

Filipino Nurses Competencies and Their Perspective on Asean Integration

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ABSTRACT

The study intends to determine the level of competencies (knowledge, skills, & attitude) based on the Philippine Nursing core competency standards and nurse's perspective on Asean integration to match with their competencies and determine their readiness towards the alliance. A descriptive quantitative design was used. The Survey questionnaire was conducted among nurses (112) working in the government hospital in Region XII such as Cotabato City, General Santos City, Kidapawan City, and Koronadal City. Focus group discussion and key informant interview were utilized. Findings revealed that nurses have high knowledge, very competent, and moderately favorable attitude towards their role in client care, leadership and management, and research. Common themes emerged are, a. Clueless about Asean integration; b. Filipinos are globally competent. Nurses do not have an idea of the Asean integration. But they were not threatened because they considered themselves globally competent. Despite the information dissemination of the government regarding Asean Integration, this significant information did not reach the nurses working in the clinical area. Nurses have a different understanding of the Asean integration phenomenon because of the degree of exposure. However, competency wise, Filipino nurse believed they could keep up with the demands made by the integration.

Keywords — Asean integration, Filipino nurses' competency, descriptive quantitative design, Philippines

INTRODUCTION

(AEC) will involve the free movement of professionals among the ten ASEAN countries. Seven professionals have the best opportunity for loose change including nurses. However, a set of standards concerning education and competencies has been drawn up, and only those who will qualify can freely move in the region (Jimeno, 2014). Nevertheless, this will give a chance for the nursing profession to strengthen professional capabilities by promoting the flow of relevant information and exchange of expertise, experience and best practices suited to the specific needs of ASEAN Member Countries (ASEAN Secretariat, 2014).

Filipino nurses, on the other hand, have ambivalent feelings about ASEAN economic integration in the country. Should they be worried and feel threatened

or excited for the new opportunity for professional growth and personal progress. However, the Philippines is one of the leading suppliers of skilled workers in Asean countries (Yue, 2011).

According to the joint study of Asian Development Bank (ADB) and the International Labour Organization (ILO) on the impact of ASEAN Economic Community on labor, it revealed that by the year 2025 Philippines would generate 3 million additional jobs for the Filipinos (2014). Effective implementation of services and liberation for deeper economic integration in the AEC can be achieved through mobilization of skilled labor. Among other professions, nursing is one of those covered by the movement of natural persons in the WTO. Only those who meet the requirements based on the expected and standard professional education and competencies are eligible for mobilization in the region. (Yue, 2011). Furthermore, domestic regulations will also limit the cross-border movement of nurses. For example, for a Filipino nurse to practice in Malaysia or Singapore, the candidate is required to obtain Temporary Practicing Certificate (TPC) in Malaysia and Employment Pass or S Pass in Singapore (Matsuno, 2009). Filipino nurses need to be competitive to survive and flourish in the world of Asean integration. Although in an Asean perspective, a joint effort of the governments, private sectors, and stakeholders across Southeast Asia are working together towards the full realization of the ASEAN Community through harmonization of the nursing education among Asean countries (South East Asian Ministers of Education Organization, 2016). The Philippines as part of the Asean countries is not exempted to this. The questions are how much nurses are prepared to meet the competitive regarding integrating with other countries in the region? Are they equipped with the expected competencies based on the standards of nursing practice? With the scenario presented, the researchers would like to assess the skills of nurses in Region XII and determine their perspective in adapting transition demands of ASEAN economic integration.

FRAMEWORK

This study was anchored on the Novice to Expert Theory of Patricia E. Benner and Nursing Intellectual Capital Theory by Christine Covell and Souraya Sidani. In the first theory, Dr. Patricia Benner emphasized that a nurse can become an expert in her field, gain her skills and empathetic patient care through a wide range of educational background coupled with the learning experience. It does not happen overnight; it takes a lot of years to develop it. She conceptualizes in

her writing about nursing skills as experience is a prerequisite for becoming an expert (Oshvandi, Moghadam, Khatiban, Cheraghi, Borzu, & Moradi, 2016).

