

# **PRISO-NURSE: Deployment Restriction Policy and Its Impact on Productivity of the Nursing Workforce in the Philippines**

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## **Abstract**

The Philippines is the world's top source for nurses. In fact, nearly 40% of new nurses prefer to migrate overseas, thus resulting in a workforce shortage in the country. To ease the situation, a deployment ban was implemented in 2020 which affected the overall productivity (nurse-to-patient ratio). Thus, this study aims to describe the working conditions, determine the labor migration intentions, and recommend an optimal deployment policy to improve overall workforce productivity. A mixed research method was utilized in the study. Results revealed that challenges were driven by low pay, high work pressure, psychological factors and marginalized physical health. Location preference is a strong driver of labor migration. However, the overall intention is a medium level. Lastly, capacity planning optimization suggested eight patients per nurse, implying better care for and attendance to patients. The study recommends better benefits and wages despite the implementation of the Salary Standardization Law (SSL) and

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the retention of the existing annual deployment cap to ensure that the Philippine healthcare system will remain productive.

Keywords: Working Conditions, Labor Migration Intentions, System Productivity, Filipino Nursing Workforce

## Introduction

***High Risk, Underpaid and Overworked: The Resilience of Nurses in the Philippines.*** The minimum working conditions and employment terms that employees are expected to comply with and are entitled to, at least on acceptable levels, are labor or work standards (Azucena, 2021). However, these labor standards are sometimes not met and delivered by the employer, thus resulting in challenges on the part of the employees when they perform and deliver their work. These challenges are rampant in the nursing profession, which unfortunately was amplified further during the pandemic. Before the onset of the Coronavirus disease (COVID-19) in the first quarter of 2020, health workers, particularly nurses, were already at a high risk of being exposed to various infectious diseases because of the nature of their jobs. Unfortunately, the COVID-19 pandemic exponentially amplified this long-standing situation. Nurses are lauded as modern-day heroes, but their miserable working conditions have led many to quit (Smyth and Neville, 2022). Most of them have families to support, thus, many are forced to take an alternative path—a path toward better opportunities outside the Philippines. This familiar sight can be seen in most hospitals across the country where there are nursing shortages (Tolentino, 2021).

***The “Priso-nurse”: The Unconstitutional and Oppressive Overseas Deployment Ban.*** To alleviate the shortage of healthcare workers, the government barred Filipino nurses from working overseas in 2020. The thousands stuck in limbo sparked an outcry and forced the government to explain its position. Nurses even coined a term and referred to themselves as *Priso-nurse*, a play on words that compares their situation to prisoners. Nurses’ unions pointed out that instead of implementing a deployment ban, the government should have encouraged healthcare workers to serve on the frontline by offering regular wages and other benefits like hazard pay, particularly to those

who worked during the pandemic. Approved bills and executive orders on hazard payment for healthcare workers include the Active Hazard Duty Pay under the Bayanihan to Recover as One Act (RA 11494); the Magna Carta Hazard Pay under the RA 7305, and the ECQ/MECQ Daily Hazard Pay under the Administrative Order No. 35, s. 2021, which, unfortunately, after several months after it was signed, 16,764 health workers still had to receive their hazard pay because of the lack of funding. After pressure from the nurses' union, the ban on leaving the country was temporarily lifted in November 2021, resulting in an exodus. Thus, in November 2020, an annual limit of 5,000 medical professionals (raised to 6,500 in June 2021, and later to 7,500 in 2022) was allowed to leave. With this decision was the underlying question of will the government would institute a long-term change especially after the pandemic was over (Magsambol, 2020). The labor group Federation of Free Workers (FFW) stated that the deployment cap was unconstitutional and oppressive to labor and thus required review by the government (Jaymalin, 2023).

