Evaluation a Government Deployment Project (RNHeals) for Unemployed Nurses as Input to Policy and Programmatic Directions

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- Research Assistants/ Interviewers esp:
  - Milan Doria and Abigail Candelaria
  - Rolsanna Ramos
  - Prof. Erwin Leyva

- Field Coordinators, DOH Reps, HHRDB and HRDUs

- St. Paul Univ Iloilo, San Pedro Univ, Riverside Univ

- RNH nurses and other respondents

The Great Recession

- Affected world economy, mostly Europe
- Sparked by US financial crisis of 2007-2008

PHILIPPINES

- Peak graduation rate of nursing students resulting from previous global demand
- Local supply > positions available
- UNEMPLOYMENT about 200,000 RNs by 2010

Real GDP growth rates for 2009 (Countries in brown were in recession.)
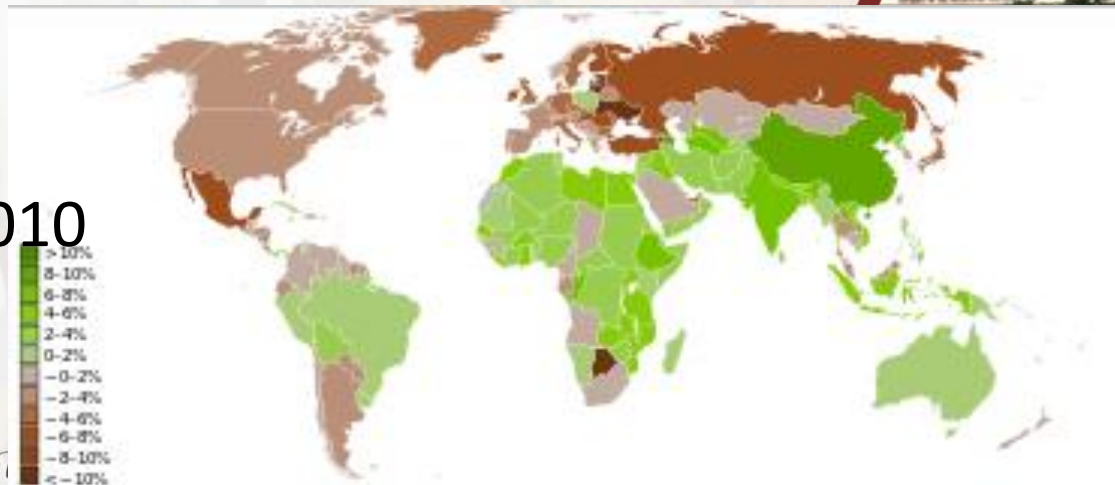
Background of the Study

- 2011 Financial crisis of US, followed by other countries, many of which are destination countries for Philippine Nurses

- Offshoot of the Nurses Assigned in Rural Service (NARS) project and the increasing unemployment of nurses beginning 2008-2009

- Aim: Increase nurses' employability by creating a pool of registered nurses with enhanced clinical and public health nursing competency (DOH DO No. 2012- 0184)

- RNheals program does not intend to provide employment but learning and development (DOH DO No. 2012-0184)
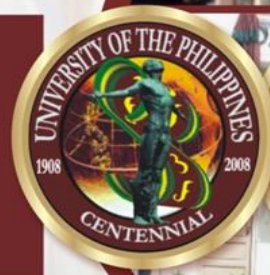
Overview of RNHEALS Project

- Established in February 14, 2011 by the DOH in collaboration with DSWD, DILG, BON, and PNA

- Offshoot of the Nurses Assigned in Rural Service (NARS) project and the increasing unemployment of nurses beginning 2008-2009

- Aim: Increase nurses' employability by creating a pool of registered nurses with enhanced clinical and public health nursing competency (DOH DO No. 2012- 0184)

- RNheals program does not intend to provide employment but learning and development (DOH DO No. 2012-0184)

RNHEALS Project through the years

BATCH	KEY POINTS
1ˢᵗ Batch February 14 to October 2011	Joint Administrative Order No 2011-0001 (Guidelines for the Implementation of Rnheals 1) DOH DO No. 2011-0188 (Implementation of the *Kalusugang Pangkalahatan)* Whole batch was deployed in both RHU and hospital for 6 months each area
2ⁿᵈ Batch October 17, 2011 to December 31, 2012	DOH DO No 2011-0239 (Guidelines for the Implementation of learning and deployment of RNs and Midwives) DOH DO No 2011-0239A (Amendments to the DOH DO No 2011-0239) Whole batch was deployed in the RHUs

