepts, and by stating the relationships these concepts have to each other” (Torraco, 2005, p. 352).

This study was approached from a humanist perspective. Humanism is a philosophical movement that is most concerned with the development of the whole person and places a great deal of emphasis on the affective component of the learning process (Swanson & Holton, 2001). Individuals are viewed as seeking self-actualization through learning and being capable of controlling their own learning process (Swanson & Holton, 2001). Humanists do not believe that human beings are pushed and pulled by mechanical forces, either of stimuli and reinforcements; rather they believe that a person has the capacity for self-awareness; for control over his behavior, for freedom of choice, self-determination, and for self-direction (Simmons, Irwin, & Drinnien, 1987). Humanism focuses on the person and how the person’s goal is affected by the way the person perceives the environment and these perceptions are centered in experience (Merriam & Caffarella, 1999).

### Maslow's Hierarchy of Needs

Abraham Maslow (1908-1970) created humanistic psychology and his theory on the self and self-actualization served as the foundation of humanism (Schneider, Bugental, & Pierson, 2001). He developed a theory on human motivation which stressed the importance of satisfying the various levels of human needs in order to function effectively (Maslow, 1970). He classified basic human needs under five categories arranged in a hierarchal order in matter of importance from lowest to highest as follows:

- 1) physiological (lowest order)
- 2) safety and security
- 3) belongingness and love
- 4) esteem
- 5) self actualization (highest order)

He believed that the characteristic of human beings throughout their whole lives is to practically desire something and strive for an upper level of capabilities which drive them to move towards fulfillment of basic needs (Simmons et al., 1987). According to Maslow (1970), when a lower-level need is satisfied, a higher order need arises to motivate the individual until he or she becomes everything that he or she is capable of becoming self actualized (Maslow, 1977).

Figure 2 is a diagram of the hierarchy showing the upward direction of the arrow towards self-actualization and some of the specific need components that Maslow referred to as essential in motivating human behavior. However, "human motivation rarely actualizes itself in behavior except in relation to the situation and to other people" (Maslow, 1970, p. 28).

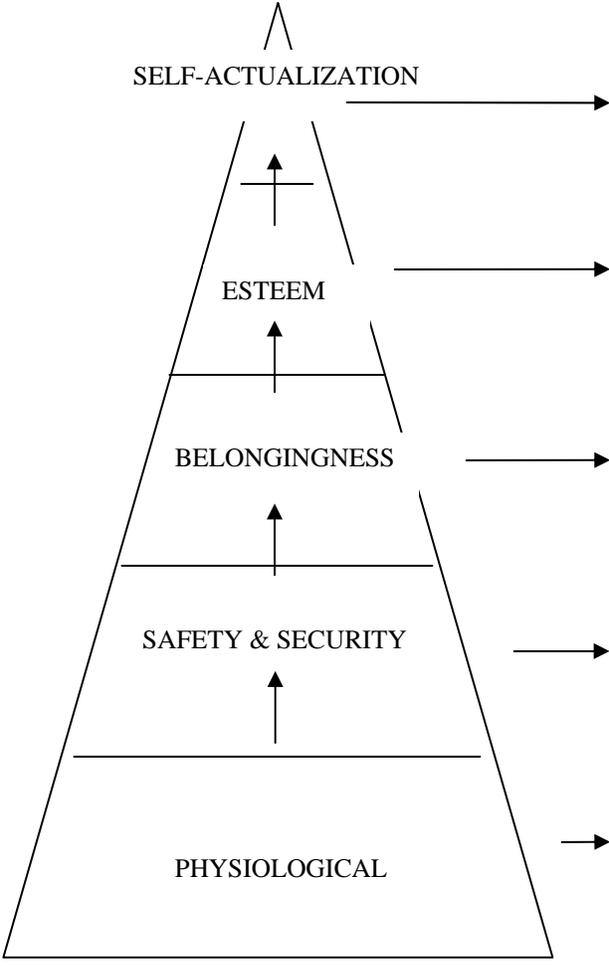
MASLOW'S HIERARCHY OF NEEDS	HUMAN NEEDS COMPONENTS
 <p>SELF-ACTUALIZATION</p>	full use and exploitation of one's talent & potentialities, sense of accomplishment, realization of creativity
ESTEEM	strength, achievement, adequacy, mastery, competence, confidence, independence, freedom, prestige, status, fame and glory, dominance, attention, recognition, importance, dignity, appreciation
BELONGINGNESS	acceptance, feeling of belonging, love and affection, loneliness, ostracism, rejection, friendliness, rootlessness
SAFETY & SECURITY	security; stability; dependency; protection; freedom from fear, from anxiety, from chaos; need for structure, order, law, limits
PHYSIOLOGICAL	Air, water, rest, bodily requirements such as food, good health, and sex.

Figure 3. Diagram of Maslow's Hierarchy of Needs

Note: Diagrammatic representation above is created based on hierarchal description provided in *Motivation and Personality* by A. Maslow, 1970, p. 35- 58.

Looking at the phenomenon under study, there are plenty of issues that need to be examined regarding the migration of Filipino nurses, in relation to Maslow's hierarchy of needs. The situation is such that the environment, both in the Philippines and the United

States, has significant effects on the gratification of human needs, as well as on the thought processes of the individuals. Likewise, there is the uniqueness of each culture that may have divergent impacts on need gratification. “Any theory of motivation must of course take into account the role of cultural determination.” (Maslow, 1970, p. 28). “Two different cultures may provide two completely different ways of satisfying a particular desire” (Maslow, 1970, p. 22). This being the premise, knowing the concept of Filipino motivation is extremely important in this study.

### Filipino Values and Motivation

A natural identity exists between people and places, and that discrete peoples belong to specific, bounded territories, which frame their distinct cultures and local identities (Espiritu, 2003). Since the Filipino is reared amid a troubled environment as discussed earlier, the ability to adjust and adapt becomes inherent in the individual as a means for survival. When an individual adjusts to the cold weather, “the weather does not change by the adjusting to it nor is it affected at all” (May, 1983, p. 128). Therefore, in a country like the Philippines, tolerance and patience become virtues for existence.

Andres (1991) interpreted the Filipino hierarchy of needs in conjunction with Abraham Maslow’s theory on human motivation (see Table 9). At the base of the hierarchy, is the concern for survival and for the Filipino, this means survival not only of oneself but also of the family. “Work to most Filipinos is only a means to an end. The most pervasive end of the Filipino employee’s activities is still the family” (Andres, 1991, p. 39).

Table 9:

*The Filipino Hierarchy of Needs in Comparison with Maslow's*

<b>MASLOW'S HIERARCHY OF NEEDS</b>	<b>FILIPINO HIERARCHY OF NEEDS</b>
<b>Self-Actualization-</b> achieving one's potential, sense of accomplishment, realization of creativity	Esteem – need recognition so one can gain honor and prestige
<b>Esteem Needs-</b> recognition, prestige, confidence stemming from leadership.	Enjoyment – need to enjoy life as a measure of success
<b>Social Needs-</b> acceptance, feeling of belonging, love and affection	Advancement- need to be promoted, to be upgraded to improve life status
<b>Safety Needs</b> security, physical comfort, economic well being	Stability- need to have a stable job to be stable in one's life
<b>Physiological Needs-</b> Air, water, rest, bodily requirements and sex.	Survival –need to have a job to get through with life

*Note:* Organized in tableau form as extracted from Maslow (1970) and Andres (1991).

### The Filipino Family

The Philippines is a rural society in which the family is the prime unit of social awareness (Paprock, Yumol, & Atienza, 2006). It is the center of the social structure which includes the nuclear family, aunts, uncles, grandparents and cousins, including non-blood relatives established through religious ceremonies such as baptisms and marriage, when friends and associates are invited to become godparents, sponsors, and close family friends who are often also called aunts and uncles, though they are not. The

social structure is hierarchal in which the older ones are addressed with honorifics such as 'kuya' older brother or 'ate' older sister. (Bulatao, 1973; Pacqiao, 2003). Love and strong affection with deep concern for each other is very marked in the Filipino family (Quiambao, 1976)

Filipinos share a common set of values emphasizing social acceptance as a primary virtue and a common worldview in which education is emphasized as a principal avenue for upward social mobility and in which success is measured primarily in terms of income and material comforts (Bunge, 1991). "The influence of the family on one's choice of career is very strong, particularly in the rural areas. Parents continue to dictate the choice of one's career and education " (Paprock et al., 2006, p. 54).

The Filipino family has a double function. First, it provides an outlet for the need of a person to get out of himself and come into contact with another person in a free and unguarded emotional exchange. Second, it provides understanding, acceptance, a place where, no matter how far or how wrongly one has wandered, he or she can always return. The family is seen as a defense against a potentially hostile world, as insurance against hunger and care for the aged since the family will always provide for the physical and psychological needs of a member, as a place where one can be oneself without having to worry too much about maintaining smooth interpersonal relations (Bulatao, 1973).

In the Filipino family, the interest of the individual must be sacrificed for the good of the family (Bulatao, 1973). This is a sign of respect for parents and elders and lasts through adulthood. Examples of individual sacrifices include postponing marriage or passing up a job offer or a job promotion that would require transferring to another

location away from the family. In the Filipino family, “parental authority continues to play a role in people’s life as long as parents are alive“ (Hofstede, 1997, p. 32).

“Caring is an attitude that is known to foster creativity- a nurturing climate in which delicate and tentative new thoughts and productive processes can emerge” (Rogers, 1980, p. 160). Caring for a Filipino family is a commitment in which the responsibility is carried on for life. This may dictate that a parent temporarily leave his or her family and children to pursue better employment opportunities in other countries. In return, he or she is expected to deliver the “benefits” of being away either in the form of money and other material things, or simply prestige. Every member is obligated to strive to obtain economic sufficiency not only for himself but also for the family (Bulatao, 1973).

Andres (1991) described some of the basic Filipino reinforcers at each level in Maslow’s hierarchy. At the very base of the hierarchy of needs is the physiological level. At this level only “money” in the form of equitable wages and salaries enough to provide and sustain the basic needs of the family is the prime motivator. It is the only means that is associated with the acquisition of survival needs like food, shelter, and clothing.

At the next level in the hierarchy, there must be a continuity of the protection for the individual and the family. Mere wages will rarely provide the stability. If lost, it plunges the family in desperation, anxiety, and extreme fight for survival. There needs to be stability in the job where the individual enjoys continuous protection such as life and health insurance, retirement and other fringe benefits from which the family can also benefit.

The belongingness needs level emphasizes the importance of affectionate relationship with people in general, namely a place in a group or family, where the individual will strive with great intensity to achieve goals (Rogers, 1980). Important in this level is the recognition of the individual as part of a group or organization. Likewise, recognition such as job promotions and career advancement becomes very significant.

The culmination of satisfied needs identifies the ultimate goal of the individual. It is at this level where Filipinos experience a feeling of achievement and accomplishment that provides security and stability for themselves and their families. It can be the fulfillment of a desire to be an ideal mother, an athlete, a painter, or an inventor (Maslow, 1970). It can also be the fulfillment of being a good provider as a head of the family that can alleviate the family from an impoverished condition. As Andres emphasized earlier, the pervasive end of the Filipino's effort is still the family. For the Filipino, formal and informal awards and recognition, or an acknowledgment of one's skills, success, and leadership, brings prestige and honor to the family with great intensity- a measure of the Filipino's self-esteem and self-actualization.

“Motivation is not an enduring and stable characteristic of a Filipino. It is created, developed and reinforced on the basis of given conditions. It is premised on the existence of positive work values, equitable and just compensation schemes and benefits, and a good working environment.” (Andres, 1991, p. 23). With the existing conditions in the Philippines, this is unattainable, except for a few who have the means and the logistics to pursue their goals. This utopic condition becomes attainable to most Filipinos only outside national territories. Migration to the United States to improve the family's

stature is therefore an act that is psychologically important, because it contributes directly to the satisfaction of basic needs (Maslow, 1970).

“Each person is centered on himself, and the roots of the self grow and flourish in meaningful experiences. The person must choose and shape these experiences for himself, because they hold for him a personal value as well as enrichment of the world in which he lives” (Moustakas, 1969, p. 12). Using Maslow’s hierarchy of needs as the framework, the succeeding section illustrates the Filipino RN’s reaction to the environment and the internal forces that affects his or her career.

### Physiological Needs

The starting point for motivation theory is the so called physiological drives (Maslow, 1970). In Table 9, these needs are identified as food, water, air, rest, and bodily requirements. These are biological needs and they are the strongest needs because if a person were deprived of all needs, the physiological ones would come first in the person's search for satisfaction (Simons et al., 1987). At this lowest level in Maslow’s hierarchy, Filipino wage earners are fighting for survival (Andres, 1991). Filipino workers, including many highly educated professionals, are not happy because of the relatively low wages that they receive and this includes wages paid to such professionals as engineers, lawyers, medical doctors, and registered nurses. These professionals spent substantial amounts of money earning their degree but are not sufficiently paid and therefore, it takes years to recover what they have invested in education or sometimes not at all. Despite their stature, they have difficulty providing a decent living for their families. This demoralizes most professionals because they opted for a career that comes short of paying back what they have invested. For the Filipino, educational achievement

is a pathway to success, status, and prestige (Pacquiao, 2003), however, such success cannot be claimed if they cannot provide stability and security for themselves and their families.

Table 10 is a comparison of the hourly rates of registered nurses in the Philippines with those in other countries like Singapore, Kingdom of Saudi Arabia, United Kingdom, and the United States.

Table 10:

*Comparative Basic Monthly Salaries of Overseas Filipino Nurses (2002)*

	Philippines	Singapore	KSA	UK	USA
Basic Monthly (PhP)	P8500	P42000	P54000	P119000	P216000
US Dollar Equivalent	\$ 184	\$ 908	\$ 1167	\$ 2572	\$ 4670

*Note:* “Benchmarking: Compensation and Benefits Package Worldwide” by Anabelle Borromeo. Exchange rate as of July 2007 (PhP 46.25 per \$ 1.00) was used for conversion.

The monthly salary of a Filipino nurse in the Philippines is PhP 8,500 (about \$ 184.00). In rural areas, Filipino nurses receive less, from an equivalent of 75 to 95 dollars a month (Adversario, 2003). Within the confines of the country itself, the monthly salary of Filipino nurses is insufficient to sustain a decent living or even their families’

minimum basic food and non-food needs. A professional nurse's average pay is comparable or near to the minimum wage (Santos, 2005).

Compared with the United States, staff RNs working in the United States average a median base salary of \$41,642 annually, the monthly equivalent of which is \$ 3,470 (Allied Physicians, 2006). The US poverty threshold for a family of five is \$ 23,400 per year (Federal Register, 2006). This indicates that the median base salary of nurses is almost twice the poverty threshold indicating that a nurse working in the U.S. is very capable to provide the basic food, shelter, and clothing necessary for a decent living.

The physiological need is the most pre-potent of the needs which means that if it is unsatisfied, all other needs may become nonexistent or may be pushed to the background (Maslow, 1970). When the individual is dominated by a certain need, the whole philosophy of the future tends to change (Maslow, 1970). While the Filipino nurse is preoccupied with survival, the American counterpart has more room to start moving up in the hierarchy and enjoy the satisfaction of higher needs.

#### Safety and Security Needs

If the physiological needs are gratified, then a new set of needs emerges, which may be categorized roughly as the safety needs (security; stability; dependency; protection; freedom from fear, from anxiety and chaos; need for structure, order, law, limits; and so on), (Maslow, 1970). For the Filipino, all these needs refer to only one, stability- the need to have a stable job in order to be stable in one's life (Andres, 1991).

The Philippine government is the single biggest employer of nurses in the country. However, while nurses prefer to work in the government hospitals because of relatively higher pay than in private hospitals, there are no openings. The government has

not opened new positions and the ones who left have not been replaced (Adversario, 2003). “This not only creates unemployment, but it creates an artificial shortage that increases the nurse to patient ratio, making an unsafe and unstable work environment. Health does not seem a priority, and the government has yet to increase the health budget. Because most hospitals are understaffed, working conditions are far from ideal—average nurse-patient ratios range from 1:30 to 1:60” (Adversario, 2003, para 21). This has been deemed to be unsafe nursing where an RN may lose his or her license to practice in case of grave errors. Not only does this fear create anxiety and insecurity at work, it also causes serious stress, depriving the nurses of physical and mental comfort. They are always on the lookout for better jobs and opportunities mostly beyond national borders. The US Health department has established the recommended nurse to patient ratio based on the different medical units to which the nurse is assigned to (See Table 11).

Table 11:

*Recommended Nurse to Patient Ratio per Unit*

Type of Unit	Ratio
Intensive Care	1:2
Step Down	1:4
Telemetry	1:5
Operating Room	1:1
Post- Anaesthesia	1:2
Specialty Care	1:5
Labor & Delivery (active)	1:2
Labor & Delivery (antepartum)	1:4
Pediatric	1:4
Medical / Surgical	1:6
Emergency	1:4
Psychiatric	1:6

*Note:* Data obtained from Jackson, S. (2004). *California Society of Anaesthesiology Bulletin*, January-March 2004, p.70-72.

According to the information presented in Table 11, the most frequent ratio is one nurse for every four patients (1:4). These ratios have been determined to be the most appropriate to insure safe, effective, and efficient health care service in the United States. As a result of the nurse shortage however, these ratios become distorted. The lack of nurses creates a deficit in the work force which results in a single RN caring for more than what is required for the unit. Looking at the medical/surgical unit as an example, medical/surgical nurses care for eight patients during a shift because of the shortage, including more than two thirds who care for six or more patients (Perlstein, 2003). Nurses

are required to care for more than what is expected and as a result many of them are not happy with their work conditions and are more likely to quit because of this dissatisfaction (New England Public Policy Center, 2005). In spite of the increase in the nurse to patient ratio in the U.S. because of the shortage, the situation is still quite comfortable compared with the Philippines' 1:30 ratio.

At this second level of Maslow's hierarchy, most Filipino nurses are unable to enjoy a good quality of life, or even be safe and secure in their jobs. They are very much preoccupied and concerned with gaining adequate employment that would pay decent wages enough to provide physical comfort, security, and economic well being for themselves and their family. Despite the conditions, they continue to work but their focus shifts to gaining experience which will benefit them in the future. They will usually work for one to two years then they leave the country and are "pulled" to work abroad (Adversario, 2003)

#### The Belongingness and Love Needs

"If both the physiological and safety needs are fairly well gratified, there will emerge the love and affection and belongingness needs, and the whole cycle already described will repeat itself in this new center" (Maslow, 1970, p. 43). According to proponents of this theory, people seek to overcome feelings of loneliness and alienation. This involves both giving and receiving love, affection and the sense of belonging. It is at this level, "where an individual will feel keenly, as never before, the absence of friends, or a sweetheart, or a wife, or children. He will hunger for affectionate relations with people, namely, for a place in his group or family, and he will strive with great intensity to achieve his goal" (Maslow, 1970, p. 43).