***Salary Standardization: A Long-standing Grievance and the Quest for a Better Life.*** Pay is a dominant pain point in the nursing profession—it is not a new issue. For more than two decades now, nurses working in government institutions have fought for better, decent wages. Under the Nursing Act of 2002, the nurses' minimum base pay was Salary Grade 15, a median pay grade in a 33-grade scale of the government employees' pay scheme. In 2019, the Supreme Court ruled that the Nursing Act must be carried out and nurses should not be paid salaries lower than the Salary Grade (SG)15. However, its implementation sparked more issues due to structural inequalities. Senior nurses' salaries have not been anchored on this pay increment. Their pay remained unchanged; thus, they found themselves demoted since their salary was now at the same level as their entry-level counterparts. With this injustice, FFW gave its backing to the proposal to grant government nurses a starting monthly salary of ₱64,000. Early in 2020, then President Rodrigo Duterte signed the SSL that would increase the take-home pay of government employees, including nurses, starting January 1, 2020. However, the increase of around ₱1,500 (\$29.72) did not make a dent for someone supporting a family (Jaymalin, 2023).

***Labor and Gender Issues: Gender Pay Inequality among Government Workers.*** Gender is another identified source of pay inequality for the nursing workforce which is a female-dominant profession. In fact, 74% of the Filipino nurses are female (Elmaco, 2022). Low-wage healthcare jobs are highly segregated by gender, contributing to gender equity problems in the broader labor market. Research suggests that healthcare work is undervalued precisely because it is associated with “women’s work.” Aside from the fact that the female workforce is highly expensive because of special privileges in terms of biological factors and needs, occupational segregation in health care has a powerful effect on labor market dynamics (McDermott & Goger, 2020). A common notion is the exclusion of women in management jobs and positions (Myers et al., 1998). The principal reason for the persistence of the pay gap is the unequal impact of women’s family responsibilities and the vertical segregation of men and women into different kinds of work (Rutherford, 2011). For instance, police and military work are dominated by men while teaching and nursing jobs are dominated by women. From June 30, 2016 to June 30, 2022, male-dominated jobs experienced two main phases with two tranches of salary adjustments while women-dominated counterparts had only one. Aside from the frequency, male-dominated jobs also had higher adjustments in terms of the absolute amount.

***Labor Migration: The Impact on Healthcare System Capacity and Productivity.*** The challenges in working conditions, pay inequality, and gender issues have forced nursing professionals to seek opportunities outside the Philippines. In fact, nearly two in five nursing board passers go abroad for work (Tolentino, 2021). The Philippines is the world’s top source of nurses, but it also has the lowest nurses per capita in Southeast Asia, a shortage that exposes a system that underpays, overworks, and under-protects its nurses. The average nurse-to-population ratio is 1 to 5,000, but in some isolated areas it is 1 to 20,000. These conditions have gotten worse when the pandemic hit, and COVID-positive nurses needed to be quarantined (Tolentino, 2021). In Metro Manila private hospitals, they were paid the minimum wage of ₱537 daily which is roughly about ₱12,000 monthly, while those in provincial areas were paid even less. Amid regular work and burnout from their shifts due to the pandemic, most nurses took advantage of the reopening of economies abroad and the ease of border restrictions to look for employment overseas (Valmonte, 2022).

The labor migration of Filipino nurses has affected the productivity of the nursing workforce. Filipino Nurses United stated that hospitals suffer from understaffing of nurses. Instead of the 12 patients per nurse per duty shift standard, a nurse attends to 20 to 50 patients per shift, thus working 12 to 16 hours without overtime pay. In addition, in 2023, there were around 36,000 government nurses on contractual employment known as job order nurses under the Nurse Deployment Program for a tenure ranging from 2 to 10 years. This status prevents these nurses from voicing their grievances and joining associations and unions for fear of job termination (Villanueva, 2023). The outstanding labor issues have resulted in the low nurse-to-patient ratio that ranges from 2% to 5% (an average of 4%) which is 50% lower than the standard of 8% (Villanueva, 2023). These statistics can be attributed to a struggling healthcare system that implemented a deployment policy among nurses pursuing opportunities outside the country. This restrictive deployment policy has led to further challenges in the working conditions, migration intentions and productivity of the Filipino nursing workforce.

