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Abstract

One of the biggest reasons that the Philippines experiences a lag in health status indicators, as compared to most of South-East Asia, is that there is a national inequity of in access of healthcare services. Health resources are concentrated in major cities, provided by private practitioners, and are too expensive for those who need them most. When similar issues were seen in developed countries, the role of advanced practice nursing emerged as a potential solution. The literature largely agrees that nurses trained in advanced care have the ability to provide a range of services at a similar, if not equal, level to physicians and are argued to be most cost-effective. As a result, the World Health Organization (WHO) has proposed that advanced practice nurses can “lead the way” in providing more efficient and cost-effective primary health care in resource poor countries. However, to successfully do so, the role must be formalized in academia, policy, and practice. By systematically reviewing the literature on advanced practice nursing in the Philippines, this study aims to provide a comprehensive review of the current academic understanding of the advanced practice nursing in the context of the Philippines and establish a baseline on which further academic, policy, and practice conversations can be based.

Keywords

advanced practice nursing, Philippines, nursing policy, nurse practitioner, clinical nurse specialist

Disciplines

Business | Health Policy | Health Services Research

Analyzing the Role of Advanced Practice Nursing in the Philippines: A Systematic

Literature Review

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Social Impact Research Experience (SIRE)

ANALYZING THE ROLE OF ADVANCED PRACTICE NURSING

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ANALYZING THE ROLE OF ADVANCED PRACTICE NURSING

Abstract

One of the biggest reasons that the Philippines experiences a lag in health status indicators, as compared to most of South-East Asia, is that there is a national inequity of in access of healthcare services. Health resources are concentrated in major cities, provided by private practitioners, and are too expensive for those who need them most. When similar issues were seen in developed countries, the role of advanced practice nursing emerged as a potential solution. The literature largely agrees that nurses trained in advanced care have the ability to provide a range of services at a similar, if not equal, level to physicians and are argued to be most cost-effective. As a result, the World Health Organization (WHO) has proposed that advanced practice nurses can “lead the way” in providing more efficient and cost-effective primary health care in resource poor countries. However, to successfully do so, the role must be formalized in academia, policy, and practice. By systematically reviewing the literature on advanced practice nursing in the Philippines, this study aims to provide a comprehensive review of the current academic understanding of the advanced practice nursing in the context of the Philippines and establish a baseline on which further academic, policy, and practice conversations can be based.

Keywords: advanced practice nursing, Philippines, nursing policy, nurse practitioner, nurse anesthetist, clinical nurse specialist, international development

Introduction

Due to the increasing need to address health promotion, disease prevention, and provided evidenced-based care while concurrently containing costs, governments have begun broader efforts to reorganize different parts of health care systems to improve efficiency (Estrada & Tan, 2014; Fougere, et al., 2016). As a result, in recent years, the advanced practice nursing role has seen an intense global expansion (Sheer & Wong, 2008).

The advanced practice nurse was introduced in the 1960s in the United States of America (US) as a response to escalating healthcare costs, labor shortages, and a need for primary care services—especially in rural underserved populations (Woo, Lee, & Tam, 2017). Although initially met with substantial opposition, over time research has shown that nurses have the ability to provide a range of care services at a similar level of quality to physicians (Xue & Intrator, 2016). Consequently, advanced practice nursing is being increasingly recognized as a unique opportunity to improve the capacity of service provision by national healthcare systems. However, the adoption and expansion of advanced practice nursing has been largely limited to developed countries and the profession has received little attention in the Asia Pacific region especially (Estrada & Tan, 2014).

In 1985, the Director General of the WHO, Dr. H. Mahler, proposed that nurses can “lead the way” in expanding primary healthcare in resource poor countries (Stark, Nair, & Omi, 1999). Nurses make up a large proportion of the health workforce in almost every country in the world but due to the lack of standardization of advanced practice nursing in most developing countries, their potential to provide advanced care remains underutilized and ineffective. Should the advanced practice nursing role be formalized and studied, advanced practice nurses provide a

unique opportunity to boost the overall healthcare economy of any country they are found in, but especially in countries that are developing.

