

Chapter Member  
of the PNAA

**Special Point of Interest:  
PNASC 4-in-1 Event**

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# PNASC Newsletter

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Visibility • Viability • Vitality

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## PNASC 4-in-1 Event

**PNASC General Assembly, Induction of Officers,  
Nurses' Week Celebration, and Educational Seminar**



Roland Santos, Glenda Totten, Bonnie de los Santos, Melvin Carrillo, Deovina Jordan, Emma Cuenca, Mila Velasquez, Dino Doliente III, and Regalado Valerio (standing); Sonia Sabado, Lilibeth Cruz, Josie de Jesus, Linda Ascio, Pat Hoerth, Maria Sagun, Leilani Unite, Antonette Nunez, and Gail Jones (sitting)  
(Photo Courtesy of Dr. James Jordan)

### By Cielito J. Deona-Wilson, RN

The Philippine Nurses Association Southern California (PNASC) held its "4-in-1 Event" at the Marriot Hotel in Long Beach, California on May 14, 2016. As a first time attendee, I witnessed a well-organized and successful event facilitated by a very dynamic team, composed of PNASC Executive Officers, Board Members, Chairpersons of different committees, and Advisory Council Members, headed by 2014-2016 PNASC President Melvin Carrillo.

The "4-in-1-Event" combined activities consisting of the General Assembly, Induction of 2016-2018 officers of the Southern California chapter as well as the Orange County subchapter, the Nurses Week Celebration, and Educational Seminar. Over a hundred people graced the event. They were members of the organization, invited guests, and some student nurses. PNASC President Melvin Carrillo welcomed the attendees and encouraged everyone to make a difference by continuously innovating and moving forward. The committee reports and the General Assembly

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## From the Editor-in-Chief

Deovina N. Jordan, PhD, MSN, MPH,  
BSN, RN, BC

### Editorial

#### A Look at Integrity

At one time, a farmer went out to plant a field of grain. He made sure the season was right, prepared the soil, applied the requisite fertilizers, and went out and bought his seed grain. Since his previous supplier of seed grain had retired, he had to buy the seed grain from another supplier. Unbeknownst to the farmer, who always had good seed before, the batch of seeds he recently bought contained not only the grain he wanted, but also wild oat seeds which looked much like the good grain. He went out and planted the grain. It did not take long for the crop to reveal itself. The good grain was true. It was sturdy and did not grow too high off the ground, reserving its energy for the production of more grain upon which the farmer and his family needed to live. But, the wild oats grew much taller, even four times taller than the good grain. But, the wild oats would eventually shatter much of their seeds all over the ground, benefitting only themselves. Since they were so much taller, the farmer decided to clear his field of the bad grain. Much the same as in this parable, everything eventually becomes manifest and no longer hidden. Those which were good, and therefore with integrity, revealed their nature. And those which were not good, and therefore without integrity, also revealed their true nature. The same is true for individuals with integrity and persons who do not possess integrity.

A common challenge in life is how to evaluate what is integrity and what is not. Who has it and who does not? We can gain an insight into answering those questions by taking a look at what Jesus and Paul told us. Jesus told us "Ye shall know them by their fruits. Do men gather grapes of thorns, or figs of thistles? Every good tree bringeth forth good fruit; but a corrupt tree bringeth forth evil fruit. A good tree cannot bring forth evil fruit, neither can a corrupt tree bring forth good fruit" (Matthew 7:16-20, KJV). And what are those fruits? Paul wrote "the fruits of the Spirit are love, joy, peace, longsuffering, gentleness, goodness, faith,

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## From the President

Mel Carrillo, MBA, BSN, RN, NEA-BC



### President's Message

#### Professionalism, Innovation and Excellence

In July 2014, I greeted all of you with this saying from Henry Ford: "Coming together is a beginning, keeping together is progress and working together is success" as I received the foundational bricks of PNASC laid by my predecessor, PNASC 2012-2014 President Mindy Ofiana. Today, I am proud to say that the PNASC 2014-2016 Officers and Board Members, PNASC Advisory Council, and myself have worked together and has been successful in building and expanding our organization using "Leading the way through Professionalism, Innovation and Excellence" as the guiding principle. I have all of you to thank for. Thank you to all our officers, advisers, and members for serving and supporting PNASC since 1961!

As I had emphasized in my previous messages, the one constant that remains and will remain is the need for PNASC to be innovative and to be willing to embrace change. There are many changes that happened during my tenure as your President. Because we embraced change, we also embraced innovation. You took up my challenge to think, not only outside the box but, as if the box did not exist in the first place. We did this to better serve our members and to continue the legacy of making PNASC the premier ethnic professional nursing organization for Filipino-American nurses in Southern California.

The innovations took place by utilizing our available tools and leveraging them to change and improve our existing workflows and processes. They include:

- (1) Utilizing video conferencing  
PNASC became the first PNAA chapter to use video conferencing to have a town hall meeting with our 2014-2016 PNAA President, Atty. Leticia Hermosa, as she joined us virtually from the comforts of her home in Boston, MA.
- (2) Employing new technology for financial transactions  
We took advantage of the newest technology using tablets and cell phone devices to accept credit card transactions for membership dues, fees, etc.
- (3) Advertising in *The Filipino Channel*  
In order to increase visibility, PNASC became the first PNAA chapter to create and broadcast a 30-second commercial that aired several times nationally on *The Filipino Channel's (TFC's) Lifestyle Network*. We created our

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## Editorial (Cont.)

**Deovina N. Jordan, PhD, MSN, MPH,  
BSN, RN, BC**

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meekness, temperance: against such there is no law" (Romans 8:22,23, KJV).

In contrast to the fruits of the Spirit, Paul also wrote of the works of the flesh. He wrote "the works of the flesh are manifest, which are these; Adultery, fornication, uncleanness, lasciviousness, idolatry, witchcraft, hatred, variance, emulations, wrath, strife, seditions, heresies, envyings, murders, drunkenness, revellings, and such like: of which I tell you before, as I have also told you in time past, that they which do such things shall not inherit the kingdom of God" (Romans 8:19-21, KJV).

If one looks at what Jesus and Paul told us, one can deduce that the fruits of the Spirit are much like the fruits of true integrity, while the fruits of the flesh correspond well to the fruits of lack of integrity. This issue of the PNASC newsletter focuses on integrity (not the lack of it).

Integrity, as we shall see, is not only linked to truth and honesty. Clearly, it is also the manifestation of both in action, even when circumstances may present with convenient alternatives. Integrity, therefore, is indispensable to having noble and righteous characters. It is essential to being outstanding members of our community, excellent practitioners of our chosen profession, and notable representatives of our cultural heritage. Much as in healthcare we speak of vital signs, integrity therefore becomes a vital sign of our very essence, our being, our professional practice, and our commitment to true excellence as Filipino-American nurses in PNASC and PNAA. For it is with integrity that we acquire the appreciation from our spouses and families, the trust of our colleagues and patients, and the respect of others!

Included in this newsletter are the following: 4-in-1 Event, PNASC Committees at Work, Lobby Day, Models of Integrity, What is Integrity?, Filipino Proverbs on Integrity, A Dog's Loyalty Lives On, California Nursing Concurrence Issue, Integrity by Nursing Theorists, Integrity and the Law, Integrity in Dealing with Troublesome Nurses, What Happens with the Breakdown of Integrity?, Truths and Integrity, Integrity from the Bible, Integrity is Attainable, Humor and Integrity, Inspirational Quotes, Integrity - A Time to Perform, Integrity Video and Media, Cutting Edge of Research, The Path to Integrity, A Few Minutes with Dr. Jose Rizal, and NCEMNA Update.

## President's Message Cont.)

**Mel Carrillo, MBA, BSN, RN, NEA-BC**



(Continued from page 2)

marketing slogan, "We are PNASC", that was introduced in our TFC commercial advertisement.

- (4) Leveraging social media  
We took our marketing slogan one step further by developing the **#wearepnasc** campaign while enhancing our Facebook and Twitter pages.
- (5) Going green  
We made the decision to go green by making our PNAA P.R.I.D.E. Award-winning "PNASC Newsletter" available electronically while printing limited hard copies for our members who prefer it.
- (6) Utilizing multi-media approach in our seminars  
During our Spring Seminar and General Assembly, we created and introduced multi-media committee reports where the committee chairpersons' reports were video taped with photos from events, data, and graphs weaved into the dynamic presentations. This new format helped us streamline our reports while engaging our members.
- (7) Collaborating with our sub-chapter  
In October 2015, PNASC-Orange County Sub-Chapter hosted PNASC's Fall 2015 Education Conference at West Coast University in Anaheim, California. State of the art classrooms and high fidelity, simulation labs were utilized for the conference to enhance the adult learning of our members.
- (8) Engaging our members in a "4-in-1 Event"  
In December 2015, we welcomed and inducted the officers of PNASC West Los Angeles Sub-chapter. We also had our Winter Educational Seminar and 2<sup>nd</sup> Annual Holiday Toy Drive. Partnering with the Skyline Lions Club, we distributed toys to needy children. We also introduced our first ever talent show, "Nurses Got Talent", which was well received by all.
- (9) Increasing awareness in the community  
PNASC participated in the research project "Beauty From Within" sponsored by the Cedars-Sinai Barbara Streisand Women's Heart Center, National Institutes of Health (NIH) Foundation, and the National Heart, Lung and Blood Institute (NHLBI).

These are some of the innovations that PNASC employed. Again, thank you for your continued support!







## PNASC 4-in-1 Event (Cont.)

Cielito J. Deona-Wilson, RN

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followed shortly after the welcome address. The committees showcased their accomplishments. Amendments to the By Laws were ratified by the General Assembly.

In keeping with tradition, the Philippine Nurses Association of America (PNAA) Founding President, Dr. Clarita Miraflor, presented the Presidential Medallion to Melvin Carrillo, the 2014-2016 PNASC President. This was followed by the induction of the 2016-2018 Officers of the Southern California chapter as well as the Orange County subchapter. Thereafter, the President's Speech was given by the incoming PNASC President, Sonia Sabado. Her speech emphasized the challenges constantly faced by the organization: recruitment and retention of members. Consequently, she proposed the promotion of the organization through out-reach programs, research, networking, and collaboration. She summed up her agenda into seven key points dubbed as ACTMORE. Encouraging all members to ACT MORE, she reiterated that the existence of PNASC relies on the participation of its members by: Activating peers in promoting PNASC and Collaborating with the organization and the nursing profession Through Mentorship for guidance and direction. Another key point emphasizes involvement in community Outreach programs through the sharing of expertise and knowledge. Ensuring representation for Filipino-American nurses is also important, thus Research participation is necessary. Lastly, being Engaged by having an active role in PNASC and other nursing organizations is the last component of this seven-point agenda.

In celebration of the Nurses Week, several members were recognized for achievements in their respective specialties. They are:

- ◆ Mel Carrillo: PNAA Nurse Administrator of the Year Award for 2015 and MBA from University of Phoenix
- ◆ Josie de Jesus: President and Chairwoman of Kalayaan, Incorporated 2016
- ◆ Lita Tsai: Director of International Patient Services at City of Hope
- ◆ Velma Yep: Co-authored a research study published in the Journal of Nursing Scholarship (April 2014); Member of the ANCC Gerontology Nurse Practitioner Content Expert Registry
- ◆ Gail Jones: MSN from Duke University
- ◆ Shasha Rarang: PhD (Major in Nursing Education) and Poster Presentation in South Africa and Texas

- ◆ Marie Navarro: Daisy Award Recipient for 2016
- ◆ PNASC: Proud Partner of the Beauty from Within Community Project sponsored by the National Institutes of Health Foundation and supported by the National Heart, Lung, and Blood Institute. PNASC representatives were: Josie de Jesus, Melvin Carrillo, Regalado Valerio, and Roland Santos.

The event proceeded without a hitch and the attendees enjoyed themselves and caught up with other guests over a scrumptious lunch. In the afternoon, the educational seminar commenced with Dr. Shirin Shundar, a Medical Science Liaison, as the first presenter. In her presentation titled Hyponatremia for Allied Health Professionals, Dr. Shundar talked about hyponatremia and how it is frequently an underreported problem. She explained that hyponatremia leads to several consequences, some which are severe, thus increasing the costs associated with extended hospitalization of patients. Included in her presentation were: the pathology of hyponatremia and its co-morbid factors; how specific drugs, for example the anti-depressant drug class Selective Serotonin Reuptake Inhibitors (SSRIs) cause 0.5-32% incidence of drug-induced hyponatremia. She ended her presentation by stating that management of hyponatremia lies in the preventative treatment of its underlying causes.