The study identifies the significant challenges to nursing professionals and the impact of the deployment policy that resulted in the low nurse-to-patient ratio in the Philippine nursing workforce. Specifically, it aims to (1) identify the challenges and describe the overall working conditions of Filipino nurses; (2) determine the significant factors that influence the labor migration intention among the Filipino nurses; and (3) assess and recommend an optimal deployment policy to improve the overall productivity (nurse-to-patient ratio) of the nursing workforce.

## Theoretical Framework

***Structural Adjustment Model.*** There have been some structural adjustments implemented to address the long-standing fight for a decent salary and better working conditions for the nursing workforce, such as SSL, as well as the deployment ban of healthcare workers from overseas employment, which is deemed unconstitutional. Salary standardization is considered a structural change. Unfortunately, it has not yet been fully implemented due to funding issues, which is a bigger case of structural adjustment initiative in terms of the national budget allocation (Dey, 1989). Meanwhile, the latter is an example of strategic

reform, which started as a deployment ban during the pandemic and later became a deployment cap of 5,000 healthcare professionals per year (capped at 7,500 during the time of the study in 2023). This series of actions on the deployment ban are manifestations of degeneration or the removal and adjustment of legislation and laws initially imposed by the government (Standing, 1991). However, structural adjustment will only be successful with the right strategies for reforms and structural changes.

***International Labor Migration.*** Poor working conditions often motivate healthcare workers to seek employment overseas. Thus, Filipino nurses have become dependent on labor migration to ease the conditions in the domestic labor market. National opinion has generally focused on the improved quality of life for individual migrants and their families, and on the benefits of remittances to the nation. However, a shortage of highly skilled nurses and the massive retraining of physicians to become nurses elsewhere have created severe problems for the domestic healthcare system, including the closure of many hospitals (Lorenzo et al., 2007).

***Productivity and Capacity Planning Model.*** The discipline of productivity measurement has its roots in the concept of capacity, which, by definition, is the throughput or number of units a facility can hold, receive, or produce in a period. The healthcare system, as a facility or work system, has two categories of capacity that define its productivity: design and effective capacity. Design capacity is the theoretical maximum output of a system in each period under a given condition (Heizer & Render, 2007), while effective capacity is the achievable output expected from a system given the variables of operations. In view of its capacity, system performance can be defined by measuring the system utilization, efficiency, and productivity.

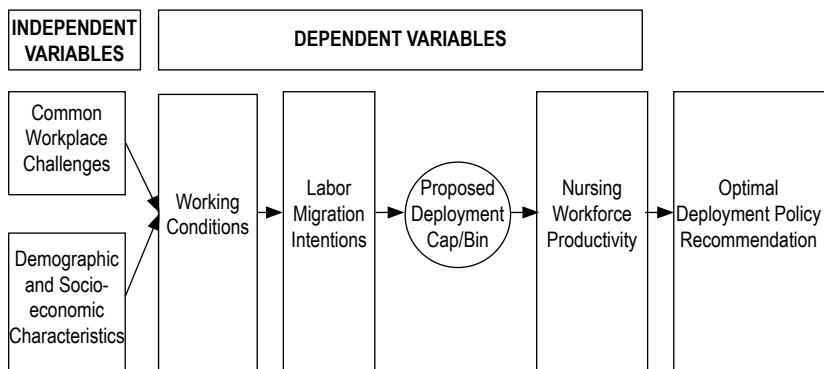
These measures can be operationally expressed as:

$$\text{Utilization} = \frac{\text{Actual output}}{\text{Design capacity}}; \text{Efficiency} = \frac{\text{Actual output}}{\text{Effective capacity}}; \text{and Productivity} = \frac{\text{Actual output}}{\text{Input used}}$$