Benner (1984) described five levels of nursing experience as a novice, advanced beginner, competent, proficient, an expert. Novice means a beginner with no experience. They needed to be taught with general rules before they can perform tasks. Advanced beginners are those newly graduate on their first job. They have the knowledge and know-how but not enough in-depth experience. Competent is typically a nurse with 2-3 years' experience on the job in the same area or similar day-to-day situations. These nurses lack the speed and flexibility of a proficient nurse, but they have some mastery and can rely on planning and organizational skills. Proficient perceives and understands situations as whole parts. More holistic understanding which improves decision-making and learns from experiences what to expect in a certain situation and how to modify plans. Lastly, the expert is nurses who know what needs to be done because she no longer relies on principles, rules, or guidelines to connect situations and determine actions because she has much more background of experience. Has an intuitive grasp of clinical situations and performance is now fluid, flexible, and highly-proficient. This theory changed the profession's understanding of what it means to be an expert, placing this designation not on the nurse with the most highly paid or most prestigious position, but on the nurse, who provided "the most exquisite nursing care. Hence, in this study, the professional advancement required by the PRC to remain globally competitive with other Asean Member State is indeed essential for nurses to integrate and facilitate the occupational mobility across Asean countries. This move enables the liberalization of the practice of nursing and so with the other professions like engineering, medicine, dentistry, accountancy, architecture, and surveying. Undergoing continuing professional development will improve the quality of registered professional; it will provide support for lifelong learning enhancement of the competencies of the Filipino professionals towards the delivery of quality and ethical services locally and globally.

The second theory known as Nursing Intellectual Capital Theory is a middle-range theory which proposes nursing human capital, operationalized as registered nurse's knowledge, skills, and experience is related to patient issues related to the quality of patient care and organizational outcomes associated with recruitment and retention of registered nurses. Nurses' staffing and employer's support for nurse continuing professional development are the two factors in the work environment that believed to influence the human capital quality patient's care

and retention and recruitment outcomes. The theory also suggests that nursing structural capital is directly related to the quality of patient care outcomes (Covell & Sidani, 2013).

Thus, through this theory, the study will be directed and guided of the proposition and intention of the researcher that acquiring advancement of the profession through continuous professional development will improve patient outcome, increase nurse's recruitment and retention in an organization. Hence, for the Filipino nurses to continue locally competitive with other foreign nationals of Asean countries a more significant investment must be made over the human nursing capital or the nurses because the theory suggested that higher levels of nursing human capital are associated with better quality patient care and registered nurse recruitment and retention.

Moreover, this paper was conceptualized based on the two theories discussed which provide a comprehensive understanding of the phenomenon under study. It offers a deeper meaning and provides a conceptual framework which will be helpful later on the analysis of the study.

OBJECTIVES OF THE STUDY

The study aimed to determine the level of competency of Filipino Nurses in Region XII and their perspective of ASEAN integration. Specifically, it sought to answer the following questions (1) The demographic profile of the Filipino nurses regarding a. Gender; b. Highest educational attainment, c. Length of service; and d. Place of work, (2) The level of competency of nurses in the institution regarding a. Knowledge; b. Skills; and c. Attitude, (3) the respondent's idea on ASEAN integration, and (4) The respondent's perspective on the implication of ASEAN integration concerning the level of competencies of Filipino nurses.

METHODOLOGY

Research Design

The study made use of descriptive quantitative research design since the researchers would assess the level of competency such as knowledge, skills, and attitude of the nurses in Region XII. There were combined elements of quantitative and qualitative approaches for breadth and depth of understanding and corroboration of the subject under study.

Research Site

The study was conducted in the cities of Region 12: Cotabato, Koronadal, Kidapawan, and General Santos. The study required at least one government tertiary hospital from the identified cities where the chosen participants are currently working.