Background

Title, Role, Definition and Scope of Practice of the Advanced Practice Nurse

The International Council of Nurses (ICN) (2009) defines the advanced practice nurse as: *“A registered nurse who has acquired the expert knowledge base, complex decision-making skills, and clinical competencies for expanded practice, the characteristics of which are shaped by the context and/or country in which s/he is credentialed to practice. A master’s degree is recommended for entry level”*

The term, advanced practice nursing, is commonly used in the literature as an “all-encompassing term” that includes various advanced practice titles (Jakimowicz, Williams, & Stankiewicz, 2017). The four most accepted forms of advanced practice nurses include the clinical nurse specialist (CNS), nurse practitioner (NP), nurse midwife, and nurse anesthetist. However, the specific roles that are utilized in each healthcare system vary by country and the country’s needs (Bryant-Lukosius & Martin-Misener, 2016).

The scope of practice of an advanced practice nurse is expanded from the registered nurse to incorporate a higher level of critical reasoning and responsibility in decision making (Jakimowicz, et al., 2017). The role integrates “clinical practice with responsibilities for education, organizational leadership, professional development and evidenced-based practice and research” in an attempt to achieve greater healthcare outcomes, initiate reform, and achieve innovation (Bryant-Lukosius & Martin-Misener, 2016). However, while there are many elements of the the advanced practice nursing role, clinical practice remains at the center. Thus, it is the

high degree of professional autonomy in a clinical setting that most clearly differentiates the position. This includes the authority to diagnose, prescribe medication and treatment, refer clients to other professionals, admit patients to hospitals, and drive policy and regulation changes (International Council of Nurses [ICN], 2009).

The Philippine Healthcare System: Overview

The Philippine healthcare provision system is largely decentralized. While the Department of Health (DOH) provides strategic direction and makes national policy decisions, local government units (LGUs) and private sector providers are the entities directly responsible for the care provided in their surrounding communities. In the public sector, primary care responsibility is distributed to city and municipal administrations. This including maternal and child care, nutrition services, and direct service functions (Romualdez, et al., 2011). Inpatient care is organized by provinces in secondary and tertiary facilities. The Philippine national health insurance agency, PhilHealth, aims to make care more accessible via reimbursement. It aims provide universal coverage for Philippine nationals. However, in reality “PhilHealth provides limited financial protection for many services” (Romualdez, et al., 2011). Therefore, those who can afford it, prefer to go to private clinics and hospitals for inpatient services. These facilities are often staffed by specialists and equipped with sophisticated medical equipment. Those who cannot afford private health care go to government facilities. These are “perceived to be poorly equipped and often lack supplies” (Romualdez, et al., 2011).

As a result, Philippine health status indicators lag behind most of South-East and North Asia, due to a national inequity in access to services. “Poor people are in the greatest need for health care, namely, pregnant women, newborns, infants, and children, are underserved” yet government facilities that are perceived to be poorly equipped and often lack supplies

(Romualdez, et al., 2011). The Philippine DOH attributes this inequity to “geographical, demographic, political, and socio-economic factors” including the thousands of remote islands and mountainous topographies that geographically isolated localities and make it difficult to reach certain populations, a high national poverty incidence, and an inequitable distribution of social services (Department of Health [DOH], 2012).

While improving access to public health services is a primary goal of the government, public sector healthcare spending averaged 4.3% of GDP between 2008 and 2011, suggesting that the country’s healthcare system is underfunded (Castro-Palaganas, et al., 2017). The private sector is the dominant source of health care financing and out-of-pocket spending accounts for 40-50% of all health spending in the Philippines (Romualdez, et al., 2011).

The Philippine Healthcare System: Health Human Resources

There are 22 categories of health human resources in the Philippines including doctors, nurses, midwives, dentists, pharmacists, and physical and occupational therapists. Training programmes are conducted predominantly by private colleges and universities and licensure is governed by the Philippine Professional Regulations Committee (PRC). Each licensed profession has its own set of regulations and those who wish to practice are awarded a professional license to do so only after passing a PRC licensing examination (Romualdez, et al., 2011).