## Conceptual Framework

Adjustments in the deployment policy to improve the overall productivity (nurse-to-patient ratio) of the nursing workforce will require a significant change in the current working conditions, identifying and addressing workplace challenges and determining the key drivers of labor migration and intentions. Most existing studies have presented challenges to the nursing workforce in their respective countries. In addition to various external factors that influence labor migration trends and intentions, there is insufficient consideration given to factors such as the demographic and socio-economic characteristics of nurses, as well as the specific source or root cause of the challenges they encounter outside the healthcare facility or work organization. In 2024, Mozolova and Tupa studied the migration intentions of nurses in Slovakia. The study identified good working conditions and career growth as key factors influencing nurses’ attitude toward migration. In another study, Efendi et al. (2022) looked at the dynamics of nursing labor markets in Indonesia. The researchers focused on the critical impact of the absence of robust policies in harmonizing the nursing workforce, thus affecting labor migration intentions and competitiveness. This scenario may either result in a surplus or a shortage of the nursing workforce in the country.

Figure 1. Conceptual Framework



In the same line, the Philippines’ current nursing workforce is experiencing an increasing labor migration trend, as well as decreasing productivity of the healthcare system (measured through the nurse-to-patient ratio). There are certain demographic and socio-economic

factors that influence migration intentions. It is timely that these factors be given major consideration to identify the particular root cause of the problem. Aside from the former, another research gap is the assessment of the current government policy to mitigate the issue of productivity, particularly the deployment ban (deployment cap during the time of the study).

## **Research Design and Methods**

This study used a combination of descriptive, predictive and prescriptive research methods, which aimed at describing the current working conditions of the nursing workforce by identifying the common challenges using a self-administered questionnaire validated through key informant interviews. It also seeks to determine the key drivers of labor migration and predict future migration intentions using statistical analysis in SPSS, and assess the deployment policy and prescribe an optimal program to improve the nurse-to-patient ratio through capacity planning modeling. To mitigate research biases, key informant interviews were conducted. Four key informants were pre-selected across sectors and work locations. Of the four key informants, two were nurses overseas (one from the US and the other from the Middle East), while the other two were in the Philippines (one from Metro Manila and the other from the province). Consequently, two out of the four key informants were nurses in the private sector while the other two were working in government hospitals. Further, the research adheres to the ethical research protocol of the University of the Philippines Diliman. In terms of data gathering, consent and data privacy statements were obtained from the respondents before answering the questionnaires. They were also given the option to proceed or not to continue with the survey. In terms of processing the data collected, triangulation was employed to maintain the credibility of the research findings. Aside from the survey questionnaire, key informant interviews were conducted to support the research data analyses.

## **Operationalization of the Research Variables**

There were three variables in the study, namely (1) workplace challenges, (2) labor migration intention, and (3) productivity of the

nursing workforce, referring to the ratio of patients being cared for and attended to by a nurse as used in this study.

The ***Workplace Challenges*** survey, a modified version of the categories of workplace experience and challenges table from BMC Nursing (Irandoost et al., 2022), has 15 items, 10 from related studies and an additional five from key informant interviews. These items are as follows: (1) Lack of protective equipment, (2) High work pressure, (3) Low pay, (4) Marginalized physical health (fatigue, headache, weakness, sleeplessness, digestive problems, etc.), (5) Problems with the use of protective equipment (shortness of breath, facial ulcer, heat, sweating, body burns, itching, etc.), (6) Psychological problems (depression, self-morbidities, fear of being excluded, fear of being infected, grief of losing a colleague, family or patients, etc.), (7) Lack of supportive work environment, (8) Problems related to patients (getting abused and bullied by patients, patient's boredom, patient's homesickness, patient in bad condition), (9) Marginalized personal and family life (long-hour shift, disconnection with family, homesickness, missing important family events, etc.), (10) The challenge of communication with patient's family (difficulty in informing families about test results, severe conditions, relaying too much information, etc.), (11) Workplace romance (between nurse/ doctor), (12) Lack of manpower, (13) Delayed release of compensation and benefits, (14) Continuing professional advancement (CPD Law), and (15) Delayed delivery of supplies. The survey has a 6-point rating scale that measures the frequency or average occurrence (0 - no occurrence, 1 - low occurrence, 2 - slightly low occurrence, 3 - moderate occurrence, 4 - slightly high occurrence, 5 - high occurrence).