Participants

The participants were nurses of Region XII from cities of Cotabato, General Santos, Koronadal, and Kidapawan who are working in a government hospital. The reason for choosing hospital-based nurses as participants is that they will be more affected by the movement of the professionals across ASEAN member states. The participants must have at least a three-year continuous experience as a practicing registered nurse. They can either be male or female, whether with masters or not, regardless of area of assignment, position or rank in the institution she/he is connected.

Nurses working in at least five of the Asean countries were chosen and identified as participants of the study to determine the expected competencies required or set by the foreign country for nurses. Further, the study wanted to examine if Filipino nurses are adapting well with the set of standards in the practice of nursing in other Asian countries or also suggest improvements with the current core competencies for nurses in the Philippines.

Instrumentation

The data collection was done through sets of survey questionnaires. Set A pertained to the demographic profile of the participants. Set B was the researcher-made questionnaire on the level of competency of the Filipino nurses concerning knowledge skills, and attitude. These competencies were based on the role of the nurse on client care, leadership, and management as well as the part of the nurse on research as stated in the Philippine National Core Competency standard as of 2012. It was not contextualized on the virtue of the expected competencies of the nurse integrating into any Asean member state. The real intention of the researchers is purely focused on identifying these competencies and determine the perspective of the nurses in Asean integration concerning these competencies because the actual integration through movement of the human resources (nurses) across Asean member state has not started yet in the Philippines. The researcher-made questionnaire was subjected for validation by experts with a score of 3.36 which was rated as excellent and pretesting of the instruments was done as well to determine the feasibility, correctness, and accuracy of the questions to circumvent

the possibility of not getting the appropriate data with the reliability index of 0.647. An element of qualitative approach was utilized to view the phenomenon in a different dimension or lens which will add further depth to the study. Hence, a focus group discussion was done to a separate group of nurses involved in the decision- making process and provide their input regarding the subject.

The following Likert scale was used to interpret the data on the level of competency regarding knowledge: 5 (4.24-5.00) Very high knowledge- hugely broad and coherent understanding of the profession and lifelong learning. 4 (3.43-4.23) High knowledge- precisely broad and consistent understanding of the job and lifelong learning. 3 (2.62-3.42) Moderate knowledge- broad and coherent knowledge of the profession and lifelong learning. 2 (1.81-2.61) Low knowledge- fairly broad and coherent knowledge of the profession and lifelong learning. 1 (1.00-1.80) Very low knowledge- not conversant about the AQRf concerning the mobility of nursing professionals

Interpretation of data gathered on skills will be as follows: 5 (4.24-5.00) Extremely competent- with highly specialized technical and theoretical foundations involving analytical thinking. 4 (3.43-4.23) Very competent -with well-specialized technical, theoretical foundations involving analytical thinking. 3 (2.62-3.42) Moderately competent -with specialized technical, theoretical foundations involving analytical thinking. 2 (1.81-2.61) Somewhat competent-specialized technical and theoretical foundations to some degree involving analytical thinking. 1 (1.00-1.80) Not at all competent- not at all competent.

Concerning measuring the attitudes, the following Likert scale was applied for a better understanding of the responses of the participants. 5 (4.24-5.00) Strongly agree- highly favorable attitude on her role in client care, management & leadership, and research. 4 (3.43-4.23) Agree- moderately pleasant attitude on her part in client care, management & leadership, and research. 3 (2.62-3.42) Undecided- neither positive nor negative attitude on her role on client care, management & leadership, and research. 2 (1.81-2.61) Disagree- unfavorable attitude on her on client care, management & leadership, and research. 1 (1.00-1.80)- strongly disagree- highly unfavorable attitude on her role on client care, management, & leadership and research.

To answer the statement of the problem number two (2), the researchers conducted a focus group discussion among nurses in the four cities. The following were the semi-structured open-ended guide questions for the focus group discussion which was recorded and documented accordingly to facilitate analysis of the result.