There is also an underproduction of doctors and dentists in the country, particularly those willing to work in rural areas where the need for advanced health professions are the highest. Instead, “the largest category of health workers in the Philippines are nurses and midwives”. This is largely due to overseas demand for Filipino nurses. Although the DOH has made specific efforts to improve human resources in local hospitals, the migration of health workers has consistently hampered improvement in efficient allocation (Romualdez, et al., 2011). A study examining the

cause and consequences of health personnel migration out of the Philippine stated that annually 17,000 to 22,000 health professionals leave the country to work, most of whom are nurses. Nurses represented 29% of total migrant human resources for health from 1993 to 2010. In 1998, almost 85% of all locally trained, working nurses were employed abroad and only 15% remained to work locally. While researchers found that “love and passion and commitment to, one’s profession were among the main reasons stakeholders gave for staying in the country”, the decision to migrate is often associated with economic need, professional development, and the attractiveness of higher living standard. More specifically, nurses receive relatively low wages, lack professional recognition, and are unable to experience significant career advancement when participating in direct clinical practice. The resulting brain drain has led to an increased workload for those who remain, and a perpetually increasing professional dissatisfaction among local nurses.

The Importance of Study to Research

There is a clear opportunity for advanced practice nursing to tackle some of the greatest challenges facing the Philippine healthcare system. However, without the formalization of the role in research, policy, and practice, there will be no standards on which practice can be based and competencies can be verified. Therefore, while the Philippines has specialization within its nursing workforce, it has yet to optimize the nurses’ contribution to its healthcare system. In order to spearhead change, there needs to be a baseline on which discussions regarding policy and practice can be based. Yet, prior to this study, there has never been focused, systematic literature review written on Philippine advanced practice nursing literature. Therefore, this study has the potential to advance the conversation regarding the role of advanced practice nurses in

Philippines by summarizing the current academic understanding and providing a platform on which future conversations between policymakers and nursing leaders can be based.

Connection to the Researcher

As a Filipino dual-degree student studying both Nursing and Healthcare Management & Policy, this body of research brings together not only my academic interests, but my cultural and familial connections as well. Having lived in the Philippines with family members who are nurses, as well as studied nursing in the United States, I have personally felt the frustration that comes from witnessing and experiencing a disparity in respect and autonomy in nursing practice. Also, having seen further disparity in healthcare access for nationals in each nation. I believe that the introduction of an expanded nursing role provides a realistic opportunity to see better healthcare outcomes, provision, and financing for the Philippines in the future. Knowing that there is a clear pathway to see improvement in health provision in the Philippines is what motivated me to write this paper.

Methodological Considerations

Although there are four common advanced practice nursing roles internationally, this paper only considers three of the four sub-branches in its search definition of advanced practice nursing: clinical nurse specialist, nurse practitioner, and nurse anesthetist. Midwifery is considered a separate profession in the Philippines, with its own regulatory board and standards separate from nursing. As a result, midwifery has been excluded from consideration and search for the purposes of writing this paper.

Literature on nursing administration and education was also excluded from consideration as direct clinical practice is the central competency for advanced practice nursing (Estrada & Tan, 2014). Although nursing administration and education provide distinct pathways for career advancement within the nursing profession (and often addresses the role of advanced education in the related literature), their role diverges away from clinical practice.

Aims and Objectives

To review the literature on advanced practice nurses' in the Philippines, including grey literature, and provide a comprehensive review of the current academic understanding of advanced practice nursing in the Philippines. To also establish a baseline on which further academic, policy, and practice conversations can be based.

Methods for Reviewing the Literature

Search Strategy

A systematic literature review was conducted by searching for relevant studies in international databases (PubMed, ResearchGate, and Scopus), regional databases (Western Pacific Region Index Medicus), national databases (HERDIN, Filipinas Heritage Library, and Philippine e-Journal), databases of local universities with a recognized Doctor of Nursing program (See Appendix 1), and local nursing organization archives (See Appendix 2). Search was conducted using the following keywords: “advanced practice nurse”, “nurse practitioner”, “nurse anaesthetist”, or “nurse specialist”, and “Philippines” or “Filipino”. Boolean search modifiers “AND” and “*” were applied to improve search sensitivity where possible. For available nursing journals without indexed articles, manual search was conducted. Key words were selected based

on the presence of advanced practice nursing roles in the Philippines. “Nurse midwife” was excluded from search. “Nurse manager” and its administrative equivalents were also excluded from. Given the unconventional nature of the search, the scarcity of literature, and limited number of indexed Philippine databases, University of Pennsylvania librarians were consulted to ensure maximal search sensitivity. Furthermore, local nursing leaders were consulted to further identify any essential texts about the topic used in local academia.