Meanwhile, the ***Labor Migration Intention*** survey is a 4-item dichotomous questionnaire answerable with yes or no. The objective of the questionnaire is to conduct a probe using scenario-building questions related to key factors for labor migration, particularly wages and benefits, and working conditions. This tool will identify the migration intention of the respondents influenced by demographic and socio-economic characteristics. Since the survey is dichotomous and the response is categorical, answers have been converted to numerical equivalents (0 is the numerical value for YES, they plan to stay and work as a nurse in the Philippines, and 1 is the numerical value for

NO, they have the intention to migrate as a nurse abroad) to do a T-test analysis in SPSS.

Lastly, the **System Productivity** analysis is a scenario-building simulation using the capacity planning model for measuring system performance. There are three measures of improved system performance: utilization, efficiency and productivity (Heizer & Render, 2007).

1. Utilization is the ratio of actual achievement of the design capacity.
2. Efficiency is the ratio of actual achievement to effective capacity.
3. Productivity is the utilization of resources. It is measured by the ratio of the output divided by one or more inputs.

To analyze and draw a sound solution to the problems, different data analysis methodologies were used for each variable. (1) Pareto analysis was used to identify the most significant workplace challenges evaluated by the respondents. The challenges with the cumulative percentage weight of approximately 80% will be the focus of recommendations for solutions. (2) Statistical analysis (T-test) was used to determine the labor migration intentions. The significant demographic and socio-economic characteristics that have a strong influence on the labor migration intentions were identified and used for program and policy recommendations. Lastly, (3) productivity analysis was used to simulate the system productivity given different scenarios built through the capacity planning model.

## **Scope and Limitations**

The paper aimed to identify the current working conditions and challenges and determine key drivers of labor migration among the Filipino nurses that resulted in the low productivity (nurse-to-patient ratio) of the nursing workforce in the Philippines.

Although the study only covers workforce productivity in the Philippines, it also captured respondents who are currently working overseas. The latter is intentional to be able to determine the key

drivers that lead to labor migration for the Filipino nurses who pursued opportunities overseas as well as identify the working conditions and challenges that will drive future labor migration intentions among those working in the Philippines. Due to time and budget constraints, the research instrument was only distributed online (particularly through social media platforms); thus only 100 respondents were captured in the study.

## Results and Discussion

### *Descriptive Profile of the Study Respondents*

Table 1. Distribution of Respondents by Demographic and Socio-economic Characteristics.

