

Assessing Community Readiness and Benefits of a Nursing Program: Implications for Healthcare and Education

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Abstract

Assessing Community Readiness and Benefits of a Nursing Program: Implications for Healthcare and Education. In response to recent policy shifts allowing the establishment of new nursing programs in the Philippines, this study assesses the perceived readiness of Sorsogon, a geographically underserved province, to implement a bachelor of science in nursing program. It also explores the anticipated benefits that such a program may offer to students and the local community. A cross-sectional survey of 375 stakeholders, selected through purposive sampling, was conducted using a validated instrument developed through expert consultation. Quantitative data were analyzed using descriptive statistics, while qualitative responses were examined through thematic analysis. The findings reveal widespread support for the proposed program, emphasizing its potential to enhance clinical competence, promote holistic health, and expand access to healthcare services in the region. However, respondents also cited institutional limitations, including inadequate infrastructure and a shortage of qualified faculty. While limited by its reliance on self-reported data and geographically concentrated sampling, the study offers timely, place-based insights that can inform educational planning and equitable health workforce development in rural Philippine settings. The findings highlight the need for faculty and infrastructure investments, offering a basis for policymakers and institutions to implement nursing programs that address regional healthcare gaps.

Keywords: community health, educational access, healthcare needs, nursing education, perceived benefits, professional growth

Abstrak

Menilai Kesiapan Komunitas dan Manfaat Program Pendidikan Keperawatan: Implikasi bagi Pelayanan Kesehatan dan Pendidikan. Sejalan dengan perubahan kebijakan terbaru yang memungkinkan pendirian program pendidikan keperawatan baru di Filipina, studi ini mengobservasi persepsi tentang kesiapan Provinsi Sorsogon sebagai wilayah yang kurang diperhatikan secara geografis untuk menyelenggarakan program sarjana keperawatan. Studi ini juga mengeksplorasi manfaat yang diharapkan dari program tersebut bagi mahasiswa dan komunitas lokal. Survei cross-sectional menggunakan instrumen tervalidasi yang dikembangkan melalui konsultasi pakar, kemudian disebarluaskan kepada 375 pemangku kepentingan yang dipilih melalui purposive sampling. Data kuantitatif dianalisis menggunakan statistik deskriptif, sedangkan respons kualitatif ditelaah melalui analisis tematik. Hasil menunjukkan adanya dukungan luas terhadap program yang diusulkan, dengan penekanan pada potensinya untuk meningkatkan kompetensi klinis, mempromosikan kesehatan holistik, dan memperluas akses terhadap layanan kesehatan di wilayah tersebut. Namun, responden juga menyoroti keterbatasan institusional, termasuk infrastruktur yang tidak memadai dan kurangnya tenaga pengajar berkualifikasi. Meskipun penelitian ini bergantung pada data yang dilaporkan sendiri dan pengambilan sampel yang terkonsentrasi secara geografis, studi ini menawarkan hasil penelitian berbasis lokal untuk mendukung perencanaan pendidikan dan pengembangan tenaga kesehatan yang berkeadilan di wilayah pedesaan Filipina. Temuan ini menegaskan perlunya investasi pada tenaga pengajar dan infrastruktur sebagai langkah awal bagi pembuat kebijakan dan institusi untuk menerapkan program keperawatan yang mampu menjawab kesenjangan layanan kesehatan regional.

Kata Kunci: akses pendidikan, kebutuhan layanan kesehatan, kesehatan masyarakat, manfaat yang dirasakan, pendidikan keperawatan, pengembangan profesional

Introduction

Sorsogon's lack of locally trained nurses has long strained the provincial healthcare system, a situation that intensified during the COVID-19 pandemic. While midwifery programs are offered, the absence of a bachelor of science in nursing (BSN) program forces aspiring nurses to pursue training outside the province, resulting in financial strain, geographic barriers, and continued workforce attrition. Studies from Sorsogon and Albay provinces have highlighted persistent manpower gaps, particularly in nursing, due to inadequate staffing, limited equipment, and insufficient facilities (Cruz-Lisay, 2023; Rojas & De Castro, 2023). Although exact local nurse-to-patient ratios are not always reported, national data indicate that ratios can reach as high as 1:50 in some public hospitals, far exceeding the Department of Health's recommended 1:12 standard (Alibudbud, 2023; de la Cruz, 2023). These challenges raise serious concerns about healthcare accessibility, service quality, and long-term workforce sustainability. They also underscore the urgency of establishing a local BSN program that can improve access to nursing education and strengthen healthcare delivery in the province.

Globally, the COVID-19 pandemic exposed and intensified chronic shortages in the nursing workforce. According to the World Health Organization (WHO) (2020), the world faces a deficit of approximately 5.9 million nurses, which significantly hinders healthcare delivery and emergency response capacity. Nurses play an essential role in hospitals and communities, administering vaccinations, managing chronic illnesses, and providing frontline care during crises (Buchan et al., 2022; Chan et al., 2021; Mentis et al., 2024). The shortage results in increased workloads, professional burnout, and a decline in the quality of patient care (Falatah, 2021).