A systematic grey literature review was also conducted in the same manner and an additional search of government websites also occurred to retrieve related policy documents and announcements.

Criteria for Considering Studies

Peer-reviewed works and grey literature were included in the review if they met all of the following inclusion criteria:

1. Original works
2. Mentions advanced practice nursing, and/or its equivalents
3. Addresses the Philippines specifically
4. Accessible online, in the United States, or in Metro Manila
5. Available in English

In total, three exceptions were made to this rule as although the works failed to address one of the five categories specifically, they addressed a more broad category of which at least one of the listed category is a part of. More specifically, two exceptions were made for works that did not address advanced practice nursing and/or its equivalents specifically, but instead spoke about advanced practice qualifications and the policy implications of specialized health personnel—both of which involved advance practice nurses. One exception was made for a

paper that did not address the Philippines specifically but instead spoke about advanced practice nursing in developing countries—which the Philippines is an example of.

Results of literature search

Initial search resulted in 896 works identified, of which only 277 of which were original. Titles, abstracts, and content—where possible—was screened for all 277 works as available. Of the 277 works, 40 were excluded as they did not contain any content that addressed the Philippines specifically (bar one exception), 158 were excluded as they did not make any mention of advanced practice nursing and/or its equivalents (bar two exceptions), 18 were excluded as they were inaccessible by the researcher at the time of study, and 2 were excluded as they were not written in English. After screening, 59 articles remained. Figure 1 presents a flow diagram of the systematic review screening process.