The Filipino family as described earlier, makes it difficult for a Filipino to part ways with a family whether temporarily or permanently. Family relations strongly influence individual decision and actions and as such, consulting with family members may be required before decisions are made (Pacquiao, 2003). In this respect, Filipino nurses who desire to work abroad are faced with the dilemma of accepting an overseas employment offer or choosing to remain in the country and make both ends meet with the limited wages to support a family. There is the feeling of obligation to give back to the parents what was invested in the children. As such, one must study and work hard to improve one's economic situation (Bulatao, 1973), or seek better employment opportunities, to be able to pay back what was invested in him or her by the family.

Williams (2005) used as an example a Filipino nurse who lasted only a year and a half working in the US then returned home because she had left her husband and three children behind, including an infant who was only six months old when she left. For the Filipino, providing a decent living for a family is a primary goal; that any mother would leave her children behind, especially at such young ages, points to how troubled the Philippine economy is and how desperate Filipinos are in giving their families a better life. Although parent's migration may be beneficial, there are issues regarding effects on the family especially with children. When both parents are abroad, the children are left in the care of relatives and concern is raised over the family-building and emotional impact on the children (Gonzalez, 1988). Migration may likewise have detrimental effect on marriages since physical separation over long periods, coupled with difficulties in maintaining communication, places strain on marriages (Toro-Morn & Alicea, 2004).

There have been reports that migrations resulted in the break-up of families (Iredale, Hawksley, & Castles, 2003).

“The family is the basic social and economic unit of Filipino kinship. Family relations strongly influence individual decisions and actions” (Pacquiao, 2003, p.145). At this level of Maslow’s hierarchy, the Filipino family can be a deterrent to one’s desire to improve his or her quality of life which can be achieved only by leaving the country to seek employment in a progressive country like the United States. Because family loyalty and obligation supersede individual interests and residential migration (Pacquiao, 2003), an individual may have to think twice before departing for a foreign land in pursuit of better opportunities. This means that the individual may have to forego the desire to gratify his or her desire for self-esteem, the next need level, because of the individual’s obligation to the family. This entails a lot of reconciliation on the part of the Filipino nurse, to weigh priorities over the feelings of isolation and loneliness when detached from the family. Then, there is the fear for safety, being in an unfamiliar land away from home. For some Filipino nurses, the memories of the carnage of Filipino nurses under the hands of serial killer Richard Speck in Chicago, dubbed as the Crime of the Century during the sixty’s (Choy, 2003), still haunt them.

However, as mentioned earlier, love and affection for the family can be a catalyst towards achieving professional growth. As a child grows up in a family, he or she becomes indebted to the parents, to be responsible for them when he or she grows up. Because of this, children are looked upon as economic assets and as sources for support for parents in old age (Pacquiao, 2003). By leaving the country, the individual becomes motivated to improve his or her career and receive better wages with the hope that

eventually, he or she will be able to salvage or emancipate his or her family from the discomfort of poverty. This appears most often as a desire to raise the standard of living of one's family, often as repayment for one's debt of gratitude to parents and relatives (Bulatao, 1973). Even when Filipino migrants do not physically return home, they can still remit money to the Philippines to help an ailing parent, finance a relative's education, or purchase property and build a house (Espiritu, 2003).

An even greater achievement is to be able to uplift the economic and social status for the whole family by bringing all of them to the United States. This is the reason, why the United States has become the preferred country for migration because it allows workers to bring along their entire family to later become immigrants or citizens. Working adults will petition for their parents to come to the United States to take care of the grandchildren. This in turn facilitates the subsequent emigration of other members of the nuclear family from the Philippines (Pacquiao, 2003). The US Immigration Act of 1965 initiated a period of renewed mass immigration by promoting family reunification (Pacquiao, 2003). According to Miller and Miller (1996), one original immigrant could bring as many as 30 to 45 relatives since the children's spouse could, in turn start a new pyramid, beginning with their parents, which could result in hundreds of new immigrants. Family reunification accounted for almost 63 percent of all lawful permanent immigration in the United States in 2006 (Reinemeyer & Betalova, 2007).

Williams (2005) further narrated that the Filipino nurse mentioned earlier, is now back in the US, this time with her entire family, living in Houston, where she now owns and operates a nursing home and a home health business. This Filipino nurse after reconciling with her family, has successfully moved up to the higher levels in the

hierarchy, has regained her self-esteem, and is now self-actualized, an accomplishment which she would not have achieved had she opted to remain in the Philippines. This trend in US migration has been remarkable for Filipino RNs.

There are Filipino nurses who opted to stay in the country and forego their ambitions or plans for a better life. Maslow (1968) states that at this level of need for belongingness, the individual has considerable dependence on the environment and other people. “The person in this dependent position cannot really be said to be governing himself, or in control of his own fate “ (Maslow, 1968, p. 34). Family relations strongly influence individual decisions and in these cases, it appears that the wishes of the family prevailed (Pacquiao, 2003). For these people, the welfare of the family is valued over that of the individual, and cultural values would assert that the well-being of the family will contribute to the happiness and well-being of the individual (McGoldrick, Giordano, & Preto, 2005). The individual’s affection and commitment to the family has taken precedence over personal interests. The Filipino nurse has chosen to strive simply for economic sufficiency for the family, to enjoy and be content with whatever he or she and the family have. When a Filipino decides that he or she is earning enough, money loses its power to motivate (Andres, 1991).

#### Esteem Needs

Humans “have a need or desire for a stable, firmly based, usually high evaluation of themselves, for self respect, or self-esteem, and the esteem of others” (Maslow, 1970, p. 45). Maslow classified these needs into two sets: 1) The desire for strength, for achievement, for adequacy, for mastery and competence, for confidence in the face of the world, and for independence and freedom, and 2) The desire for reputation or prestige,

status, fame, and glory, dominance, recognition, attention, importance, dignity, or appreciation. He further explains that when these needs are satisfied, the person feels self-confident and valuable as a person in the world. For the Filipino, this is simply enjoyment (Andres, 1991), the resultant effect of success in life (See Table 10).

According to the International Organization for Migration, remaining in one's country of birth is the norm and that most people do not wish to emigrate (Kingma, 2007). Most nurses are reluctant to leave their home countries and would rather stay if offered a livable salary (physiological need) and a stable job (security need), in the comfort of their home and family (love and belongingness need). Furthermore, if they will be given the opportunity to be fully appreciated, recognized, and respected, they would rather remain in the country and enjoy life in their own limited capacity.

According to Maslow (1970, p. 46), "the most stable and therefore most healthy self-esteem is based on deserved respect from others rather than external fame or celebrity and unwarranted adulation". The higher-need levels would be at this level of self-esteem which involves human dignity, autonomy, self-respect, respect from others; feeling of worth, of getting praise and rewards and credit for one's accomplishments (Maslow, 1971). The "padrino system" in the Philippines is an infringement of this. This system involves the use of influence by high ranking government officials or celebrities, or well-connected individuals in the search for employment opportunities as well as promotions and transfers to favorable working conditions (Choy, 2003). Here, the individual loses his or her identity and worth since he or she becomes dependent on the clout of another person without respect for individual's qualification and capability. Choy (2003) gave an example of a Filipino nurse who returned to the Philippines from the United States to

work for a government hospital. She was told that she needed a recommendation from a Philippine Congress member to secure employment. She consequently applied for an immigrant visa and returned to the United States.

Unfavorable work environments in the Philippines are push factors that drive nurses out of the country. Adversario (2003a) mentioned that in the Philippines, “nurses are not recognized as equal health care partners. There is a feudal system in the nurse-doctor working relationship. In the US, there is a more collaborative relationship and doctors and nurses are treated as co-equal in terms of decision making.” Filipino RNs are treated as subordinates and therefore do not feel recognized as a partner in the medical profession. Because status is an important part of Filipino culture and family, this lack of recognition and acknowledgment, coupled with the problems of being overworked and underpaid, creates a prolonged feeling of dissatisfaction on the job.

To a Filipino nurse being a part of a medical team as equal and not as a subordinate, being praised and admired by friends and colleagues, has overwhelming effects on one’s family. It makes the family proud. It leads to the individual’s “feeling of self-confidence, worth, strength, capability, and adequacy, of being useful and necessary in this world” (Maslow, 1970, p. 45). As the individual receives praise and recognition, so does the family. Individuals who feel obligated to maintain their family’s reputation believe that effort and interest, rather than ability can result in success (Pacquiao, 2003). It motivates them to strive for more, to achieve greater heights in their career because this translates to the upliftment of one’s family, economically or socially.

When given the proper support, praise, and recognition whether formally or informally, a Filipino nurse will find working for somebody or an institution as

wholesome so that he or she may be willing to momentarily postpone plans to leave the country or totally forego such plans as long as she is able to provide the basic needs for the family. According to Andres (1991, p. 83), “Loyalty to a benefactor is another trait of the Filipino. Do him a little favor and he remembers you to the end of his days.”

### *Filipino Doctors Becoming Nurses*

In 1976, the US Congress passed its comprehensive medical manpower bill declaring that the U.S. no longer suffers a shortage of physicians, therefore, foreign medical personnel should get no more preference under immigration law (Holden, 1979). The aim of the policy was to reduce by 60%, the influx of foreign medical doctors, also known as IMGs (International Medical Graduates).

According to the Federation of State Medical Boards of the United States, Inc. and the National Board of Medical Examiners, to be able to work as a physician in the United States, an IMG must complete medical residency training in an accredited medical institution which may take from two to three years depending on the medical specialty. IMGs seeking U.S. residency training who do not qualify for permanent resident status are provided with a J-1 Alien Physician Visa valid for seven years (Foreign Physician, 2007). Upon completion of the residency, the IMG is required to return to his or her home country and remain there for two years before he or she can apply for employment as a doctor in the United States. However, before IMGs can even be admitted to residency, they must pass a series of examinations including an English proficiency exam, and a set of exams given by the Educational Commission for Foreign Medical Graduates (ECFMG) and the United States Medical Licensing Examinations (USMLE). With these requirements, it is most difficult for a Filipino doctor to gain employment in

the U. S. Therefore, to achieve the “American Dream”, the Filipino doctor considers a career in another medical field - nursing.

It is most demeaning to lose one’s dignity and self-esteem due to retrogression, reducing one’s achievement from a prestigious and highly respected stature to a much lower category particularly when substantial time, effort, and money has been invested in the process. Jesus Galvez-Tan, a one-time health secretary, mentioned that because of the socio-cultural and economic factors, political instability, and poor working conditions in the country, coupled with the manpower export policy of the Philippine government that encourage the exodus of nurses, thousands of ill paid medical doctors started shifting careers to become nurses or nurse-medics (Mendoza, 2005).

The benefits of foreign employment of registered nurses did not spare the interests of medical doctors in the Philippines. These doctors like the nurses, are underpaid. The idea of working abroad has become a lucrative option since a doctor working in a government hospital in the Philippines for example, earns only an equivalent of \$ 300 to \$ 800 dollars a month, a pittance compared to the monthly salary of a nurse based in the U.S. (Adversario, 2003a). A doctor can earn up to \$ 5,000 dollars a month while working as a nurse overseas. This started what Dr. Jaime Galvez-Tan calls an “out of the box phenomenon”, where doctors have been becoming nurses in the last 7 years at a rate of 1,200 per year. Tan reported that the number of Filipino doctors switching to the nursing profession is increasing rapidly over time, from 2,000 in 2001, to 3,000 in 2002 and an estimated 4,000 new doctor-turned-nurses in 2003 (Cruz, 2004). At least 9000 doctors are now in the United States working as nurses (Tan, 2007)

The opportunities for these doctors turned-nurses or nurse-medics have increasingly changed the outlook of the medical profession. An increasing number of these medical practitioners have turned to nursing as an alternative career. Even specialist doctors have been enrolling in nursing schools to take advantage of the U.S. granting migrant visas for nurses and their family members (Tan, 2007). According to Tan, at least 45 Philippine nursing schools offer abbreviated 1 ½- to 3-year courses for doctors to become nurses and enrolment in these schools ranges from 50 to 500 doctors.

Despite the high cost of tuition, these doctors are willing to take their chances in the nursing career which is seen as a very marketable and secure high-paying profession abroad. Aside from the opportunity to earn a lucrative salary, these doctors shift to nursing because this is the easiest way to be delivered away from the country's political instability, poor working conditions, threat of malpractice law, and peace and order problem (Tan, 2007). The great opportunities for nurses in the U.S. have lured Filipino doctors to take on a nursing career only as a means of gaining entry to that country through employment as nurses (Rosario, 2006).

A few examples were cited by Cruz (2004), where a husband and a wife, both medical doctors, attended nursing classes every Saturday and Sunday for one year. The wife earned an equivalent of \$ 1,250 a month as an anesthesiologist while the husband makes a little more as an obstetrician. They both want to leave the country because of a sense of despair.

In the same nursing class was a nephrologist in a government hospital whose salary is about the same as the husband and wife, sometimes a little more because of clients in dialysis centers. She too planned to leave for the United States and work as a

nurse because of a sense of helplessness. Her issue was more personal in the sense that she felt that older doctors tended to exclude young blood from the practice (Cruz, 2004). This type of hurdle in the fulfillment of esteem needs may eventually result in undesirable performance (Andres, 1991). This stunts growth and development and according to Maslow (1968, p. 30), “growth in itself is a rewarding and exciting process, the fulfilling of yearnings and ambitions, like that of being a good doctor; the acquisition of the admired skills, like playing the violin or being a good carpenter.”

According to Dr. Bu Castro, President of the Philippine Medical Association, the number of Filipinos taking up medical courses is declining fast – down by 20 percent last year. Several medical schools have, in fact, closed down (Conde, 2004). A Filipino-American recruiter notes with amazement how Filipino doctors have been studying to become nurses, a reverse human resource development phenomenon, that she thinks, is found only in this country (Adversario, 2003). To invest time, money, and effort to become a doctor and not being able to practice as one, is frustrating and demoralizing. “A musician must make music, an artist must paint, a poet must write, if he is to be ultimately at peace with himself” (Maslow, 1970, p. 46). Being a doctor and going back to school to take up nursing can be very humiliating and destroy being at peace with oneself.

When satisfaction of human needs is denied, the individual begins to seek other options where he or she will be able to progress. Since there are hindrances in job opportunities and career advancement in the Philippines, seeking employment abroad seems to be the answer. In the United States, the growth opportunities are plentiful and a

great number of Filipino RNs have reached managerial or supervisory positions or have embarked in a more fulfilling career which can rarely be achieved in the Philippines.

#### Self Actualization

“Every person is, by nature, a potentially creative being with a unique destiny and with resources for genuine encounters in the world”.

- Clark Moustakas

Maslow (1970) described self-actualization as a person's need to be, what a man can be, and he must be. It is doing well the thing that one wants to (Maslow, 1971). “The human being is so constructed that he presses toward fuller and fuller being and this means pressing toward what most people would call good values, toward serenity, kindness, courage, knowledge, honesty, love, unselfishness, and goodness.” (Maslow, 1959, p. 126). What healthy people choose is on the whole what is “good for them”...but perhaps also in other senses (“good for them” here means conducing to theirs and others’ self actualization”), (Maslow, 1968, p. 168).

The hierarchic theory is represented as a pyramid, with the larger, lower levels representing the lower needs, and the upper point representing the need for self-actualization. Maslow (1970) argued that the only reason that people would not move in the direction towards self-actualization is because of hindrances placed in their way by the environment. For most Filipino RNs working in the Philippines, because of hindrances (economical, social, political, psychological, educational) created by the environment that exist correspondingly at all levels in the hierarchy, achievement of self-actualization may never be realized. The factors that prevent the Filipino nurses from achieving their goals in the Philippines may be overwhelming because of the

characteristics of the Filipino culture and society and the current economic and political environment in the country. The situation is such that most RNs may not even be able to go beyond the first level because of low wages and the issue of survival. However, as previously mentioned, some individuals may not attempt to go beyond this level because they already feel accomplished just to be able to provide enough food that will make their family happy.

The role of the environment is to ultimately permit the individuals to actualize their own potentialities (Maslow, 1959). From the physiological level to the esteem level, the Philippines' economic, political, and social environment does not have much to offer for the RNs who have invested time and money for their education and training. Education and training are the most important investments in human capital (Becker, 1993) and yet there is not enough support for these undertakings to flourish within the country. Recovering this investment alone, is a tedious process that may take years or maybe not at all, considering that there may be more pressing problems even at the physiological level. Due to the seemingly unsolvable and permanent conditions in the country, some RNs have lost hope to aspire to achieve their goals. Their level of aspiration may have been permanently deadened or reduced and their goals may simply be lost and may disappear forever (Maslow, 1970).