RNHEALS Project through the years

BATCH	KEY POINTS
3rd Batch February 8, 2012 to February 28, 2013	DOH Dept Memo No 2012-0008 (Guidelines for the Implementation of RNHeals 3 and RHM Placement Program 2012) DOH Dept Memo No 2012-0030 (Implementation of RNHeals Batch 3) Whole batch was divided into RHU and hospital groups and deployed for 1 year
4th Batch DOH Hosp- January 1 to December 31, 2013 RHU- March 1 to December 31, 2013	DOH DO No. 2012-0184 (Guidelines for the implementation of Rnheals 4) Considered as pre-service trainees Deployment is in both RHU and hospital

Study Objectives (Focus on Batch 4)

1. To assess compliance with DOH RNH guidelines:

    -   Recruitment, selection and deployment

    -   Monetary or non-monetary incentives for RN Heals

2. To determine whether there was enhanced competencies of the RNH nurses in terms of clinical or public health competencies as intended by the project;

Study Objectives

3. To determine what hindered or promoted the enhancement of said competencies and assumption of their roles and responsibilities; and

4. To recommend policy and programmatic directions related to the continued implementation of the program with due consideration to potential benefits and intended outcomes of the Project.

Methods

OBJECTIVES	RECORDS REVIEW	FGD	KII	SURVEY QUESTIONNAIRE	COMPETENCY TEST
1. To assess recruitment, selection and deployment process (PROCESS EVALUATION)	✓	✓	✓		
2. To determine whether the training program & actual experiences enhanced competencies		✓	✓	✓	✓
3. To determine factors that hinder or promote the enhancement of competencies		✓	✓	✓	✓
4. To recommend policy and programmatic directions related to the continued implementation of the program	✓	✓	✓	✓	

Status of Study

- April – May 2013: Baseline data collected

  Review of Records

  KII of Implementors

  FGD of RNH and Supervising Nurses

  Survey (Self-report) competencies

  Competency Assessment of sub-sample of hospital RNH nurses

- Sept – Nov 2013: Post-test data collection completed

  As above plus

  Competency Assessment of Supervising Nurses
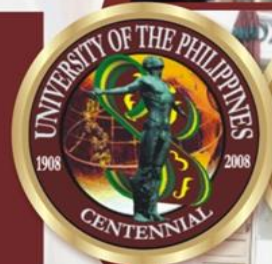
Preliminary Report of Results

- Batch 4

- Baseline data mostly

- Focused on process evaluation of implementation of RNH Project (Objective 1) and the problems/factors related to achievement of competencies

- Preliminary recommendations (includes eyeballing of posttest FGDs, KIIs and validation meetings with key stakeholders)
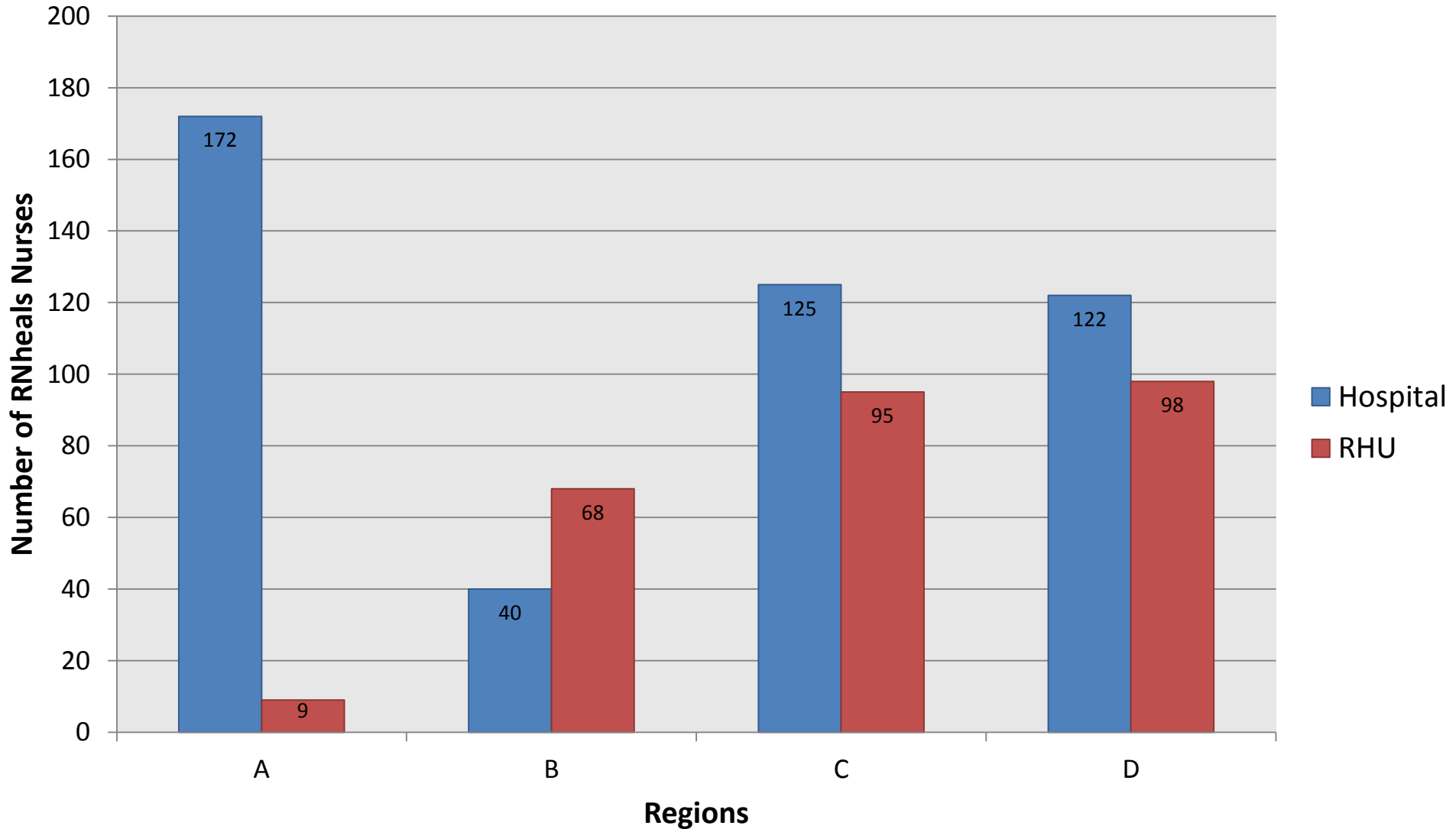
Sample (RNHEALS Nurses)