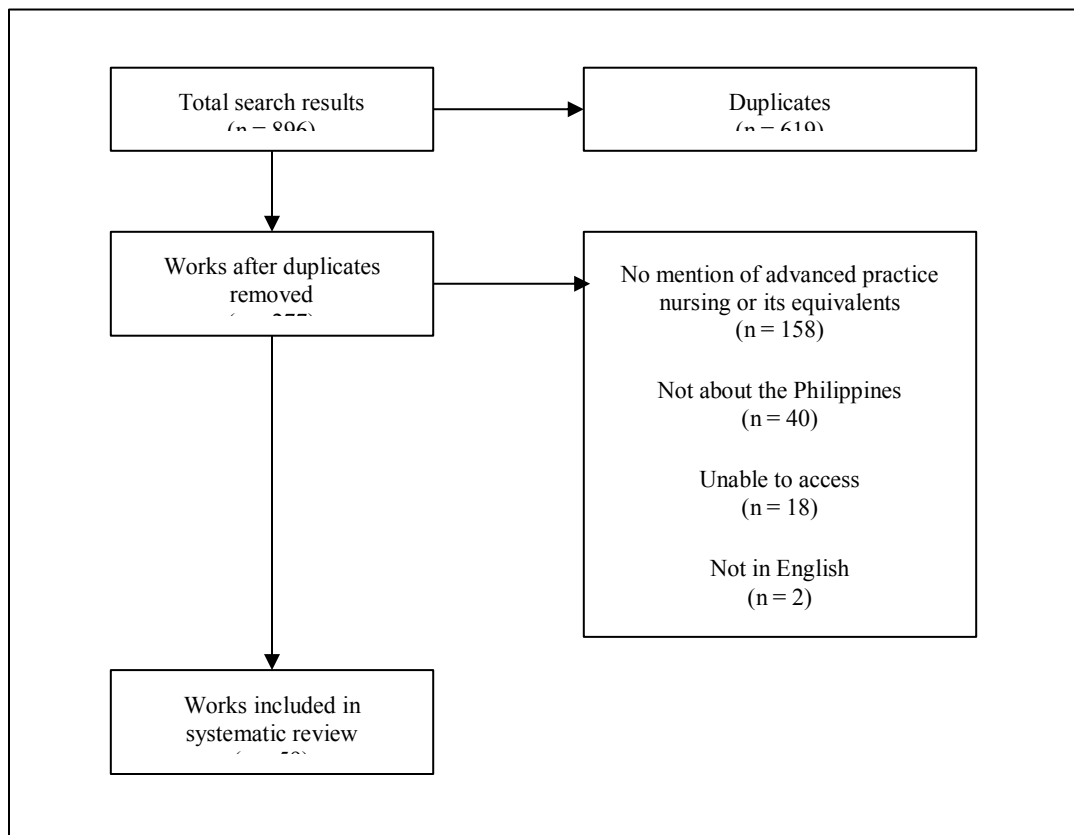


Figure 1 - Flow diagram of the systematic review screening process

Literature Review

Nurse Specialization

The Philippines currently does not have a formalized advanced practice nursing role in professional and educational policy. Instead “advanced practice” exists in the form of nursing specializations and “clinical nurse specialists” which may or may not involve credentialing via the Nursing Specialty Certification Council (NSCC) (Joel, 2017).

The call for specialization in nursing has been present in Philippine literature as early as 1947. (Arenas, 1947). However, the official Nursing Specialty Certification Program (NSCP) was only launched in 1999 (Joel, 2017) and it was not until the approval of Philippine Nursing Act of 2002 that the creation of the Comprehensive Nursing Specialty Program was fully mandated (Manila, 2013). Prior to NSCP, the only specialty nurses present in the Philippines were armed force nurse anaesthetists, who had been educated abroad (Belza, 1971; Filipinas Heritage Library, n.d.). However, with the establishment of the Nursing Specialty Certification Council (NSCC) by the Professional Regulations Commission – Board of Nursing (PRC-BON) specialist nurse credentials can be obtained for 15 different specialities: Anaesthesia Care, Cardiovascular Nursing, Emergency and Trauma, Nursing, Geriatric Nursing, Maternal and Child Health Nursing, Mental Health Nursing, Operating Room Nursing, Orthopaedic and Rehabilitation Nursing, Paediatric Nursing, Public Health Nursing, Pulmonary Nursing, Renal Nursing with specific certifications in Haemodialysis, Kidney Transplant, and Peritoneal Dialysis, and Infectious Disease Nursing. Currently, there are five levels of nursing. Nursing specialty is considered when a nurse reaches level 3-5 (DOH, 2017).

To obtain certification, nurses must first self-assess their perceived competencies in their area of specialty as listed in the competency standards provided by the DOH and obtain

validation from the professional's immediate supervisor (DOH, 2017). If unemployed, validation is not necessary. After the submission of their application, nurses can then proceed to the DOH designated hospitals for assessment. If assessment is passed, certification will be provided by the NSCC. If not, nurses can enroll in competency-based learning interventions provided by the designated hospitals or learn the missing skills at their own institutions. Nurses do not need an advanced degree to obtain certification and to be considered a specialty nurse. Advanced degrees are only required by members of faculty that teach a professional course in a college of nursing and nursing service administrators, as outlined in the Philippine Nursing Act of 2002.

In their studies on their nurse certification programs, the Philippine Heart Center concluded that there is both a perceived and real value in achieving nurse certification status (Benedicto & Sahagun, 2013; Cainap, Camacho, & Dizon, 2015). For the nurses themselves, certification provides the appropriate recognition of their skills and opportunities to identify areas for continued professional development (Mariaña, 2017). Institutions also benefit as certification allows them to differentiate themselves from competitors and patients are able to receive care from practitioners with mastered and evidenced skills, knowledge, and attitudes. However, studies also recognize that continued improvement of patient outcomes will depend heavily on investment and alignment in a nursing certification programs nationally (Cainap, Camacho, & Dizon, 2015).