For most Filipino RNs, to achieve the status of being a "fully functioning person", "healthy personality", or as Maslow calls this level, "self-actualizing person", so much effort in dealing with the problems in the environment must be exerted and because of the economic, political, and social constraints in the Philippines, this could be an exercise in futility. Rogers (1980, p. 128) states, "The crucial point is that when a person is

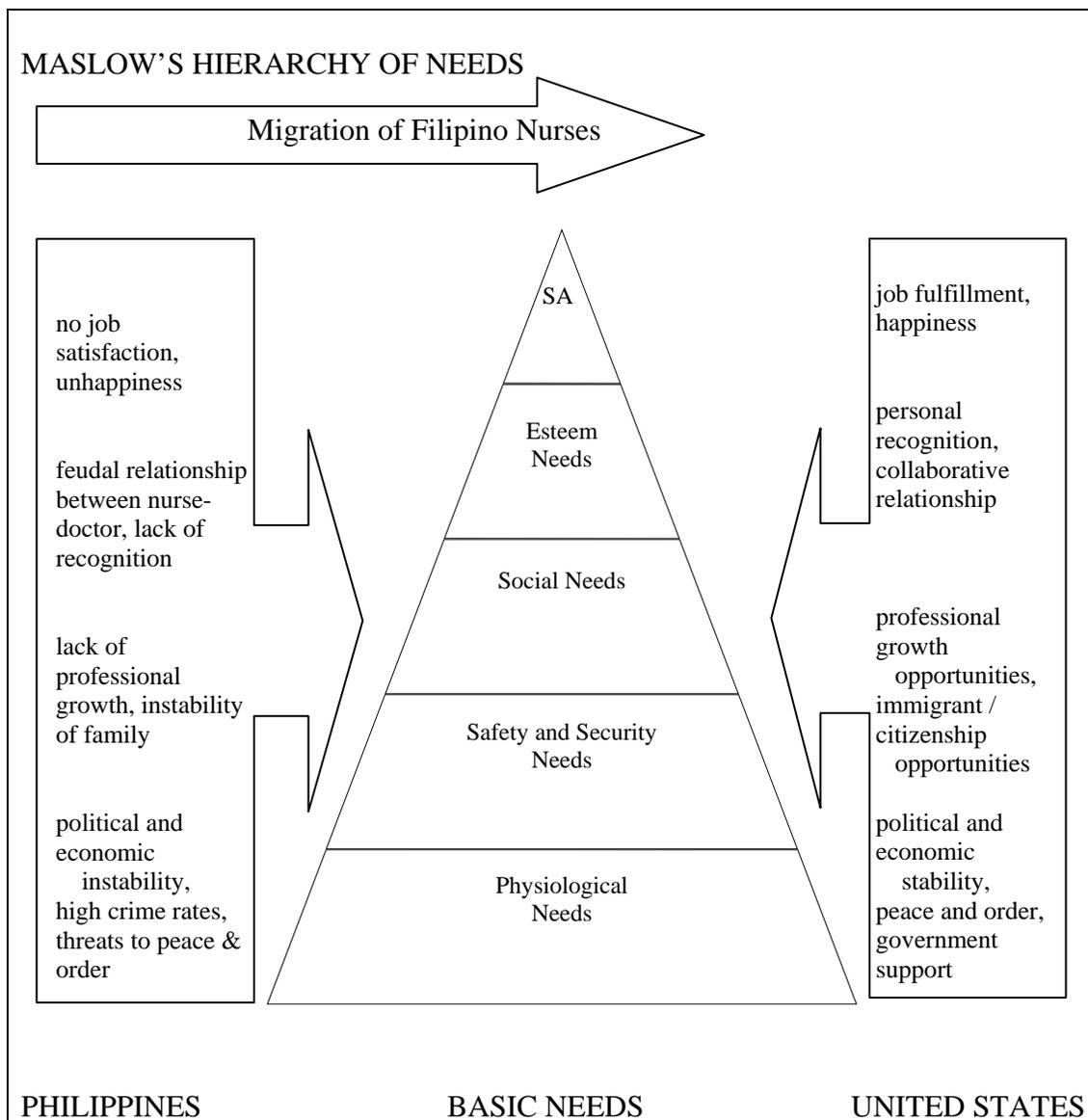
functioning fully, there are no barriers, no inhibitions, which prevent the full experiencing of whatever is organismically present.” The most logical option for the Filipino RN, is look for a more conducive environment that fosters the achievement of growth and self-actualization. Growth is a continued steady upward and forward development (Maslow, 1968). For the Filipino RN, this can only be achieved beyond national borders of their country and with the increased demand for nursing services combined with the new U.S. Immigration policies which cater to the immediate accommodation of Filipino nurses as immigrants (Choy, 2003), the nursing career for the Filipino is apparently the gateway to the land of opportunity.

A comparison at the various levels of needs between the United States and the Philippines clearly shows the discrepancy. For the Filipino nurse, the best way to achieve self-actualization is to leave the country and migrate to the United States. However, if the conditions in the Philippines are changed such that it provides the venue to facilitate achievement of satisfaction at each level in the hierarchy, then migration may not even be considered.

In the Philippines, these hindrances are very evident and therefore, upward mobility towards attainment of self-actualization is either stunted or blocked at certain levels in the hierarchy as compared to those of the United States. DeCarvalho (1991, p. 98) states: “In the version of growth hypotheses, Maslow argued that individuals have basic needs, emotions, and capacities that are neutral, pre-moral, positive, and good. If they guide our lives, we grow healthier; but if we deny or suppress them, sickness is certain. The higher aspects of human nature, in other words, rest upon the fulfillment of the lower nature.”

The desire to seek “greener pastures” outside of the country is driven not only by economics, but also by the human need to achieve fulfillment and satisfaction that may have been prompted even at the lowest level in the hierarchy. But migration of professionals is prompted not only by salary differentials but also by the opportunities to develop their careers and keep abreast with their chosen field of knowledge. (Stalker, 2000). If the lower level would not have been as significant, then the higher needs become the driving force.

In the case of registered nurses, this means being able to “care for the sick and the infirm while promoting and maintaining health”, the very essence of what a registered nurse should be. If the nurses feel that they are underpaid, or not being given the recognition that they deserve, they become psychologically unhealthy. They cannot function effectively therefore the very essence of their profession is lost. A healthy person, according to Maslow, is one who develops and actualizes his or her full potential and capacities by gratifying the ascending hierarchy of needs- a self-actualizer (De Carvalho, 1991). Figure 4 is my concept of the phenomenon.



*Figure 4.* Comparison of Economic, Political, and Social Characteristics Between the United States and the Philippines According to Maslow's Hierarchy of Needs

The economic, political, and social conditions of both countries are illustrated and placed side by side to conform with Maslow's tiered hierarchical level of needs. The illustration shows a unidirectional flow of the migration, from the Philippines to the United States. There is no reciprocal movement from the United States to the Philippines.

The critical level of decision-making is on the third tier (social needs) where the individual is confronted with a choice between leaving his or her family to take advantage of the opportunity for better quality of life in the U.S, or continue to remain in the Philippines and forego desires for professional growth and better quality of life.

More recent studies indicate that the migration of individuals in the developing world is part and parcel of family strategies for survival and mobility (Iredale et al., 2003). In the United States, family-based immigration since the mid-1980s, has accounted for about two-thirds of total lawful permanent immigration (Reinemeyer & Batalova, 2007).

Given a more responsive and supportive economic, political, and social environment, more Filipino RNs might opt to remain in the country and grow professionally. The commitment to the family' will be so strong that it becomes a deterring factor that will keep registered nurses within national boundaries. This speculation has been illustrated in this study.

The differences in pay and opportunities are brought about by the differences in the environment. "Eliminating environmental differences would eliminate differences in opportunities and thereby eliminate the important differences in earnings and investments" (Becker, 1993, p. 120). Simons et al. (1987) stated that if the environment is right, people will grow straight and beautiful, actualizing the potentials they have inherited. Dreams of a better life remain premised on toils abroad given the inadequacy or absences of economic opportunities at home (Iredale et al., 2003). It is in the "American dream' that Filipino RNs will "grow straight and beautiful."

The increasing migration of Filipino nurses continue to be a cause for alarm for the Philippine government. The demand is so great that migration of nurses could be threatening the country's health care quality. When sentimental appeals to the humanitarianism and the patriotism of Filipino nurses failed, legislative attempts were made to mandate nursing service in the Philippine rural areas to keep new nursing graduates from immediately leaving for work abroad (Choy, 2003).

The results in this study was to draw attention to specific concerns that may be key to limiting the migration of Filipino nurses to the United States. How the United States will address its nursing shortage is another area of interest for future studies.

## CHAPTER IV

### METHODOLOGY

This chapter is an overview of the methodology used to obtain data necessary to describe the migration of Filipino nurses to the United States. Since the study is about the occurrence of a phenomenon that is more appropriately experienced than observed, it was imperative to collect data regarding the participants' experiences, feelings, and thoughts about the phenomenon. This being the parameter, the study was conducted from a qualitative perspective using the phenomenology methodology.

Phenomenology refers to knowledge as it appears to consciousness, the science of describing what one perceives, senses, and knows, in one's immediate awareness and experience" (Moustakas, 1994, p .26). "It is the study of human experience and of the way things present themselves to us in and through such experience" (Sokolowski, 2000, p. 2). It involves the description of things as one experiences them, or of one's experiences of things (Hammond, Howarth, & Keat, 1991). Through this methodology, I was able to probe into the individual experiences of the participants and elicited their feelings and thoughts as they lived through their migration.

Data were obtained through informal conversational interview which is the phenomenological approach to interviewing (Patton, 1980). The interviews were unstructured which provided a greater breadth than other types given its qualitative nature (Denzin & Lincoln, 1998). Siedman (1998) explained that interviewing provides access to the context of people's behavior and thereby provides a way for researchers to understand the meaning of that behavior. It was important in this study to obtain data about the past and to determine how past events may have contributed to the conditions

of the present and how it may contribute in the future. The advantage of the interview was that it allowed the researcher and the responder to move back and forth in time; to reconstruct the past, interpret the present, and predict the future (Lincoln & Guba, 1985). The goal was to have the participants reconstruct their experiences in relation to the topic under study (Siedman, 1998).

Because the interviews were the methods for data collection, I needed to have an ethical framework in dealing with issues such as interventions into the privacy of the participants (Patton, 2002). As such, I obtained from each participant, an informed consent that helped them understand and accept the following:

1. The purpose of the interview.
2. The use of the information obtained in the interview.
3. The questions to be asked.
4. The handling and confidentiality of responses.
5. The risks or benefits involved for the person being interviewed.

The informed consent was presented as a written agreement and was signed by both interviewer and interviewee (See Appendix A).

During the interview, participants were asked to respond to open ended questions and were encouraged to express themselves freely and without reservation either in Tagalog (national language of the Philippines), or English, or “Taglish” (combination of Tagalog and English). Data obtained were transcribed in English. Open-ended questions establish the territory to be explored while allowing the participants to take any direction they want (Seidman, 1998). Accordingly, there were two types of open-ended questions which were used in the conduct of the interview. The first one focused on reconstructing

a significant segment of the lived experience and the second focused on the subjective experience (Seidman, 1998).

The following steps were followed to ensure control of the process:

1. Prepared a list of individuals to be interviewed. (Table 13)
2. Obtained informed consent from participants in the study. Official IRB form is shown in Appendix A.
3. Developed interview guides that contained the questions or issues to be explored to ensure that the same basic lines of inquiry were pursued with each person interviewed (Patton, 2002). (Appendix C).
4. Conducted and recorded the interviews with the participants.
5. Transcribed and consolidated all interview responses in English.

#### Selection of Participants

For this study, I used a criterion based sampling method where I selected participants belonging to a pre-defined group or criteria (Trochim, 2007). The participants were indigenous Filipino registered nurses who studied and completed their nursing degree in the Philippines, worked as nurses in the country, either as regular nurses, volunteers, or on clinical training, and then migrated to United States. These participants have been employed or are currently employed as nurses in various medical facilities in the United States.

Essential criteria included: the research participant has experienced the phenomenon (migrating from the Philippines to the United States), was interested in understanding its nature and meanings, was willing to participate in a lengthy interview and (a follow-up interview), granted the investigator the right to audiotape or videotape

the interview, and to publish the data in a dissertation and other publications (Moustakas, 1994).

There were eleven participants who were selected and participated in this study. The selection was made based on convenience (referrals / acquaintances) and accessibility (location). All the participants worked or are currently working with different medical facilities in the United States. Of the eleven participants, two belonged to the Global Scholarship Alliance (GSA), a U.S. based program which sponsors Filipino nurses to pursue a masters degree in nursing while being allowed to work for 20 hours a week in a U.S. hospital under a J-1 visa status. The program requires the participant to return to the Philippines after 2 years and upon completion of their masters program. If a participant infringes or breaches this contract, he or she is required to pay back GSA \$ 50,000. When back in the Philippines, they have to wait another two years to be able to apply for work in the United States. These two participants were from a group of eight who arrived from the Philippines and were scheduled to begin their Masters in Nursing program in the Fall Semester 2008. It was fortunate to have them volunteer in this study since they are up to date with the current practice of nursing in the Philippines.

Since nursing practice in the U.S. is federally mandated by law, nurses adhere to accepted standards of care and professional standards of practice and to the State Nurse Practice Acts which defines facility policies and procedures. This regulates the practice of nursing making the practice standardized across the country (Blair & Ramones, 1997). As such, the practice of nursing in the U.S. should be the same regardless of geographic location.

### Profile of Participants

All the participants earned their nursing degree in the Philippines and have had the opportunity to practice their profession in the country, on the average for about three years, either as a regular nurse or a volunteer nurse. The distinction between the two will be discussed in the next chapter.

Among the eleven participants, four previously worked as RNs in other countries prior to migrating to the United States. One of them was a medical doctor-turned nurse currently working as a nurse in another state. Because she was a resident of Nevada, her interview was conducted over the phone. The profile of the participants is summarized in Table 12 below.

Table 12:

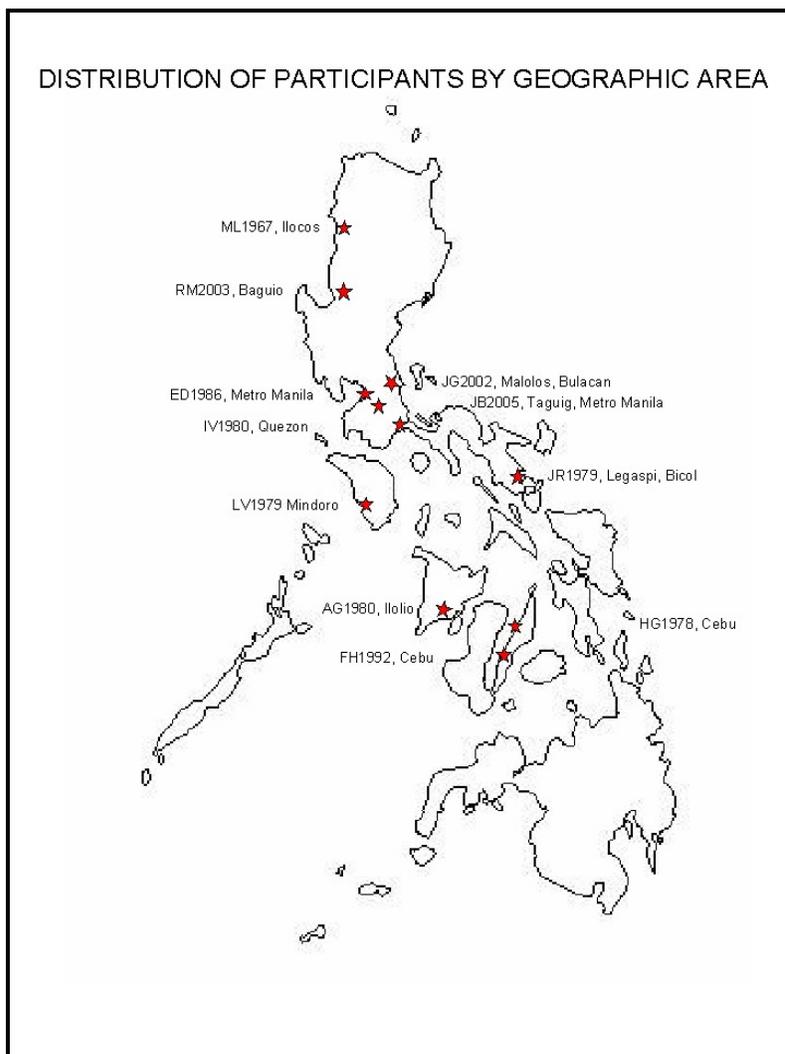
#### *Profile of Participants*

<b>PARTICIPANT</b>	<b>EDUCATION</b>	<b>COUNTRY BEFORE UNITED STATES</b>	<b>CURRENT OCCUPATION</b>
AL1980	BSN, RN (1980)	Yemen / Oman	Director of Nursing
FH.1992	BSN, RN (1992)	Singapore / England	RN – Hospital
JB2005	BSN, RN (2005)	Philippines	RN - Hospital
RM2003	BSN, RN (2003)	Philippines	Administrator Faculty
IV1980.	BSN, RN (1980)	Philippines	Entrepreneur
ML1967.	BSN, RN (1967)	Philippines	RN- Home Health
HG1978	BSN, RN (1978)	Saudi Arabia	Entrepreneur
ED1986	BSN, RN (1986)	Philippines	RN- Hospital
JR1979	BSN, RN (1979)	Philippines	Entrepreneur
LV1979	BSN, RN (1979)	Canada	RN- Hospital
JG2003	MD, BSN, RN (2003)	Philippines	RN-Hospital

*Note:* Initials and year of graduation were used in lieu of names to ensure anonymity

It was coincidental that the participants came from different geographic regions in the Philippines (See Figure 5). This provided a variety of descriptions on the practice of nursing in the Philippines in both the rural and urban environments. It was significant that the problems which confronts RNs in the Philippines were the same nationwide.

To ensure confidentiality, pseudonyms were used in referring to the participants in the study. The pseudonyms assigned to each participant indicated the year the participant completed his or her nursing degree which gives the reader a time reference for the experience. This intended to facilitate a better understanding of the experience.



*Figure 5.* Map of the Philippines and distribution of participants by geographic area

While most of the participants continue to work as registered nurses in the U.S., three have become successful entrepreneurs who each own and operate their own home health agencies and some other business interests such as a restaurant, grocery, construction, micro-financing, and real estate.

### Conduct of Interviews

Except for two participants, all interviews were videotaped. The interview which lasted from fifty to ninety minutes was comprised of three parts which corresponded to the three research questions. The central purpose of the interviews was to engage in dialogue with participants to elicit their descriptions and perceptions of themselves and their experiences according to the research questions (Merriam & Associates, 2002). Follow-up interviews were conducted on the phone for the purpose of clarification.

The first part of the interview focused on the participant's life history. They were asked to talk about themselves in the light of the topic. During the process, participants were asked about their early experiences with their families, in school, and at work, how they got into the nursing career, what motivated them to pursue this career, what were their ultimate goals, and what prompted them to migrate to the United States.

The second part addressed the lived experiences of the participants while working as RNs both in the Philippines and in the United States. They were asked to comment on their salaries, working conditions, working relationships, nurse to patient ratios, facilities and equipment and other issues that may have an effect on their performance. Questions were directed to solicit their reactions to the various elements in the environment that may have affected their career and the pursuit of their goals in life.

The third part required the participants to reflect on the meaning of their experiences. This addressed the intellectual and emotional connections between the participant's work and life (Seidman, 1998). Seidman explained that the combination of exploring the past to clarify events that led participants to where they are now, and describing the concrete details of their present experience, established conditions for reflecting upon what they are now doing in their lives. It was at this point that the participants were asked about what migrating to the United States meant to them in the light of their family and their career.

Throughout the interview, I paid particular attention to the human needs being expressed and the themes that were evolving. Similar themes that evolved which corresponded to each of the five levels in Maslow's hierarchy of needs were grouped together, transcribed into meaningful clusters, and then summarized.