The second presenter was Regalado Valerio, the newly inducted PNASC President-Elect and Chairperson of the Education Committee. His presentation was titled Culture of Safety: It Starts with You. He discussed the enhancement of safety in the operating room using a standardized surgical checklist, the project he chose for his DNP dissertation. The project he spearheaded aimed to improve the communication and teamwork among interdisciplinary surgical teams during time-out through the use of a Standardized Surgical Checklist (SSC.) The implementation of the SSC during time-out showed an overall improvement in communication and teamwork in the operating room. It re-affirmed that the SSC could be used as a tool to enhance safety culture in the surgical setting.

The "4-in-1 Event" came to a close with the resolution of working harder towards the common goal of keeping PNASC alive by getting involved in activities that promote its ideals.

This was my first time attending such a gathering of highly accomplished and respected nurses. It was quite an honor to be welcomed by this distinguished organization!



*Culture of Safe  
by  
It starts with*

## PNASC Committees At Work! General Assembly Committee Reports Long Beach, California May 14, 2016



**Mel Carrillo - President**  
**Sonia Sabado - President-Elect**  
**Medi Cereno - Vice-President**  
**Leilani Unite - Recording Secretary**  
**Lilibeth Cruz - Corresponding Secretary**  
**Roland Santos - Treasurer**  
**Antonette Nunez - Assistant Treasurer**  
**Regalado Valerio Jr. - Auditor**  
**Velma Yep - Public Relations Officer**

**Bonnie de los Santos - Board Member**  
**Gail Jones - Board Member**  
**Deovina Jordan - Board Member**  
**Maria Sagun - Board Member**  
**Glenda Totten - Board Member**  
**Adolfo Famas - Board Member**  
**Maribeth McKinney - Board Member**  
**Brenda Cohen - Parliamentarian**

### **Budget & Finance Committee**

Chair: Roland Santos  
Co-Chair: Antonette Nunez

#### **Accomplishments:**

Identified revenue sources - membership, Investment income, donations.  
Reviewed recurring expenditures in the budget - program expenses, scholarship awards, maintenance/ supplies/ business related costs.

#### **Financial Goals:**

Assist in increasing membership and help in raising funds.

### **Education and Research Committee**

Chair: Regalado Valerio Jr.  
Members: Deovina Jordan and Sonia Sabado

#### **Accomplishments:**

Provided education seminars in all PNASC conferences and worked closely with PNASC-OC officers with their sub-chapter education offerings.

#### **Future Goals:**

Increase provision of educational programs from 2x/year to 3x/year.  
Provide separate education/training to PNASC leaders.

### **Legislative Committee**

Chair: Sonia Sabado  
Members: Velma Yep and Andrea Montoya

#### **Accomplishments:**

Supported Assembly Bill 637 (on POLST) which passed on August 17, 2015.  
Supported Senate Bill 323 (on NP practice).

#### **Future Goal:**

Continue to share and disseminate legislative issues impacting nursing practice.

### **Membership Committee**

Chair: Antonette Nunez  
Members: Gail Jones, Maria Sagun and Glenda Totten

#### **Accomplishments:**

Partnered with Nursing schools to increase membership.  
Increased membership to 431 members (90 + 341 lifetime).

#### **Future Goal:**

Explore new ideas for member recruitment and retention.

### **Newsletter Committee**

Chair: Deovina Jordan  
Members: James Jordan and Divina Finger

#### **Accomplishments:**

The PNASC Newsletter is among the winningest newsletters in the history of PNAA. In 2015, the PNASC Newsletter won both the PNAA PRIDE Awards for Outstanding Editorial and Outstanding Chapter Newsletter.

#### **Future Goals:**

Continue to promote PNASC events and support PNASC committees' efforts.

### **Outreach Committee**

Chair: Bonnie de los Santos  
Members: Lilibeth Cruz, Antonette Nunez, Andrea Montoya, and Joanna Montoya

#### **Accomplishments:**

2014-2016: 262 hours including the Forest Lanes Blood Pressure Screening and Education Outreach on March 26, 2016.

#### **Future Goal:**

Continue PNASC visibility in the community by increasing health awareness and education, and partnering with other organizations.

### **Practice Committee**

Chair: Sonia Sabado  
Members: All Committee Chairs

#### **Accomplishments:**

Changes to current policies and procedures in the Legislative, Program & Awards, and Education & Research Committees.

#### **Future Goal:**

Continue to standardize operational functions in order to provide consistency and efficiency in the accomplishments of identified goals.

### **Program & Awards Committee**

Chair: Maria Sagun  
Members: Gail Jones and Antonette Nunez

#### **Accomplishments:**

2015 - Scholarship Awards and Spring and Winter Program Seminar  
2016 - 4-in-1 Event

#### **Future Goal:**

Continue providing members with scholarship awards and excellent seminars.

### **Ways & Means Committee**

Chair: Lilibeth Cruz  
Members: Antonette Nunez and Sonia Sabado

#### **Accomplishments:**

Positive income earned from: (1) March 2015 Bowling Fundraising: \$680.00;  
(2) May 2015 3-in-1 Event: \$2,475.00; and (3) April 2016 Bowling Fundraising: \$235.00.

#### **Future Goals:**

Continue fundraising and recruiting sponsors for PNASC events.

### **Website & Press Relations Committee**

Chair: Velma Yep  
Members: Melvin Carrillo and Sonia Sabado

#### **Accomplishments:**

Maintained viable ongoing website available for access by the public (Public Relations)  
Started online registration for new and current members  
Posted concurrent professional events

#### **Future Goals:**

Continue to provide access for inquiries.

## PNASC Committees At Work! General Assembly Committee Reports (Cont.) Long Beach, California - May 14, 2016

(Continued from page 5)

### Constitution & By Laws Committee

Chair: Glenda Totten

Members: Antonette Nunez, Sonia Sabado and Melvin Carrillo

#### Accomplishments:

Presented the following proposed amendments to the General Assembly on May 14, 2016.

- Proposed amendments - to Section I. Membership of the Constitution & ByLaws (CBL) - to include "Student nurses as members."
- Proposed amendments - to Article III. Membership/Dues, Section 3. Dues and Funds of the Constitution & By Laws (CBL) - to include "Annual dues shall be recorded by calendar year from January 1 to December 31."
- Proposed amendments - to Article IV. Duties/Rights/Privileges of Members, Section 5. of the Constitution & ByLaws (CBL) - to include "Associate members shall have the rights and privileges of holding elected office in the Board of Directors."
- Proposed amendments - to Article V. Executive Board, Section 1. of the Constitution & ByLaws (CBL) - to include "The ultimate authority in the association shall be vested on the Executive Board consisting of nine (9) elected Executive Officers and eight (8) Board of Directors, Sub-Chapter Presidents, appointed Parliamentarian and one (1) appointed Advisory Council Member designated by the Advisory Council. A duly qualified member appointed by the President and approved by the Executive Board shall fill any vacancy."
- Proposed amendments - to Article VI. Executive Board/ Board of Directors Election/ Duties and Responsibilities, Section 1. of the Constitution & ByLaws (CBL) - to include "The Executive Officers consist of the President, President-Elect, Vice-President, Recording Secretary, Corresponding Secretary, Treasurer, Assistant Treasurer, Auditor, Public Relations Officer, eight (8) Board of Directors, Subchapter Presidents and appointed Parliamentarian and one appointed Advisory Council member designated by the Advisory Council."
- Proposed amendments - to Article VI. Executive Board/ Board of Directors Election/ Duties and Responsibilities, Section 7. Duties of the Officers of the Constitution & ByLaws (CBL) - to include "Duties of the Sub-chapter President."

#### Future Goals:

Continue to receive proposals for amendments to the Constitution & ByLaws of PNASC and present them to the General Assembly.



## Lobby Day Velma Yep, MSN, RN, APRN

No one is better equipped to tell the story of the vital role that Nurse Practitioners (NPs) play in primary healthcare than NPs themselves. Hence, on May 24, 2016, more than 150 NPs gathered in the State Capitol in Sacramento for the California Association of Nurse Practitioners Lobby Day. I was one of them. I represented the Inland Empire Chapter. This was my second time to attend Lobby Day. It was an amazing experience to talk and present a cause to a State Senator and his/her staff. Before setting off for the State Capitol for scheduled meetings with legislators and their staff, attendees were briefed on lobbying techniques. We were grouped randomly. Each group of five NPs were assigned to meet with a State Senator and an Assembly Member. Meetings were brief; thus, we had to present our points succinctly in about 10 to 20 minutes. Our viewpoints had to be politically correct. In one of my meetings, I was the only one assigned to meet with a State Senator. I was fortunate enough to have been assigned with State Senator Connie Leyva of District 20 of which I am one of her constituents. She was very accommodating, kind and perceptive. She is actually a supporter of the bill which we were lobbying for.

Senate Bill (SB) 323, co-authored by Senator Ed Hernandez (D-West Covina) and Assembly Member Susan Eggman (D-Stockton), is a measure that would remove the physician supervision requirement that prevents NPs in California from practicing to the full extent of their education, experience and expertise. Currently, 21 other states and the District of Columbia have adopted "full practice authority" legislation for NPs. Two other states and the U.S. Department of Veteran's Affairs are joining that group. This bill would significantly expand access to health care for millions of Californians particularly the medically underserved communities. Where physicians will no longer practice, NPs would be able to provide care.

Senate Bill 323 was initially heard by a committee on June 30, 2015, when it failed passage by a vote of 4 to 9. The measure was subsequently designated as a two-year bill, making it eligible for reconsideration by the same committee the following year. Previously, the bill had gained approval from two Senate committees and was approved by the full Senate on May 7, 2015 (by a vote of 25 to 5).

It is unfortunate, however, that during the June 28 hearing of the Assembly Committee on Business and Professions, Senator Ed Hernandez opted not to present SB 323 as it was apparent that there was still insufficient support among committee members to advance the bill.

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## Lobby Day (Cont.)

Velma Yep, MSN, RN, APRN

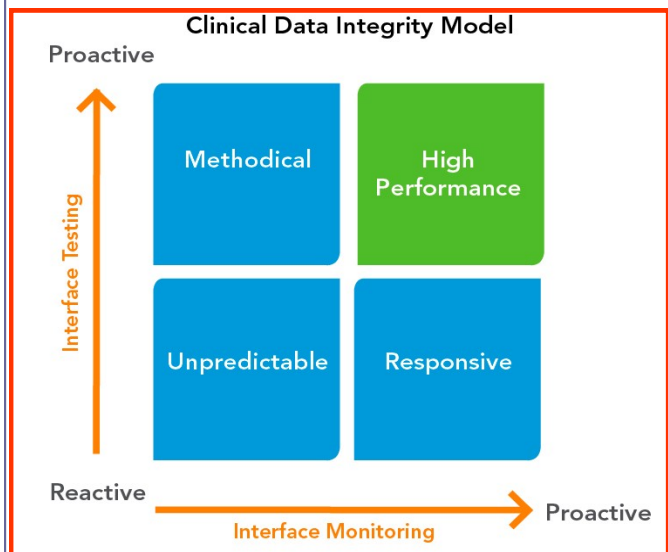
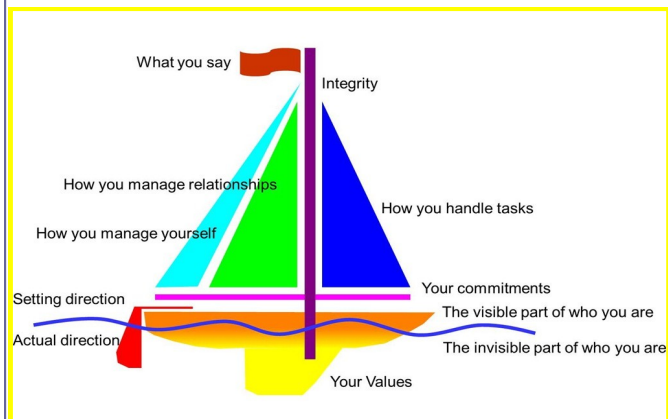
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According to Uwe Reinhardt, Health Economist at Princeton University "The doctors are fighting a losing battle as the nurses are like insurgents. They are occasionally beaten back, but they will win in the long run. They have economics and common sense on their side."



