Where Have the Nurses Gone?
A Case Study on the Shortage of Nursing Professionals in the Philippines

As one of the country's most essential and demanding yet underpaid professions, nursing in the Philippines is fraught with many ironies. Despite being the top exporter of nurses in the world, the Philippines faces "chronic understaffing" in local hospitals.[1] It also has the "lowest number of nurses per capita in Southeast Asia."[2] As of December 2021, out of over 900,000 licensed nurses, only 19% were practicing their profession in the country. About 35% worked overseas, while another 32% were either underemployed or unemployed.[3] This shortage in the nursing profession is a problem decades in the making, but it was exacerbated and made most apparent by the COVID-19 pandemic—shedding light on the unjust compensation and dismal working conditions of healthcare workers, especially nurses, in the Philippines that have long pushed them to seek employment abroad or in other sectors.

This case study looks into the present shortage of practicing nurses in the Philippines and how it came about. First, it traces the history of how Filipino nurses were tailored for labour export, the problems this created for the domestic labour market, and how such problems worsened during the pandemic. It then identifies factors that continue to drive nurses out of the country or out of the profession, policy options to address these factors, and their pros and cons. Finally, the case study discusses what steps the Philippine government has taken to address the nursing shortage and how effective these have been.

Background

The 2000s Philippine nursing boom and outmigration

There was not always a shortage of nurses in the Philippines. In fact, in the late 2000s, the country's problem was the exact opposite—an oversupply of registered nurses brought about by an export-oriented approach to the profession.[4] Population growth and rapid aging in developed nations sharply increased the demand for nurses in the late 1990s to early 2000s worldwide, and the recruitment of foreign nurses, typically from developing nations, was deemed the most expedient way to fill this gap.[5]

[1] Kaycee Valmonte, "No Shortage of Nurses but Low Pay, Lack of Tenure Driving Them Abroad", *The Philippine Star*, June 21, 2022, https://www.philstar.com/headlines/2022/06/21/2189974/no-shortage-nurses-low-pay-lack-tenure-driving-them-abroad.
[2] Lianne Chia and Anne Tolentino, "Underpaid and Overworked, Philippine Nurses Would Rather Walk Away than Work at Home They Are a Familiar Sight in Hospitals Round the World, Yet Their Country Faces", *CNA*, April 18, 2021, https://www.channelnewsasia.com/cnainsider/underpaid-overworked-philippines-nurses-hospitals-shortage-covid-1882796.
[3] Valmonte, "No Shortage of Nurses".
[4] Boo Chanco, "Now We Have Too Many Nurses", *The Philippine Star*, April 7, 2008, https://www.philstar.com/business/2008/04/07/54600/now-we-have-too-many-nurses.
[5] Barbara Brush and Julie Sochalski, "International Nurse Migration: Lessons from the Philippines", *Policy, Politics, & Nursing Practice* 8, no. 1 (2007): 37–46, https://doi.org/10.1177/1527154407301393.

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The Philippines, which by then had already institutionalized labour export as part of its economic development plan, quickly became a top exporter of nurses across the globe.[6]

The outmigration of Filipino nurses can be traced as far back as 1947 when the United States of America introduced the Exchange Visitor Program (EVP), allowing foreign-educated nurses to gain experience in American hospitals.[7] However, it was not until the 2000s that the deployment of Filipino nurses, primarily to the U.S., saw a steady and notable rise in response to international demand (see Figure 1).[8] Many Filipinos then saw the nursing profession as their golden ticket to lucrative jobs abroad and higher standards of living for themselves and their families.[9] Philippine higher education trends in the 2000s reflected this migration aspiration as the number of enrolees in nursing programs increased more than fivefold from 90,000 in 2001 to nearly half a million or 497,000 in 2008.[10] In addition, from 2007 to 2009, nursing programs produced the highest number of college graduates in the country than any other program.[11]

However, many of these graduates grossly overestimated their chances of securing employment abroad. The 2008 recession led to a slowdown in immigration and the prioritization of the domestic labour force of many destination countries such as the U.S.[12] Moreover, while demand still existed for nurses, vacancies were mainly for those with training and experience in specialized care rather than fresh graduates.[13] Since the U.S. was the target destination of most aspiring migrant nurses in the Philippines, this led to a significant downturn in the number of Filipino nurses deployed overseas (see Figure 1).[14] As a result, by the late 2000s, there was an oversupply of new nurses that both the international and domestic labour markets could not accommodate. In 2011, due to the surplus of nursing graduates and declining performance in the nursing licensure examinations, the Philippine Commission on Higher Education (CHED) issued a moratorium barring several higher education institutions (HEIs) from offering nursing programs.[15] This moratorium lasted 11 years and was lifted only in 2022 because of severe understaffing due to the pandemic.[16]