### Data Analysis

I adopted the data analysis process tree diagram used in the NUD-IST (non-numerical unstructured data indexing, searching, and theorizing flowchart) computer program for phenomenology as illustrated in Cresswell (1998). Figure 6 is the diagram of the NUD-IST which I modified to accommodate the five themes from the study.

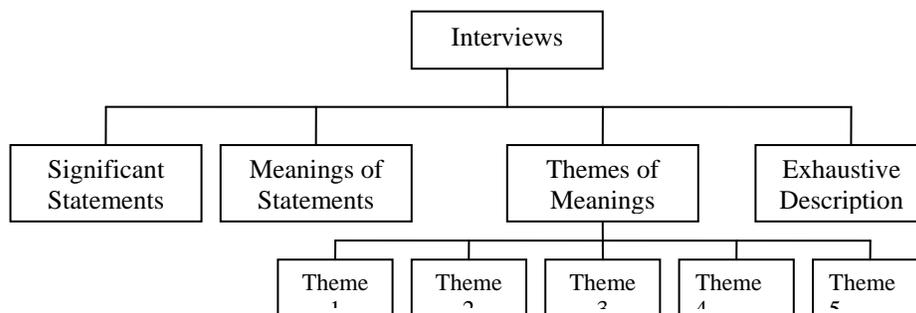


Figure 6. Modified Diagram of NUD-IST

Source: Reproduced from (Cresswell, 1998, p. 159).

Data analysis in this study followed the modified van Kaam method which includes “developing individual textural and structural description; composite textural and composite structural descriptions, and a synthesis of textural and structural meanings and essences of the experience” (Moustakas, 1994, p.182). This method involved a series of steps:

First step involved *epoche*, a Greek word which means to refrain from judgment, to abstain or stay away from everyday, ordinary way of perceiving things (Patton, 2002). In this step, I had to set aside my preconceived interpretation of the phenomenon based on my personal experience. Objectivity was obtained by eliminating my personal involvement in the phenomenon and I looked at the phenomenon from the participants’ perceptions. This enabled me to investigate the phenomenon from a fresh and open viewpoint without pre-judgment or imposing meaning too soon (Patton, 2002, p.485).

The second step was the phenomenological reduction which was “describing in textural language just what one saw, not only in terms of the external object but also the internal act of consciousness, the experience as such, the rhythm and relationship between phenomenon and self” (Moustakas, 1994, p. 90). This process included “bracketing” the topic or question which presuppositions to identify the data in pure form, uncontaminated by extraneous intrusions (Patton, 2002), and horizontalization which ascertained every statement with equal value (Moustakas, 1994). As a guide, I followed Patton’s suggestion as follows:

1. Locating within the personal experiences, statements that speak directly to the phenomenon in question.
2. Interpret the meaning of these statement or phrases as an informed reader.

3. Obtain the participant's interpretations of these phrases
4. Inspect the meanings for what they reveal about the recurring features of the phenomenon being studied.
5. Offer a tentative statement or definition of the phenomenon in terms of the recurring features.

After being organized into meaningful clusters, the data underwent a delimitation process, the third step which Moustakas (1994) called "imaginative variation." This was a process whereby irrelevant, repetitive, and overlapping data were eliminated (Patton, 2002). Textural descriptions of "What happened" was developed at this stage (Creswell, 1998). Data have been filtered and only the relevant information was organized into meaningful groups and viewed from different vantage points (Moustakas, 1994). This stage also involved the development of "structural descriptions" which described "how" the phenomenon was experienced (Creswell, 1998). This contained the "bones" of the experience for the whole group of people studied (Patton, 2002). From the filtered data, themes evolved and were developed to serve as the link that tied together all the responses from the lived experiences.

The final step was the integration of the composite textual and structural descriptions which provided a synthesis of the meanings and essences of the experience (Moustakas, 1994). At this point, a common theme emerged which gave a new meaning or essence to the phenomenon.

#### Trustworthiness of the Study

The issue of validity in a phenomenological study is difficult to ascertain.

Lincoln and Guba (1985) used the term “trustworthiness” instead of validity to incorporate credibility, transferability, dependability, and confirmability in the study.

The goal of qualitative research is to understand and not to generalize (Ruona, 2005). Literature provided the rich and thick description of the Philippine economic, political, and social environment while the interviews contained the descriptions of how the Filipino RNs reacted to it. This makes it easier to understand the rationale which prompted Filipino RNs to leave the country. This understanding further allows the readers to determine whether the findings in the study can be transferred to other settings with shared characteristics (Erlandson, Harris, Skipper, & Allen 1995). The burden to demonstrate the applicability and the transferability of the findings to another setting, however, lies on the reader (Lincoln & Guba, 1985).

The interviews and the transcription of the interviews were conducted in English. Although the participants were informed that they could respond in Tagalog, most of the responses were in English. Tagalog was seldom used except for some indigenous words which had no bearing on the meaning of the statements.

The videotaped interviews allowed me to capture with clarity the statements of the participants by continuously replaying unclear segments of the responses. If needed to be clarified further, I discussed with the participants through telephone conversations what needed to be clarified. This “member checking” process ensured that the participants’ thoughts and feelings as they wanted it to be conveyed were actually expressed and represented. The process enhanced the accomplishment of validity because it placed the participant’s comments in proper context (Seidman, 1998).

The responses were explicit which provided the avenue for the readers to judge the soundness of the participant's claims (Ruona, 2005).

Through bracketing, only the related responses were clustered together and as such it made sense and strengthened the authenticity of all the responses of the participants. This indicated credibility in the study.

Despite the regionalization and the disparity between the rural versus the urban environments in the practice of nursing in the Philippines, there is consistency in the findings. Similar themes evolved regardless whether the participant came from northern Philippines or from the south. This indicates that the results are dependable given the purpose of the study, its methods, analysis, and information collected (Ruona, 2005). The goal of the process was to understand how the participants understood and made meaning of their experience (Siedman, 1998). This helped in illustrating the true meaning of the migration to the United States. When this was obtained, trustworthiness in the study was achieved.

## CHAPTER V

### FINDINGS

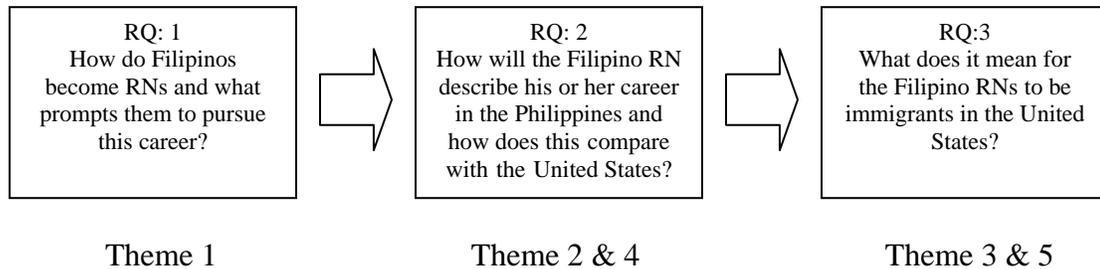
The purpose of this study was to describe the experience of Filipino registered nurses (RNs) who opted to leave the Philippines and migrate to the United States. The three research questions explored were directed towards investigating and uncovering the feelings of the participants as they went through the experience. In order to gain insights into the experience of the Filipino nurses who migrated to the United States, in-depth interviews were conducted with eleven participants. These participants were selected according to the given criteria which included their having completed their nursing degree in the Philippines, have worked as RNs in the country, migrated to United States, and have worked or are currently working in various health care institutions in the U.S.

The research questions were designed and developed primarily to serve as parameters from which the shared experiences of the participants were grouped or 'bracketed' together into meaningful units (Creswell, 1998). Based on the phenomenological analysis of the interviews, essential themes were identified from these clusters from which textural descriptions were then developed to describe the phenomenon. Maslow's hierarchy of needs was used as the framework into which the themes were integrated. While analyzing the statements of the participants, the researcher was particularly focused on those that indicated desires to gratify needs according to Maslow's hierarchy. Based on the five levels of the hierarchy, possible meanings of each of the statements were examined and particular attention was paid to the themes that evolved.

Five essential themes relevant to Maslow's hierarchy of needs regarding the migration of Filipino nurses to the United States emerged. The first theme, *The nursing career in the Philippines is a means to an end*, reflects the ultimate objective (migration to the United States) of some Filipinos who took up nursing despite their awareness of the bleak future of the profession in the country. It highlights migration as a means for survival of oneself and the family. The second theme, *Employment conditions for registered nurses in the Philippines prompts Filipino nurses to leave the country* relates to the second level in Maslow's hierarchy regarding security and safety needs. It provides a comparison of the working conditions of nurses in the Philippines with those in the United States and how these conditions affect the security, safety, and economic stability needs of the nurses and their families. The third theme, *The family is at the center of the Filipino nurses' career* gives an insight into the value of the family as a motivator or a deterrent in the Filipino nurse's quest for professional growth and self-actualization. The fourth theme, *The United States provides the opportunities for professional growth* highlights the U.S. environment as being supportive and conducive to personal and professional development not found in other countries.. The fifth theme *Being successful in one's career and a good provider for the family culminates in self- actualization* explains that to achieve self-actualization, the Filipino nurse must have both provided for the stability of his or her family and at the same time be professionally fulfilled.

In analyzing the responses to each research question, I focused on the themes that evolved which had direct relevance to the hierarchy of needs. In presenting the interview results, the responses were clustered together according to the themes rather than

according to the research questions. Figure 7 is a diagram indicating where and how the themes evolved in relation to the research question.



*Figure 7.* Research questions and resultant themes

### Interview Results

#### *Theme One: The Nursing Career in the Philippines Is A Means To An End*

Most of the participants interviewed reported the futility of their efforts working as registered nurses in the Philippines. They described their experiences as frustrating, being unable to provide a good quality of life for themselves and their families. Although some showed interest and passion in the nursing profession at the earlier stages of their lives, the sad realities of their practice of nursing prompted them to re-direct their interests from serving their country to exploring opportunities abroad. It was a blessing that there was a global demand for RNs, otherwise, it would have been miserable. As a result, this blessing became a means for Filipinos to leave the country in order to have a better quality of life for themselves and their families.

JB2005, a participant of the GSA program, had a specific reason for taking up nursing. However, when faced with the realities of the nursing career in the Philippines, she decided to re-focus her direction:

I wanted to follow the footsteps of my biological mother and become an elementary school teacher. When she died when I was 9, I felt helpless not

being able to help her. This made me decide to take up nursing instead. After graduation, I realized that the future of nursing in the Philippines was not good... I wanted to go to the United States so I can earn more to help my family. That is why I joined the GSA program. (JB2005)

ED1986, an American citizen, was born and raised in the United States. When his father retired from the U.S. Army, the whole family moved back to the Philippines. He also shared his observation about the nursing career in the country:

While still studying, I saw that there were so many unemployed nurses in the Philippines, the opportunity is limited and the pay is very discouraging and it has not improved. The Philippine government does not support nursing. It is being treated more as an exportable profession rather than caring for the sick.... After I graduated and took the local board exam in 1986, I enlisted in the U.S. Army so I can return to the United States and practice my profession here. (ED1986)

Both JB2005 and ED1986 wanted to leave their country because they foresaw a bleak future of their nursing career in the Philippines.

AL1980 became a nurse because her older sister said so. She never thought of leaving the country. However, when she could not find a job and had to work for two years as a volunteer, she realized that her future was not good.

I was concerned about my family when I was deciding if I have to leave or not. But I was driven out by my future, there was no job, a lot of pollution, traffic, and the peace and order was bad. (AL1980)

Because of the poor economy in the country, other professions similarly experienced the same fate as nursing, however, only nursing had the greatest opportunity for overseas employment.

I wanted to go abroad – the situation in the Philippines was not good, I was influenced by my friends to take up nursing so I can go abroad. The only way to get a good future is to get a job abroad as a nurse. (FH1992)

To leave the Philippines, be a nurse and go abroad and see different places, just leave the Philippines because of the chaotic political condition, there is no

progress. If a country will not progress, you will not progress too, the government affects everyone (LV1979).

I started with Business Administration majoring in Accounting. I love this field but then I saw that there are too many graduates of BSBA who passed the board but have no jobs. I wanted to go to the United States so I shifted to nursing so I can leave the Philippines and go to America. It was the easiest way to go abroad than any other profession. (IV1980)

While in the U.S., IV1980 gave up her nursing career to open a Filipino grocery in San Antonio, Texas. After a few years, she established a Filipino restaurant next to her grocery. Both businesses grew and continued to grow. She then diversified and went back to nursing and the health care industry this time as the owner of a home health agency.

Her desire to be an entrepreneur has taken precedence over her nursing career.

I'm doing nursing again because it is my own business. If it is for somebody else, I will not do it. If they ask me to go back and work in the hospital, I will refuse even if they offer me the stars and the moon. No way. I have had enough of hospital work... If I stayed in the Philippines, I do not think I will be successful. Not in my profession as a nurse. You cannot save money in the Philippines. Maybe my husband can go into business but being a nurse, no way. (IV1980)

HG1978, after working as a nurse for a period of time in the U.S., left bedside nursing but continued to work in the health care industry also as an entrepreneur. She owns one of the biggest home health agencies in San Antonio, Texas which generates an annual income of about \$ 1.5 million.

Nursing was not my first choice of a career. I wanted to become a doctor so I can work abroad specially in the United States. My parents could not afford my medical tuition so I ended up taking nursing instead. At that time, the only way to get out of the Philippines is to become a nurse or also if you are a doctor. I wanted to leave the country due to poverty and to be able to help my parents, brothers and sisters....I accepted a job in Al-Khobar, Saudi Arabia. My plan was, this was a stepping stone. After a few years I will be going to America. (HG1978)

Working in another country as a stepping stone to come to America is not uncommon.

Many of those who have migrated to the United States have been to other countries.

FH1992 is one of them. He initially worked in Singapore, then in the UK and is now an immigrant in the U.S.

I applied in Singapore because it was one of my stepping stone in coming here to America. I want to get experience. Once you worked in another country, it is easier to come to America. They will hire you. From Singapore, I went to England and worked there from 2001 to 2005. My wife whom I met in Singapore in the same hospital where I worked, went straight to America to work as a nurse. (FH1992)

JR1979 was already engaged in business while working as a nurse in the Philippines. When he came to the U.S., he was not happy working as a nurse because he felt that no matter how much effort he exerted at work, his pay remained the same. He decided to become a realtor to extra income. Now he also owns a home health agency and has a construction and micro-financing business in the Philippines.

After graduation, I worked with the Philippine National Mental Hospital and turned down about four opportunities to work in the middle east. I was satisfied with my job then because I was earning some PhP 5000, almost every week from some business dealings in the hospital, over and above my monthly salary of about PhP 2,000. I finally decided to leave for the U.S. not to earn more money but more for adventure. At some point in my life while I was a staff nurse in the U.S., I realized that no matter how much effort I give to my work, I am paid the same. This made me think of going back into business because I believe that if I give more, then I will get more. Nursing is a good profession. It will not make you rich but it will not make you poor. If you are working as an employee here in the U.S., you will always be comfortable as a nurse. If I stayed in the Philippines, maybe I could have achieved more because I would have probably become a politician, a governor or a congressman. I would have quit nursing because there is no future for nurses there. (JR1979)

JR1979 is one of the few who was not interested in leaving the Philippines because he felt secured and satisfied with the income he was receiving as a nurse and a businessman. He is an example of an individual who is able to provide the basic needs of his family where the desire to leave the country is not considered. For those who find difficulty supporting their family, this desire becomes the priority.

RM2003 worked as a hospital administrator in the Philippines. One of her duties was to recruit nurses. She shared her views regarding recent nursing graduates:

Because it is hard to raise a family in the Philippines, new graduates are aggressive. They want to earn dollars. That is their orientation. It is not in their heart to take up nursing. They just want to go abroad. (RM2003)

During the 1960s and 1970s, migrating to the United States was easy. This was facilitated by the Immigration Act of 1965 which resulted in the sudden increase in Filipino migration (Miller & Miller, 1996). At that time, there was also a shortage of doctors in the U.S. that preference were given to medical doctors. However, in 1976, when the Comprehensive Medical Manpower Bill Act was passed, this preference was withdrawn and it made it very difficult for doctors to come to America ever since. The nursing shortage, however, continued to grow and there was an increasing demand for RNs. Because of this demand, other professionals shifted to nursing in order to be able to leave the country. This included medical doctors who were accommodated to nursing programs that were specifically designed for them. JG2002 who was a doctor specializing in internal medicine for 20 years shared her experience.

My childhood dream was to become a doctor because I wanted to help the sick. I graduated from the UERM medical school in 1981. The following year I passed the medical board exam. I then put up my own medical clinic in our hometown in Malolos, Bulacan and for the next 20 years, I specialized in internal medicine. I was happy with my practice, I had lots of patients. However, as my three kids were growing, I realized that because the political and economic environment in the Philippines was not good, they do not have a good future. It was then that I decided to take up nursing so I can immigrate to the United States. It is the easiest way to get a green card... I took and completed one year of nursing at St. Dominic Savio College. It was a special nursing class designed only for doctors. There were about 30 of us in class, all doctors and more than 100 throughout the school. Upon completion of my nursing program, I went to the U.S. with my youngest child initially as a tourist with a multiple entry visa. Upon reaching the U.S., I took and passed the NCLEX exam in California and was eventually hired and petitioned by a hospital in Las Vegas as an immigrant. I never returned to

Manila since then. A year later, I was reunited with my husband and two children when they came to join me. (JG2002)

During the recent years, migration to the U.S. have tightened. The U.S. now has one of the most stringent requirements for migrants among foreign countries. Nurses desiring to work in the United States must now comply with new requirements which include passing the TOEFL, an English proficiency exam, the CGFNS, and the NCLEX. For the Filipino nurse, these requirements can be very expensive.

When I took the NCLEX exams I had to fly to Saipan from the UK which cost me a lot of money. (FH1992)

When I took the NCLEX exam in Saipan, I had to spend PhP 30,000 for plane ticket and hotel accommodation alone. The cost of the exam was about \$ 400 which was later reimbursed by the GSA when I qualified in their program. (JB2005)

At an exchange rate of PhP 45.00 per \$ 1.00, \$ 400 is equivalent to PhP.18,000. This means that for JB2005, whose salary was PhP 8,000 per month, she had to give up about 2 months salary just to be able to take the NCLEX exam. And this did not include yet, the costs of the CGFNS and the TOEFL exams. JR1979 described the consequences experienced by those Filipino nurses who could not afford the cost of the exams but had to take them to be able to work in the U.S.