## Models of Integrity

Divina Finger, MN, BSN, RN







## What is Integrity?

### A Philosophical and Cross-Cultural Perspective

Deovina Jordan, PhD, RN & Rosalia Benicta, MA, BSN, RN



Many people assume that they know what constitutes integrity. However, that is not necessarily the case from a philosophical standpoint. While integrity has often been cited as being a virtue, it has been at times confused with morality or immorality. Not everyone knows that he or she is acting immorally, specifically when one is following a different set of moral views. As such, that person may be acting with integrity, but not in the context of morality from the standpoint of different set of morals. In terms of philosophy, integrity is related to one's general character. According to the Stanford Encyclopedia of Philosophy (2013), "ordinary discourse about integrity involves two fundamental intuitions: first, that integrity is primarily a formal relation one has to oneself, or between parts or aspects of one's self; and second, that integrity is connected in an important way to acting morally, in other words, there are some substantive or normative constraints on what it is to act with integrity. ... A number of accounts have been advanced, the most important of them being: (i) integrity as the integration of self; (ii) integrity as maintenance of identity; (iii) integrity as standing for something; (iv) integrity as moral purpose; and (v) integrity as a virtue."

The issue of what constitutes integrity is complicated further by cultural differences. According to Kasulis (2002), cultures not only ask different questions about integrity, but also use different approaches to answer those questions. As such, how people think about things or persons can vary considerably, leading, of course, to different, and sometimes incompatible, basic assumptions that limit successful interpersonal communications. Additionally, Carley (2016) indicated that integrity itself has a common intercultural meaning. She wrote "surprisingly, the term integrity seems to refer to the same thing in all cultures, but its importance seems to be fading as we humans excel at justifying our lack of the different factors of integrity, such as truthfulness, honor, and accountability."

One area greatly impacted by cross-cultural differences is integrity in the provision of health-care services. In connection with this, Juckett (2005) explained that, "cultural competency is an essential skill for family physicians because of increasing ethnic diversity among patient populations. Culture, the shared beliefs and attitudes of a group, shapes ideas of what constitutes illness and acceptable treatment. A cross-cultural interview should elicit the patient's perception of the illness and any alternative therapies he or she is undergoing as well as facilitate a mutually acceptable treatment plan. Patients should understand instructions from

their physicians, and be able to repeat them in their own words. To protect the patient's confidentiality, it is best to avoid using the patient's family and friends as interpreters. Potential cultural conflicts between a physician and patient include differing attitudes towards time, personal space, eye contact, body language, and even what is important in life. Latino, Asian, and Black healing traditions are rich and culturally meaningful but can affect the management of chronic medical and psychiatric conditions. Efforts directed toward instituting more culturally relevant health care enrich the physician-patient relationship and improve patient rapport, adherence, and outcomes."

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## Filipino Proverbs on Integrity

Christine Jeanne Benicta

A good character is more valuable than gold.  
A good character is real beauty that never fades.  
A brave man will face a situation no matter how dreadful.  
A clear conscience is more valuable than wealth.  
It is never too late to offer anything that is good.  
Mercy resides in God; deeds are in men.  
Tell a lie and the truth will come to light.  
The real hero doesn't say that he is one.  
Truthfulness ensures a lasting relationship.  
Whatever the tree, so is the fruit.





## A Dog's Loyalty Lives On (A True Story & A Lesson On Integrity)

Demetria Nacis, MA, BSN & Neil John Yumul, MA, BSN



The following story was published by Nick Pisa on January 16, 2013 in the Daily Mail (a British Newspaper).. It serves as an inspiration to all on the true depth of loyalty, love, and, therefore, integrity as demonstrated by a German Shepherd.

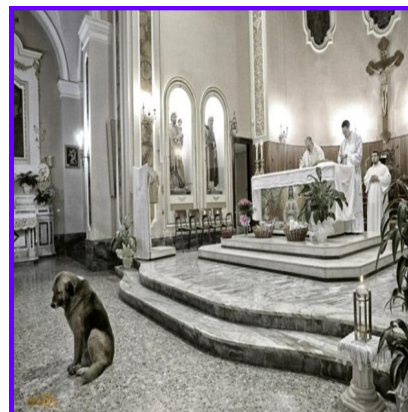
"A heartbroken dog, whose owner died two months ago, is missing her so much he is attending services at the Italian church where her funeral was held - patiently waiting for her to return. Loyal Tommy, a seven-year-old German Shepherd, belonged to Maria Margherita Lochi, 57, and had been her faithful companion after she adopted him when she found him abandoned in fields close to her home. Mrs Lochi adopted several strays she found but friends said she developed a particular close affection for Tommy as she would walk to church with him from her home every day. In church, the priest would allow Tommy to sit patiently by Mrs. Lochi's feet."

"Following Mrs. Lochi's death at San Donaci near Brindisi, a funeral service was held at which Tommy joined mourners and since then he has been a regular at the church arriving on time when the bells ring out to mark the start of services. Father Donato Panna said: "He's there every time I celebrate mass and is very well behaved - he doesn't make a sound, I've not heard one bark from him in all the time he has been coming in. He used to come to mass with Maria and he was obviously devoted to her - I let him stay inside as he was always so well behaved and none of the other parishioners ever complained to me. He's still coming to mass even after Maria's funeral, he waits patiently by the side of the altar and just sits there quietly. I didn't have the heart to throw him out - I've just recently lost my own dog so I leave him there until mass finishes and then I let him out. Tommy's been adopted by everyone in the village now and he is everybody's friend. Everyone looks out for him and leaves food for him - although it would be nice to find a proper home for him."

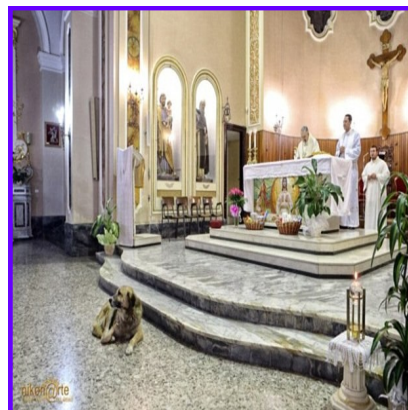
"The story of Tommy is similar to the 2009 Hollywood blockbuster Hachi starring Richard Gere which told of how a faithful Akita dog waits patiently for his master after he dies. It was based on the true story of a Japanese Akita called Hachiko, whose owner died in 1925 but for the next nine years he waited patiently at a railway station for his owner from where they regularly caught a train."



Pining: Tommy, the German Shepherd, waits faithfully during mass at the church where his owner's, Maria Margherita Lochi's, funeral was held.



Sad: Heartbroken Tommy, a seven year old German shepherd, had been adopted by Maria Margherita Lochi, 57, after she found him wandering the fields behind her house in San Donaci near Brindisi, Italy.



Routine: Tommy and Maria would walk to church together everyday - where the priest would allow Tommy to sit patiently by Maria's feet during mass.

## **“In Retrospect: The California Pre-licensure Nursing Concurrency Issue A Foreign Graduate Nurse’s Tale”**

**Cielito J. Deona-Wilson, RN**



Recently, the California Board of Nursing (BON) has limited its admission of foreign nurses seeking licensure through vigorous enforcement of its licensing regulations. This enforcement, particularly with regard to concurrency, has had the dramatic effect of turning California into an unwelcome state for foreign nurses - a surprising turn of events given that the state has always had friendly admission policies toward foreign nurses, especially those originating from the Philippines, my home country. While many foreign nurses may find the California BON regulations next to impossible to navigate, my journey illustrates that, with persistence and hard work, there remains a path, albeit a narrow one, to licensure.

As a youngster, my dream was to become a doctor, not a nurse. My path to nursing was indirect but worthwhile. After I graduated from college with a Bachelor’s Degree in Mass Communications in 2003, I worked for a business process outsourcing company (BPO), which provides customer service to clients in the United States. It was through this experience that I honed my communication skills, became an expert in dealing with difficult customers, and learned how to relate to Americans from many different cultures.

After 5 years of working in the BPO company, I decided to pursue nursing, as my employment experience taught me that I had a knack and passion for serving others in face-to-face encounters. Thus, I enrolled in a nursing program at a school in Manila, obtaining my second Bachelor’s Degree - this time in Nursing - at age 26. I graduated in 2012 and took the Philippine National Licensure Examination for nurses and passed.

In September 2013, I left for California to marry the man I would spend the rest of my life with. I had never been to California, or the United States for that matter, so I had to orient myself to a completely new way of living. One of my biggest challenges was learning how to drive in a hectic commuter city like Los Angeles. It took eight months of practice for me to eventually get comfortable behind the wheel. Driving and having to learn new things such as serving coffee as a barista to picky Starbucks customers were a couple of many new situations I faced as a new Los Angeleno.

In November 2013, I applied for the NCLEX-RN with the California BON but was deemed ineligible to sit for the

examination due to concurrency issues. I was informed that the first step I had to take to address the ineligibility was to request certain documentation from the nursing school I had attended in the Philippines. I did not waste time and immediately contacted my nursing school and had the needed documents submitted to the California BON upon receiving my request.

In March 2014, I finally received a letter explaining that the California BON had completed the evaluation of my application for NCLEX-RN. Based on the documents submitted, it had been determined that not all aspects of my theory and clinical training met the requirements in Medical-Surgical Nursing and Obstetric Nursing; therefore, I had to return to school and take the applicable courses to cure these deficiencies. The rule my application apparently ran afoul of, according to the letter, was the California Code of Regulation (CCR) Section 1426(d), which requires that “theory and clinical practice be concurrent in the areas of geriatrics, medical-surgical, mental health/psychiatric nursing, obstetrics and pediatrics.” The uphill battle towards nursing licensure started at this point. At that time, there was not enough information about concurrency. Even the California BON did not have specific information pertaining to the issue. Only in May 2015 did the California BON issue a communication outlining the California RN Licensure Qualifications for Graduates of International Nursing Programs. This communication may be found at the following link: <http://www.rn.ca.gov/pdfs/education/edp-i-35.pdf>.

I was prepared to start all over again. So first I obtained a list of all BON accredited nursing schools in California and called each one to inquire if they offer stand-alone courses in Medical Surgical Nursing and Obstetric Nursing. The nursing schools I contacted only offered one or the other and had a wait period ranging from two to three years. It was frustrating to say the least. I hit a wall each time and an insurmountable feat begun to loom over me. I had the chance to talk with a nursing program counselor in one of the colleges in the Los Angeles Community College District offering an Associate Degree in Nursing (ADN) program and was given the chance to enroll upon completion of the prerequisite courses. Left with little choice, I decided that it was the best route at that time. In between the back and forth communication with the nursing counselor to get some BSN subjects I took in the Philippines credited and completing the prerequisite courses, I was finally ready to start the

(Continued on page 11)





### **“The California Pre-licensure Nursing Concurrency Issue (Cont.)**

**Cielito J. Deona-Wilson, RN**

(Continued from page 10)

generic two-year ADN Program. Pursuit of this endeavor led me to obtain a 4.0 grand point average.

However, I quickly transitioned from this endeavor once I discovered the Foreign Nurse Graduate Program offered at a community college in Glendale, which allowed me to cure the deficiencies identified by the BON without having to enroll in the generic two-year ADN program. The selected applicants started off by completing the Advance Placement Nursing Bridge Course and the Nursing Pharmacology Review for about six weeks. Med-Math and clinical skills test were also administered to determine admittance to the Medical Surgical Nursing coursework. Once cleared, the applicants were allowed to enroll in the coursework in which they had deficiencies. In my third semester, I was allowed to enroll in Medical Surgical Nursing and Obstetric Nursing lectures as well as the corresponding clinical rotations as per the discretion of the Nursing Program Director. Admission into the courses was contingent upon spaces available in the generic two-year ADN program. While completing the requirements, the Nursing Department notified the California BON of the applicant's enrollment in the coursework. In response, the California BON sent out a Proof of Course Completion form to be filled and returned by the Nursing Program Director together with the transcript of records showing completion of the coursework required to cure the deficiencies once done. The program finished in December 2105 and the whole process took about eight months to complete.

After I received my final grades, I immediately started reviewing for the NCLEX-RN as I waited for a response from the California BON. In March 2016, I received a letter confirming my eligibility to sit in the NCLEX-RN. I passed the examination under the new test plan in April. I had the chance to network afterwards by attending the Philippine Nurses Association Southern California (PNASC) 4-in-1 Event in May 2016. I met inspiring individuals who openly listened to my story and allowed me to share it with others through the PNASC Newsletter. Further, the encounter also encouraged me to join PNASC. A few short weeks after that I was extended an offer to join the New Graduate RN Program at Huntington Hospital in Pasadena.