1. What is your idea on Asean integration?
2. What do you know about Asean economic integration?
3. What are your preparations for the forthcoming 2015 Asean integration?
4. Tell me more about your preparations concerning your role in client care, management & leadership, and research?
5. What are the supports/hindrances you experience in your preparations?
6. What is the process of recruitment of nurses in your institutions?
7. Do you hire non-Filipino nurses?
8. What is the percentage recruitment of nurses in your institutions every year?
9. What are your qualification requirements for hiring nurses?
10. What are your policies in hiring nurses in your institutions?

Sampling Technique

There are no current statistics of the registered nurses in Region XII obtained by the researchers thus it was decided that at least 50 participants from each city will be chosen as participants. A non-probability sampling using purposive quota sampling was used because the researchers purposefully selected the participants according to the criteria required by the study. Only those nurses working at the government tertiary hospitals have been chosen as candidate participants in the survey since a quota sample would be taken out from the subtotal population representing the entire population. The target population of this study was 200 nurses from different cities of Region XII namely: Cotabato City, Koronadal City, General Santos City, and Kidapawan City.

There were ten (10) participants recruited in every hospital from the four cities (Cotabato City, General Santos City, Kidapawan City & Koronadal City) who joined the focus group discussion (FGD), so a total of 40 nurses aside from the actual participants partook in the discussion. Nurses working in nearby Asean countries were also tapped. It was done through a Facebook connection. Two nurses from the five Asean member state (Malaysia, Indonesia, Singapore, Thailand, and Brunei) were intended to include in the interview. Out of the five countries, only two nurses working in Singapore responded for the call. The recruitment was done through the referral system.

Data Gathering Procedure

The researcher underwent a series of preliminary approval before the final conduct of the study. The study was approved after a review was conducted by

University Research Publication Center (URPC) to assess for any violation of rights of the participants. Informed consent was sought from the participants before the conduct of the study. Included in the explanation was the extent of their involvement and contribution in the research. Transmittal letters were submitted to the offices of the chief of the government tertiary hospital of the four identified cities and explained the intention of the researchers and the benefits of the study. The letters were followed by permissions letters to the chief nurse of the hospital since the nursing service department is the focal subject of the study. A one- hour orientation for the participants was done to convey the purpose, objectives, benefits, and possible risk the study would pose on them. Rights of the participants were emphasized. Consent forms were distributed to the participants giving them time to agree to participate without undue coercion voluntarily. It was explained to the participants that all data that would be gathered would be treated with utmost confidentiality. With the assurance that whatever information shared would not be used against them. Their responses were codified to maintain anonymity.

Since the study covers four (4) cities, the group will be divided into 2. The data gathering procedure was done on schedule since all the researchers have their faculty functions to attend. However, they have to squeeze their time for data gathering.

To determine how Filipino nurses working abroad particularly from the ten ASEAN countries are doing and what competencies they are expected to perform, they were interviewed using social networking such as Facebook and Skype. They were identified using the referral of friends on facebook.

Data Analysis

This study utilized descriptive statistics such as frequency and percentage for the profile of the participants grouped according to age, gender, highest educational attainment, and length of service. As to the level of competencies, mean, standard deviation and weighted mean were utilized to determine the homogeneity and heterogeneity of the responses of the participants. For the third, and fourth statement of the problems, the data gathered on these objectives were analyzed by identifying the common themes and patterns based on the participants' answers. The results of the focus group discussion were analyzed. Transcribing the entire interview process was done to facilitate further analysis. After the transcription was completed, the interviewer or the observer (researcher) supplemented the transcript with other additional data or observations that

were obtained during the interview. It was done because the transcript did not reflect the entire character of the discussion. The transcripts and field notes were analyzed for common themes and patterns. Concepts were identified by reading through each transcript and underlining essential phrases.

RESULTS AND DISCUSSION

Majority of the participants belong to age group 20-29 with most extended length in service as 11-15 years, mostly assigned in general ward; seven nurses have masters, and 20 nurses have earned units in masters' degree. These nurses were very knowledgeable in their field, very competent, and have a moderately favorable attitude towards their role in client care, leadership and management, and research.