Some of the parents sell their properties or ricefields just to be able to support their children so they can take the exam and go abroad. (JR1979)

Another major nursing requirement for overseas employment is work experience. Due to the lack of nursing jobs in the Philippines, this creates a strain for aspiring overseas workers - no work experience, no opportunity to work abroad. But somehow, this undertaking has been circumvented by “volunteer employment” which was initiated

and practiced by most medical facilities. These volunteers work as regular nurses without pay in order to acquire experience.

I needed to work so I can help parents and younger sisters but I could not find a job so I had to volunteer. I did volunteer work for at least two years in a community hospital without pay. I needed the experience to be able to apply abroad. (AL1980)

After graduation I could not find a job so I had to work as a volunteer at the Cebu City hospital for about two years without pay to gain experience. The hospital was flooded with volunteers. We functioned as regular nurses without pay but we were still liable for any malpractice. We were given certificates of employment which we use for employment abroad, (HG1978)

I enrolled at the University of Visaya in Cebu City and graduated in 1992. After graduation, I felt that the situation in the Philippines is not good. The only way to get a good future is to get a job abroad. I cannot find a job so I worked as a nurse volunteer without pay at the Sacred Heart hospital for 3 years. In this hospital, 30 to 40% of the nursing staff were volunteers who wanted to have experience so they can go abroad (FH1992)

HG1978 and FH1992 were both from Cebu City, located in the southern Philippines where they earned their nursing degrees and worked as volunteers with different hospitals. Their experience confirmed the existence of volunteer work that spanned more than a decade. To date, this practice still continues to exist. In fact, this practice of volunteer work has become a necessary evil which has gone from bad to worse. Because work experience is a required component for overseas employment, some medical facilities profit from them by requiring volunteers to pay a fee before being accepted as volunteers. This was confirmed by RM2003, while working as a hospital administrator in the northern part of the Philippines and IV1980 who is currently financing the nursing education of her nieces in the Philippines.

The Philippine economy is bad. The government does not support the nursing program. Government hospitals are not open for employment, you have to pay to get experience. They do not hire staff nurses because there are many volunteers, no chance to get hired from outside...I have a lot of volunteer nurses. I opened the

program for volunteers for them to have experience but without pay. In some hospitals, the nurses are the ones who pay to be able to work as volunteers. Volunteers just want to have experience for abroad, that is their focus. (RM2003 )

We have sent four of our nieces to nursing school so that they can come to the U.S. They have been working as volunteers and we had to pay about PhP 2,500 so they can volunteer. I know because we sent them the money. (IV1980)

The geographic location from which HG1978, FH1992, IV1980 and RM2003 come from are testaments that confirm that volunteer work is a nationwide practice.

Although the majority of the participants showed bitterness while working as nurses in the Philippines, RM2003 had dissenting views. She joined the GSA program so she could take her masters in the United States and gain more clinical experience. Her objective was to become more competent and credible being a nursing instructor in the Philippines. Unlike the rest, she intended to return to the Philippines and practice there.

I've been an Engineer for almost 16 years before I got into nursing...My first love is to take up nursing ... I might appear to be a hypocrite because I do not want to go abroad just like everybody else. But my lifestyle is not for materials things, I am easily contented and I am financially satisfied. My family is in the Philippines. After my masters, I will still go back and stay in the Philippines. All the nurses are leaving. 'Eh, kuya, sino pa ang matitira doon?' (Who else will be left there?). For me the nursing profession is a fulfilling profession, it is a vocation. (RM2003)

## Summary

The responses given by the participants reinforced what has been discussed earlier in Chapter II regarding the fate of the nursing career in the Philippines. While the participant's experiences vary, they are in agreement that the nursing profession in the Philippines has a bleak future. Because the participants came from various parts of the country, what they described illustrated the true picture of the nursing practice nationwide, in both rural and urban Philippines.

Referring to Maslow's hierarchy of needs, the theme that evolved from the lived experiences revolved around the issue of survival. The need to be gainfully employed provides the means for satisfying at least the individual's physiological needs (food, clothing, and shelter) and in the case of Filipinos, to provide for the basic needs of their family. This is a very critical stage because it sets the foundation for the higher level needs. Working as volunteers without pay or worse, paying to become volunteers indicates desperation on the part of the nurses to resolve their employment crisis. The lack of jobs and desire for stability are compelling reasons for nurses to turn to overseas employment as an alternative. Therefore, becoming a nurse in order to be able to work abroad is a means for survival.

*Theme Two: Employment Conditions for Registered Nurses in the Philippines Prompts Filipino Nurses to Leave the Country*

The working conditions for registered nurses in the Philippines were best described by the participants when they compared their experiences with those of the United States. The disparity between the two countries were so great that according to HG1979, it was like comparing "apples to oranges". "There is no comparison working in the Philippines and in the United States", she said.

The participants were urged to be vocal and candid as they shared their experiences. During this portion of the interview, some participants became emotional and animated as they described their frustrations. The interviews focused on five issues: salaries and wages, nurse to patient ratios, facilities and equipment, security and safety, and working relationships. These issues correspond to the individual's desire to be safe and secure at work where there is freedom from fear and anxiety. These issues have

tremendous effect on the individual's ability to grow and develop personally and professionally.

### *Salaries and Wages*

Unless one has worked in the United States or in other countries, he or she will have no comparative assessment of the wages and salaries given to nurses in the Philippines. Although they may feel the economic insufficiency, they are unable to ascertain the degree of disparity among the wages and living conditions. This is not to discount the fact, that most of them have also worked as volunteers without pay.

I was paid PhP 1200 a month. My God, that was nothing. PhP 600 every 15 days was nothing. It is not enough for transportation allowance. My mother paid for our apartment otherwise I cannot afford with my salary in the Philippines. (IV1980)

I noted a huge discrepancy in salaries. At that time the average salary of a nurse in the Philippines was equivalent to about \$ 120 to \$150 per month at an exchange rate of \$ 1.00 = PhP12.00 -15.00. This pay was very discouraging. (ED1986)

I worked for 3 years in the Philippines and my salary was PhP 7000 per month. This was not enough for me, the food, the clothing. You cannot live with PhP 7000 in the Philippines. I cannot own a house, I cannot own a car if I continued to work as a nurse. In Singapore I was earning equivalent to PhP 25000 to PhP 30000 . In UK, it was equivalent to about PhP 80,000. if you deduct housing and other expenses, my, net is about PhP 50,000. (FH1992)

It took me about 6 months before I found a job. I was paid PhP 8,000.00 per month and my take home was about PhP 6,000. I still had to share for the bills at home and I felt responsible for my younger sister's education. This basically leaves me with nothing. (JB2003)

I was newly married then and had a child. My husband was still in school and my salary was not enough for our expenses. We were lucky because my husband's family continued to help us. We were allowed to stay in an apartment owned by my brother-in-law. We were so lucky that at age 21, we had our own apartment. But you cannot just go on like that. (HG1978)

As far as income is concerned, I was able to buy a lot of things in the U.S. that I was not able to buy in the Philippines such as colorful bedsheets, chestnuts, and assorted kinds of grapes which were very expensive in the Philippines (ML1967).

In the US you work a little bit and you can get your basic needs, you have some insurance that when you get sick you can be treated. In Canada everybody has insurance, all you have to do is lie down, get sick, and be hospitalized. (LV1979)

The highest paid nurse today in the Philippines I believe is receiving PhP 10,000. a month which is about \$ 200.00. You cannot live comfortably with that salary (JR1979)

Nurses are happy taking care of patients. They work well together, but they are not happy with their wages. Nurses in the Philippines are financially hard up. (JG2002).

### *Nurse to Patient Ratio*

Another concern that was commonly shared by all the participants was regarding the nurse to patient ratio. In the United States, nurse to patient ratio is highly regulated and enforced, however, because of the nursing shortage, U.S. nurses have started caring for more patients than the required ratio which has been determined on the average to be 1: 4. This raised safety concerns and caused stress among U.S. nurses. When compared with the Philippines, the disparity was inconceivable.

Oh gosh, in one ward there is always 40 patients, and probably there are six students and one RN and this is during the student years. Students do all the charting, the supervising nurse only signs them. There is no comparison working in the Philippines and in the United States. In the U.S, patient care is much easier... we are so spoiled that everything is handed to us that we don't even sometimes appreciate. (HG1978)

I was not really doing the right nursing, I was not happy seeing a lot of patients. You just cannot do everything you are supposed to do... I have to deal with many patients. I had at least 30 patients in the medical surgical unit, 4 in the ICU, one whole room of about 20 babies in nursery, and around 30 in pediatrics. I was assigned to them on rotation. (LV1979)

While working for the National Mental Hospital in the Philippines, I was the only RN in charge of one pavilion. I had three nurse aides and about 125 patients. (JR1979)

The nursing principles are the same, however, there is a difference in the nurse to patient-ratio. I've seen staff nurses, like two of them will be in charge of a 30 bed unit. In the US we follow certain standards with regards the ratio. (ED86)

Usually the nurse to patient ratio is higher in the Philippines about 1:12. In Singapore in the med surg it is 1:6, the same as in the UK. Here at the Baptist Progressive Care Unit, it is 1:4. (FH1992)

RM2003 claimed that despite the poor nurse to patient ratio in the Philippines, due to the presence of nurse volunteers the situation becomes manageable. She stated, “In the Philippines even if the nurse to patient ratio is 1:30, it can be managed because of student nurses and volunteers.”

### *Facilities and Equipment*

The use of modern equipment and technology reduces stress and makes the work environment safe, efficient, and conducive for professional growth. This leads to job satisfaction and higher motivation. Some participants explained that the lack of modern facilities and equipment made patient care stressful, difficult, and frustrating.

In the Philippines, facilities are obsolete, The practice is good but they do not have the good equipment. You get to do more with your patient. We had to take vital signs manually. We had to regulate antibiotics manually while here in the U.S., antibiotics are in pumps, IV tubings are automatic. In the Philippines we recycle needles and gloves, we autoclave them. Working in US is easier and safe. Everything is disposable. (FH1992)

The facilities and technology were backward. We have to know what to do, how to do it, because we do not have supplies. We had to be resourceful, very resourceful. (HG1978)

I found work in the US very easy because the facilities were great, the medical supplies were easy to procure, there were more resources and everything was disposable. I had less responsibility compared to my work in the Philippines. (ML1967)

There is no comparison in facilities. IVs are administered by gravity. In the Philippines, hospitals are businesses. They are affected when patients cannot pay bills. (RM2003)

### *Security and Safety*

Concern for safety and security creates anxiety. Exposure to elements as a result

of unsafe and unsanitary working conditions have an effect on the individual's efficiency. There is risk of illness and contamination. Without a basis or comparison, unsafe practices in hospitals and the use of aging equipments and facilities in the Philippines appear to be normal and routine.

We had to hand wash ABDs (abdominal dressings) then autoclave it which in the U.S. is just thrown away as a disposable. We don't even think about AIDS. (HG1980)

We were using disposables that were autoclaved especially like the gloves and the syringes that here in the U.S. we will consider thrown away. (ED1986)

In the province, I was a general nurse at the emergency room. We had to boil syringes and needles before we re-use them. (IV1980)

Facilities in US are more advanced. In the Philippines we still re-use gloves, needles, and syringes in government hospitals. We auto-clave them though. (JG2002)

### *Working Relationship*

A good working relationship with peers and superiors is also important in job satisfaction. Filipinos value respect. They do not want to be looked down or be treated in a condescending manner. Some participants have expressed resentment in their experiences regarding this matter.

When I started working, I had difficulty adjusting to the work load because my assignments were different from what was explained during my orientation. I was given seven patients all of whom I had to take vital signs over and above my other responsibilities. The more senior nurses had aides who did it for them. I realized that there was a "seniority complex" where more senior nurses are relieved of the volume and responsibilities of patient care which were relegated to the new nurses (JB2005)

In the U.S., nurses are treated as equal with doctors. Doctors in the Philippines feel and want to be treated as second to God. They do not entertain your opinion. Here, they listen to you, because you have more personal contact with the patient while they see the patient only once a day. (JR1979)

We feel subordinate to doctors in the Philippines. They tell you what to do and it is not in our culture to question them. I feel more comfortable with doctors here in the U.S. (IV1980)

The practice of nursing in the Philippines is very different. You are care-giver oriented like giving medication, assisting the patients to walk. In the U.S. you are like a doctor, you make decisions. You must know the meaning of lab results and when to get the lab results. You must know when to give medications. (JG2002)

## Summary

The insights shared by the participants showed a comparison between the practice of nursing in the Philippines and in the United States. Without a comparison, Filipino nurses working in the Philippines may not see the disparity as clearly as those who experienced them. They will, however, feel the insufficiency of their wages and the annoyances of the working conditions which can be very discouraging for an aspiring nurse who wants to be a good provider for his or her family. At this second level in Maslow's hierarchy, the Filipino nurse is concerned with having a stable job where he or she enjoys physical and mental comfort. Based on the descriptions of the participants, the "push" factor as explained in Chapter II, appears to be strong at this level. This is where the dissatisfaction is at its highest. The only grace that is earned from employment is the authentication of work experience that will eventually help the Filipino nurse obtain overseas employment, other than that, everything else seems to be miserable. Despite the dissatisfaction, the nurses continue to hold on to their jobs because their lives depend on it until such time that a better opportunity comes into the picture.

*Theme Three: The Family is at the Center of the Filipino Nurses' Career*

A Filipino's commitment to the family is unique in the sense that it can both be a motivator or a deterrent to one's personal growth and development. Family commitment strongly influences individual decisions and actions which are usually subordinated to the family's interests. The participants' responses authenticates what was previously discussed in literature regarding this matter.

I wanted very much to become a lawyer, however, being the youngest in the family, I was asked by my mother to take nursing instead so I can take care of her in her old age. I was not happy about it but my oldest brother convinced me to give it a try. That is how I ended up being a nurse. (JR1979)

My father wanted me to become a pharmacist. It was only after an explosion in a pharmaceutical company in Baguio that I was able to convince him to allow me to go into nursing instead. I always wanted to be a nurse because I believe it was a noble profession and it gave me the best opportunity to help and serve others. (ML1967)

I wanted to become a lawyer and a politician but my father discouraged me because he wanted me to become a doctor. When I realized that it will take me a long time before I can finish the degree, I was discouraged to proceed. In 1982, I read in an issue of the *American Journal of Nursing*, that there was an increasing number of men studying to become nurses in the United States. At that time in the Philippines, the perception was that men who took nursing were gay and that this career was only for women. I took this as a challenge and enrolled in the 4 year BS in Nursing program. (ED1986)

I wanted to become a Chemist but my sister who was then in Germany told me to take nursing instead so I can work abroad. Because of this I enrolled in a 5 year BS Nursing program at the Far Eastern University. (LV1979)

After 20 years I decided to take nursing so I can immigrate to the U.S. and give my three children better opportunities. (JG2002)

Initially, nursing was not my number one choice. I wanted to be an engineer. But my older sister wanted me to be a nurse because there were twelve of us in the family and nobody took nursing. Since she was older than me, I had to follow her. That is how I became a nurse. (AL1980)

Based on the participants' responses, one's choice of a career is linked to an interest in the family, whether it is to benefit aging parents, providing a good future for

the children, or simply alleviating the family to a better quality of life. Usually, the decisions are re-directed towards activities that will benefit the family. Since it is the Filipino culture to adhere to the advice of parents and elders, many continue throughout their life unhappy and dissatisfied with their career. Despite this, they are able to go on with their life and provide for their families. Although they may not be fulfilled career-wise, their obligation to be a good son, daughter, or parent has been fulfilled.

RM2003 and her older sister both wanted to become nurses, however, their parents can support only one of them. In a Filipino family, the older member is always accorded preference and priority for almost anything. Because of this, RM2003 had to give in and allow her older sister to complete the course. She took up engineering instead but even her choice of her civil engineering degree was pre-dominated by her father. Because students in Civil Engineering were predominantly male, her father asked her to shift to one where she would better blend in with more female students. This prompted her to take an Industrial Engineering course instead. Because of her intense desire to become a nurse, she eventually pursued this career, 16 years after she has been working successfully as an engineer.

I really loved nursing. But because my sister wanted to be a nurse, I had to give in since she was older. Our parents cannot support both of us taking nursing at the same time. I was enrolled by my sister in Civil Engineering but then as I was going into my third year, my father asked me not to proceed because he said it was a program for men. I tried Chemical engineering but I got sick when I inhaled chemicals in the lab so I ended up completing a degree in Industrial Engineering. I was 38 then when my brother now a doctor, and my sister now a nurse who are both in the United States offered to pay my tuition for a nursing program. They knew that I really like nursing so as a token of their gratitude for my helping them get through college, they asked me to continue my studies. I completed the nursing program in three years with a grade of "excellence" and I also received a leadership award. (RM2003)

It is most difficult for Filipinos to part ways with their families even for a temporary period of time. This becomes even more intense if the family is financially dependent on a departing member. The attachment to parents as well as to one's spouse and children, carry the same intensity that even though a Filipino is already married and has a family of his or her own, there is still an obligation towards aging parents and other siblings. This creates the difficulty in decision making when leaving behind a family.

When working abroad you have to leave your family to have a chance to develop your career. It was really hard for me to leave my family. It was really hard for me. During the first few months, I will cry when I received letters from my parents. I miss home. I miss my family. It was just a sudden change of lifestyle. (FH1992)

I felt sad because I was leaving my family behind but I was also excited because of the opportunity to earn more money so I can help my family. I have been able to send money to the Philippines and support all my brothers and sisters through college. Now I am sending money to help my nieces and nephews. (HG1978)

When I got my notification to leave the country, I had an ambivalent feeling. I felt like not going anymore because I have a family. I am leaving behind my husband and 8 month old son. However, my mother pushed me to go and assured me that she'll take care of my baby. I arrived in the U.S. in February 1983. Within the same year my husband was able to join me but the INS (Immigration and Naturalization Service) did not allow my son to come. My son was able to rejoin us when he was already 5 years old. (IV1980)

I was not excited about the petition because I was recently married and had a 4 month old baby. (JR1979)

I was not emotional about leaving the Philippines because when migrating to Canada, my husband and children were with me. (LV1979)

I had mixed emotions when I learned that I will be leaving the Philippines. I was sad because I was leaving my family, yet I was also excited because I will be reunited with my boyfriend. (ML1967)

Filipino culture emphasizes an obligation for children to give back to the parents what was invested in them. This comes primarily in the form of financial support or

sometimes simply bringing honor and prestige to the family as a result of educational or social achievements. As such, it is expected that one must study and work hard in order to have better employment opportunities and be able to repay back what was invested by the family. Being a nurse makes this obligation more viable.