REGION (6 PROVINCES & NCR)	HOSPITAL N=459		RHU N=270		COMPETENCY TESTING N=143	
A (NCR)	172	20.2%*	9	7.1%*	55	6.5%*
B	40	22.7%*	68	18.23%*	-	-
C	125	21.0%*	95	17.5%*	45	16.1%*
D	122	20.4%*	98	49%*	43	10.8%*

* Refers to proportion of sample RNHeals per region (denominator is # of RNHeals per region)
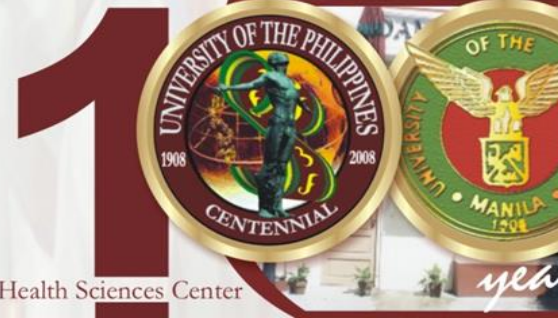
RNH Nurses per Region

Sample (Implementers)

KEY INFORMANTS	N=172	
HOSPITAL		
Chief/Assistant Chief Nurses, Training and/or RNH Coordinators (at least 2/hosp)	19	11.1%
Senior Hospital Staff Nurses	68	39.6%
RHU		
Municipality/City Health Officers	10	5.9%
Public Health Nurses	59	34.3%
DOH Representatives	12	7%
DOH – HRDU Personnel (1/region)	4	2.4%

DOH Dept Order No. 2012-0184

- Guidelines for the implementation of RNHeals Batch 4

- It aims to standardize the implementation, monitoring and evaluation of RNHeals

    Batch 4 at all levels

Presentation of preliminary results will be based on compliance with these guidelines

Results - Recruitment

RNH nurses knew about the program through various sources. Recommended by previous RNH nurses

REGIONS	SOURCES OF INFORMATION ABOUT RNHEALS PROGRAM			
	DOH Website	Other Internet Sites	Broadcast & Print media	People (Friends, Relatives, etc)
A	✓	✓		✓
B	✓		✓	✓
C	✓	✓	✓	✓
D	✓	✓	✓	✓

Results - Selection

- DOH gave option to hospitals to include other methods for screening the RNH candidates in accordance to institutions' standards and criteria.

REGIONS	ADDITIONAL SCREENING METHODS				
	Interviews	Competency Exam	Hospital Experiences	Certificates (Trainings)	Medical Exam
A	✓	✓	✓	✓	✓
B	✓	✓		✓	✓
C	✓	✓	✓	✓	✓
D	✓	✓	✓	✓	✓

Recruitment and Selection

- Guideline per DOH DO No. 2012-0184, applicants shall undergo recruitment and selection process by the CHDs for RHUs and DOH Hospitals in coordination with the CHD-HRDU

- Finding:

  In general, compliant esp for RHUs; first-come, first-served, internet-based

  For hospitals, more varied and with perceived partiality in selection of RNH, selecting relatives or people known to them; obtained consistent responses from RNH nurses, supervising nurses and CHD

Deployment

Per DOH DO No 2012-0184, applicant shall:

- Be deployed from January to December 2013
- Undergo Pre-deployment orientation prior to assumption of their assignment
- Be required to complete 8 hours per day of duty
- Night duties are not allowed (later this was allowed as long as it is justified and RNH agrees)
- Be paired with at least a regular staff as mentor/coach

Results – Deployment in Hospitals

1. Rotation schedule of RNheals nurses vary per institution, generally compliant with guidelines.

   - Hospital RNH rotated in the general wards. A few rotated in the OPD and other special areas.