Currently, competence in each specialty is related to advanced skills in assessment, identification of problems, nursing diagnosis, development of plans, outcome identification, implementation of nursing interventions, and evaluation of nursing care provided the nurse in him or herself or other nurses. They also include the provision of education and communication with patients and families, and working appropriately within a healthcare team. Between levels,

nurses have a varying level of responsibility. Level 3 specialty nurses are expected to apply and comply with policy, maintain resources, delegate tasks, and participate in research and continued professional development, Level 5 specialty nurses are expected to be involved in the review, creation, and development of policy, resources, and research. They are also expected to serve as mentors to other nurses, design professional development opportunities, and be able to appropriately refer patients when needed. Certified nurses are not able to work autonomously, diagnose, nor prescribe medicine.

Rise of the Advanced Practice Nurse

Nevertheless, given the rise of autonomous advanced practice nurses globally, Philippine nursing leaders and institutions have increasingly recognized the need to expand the current scope of the nursing role in the Philippines. More specifically, as outlined by Estrada and Tan (2014), there is a need for an “evolution” from nursing specialties to advanced practice. This is prompted by four factors: changes in patient needs, technology, and opportunities within the workforce due to insufficient physician supply, need for specialized training programs, need for standardization to raise status of practicing at specialty level, and need for a growing recognition of the additional skills and knowledge needed to practice in specialty.

Changes in Patient Needs, Technology, and Opportunities within the Workforce

There is an opportunity for advanced practice nurses to fill gaps in the country’s shortage of specialized health workforce (Castro-Palaganas, et al., 2014; Santos, 2015). In 1999, the WHO Western Pacific Region (which is based in Manila and of which the Philippines is a part of) stated that “the deployment of nurse practitioners [practicing independently] to underserved communities can be an effective strategy for eliminating inequities in access to care, particularly in the rural areas of poor countries” (Stark, Nair, & Omi, 1999).

However, while there are nurses in the region that may function in the role of nurse practitioner, there is a need to assess whether these nurses should be allowed to uphold themselves as nurse practitioners—for safety and professionalism. The WHO recommends that countries establish a form of standardized preparation and assessment of clinical competency before designating a nurse the title of practitioner. Furthermore, the literature recognizes that to be in line with international standards, advanced education should be required for specialization (Topaz, et al., 2016).

Need for Specialized Training Programs

Advanced educational preparation is recognized to be paramount in developing competent and prepared advanced practice nurses. Continuous postgraduate training for nurses is recommended to improve health outcomes, acknowledge recent trends, and familiarize health personnel with advancement in their line of practice (Dauis-Lawas, Litam, & Tupas, 1952). In a study of care provided in Japanese nursing homes and its application to the Philippines, the autonomous role of nurses in the nursing home setting led to the clinical nurse specialist role, academically prepared with a graduate degree, to be one of the five roles expected a home care nursing in Japan, and is subsequently recommended for the Philippines (Uayan, Takeuchi, & Murashima, 2003).

However, in an evaluation of advanced practice nursing policies in the Philippines, Manila (2013) found that there is “fragmented preparation of nurses for advanced practice”. Despite available resources for graduate preparation, most specialty nurses are not graduate prepared.

Graduate opportunities are focused toward nursing administration, research, or teaching. Thus, while “accomplishing a graduate degree was required by the BON in 1999 in order to

receive a graduate certification...these preparations do not necessarily prepare the specialty competencies of the nurse” (Manila, 2013). Upon examination of five Master of Nursing programs, Manila (2013) found that only 40% required clinical exposure or practical training prior to graduation. Domocmat (2014) concluded, “No school in the Philippines offers the depth and breadth of knowledge and skills required for advanced practice.”

Need for Standardization to Raise Status of Practicing

Furthermore, “institutional practice standard are crucial to usher in advanced practice competencies among nurses” (Manila, 2013). However, there are no clear boundaries set up in Philippine nursing policy to clarify core competencies for the advanced practice nurse (Estrada & Tan, 2014). There is an absence of education and experience requirements prior to specialty area assignments... [and] there is no distinction between job descriptions of nurses assigned in general areas versus those in specialty areas. This lack of clarity makes it difficult for all stakeholders to understand the advanced practice nursing role in practice.

As a result, there is a lack of regard towards current nurse specialists by healthcare teams as well as patients. Lack of institutional support also keeps nurses from valuing their specialization, practicing their skills and knowledge, gaining confidence, and practicing independently (Estrada & Tan, 2014).