My story does not end here. I learned quite a lot from this humbling experience. As I continue to walk on this journey, I hope to stay motivated to achieve my goals and to inspire others to never give up!

### **Integrity as Presented by Nursing Theorists**

**Janine Baptista, BSN**



Nursing theorists have included integrity, or components of integrity, in their theories. To name a few, they are:

Neuman: A person “unconsciously mobilizes all system variables, including the basic structure of energy factors, toward system integration, stability, and integrity to create a safe environment.”

Orem: “Self-care agency (SCA) [is defined as] as complex acquired capability to meet one's continuing requirements for care of self that regulates life processes, maintains or promotes integrity of human structure, functioning [health] and human development, and promotes well-being.”

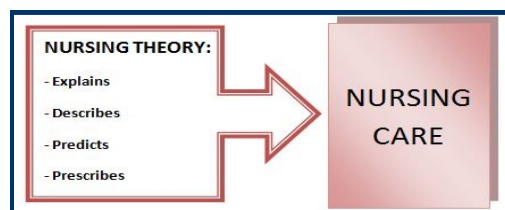
Rogers: “Pattern information concerning time perception, sense of rhythm or movement, sense of connectedness with the environment, ideas of one's own personal myth, and sense of integrity are relevant indicators of human-environment-health potentialities.”

Roy: “People have internal processes that act to maintain the integrity of the individual or group.” Furthermore, under the self-concept mode, three processes were identified to meet the person's need for psychic and spiritual integrity: the developing self, the perceiving self, and the focusing self. “

Integrity, as the above nursing theorists present, is therefore an indication of completeness of a system within which nurses function. It is not a moral, ethical, or legal component. And, it is definitely not a part of a person's character. Therefore, their theories do not really view integrity from a philosophical standpoint and have little bearing on how one actually functions in the real world.

Reference (of information and quotations):

Smith, M. C., & Parker, M. E. (2015). *Nursing Theories and Nursing Practice*. 4th ed. F. A. Davis Company, Philadelphia.





## Integrity in Relation to Law

Neil John Yumul, MA, BSN & Demetria Nacis, MA, BSN



Integrity is a very large construct in terms of law. According to a legal dictionary/thesaurus, the following definition for integrity is provided: "noun: character, estimableness, fairness, faithfulness, fidelity, good faith, goodness, high character, high-mindedness, honesty, honor, honorableness, incorruptibility, *integritas*, justness, moral soundness, moral strength, morality, nobleness, principle, *probitas*, propriety, purity, rectitude, reputability, responsibility, righteousness, scruples, scrupulousness, self-respect, sound moral principle, strict honesty, trustworthiness, truthfulness, upright moral character, uprightness, uprightness of character, upstandingness, veridicality, virtue, worthiness." Associated concepts according to the legal dictionary are: "character evidence, impugning the integrity of a witness, want of integrity" (Burton, 2007). As can be seen from the legal meanings and associations, integrity is an important component of the law.

Attempts have been made to further link law and integrity. For example, Ronald Dworkin's Constructive Interpretation of legal practice asserts the conception of law being integrity. The community as an entity is responsible for creating legal rights and duties (under which judges perform). Moreover, legal rights and duties reflect the community's conception of justice and fairness. "According to law as integrity, propositions of law are true if they figure in or follow from the principles of justice, fairness and procedural due process, which provide the best constructive interpretation of the community's legal practice. Law as integrity states that the law must speak with one voice, so judges must assume that the law is structured on coherent principles about justice, fairness and procedural due process, and that in all fresh cases which comes before them, judges must enforce these so as to make each person's situation fair and just by the same standard - that is to say, treat everyone equally" (Dworkin, 1986).

Dworkin's theory has been challenged. Law is not necessarily integrity according to some legal scholars. According to Allan (2009), Ronald Dworkin's theory of law forges a close connection between questions about the truth of propositions of law and the question of political obligation: law as integrity is a theory of legal practice that purports to explain, not only how the content of law is determined, but also why the law - in ordinary cases - imposes an obligation of obedience. The theory (as presented) is ultimately incoherent. If we accept Dworkin's theory of the grounds of law, we are obliged to reject his claims about its force; alternatively, if we accept his view of the force of law, we

must reject his theory about its grounds: he cannot be correct about both force and grounds. Dworkin supposes that, in extraordinary cases, the force of law is cancelled or overridden; but the relevant considerations of justice are wholly internal to our identification of the content of law. Consistently elaborated, integrity denies the offending requirements legal status: *lex injusta non est lex*.

The importance of integrity being essential to law practice was addressed by Ellen Freedman (Freedman, 2007). She wrote: "Probably one of the defining aspects of integrity is the manner in which individuals and organizations deal with adversity. It's easy to do the right thing in good times. But doing the right thing in the worst of times shows what people and organizations are really made of. ... Integrity is one of those intangibles which can affect us in very tangible ways. It is also one of the only things we can possess which cannot be taken from us without our consent. People can have the power to take our wealth, health, objects of desire, and even our ideas. But they cannot take our integrity without our willing consent. And most things of importance in our lives must be defended. But integrity needs no defense. No one has to make excuses for being truthful and honest in all regards."

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## Integrity in Dealing with Troublesome Nurses

Deovina Jordan, PhD, RN  
& Divina Finger, MN, BSN, RN



The book, *Toxic Nursing* by Dellasega and Volpe (2013, pg. 40) addresses how to deal with nurses who bully, have bad attitudes, and create turmoil in the workplace. In terms of integrity, the authors stated that “the nurse manager must consistently work at establishing professional relationships among all employees based on trust and integrity. Without these core values, relationships cannot grow and mature, and the cohesiveness of the work team is constantly challenged.” Later on, they wrote “In a unit such as the OR, where every one must work together as an orchestrated team, integrity and trust are core values that are essential to building a cohesive work group. The rumor mill whittles away at the integrity of all who participate in this activity. Over time, it will affect the ability of the group to function as a unified staff” (Dellasega and Volpe, 2013, pg. 42-43).

A number of recommendations were presented in the book for improving workplace cohesion and performance while reducing the effects of those who undermine nursing and other nurses. The process to better nursing begins at the very onset of nursing careers. According to Dellasega and Volpe (2013), “nurse managers can work with their staff to promote an environment of learning, communication, collaboration, and compromise.” To do so, one must not believe that someone who is more experienced or even more knowledgeable is automatically superior to her peers. As such, selection of preceptors for new nurses should be based upon of preceptors’ compassion, knowledge and record of proficiency. To optimize the return, new nurses need close mentoring during their first several months of employment. Bullying (mistreatment of new nurses) must be properly addressed and curtailed. “Be an advocate for your staff, and provide an atmosphere of learning and appreciation. Help dismiss prejudices that exist with different educational backgrounds, and show your staff that each individual’s strengths are what makes your unit operate on a daily basis. Then nurse retention should greatly increase” (Dellasega and Volpe, 2013, pg. 19-20).

The know-it-all/criticism queen is a kind of toxic nurse that must be dealt with. This kind of toxic nurse uses relational aggression (RA) by utilizing words as weapons to harm other nurses. Dellasega and Volpe (2013, pg. 35) indicated that “it is the nurse manager’s responsibility to create a climate of cooperation and respect on his/her unit. First, and perhaps most importantly, the nurse manager needs to role-model the kind of behavior(s) employees are expected to adopt. Next, each person must recognize that he or she has the potential to act out the behaviors of being too aggressive or too passive or standing by. Identifying specific

situations that may provoke each type of behavior will help stimulate discussion of helpful alternatives.”

The gossip is another kind of toxic nurse encountered in the workplace. While gossip may be part of human behavior, some “gossip and negative trash talk can take on a life of their own, poisoning a unit” (Dellasega and Volpe, 2013, pg. 53). To address gossip, the authors recommend to the nurse manager that he/she be “a role model who provides an example of desired behavior. Monitor your own interactions and make sure you aren’t inadvertently passing along bits of information that may or may not be true. Challenge your staff to adopt a zero-tolerance policy for gossip - start with one shift, then see if you can increase to 1 day, 1 week, 1 month, and so on. Once the cycle of negative interactions is changed, the work environment will be more enjoyable for everyone involved” (pg. 53).

The formation of cliques, campaigns, and high-school drama can adversely affect the quality of performance rendered by a nursing unit. According to Dellasega and Volpe (2013, pg. 73), “although nurses are adults, there can be a remarkable amount of high-school behavior on a unit. This might take the form of a campaign, in which a group of nurses gangs up on a coworker. Or it might be in the form of a drama queen, who deliberately stirs up trouble. Two-faced workers, who act pleasantly when in the company of management but act terribly the rest of the time, are also a problem. Finally, the existence of cliques can have a negative effect on retention, not to mention may lead to adverse symptoms among those left out.” In order to combat such negative (toxic) behavior, “nurse managers must try to combat this behavior by encouraging staff to report it and ensuring those who do will not face retribution. Responding to this type of behavior can be really challenging, because it can feel murky, unclear, or grey. Sometimes we might feel like something is wrong but can’t quite put our finger on what. Often in these types of situations, careful and quiet reflection can lead to a better understanding of the problem. Nurse managers have to do their very best to make it clear that we are no longer in high school (thank goodness!), and that this type of behavior will not be tolerated. Specific strategies might include a unit-based council of role models or a zero-tolerance policy” (pg. 74).

Incivility (rudeness) is another kind of behavior that adversely affects the nursing relationships in the workplace. The first intervention is to recognize those who are rude and uncivil so that one can develop a response plan to cope

(Continued on page 14)





## Integrity in Dealing with Troublesome Nurses

Deovina Jordan, PhD, RN  
& Divina Finger, MN, BSN, RN



(Continued from page 13)

with them when they behave in such a negative manner. Dellasega and Volpe (2013, pg. 87) pointed out that "promoting good relationships among all members of your team is also part of the nurse manager's job. Being a combination of cheerleader and coach, as well as demonstrating loyalty and commitment to those you supervise, will build a foundation of positive relationships throughout."

Another kind of disruptive worker/nurse is the individual who is always competing and wanting credit for whatever is done. In other words, they are glory hogs. They may even want to assume power over others, even when such is clearly not in their spheres of authority. Dellasega and Volpe (2013, pg. 103) wrote that "nurse managers want the very best from their staff, which means balancing the right amount of professional challenge with an individual employee's abilities. Deciding how and when to intervene in situations that challenge those who work for you requires wisdom, tact, and careful timing. At the same time, you need to feel like you are leading, not prodding or curtailing, your staff. Sometimes your job might feel more like soothing a group of tired preschoolers than facilitating the professional development of nurses, but the best leaders inspire by example rather than punishing or ignoring bad behavior. Ultimately, a sense of teamwork will help everyone to function at the top of their game. Finding the "glue" of quality patient care that can bind together students, physicians, and nurses is a strategic move that makes a nurse manager an effective leader."

There are nurses who manage to be at the workplace, but who manage not to do their jobs as efficiently, effectively, or precisely as intended. Something is added. Dellasega and Volpe (2013) pointed out in pg. 116-117 that "while the guidelines for professional behavior during work hours are often spelled out in endless policies, many nurse managers find themselves struggling to deal with the increasingly porous boundary between on- and off-the-job behavior. In particular, technology can offer both quick and accurate information as well as destructive and damaging rumors. Often, the concept of "privacy" is replaced by "transparency." Regardless of your management style, the people you supervise need to know what your expectations are. ... At a staff meeting, discuss how personal situations should be handled when they impact work performance, and poll your employees for their thoughts. For many reasons - including legal ones - communicating with your staff about these issues is essential. Take a position and stick with it, but be prepared to hold yourself to the same standard of behavior.

Chiding a nurse for surfing the internet for shoes is unfair if you do the same thing in the privacy of your office."

The issue of gender has not disappeared from the nursing world. Some nurses (and other persons) pursue such to the level of being harmful to others. Dellasega and Volpe (2013, pg. 137) wrote "interestingly, the gender status quo seems to be continuing in nursing, making it unlikely that nursing will follow the trend of medicine and become an equally attractive profession for men and women. (Our current mix of medical students is divided almost equally, with perhaps a percentage point or two favoring women.) That being said, all nurses are nurses: They've taken the same licensure exam and been hired into the same job descriptions. Therefore, debates about the legitimacy of "male nurses" should be a nonissue. The tolerant workplace is a compliant workplace, preventing litigation before discrimination can occur. Acceptance and inclusion begin with you, the nurse manager. As those you lead observe your interactions with others who may be different in terms of gender or cultural background, they will have an example of desired behavior. ... A nurse manager's ability to promote a tolerant workplace is only as good as the higher-ups in administration. Among your peers, a similar ethic of acceptance and support should be modeled as a guideline for others, and policies toward enforcement should be developed. Reporting of incidents needs to occur promptly on both a unit and organizational level. Remember, health care providers work as a team, and you are the leader of that team."