In the Philippines, the COVID-19 pandemic underscored the urgent need for more nurses (Ancheta et al., 2021; Buchan & Catton, 2020). The country's already resource-limited healthcare

system was overwhelmed during the crisis (De Castro et al., 2021). In response, the Commission on Higher Education (CHED) lifted its decade-long moratorium on new undergraduate nursing programs—a policy originally imposed to control graduate oversupply (Sevillano, 2022). As of 2022, the country had 90,205 nurses, far below the estimated requirement of 300,470 (Rita, 2022). While this national decision aims to address workforce gaps, its local implications must be carefully considered. In provinces like Sorsogon, where no BSN program currently exists, the lifting of the moratorium raises critical concerns about institutional readiness, infrastructure, and the ability to sustain quality nursing education (Rita, 2022; Sevillano, 2022). Lifting the moratorium marks a major shift in nursing education policy. For over a decade, the restriction aimed to control the oversupply of nurses. However, the shortage necessitates urgent measures to increase the supply of qualified nurses (Sevillano, 2022). This policy reflects the government's commitment to addressing the gaps exposed by the pandemic.

The Bicol region has been identified as a high-priority area for new nursing programs due to its significant healthcare needs (Rita, 2022). Sorsogon, as part of this region, reflects many of the Philippines' broader health challenges. Sorsogon State University (SorSU) is poised to play a vital role in addressing these challenges by offering a BSN program. According to SorSU's (2024) institutional data, the university serves 14,454 students, including 13,821 bachelors'-level learners, supported by 467 full-time academic staff members. This indicates a substantial educational and faculty capacity to introduce a nursing program. The initiative aligns with the university's vision of contributing to regional and national development. Offering a local BSN program would create more opportunities for students and help alleviate the regional nursing shortage. By training nurses locally, graduates would be better equipped to address community health needs within Sorsogon's sociocultural context.

Studies examining nursing education and health-care access in underserved regions highlight how geographic isolation, limited institutional capacity, and workforce migration affect health outcomes and student access. For example, Bautista et al. (2019) identified stark disparities in licensure outcomes among Philippine nursing schools, with lower-performing institutions often concentrated in rural areas. International research also emphasizes the importance of preparing nurses to serve rural and underserved populations, as shown by Rutledge et al. (2014), who advocated for educational models tailored to these contexts. Drawing from these perspectives, this study explores how a localized BSN program in Sorsogon may address similar structural and geographic challenges.

This study aims to assess the perceived community readiness for and potential benefits of a nursing program in Sorsogon, Philippines. The objectives of this study include: (1) understanding the needs of the community from a range of perspectives; (2) gauging their perceptions of the local community's readiness to implement the program; and (3) identifying the perceived benefits of such an initiative for the students and the local community.

Methods

This study employed a cross-sectional survey research design to assess the perceived readiness for and potential benefits of introducing a nursing program in Sorsogon, Philippines. The design allowed for the collection of data at a single point in time, offering a comprehensive snapshot of stakeholders' perceptions regarding the feasibility and value of the proposed academic offering (Setia, 2016).

A total of 375 respondents participated in the study, comprising 126 college students, 121 senior high school (SHS) students, 63 parents, and other relevant stakeholders. Participants were selected through purposive sampling, targeting individuals who were readily accessible and willing to participate in the survey. This

approach was chosen due to practical constraints such as limited time and resources, and because the study was exploratory in nature.

The primary instrument used was a structured survey questionnaire designed to gather information across three key areas. The first section consisted of four items collecting demographic information: sex, age, educational background, and role in the community. The second section focused on perceived readiness, comprising four dichotomous (yes/no) items assessing the sufficiency of local resources and institutional capacity to offer a BSN program. An example item is “Is there a need to offer a local BSN program?” The third section assessed perceived benefits using a checklist format with 19 items divided into three sections: perceived benefits of offering a nursing program (nine items), benefits of the nursing program to students' professional growth (five items), and perceived benefits of a nursing program to the community (five items). Respondents were asked to select the expected benefits of the program. A sample item is “Train and produce graduates equipped with leadership and clinical skills.” This format enabled categorical data collection and frequency analysis to better understand stakeholder perceptions.

To ensure content validity, the questionnaire underwent reviewers' evaluation. A panel composed of three registered nurses with doctoral-level coursework and the dean of the College of Teacher Education and Midwifery reviewed the survey for relevance, alignment with nursing education goals, and accuracy. Two language experts also reviewed the instrument to ensure clarity, precision, and comprehensibility across diverse respondent groups. The questionnaire was disseminated online via Google Forms and remained accessible for one month. The survey link was distributed through email and social media platforms to reach the intended respondent groups.