2. Some hospitals were non-compliant re Night Duty

   Note: Night duty was made official on March 2013 through Department Order 2012-0291. Nurses tended to agree to night duty and signed as needed.

Results – Deployment in Hospitals

1. Generally, RHU-assigned RNheals nurses were placed in Barangay Health Stations (BHS).

2. Some were assigned in birthing clinics depending on availability of the facility.

   - Implications on Competencies: not all could achieve all the competencies depending on the services available in the RHU

3. In the RHUs with birthing facilities, RNH have some night duties

Incentives

- Per DOH DO No 2012-0184, the RNHeals nurses shall:

  - Receive an allowance amounting to P8,000 per month for as long as training days are completed

  - Be enrolled in PhilHealth Group Insurance and GSIS Group Personal Accident Insurance

  - Receive additional monetary or non-monetary incentives from receiving institution in the form of but not limited to trainings/seminars, meals, transportation, board and lodging

Results - Incentives

- The biggest consideration for hospitals and LGUs in providing additional monetary incentives is budget.

- With increase in no. of RNH in LGUs, less ability to give

REGIONS	MONETARY		NON-MONETARY		
	Allowance (Php 8,000)	LGU Counterpart (Php 2,000)	Phil Health Insurance, GSIS	Meals	Seminars and Trainings
A	✓				✓
B	✓	✓		✓	✓
C	✓		✓	✓	✓
D	✓		✓	✓	✓

Perceived Problems of RNH Nurses

Re Incentives:

- Delayed allowance which was addressed in most areas later. All received their DOH allowance of P8K

- Complained about not receiving LGU counterpart

- Some received free meals but they complained about the quality of meals; later removed by one host

Perceived Problems of RNH Nurses

Re rotation in the clinical areas: (validated on posttest)

- RNH nurses provided total direct patient care similar to regular staff nurses; able to adjust and achieve this within a month

Re Supervision:

- Hospital RNH eventually performed as SN, with minimal to no supervision; they understood this based on lack of staff

- In RHUs, generally, they were supervised by the Public Health Midwife in the BHS; had initial problems with this depending on the Midwife; understood this because there is only one PHN

Perceived Problems of RNH Nurses

Re being supervised by MW:

- Tended to be limited to what MW are allowed to do; had difficulty performing all the tasks/responsibilities as an RN

- Viewed by community not as RN, like students; undermined their role

- In some places, they were not allowed to do injections and immunizations; in birthing facilities, actual delivery was only by the MW

- Eventually, some were able to get around this

Perceived Problems of RNH Nurses

Re Competencies and Performance of Roles:

- Areas of rotation and the supervising staff play a big role in the enhancement of their skills. Some RNH nurses were assigned in only 1 area. In LGU, if there is no birthing facility, they could not achieve related competencies in list

- Problems related to being called RNH or Trainees vs being RNs; esp in the beginning, they were treated like nursing students; in a few hospitals, they were made to do non-nursing jobs and ran errands for the nursing attendants; RNH became like a stigma

- Eventually, all expressed satisfaction with gaining competencies and experience esp in RHUs

Perceived Problems of RNH Nurses

Re Nature of the RNH Project as a Training Program:

- Problems of RNH viewed as for nurses who cannot get employment, called trainees, sometimes felt exploited since they were performing same as SNs

- Strong request to change certificate into "Certificate of Employment" even without changing their compensation/benefits to increase chance for employment

  NOTE: there was some variability in the certificate given per area; certificates of deployment were accepted for employment

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PNA Validation Meeting

- PNA is a signatory to the RNHEALS Project when it was established

- Oct 21 for PNA Board of Governors and Oct 23 for Chapter Presidents

- PNA was consulted at start (Batch I). They were involved in forming policies, orientation, monitoring and evaluation. For the current batch, however, there were only a few opportunities for them to be involved depending on the area.

- Generally, the RNH Project is confirmation and validation that the country needs more nurses in the
- health facilities.