Some nurses become toxic to the workplace due to their belief that somehow they are better than other nurses. Such a belief can be based on seniority, specialty, or education. But, that some believe that they are better than someone else is not conducive to optimal workplace performance. According to Dellasega and Volpe (2013, pg. 157), "when 'rankism' occurs at any level, the issues run deeper than the behaviors you observe. A long history of viewing some nurses as 'better than' others by virtue of seniority, specialty, or education can create a culture of competition rather than cooperation. While the conflict often plays out on an interpersonal level, everyone within the organization can be affected by it. As a nurse manager, you may inadvertently buy into a culture of competition. Either you believe your unit is more special than others, or you may feel victimized by your peers, who believe their work is the most important and prestigious in the hospital.

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## What happens with the breakdown of integrity?

James Jordan PhD, PhD, MAdmin, BA, BSN, RN

The true value of integrity can also be assessed by addressing when integrity is violated. Examples of such violations include lying, theft, betrayal, and covetousness.

Lying is more than a simple statement or a falsehood. Lying places trust, necessary for all worthwhile human relationships and endeavors, at risk. Lying creates distrust. One can never trust a liar. One can never be truly loyal to a liar. And, lying is actually very disrespectful to the person being lied to. Indeed, lying can have a temporary benefit. But, its consequences are lasting. Maybe, that is one reason why the Bible tells us that God hates lies. One of the things I remember about lies came from a relative (who claimed he loved me). Yet, all of the promises he made were broken by him. I learned a lot about what not to do from this relative. Another example of lying is speaking pleasantries just to be politically correct. Family and friends commend me for being extremely honest, considerate, gracious, and kind. Yet, they do not like the idea that I would not speak lying pleasantries, some of which were in direct contrast to sound Biblical doctrine. Christ did not say them, so why should I? And, if one must lie to have a friend, then there is no real friendship - which requires honesty and integrity - between these two persons.

Theft is more than the unethical taking of an item. Theft is the seizure of all that someone did to have that item or to create the item. So, theft involves the stealing of another person's life, efforts, thoughts, and creativity. I have a story about theft which involved relatives. When I was in college. I used to walk miles in deep snow to go to and forth the university. I saved some money and used it to buy a few silver coins. Later, relatives stole the coins from me. To them, it was just few coins. But for me, it involved walking in frigid conditions to save some money to be able to buy those coins. The coins were not the only things stolen. That part of my life was also stolen. In the end, when the relative passed away, those coins went to his in-laws. As such, theft has the lasting impact of increasing poverty (including poverty in relationships) and decreasing interpersonal interactions.

Another example of theft is the theft of ideas. This happens often in academic and professional circles. Sometimes, this type of theft occurs when someone takes credit for the reward/award given for someone else's work. I remember working years on theories, only to have someone else take

primary credit (after which I would never work with them again). Fortunately, years earlier, I listened to a professor who recommended that I copyright my theories and ideas (or someone would steal them). Moreover, when one steals, one is also saying that he, the thief, (from his own perspective) has more intrinsic value than the victim from which the item was stolen from. That entails pride. And, according to the Bible, "Pride goes before destruction."

Betrayal takes many forms. First, it is a lie that violates trust. It is much like the woman who talked about: her faithfulness and virtue before marriage, how one should not even hold hands in public before marriage, and that kissing was reserved only for after marriage. These traditional values are very rarely practiced nowadays. If a woman should teach these to others, then she should practice these herself, in public and in private. Otherwise, this is betrayal of all those nice ideals she is teaching others. Betrayal is the theft of all trust that one places into a relationship. For example, betrayal, as in adultery, is more than a sexual tryst. It violates the very foundation that one placed into a marriage ("forsaking all others"). And, it does not involve only the partner in the relationship/marriage (between a man and a woman). It means that the oath/promise one took before God was cast aside. And, this is a form of blasphemy.

Finally, covetousness is also a violation of integrity. With covetousness, one is saying that someone else is less deserving of someone or something being desired. It leads to resentment and, ultimately, to the destruction of human relationships. If this was an item, the item being coveted becomes more valuable than the person from whom it was stolen from. As such, love diminishes, trust is lost, and the quality of interpersonal relationship becomes severely reduced.

(Continued on page 16)

RIGHTEOUS  
HONORABLE  
TRUTHFUL  
BLAMELESS  
GRACEFUL  
UPRIGHT  
DISCIPLINED  
FAITHFUL  
HOLY

## What happens with the breakdown of integrity? (Cont.)

James Jordan PhD, PhD, MAdmin, BA, BSN, RN

(Continued from page 15)

In light of what I just wrote, Deovina and I set down some ground rules before we were even engaged to be married. While we were walking together down a street in New York 24 years ago, we agreed upon the following:

- (1) We shall serve and worship only one God, and that God shall be the Christian God. We will not depart from true Christianity or the Bible in our lives. Neither one of us would commend sin.
- (2) There shall be no unfaithfulness in our relationship. If and when we became married, we would be (as indicated in the Bible) as one flesh. Our marriage would be according to the Bible as between a man and a woman (under the rule of the Christian God).
- (3) We shall not lie to each other. The truth would be at the core of our relationship.
- (4) Neither of us shall harm the innocent.
- (5) Neither of us shall ever participate in any form of substance abuse.
- (6) I would treat her family as my family and she would treat my family as her family. If there are problems in her family, she would handle them. If there were problems in my family, I would handle them.
- (7). Neither of us shall steal.
- (8) We will permit no racism, whether it be anti-Filipino or anti-White, to enter our household.

We have kept those promises to each other. That basis on integrity has strengthened our marriage and has helped us through difficulties (as life inevitably gives unto one). Truly, integrity is the key to a happy and successful life. And, over the years, I have learned that there is no such thing as a typical American, Filipino, or anything else. We are all individuals and should be regarded as such!



## Integrity in Dealing with Troublesome Nurses (Cont.)

Deovina Jordan, PhD, RN  
& Divina Finger, MN, BSN, RN

(Continued from page 14)

To begin changing these interactions, promote activities that focus on commonalities rather than differences - these can unite rather than divide."

In conclusion, regarding toxic nursing, Dellasega and Volpe (2013) advised nurse managers to remind themselves "to be ABLE:

A = Act now to address conflict, relational aggression, and cynicism, rather than waiting until later.

B = Bolster your belief in all team members, and show that you believe they are talented, important, and appreciated by both you and the organization.

L = Lead through example. Show your staff that you are willing to use the same behaviors you expect from them, both on the unit and in interacting with other nurse managers and higher administration.

E = Expect excellence and empower your employees to achieve the professional goals they set."

### Reference:

Dellasega, C., & Volpe, R. L. (2013). *Toxic Nursing*. Sigma Theta Tau International Honor Society of Nursing, Indianapolis, IN.





## Truths and Integrity

Neil John Yumul, MA, BSN



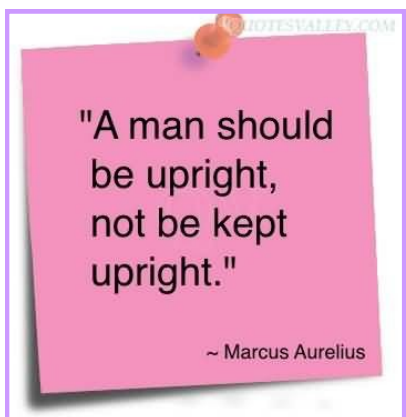
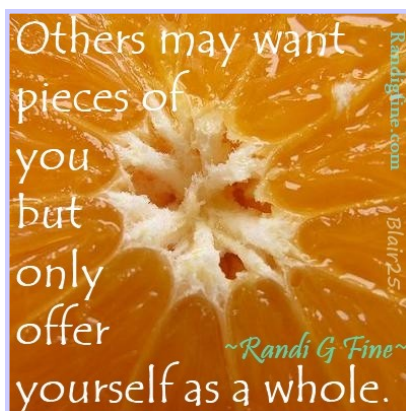
### 12 Truths About Lying

1. Honesty may not always pay, but lying always costs.
2. Trust is a tower, built stone by stone; lies take stones from the bottom.
3. There is no security in secrecy; every undiscovered lie is a live landmine.
4. Lies breed a bodyguard of new lies to protect themselves.
5. Lies look very different to the person lied to than the person telling the lie.
6. Rationalizing, justifying or trying to minimize a lie only deepens distrust.
7. When we are lied to we wonder: "What else have you lied to me about?"
8. It only takes one lie to make you a liar or distrust someone who lied to you.
9. Apologies for lying help but they can't remove the scar or heal the wound.
10. You can't disguise lies in half-truths or silence; a lie is a lie.
11. Lying is not only dishonest; it's disrespectful.
12. When you lie to a liar you're still a liar.

Michael Josephson

(c) Michael Josephson 2014

whatwillmatter.com



### Honesty



Honesty is telling the truth.

When I am honest, I feel clear inside.

A person worthy of confidence is honest and true.

Honest thoughts, words and actions create harmony.

Honesty is to use well what has been entrusted to you.

Honesty is the best policy.

There is a deep relationship between honesty and friendship.

When I am honest, I can learn and help others learn to be giving.

Greed is sometimes at the root of dishonesty.

There is enough for man's need, but not enough for man's greed.

When we are aware we are interconnected, we recognize the importance of honesty.

From Living Values Activities for Children, Ages 6-14. Copyright © Living Values: An Educational Program, Inc. www.livingvalues.org

"Before us lie two paths - honesty and dishonesty. The shortsighted embark on the dishonest path; the wise on the honest. For the wise know the truth; in helping others we help ourselves; and in hurting others we hurt ourselves. Character overshadows money, and trust rises above fame. Honesty is still the best policy."

Napoleon Hill

happytoinspire





## Integrity: A Biblical Perspective

Divina Finger, MN, BSN, RN  
Janine Baptista, BSN



When a man  
walks in integrity  
and justice,  
happy are his  
children  
after him.

-Proverbs 20:7

BibleGodQuotes.com

DESPITE THEIR DESIRES,  
THE LAZY WILL COME TO RUIN,  
FOR THEIR HANDS REFUSE TO WORK.

~ Proverbs 21:25

*www.dailyinspirationalquotes.in*

THE LORD  
DETESTS  
DISHONEST  
SCALES,

BUT ACCURATE  
WEIGHTS FIND  
FAVOR WITH HIM.

christianity.about.com

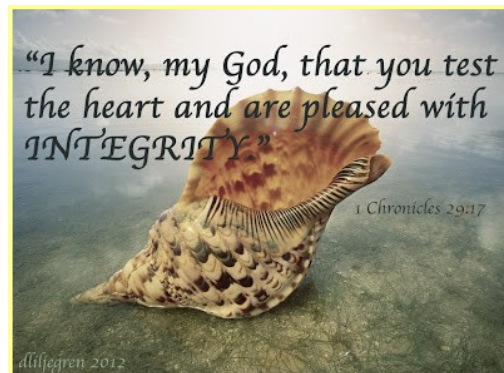
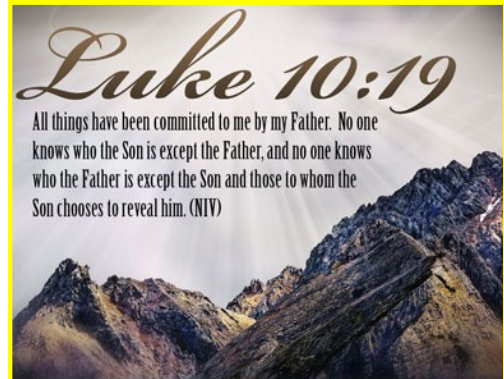
PROVERBS 11:1 (ESV)

*Job 23:10-11*

He knows the way that I take;  
when he has tested me,  
I will come forth as gold.

My feet have closely  
followed his steps;  
I have kept to his way  
without turning aside.

www.heartsong.com



She who walks with  
integrity walks securely.