In addition to the survey, qualitative data were gathered through semi-structured interviews with

26 rich-case respondents, including senior high school students ($n = 3$), a college student ($n = 1$), parents ($n = 4$), a midwifery student ($n = 1$), faculty members ($n = 6$), healthcare professionals ($n = 6$), community leaders and stakeholders ($n = 4$), and a university administrator ($n = 1$). These participants were purposively selected based on their capacity to provide meaningful insights into educational access, local healthcare challenges, and the potential impact of implementing a BSN program in Sorsogon. Participation was voluntary, informed consent was obtained, and all responses were kept confidential. No personally identifiable information was collected. The interviews aimed to explore stakeholder perspectives on institutional readiness, community health needs, and perceived program benefits. Sample guiding questions included “What barriers do you face in accessing nursing education?”, “How do you think a local nursing program could improve healthcare in your area?”, and “What benefits do you foresee for students and the community?”

The qualitative data were analyzed using thematic analysis, following Braun and Clarke's (2006) six-phase framework. This involved familiarization with the data through transcript review, generation of initial codes, development and refinement of thematic categories, and definition of key themes. Representative quotes were selected to illustrate each theme and reflect the diversity of stakeholder voices. Quantitative data were analyzed using descriptive statistics to summarize demographic profiles and identify patterns in perceived readiness and

expected program benefits. Integrated, these methods were deemed appropriate for capturing both measurable trends and deeper meanings in stakeholder responses, enabling triangulation and a comprehensive understanding of support for the proposed BSN program.

Results

The study included 375 respondents, with college students (33.60%) and SHS students (32.27%) forming the majority. These groups, representing current and prospective tertiary-level learners, expressed strong support for the proposed nursing program. As shown in Table 1, among the SHS students, 95% ($n = 115$) indicated a willingness to enroll if the program were offered locally. Parents accounted for 16.80% of the sample, underscoring broader community interest in expanding local healthcare education options. Other respondents included working professionals (10.93%), government employees in teaching (3.73%) and non-teaching (0.53%) roles, stakeholders (1.60%), and a few midwifery (0.27%) and junior high school students (0.27%).

As summarized in Table 1, support for the program was evident across all groups, although motivations varied. SHS students viewed a local nursing program as a means to access affordable higher education. Parents emphasized long-term benefits such as employment stability for their children and improved healthcare access for the community. College and midwifery students saw the program as an opportunity

Table 1. Profile of Respondents Supporting the Introduction of a Local Nursing Program (N = 375)

Participants	n	%
College students (diploma/bachelor's degree)	126	33.60
SHS students	121	32.27
Parents	63	16.80
Working professionals	41	10.93
Government employees (teaching)	14	3.73
Stakeholders	6	1.60
Government employees (non-teaching)	2	0.53
Midwifery students	1	0.27
Junior high school students	1	0.27

Table 2. Perceived Readiness to Open a Nursing Program (N = 375)

Items	Yes		No	
	f	%	f	%
Is there a need to offer a local BSN program?	373	99.47	2	0.53
Are the local education institutions capable/ready to offer a BSN program?	358	95.47	17	4.53
Will the offering of a BSN program address the healthcare needs of the local community and beyond?	372	99.20	3	0.80
Will the offering of a BSN program strengthen the healthcare delivery system of the local community and the country as a whole?	372	99.20	3	0.80

for career advancement, expressing interest in broadening their professional qualifications. The participation of government employees, stakeholders, and other professionals, though smaller in proportion, indicates a multisectoral interest that may be leveraged for policy support and program sustainability.

Interviews with selected rich-case respondents revealed three recurring themes: 1) accessibility and affordability of nursing education; 2) community healthcare improvement; and 3) career advancement. Respondent 11, an SHS student, stated, “Gusto ko mag-nurse pero hindi namin kaya sa Manila. Sana meron dito.” (I want to become a nurse, but we can't afford to study in Manila. I hope it becomes available here.) Respondent 3, a midwifery student, commented, “Maganda ang midwifery, pero mas malawak ang trabaho kung may BSN.” (Midwifery is good, but there are more job options with a BSN.)

Respondent 41, a parent, echoed the program's potential to strengthen local healthcare: “Kapag may sariling nurse ang barangay, mas mabilis ang serbisyo.” (If our barangay had its own nurse, healthcare services would be faster.) Notably, SHS students emphasized affordability and proximity, while parents focused more on the potential community benefits of having locally trained healthcare providers. Midwifery students expressed aspirations for broader career advancement through a BSN program.

This section presents the respondents' perceptions of the community's readiness to open a local BSN program. The findings reflect a high

level of consensus in favor of the initiative and broad recognition of its potential benefits for healthcare and education (Table 2). Notably, 99.47% agreed that there was a need to offer a local BSN program, while 99.20% believed it would address the healthcare needs of the community and strengthen the healthcare delivery system. Although a slightly lower percentage (95.47%) expressed confidence in local institutions' capacity to implement the program, the overall response indicates strong perceived readiness.