I will be able to help my family more. I hope my father will retire from what he is doing now and stay at home with my step mother. I want to take care of my parents, earn money and help them put up a business at home, or I will petition them to migrate to the United States. (JB2005)

By being here in America, I was able to send money to the Philippines and support all my brothers and sisters through college. Now I am helping my nieces and nephews. I am supporting one nursing student and hope she will be able to come to the U.S. so she too can help her family, the way I helped mine. I was also able to petition my parents who both became American Citizens. (HG1978)

I had my share of sending money back home to help in the education of my younger brothers and sisters. This is a given in Philippine culture, where help trickles down to the youngest in the family in support of their education. It is the responsibility of those who have graduated to help the other members in the family. Although I did not feel obligated, to be a good son, daughter or family member, it is good to send money. (ML1967)

When I was in Yemen, I was able to send money to my family. It helps a lot. It uplifts me and my family financially. I was supporting my younger sister and brother to school. Both finished their college. I also supported one nephew who graduated as a marine engineer. I am also waiting for another nephew to finish college. (AL1980)

We have financed four of our nieces to nursing school so they can come to the U.S. I have also petitioned my sister and she is now a U.S. immigrant. She has also petitioned her family and her son now works as a nurse in the U. S. (IM1980)

## Summary

The clout of the family over an individual's decision is very strong in Philippine society. The dilemma which confronts Filipino nurses when it comes to migration becomes emotional although as most participants have expressed, the value of the benefits that can be obtained as a result of the migration, outweigh the feelings of loneliness and isolation being away from the family. RN2003 expressed this in a very direct quote. She said,

“Consider family first than anything else. If you are attaining a goal you need to sacrifice your family so you can focus on your goal.” Likewise, FH1992 made a similar comment when he said, “To have a chance to develop your career, you have to come to the US. You have to leave your family.”

*Theme Four: The United States Provides the Opportunities for Professional Growth*

In the succeeding interviews, the United States has been described as the perfect venue not only for enjoying a better quality of life but also for fostering professional growth and development. Although some participants found it too early to claim achievement in these areas, they showed optimism that because the U.S. has a supportive and conducive environment for professional growth; it highly motivates and challenges Filipino nurses to improve themselves professionally and socially. “There are a lot of opportunities in the US to advance” says ED1986. With the opportunities beckoning the RNs in the U.S., the initiative towards the achievement of professional goals becomes one’s personal crusade in this land of opportunity.

I learned more in the U.S. than in the Philippines because my preceptors let me do things on my own but they are always there to guide me. In the Philippines, the preceptors tell you what to do and they do not give you that liberty to proceed on your own (JB2003).

Professional growth is limited in the Philippines. In the US, there is very good educational growth., there are lots of updates, and very dynamic. U.S. is the best for nurses, the best place to work. You can really practice nursing, whatever you studied in school you can really apply. I believe that had I not left the Philippines, it will be harder for me to achieve what I achieved here in the United States given the same length of time. There is no way. (LV1979).

The practice of nursing in the Philippines is very different. You are care-giver oriented like giving medication, assisting the patients to walk. In the U.S. you are like a doctor, you make decisions. You must know the meaning of lab results and

when to get the lab results. You must know when to give medications. You need to know when to call doctors (JG2002).

When asked why they decided to migrate to the United States after having been employed in other countries, the four participants who shared this experience expressed their preference as follows:

Being in the U.S., I have no regrets. I like it here. I am satisfied with my salary and the standard of living is affordable. I cannot save in the UK because food and housing is expensive. Here in the U.S. you have better opportunities... There is good education for my child. (FH1992)

I liked Canada but there was a recession when we arrived there and I could not get a regular job. Also, there was no differential in pay like in the U.S. and they change your shift from days to nights every two months. In the U.S., you can choose a fixed shift. (LV1979)

My working in Saudi Arabia was just a stepping stone. My mind was set right from the very start that I will be going to America because it is the land of opportunity... Now, I have my own home health business. I do not think I will be able to do that in Saudi Arabia. (HG1978)

In the Middle East there is no stability of life. You cannot be permanent. You just work as a contract worker for the rest of your life. There is a big opportunity for professional growth in the U.S. I am already contented financially but if I have the chance I still want to take masters to have increase in pay because I want to help my family back home. (AL1980)

ML1967, whose children are all self-sufficient now, found time to devote herself to being active in social and religious organizations in her community. She claimed that giving herself to the community put her in high esteem.

In the year 2000, I was President of United Filipinos of America (UFA). I also assumed multiple Board of Director positions with the Philippine Nurses Association of San Antonio (PNASA). I have been greatly involved in church and was a deacon for three years. I have volunteered my services for missions and ministries such as the Children's Shelter. Presently, I am very much involved with the cultural enhancement of Filipinos in San Antonio, Texas. (ML1967)

## Summary

Based on the theme that evolved from the statements, the United States is seen as as the land of opportunity, a uniqueness that does not seem to exist in other countries. It was the participants' choice to avail of these opportunities to improve themselves professionally and personally. Their appreciation and enjoyment of the professional environment and opportunities in the U.S. gave them a sense of value and importance that enhanced their self-esteem. Being able to enjoy life is a measure of success (Andres, 1991). At this level in the hierarchy, the satisfaction of physiological, security, and belongingness needs have been established and the opportunity to enjoy life financially, socially, and professionally becomes the reward for dedication and hard work. The conducive environment accorded Filipino nurses in the United States enabled them to have a high evaluation of themselves and gain self respect, two important factors in satisfying their self-esteem.

*Theme Five: Being Successful in One's Career and a Good Provider for the Family  
Culminates in Self- Actualization*

“A musician must make music, an artist must paint, a poet must write, if he is to be ultimately at peace with himself” (Maslow, 1970, p 46). At this highest level in Maslow's hierarchy, the Filipino nurse is all alone in search for peace and happiness. It is at that point where the RN is firm and stable in his or her life, where nothing else motivates except the desire to be what he or she wants to be, where he or she can do what he or she wants to do and be happy. There are no barriers or inhibitions which will prevent happiness and self-fulfillment.

For Filipino RNs, self-actualization is a combination of being fulfilled in one's career and being able to provide for the security and welfare of the family. Being fulfilled in either one does not deliver the satisfaction as much as being fulfilled in both. The security of the family, being the primary concern in Philippine society, becomes the culmination of all the efforts toward self-actualization. ML1967, having gone through decades of challenges that she encountered at almost every stage of her life, has now reached her peak and declared her satisfaction within the context of spiritual fulfillment, career, and family:

Satisfaction is doing what God wants me to do, and that is getting involved with others beyond my family. Right now I feel that money does not motivate me anymore. What I am looking for is to devote my time with my patients and have some free time for myself... Today, I feel that I have achieved and accomplished my goals. All my children have completed college which is the ultimate goal for a parent. They are all doing good in their life. I am financially happy. I had my share of sending money back home to help in the education of my younger brothers and sisters. I wish I can pick up my hobbies again... painting, music, travel. (ML1967)

Being of service to others as a nurse means a great deal to ML1967. She always wanted to be a nurse because she believed it was a noble profession and that it gave her the best opportunity to help and serve others. Despite her father's insistence on pursuing a pharmaceutical career, she stood firm on her decision to become a nurse. Forty years later, she professed her satisfaction for what she had done and continues to do. And throughout her success, she was able to share her blessing with her family. Although she did not feel obligated, "To be a good son, daughter or family member, it is good to send money home.", she said.

HG1978, IV1980, and JR1979 all expressed fulfillment in their careers, having worked as nurses and then established and successfully managed their home health

agencies. They, however, feel, that they have yet to accomplish their role in the family. Being successful in their businesses makes one think that money is their ultimate goal. It is very interesting how their perception of money has been changed over time.

If you want to work and just make money, this is not the way to do it because you will always disappoint yourself.. Money is incidental to success.. If you enjoy your work and do the things you like to do with passion, it is not work, and that's what makes it worthwhile. Being in this stage now, I was able to send money to the Philippines and support all my brothers and sisters through college. Now, I am helping nieces and nephews. I am supporting one nursing student and I hope she will be able to come to the U.S. and help her family, the way I helped mine... I still have 3 boys that needs to go to college, and two grand kids from my oldest son from my first marriage. My real goal is to build an assisted living home, to be able to serve the elders, at least a hundred and fifty beds where I will have my own little room there so when I get old I will also have someone take care of me. (HG1978)

Money is no longer my motivation. We just want to establish a business that we do not have to be there, where we receive an income without working anymore Grocery and restaurant business are cash transactions and there is physical stress. In health care, there is a lot of mental stress. What is important is peace of mind. When my kids are finished with their studies, have their own life, and are not financially dependent anymore, then I feel I am done and I will have my peace of mind. Then, I am ready to retire. (IV1980)

Money is the worst motivator because you become a slave of it. My home health business is under my children's name but I have to pay back the money that I borrowed for my business. If I am able to pay what I owe, then I will close this business. The business of home health is time consuming and stressful. At this point in my life, I just want my kids to finish college. I will be happy with just a small business with less employees and when I do not owe anything to anybody. (JR1979)

Fulfillment in family and career for the Filipino is complementary. A Filipino cannot have one and not the other, and claim that he or she is fulfilled. LV1979 and JG2002 summarized what it means for them being in the United States in very short but meaningful statements.

Being here in the U.S. has given me and my family solitude. I got my fulfillment as a nurse which I did not get in the Philippines. (LV1979).

Being here means that I have achieved my dream of living and working in the U.S. It also means being able to provide my children better opportunities and a good future, something that I dreamed of for them. (JG2002)

AL1980 has been to two Middle East countries before migrating to the U.S. She explained that there was no growth and professional advancement in those countries and that you are always a contractual employee. When she came to the U.S. she was able to work her way up as a nurse and rose from the ranks until she reached a very respectable position which she believes she would not have attained in the Philippines and in the other countries she has been with.

I came to U.S. 1995 and worked Sequin in a nursing home facility as a nursing assistant, since we did not have license. We had to lift heavy people. In June 1995, I took and passed the NCLEX exam. Then I worked in Heartland for 13 years. I started as charge nurse, then a unit manager, and then in 2002 I became the Director of Nursing. (AL1980)...There is a big opportunity for professional growth in the U.S. I am already contented financially but if I have the chance I still want to take masters to have increase in pay because I want to help my family back home.

From AL1980's statement, it is evident that the desire towards career fulfillment is still driven by the desire to help her family in the Philippines. She echoed the role of the family in the fulfillment of one's career.

For others who arrived in the United States more recently, they shared optimism that they will achieve their goals in the country and be able to help their families.

I am happy where I am right now working as a nurse. I'm still young and I still have so many things to do, pay the house, raise my family, send my son to good university, and save more money for the future. I cannot petition my parents to come because of old age but I send money to them every 3 months for their medicines. My wife however has petitioned her parents to come to the U.S. (FH1992)

I believe that when I have reached my main goal, have become stable and satisfied my craving for experience and professional growth, and able to provide stability for myself and my family, then I would have achieved my self

actualization. (JB2005)

ED1986 the only participant who was never married to a Filipino, was born an American citizen. He grew up in the United States and appeared to be not so ingrained in Filipino culture. He expressed his fulfillment as service to others:

It is grandiose to think that I took nursing to get a lot of money but the bottom line is about nursing care and caring for patients. I do not expect to get rich in nursing. I am happy with my situation now. The satisfaction I get is that I am here to see patients get well. I like making a difference for my patients and their family, that is my goal and priority. (ED1986)

RM2003 admitted being fulfilled as far as her career is concerned. However, something very personal prevents her from achieving self-actualization in a Filipino family.

I think I have already reached what I want to reach in terms of my profession. I have also been able to help my family. But I still feel there is something lacking in my being a total woman. I've been married for 16 years and I still have no children. (RM2003)

## Summary

The responses given by the participants describe self-actualization for the Filipino RNs as two-fold: the fulfillment of their ultimate choice of careers and the security of their families. Careers as mentioned above, refer not only to the nursing profession. Three of the participants veered away from nursing to become entrepreneurs. They have been successful in their own respective endeavors and have also been able to provide stability for their families. Both achievements are interconnected and when one is subordinated to the other, there is feeling of guilt and anxiety which becomes barriers to achieving self-actualization. The drive to be successful in one's career is fueled by the desire to provide security for the family. In short, for the Filipino, the end result of being professionally successful is to be able to uplift the social and economic status of the

family. The frustration RM2003 expressed in her statement regarding not having children reinforces the importance and value of family for the Filipino. In her case, because she had no children, there was no direct recipient of her efforts to succeed. Although she has supported her brother and sister to school, the emotional intensity of raising a family as the object of your success is still an utmost priority that will give utmost satisfaction.

Money, which has been described earlier as the prime motivator for migration, has been set aside to give way for personal fulfillment specifically fulfillment as an RN “to care for the sick or the infirm.” Although money was the gateway to proceed to the higher levels in the hierarchy of needs, it lost its value as the Filipino RN continued to move towards self-actualization.

## CHAPTER VI

### SUMMARY, IMPLICATIONS, CONCLUSION

Phenomenology was used to describe the experiences of Filipino nurse migrants who chose to leave their country of origin, the Philippines, to seek a new life in the United States. Data were collected from eleven participants who agreed to share their lived experiences regarding their journey from a developing country to an economically and technologically advanced world power while in pursuit of satisfying their human needs. Participants were interviewed in person and except for two, all were videotaped. One of the two consented to be audio-taped while the other, who was a resident in another state, agreed to be interviewed by phone. During the course of the interviews, participants were asked to be candid in expressing their feelings and thoughts regarding their experience.

This chapter begins with a summary of the study then proceeds to compare findings with literature and discuss the implications, the significance of the study to human resource development, the conclusion and the recommendations for future research.

#### Summary of the Study

At the start of this study, a review of literature was conducted in order to provide the context for the study. While numerous literature have been published pertaining to the migration of Filipino nurses to the United States, a different approach was undertaken in this study, as it veered away from simply discussing the seemingly obvious rationale (economics) to explain the migration, to looking into the non-economic motives and drives that prompted the Filipino nurses to leave the Philippines. This study was focused

on the more personal and intimate motives of the migration. The study was conducted using the humanist approach where Abraham Maslow's hierarchy of needs served as the framework. Data were obtained through in-depth interviews of eleven participants using the phenomenology approach.

The study was particularly focused on three research questions that traversed through the experiences of the participants as they went through the migration process from the Philippines to the United States. From the three questions, five themes evolved. These themes summarized a commonality of feelings and perceptions expressed by each of the participants as they responded to the inquiries in each of the research questions. The themes embodied the essential meaning of the migration of Filipino nurses to the United States. While each participant had a unique experience, common themes evolved which were then compared to literature and related to the theoretical framework (Maslow's Hierarchy of Needs) that was used in the study.

The themes which were ranked according to the different levels in Maslow's hierarchy of needs (See Figure 8), supported what was discussed in literature. However, it also gave new insights on what was happening in the Filipino RNs' minds as far as their goals are concerned. Although in literature, much about the opportunities accorded the nurses as a result of the global nursing shortage was discussed, literature failed to explain beyond economics, where other factors such as the family stability, professional growth, and self-esteem could have been material in deterring or fostering migration assuming that the Philippines had the facility and capability to breed them. This study has established that it is not mere economics does drives the RNs to leave the country, otherwise, working temporarily in countries like Saudi Arabia, Yemen, Oman, Singapore,

Canada, and the United Kingdom will be more than enough to bring substantial income to the individual and the family. Migration to the United States is still the Filipino RNs' goal because it is only in the United States that the Filipino RNs, expected to achieve self-actualization.

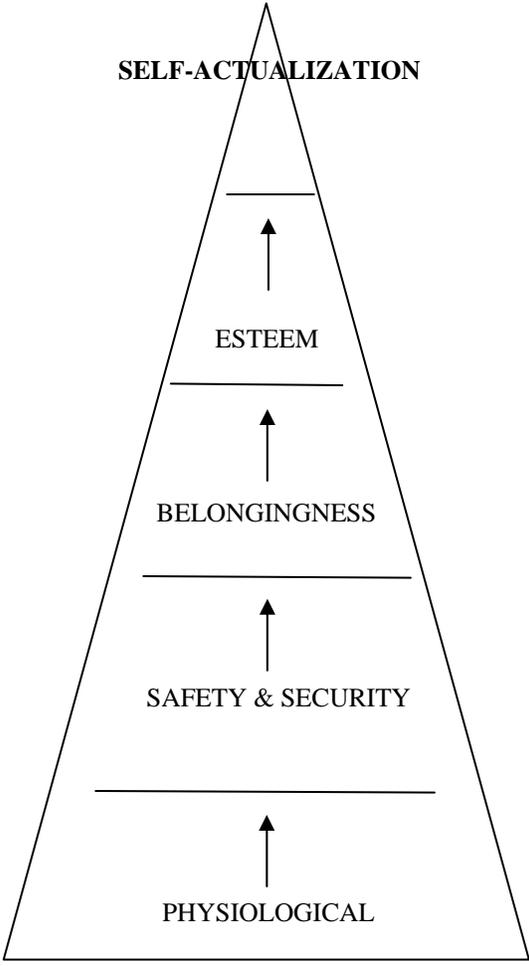
MASLOW' HIERARCHY OF NEEDS	THEMES
 <p>The diagram shows a pyramid divided into five horizontal sections. From top to bottom, the sections are labeled: SELF-ACTUALIZATION, ESTEEM, BELONGINGNESS, SAFETY &amp; SECURITY, and PHYSIOLOGICAL. Each section is separated by a horizontal line, and an upward-pointing arrow is positioned between each line, indicating the progression from lower to higher needs.</p>	<p>Theme 5: Being Successful in One's Career and a Good Provider for the Family Culminates in Self-Actualization</p>
	<p>Theme 4: The United States Provides the Growth Opportunities</p>
	<p>Theme 3: The Family is at the Center of the Filipino Nurses' Career</p>
	<p>Theme 2: Employment Conditions in the Philippines Prompts Filipino Nurses to Leave the Country</p>
	<p>Theme 1: The Nursing Career in the Philippines Is A Means To An End (survival)</p>

Figure 8. Themes in Relation to Maslow's Hierarchy of Needs

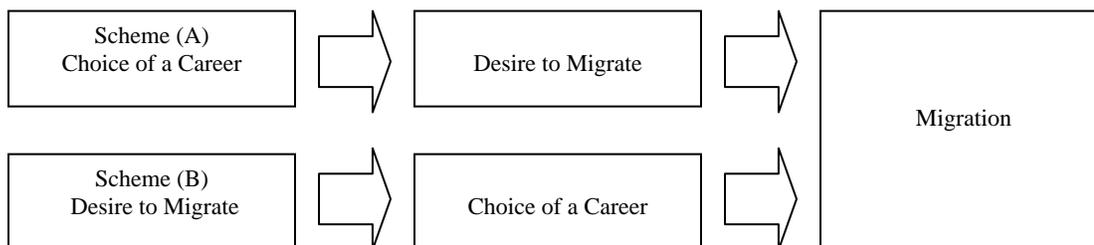
### Comparison of Findings with Existing Literature

The following is a discussion of the findings that were obtained from the analysis of the responses to the interviews. While the discussion in the interview results were categorized under five themes, in this discussion, I will focus on the responses to the research questions from which the themes were obtained.