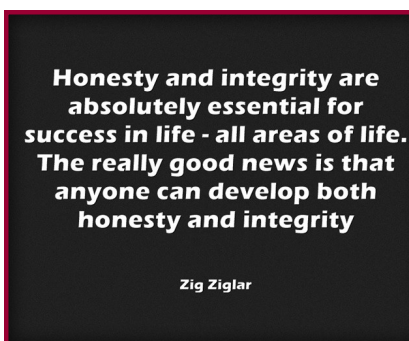
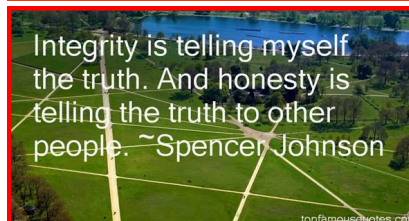
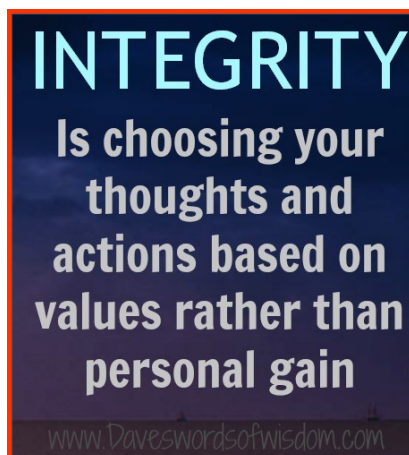
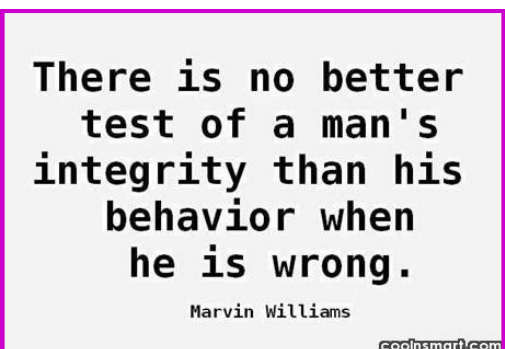
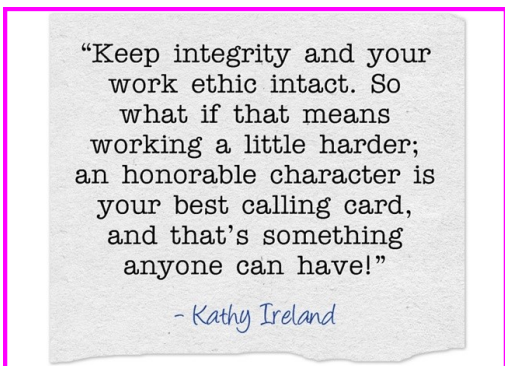
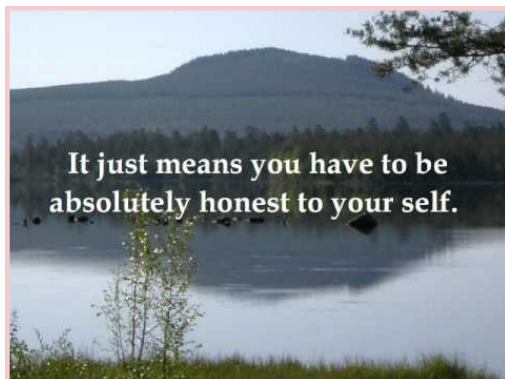
-Proverbs 10:9





## Integrity is Attainable

Demetria Nacis, MA, BSN & Rosalia Benicta, MA, BSN, RN





## Integrity is Attainable (Cont.)

Demetria Nacis, MA, BSN & Rosalia Benicta, MA, BSN, RN



## INTEGRITY

Firm adherence to a code  
of especially moral or artistic  
values: incorruptability

Source: Merriam-Webster's  
Collegiate Dictionary

It's not what you leave to your  
children, it's what you leave in  
your children



No matter how educated,  
talented, rich, or cool you believe  
you are, how you treat people  
ultimately tells all.

**Integrity** is  
Everything.



## Humor and Integrity

Janine Baptista, BSN

I'M SORRY IF YOU  
DON'T LIKE MY  
**HONESTY**  
BUT TO BE FAIR  
I DON'T LIKE YOUR  
**LIES**

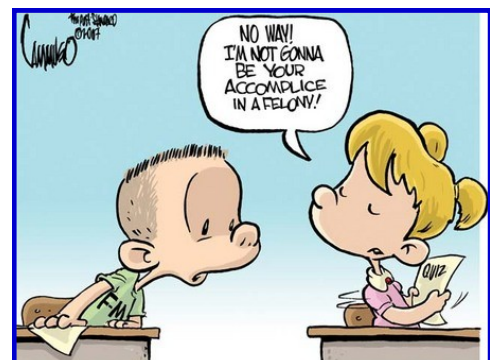
Being honest  
never hurts anyone.  
Being a liar  
hurts only you.

Cook's smart.com

## Honesty



Integrity





## Inspirational Quotes About Nurses

**Christine Jeanne Benicta**

1. "To do what nobody else will do, a way that nobody else can do, in spite of all we go through; that is to be a nurse." – Rawsi Williams, BSN, RN
2. "Panic plays no part in the training of a nurse." – Sister Elizabeth Kenny
3. "Nurses may not be angels, but they are the next best thing." – Anonymous Patient
4. "Nurses dispense comfort, compassion, and caring without even a prescription." – Val Saintsbury
5. "Whether a person is a male or female, a nurse is a nurse." – Gary Veale, RN
6. "We often think of nursing as giving meds on time, checking an X-ray to see if the doctor needs to be called, or taking an admission at 2:00 a.m. with a smile on our faces. Too often, we forget all the other things that make our job what it truly is - caring and having a desire to make a difference." – Erin Pettengill, RN, quoted in RN Modern Medicine.
7. "Our job as nurses is to cushion the sorrow and celebrate the joy, everyday, while we are 'just doing our jobs.'" – Christine Belle, RN, BSN
8. "It is not how much you do but how much love you put in the doing." – Mother Theresa
9. "The door that nobody else will go in at seems always to swing open widely for me." – Clara Barton
10. "Nurses have come a long way in a few short decades. In the past our attention focused on physical, mental and emotional healing. Now we talk of healing your life, healing the environment and healing the planet." – Lynn Keegan
11. "They may forget your name but they will never forget how you made them feel." – Maya Angelou
12. "There is no medicine like hope, no incentive so great, and no tonic so powerful as expectation of something better tomorrow." – Orison Swett Marden
13. "Nurses: one of the few blessings of being ill." – Sara Moss-Wolfe
14. "It would not be possible to praise nurses too highly." – Stephen Ambrose
15. "Nurses serve their patients in the most important capacities. We know that they serve as our first lines of communication when something goes wrong or when we are concerned about health." – Lois Capps
16. "The character of the nurse is as important as the knowledge she possesses." – Carolyn Jarvis
17. "Difficult as it is really to listen to someone in affliction; it is just as difficult for him to know that compassion is listening to him." – Simone Weil
18. My mother is a nurse. My aunts, uncle, and cousins are nurses. I grew up around nurses. They are my inspiration!

## Integrity: A Time to Perform

**Abbygale Frances Palapar**



**But not only when people are watching!**



**Decisions about what path to take have to be made!**

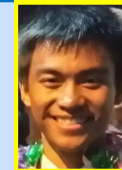


**So make the right decisions and follow them!**



## Integrity - Video and Media

Noa and Nilo Batle, Filipino Artists, Batle Studios, SF, CA



This presentation deals with videos that address integrity. Integrity is an essential component in being a valuable member of society. It is also a component of our Filipino culture.

Currently, videos have been prepared to teach children while they are still in school about integrity. Some of these videos are as follows:

- 1) Proyecto Sa Filipino – Grade 5 Integrity at <https://www.youtube.com/watch?v=3zZ9WKTikMg>.
- 2) #BayanKoAayos: The Filipino Youth's Commitment to Integrity at [https://www.youtube.com/watch?v=KoYmSyVW\\_0U](https://www.youtube.com/watch?v=KoYmSyVW_0U).
- 3) Florante at Laura :: Group 5 Integrity (SMAD) at [https://www.youtube.com/watch?v=\\_2Gur8nWmUk](https://www.youtube.com/watch?v=_2Gur8nWmUk).
- 4) Integrity 2014's Love rain at <https://www.youtube.com/watch?v=evcl7xeczus>.

Another set of videos accentuates "the Pinoy Integrity in all of us.

- 1) Pinoy Integrity 1 – Walis Tingting at <https://www.youtube.com/watch?v=eaYhlbEGha8>.
- 2) Pinoy Integrity 2 – Treasured Memories at <https://www.youtube.com/watch?v=ADXi-8ovpGk>.

Here is a set of videos about behaving with integrity while in the Philippines (from the standpoint of a non-Pinoy).

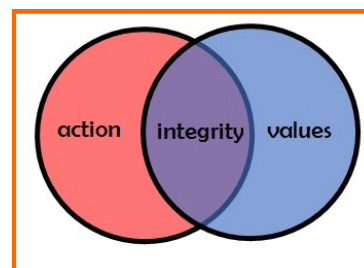
- 1) Value your credibility and integrity in the Philippines at <https://www.youtube.com/watch?v=YjUBZsIevqY>.
- 2) Are ethics and morals more of a problem than poverty? at <https://www.youtube.com/watch?v=-rKrSC6lu8U>.
- 3) Does she really love you? – Being duped by bad Filipina's in the Philippines at <https://www.youtube.com/watch?v=LtC5AI-IOAo>.

Since this is a publication that has its focus on nurses, Filipino American nurses in particular, it is also useful to address videos that address nurse integrity. Two of them are as follows:

- 1) The Stray Path: A Story of Integrity at <https://www.youtube.com/watch?v=DVuNzFkgfDo>.
- 2) Nursing Admin Study Guide – Integrity at [https://www.youtube.com/watch?v=NU3Tv\\_9ovrA](https://www.youtube.com/watch?v=NU3Tv_9ovrA).

And, since this is an issue addressing integrity, a philosophical viewpoint is involved. Some videos that address integrity from a philosophical standpoint are as follows:

- 1) What is integrity? What does integrity mean? Integrity meaning, definition & explanation at [https://www.youtube.com/watch?v=cgD\\_j2jih18](https://www.youtube.com/watch?v=cgD_j2jih18).
- 2) Manly P. Hall – Integrity, the Endangered Virtue at <https://www.youtube.com/watch?v=F5r1uUvWH0M>.
- 3) Manly P. Hall – Those who attain integrity must pass on the lamp at <https://www.youtube.com/watch?v=pQkkY3aozBE>.
- 4) Is the Law like a Comic Book or DVD Game? Dworkin's "Law as Integrity" | Philosophy Tube at [https://www.youtube.com/watch?v=ARl3yf\\_Mg-Q](https://www.youtube.com/watch?v=ARl3yf_Mg-Q).







## The Cutting Edge of Research

Deovina N. Jordan, PhD, MSN, MPH, BSN, RN, BC

Filipino American and Vietnamese American young adults were reported to be twice more likely than Chinese American young adults, in California, to use electronic nicotine delivery systems (E-cigarettes). Most reported perceiving the use of electronic nicotine delivery systems to be harmful to health. In spite of the perceived health risk, there was a propensity toward specific flavors, with fruit being most desired followed by candies/sweets. The purpose of using electronic nicotine delivery systems was for recreation.

**Source:** Maglalang, D. D., Brown-Johnson, C., & Prochaska, J. J. (2016). Associations with E-cigarette use among Asian American and Pacific Islander young adults in California. *Prev Med Reports*, 4, 29-32.

"Patterns of mammography and Pap test use vary among subgroups of Asian women, by length of residency in the USA, insurance status, usual source of care, and type of cancer screening test. These findings highlight that certain Asian subgroups continue to face significant barriers to cancer screening test use."

**Source:** Shoemaker, M. L., & White, M. C. (2016). *Cancer Causes Control*, 27, 825-829.

Age-standardized incidence of cancer was found to be lower for Asian Americans overall than for non-Hispanic Whites (except for nasopharyngeal, liver and stomach cancers). Regarding Filipino Americans, specifically Filipino American men, (and Japanese women) have the highest overall incidence rates for cancer. Filipino Americans ranked highest in the incidence of thyroid cancer.

**Source:** Jin, H., Pinheiro, P. S., Xu, J., & Amei, A. (2016). Cancer incidence among Asian American populations in the United States, 2009–2011. *Int. J. Cancer*, 138, 2136-2145.

Filipino American women had similar clinical characteristics of cervical cancer as do Korean American, Japanese American, and White American women. Additionally, Filipino American women had better survival rates than the other women.