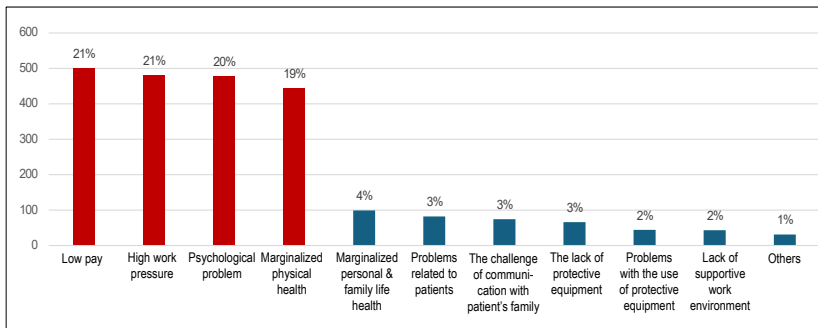
Characteristic	Percent Distribution (Mean) N=100	Characteristic	Percent Distribution (Mean) N=100
<b>Sex</b>		<b>Marital Status</b>	
Male	30.0	Single	48.0
Female	70.0	Married/Others	52.0
Total	100.0	Total	100.0
<b>Age of the Respondents</b>		<b>No. of Dependents</b>	
Younger (22 to 32)	36.0	0 to 4	75.0
Older (33 to 60)	64.0	More than 4	25.0
Total	100.0	Total	100.0
<i>Mean Age</i>	<i>(36.5)</i>	<i>Mean No. of Dependents</i>	<i>(3.4)</i>
<b>Position Level</b>		<b>Employer</b>	
Rank and File	72.0	Government	37.0
Supervisory/Managerial	28.0	Private	63.0
Total	100.0	Total	100.0
<b>Years of Experience</b>		<b>Work Location</b>	
Non-tenured (0 to 9)	43.0	Metro Manila	37.0
Tenured (10 and up)	57.0	Province	30.0
Total	100.0	Abroad	33.0
<i>Mean Years of Experience</i>	<i>(12.0)</i>	Total	100.0
<b>Average Salary (PHP)</b>			
Below ₱ 75,000	68.0		
₱ 75,000 and up	32.0		
Total	100.0		
<i>Mean Monthly Salary</i>	<i>(105,075.3)</i>		

## Common Workplace Challenges

Nurses, as the primary human resource in the fight against diseases, encounter challenges and work-related issues that are attributed to functional, personal and even mental or psychological issues. Survey results gathered from 100 respondents from December 19, 2023, to January 11, 2024, showed the common problems and challenges of nurses in the workplace.

Research respondents rated the frequency of the common issues and challenges in the workplace, which resulted in 15 identified problems that contributed to the low capacity and productivity of the nursing workforce and the healthcare system.

Figure 2. Pareto Chart of the Challenges of Nurses



Addressing all the challenges will take time and resources. To identify the most critical problems, Pareto analysis was utilized. Pareto analysis is a simple decision-making technique for assessing competing problems and measuring the impact of fixing them. This technique allows focus on problems that will provide the most benefit once solved (Heizer and Render, 2007). The technique uses the 80/20 rule or the Pareto principle, which states that for many events, roughly 80% of the effects come from 20% of the causes of the problem. In this case, the frequency of cases is the impact of each of the 11 identified problems (Anil Kumar, 2009).

After the Pareto analysis, four challenges were identified to have a significant impact on the nursing workforce, namely: (1) low pay,

which garnered an aggregated score of 500 (21% contribution) from the Workplace Challenges survey, (2) high work pressure, with a score of 481 (21%), (3) psychological problems, with a score of 478 (20%), and (4) marginalized physical health, with a score of 445 (19%). Combining the frequency of these identified critical problems contributes a total of 81% to the total frequency of problems or challenges. These identified problems will give the most benefit once resolved (Anil Kumar, 2009).

## **Migration Intention Analysis**

The research respondents were asked a series of probing questions on their intention to leave the Philippines to work in other countries. To identify the significant demographic and socio-economic factors that influence the labor migration intention, a T-test was employed along with the corresponding key information interviews to explain the results.

Overall results show that the respondents have a medium level of intention to migrate abroad to work as a nurse. However, based on specific factors, location or country preference is a strong driver of labor migration intention. On the other hand, better salary and working conditions are strong factors that nurses consider for staying in the Philippines.

Investigating the demographic and socio-economic characteristics that influence migration intention showed that sex, marital status, age, number of dependents, employer, tenure, work location and salary were significant factors that affect migration decisions.

- In terms of sex, male nurses have higher migration intention (67%) than female nurses (36%). They tend to migrate and work abroad regardless of the job; they are willing to work even outside of the nursing profession. Insights from key informants revealed that male nurses prefer opportunities outside the hospital because of (1) better pay, (2) overfatigue and the toxic hospital or clinic work environment, and (3) new horizons to explore.
- In terms of age and marital status, single nurses, who are also younger, have a higher migration intention (83%) than

those who are married and or who have been married, and those who are generally older (65%). They tend to migrate and work in their preferred location. They already have a target country in mind before considering migration. Insights from key informants revealed that single nurses prefer opportunities outside the hospital because of (1) opportunities for permanent residency in their target country, (2) better compensation and benefits for nurses, and (3) local tourism in their preferred country or destination.