#### Research Questions and Essential Themes

*Research Question One: What prompts Filipinos to pursue a nursing career?*

I was interested in finding out the reason why a Filipino will pursue a nursing career. As previously discussed in literature, the clout of the family predominates and usually prevails over an individual's choice of a career. It was also of interest to see a relationship between the choice of the career and the desire to migrate, whether one preceded the other. Figure 9 is an illustration of this concept.



*Figure 9.* Personal concept regarding the nursing career

In Scheme A, the choice of a career precedes the desire to migrate. This means that when individuals chose the nursing career, it was not in their mind to migrate. It may have been their personal choice or interest for the love of the profession, (ML1967, JB2005, RM2003), or it may have been imposed by the family or peers (JR1979,

ED1986, FH1992, AL1980). In either case, the desire to migrate had been prompted by the realities of unemployment, poor working conditions, lack of professional growth, and low wages in the nursing career. These conditions comprise the “push” factors as was introduced in Chapter II.

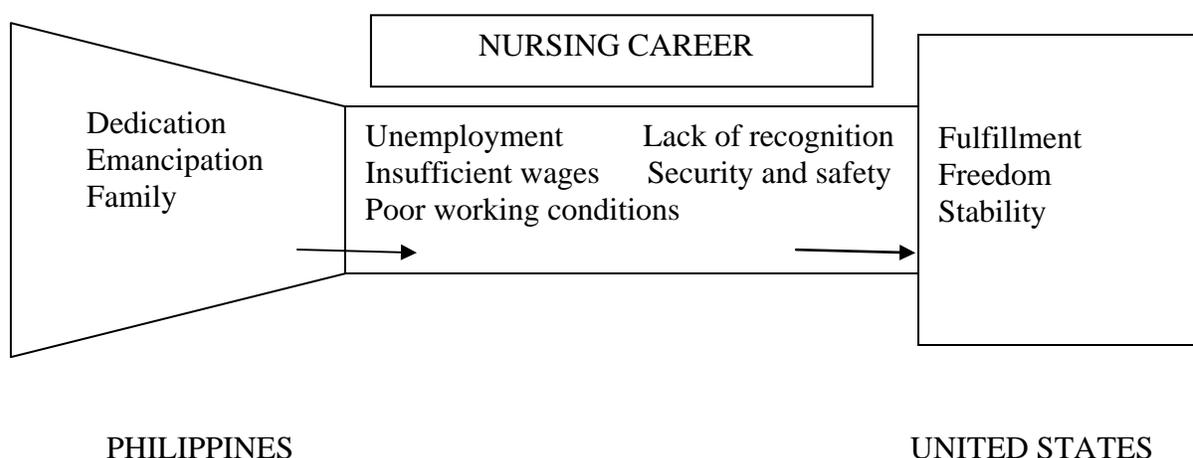
In Scheme B, the desire to migrate precedes the choice of a career. In this category falls IV1980, LV1979, HG1979, and JG2002. These participants simply wanted to leave the country because of the poor political, social, and economic environment in the Philippines which they believe will not provide a good future for themselves and their children. They pursued a nursing career because of the vast opportunities for overseas employment accorded the profession which is absent in the other professions. The increase in enrollment in the nursing profession and the eventual decrease in enrollment in non-nursing professions as illustrated in Figure 3 is a testament to this.. RM2003 reported that most of those she interviewed for admission to the nursing school stated that they wanted to take up nursing so they can work abroad. Their minds were not focused on serving the local community. In this case, nursing has become more of a means rather than a noble profession that demanded dedication and commitment to service of humanity.

It is interesting to note that in both schemes, the influence of the family was very discernable. Chapter IV contained a description of the characteristics of the Filipino culture, which emphasized among others, that individual interests are subordinated to those of the family. Based on the results of the interviews, the predominance of the parent’s influence over the individual’s career was very noticeable. ED1986, LV1979, JR1979, and AL1980 would not have been nurses and may have pursued different careers

if they opted not to heed their families' advise. In the case of ML1967, it was the opposite. She wanted to become a nurse but her father was against it and wanted her to become a pharmacist instead. She prevailed only after an accident in a pharmaceutical company made her father concerned for her safety. Likewise, RM2003 had to sacrifice her desire to become a nurse in favor of her older sister, again a family driven decision.

The meaning that can be attributed to JB2005's choice of a nursing career was that she intended to remain in the country and help her family, which she claimed she was unable to do when her biological mother died. But as she began to realize the fate of her career in the Philippines, she re-focused her efforts towards migrating to the U. S.

In reviewing the responses to research question one, I identified three reasons that lead to the pursuit of the nursing career: 1) the dedication and love for the profession; 2) the desire to be emancipated from the social, political, and economic turmoil in the country where becoming a nurse is a means of deliverance and, 3) the influence of the family on the choice of career. Regardless of the reason, the RNs will be awakened by the fate of their career where they will experience unemployment and unfavorable working conditions. These factors push them out of the country, figuratively through a funnel leading to their best choice of destination which is the United States. Figure 10 is a graphical representation of this concept.



*Figure 10.* The ‘push’ factors of the nursing career in the Philippines

While the interviews were in progress, the researcher had in mind Maslow’s hierarchy of needs which focused on the individual meanings of the experiences. From the participants’ responses, the theme of survival prevailed. Regardless of what prompted the participants to pursue a nursing career, they were headed towards the same fate. Due to the economic, social, and political characteristics of the Philippines, the nursing career was not a promising venture in the country. The issues of unemployment and low wages which are insufficient to provide a good quality of life for a family, created the disillusionment that led to frustration and hopelessness specially for those who were dedicated to the profession. As the unemployment crises plagued the whole nation, there was no other recourse for survival, but to either seek overseas employment or change careers to a more viable one where the unemployment rate is much lower and the salaries are much better.

It was also uncovered in the interviews that because of a lack of jobs, Filipino RNs agreed to work for free or even pay to work for free as volunteers for over a period of time in order to acquire work experience. This phenomenon has not been discovered or

mentioned in the literature. It illustrated the intensity and magnitude of the problem and the desperation of the Filipino RNs to leave the country. Poverty continues to grow and the Philippine government has not had any workable program that will solve this problem.

The high unemployment rate in the Philippines affects all professions. It continues to be experienced throughout the country whether the career is in business, engineering, or medical. This is because the Philippines has few jobs for its growing population. Although there are great opportunities to work abroad especially in the Middle East, most of these jobs predominantly cater to blue collar workers. The Middle East has such a great demand for Filipino workers that the Philippine government has redirected their policies and efforts to support overseas employment because of the dollar income it brought back to country in forms of remittances. In the professional field, because of the global nursing shortage, only the field of nursing is accorded the same opportunity. As a result, there has been a marked increase in the nursing enrollment and a decline in others. The opportunity is so great that medical doctors, engineers, and other professions have shifted to nursing careers to gain an upper hand in working overseas.

*Research Question Two: How will the Filipino RN describe his or her career in the*

*Philippines and how does this compare with the United States?*

In developing this research question, I was interested in knowing how the participants compared the nursing practice in the Philippines with other countries specially with the United States. It was important in finding out how the differences in the work environment affected their career and influenced their decision to leave the Philippines. Among the participants, four worked in other countries namely Singapore,

Saudi Arabia, Yemen, Oman, Canada, and England before migrating to the United States. The rest proceeded directly from the Philippines to the United States.

All the participants noted a huge difference in the practice of nursing in the Philippines versus that in other countries. For those who worked abroad, their hands-on experience enabled them to describe the discrepancies more accurately. Differences were reported in the RNs' compensation, the facilities and equipments used in patient care, the nurse to patient ratios, and the working relationships.

Perhaps the most pronounced difference and the most significant one is in the RNs' wages. Most participants complained about the wages they received in the Philippines which they all claimed to be very insufficient to provide for a good quality of life. As discussed in Chapter II, the RN's salary is comparable to the poverty threshold in the Philippines as established by the National Statistics Coordination Board of the Philippines. The salaries barely provided for the basic necessities. Without consideration about other factors, salaries were the prime motivators that drove RNs to leave the Philippines. Because the Philippines is economically poor, it cannot compete with wages in other countries. Therefore, the only way to have better compensation is for the RN to work abroad.

The Philippines lags behind in terms of technology, modern equipment and facilities. This made the RN's job more difficult. The participants reported using antiquated equipment most of which were being operated manually. They cited the unsafe and unsanitary re-use of gloves, syringes and needles which in other countries are thrown away as disposables. These working conditions in the Philippines make the practice of nursing miserable. LV1978, having worked in Canada and currently in the

U.S., complained that the Philippines is not the place where one can practice nursing the way it should be, according to what they learned in school.

The high nurse to patient ratios made the RN's job even more stressful. They lose the quality of care because they have to attend to more than what the standards require. This together with the lack of the appropriate protocol in health care in Philippine hospitals, have created dissatisfaction among the RNs. Being overworked and underpaid leave no room for a Filipino RN to enjoy life.

ED1986 implied that the Philippine government did not care to improve its health care system focusing more among other things, on exporting nurses rather than keeping them, because this generated millions of dollars for the country. It seems that its intention was for the RNs to be "pushed out" of the country so they can bring in more dollar remittances.

For those who have not left the Philippines, they will continue to feel the frustrations because of the dissatisfaction and the unhappiness that comes with the practice. "Nurses in the Philippines are financially hard up. If you work as a nurse there, you will never be satisfied.", said JG2002. For those who are currently abroad, the change that they experienced in their work enabled them to maximize their career and enjoy their life. Most of the participants who showed dedication to their profession, expressed satisfaction and fulfillment in being able to help and serve other people needing health care. These are achievements, they all agreed, they could not have attained had they opted to remain in the Philippines.

Relating this theme to Maslow's second level in the hierarchy of needs, the working environment in the Philippines does not allow you to enjoy the security, physical

safety, and economic well being that will bring stability and comfort to the individual and his or her family. Therefore, at this second level in the hierarchy, Filipino RNs are preoccupied in trying to become stable which deters them from advancing to the next level in the hierarchy.

All the participants agreed that the United States provides opportunity for professional growth. There are great opportunities for education and career development. The working relationship promotes independence which builds confidence and self-esteem. JB2005 felt that her preceptors gave her the opportunity to grow by letting her do things on her own which she claimed she had not experienced in the Philippines. For her this meant that she is accorded due respect which makes her feel more confident at what she is doing. JG2002 explained that in the U.S. she feels co-equal with doctors because she is left to make decisions on her own regarding patient care. LV1979 believed that in the U.S. you can really practice nursing, the way it was taught in school. She further explains that she is consistently able to upgrade her skills and that there are great opportunities for educational growth. This observation is reinforced by ED1986, who likewise believes that in the U.S. there is a lot of opportunities to advance.

RM2003, is currently here in the United States not to enjoy a better life. She is here for training and experience so she becomes more credible to her students when she returns to the Philippines. Professional growth is what drove her to come to the U.S. which she finds lacking in the Philippines. She is the only participant who chooses to return to the Philippines because she feels she is happy and satisfied there. She however believes that because of the lack of support for education and professional development in the Philippines, she needed to come to the U.S. in order to improve herself. "America

is the land of the plenty where you can make the best of your life. Professional growth is very fast, very very fast. You need to keep up with the changes.” said ML1967.

LV1979, HG1979, FH1992, and AL1980, having worked in other countries prior to coming to the U.S., all agreed that there is a lot of growth opportunities in the U.S. This convinced them to migrate and become citizens of the country. Their concept of growth opportunities is all encompassing, from receiving higher wages, to having excellent working conditions, to professional growth, and having a good quality of life. Although they admitted they were happy and satisfied with their wages in other countries, they preferred the United States as their final destination because of the opportunities for personal and professional growth and most importantly, the opportunity for them to be able to bring their family to enjoy better quality of life in America..

In summary, being in the United States allows Filipino RNs to have a high evaluation of themselves, develop self-respect, and enhance their self-esteem. They all agreed that it is only in this country that they can be together with their families and their extended families to enjoy a good quality of life.

*Research Question Three: What does it Mean for the Filipino RNs to be immigrants in the United States?*

In responding to this research question, two themes emerged. The first theme is about the family being at the center of the Filipino RNs career. The participants portrayed the picture of the Filipino family at the center of all their efforts and motivation for achieving their goals. The desire to provide a better quality of life for the whole family was evident in all the responses. During this portion of the interview, some participants shared unforgettable and painful experiences regarding their migration.

FH1992 narrated how he became so home sick that he cried every time he received a letter from his parents while he was in Singapore. He confessed to being very lonely that oftentimes he wanted to come home but he could not because of his commitment to his employer. He had to endure a feeling of isolation for months until he was able to adjust.

Then there was the case of IV1980 who migrated to the U.S. but had to be separated from her husband and eight month old son. Although the husband was able to join her less than a year later, her son had to be left behind until he was 5 years old. The residual effect on their family was difficult to overcome considering further that at the time they were reunited, she was busy working in the hospital and the time for bonding was very limited.

HG1979's separation from her husband and child resulted in the break-up of their marriage while she was still in Saudi Arabia. When she migrated to America, she left behind her son who was later reunited with her when the son turned eleven. These were some of the pitiful consequences that the Filipino migrant nurses had to go through in their desire to improve the quality of their lives and those of their family.

Most of the participants reported that their parents and spouses understand that leaving the country to work as a nurse abroad was the only way they can grow professionally and become good providers for the family. They were supported by their families in anyway they could. IV1980 was at first undecided to leave her husband and 8 month old child until her mother volunteered to take care of her baby so she could come to the United States. LV1978 was actually inspired by her sister to pursue a nursing career so she can leave the country. Because of this, she gave up her ambition to become

a chemist. RM2003's husband supported not only her pursuit of a nursing career 16 years after working as an engineer, but also her coming to the U.S. for her professional development.

Many RNs are not financially capable of shouldering the expenses that are to be incurred in the migration. There is the cost of the CGFNS, TOEFL, and the NCLEX exams which prior to 2007 were being offered outside of the Philippines. This meant additional costs for the plane ticket and hotel accommodations. But because of the benefits that are expected to be gained when working abroad, families pool together their resources to help out. Sometimes, these may not be enough. JR1979 described how some families would sell their properties to financially support the expenses of a member who desired to work overseas.

Despite years of physical and emotional hardships brought about by separation from the family, the benefits of migration outweigh its consequences. Filipino RNs are able to provide for their families' economic welfare. For example, FH1992 regularly sends money to his aging parents for their medicine. This is one example of how Filipino RNs in the U.S. are able to pay back what their families have invested in them. These dollars go a long way to support a family in the Philippines. It is however a fact, that most of the dollar remittances are used for the education of members of families.

Perhaps the most important benefit that Filipino RNs enjoy in the United States is that they are able to petition their parents and eventually their whole family and extended family to migrate to America. For the Filipino, this means delivering the family from the poor economic, social, and political environment in the country. It is the achievement of the "American Dream". This is the culmination of all the efforts and sacrifices that a

Filipino RN has to endure over a period of time. IV1980 not only has her whole immediate family in the U.S., but also her sister and her sister's family. HG1979 was able to petition her parents who both became American Citizens. FH1992 had no plans to petition his parents because of their old age but, his wife's parents have already been petitioned and are expected to be in the U.S. not later than next year. JB2005, although less than a year in the U.S., already has set her mind in petitioning her parents and the rest of their family to be with her in the future. In the case of JG2002, her reason for going into nursing after successfully working as a doctor for 20 years was primarily to leave the country and go to the United States in order that her children will have a better future.

The themes that evolved from the responses to this research question fell under Maslow's third and fifth level in the hierarchy of needs -the need for belongingness and self-actualization. For the Filipino RN, the sense of belongingness is expressed as a commitment to one's family. It is the prime mover for success and self-actualization. What drives the individual to go beyond the need for survival (first level) and to seek security and stability in life (second level), is the desire to deliver the whole family away from sufferings of a poor economy and uncertainty of an unstable government. In Philippine culture, raising the standard of living of one's family, is a repayment for one's debt of gratitude to parents and relatives (Bulatao, 1973).

There are valid reasons why some RNs will opt to remain in the Philippines. RM2003 who will return to the Philippines upon completion of her masters program, has worked for more than 16 years as an engineer on a managerial level. She is financially happy where she is now. Her husband has a stable and high paying job. She prefers to be

with her family in the Philippines who are likewise satisfied and happy with their condition.

JR1979 did not intend to leave the country initially because he had extra income coming from his personal businesses which was more than enough to support his family. In fact he mentioned that he would probably have been better off had he stayed in the Philippines because he would have shifted his career from nursing, to being a successful businessman, or a politician. For these participants, survival was not anymore an issue. They have enough to support a family that they do not need to earn more. In the case of JG2002, her medical practice was a success. She did not have problems with finances and gauging from her responses, it appears that she comes from an affluent family. Within their family, three are lawyers, one is an engineer, and another a film director. Her concern however was the future of her children which prompted her to take up nursing.

It appears that those nurses who choose to remain in the country are those who are financially self sufficient and have gone past the issue of survival. Because they earn enough to sustain their families, money is not anymore their major concern. As discussed in Chapter III, this is an example where money has lost its power to motivate (Andres, 1991). In this scenario, the consequences of leaving the country outweigh the benefits of remaining in the country

The second theme that was revealed in response to this question shows that being a nurse and being a good member of the family culminates in self-actualization. This theme relates to Maslow's concept of self-actualization. For the Filipino RN, self-actualization comes two fold, satisfying the needs of the family, and being able to fulfill your role in your choice of career.

Because of the strong presence of the family in the Filipino RN's life, he or she cannot dissociate her commitment to the family. The family's needs must be satisfied first. This is further reinforced by Philippine society and culture where non-support of the family is abhorred and may cause unhappiness and guilt. Because of this, the Filipino nurse is focused on improving his or her family's quality of life.