**Source:** Nghiem, V. T., Davies, K. R., Chan, W., Mulla, Z. D., & Cantor, S. B. (2016). Disparities in cervical cancer survival among Asian-American women. *Annals Epidemiology*, 26, 28-35.

Grouping Asian-Americans together as a population, or even Pacific-Islander Americans (e.g., Filipino Americans) with Asian-Americans, is inaccurate with regards to breast cancer mortality. Not only do the different groups of Asian-Americans and Pacific-Islander Americans present with different risks for breast cancer but "breast cancer-specific mortality among Asian-American women varies according to their specific Asian ethnicity and breast cancer subtype."

**Source:** Parise, C., & Caggiano, V. (2016). Breast Cancer Mortality among Asian-American Women in California: Variation according to Ethnicity and Tumor Subtype. *J. Breast Cancer*, 19 (2), 112-121.

Satisfaction with outpatient care wait times was lower for Filipino Americans (and other Asian-Americans subgroups) than for non-Hispanic Whites. Additionally, except for Japanese Americans, Asian-Americans (including Filipino Americans) were more likely to be late for their appointments.

**Source:** Chung, S., Johns, N., Zhao B., Romanelli, R., Pu, J., et al. (2016). Clocks moving at different speeds: cultural variation in the satisfaction with wait time for outpatient care. *Medical Care*, 54 (3), 269-276.

The risk for being overweight for Filipino immigrants (who immigrated at 30 years of age or younger) increases with the duration of residence in the United States.

**Source:** Afable, A., Ursua, R., Wyatt, L. C., Aguilar, D., Kown, S. C., et al. (2016). Duration of US residence is associated with overweight risk in Filipino immigrants living in New York metro area. *Family and Community Health*, 30 (1), 13-23.

Filipino American adolescents are at high risk for becoming overweight. This may be associated with low family incomes.

**Source:** Cook, W. K., Tseng, W., Bautista, R., & John, I. (2016). Ethnicity, socioeconomic status, and overweight in Asian American adolescents. *Prev. Med. Rep.*, 4, 233-237.

(Continued on page 24)

## The Cutting Edge of Research (Cont.)

Deovina N. Jordan, PhD, RN

(Continued from page 23)

The gap between sexual initiation and marriage has been increasing among young Filipino women. A consequence is that the rate of unintended fertility and teenage pregnancy has been increasing in the Philippines.

**Source:** Gipson, J. D., & Hicks, A. L. (2016). The delinking of sex and marriage: pathways to fertility among young Filipino women. *J. Biosoc. Sci.*

While being a news article and not an academic research article, the consequences of the previous entry is made quite clear. According to Kaiman and de Leon, the Philippines currently has 1.8 million abandoned children. "Many children still live at the Manila North Cemetery. During a reporter's recent visit, they wandered in packs, resting on the pavement between tombs and swinging from the frames of half-built mausoleums."

**Source:** Kaiman, J. & de Leon, S. (2016). The Philippines has 1.8 million abandoned children. Here's what keeps many from adoption. *Los Angeles Times*.

About 8.7% of Filipino American adults are in fair to poor health (according to self-report data). That is favorable in comparison to the 12.4% for all U.S. adults. Filipino American adults were more likely to have multiple chronic conditions than other Asian subgroups.

**Source:** Bloom, B., & Black, L. I. (2016). Health of non-Hispanic Asian adults: United States, 2010-2014. *NCHS Data Brief, No. 246*.

Health-care providers may mistakenly believe that their Filipino migrant (to Australia) patients have sufficient English language skills when being given information and/or directions about their chronic diseases. Filipino migrants, who do not have proficiency in English, may nod their heads as to agree with what the health-care provider is saying. Thus, the provider may assume that the patient has agreed or consented, when the patient actually "did not, [nodding] for fear of being thought 'stupid'." Such persons require the services of providers who know both the native language and culture of the patient.

**Source:** Maneze, D., Everett, B., Kirby, S., Digiacomio, M., Davidson, P. M., & Salamonson, Y. (2016). 'I have only little English': language anxiety of Filipino migrants with chronic disease. *Ethnicity & Health*.

## The Path of Integrity (Parody of "Can't Help Falling in Love With You")

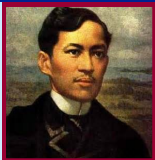
James L. Jordan, PhD, PhD, MAdmin, BA, BSN, RN

Parody Portion is in Black. Original Song is in Red.

People say  
Wise men say  
Integrity counts  
Only fools rush in  
That honesty is the best policy.  
But I can't help falling in love with you  
And the path  
Shall I stay?  
We should always take  
Would it be a sin  
No matter how hard it may be to tread.  
If I can't help falling in love with you?

Life goes on ahead  
Like a river flows  
Surely through the days  
Surely to the sea  
My friend, so it goes  
Darling, so it goes  
Decisions must be made.  
Some things are meant to be  
Let's go forth  
Take my hand,  
Let's live our whole lives  
Take my whole life, too  
Knowing we took the path of integrity.  
For I can't help falling in love with you

Life goes on ahead  
Like a river flows  
Surely through the days  
Surely to the sea  
My friend, so it goes  
Darling, so it goes  
Decisions must be made.  
Some things are meant to be  
Let's go forth  
Take my hand,  
Let's live our whole lives  
Take my whole life, too  
Knowing we took the path of integrity  
For I can't help falling in love with you  
Knowing we took the path of integrity.  
For I can't help falling in love with you



## A Few Minutes With Dr. José Rizal

By: Rosalia Benicta, MA, BSN, RN



Background to this interview: Dr. José Rizal lived from June 19, 1862 to December 30, 1896. An ophthalmologist by profession, Dr. Rizal became a prominent writer and advocate for political reforms to benefit Filipinos during the Spanish rule. His courage and his dedication to the Filipino people eventually led to his arrest and execution by the Spanish colonial government. Let us imagine that we went back in time and interviewed Dr. Rizal. We would see that his words were not only inspirational then, but remain so in the present era.

Interviewer: Do you have any comment about civic virtues?

Dr. Rizal: "I have recommended in my writings the study of civic virtues, without which there is no redemption. Likewise, I have written about reforms, that they should be beneficial and must come from above since those which come from below are irregularly gained and uncertain." To that I will add that "justice is the foremost virtue of the civilizing races. It subdues the barbarous nations, while injustice arouses the weakest."

Interviewer: Do you have any comment about your faith in God?

Dr. Rizal: "To doubt God is to doubt one's own conscience. And in consequence, it would be to doubt everything; and then what is life for?" To that I can add that "a useless life is not consecrated to a great ideal. It is like a stone wasted on the field without becoming a part of any edifice." "As God has not made anything useless in this world, as all beings fulfill obligations or roles in the sublime drama of creation, I cannot exempt myself from this duty, and small though it be, I too have a mission to fulfill. For example: alleviating the sufferings of my fellowmen."

Interviewer: Is your faith in your fellowmen unshakeable?

Dr. Rizal: "I have given proofs that I am one of the most anxious for the liberties for our country, and I am still desirous of them. By educating our people, our country may have an individuality of its own and make itself worthy of these liberties."



Interviewer: How do you maintain strength in the face of an opposition which may harm or even kill you?

Dr. Rizal: "My enemies can never hurl an accusation against me which makes me blush or lower my forehead. I hope that God will be merciful enough with me, to prevent me from committing one of those faults which would involve my family." As for dying, "one only dies once, and if one does not die well, a good opportunity is lost and will not present itself again."

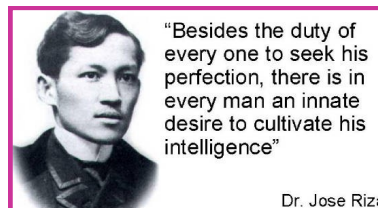
Interviewer: People have stated that your words are a timeless inspiration for Filipinos all over the world. Was that your intent?

Dr. Rizal: "I do not write for this generation. I am writing for other ages. If my enemies find out, they would burn my books, the work of my whole life. On the other hand, If my writings survive, the generation which will interpret these writings will be an educated generation; they will understand me and say: 'Not all were asleep during the time of our grandparents.'" Also, "the divine flame of thought is inextinguishable in the Filipino people. Somehow, it will shine forth and compel recognition. It is impossible to brutalize the inhabitants of the Philippines! The Filipino embraces civilization and lives and thrives in every clime, in contact with every people."

Interviewer: Thank you, Dr. Rizal.

Dr. Rizal: You're welcome. It has been an honor to serve the Filipino people.

Source of Dr. Rizal quotations: [http://www.brainyquote.com/quotes/authors/j/jose\\_rizal](http://www.brainyquote.com/quotes/authors/j/jose_rizal)





## NCEMNA Update

**Mila Velasquez, MN, RN, CNS, APRN - NCEMNA President 2015-2017**



Greetings from the National Coalition of Ethnic Minority Nurse Association (NCEMNA)!

NCEMNA is a unified body advocating for equity and justice in healthcare. It is composed of five National Ethnic Minority Nurse Associations:

- ◆ Asian American Pacific Islander Nurses Association, Inc. (AAPINA)
- ◆ National Alaskan Native American Indian Nurses Association (NANAINA)
- ◆ National Association of Hispanic Nurses, Inc. (NAHN)
- ◆ National Black Nurses Association, Inc. (NBNA)
- ◆ Philippine Nurses Association of America, Inc. (PNAA)

Its mission is to be the unified body to advocate for health equity and justice.

Its vision is to be a leading voice and driving force for ethnic minority populations.

NCEMNA recently concluded a very successful Strategic Management Meeting in Las Vegas, Nevada on February 27 and 28, 2016. The two-day interactive meeting was led by Mila C. Velasquez, MN, RN, current NCEMNA President, and was participated by the Board of Directors representing the leaders of the five national member organizations.

The strategic planning focused intensively on four specific goals and related strategies identified as priorities to move NCEMNA forward. They are:

- ◆ Advocate for accessible, equitable and culturally appropriate health care.
- ◆ Promote ethnic minority nurse leadership in areas of health policy, practice, education, and research.
- ◆ Promote NCEMNA members' professional growth.
- ◆ Promote NCEMNA's financial sustainability.

The NCEMNA Strategic Blue Print 2015-2017 served as an evolving framework for discussion to strategize and to advance NCEMNA's mission, vision and goals. After a thorough review and analysis of the strategic blue print; each Strategic Team assigned to a specific goal presented their recommendations to the Board of Directors for approval and implementation. Each team was commended for a job well done on their

commitment and evident teamwork to fulfill assigned responsibilities. A highlight of the meeting included the installation of three new Executive Officers for 2016-2018 by Dr. Betty Smith-Williams, NCEMNA President Emerita and Co-Founder. They were

- ◆ Vice Presidents: Elizabeth Gonzales, PhD, RN, and Jose Alejandro, PhD, RN
- ◆ Treasurer: Lee Anne Nichols, PhD, RN

President Mila Velasquez addressed the delegates with her speech on NCEMNA's Leadership Challenges and Opportunities in Building a Culture of Health. Dr. Bette Keltner Jacob, Co-founder of NCEMNA, provided realistic insights to promoting sustainability of the organization. An open forum followed the presentations. Issues on promoting diversity and advancing the future of nursing were addressed. Dr. Debra Toney, NCEMNA Secretary, also invited members of the Nevada Nursing Action Coalition (NAC) who also sponsored lunch for the day.

Overall, it was a great networking opportunity among the leaders of NCEMNA, the Future of Nursing Campaign for Action Committee, and the Nevada community. NCEMNA looks forward to strengthening partnerships, collaboration and synergy to lead, inspire and influence!

NCEMNA Board of Directors



## PNASC Strategic Planning Meeting

June 25, 2016  
Seal Beach, California



**Our Motherland:  
Land of Beauty**  
Noa and Nilo Batle  
Filipino Artists



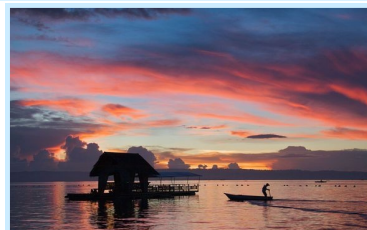
PNASC Executive Board 2016-2018  
and PNASC Advisory Council



PNASC Executive Board 2016-2018:  
Vice President Deovina Jordan,  
President Sonia Sabado and President-Elect Regalado Valerio, Jr.



Joy Floro was inducted as Treasurer for the  
Orange County Sub-Chapter  
by Orange County Sub-Chapter President, Giselle Abellera  
and PNASC President, Sonia Sabado.