- In terms of the number of dependents, nurses with fewer dependents (up to four dependents) have medium-level migration intention (27%), while those with more than five dependents have very low intention to migrate (4% to 8%). Insights from key informants revealed that as the number of dependents increases, being with family is a key consideration for staying in the Philippines.
- In terms of employer, private nurses have a higher migration intention (84%) than government nurses (57%). Insights from key informants revealed that private nurses tend to migrate and work in their preferred country because of (1) job stability, (2) better pay and working conditions, and (3) better organizational culture and work environment.
- In terms of tenure, short-tenured nurses (those in the field for 10 years and below) have higher migration intention (83%) than long-tenured nurses (64%). Insights from key informants revealed that short-tenured nurses are usually non-regular employees and tend to migrate abroad to work because of (1) job stability, and (2) better pay and working conditions.
- In terms of work location, the migration intention of Metro Manila and provincial nurses has no significant difference, while overseas nurses have a significantly higher intention (59%) than local nurses (31%). Insights from key informants revealed that financial stability, a better work environment and culture, and the opportunity for permanent residency are the main reasons behind the high level of migration intention. In terms of average monthly salary, nurses with salaries above the standard cost of living are generally overseas.

The level of labor migration intention is statistically significant across all factors that influence the migration decision, such as location preference, better salary, better working conditions, and available opportunities outside the nursing profession. Among these influences, location preference is the most significant at 74%. This result is mainly attributed to the opportunities for permanent residency in the country of deployment.

## **Scenario-building and Productivity Analysis**

Synthesizing the four main challenges, specific causes were identified: (1) overworked and underpaid, (2) increasing and demanding shifts, (3) shift cancellations, (4) stress and professional burnout, (5) feeling alone and isolated during work week, (6) depression and self-morbidities, (7) fatigue, headache, weakness, (8) digestive problems, etc. Everything can be traced back to capacity planning. Today, the capacity of the nursing workforce ranges from 2% to 5%, averaging at 3% while the standard is 8% (Villanueva, 2023). The current capacity is 63% lower than standard. In fact, 100% of the respondents cited low pay or compensation as the main challenge. With the approval of the SSL and retaining the deployment cap at 7,500 annually, we may be able to improve the capacity by 12%, which is above the standard of 8% and system productivity of 141%.

The result of the Capacity Planning simulation implies eight patients per nurse, which translates to better care and attendance to patients. The simulation suggests that the best way to improve the capacity of the healthcare system measured by the nurse-to-patient ratio is through the adoption of measures to improve and standardize compensation, similar to the SSL, which currently only applies to government-employed nurses, and the retention of the current deployment cap of 7,500 annually, including those employed in private and public health facilities.

Table 2. Scenario of Alternative Decisions Using the Capacity Planning Model

Scenario of Alternative Decisions	Actual Capacity	Nurse-to-Patient Ratio	System Productivity
Standard	12	8%	100%
Do Nothing (Status Quo)	35	3%	34%
No change in Salary, but with a Deployment Cap of 5,000 annually	59	2%	20%
Implementation of the Salary Standardization Law with Total Deployment Ban	9	11%	132%
Implementation of the Salary Standardization Law with a Deployment Cap of 7,500 annually	8	12%	141%
Implementation of the Salary Standardization Law with a Deployment Cap of 5,000 annually	10	10%	116%
Implementation of the Salary Standardization Law with No Deployment Ban or Cap	11	9%	114%

## Conclusion

The findings of the study lead to the following conclusions:

- The low capacity and productivity of the nursing workforce are highly driven by compensation and working conditions. This is influenced by identified significant critical challenges that contribute 81% of the total occurrence of problems, such as low pay, high work pressure, psychological problems, and marginalized physical health, with a total frequency of 1,904 cases. Improving the working conditions and benefits of healthcare workers is a step towards improving societal health and well-being.
- Labor migration intention is influenced by demographic and socio-economic characteristics such as sex, marital status, age, number of dependents, employer, tenure, work location, and salary. The level of migration intention is statistically significant across all influences on the migration decision, such as location preference, better salary, better working conditions, and available opportunities outside the nursing profession.