Policy institution results in legitimacy. Therefore, should the “advanced practice nurse role be enriched, [through policy] there is potential to increase the contribution of nurses in the health care system toward improved patient care outcomes” (Estrada & Tan, 2014).

Need for Growing Recognition of the Additional Skills and Knowledge Needed to Practice Specialty

Studies conducted on clinical nurse specialists and their perceptions toward their advanced practice found that participants had “conflicting emotions regarding their “advanced” practice” (Estrada & Tan, 2014). “While they feel fulfilled due to their achievements, feelings of frustrations emerge based on how they are regarded as members of the healthcare team.” This lack of confidence and feeling of being lost was concluded to be why respondents did not assert their profession.

In studies on nurse migration, the opportunity and desire to pursue advanced professional training and learning opportunities is one of leading factors driving nurses to seek employment abroad (Castro-Palaganas, et al., 2014; Santos, 2015). The common desire is to seek higher quality of practice and respect associated with healthcare abroad. In almost all plans of actions associated with preventing nurse migration, brain drain, or professional flight, the “movement towards a specialty program at the university level” is recommended (Rogado, 2009).

A paper examining the health human resource need in government hospitals states, that while it is required for all chief nurses working in level 2 or above hospitals to have a master’s degree, 6% of level 2 government hospitals do not have any nurse with a master’s degree. (Lawas, et al., 2014). The literature does not examine whether nurses in clinical roles have advanced degrees.

Current Policy

In their policy brief, the ICN states that standards, regulations, and supportive legislation underpin the development of advanced nursing practice worldwide (Bryant-Lukosius & Martin

Misener, 2016). However, in current Philippine nursing policy, the term “advanced practice nurse” is not defined.

Instead, in the current major policy governing the profession, the Philippine Nursing Act of 2002, the term “advanced practice nursing” is used only once to outline health human resource development training and research needs in the nursing profession, including “the development of advanced practice nursing”. This is the first use of the term “advanced practice nursing” in approved Philippine Nursing policy as advanced practice nursing is not mentioned in the previous act, the Philippine Nursing Act of 1991. Advance practice nursing equivalents (nurse practitioner, clinical nurse specialists, and nurse anaesthetists) are not defined nor mentioned in any approved and/or implemented nursing policy documents.

The first currently accessible call to amend policy to promote the provision of advanced nursing care through specialization appears in Senate Bill 2988 of the 15th Congress filed in October 10, 2011. Certification by an accredited certification board is recommended. In Senate Bill 1009 (2013), nursing leaders further call on the government to meet local and global demands of nursing practice by, “expanding the roles and responsibilities of Filipino nurses and equipping them toward independent practice, from primary health care to the more specialized and advanced practice of nursing in various healthcare settings.” This document also provides the first definition of advanced practice nursing in policy and recommends that advance practice nurses hold a relevant master’s degree from a recognized university.

All appeals to amend the Philippine Nursing Act of 2002 that are filed thereafter mention the need to recognize advanced practice nursing and develop an appropriate education and advanced practice credentialing system, the most recent of which were filed in July 2016.

The most comprehensive of definitions outlined in proposed policy for an advanced practice nursing role is:

An “Advanced Nurse Practitioner is a registered nurse who has acquired expert knowledge base, complex decision-making skills, and clinical competencies for expanded practice based on evidence derived from research. Advanced practice requires substantial theoretical knowledge in the specialty area of nursing practice and proficient clinical utilization of this knowledge in implementing independent and interdependent nursing interventions. Specialties can be differentiated in different categories: according to functions, disease/pathology, systems, age, sex, acuity, settings, technology/therapies. This practice includes the acquisition of new knowledge and skills that legitimize the role autonomy within specific areas of practice. A master’s degree is required for entry level” (S. 850, 2016). This definition is explicitly informed by the International Council of Nursing standards.

Recent policy reform requests also request that the government formulate and develop a specific Advanced Practice Nursing Program that provides training and, later, examination and certification “to upgrade the level of skills and competence of specialty nurse clinicians in the country” (S. 973, 2016).