As shown in Table 2, these findings suggest widespread support for the program's establishment and its perceived impact on community health systems. However, the relatively lower agreement on institutional readiness (95.47%)—compared to need and impact—may point to reservations about existing infrastructure and faculty capacity, warranting closer attention to implementation logistics.

Follow-up interviews revealed that while most respondents supported the program, some—especially parents—voiced concerns about current resources. For example, Respondent 71, a parent, noted, “Maganda sana ang BSN program dito, pero kulang tayo sa laboratory para sa practical trainings.” (The BSN program would be great here, but we lack laboratories for practical trainings.) Similarly, Respondent 154 (also a parent) stated, “Suportado ko ang program, pero kailangan pa natin ng mas maraming qualified na nursing instructors.” (I support the program, but we still need more qualified nursing instructors.) These subgroup insights indicate that parents were slightly more

Table 3. Perceived Benefits of Offering a Local Nursing Program (N = 375)

Items	f	%	Rank
Train and produce graduates equipped with leadership and clinical skills	375	100.00	1
Fulfill the opportunity to extend and maximize health services for clientele	372	99.20	2
Tap the vast research potential in the areas of health and health-related programs	369	98.40	3
Establish and strengthen links with other agencies and stakeholders	356	94.93	4
Provide more avenues to disseminate information on local programs and projects	352	93.87	5
Enhance the research, extension/outreach, and instructional capabilities of faculty members in the vast and broad areas of health and health-related programs	331	88.27	6
Potentially facilitate the development of local health-related programs and beyond by producing quality graduates and nurse professionals	328	87.47	7
Strengthen awareness of shared responsibilities between the academe and the community	326	86.93	8
Strengthen local educational institutions	324	86.40	9

concerned about faculty shortages and resource limitations than students, who focused more on access and affordability.

These perspectives suggest that while community support for the BSN program was overwhelmingly positive, successful implementation would depend on strengthening infrastructure and ensuring the availability of qualified faculty.

The perceived benefits of offering a local BSN program reflect the community's strong belief in its transformative potential for both education and healthcare. Despite anticipated resource demands, the respondents expressed overwhelmingly positive views. As shown in Table 3, the top-rated benefit was the training of graduates with leadership and clinical skills (100%), followed by expanding health services (99.20%) and unlocking health-related research opportunities (98.40%). These findings suggest that the program was seen not only as a solution to local workforce needs but also as a catalyst for research, extension work/outreach program, and community health initiative.

The slightly lower agreement on institutional strengthening (86.40%) and shared responsibilities between the academe and community (86.93%) may reflect latent concerns about long-term structural impact and implementation coordination. While the program is seen as

highly beneficial, these results point to the need for clear institutional planning and capacity-building to ensure sustainable and collaborative program delivery.

The data reveal a strong consensus regarding the program's capacity to develop graduates with essential leadership and clinical competencies, as reflected by 100% agreement among respondents. As Respondent 21, an SHS student, shared: "Ang programang ito ay makatulong sa mga estudyanteng maging lider sa healthcare." (This program will help students become leaders in healthcare). Likewise, Respondent 45, a parent, noted, "Yung mga gagraduate dito, may sapat na kakayahang para magbigay ng maayos na serbisyo sa pasyente." (Graduates from this program will have the necessary skills to provide quality patient care).

Beyond workforce development, most respondents believed that the program would enable institutions to serve the community more effectively and support regional research capacity. Respondent 33, a faculty member, stated, "Makatulong ang BSN para maabot pa namin ang mas maraming miyembro ng komunidad." (The BSN program will help us reach more community members), while Respondent 58, a healthcare professional, emphasized, "Magbubukas ito ng maraming pagkakataon sa pananaliksik sa kalusugan sa ating rehiyon." (This will open up many opportunities for health research in our

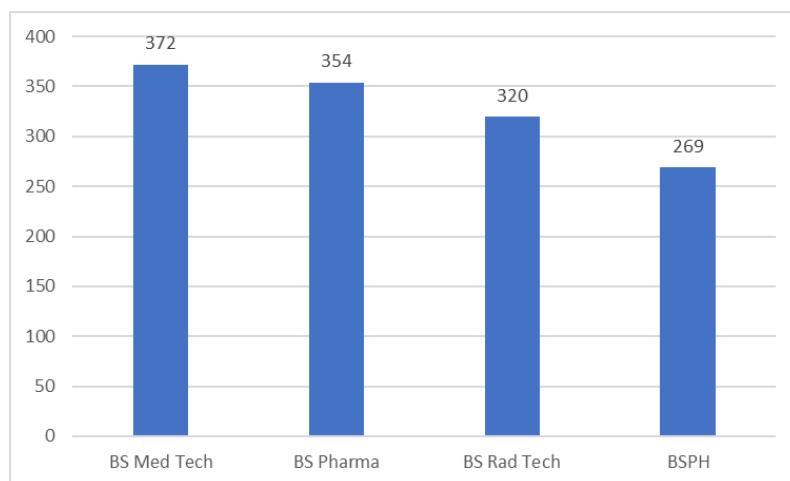


Figure 1. Other health and sciences programs recommended by respondents

region). The program's potential to build partnerships was recognized by 94.93% of respondents. Respondent 72, a community leader, explained, "Makikipagtulungan tayo sa mga ospital at healthcare organizations." (We will be able to collaborate with hospitals and healthcare organizations).