Summary of Findings/Results

- Generally compliant with DOH RNH guidelines

- Guidelines changed from Batch I to IV; this created confusion at many levels in implementing the program and varying expectations on the part of the RNH nurses

- No problems seen with recruitment; many nurses were aware of RNH and looking for employment

- Selection and deployment in hospitals varied greatly; particularly in the provinces, there was perceived partiality and patronage
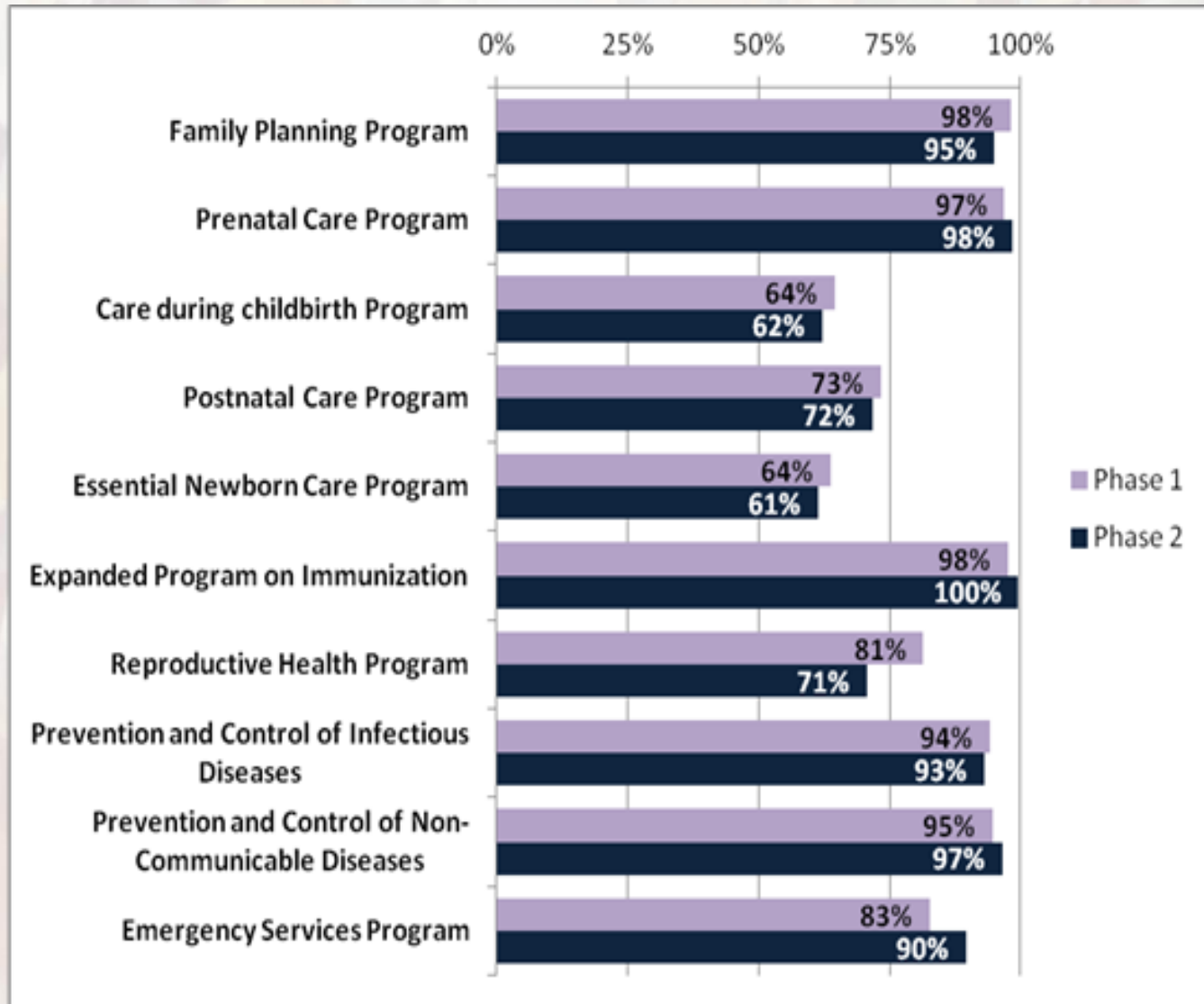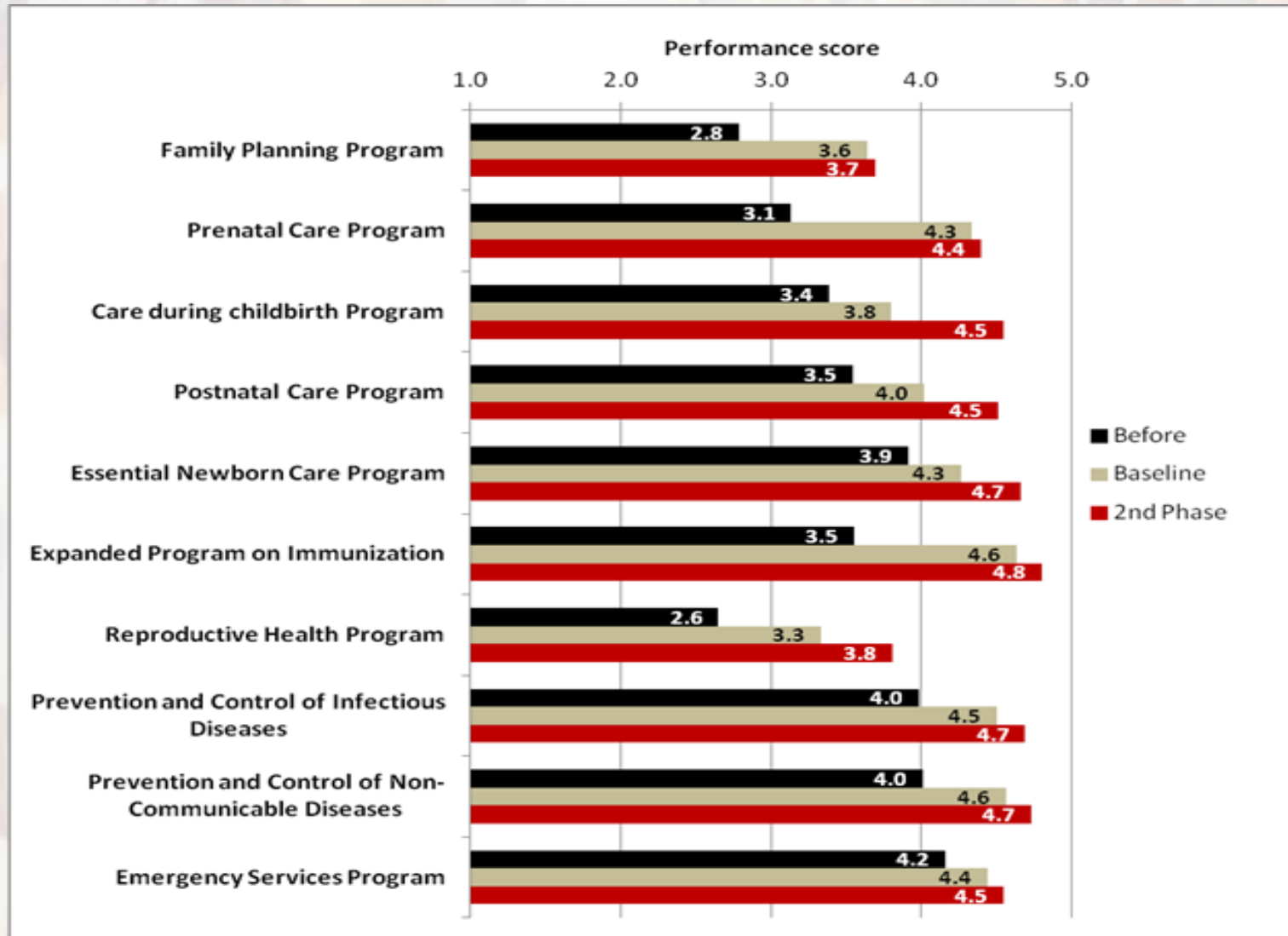
Mean performance ratings of RHU nurses in different areas of competencies, before RNheals, at hase 1 and Phase 2