- The capacity planning model is an effective approach in improving system productivity in terms of the nurse-to-patient ratio of the healthcare system. The current capacity of the nursing workforce ranges from 2% to 5%, averaging at 3% while the standard is 8%, implying that the current capacity is 63% lower than the standard. To improve the current situation, an optimal strategy was identified as the combination of the implementation of the SSL and the retention of the current annual deployment cap of 7,500. Although deemed unconstitutional and oppressive, the deployment cap will ensure the greater good not just of the healthcare workers but of the Filipino people in general.
- Structural adjustment is inevitable in securing the welfare and better working conditions of healthcare workers particularly in terms of the implementation of wage and other laws related to their compensation and benefits. This action will result in an improvement in productivity to 141%. This strategic decision will give the highest nurse-to-patient ratio of 12% percent, higher than the standard of 8% which translates to better care and attention to patients.

## Recommendations

The following recommendations are based on the findings and conclusions and are expected to be the solutions to the synthesized problems:

**Structural Changes.** Since the results of the study showed that the low capacity and productivity of the nursing workforce are highly driven by compensation, Congress should pass the proposed measure of the FFW to increase the minimum pay of government nurses to a gross monthly salary of ₱64,000 based on the SSL. Thus, there is a need to review and adjust the national budget allocation to ensure that wage and other laws related to the compensation and benefits of the healthcare workers will be funded and fully implemented. Another solution to reduce local and international labor migration is to abolish the regional wage disparity for healthcare workers. Aligned with the reported shortage of healthcare workers in the country, a significant portion (33%) of the respondent nurses in the study were working

overseas. Opening additional permanent positions in government hospitals and healthcare facilities is highly recommended to ensure better job security, compensation, and benefits, thus encouraging and promoting motivation and better productivity.

**Strategic Reforms.** The deployment cap at the time of the study (7,500 healthcare workers annually) was deemed unconstitutional. However, a total deployment ban will increase the system productivity to 132%. On the other hand, no deployment cap will further lower the system's productivity increased to 34%. The optimal system productivity of 141% will be achieved by retaining and legalizing the current deployment cap of 7,500 healthcare workers annually to ensure the stability of the Philippine healthcare system. In addition, the government should also mandate the provision of personal health and wellness programs for healthcare workers to ensure their protection and well-being. In fact, the establishment of mental health programs for healthcare workers, particularly those who are in the fight against COVID-19 or similar unfamiliar and contagious diseases that require quarantine upon exposure, is highly recommended.

**Research Extension.** The research is exclusive to the nursing workforce; thus, there is an opportunity to extend the study to non-medical staff who are highly at risk and exposed to diseases. Another potential research extension is to explore employing statistical analysis on the significant personal factors that influence nurses to stay in the nursing profession in the Philippines. Lastly, key informant interviews with some nurses revealed that there are doctors who choose to undergo extensive training to become nurses abroad. Identifying the reasons behind this phenomenon can also be investigated.

**Areas for Further Study.** The study has limitations due to various factors, such as time constraints, data collection, and sampling methods; thus, the following areas for further study are recommended. (1) Elaborating on the labor and gender issues cited during the study, the comparison of the male-dominated and female-dominated government work; (2) Establishing other methods of calculating the right amount of deployment cap to ensure the stability of the Philippine healthcare system; and lastly, (3) Exploring the regional wage disparity for nurses and identifying better ways to improve it.

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