# Congratulations!



Mel Carrillo: PNAA Nurse Administrator of the Year Award for 2015 and MBA from University of Phoenix



Josie de Jesus: President and Chairwoman of Kalayaan, Incorporated 2016



Lita Tsai: Director of International Patient Services at City of Hope



Velma Yep: Co-authored a research study published in the Journal of Nursing Scholarship (April 2014); Member of the ANCC Gerontology NP Content Expert Registry



Gail Jones: MSN from Duke University



Sasha Rarang: PhD (Major in Nursing Education) and Poster Presentation in South Africa and Texas



Marie Navarro: Daisy Award Recipient for 2016



PNASC: Proud Partner of the Beauty from Within Community Project

## Community Outreach Event



PNASC participated in the research project "Beauty From Within" sponsored by the Cedars-Sinai Barbara Streisand Women's Heart Center, National Institutes of Health (NIH) Foundation, and the National Heart, Lung and Blood Institute (NHLBI).

### Integrity Self Test by Diana Gabriel

(Accessed from <http://dianagabriel.com/integrity-self-test/>)

Contributed by Dr. James I. Jordan, PhD, PhD, MAdmin

For some, integrity simply means telling the truth, but it goes deeper than that. Integrity has more to do with living the truth than merely telling it. It is an essential quality for all leaders. Since integrity is intimately linked with each of our own unique set of core values, we alone are the best judges to determine how well we are adhering to our internal moral code. Take the Self-Quiz below to see how well you do.

1. I take responsibility for my actions even when I expect the results may be personally or professionally unpleasant or uncomfortable.
2. I don't make excuses for my actions. When I have made a mistake, I face up to it with confidence.
3. I make a point to tell the truth, even when it would be just as easy to say nothing.
4. I speak my mind even when I know I may not be accepted, understood or well-liked by my team.
5. I am straightforward and respectful in my communication and never resort to being passive-aggressive with any team member.
6. When I realize I have acted without integrity, I do not rationalize my behavior and move on. I own up to my actions internally, and also with the people I may have affected, despite any potentially negative consequences to me.
7. I deal with unpleasant situations up front and have no unresolved issues (bills, taxes, relationships, etc.) that are at loose ends and without closure.
8. When I compromise in life, I never feel like I go too far and sell out my values.
9. I don't lose sleep over, become obsessed with, or avoid issues altogether; I face them head on.
10. When I try to sell the team something (an idea, a service, my choice of movie), I do not avoid eye contact, blush, stammer or hesitate.
11. When I notice other teammate's errors, I don't feel the need to quickly point them out.
12. I don't feel separate, alone or isolated from my team.

Our integrity is most often tested when our ego senses that something is at stake for us: a pay raise, a promotion, a new client, dating, pride, etc. If you answered yes to six or fewer of these questions, it may be time to ask yourself what you are afraid of losing.



**Budget and Finance Chair  
Roland Santos, MSN, RN**

**PNASC  
Total Assets  
as of  
03/31/2016  
\$TOTAL BALANCE  
\$55,278.21**





## PNASC 2016 4-in-1 Event Photos

Contributed by James Jordan, PhD, PhD, MAdmin, BSN, RN



PNAA President Dino Doliente III (seventh from the right)  
with PNASC Executive Board 2016-2018  
and PNASC Advisory Council



Induction of the PNASC Executive Board 2016-2018



PNASC Executive Board 2016-2018:  
President-Elect Regalado Valerio Jr.  
with PNASC Past President, Mindy Ofiana  
and Vice President Deovina Jordan  
with PNASC Past President Emma Cuenca



Regalado Valerio Jr.'s presentation was titled  
Culture of Safety: It Starts with You.



PNASC Executive Board 2016-2018 Oath Taking  
Officiated by PNAA President Dino Doliente III



Over a hundred people attended the Education Seminar.  
They were members of PNASC, invited guests,  
and some student nurses.



*Philippine Nurses Association of So Cal*  
**CURRENT MEMBERS**

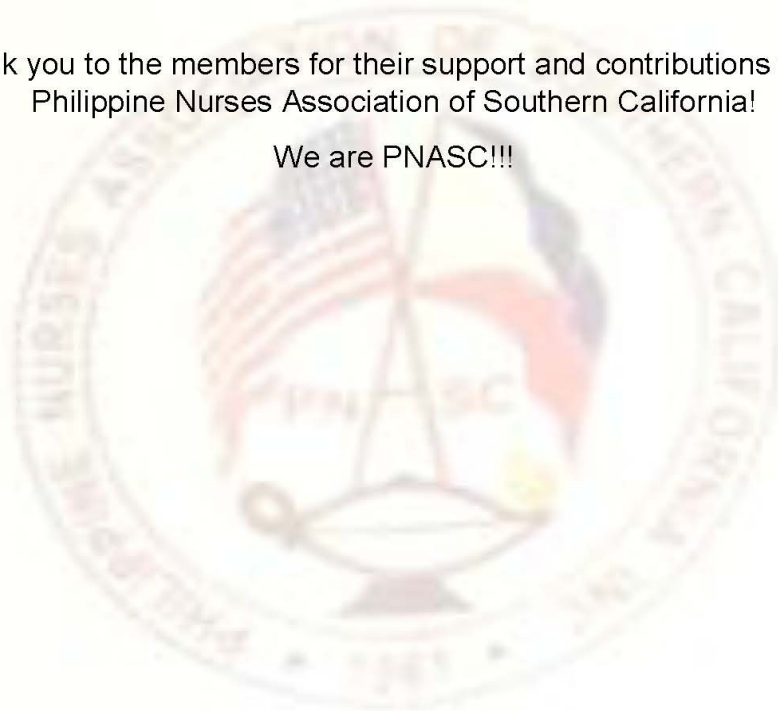
NAME	CHAPTER SUB- CHAPTER	MEMBER TYPE	NAME	CHAPTER SUB- CHAPTER	MEMBER TYPE
Abellera, Giselle	PNAOC	Regular	Gutierrez, Jenita (Juanita)	PNAWLA	Regular
Adriano, Angelica	PNASC	Regular	Guzman, Glaizil	PNASC	Regular
Aquino, Agnes	PNASC	Regular	Imperio, Sherwin	PNAOC	Regular
Aranas, Anthonty	PNASC	Regular	Jones, Maricar Gail	PNASC	Regular
Artates, Eva	PNAOC	Regular	Jordan, Deovina Nasis	PNASC	Regular
Aviado, Gail	PNASC	Regular	Jordan, James	PNASC	Associate
Barlatier-Blain, Vanina	PNASC	Associate	Jurado, Jessie	PNASC	Regular
Bawayan, Jane	PNASC	Regular	Kiat-Floro, Joy	PNAOC	Regular
Bernardino, Zenaída	PNASC	Regular	Lee, Maria Rose	PNAOC	Regular
Biado, Laarni	PNAWLA	Regular	Lee, Merlene	PNAWLA	Associate
Bien, Venice	PNASC	Regular	Lentz, Amy Pilarca	PNASC	Regular
Bon, Rosaida	PNAOC	Regular	Lovely, Pacita	PNASC	Lifetime
Brown, Michelle	PNASC	Regular	Lucero, Marietta	PNAWLA	Regular
Bunao, Ronnie	PNAOC	Regular	Macaraeg, Tony	PNAOC	Regular
Caluya, Jun	PNAOC	Regular	Malana, Riza	PNASC	Associate
Carrillo, Melvin	PNASC	Regular	Manapat, Ryan	PNASC	Regular
Catalan, Maria	PNASC	Regular	Manca, Lourdes	PNAWLA	Regular
Cebedo, Melissa	PNAOC	Regular	Mancao, Edna	PNASC	Regular
Cereno, Medi	PNASC	Regular	Mantilla, Marietta	PNASC	Regular
Corpus, Sheryll	PNASC	Regular	Mariano, Ed	PNAOC	Regular
Cruz, Lilibeth	PNASC	Regular	Mariano, Maria Victoria	PNAOC	Regular
Cuenca, Emma	PNASC	Lifetime	McKinney, Lauren	PNAOC	Regular
Dayao, Jerome	PNASC	Regular	McKinney, Maribeth	PNAOC	Regular
De Jesus, Josie	PNASC	Lifetime	Mendoza, Rowena	PNASC	Regular
De Leon, Victoria Perez	PNAWLA	Regular	Minguez, Charito	PNASC	Associate
Dela Cruz, Graciela	PNAWLA	Regular	Mirafior, Clarita	PNASC	Lifetime
Delos Reyes, Gina	PNASC	Regular	Mirandilla, Myladeen	PNASC	Regular
Deona-Wilson, Cielito	PNASC	Regular	Molina, Imelda	PNASC	Regular
Dimalanta, Ivy	PNAWLA	Regular	Najera, Edna	PNASC	Regular
Doliente III, Frederico	PNASC	Regular	Nunez, Maria Antonette	PNASC	Regular
Du, Rosaben	PNASC	Regular	Ofiana, Mindy C.	PNASC	Lifetime
Duarte, Sherry	PNAWLA	Regular	Paredes, Christian	PNASC	Regular
Dumag-Yep, Velma	PNASC	Lifetime	Paysan-Modina, Michelle	PNAOC	Regular
Dumas, Erlinda	PNAWLA	Regular	Peralta, Eloisa	PNASC	Regular
Fabellar-Sia, Sharon	PNASC	Regular	Piazza, Chiarina	PNAOC	Regular
Faeldan, Annabelle	PNAOC	Regular	Plaza, Delbert	PNASC	Associate
Famas, Adolfo	PNAWLA	Regular	Puraty, Julie	PNASC	Lifetime
Famas, Mary Annalee	PNAWLA	Regular	Rafols, John	PNASC	Regular
Fernandez, Florence	PNASC	Regular	Ramirez, Gima	PNASC	Regular
Fernandez, Frederick	PNASC	Regular	Rarang, Sasha	PNAOC	Regular
Gamboa, Angelina	PNASC	Regular	Rawson, Gina	PNASC	Lifetime
Garces, Jed	PNASC	Associate	Rigor, Ursulita	PNASC	Regular
Ginsburg, Ligaya	PNAWLA	Regular	Romero, Joan	PNAWLA	Regular
Godoy, Myla	PNASC	Regular	Sabado, Sonia	PNASC	Lifetime
Gonzalez, Maria	PNASC	Lifetime	Sagun, Maria Theresa	PNASC	Regular

***Philippine Nurses Association of So Cal***  
***CURRENT MEMBERS***

NAME	CHAPTER SUB- CHAPTER	MEMBER TYPE	NAME	CHAPTER SUB- CHAPTER	MEMBER TYPE
Salcedo, Marietta	PNAWLA	Lifetime	Valerio, Regalado A, Jr	PNASC	Regular
Santiago, Victoria	PNAWLA	Regular	Velazquez, Mila	PNASC	Lifetime
Santos, Roland	PNASC	Regular	Vickery, Rina	PNAOC	Regular
Saria, Marlon	PNASC	Regular	Victa, Rachel	PNASC	Regular
Sumait, Larry	PNASC	Regular	Villalon, Julie	PNASC	Regular
Tillano, Dorianne	PNASC	Regular	Villanueva, Marissa	PNASC	Regular
Tolentino, Genie	PNAOC	Regular	Visitacion, Dorothy	PNAWLA	Regular
Totten, Glenda	PNASC	Regular	Wipachit, Apinya	PNAWLA	Regular
Unite, Leilani	PNASC	Regular			

Thank you to the members for their support and contributions to the  
 Philippine Nurses Association of Southern California!

We are PNASC!!!



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Josie Villanueva, MA, RNC, CNA

***Announcement! Visit PNASC's new website***

## Calendar of Events

July 2016 - EB Meeting

August 2016 - EB Meeting

September 2016 - EB Meeting

October 2016 - EB Meeting

November 19, 2016 - EB Meeting

December 2016 - PNASC 55th Year  
Celebration

The Philippine Nurses Association of Southern California (PNASC) Executive Board and Advisory Council would like to thank the members and readers who have written and e-mailed us about their questions, concerns, and comments. Please continue to let us know of your needs by writing to us at PNASC., Inc., P.O. Box 533, Walnut, CA 91788 or e-mailing/ contacting us at [www.PNASC.org](http://www.PNASC.org).

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BSN, RN

### ADVISORS:

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Sarla Duller, MN, RN, ANP

**Please submit materials for publication to:**  
**PNASC Newsletter**

**E-Mail:** [djjord1@yahoo.com](mailto:djjord1@yahoo.com)

*All materials for publication will be edited and  
will become property of PNASC.*



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