Conclusion

Overall, there is a recognition in both international and national literature for the need to expand the role of nurses in the Philippines to include advanced practice. At the national level, the discussion surrounding advanced practice nurses centers around general professional advancement dissatisfaction, brain drain, and health human resource opportunities. However,

international literature further highlights opportunities for advanced practice nurses to reduce overall healthcare costs and improve the capacity of health services.

However, while nursing leaders and advocates push for advanced practice nursing to be embraced by the Philippine healthcare community, clear systematic barriers prevent this from happening. More specifically, there is a lack of definition in policy, limited recognition of certification and specialty, and lack of regard by patients, especially in comparison to international standard.

More specifically, while specialization has been encouraged by policymakers in recent years, no tangible movement has been seen in terms of changing official governing policies. As a result, practice standards remain unclear and there is a distinct lack in educational preparation. Certification can be awarded via self-assessment and current advanced degrees remain targeted toward nursing education and administration leading to a discrepancy in standard of care and a lack of true verification of the expanded nursing role in the country. This results in institutions being unable to assure quality care and therefore, discourages the adoption of the role both by institutions and by individuals. Comparatively, nurses internationally are encouraged to obtain a post-graduate degree or advanced education to ensure a standard of care is provided. Professional recognition can then be provided and assured by institutions to patients in said nations. Current specialization practices also does not allow nurse practitioners in the Philippines to provide autonomous care. Therefore, even if accreditation is recognized, specialization does not allow for its maximum potential impact on the Philippine healthcare system nor does it fulfil the demands of nursing leaders, policy makers, and professionals.

To conclude, as the Philippines continues to develop its health infrastructure, it is paramount that the development advanced practice nursing remains part of the conversation.

There is a clear opportunity for the role to fill the gaps in healthcare provision, reduce cost of care provision, as well as remedy some of the Philippine's greatest health human resource challenges should the scope be defined in policy and implemented in practice.

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Appendix

Appendix 1 - List of Searched University Databases

Name of University	Nursing Doctorate Program Available	Philippine Nursing Research Society Research Cell	Searchable Database	Other Searchable Sources	Articles about APN in the Philippines
Adamson University		X	X		
Angeles University Foundation		X	X		
Benguet State University, College of Nursing		X			
Centro Escolar University		X			
Don Mariano Marcos Memorial State University		X		X	
Holy Angel University	X	X			
Manila Tytana Colleges	X	X	X		
Our Lady Fatima University	X				

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Philippine Women's University	X				
Silliman University	X			X	
St. Paul's University	X				
Trinity University of Asia	X			X	
Cebu Doctor's College	X				
St. Louis University	X		X		
Carmines Sur Polytechnic College	X				
Cebu Normal University	X		X	X	
San Pedro College	X			X	
University of St. La Salle	X		X		
University of the Philippines	X		X		X

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Appendix 2 - List of local nursing organizations

- Association of Nursing Service Administrators in the Philippines
- Association of Private Duty Nurse Practitioners
- Critical Care Nurses Association
- Association of Diabetes Nurse Educators of the Philippines
- Enterostomal Therapy Nursing Association of the Philippines (ETNAP)
- Gerontology Nurses Association of the Phils. (GNAP)
- Mother and Child Nurses Association of the Philippines (MCNAP)
- Military Nurses Association of the Philippines
- Occupational Health Nurses Association of the Philippines (OHNAP)
- Operating Room Nurses Association of the Philippines (ORNAP)
- Philippine Hospital Infection Control Nurses Association
- Philippine Oncology Nurses Association (PONA)
- Emergency Nurses Association of the Philippines (ENAP)
- Psychiatric-Mental Health Nurses Association of the Philippines
- Renal Nurses Association of the Philippines
- Society of Cardiovascular Nurse Practitioners of the Philippines
- Nurses Christian Fellowship (NCF)
- Catholic Nurses Guild of the Philippines (CNGP)
- Informatics Nurses Society of the Philippines (iNurse SP)
- Philippine Nurses Environmental Organization (PNEO)
- Philippine Professional Nursing Roadmap Coalition (PPNRC)
- National League of Philippine Government Nurses
- Philippine Nursing Informatics Association
- Alliance of Young Nurse Leaders Association
- Nars Ng Bayan
- Philippine Nursing Informatics Association (PNIA)