Dissemination of community health programs (93.87%) and faculty development in research and instruction (88.27%) were also seen as key benefits. Respondent 291, a university administrator, shared, "Makakabuti ito sa pagpapalawak ng research at extension work ng unibersidad." (It will help expand our university's research and extension work.). Meanwhile, respondent 47, a faculty member, noted, "Mas ma-eengganyo ang faculty na gumawa ng pananaliksik at pagbutihin ang pagtuturo." (Faculty will be more motivated to do research and improve teaching).

While still positively rated, benefits related to faculty development (88.27%), institutional strengthening (86.40%), and shared responsibilities between the academe and community (86.93%) ranked slightly lower. These results may reflect a degree of uncertainty about long-term structural capacity and coordination. Some interviewees expressed that a broader portfolio of programs would be more impactful. Respondent 132, a senior academic staff member, re-

marked, "Mahalaga ang BSN, pero hindi sapat para iangat ang buong reputasyon ng paaralan." (The BSN is important but may not be enough to elevate the university's full standing). Respondent 91, a community leader, stated, "Mas makakabuti kung may BS med tech, BS pharmacy, o public health din." (It would be better if there were also BS med tech, BS pharmacy, or public health programs).

Notably, community leaders and academic staff were more likely to raise concerns about institutional reputation and program breadth, while students and parents focused on direct benefits such as employment and service delivery. This suggests that views on long-term structural impact varied according to stakeholders' roles within the education and healthcare ecosystem. As illustrated in Figure 1, a substantial number of respondents strongly advocated for the inclusion of additional health science programs beyond the proposed BS nursing program. The bachelor of science in medical technology (BS med tech) received the most support (n = 372), followed by BS pharmacy (n = 354), BS radiologic technology (n = 320), and BS public health (n = 269). This reflects a pronounced community interest in diversifying local academic offerings within the health sciences.

The strong support for a BS med tech and BS pharmacy indicates that the respondents valued

Table 4. Benefits of a Nursing Program for Students' Professional Growth (N = 375)

Items	f	%	Rank
Enhance the student's value of holistic health and caring	370	98.67	1
Provide more opportunities for the students to attend seminars, colloquia, paper presentations and other similar activities	362	96.53	2
Reorient and strengthen the personal values of the students	353	94.13	3
Promote and strengthen camaraderie among the students	352	93.87	4
Enhance the student's personal convictions through participation in various activities conducted by the department or the college as a whole	329	87.73	5

Table 5. Perceived Benefits of the Nursing Program for the Community (N = 375)

Items	f	%	Rank
Facilitate the promotion of wellness and prevention of illness at the community level	368	98.13	1
Improve the community's economic well-being by reducing health-related costs.	360	96.00	2
Improve the social understanding of health in the community	342	91.20	3
Address the professional needs of the community by providing a more accessible academic community	339	90.40	4
Increase stakeholders' awareness of political, social, and economic aspects of health promotion and disease prevention	335	89.33	5

programs that align closely with laboratory diagnostics and pharmaceutical services, which are seen as essential complements to nursing care. Notably, healthcare professionals were more likely to advocate for these additional programs, citing the need to address community health comprehensively. For instance, Respondent 260, a local healthcare worker, stated, "Including programs like BS med tech and BS pharm alongside the nursing program would significantly enrich the local academic offerings and address the varied needs of both students and the community." Meanwhile, the students highlighted the importance of career diversity and specialization. Respondent 178, a college student, remarked, "Expanding the curriculum to include these additional programs would prepare students for diverse career paths and strengthen the local community's role in regional healthcare." These subgroup-specific views suggest that professionals prioritize systemic health delivery, while students emphasize employment and training opportunities.

The community's recommendations reflect a broader vision for enhancing the institution's academic portfolio and public health contribu-

tions. Including multiple health-related programs was seen as a means to provide more comprehensive educational pathways and address evolving regional workforce needs. These findings suggest that long-term academic planning should consider a multi-program approach to effectively align with stakeholder expectations and strengthen the institution's relevance within the local healthcare ecosystem.

The introduction of a local BSN program was anticipated to significantly enhance the professional development of students. Table 4 summarizes how the program was perceived to foster growth across professional, ethical, and interpersonal dimensions. The most highly endorsed benefit (98.67%) was the enhancement of students' appreciation for holistic health and caring. This suggests that the respondents valued a nursing education that goes beyond technical skills to include the humanistic and ethical dimensions of care.