Nurses in Region XII are clueless about Asean integration because they do not have an idea at all about Asean integration. The following are some of their narratives: "I am not well versed on this through my seminar, so I think it is about preparing our nurses to be competent in all aspect." "Hindi ako masyado familiar kung ano talaga ito, hindi ako masyado well versed about Asean integration."

("I am not so familiar or well versed with Asean integration.") They shared that there was no discussion made in their institutions on the implication of ASEAN integration and the integration did not threaten them. The staff nurses were also confident that some of the ASEAN countries would adopt the best practices of Filipino nurses in taking care of the patients. For nurse managers, they were willing to accept non-Filipino nurses as long as these nurses meet the institutional requirement for hiring nurses. The chief nurses also share that there might be a possibility of communication barrier between Foreigner and Filipino patients, and there might be a tendency to be lenient to non-Filipino nurses. Asean integration is a means to open for exchange of workforce and an opportunity for research. There might be a chance for foreign nurses to work in the Philippines because they are interested in Filipino culture.

Majority of the participants in Region XII belong to the age bracket of 20-29, based on the Erik Erikson Psychological Theory age 20-39 years old belong to the cluster of young adults. This means that the study has a higher number of young adult participants. The workforce also consists of a minority from late adults (50-59 years old) participants at eight percent which indicates that the productivity level of nurses is still at its highest point. Higher numbers of older nurses remain in the workforce. Thus, many employers will have difficulty finding

ways to protect the health and safety of these aging workforce. Modification of the workplace and creating the infrastructure to support aging workforce encourages health behaviors among these groups (Phillips & Miltner, 2015). Age also has a high impact on productivity and working performance.

On the light of venturing work overseas as ASEAN integration allows liberalization of the practice of nursing across countries, Lorenzo, as cited by Dumo (2012), shared that nurses leaving the Philippines to work abroad are predominantly female, young (in their early twenties) and single. The participants of the study are in their early twenties, this places them as good candidates to venture abroad, and likewise, this may also explain the number of minority nursing workforce. Working abroad or ASEAN integration proposals may be convincing as it may bring economic growth to Filipino families, though, it was perceived to impact nursing in the Philippines negatively by depleting the pool of skilled workers, thus, compromising the quality of care in the healthcare setting. This also poses concern among healthcare managers as the loss of trained nurses requires a continual investment in the training of staff replacements. Hence, the issue on brain drain sets in which probably makes the health administrators capitalize on those nurses who will indeed stay in the country for good, who can re-echo what has been taught, and usually they are those who are in a higher position. In the interviews, it was evident that those on top management was given a chance most of the time. The points considered as challenges are related and connected to budget, time and schedules. Nevertheless, the effort is there to make every professional globally competitive, and it will benefit the primary stakeholders of each health institutions, foreign or Filipino patients.

Participants believed that whether for ASEAN integration or not they can be placed in any situation here and abroad with expectations of excellent nursing care, making them the best nurses for Filipino and the choice of the world. Dr. Patricia Benner introduced the concept that expert nurses develop skills and understanding of patient care over time through a sound educational base as well as a multitude of experiences.

The work setting often determines the nurses' duties and responsibilities, patient population served or area of assignment. They can even specialize in one or more areas of patient care. In the study, more than half of the participants (54.40%) are assigned in the ward, and 45.60 percent are allocated in particular areas. These two areas may equally have paramount responsibilities attached, and user management needs to be employed; the ward may have chaotic schedules and activities given the number of patients; the particular areas may need such

organized programs and activities given the acuity they need for critical patients. This goes to show that the administration gives both areas requiring special competency attention concerning staffing, health services may also indicate that they have revolved to cater specific health needs and are more trained nurses to handle intensive care units. This could be a significant indicator that the Filipino nurses are heading towards one of the most critical developments in professional nursing that is the preparation of clinical specialists.