Performance score

Competency	Before RNheals	Phase 1	Phase 2
Safe and quality nursing care	4.1	4.4	4.6
Health education	3.9	4.5	4.7
Communication	4.2	4.6	4.6
Partnership and collaboration	3.2	4.0	4.1
Ethical judgement and decision making	4.5	4.7	4.8
Management of resources and the environment	3.6	4.3	4.5
Records management	4.0	4.4	4.6
Quality improvement	4.1	4.4	4.6
Leadership and management	3.1	4.3	4.4
Professional and personal development	3.8	4.3	4.6
Personal mastery	4.5	4.8	4.8

Reported participation of RHU RNheals nurses involved in various public health program, at Phase 1 and Phase 2

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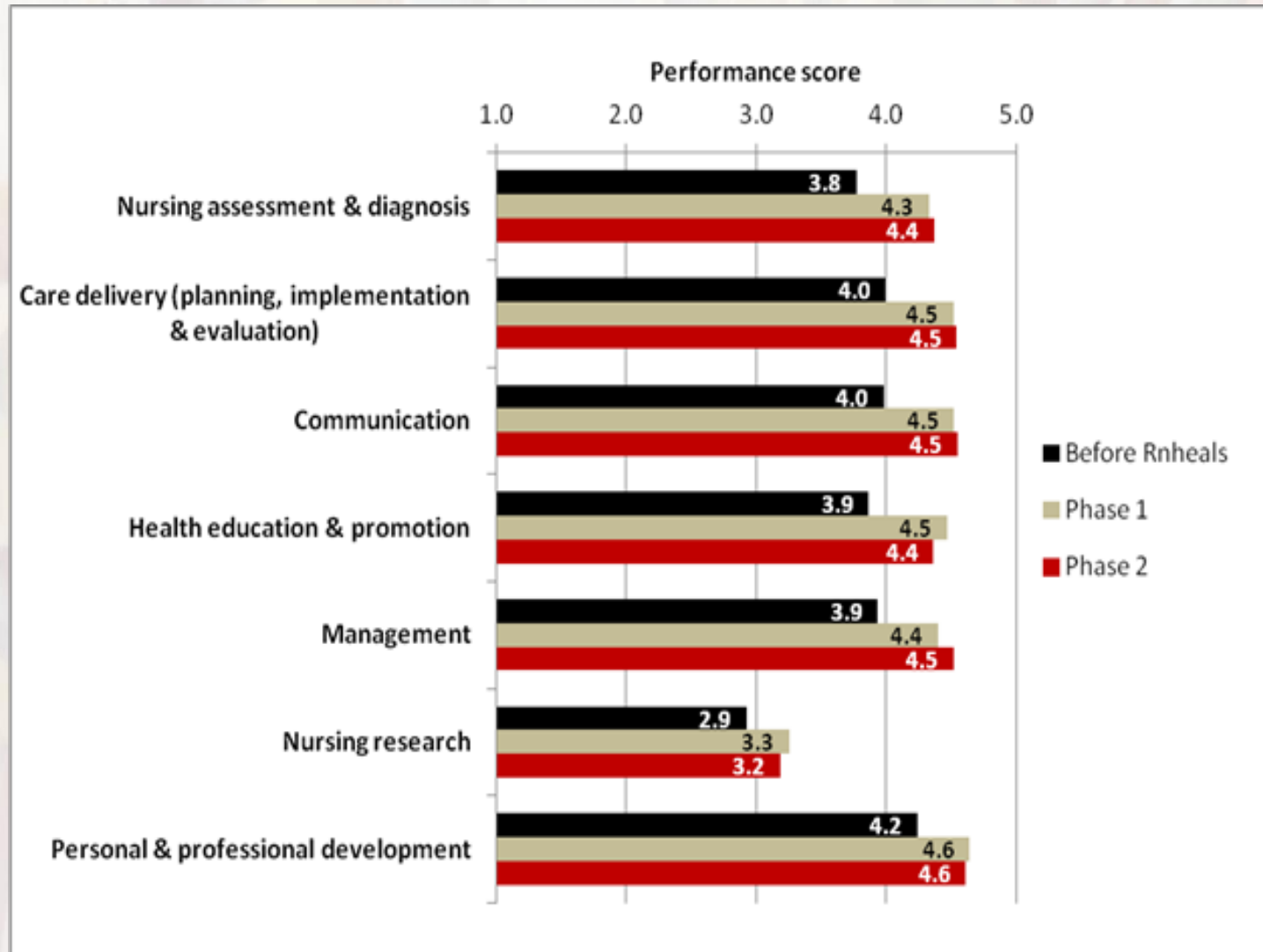
Mean performance ratings of RHU RNheals nurses in the implementation of public health programs before RNheals, at Phase 1 and Phase 2
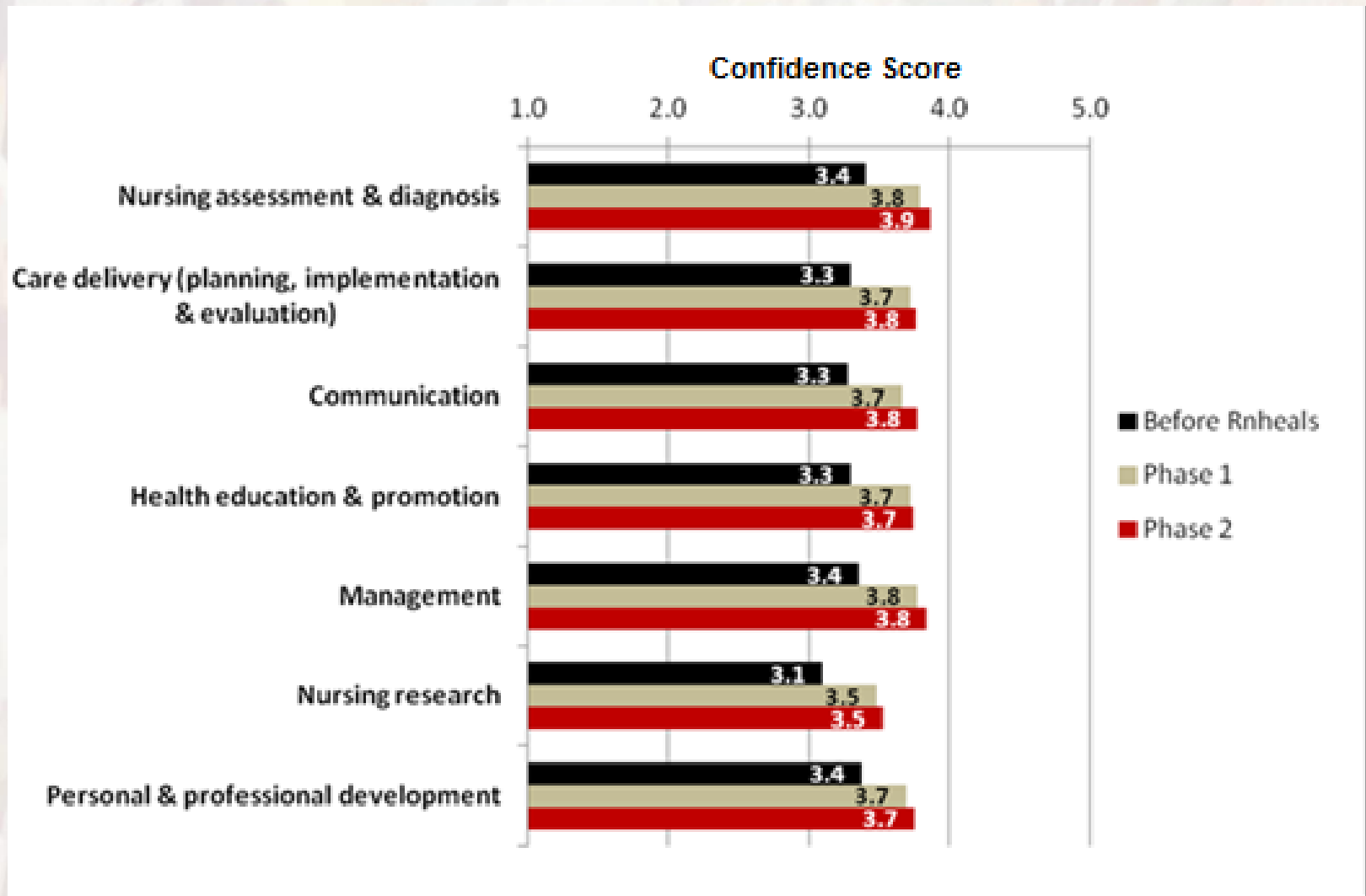
Mean performance ratings of hospital RNheals nurses in the different areas of competencies before RNheals, at Phase 1 and Phase 2