As Respondent 32, a healthcare educator, explained, "Ang pagtutok sa holistic health ay mahalaga sa paghubog ng mga nurse na may malasakit sa kabuuan ng pasyente." (The focus

on holistic health is essential for shaping nurses who care for the whole person.). Similarly, 96.53% supported the program's potential to expand academic exposure through seminars, colloquia, and research presentations. These experiences were seen as key to developing students' competencies and professional identities. As Respondent 147, a healthcare practitioner, noted, "Ang mga ganitong aktibidad ay napakahalaga para sa lifelong learning at professional growth." (Such activities are essential for lifelong learning and professional growth.). In addition, 94.13% of respondents believed the program would help reorient and strengthen personal values such as empathy and ethics. Respondent 258, a community health worker, shared, "Napakahalaga na ang mga nurse ay may matibay na pagpapahalaga at malasakit." (It's important that nurses are grounded in strong personal values and compassion).

The program's role in fostering interpersonal development was also highlighted. About 93.87% agreed that it would promote teamwork and camaraderie among students, a crucial quality for clinical settings. As Respondent 64, a senior faculty member, stated, "Ang pagtutulungan sa klase ay magandang paghahanda para sa mga gawain sa ospital." (Teamwork in class is good preparation for clinical collaboration in hospitals). Finally, 87.73% emphasized the importance of student participation in institutional activities to foster their commitment and identities as nursing professionals. Respondent 189, a faculty member, observed, "Ang pakikilahok sa mga aktibidad ay nagpapalalim ng dedikasyon sa propesyon." (Participation in activities deepens students' commitment to the profession).

These findings affirm that beyond academic instruction, the BSN program was perceived as a platform for forming ethical, collaborative, and purpose-driven professionals. Notably, faculty members and healthcare professionals emphasized professional identity, values formation, and lifelong learning, while students placed more importance on exposure to academic and research opportunities. This subgroup trend ref-

lects how professional stakeholders prioritize internal development, while students focus on external growth and engagement. These insights support the program's role as a catalyst for producing holistic nursing professionals who are prepared to meet both local and global healthcare demands.

The proposed BSN program was widely perceived as a catalyst for improving public health outcomes and community well-being. Table 5 summarizes the respondents' views on the program's anticipated contributions to the broader community, particularly in health promotion, accessibility, and stakeholder engagement.

The most highly endorsed benefit (98.13%) was the program's potential to promote wellness and prevent illness at the community level. These finding underscores how respondents viewed nursing not just as a clinical profession but as a public health intervention. Respondent 2, a local health advocate, emphasized, "Ang pagkakaroon ng BSN program ay magpapalakas hindi lang sa bilang ng health workers kundi pati sa kalusugan ng komunidad." (Having a BSN program will not only increase the number of health workers but also improve community well-being). Moreover, 96% highlighted the program's capacity to enhance the economic aspects of health. Improved healthcare access may lower household out-of-pocket expenses, local government health spending, and productivity losses for small businesses (e.g., fewer costly referrals and missed work-days). As Respondent 74, a local business owner, shared, "Ang mas maayos na serbisyo sa kalusugan ay makakatulong din sa ekonomiya ng lugar." (Improved healthcare services also support local economic growth by reducing health-related financial burdens).

The BSN program was also perceived to foster greater public awareness and understanding of health issues (91.20%). This is particularly relevant in underserved areas, where health literacy gaps often persist. As Respondent 143, a community leader, noted, "Mahalaga ang kaa-

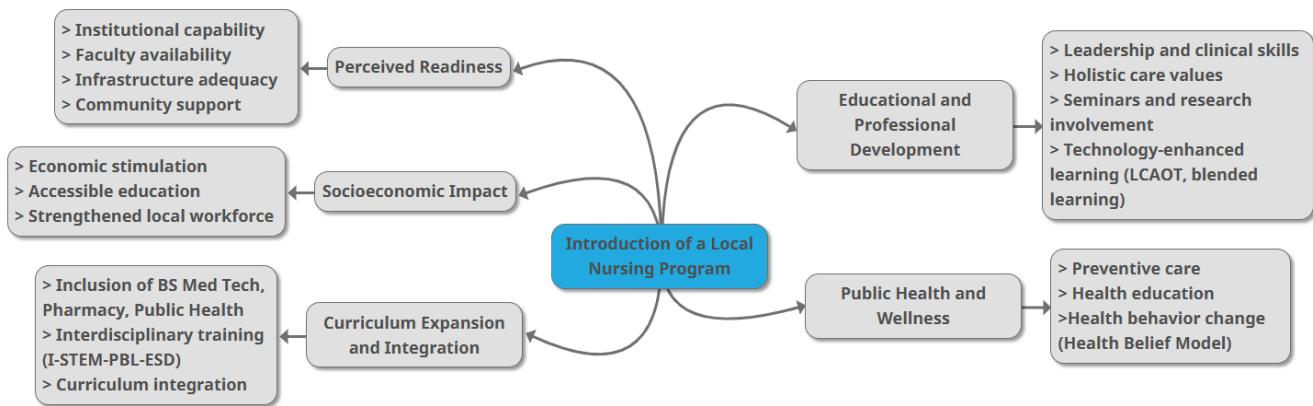


Figure 2. Thematic Framework of Stakeholder Perspectives on the Introduction of a Local Nursing Program