It is said that a critical component of nursing practice is the nurse’s ability to process information and to make decisions. Graduate from a Master’s degree in nursing make statistically significant gains in critical thinking (Drennan, 2010). Experience and knowledge were the most influential factors in decision making. This is an edge that the Filipino nurses are trying to establish. The interviews relayed that there were a lot of nurses willing to pursue continuing education like a master’s degree; however, challenges in work and studies hinders them. The administrators should study this concern and contemplate earning a master’s degree for professional development and improving the quality of patient care. A positive change in the health care system can be realized if nurses will be better equipped with a higher level of specialization and increased education.

Being a nurse and staying as one doesn’t end with handing the professional license and professional card. According to Goethals, Gastmans, & de Casterlé (2010), in today’s health care system, nurses are required not only to have a robust medical-technical competency but can concentrate on the ethical dimension of care. The study presented how nurses’ reason and act in ethically challenging situations.

Table 1. Level of Knowledge, Skills, and Attitudes

Variables	Mean	S.D.*	Description
Knowledge	3.76	0.58	High Knowledge
Skills	3.78	0.79	Very Competent
Attitude	3.95	0.78	Agree

*Standard Deviation

Affirmatively, findings show that the participants have high knowledge (3.76) in all aspect of the nursing core competency standards. The in-school training for undergraduates like scenario-based simulations increases the confidence and competence of the nursing (Mould, White, & Gallagher, 2011). Therefore, nursing schools in the Philippines can be concluded as quality education providers

given the result. In the interviews, nurses feel that they are adequately trained before entering the workplace and believed to have been mentored excellently by people around them and gained the trust and confidence after serving humanity. This could be a significant finding for the academe that can be used in structuring future BSN programs come the changes in Philippines educational paradigm or the advent of K to 12 in the country and in the transfiguration of the educational system that will be brought about by ASEAN integration.

The nurses are very competent (3.78) regarding skills in almost all aspects. This was validated by the result of the interview conducted from them. The theme emerged on this is Filipino nurses are globally competent. They answered: "I could say our nurses are competent in all areas." "Concerning the competency of our professionals we are leveling up to the standards. Ang mga professionals natin dito sa Pilipinas are multitasked, they are performing what we expect them to perform. Ang galing ng mga nurses natin." (In fact, most of our professionals here in the Philippines perform multitasking activity, and they are performing what is expected of them. They are very competent." This could be attributed to their years of committed service. Although, some of the nurses' superior admitted that there are nurses who still need assistance and coaching, and they are willing to accommodate them to help them learn the process. "In client care, I will act as a coach, so I know for a fact that there are some staff that needs coaching so in some way kung kulang naman ang staff na kailangan talaga ng assistance I will act as role model because before maging excellent ang performance ng procedure if he can see your dedication mo ma a-apply nila maco-copy nila so experience wise mas evident ito sa mga trainees kung ano yong natutunan mo na sa mga training and seminars you will more likely be able to share." ("In client care, I will act as a coach or a role model to them. Nurses tend to emulate their superior's performance if they see and observe the dedication in them and share/impart what they learned from seminars attended.") Leadership and management wise, the role of the supervisors helped the nurses coped up well with the problems and difficult situations they encountered in their clinical practice. "I see to it yong mga staff ko when in terms of decision making, like if there are problems occurring in the area I will let them solve it, until such time that they will refer it to me, there are times that when they refer I would ask them of their plans first that will lay their options would you think this is the right decision? from there on ma assess mo kung tama ba yong decision making nila then kung kailangan ng reinforce then at the end at least ma realize nila na yong decision nila tama rin pala." ("I allowed my nurses to utilized their decision-making ability. I let

them solved the problem, in case they referred to me, I ask initially of their plan and let them choose the best option/solution for the problem. In that way, I can assess, if they are correct and let them realize the significance of their decision concerning its impact.”)

However, on the note where these expert nurses got moderate competency in areas like managing a community village and engaging health-related research, nurse managers or administrators might have to listen to this call for it is about emerging collaborative efforts of both healthcare facility/administrators and health care professionals that would define the achievement of a safe and exquisite health care delivery.