In summary, for the Filipino RNs, migrating to the United States is an opportunity to be self-actualized by being what they can be and being able to give their families financial and emotional stability.

#### Implication

The intent of this study was to illustrate and describe how the desire to satisfy human needs prompted Filipino nurses to seek employment overseas particularly to the United States. Phenomenological research provided the opportunity to discover the meaning and essence of the experiences of Filipino nurses as they migrated from the Philippines to the United States. Based on the findings from this study, opportunities for better salaries and working conditions have been the selling point that attracted Filipino RNs to leave the country, however, there were other issues that contributed to this phenomenon. Among them, the lack of opportunity for professional growth and development, lack of recognition, and influence of the family on decision making. It was interesting to note that for some, non-monetary issues prevailed over the economic benefits of the migration. Whichever is the case, this phenomenon enticed Filipinos to pursue a nursing career.

The increase in the interest in nursing in the 21<sup>st</sup> century, cannot be attributed to the love and passion for the profession. Nursing graduates in the late 1960's and early

1970s' may have been the epitome of dedication to health care service because at that time, the global nursing shortage was still manageable, and nurses then had the passion to serve their country. However, at the onset of the global nursing shortage, nursing started changing its image from being a human profession dedicated to the care of the sick and the infirm, to becoming a means of leaving a country undergoing economic, social, and political turmoil. It opened the opportunity for emancipation from a distressed and uncooperative environment.

Despite the high costs of tuition and incidental fees, there was a dramatic increase in enrollment in the nursing programs (see Figure 3). Likewise, a slow down of enrollment in other fields were observed. A closer look at the numbers, shows that the abrupt increase coincided with the demand for nurses in foreign countries.

The benefits and the consequences of migration has been discussed in this study. Although, nursing has become the most popular career due to the employment opportunities abroad, there are the issues of unemployment and volunteer work without pay over long periods of time. Although volunteer work intended to document work experience needed in foreign employment, this can be an exercise of futility in case the "American Dream" is not realized.

Because thousands of nursing graduates are produced each year, the Philippine government is burdened with unemployment. And with a growing population, the economy of the country continues to deteriorate. Overseas employment however, became an alternative source of income. It has generated substantial amounts of dollars in the form of foreign remittances which helped in boosting the country's economy. As a result, the government focused their attention to overseas employment. And because nursing is a

highly skilled profession that is globally in demand, it became an exportable profession rather than becoming the country's asset for its health care needs.

The key implications in this study are as follows:

1. Nursing in the Philippines has lost its prestige as a human profession instead it has become a means to leave the country so the RNs can enjoy better life primarily in the United States and in other countries.
2. The desire to migrate will always be an issue in the Philippines due to the economic, social, and political conditions in the country regardless of profession. However, the opportunity for overseas employment may not be as abundant as in the nursing career. Shifting to this program may leave other professions critical such as what is currently happening to the medical profession. This will eventually create a deficiency in other fields of human expertise that may have serious implications to Philippines society.
3. As the United States has tightened the noose on migrating Filipino nurses, there is risk involved in the flourishing of nursing graduates. The consequences of oversupply of nurses can lead further to serious unemployment problems for the Philippine government.
4. Losing the best RNs and medical doctors to foreign countries creates a serious problem on the future of the Philippine health care system.

#### Significance to Human Resource Development

This study was intended to contribute to the knowledge about the migration of Filipino nurses to the United States. By exploring the feelings, attitudes, and

perceptions of the Filipino nurse migrants, data were obtained which provided for a deeper understanding of the human factors that influence this migration. From an HRD perspective, the issue of this migration falls within the parameters of the theoretical foundations of HRD (economics, system, and psychology).

The issue of economics is very pronounced in this study. Most of what can be read in literature, revolved around the economic benefits that Filipino nurses gain as immigrants in the United States. Migration seems to be prompted by the Filipino nurses' desire to earn more in order to be economically stable and have an affluent life. Considering the cost of completing a nursing degree, the desire to get back what was invested is a very strong motivator that drives the nurses to seek "greener pastures" which can only be attained in foreign countries. Becker (1993) looked at these costs as investments with valuable returns that can be calculated. As such, Filipino families will go out of their way to provide the means that will enable their members to earn a nursing degree and eventually be able to move to the United States.

During the interviews, economics appeared to be the prime mover for the exodus of nurses, however, there were other serious considerations that are embodied in the psychological aspects of the migration. The desire for recognition, job satisfaction, professional growth and development as expressed by the participants as lacking and deficient in the practice of nursing in the Philippines, are behavioral factors that needs to be addressed and corrected. These, however, are environment dependent and would flourish only if the experience with the environment is conducive.

Cognitive psychology focuses on how individuals make meaning of what they experience. It emphasizes that individuals are not simply influenced by external factors

but make decisions about those influences and their meanings (Holton III, 2001). The social, economic, and political environment in the Philippines is so unfavorable for professional growth of nurses that migration becomes a necessity in order to recover investments in their career, and eventually uplift the economic and social conditions of their families. The decision to migrate is primarily the result of an uncooperative environment where Filipino nurses are unable to maximize their role in society. Within the confines of the Philippine social, political, and economic environment, Filipino nurses are unable to prosper and develop their potentials “to be contributing members of Philippine society.” The chaotic social system in the country leads them through a tunnel that brings them out of the country into the arms of the more progressive nations. HRD intervention on a national level through the introduction of the different motivational theories such as McGregor’s Theory X and Theory Y which makes work meaningful (Swanson & Holton, 2001) may cushion the feeling of dissatisfaction on the job. Considering the characteristic of the Filipino as discussed in Chapter III, making work meaningful for nurses while in the Philippines may compensate for the economic insufficiency in the nurses’ jobs that may encourage them to re-think their desire to leave the country.

The overproduction of nurses in the Philippines that creates problems in local employment is in effect a defect in the system. While the Philippine government continues to encourage exportation of human resources, the issue of creating jobs for local employment seemed to have been neglected. The oversupply of unemployed Filipino nurses continue to burden the Philippine government.

The demand for nurses resulted in the increase of nursing schools in the Philippines. Some of the schools have been found to have no deans or qualified faculty. On one instance, the dean of a nursing college in northern Philippines, was also the dean of two other schools in the same region and in another school in Manila (Adversario, 2003). This results in the decrease in the quality of nurses. Based on figures from the Philippine Regulations Commission, in December 2002, those who passed the board dipped to 43.6 percent, down from 52.58 percent in the same period in 2001. It further reported that out of 223 nursing schools, 136 schools posted a passing rate of below 50 percent. None of the graduates from 39 schools even made it (Adversario, 2003b).

This lack of deans and faculty contribute tremendously to the poor quality of the nursing education. The opportunity of the schools to profit from the increasing demand for overseas nurses have started to create chaos in the school system. The establishment of nursing schools has become random without qualified personnel to run them. The role of HRD in this case is to help retain the purpose and effectiveness of the system (Swanson & Holton, 2001) by reviewing the whole system, putting in place and enforcing policies directed towards ensuring quality of learning.

The primary goal of HRD is to help individuals develop to their fullest potential (Swanson & Holton, 2001). However, due to the defects in the system, the poor economy, and the lack of appropriate behavioral ethics, there is minimal opportunity for this to prosper in the Philippines and HRD intervention can play an important role in the development towards stability.

## Conclusion

The global nursing shortage exists in most of the developed countries such as the United States, Great Britain, Singapore, and Saudi Arabia. The inability of these countries to produce nurses from within, prompted massive recruitment from less developed countries in order to replenish their vacancies. The Philippines, a country that has abundance of registered nurses has been the primary source for nurses. An estimated 80% of the Filipino nursing graduates are employed overseas leaving only about 20% working in the country's health care system. The Philippines however continues to produce registered nurses by the thousands and yet statistics show that many of them are unemployed because of the lack of nursing jobs in the country. While many worked as volunteers, some have shifted careers working in call centers and overseas as domestic helpers, which is not good for one's self-esteem. Such irony is brought about by the issue of survival. Many of the unemployed nurses have difficulty subsisting due to the social, economic and political environment in the Philippines that they are willing to take on any job available in order to survive even if it means degrading themselves to a much lower employment category.

The context for this phenomenon can be found in literature but the participants' responses to the research questions gave life to the context since the participants provided descriptions of their feelings as they went through the process. The participants' sharing of their experiences clearly illustrated how "push" factors actually drove Filipinos away from their country. They described the seemingly hopeless and helpless future of the nursing career in the Philippines leaving them with no other choice but to seek overseas employment. The exodus has been massive since government policies have been

redirected to support overseas employment. Many foreign countries opened their arms and embraced them, but only the United States allowed them to bring their families along.

The themes that evolved from the responses were matched as appropriate, to each level in Maslow's hierarchy. This provided a better understanding of the Filipino RNs motivation for leaving their country and eventually migrating permanently and becoming citizens of the United States. Nursing is a means to achieve self-actualization as defined by Maslow. For the Filipino, this means being happy and fulfilled in one's choice of career and at the same time being a "good" member and provider of one's family. "There is no place like home" as the saying goes. For most of the Filipino RNs, the United States is now their home.

"What healthy people choose is on the whole what is "good for them"...but perhaps also in other senses ('good for them' here means conducing to theirs and others' self actualization)".

- Abraham Maslow

#### Recommendations for Future Studies

Knowing the motives and the compelling reasons that bring the Filipino nurses to the United States, it is my hope that both governments can draft policies that will be conducive for a smooth, systematic, and inexpensive flow of human resources from the Philippines to the United States. It is also hoped that both countries review their healthcare structure and policies to become responsive to the nursing crisis. It is therefore suggested that future studies be made as follows:

1. Based on literature, one of the causes of the shortage in the U.S. is that nurses are leaving the profession. It would be interesting to have a similar study that would likewise probe deep into the motives of indigenous American nurses using the humanistic approach that would provide information on:
  - a. What drives them to pursue a nursing career.
  - b. What prompts them to leave the profession.
2. A comparative study on job satisfaction between Filipino and American nurses to determine the influence of the respective environment to the levels of satisfaction.
3. A comparative point by point evaluation of the nursing curriculum between the U.S. and the Philippines with the objective of reducing the number of qualifying examinations that Filipino nurses are required to go through which has become very expensive for Filipino nurses.

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## APPENDIX A

### CONSENT FORM

#### A Humanistic Approach to Understanding the Migration of Filipino Nurses to the United States

##### **Introduction**

The purpose of this form is to provide you information that may affect your decision as to whether or not to participate in this research study. If you decide to participate in this study, this form will also be used to record your consent.

You have been asked to participate in a research project studying the migration of Filipino nurses to the United States. The purpose of this study is to uncover and understand the motives that urge Filipino nurses to migrate to the United States. You were selected to be a possible participant because you are an indigenous Filipino registered nurse who has worked or is currently working in one of the medical facilities in the United States..

##### **What will I be asked to do?**

If you agree to participate in this study, you will be interviewed and asked to respond to questions and share your experiences regarding your career as a registered nurse in the Philippines and in the United States. The interview session will take no more than one and a half hours. A follow-up session may be conducted when necessary.

Your participation may be audio / video recorded.

##### **What are the risks involved in this study?**

The risks associated in this study are minimal, and are not greater than risks ordinarily encountered in daily life.

##### **What are the possible benefits of this study?**

You will receive no direct benefit from participating in this study; however, the information and results that will be obtained may be useful information to society.

##### **Do I have to participate?**

No. Your participation is voluntary. You may decide not to participate or to withdraw at any time without your current or future relations with Texas A&M University being affected.

##### **Who will know about my participation in this research study?**

This study is confidential and the records of this study will be kept private. No identifiers linking you to this study will be included in any sort of report that might be published. Research records will be stored securely and only Benjamin B. Yumol will have access to the records.

If you choose to participate in this study, you may choose to be audio / video recorded. Any audio / video recordings will be stored securely and only Benjamin B. Yumol will have access to the recordings. Any recordings will be kept for 3 years and then erased.

##### **Whom do I contact with questions about the research?**

If you have questions regarding this study, you may contact Benjamin B. Yumol at 210-818-6500 or through his email at 'byumol@satx.rr.com'.

**Whom do I contact about my rights as a research participant?**

This research study has been reviewed by the Human Subjects' Protection Program and/or the Institutional Review Board at Texas A&M University. For research-related problems or questions regarding your rights as a research participant, you can contact these offices at (979)458-4067 or irb@tamu.edu.

**Signature**

Please be sure you have read the above information, asked questions and received answers to your satisfaction. You will be given a copy of the consent form for your records. By signing this document, you consent to participate in this study.

\_\_\_\_\_ I agree to be audio / video recorded.

\_\_\_\_\_ I do not want to be audio / video recorded.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: Participant

Signature of Person Obtaining Consent: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: BENJAMIN B. YUMOL

## APPENDIX B

## IRB APPROVAL

**TEXAS A&M UNIVERSITY**  
**DIVISION OF RESEARCH AND GRADUATE STUDIES - OFFICE OF RESEARCH COMPLIANCE**

1186 TAMU, General Services Complex  
 College Station, TX 77843-1186  
 750 Agronomy Road, #3500

979.458.1467  
 FAX 979.862.3176  
<http://researchcompliance.tamu.edu>

Institutional Biosafety Committee

Institutional Animal Care and Use Committee

Institutional Review Board

**DATE:** 26-Jun-2008

**MEMORANDUM**

**TO:** YUMOL, BENJAMIN B  
 77843-3578

**FROM:** Office of Research Compliance

Institutional Review Board

**SUBJECT:** Initial Review

**Protocol  
 Number:** 2008-0365

**Title:** A Humanistic Approach to Understanding the Migration of Filipino Nurses to the United States

**Review  
 Category:** Expedited

**Approval  
 Period:** 26-Jun-2008 To 25-Jun-2009

**Approval determination was based on the following Code of Federal Regulations:**

(7) Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation or quality assurance methodologies.

(Note: Some research in this category may be exempt from the HHS regulations for the protection of human subjects. 45 CFR 46.101(b)(2) and (b) (3). This listing refers only to research that is not exempt.)

This research project has been approved for one (1) year. As principal investigator, you assume the following responsibilities

1. **Continuing Review:** The protocol must be renewed each year in order to continue with the research project. A Continuing Review along with required documents must be submitted 30 days before the end of the approval period. Failure to do so may result in processing delays and/or non-renewal.
2. **Completion Report:** Upon completion of the research project (including data analysis and final written papers), a Completion Report must be submitted to the IRB Office.
3. **Adverse Events:** Adverse events must be reported to the IRB Office immediately.
4. **Amendments:** Changes to the protocol must be requested by submitting an Amendment to the IRB Office for review. The Amendment must be approved by the IRB before being implemented.
5. **Informed Consent:** Information must be presented to enable persons to voluntarily decide whether or not to participate in the research project.

This electronic document provides notification of the review results by the Institutional Review Board.

## APPENDIX C

## INTERVIEW GUIDE QUESTIONS

## Opening Remarks:

I am doing a research for my dissertation regarding the migration of Filipino nurses to the United States. As someone who has been in this situation, you are in the best position to describe your thoughts and feelings about the experience, and how it affected your career and your life. The responses that I will get from all the participants that I will interview will be transcribed and summarized in my report. Nothing that you will say will be identified with you personally unless you say so and agree. As we go through the interview, if you have any questions about why I am asking certain questions, please feel free to ask. Or if there is something you do not want to answer, please say so. If at any time during the interview you want to terminate the process, please say so. Do you have any questions before we begin?

Guide Questions:

- I What prompted Filipinos to pursue a nursing career?
- Describe the factors or conditions that prompted you to pursue a career in nursing? Why did you choose this program above any other program? What were your goals?
  - What did you go through to become a nurse?
  - Describe your experience as an RN in the Philippines
    - i. What were the things you liked / disliked in the job?
    - ii. Describe how this has affected your life, your career?
    - iii. Describe how your experience helped you achieve your goals in life.
  - What factors or conditions prompted you to leave the country?  
Where did you initially go? What does this mean to you?
    - i. Describe the decision process that you went through.

- ii. What were your thoughts about your family, your career, and your goals in relation to migrating to the United States?
- iii. What do you think would have convinced you to stay in the Philippines?

II How would the Filipino RN describe his or her career in the Philippines and how did this compare with the United States?

- Describe your experience while working as a nurse in the U.S.
  - i. What were the things you liked / disliked in the job?
  - ii. Describe how this has affected your life, your career?
  - iii. Describe how your experience helped you achieve your goals in life.
- How would you differentiate your experiences working in the Philippines versus working the United States? What does this mean to you?
- Describe how these differences affected you, your family, and your career as a nurse?
- What convinced you to remain in the United States ?

III What did it mean for the Filipino RNs to be immigrants in the United States?

- Describe to me the most important thing about your nursing career? How is this important to you.
- What were your expectations regarding your career as a nurse?
- What does this mean to you if you did not get what you expected?

- Describe how migrating to the United States changed your goals, , your career, your life? What meaning can you make of this?
- What was the most significant issue or concern about your career, your family, or your personal goals, or the environment that made you decide to stay in the United States? What does this mean to you?
- How do you see your future and how does your future relate to your personal goals?

## VITA

After completing a Bachelor of Science degree in Psychology from the University of Santo Tomas in Manila, Philippines in 1977, Benjamin B. Yumol worked as a human resource management practitioner for over 15 years, the last 5 as a senior executive for food, steel, and semiconductor manufacturing conglomerates. He was also incorporator and Vice-President for Administration of Prime Medical Health Systems, Inc., a medical clinic that provided medical and healthcare services to industrial plants and corporate offices. He was Director, Vice-President, and President of the Association of Personnel Administrators of Rizal, Metro Manila (APARMM) and was an active member of the Personnel Management Association of the Philippines (PMAP), two of the most prestigious professional organizations for human resources in the country.

In 1996, Benjamin completed his Masters of Business Administration at the University of the Incarnate Word in San Antonio, Texas, where he also served as the Director for the University's Adult Program responsible for the overall operations of the Alamo Heights Center. He was also a member of its faculty both as a regular and as an adjunct, teaching business and organizational development courses in both traditional and accelerated format. He completed his doctoral program in Educational Human Resource Development in May 2009 at the Texas A & M University in College Station, Texas. Currently, he is teaching business courses at the Our Lady of the Lake University in San Antonio, Texas.

He can be reached via email at [byumol@satx.rr.com](mailto:byumol@satx.rr.com) or cell phone at 210-818-6500. His address is 25675 Overlook Parkway, # 1900, San Antonio, Texas 78260.