lamang ng publiko para sa epektibong health promotion.” (Public awareness is key to effective health promotion.). About 90.40% of respondents believed that offering the program locally would help meet academic and professional needs by improving educational accessibility. Respondent 56, a recent high school graduate, shared, “Napakalaking tulong ng local nursing program sa amin na gustong mag-aral pero walang kakayahang lumayo.” (A local nursing program is a big help for those of us who want to study but cannot afford to move away). Finally, 89.33% viewed the program as a way to raise stakeholder awareness of the broader political, social, and economic dimensions of public health. This was seen as important for improving multisectoral coordination. As Respondent 85, a healthcare professional, stated, “Mas magiging coordinated ang mga hakbang sa public health kung may sapat na kaalaman ang lahat ng sektor.” (Public health initiatives will be more coordinated when all sectors are well informed).

These results suggest that the BSN program is seen not only as an academic offering but as a community-centered strategy for sustainable development. The high endorsement of economic, social, and educational benefits reveals that the program is valued for its broader systemic impact. Notably, local professionals and health advocates emphasized long-term public health outcomes, while students and recent gra-

duates were more focused on accessibility and economic relief. This subgroup trend highlights how different sectors anticipate distinct yet complementary benefits from the program, underscoring its multidimensional relevance.

Figure 2 presents the key themes derived from thematic analysis, synthesizing stakeholder perspectives on perceived readiness, educational and professional development, curriculum expansion, public health implications, and socioeconomic impact. This framework serves as a conceptual anchor for the ensuing discussion.

Discussion

The findings from this study demonstrate significant support for the introduction of a local nursing program, indicating both the community's perceived readiness and the anticipated benefits that such a program could bring. These findings resonate with established literature indicating that implementing nursing programs in underserved regions enhances healthcare access, strengthens workforce capabilities, and promotes regional development (Rita, 2022; Rutledge et al., 2014). Participants emphasized the program's potential to develop holistic health perspectives, increase professional development opportunities, and reinforce core values and collaboration – attributes aligned with contemporary nursing education that emphasizes both technical proficiency and compassion-

ate care (Nabizadeh-Gharghozar, 2021).

From a policy and geographic standpoint, the province of Sorsogon, where the study was conducted, faces enduring challenges typical of rural higher education settings in the Philippines (Bautista et al., 2019; Funa, 2024). These include a limited pool of licensed nursing faculty, under-resourced laboratories, and inadequate simulation facilities. The respondents emphasized that these issues could hinder the delivery of a credible nursing education program, despite the presence of midwifery program in the province. As Respondent 88, a parent, noted, “Gusto naming magka-nursing program dito, kahit may midwifery na, pero paano kung walang sapat na guro o laboratory?” (We want a nursing program here, in addition to midwifery, but what if there are no qualified teachers or laboratories?). This aligns with Funa’s (2024) study, which highlighted limitations in midwifery training and the need for expanded clinical opportunities and support systems. Incorporating a BSN program alongside existing midwifery education could help mitigate these gaps by providing broader clinical exposure and stronger institutional frameworks.

Although policies such as CHED Memorandum Order No. 15, series of 2017, which sets minimum standards for nursing programs, include requirements for qualified faculty, skills laboratories, and clinical affiliations, many rural institutions like those in Sorsogon struggle to meet these without targeted support (CHED, 2017). This aligns with national observations that geographically isolated and disadvantaged areas face systemic constraints in offering healthcare-related degrees (Bautista et al., 2019). These gaps point to the urgent need for regionally responsive implementation of CHED policies, local government support for academic infrastructure, and faculty development programs to build sustainable local capacity. To effectively address these challenges, a phased, policy-driven approach is recommended. This includes forming resource-sharing consortia among educational institutions for faculty and equipment

support, offering CHED- or LGU-led incentive programs (e.g., scholarship-for-service, rural faculty grants), and implementing blended learning and virtual simulation to temporarily offset infrastructural limitations while physical facilities are being developed.