Dr. Patricia Benner (1984) proposed that one could gain knowledge and skills (“knowing how”) without even learning the theory (“knowing that”). She further explained that the development of knowledge in applied disciplines such as medicine and nursing is composed of the extension of practical knowledge (know how) through research and the characterization and understanding of the “know how” of clinical experience. She conceptualized in her writing about nursing skills as experience is a prerequisite for becoming an expert.

Nurses likewise (agree) or have a moderately favorable attitude towards their role in client care, leadership and management, and research. Respect the rights of the individual or group was the highest rated virtue which everybody is expected to have, it is integral, more so when we talk of Asean integration where we deal with different people of differing cultures. Kim (2010) emphasized that the strategies that promote error reporting play a significant part in producing positive attitude to reporting errors and improving behaviors among nurses thus enhanced patient safety, though all persons are caring by their humanness (Boykin & Schoenhofer, 2013). According to nursing theorist Jean Watson in the book of Alligood and Tomey (2010) the caring occasion occurs during the human to human experience /encounters between the nurse and the patient, making the nursing profession a vocation that values life and a lifetime privilege of caring for many lives entrusted to nurses. According to Alligood and Tomey (2010), Leininger once said that caring is the essence and central domain of nursing, it is the unique and dominant attribute of nursing. A virtue that is not far from Filipino nurses and what makes other nations desire for, as claimed.

Collectively, nurses in Region XII are not aware of Asean integration and how this exactly affects the nursing profession. The participants’ stillness cued for some rephrasing of the posed query. There are uncertainty and hesitations from the participants who give an idea that the context of ASEAN integration has not

yet reached the front-liners of health care. Despite this revelation, these nurses articulated confidently that they are very competent concerning patient care. They believed they could compete with foreign nurses. They are not threatened because they know they are knowledgeable, skillful, and they work with a heart. As they always say they are proud of their experience and these experiences have honed them to what they are today, confident nurses. They are satisfied that they carry with them the best practices in nursing, which they can share with the ASEAN countries.

Hence, Filipino nurses in Region XII may not be aware of the integration at the moment, but eventually, they will learn all about it sooner or later. It is not the awareness or the knowledge that matters but rather the capability of these nurses to be globally competitive and their readiness despite having a limited background of the Asean integration phenomenon.

A different scenario was observed during crucial informant interview done with nurse managers. Surprisingly, they have a background on Asean integration because of their attendance and participation to seminars and conventions organized by professional nursing organizations. They were sent continuously by their institutions to attend the said conventions/conferences. They seemed to have a monopoly of attendance to seminars. There might be a problem somewhere on the processes or protocols of the institutions, but this is not an issue here. This concern can be managed efficiently- a matter of reviewing the institutional protocols on improving the personal and professional development of the human workforce in the institutions might be the best solution to address this issue.

CONCLUSIONS

Despite the effort of the government about the information dissemination on ASEAN integration, people on the ground were not aware of it- particularly that of the nurses. The discrepancy like their understanding may be attributed to the level/degree of their exposure. However, competency wise, Filipino nurses believed they could keep up with the demands made by the integration.

TRANSLATIONAL RESEARCH

The findings of the study could be explained and translated through a journal article for international publications, newspapers, social media, brochures and

leaflets and other means of information dissemination that will be made available for the end users (nurses, hospital administrators, nursing academe, nursing students). Furthermore, the study findings will help the healthcare administrators and policymakers in supporting the movement and goal of the government, PRC, CHED, and other agencies in mapping out strategies in formulating policies, establishing standards and guidelines for levels of outcomes in education, national regulatory and quality assurance mechanism, and alignment with international qualification framework. Additionally, this will support nurses to navigate through change with the focus on improving the delivery of quality healthcare services. This study will also serve as a stepping stone for nurses to go out from their comfort zone and begin accepting change. This acceptance will mobilize liberalization of nursing practice across Asean countries.

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