

# The Aging Mentors of Philippine Nurses: A Phenomenological Critic on the Experiences of Aging Nurses in the Academe and the Philippine Healthcare Industry

Nora Velma M. Gayod<sup>1</sup>, Erwin L. Purcia<sup>2\*</sup>

<sup>1,2</sup>Dr. Carlos S. Lanting College

\*gietseanmg@yahoo.com / erwinpurcia@yahoo.com

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## ABSTRACT

This study looked into the experiences of retirement of our aging nurses both in the academe and the Philippine healthcare industries. It also underscored the support received by Filipino nurses in terms of training, employment, compensation and benefits. Phenomenologically probed, the researcher drew upon the primary sources of information from the Key Research Informants (KRI's)—19 soon-to retire and retired nurses in both the medical and academic industries. Further, this uncovered the working conditions that our aging nurses are experiencing upon retirement specifically on physical, mental, psychological, social, financial facets and how they perceived their retirement vis-à-vis academic and healthcare landscapes. Results revealed both positive and negative experiences of retiring specifically on reduced work stress, received retirement packages, freed time for personal activities with family and enjoyed travelling places. The negative experiences however are mirrored from the positive ones. Retiring means losing their loved jobs, the things to do, and the chance to get by the trends of the dynamic society. Volunteering at the hospitals and colleges where they retired from takes care of keeping them involved in the nursing industry. And that, many of the retired government hospital nurses are left to depend on measly pension to survive. It is recommended therefore that examining and updating existing government policies to determine how best to serve the interests of our nurses and nursing teachers must be considered an urgent concern of the Philippine Nurses Association (PNA), the Association of Deans of Philippine Colleges of Nursing, Inc. (ADPCN, Inc.) and the government at large.

## Keywords

Phenomenology, Aging Nurses, Retirement

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## Introduction

The Philippines has close to half a million employed registered nurses (RNs), most of whom barely make enough to provide for their families. These are also about 200,000 registered nurses who are unable to find gainful employment in their field, plus close to 80,000 who have graduated in 2017 in the hopes of joining the already heavily saturated industry (BusinessMirror Editorial, 2017). The World Health Organization (WHO) reported that the Philippines barely had anything to show for “SDG Target 3.c” where countries are to “substantially increase health financing and the recruitment, development, training and retention of the health workforce” (World Health Organization, 2017). Majority of the nurses today have between only 1-4 years of experience, whereas less than 30% of the population of employed registered nurses have considerable expertise and experience (between 5 to >20 years) (Payscale Human Capital, 2018). While the law mandates that entry-level nurses working in government hospitals receive a starting

salary of PHP19,000.00 a month (Salary Grade 11), majority of nurses are hired on contractual basis which means that they do not get to enjoy the same salary or any statutory benefit that regular employees do (Hapal, 2017). Most nurses that do stay in the profession, and stay in the Philippines, often endure serving service contracts that seem to never reach regularization until their retirement. The harsh realities of the low pay, long hours and often unideal working environments pave the way for many nurses, most of whom are the ones that have considerable skill and experience, to seek employment abroad (Lorenzo, 2007).

Meanwhile, some nurses pursue higher education to enter the academe. Several have taken jobs at various review center during the height of the nursing frenzy in the 2000s, eventually losing their jobs when several of these centers were closed by CHED for failing to meet standards. Still others have remained in the academe, despite unsatisfactory salaries (hourly rates start at

PHP200.00). Younger nursing clinical instructors may have less appeal given their shortage of experience and expertise. Those that do have the needed experience and expertise, however, have either opted for jobs abroad or are already nearing retirement (Lorenzo, 2007). Shortage of highly skilled nurses confronts the country, given the number of those who are retiring and those who are qualified but have opted to seek gainful employment overseas. On the other hand, the inequitable compensation and benefits and lack of room for development could potentially leave our aging nurses with little to hope for once they reach retirement.

A shortage of nurses in the academe has been internationally identified well into the 2000s (Allan & Aldebron, 2008) (Allen, 2008). While nursing faculty continues to decline in number, inadequately prepared and unqualified teaching academic staff struggle to fill in the vacant positions. Novice teaching academic staff expressed feelings of being ill-equipped and unsupported throughout their nurse mentoring efforts (Anibas, Brenner, & Zorn, 2009). A look into the impact of the retirement of experienced and highly skilled nurses in the Philippine academe could very well give context to efforts and campaigns that strive to improve their employment conditions locally.

Of equal significance is how retirement affects the individual nurse who is retiring. In other countries, Australia for example, many nurses postpone their retirement for a variety of reasons (Stokowski, 2015). Retirement, for many nurses in both the academe and the medical industry, equates to lost income and a host of benefits that go with the job. For some, the sudden loss of physical activity makes them feel they have aged past their “usefulness,” sending them into depression and despair. How retirement affects our nurses individually should definitely be looked into and brought to light.

The problem that this study sought to understand is arriving at an in-depth investigation on the lived experiences of retired and retiring nurses in the academe, as well as the healthcare industry in the Philippines. The results and findings of this study would potentially serve as a support to programs undertaken by the Philippine Nurses Association

(PNA) and the Association of Deans of Philippine Colleges of Nursing, Inc. (ADPCN, Inc.) and legislations for the protection, welfare and development of Filipino nurses here and abroad – from equitable compensations and benefits, to further education, training and mentorship. Specifically, this study aimed to provide a critical analysis and in-depth understanding on:

- 1) the profile of the research participants;
- 2) the conditions of their retirement as an individual; and
- 3) the experiences of their retirement on the academe and healthcare industry.