The qualitative insights enrich the quantitative findings by highlighting not only the widespread support for the program but also the distinct expectations among stakeholders related to educational access, public health improvement, and socioeconomic mobility. The thematic analysis revealed a strong sense of hopefulness among respondents, particularly among parents, students, and local health workers. One central theme was “educational and professional development,” reflecting the belief that local access to nursing education could anchor professionals in the province. Respondent 13, a midwifery graduate, shared, “Kung may nursing program dito, baka hindi na kailangan umalis pa ng Sorsogon ang mga kabataan para lang makapag-arál.” (If there were a nursing program here, young people wouldn’t need to leave Sorsogon just to study.). Another recurring theme was “perceived readiness,” which captured stakeholders’ cautious optimism. While they welcomed the initiative, they worried about implementation gaps. As Respondent 29, a barangay health worker, put it, “Kahit may programa, kulang pa rin kung wala tayong maayos na pasilidad.” (Even if there’s a program, it won’t be enough if we don’t have proper facilities.). These voices reflect a shared aspiration for accessible, quality nursing education, tempered by realistic concerns about infrastructure and sustainability. Notably, parents tended to emphasize faculty preparedness as a prerequisite for quality, whereas students highlighted proximity, affordability, and long-term career opportunities. Addressing these concerns will help ensure that the program not only launches effectively but also delivers quality nursing education aligned with professional standards.

Building on these insights, Funa et al. (2023) highlighted how learner-centered, action-ori-

ented, and transformative approaches can address resource limitations such as poor connectivity and inadequate lab facilities. Strategies such as KWL charts, online journals, and peer collaboration helped sustain learning during the COVID-19 crisis. These findings support the use of flexible, technology-enhanced teaching in nursing education, particularly in under-resourced settings.

From a public health standpoint, the nursing program is expected to promote preventive care, health education, and community wellness. This aligns with the study of Wong et al. (2020), which highlights the influence of education on health behaviors. Furthermore, addressing faculty and facility limitations is essential for delivering a credible health education program and ensuring reliable outcomes.

Participants also recommended expanding the curriculum to include medical technology, pharmacy, and public health, reflecting a demand for interdisciplinary health education that meets broader workforce needs. Integrated curricula build holistic, practice-ready competencies and improve knowledge, attitudes, and behaviors, indicating clear applicability to health education (Sengupta, 2023; Funa & Gabay, 2025; Funa et al., 2022, 2024).

Respondents identified key benefits for students and the community. For students, the program promises to promote leadership, research involvement, and clinical skills development—qualities essential to producing competent healthcare professionals (Funa, 2024). These perceptions are consistent with findings from other studies that emphasize the importance of nursing education in preparing graduates to meet the demands of a changing healthcare environment (Harrison et al., 2020; Kavanagh & Sharpnack, 2021). From a healthcare perspective, the nursing program is expected to contribute significantly to improving wellness and preventive care, which is vital to addressing community health challenges.

The potential economic benefits of the program should not be overlooked. Respondents believe that having a locally based nursing program could stimulate economic growth by reducing healthcare costs, improving access to services, and strengthening the local health system (Kang & Kim, 2021). These projected outcomes reinforce the view that investing in health education is not only socially beneficial but also a sound regional development strategy. These findings provide actionable insights for CHED, LGUs, and higher education institutions seeking to equitably expand nursing education in underserved areas, while ensuring that policy decisions are grounded in community needs, institutional capacity, and long-term sustainability.

Although primarily a cross-sectional survey study, this research incorporated selected qualitative responses to contextualize and enrich the interpretation of the quantitative findings. The inclusion of stakeholder narratives added depth to the statistical trends, offering valuable insights into lived experiences and perceptions. This approach provides a practical framework for monitoring and evaluating the BSN program. Continued stakeholder engagement and periodic data collection will be essential for tracking implementation progress. Future research may benefit from participatory strategies, such as stakeholder consultations and alumni tracer studies, to maintain responsiveness to evolving community and workforce needs.

This study focused on participants from Sorsogon, which may limit the generalizability of the findings to other contexts. The survey relied on self-reported data, which may be subject to response bias, and its design was limited to structured items, potentially restricting the depth of the responses. While qualitative interviews provided valuable insights, they were limited in number and scope. Although the authors were affiliated with the study site, the research followed ethical procedures to minimize bias. No conflicts of interest are declared.

Conclusion

This study provides strong evidence of stakeholder support for the introduction of a local nursing program in Sorsogon, Philippines. The program is expected to enhance students' clinical competencies, promote holistic health practices, and create opportunities for research engagement. At the community level, it is viewed as instrumental in improving access to healthcare, supporting preventive care, and stimulating both social and economic development. However, the program's success will depend on overcoming institutional challenges—such as limited faculty availability, underdeveloped simulation facilities, and inadequate access to instructional resources. As such, concrete policy actions are needed, including investment in simulation laboratories, regional faculty partnerships, and CHED support for curriculum development. Support was broadly consistent across stakeholder groups, although parents more frequently raised concerns about institutional capacity. Although primarily a quantitative study, the integration of stakeholder narratives helped contextualize perceptions and aspirations regarding the proposed program. This design allowed grounded insights without full-scale qualitative integration. Future research should consider broader geographic coverage, long-term outcome monitoring, and participatory approaches (e.g., alumni tracer studies or stakeholder consultations) to support responsive and sustainable regional nursing education.

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