Mean confidence ratings of hospital RNheals nurses in performing competencies before RNheals, at Phase 1 and Phase 2

Summary of Findings/Results: Process

- In hospital, because of too frequent yet short rotations per clinical area, the regular nurses spent more time orienting and supervising; suggested longer rotations in areas where RNH were needed

- Concern re distribution and number of RNH nurses; some LGUs could not handle the large number of nurses for Batch IV since they did not have enough regular staff to supervise; also affected capacity of LGU to provided additional compensation; DOH Reps and LGUs were not maximized in deciding this

- LGUs claimed they were not fully informed/consulted with succeeding Batches and changes

Summary of Findings/Results: Competencies

- Clinical and public health competencies of RNH nurses improved.

- In general, RNH nurses were satisfied with the Project, particularly in providing them nursing work experience with allowance.

- Deployment in both hospitals and RHUs howed significant improvement and enhanced employability.

- Deployment in the RHUs also increased positive interest in public health nursing.

Conclusions

1. RNH Batch IV was generally implemented in compliance with DOH guidelines, with some concern re selection process in the hospitals;

2. Hospitals and esp LGUs could not provide the additional P2K given the increase in the number of RHN nurses;

3. RNH nurses were satisfied and appreciated having some work and compensation, rather than paying for training

4. The RNH Project achieved its aim of enhancing the nurses' competencies based on self-report and objective testing

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Recommendations

- Study the number and distribution of RNH nurses to be deployed based on need and resources; utilize the assessed need through the LGUs and DOH Reps as well

- Review current guidelines with respect to selection, supervision and nature as a training program; consider "internship" so that they are still considered RNs; include closer monitoring of implementation

Recommendations

- Should the program continue? YES but as more regular employment even with lesser number.

- There is a definite need for nursing/health personnel.

- There is also a need for continuity of services esp in the RHUs/community and increase ROI by employing trained RNH.

- Focus on increasing deployment in the community more than in the hospitals to give more premium to health promotion and disease prevention

Thank you!

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