### Methods

This research employed the transcendental phenomenological method. As an approach to qualitative research, phenomenology focuses on the commonality of a lived experience within a particular group describing the meaning of a phenomenon which in this case is the experience of retired and retiring nurses (Moerer-Urdahl, T., & Creswell, J., 2004).

The researchers conducted guided, conversation-style interviews with retiring and already retired nursing professionals from the Philippine Children’s Medical Center, Dr. Carlos S. Lanting College of Nursing, Quirino Memorial Medical Center, Dr. Jose Fabella Medical Center, Far Eastern Medical Center, and East Avenue Medical Center. These interviews provided evidence of the working conditions they will be leaving behind after they have retired and what retirement experiences they had both in the academe and healthcare industry. Homogeneous purposive sampling was used to select participants for the guided interviews. On the other hand, the Kish Grid Method (KGM) was utilized in the selection of nursing schools in Metro Manila where Focus Group Discussion was conducted.

The gathered data from the guided interviews on the profile were analyzed using descriptive approach. Thematic Analysis on the other hand was used for processing of responses to open-ended questions in the guided interviews and Focus Group Discussion. This was likewise used with data from the focus group discussions. This involved coding of participants and their

responses into themes which were used to formulate the narrative summary of this qualitative inquiry.

Two types of instruments were used for this study. The first instrument was the interview guide which was administered to the retired and retiring nursing professionals who took part in our guided survey. The questionnaire aimed to create profiles of the respondents (socio-demographic and socio-economic) and their workplace, and document their current entitlements (salaries and compensation, bonuses and commissions, allowances, and other such benefits). It also documented the perceptions of the respondents toward retirement and its possible effects on them. The second instrument was the Focus Group Discussion (FGD) guide which was used to throw in questions to the participants and validated their individual responses according to the questions asked individually among them during the interviews. This further identified the veracity of their utterances as they revealed heartfelt answers to questions asked.

Further, the researchers utilized an audio recorder to capture the authentic responses from the participants. They entered an intercoder agreement from the senior author and outside coders to attain reliability of results. The two (2) additional coders analyzed data independently and then met with the first author to discuss codes. These processes were undertaken into to arrive with no discrepancies among the data analyzed and small differences however were resolved in order to establish one set of themes.

There were also validation techniques carried out in this study. In order to examine evidence, the researchers conducted data source triangulation. Bracketing was also conducted in order to clarify bias. And, in order to determine the credibility of the findings and interpretations, member checking ensued.

Further, the researchers resorted to following Moustakas's structured method of inductive data analysis. After the series of readings and scrutinies, all transcripts were memoed highlighting their key concepts (Moerer-Urdahl, T., & Creswell, J., 2004).

The following steps were taken after initial scrutiny:

1. In order to give equal value and importance to all statements to be coded descriptively, horizontalization was performed.
2. In order to understand the experiences that would lead to abstraction and labeling involving asking questions especially determining whether they are horizons of such experiences, reduction and elimination followed.
3. In order to group related statements together, arrive at initial codes through thematic labeling and repeated several times to further cluster and yield reduced themes to the participants core experiences, clustering was conducted. These steps were taken in order to establish specific coded themes that substantially provided data and/or information on the experiences of the retired and soon to retire nurses.
4. Lastly, in order to single out the overall essence of the experience and construct the individual textual-structural descriptions of the themes by verifying and rereading the complete corpora of utterances accompanying invariant constituents overtly articulated and attuned with the participants' words, final identification as the last step was performed.

## Conclusion

As revealed from findings of the study, the following conclusions were formulated:

1. As interviewed, a total of nineteen (19) retired and retiring nursing professionals between the ages 65 to 70 participated in our survey from six (6) medical centers/hospitals across Metro Manila they are the Dr. Carlos S. Lanting College, Dr. Jose Fabella Medical Center, East Avenue Medical Center, Far Eastern Medical Center, Philippines Children's Medical Center and Quirino Memorial Medical Center. These medical centers/hospitals not only provided a venue for these nursing professionals to practice their profession but also to serve as mentors and professors of Nursing.
2. As to conditions of retirement as an Individual, the responses of the participants revealed that they had no reservations towards

their Retirement and that it affects Individual Well-being.

3. As regards the experiences of retirement from the Institution, accordingly, separation anxiety was inevitable. From working more than what they were told to before and yet out a sudden, one day they end up doing nothing at all. Further details were thematically analyzed revealing that despite their retirement, they still believe of their lifetime influence of to their fellow nurses.

4. Finally, as to their experiences of retirement from the Clinical Industries, sentiments shared by our respondents with regard to the impact of their retirement on the healthcare industry in general seemed to be on a more levelled note. A few regards their retirement as a possible government liability, or that leaving the industry would have no impact at all. On the other hand, majority of the respondents shared that they still have so much to offer to the newer generation of nurses given their experience and mastery of necessary skills. A few noted that the government lacks clearer policies, if any exists at all, that would allow seasoned nurses to continue sharing their expertise to new nurses, even beyond their retirement.

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