[6] Yasmin Ortiga, "Learning to Fill the Labor Niche: Filipino Nursing Graduates and the Risk of the Migration Trap", *RSF: The Russell Sage Foundation Journal of the Social Sciences* 4, no. 1 (2018): 172–187, https://doi.org/10.7758/rsf.2018.4.1.10.
[7] Barbara Brush, "'Exchangees' or Employees? The Exchange Visitor Program and Foreign Nurse Immigration to the United States, 1945-1990", *Nursing History Review: Official Journal of the American Association for the History of Nursing* 1 (1993): 171–80.
[8] Paolo Abarcar and Caroline Theoharides, "The International Migration of Healthcare Professionals and the Supply of Educated Individuals Left Behind", June 29, 2018, https://economics.nd.edu/assets/289077/theoharides_amherst_intl_migration_of_healthcare_pros.pdf.
[9] Yasmin Ortiga, "Professional Problems: The Burden of Producing the 'Global' Filipino Nurse", *Social Science and Medicine* 115 (2014): 64–71, http://dx.doi.org/10.1016/j.socscimed.2014.06.012.
[10] Abarcar and Theoharides, "The International Migration of Healthcare Professionals", 6; Cecilia Pring and Irene Roco, "The Volunteer Phenomenon of Nurses in the Philippines", *Asian Journal of Health* 2 (2012): 95–110, http://dx.doi.org/10.7828/ajoh.v2i1.120.
[11] Abarcar and Theoharides, "The International Migration of Healthcare Professionals", 6.
[12] Pring and Roco, "The Volunteer Phenomenon of Nurses in the Philippines", 96; Ortiga, "Learning to Fill the Labor Niche", 174.
[13] Pring and Roco, "The Volunteer Phenomenon of Nurses in the Philippines", 96.
[14] Abarcar and Theoharides, "The International Migration of Healthcare Professionals", 28.
[15] Jane Bautista, "CHED Ends 11-year Curb on New Nursing Courses", *Philippine Daily Inquirer*, July 14, 2022, https://newsinfo.inquirer.net/1627545/ched-ends-11-year-curb-on-new-nursing-courses.
[16] Ibid.

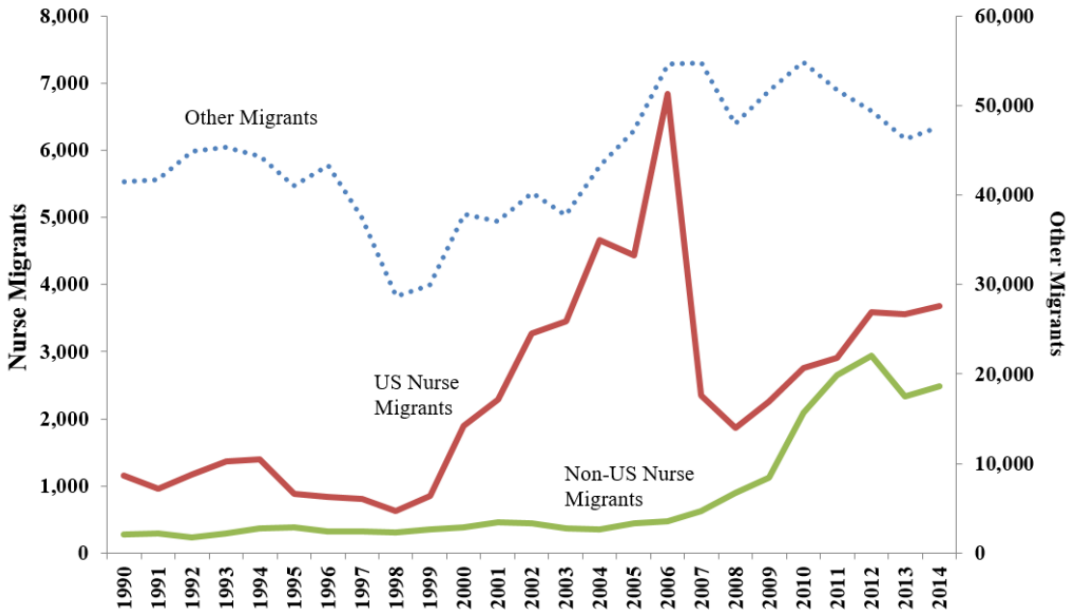

Figure 1: Number of Filipino nurse migrants deployed vis-à-vis other migrants, 1990–2014[17]

Impact on the domestic labour market

Philippine Daily Inquirer columnist Rina Jimenez-David coined the term "migration trap" in 2008 to describe the precarious situation these new nurses were in, having been trained to work abroad but unable to leave due to changes in international labour demands and immigration requirements.[18] With their migration aspirations dashed, these nurses sought employment in the Philippines instead, but the domestic labour market had limited vacancies to accommodate them all. According to the then Officer-in-Charge of the Professional Regulation Commission (PRC) in 2008, the Philippines had an oversupply of 400,000 licensed nurses while hospitals could only accommodate 60,000.[19] The country had been producing 100,000 registered nurses annually, but no new positions were being created in public and private hospitals nationwide.[20] This led to massive domestic unemployment and underemployment among new nurses, with an estimated 150,000 unemployed nurses in 2008 and hundreds of thousands more underemployed. With limited vacancies for nurses, an unprecedented volunteer phenomenon took place, with new nursing graduates opting to render their professional services for free to gain work experience.[21] Some hospitals capitalized on this palpable desperation and even charged volunteers a "buy-in fee for participation."[22]

As destination countries recovered from the recession in the following decade, the recruitment of foreign nurses ramped up again, but this alone was not enough to address the problems created by the oversupply in the domestic labour market for nurses. In general, it had three lasting effects on the domestic labour market, which will be discussed in greater detail in the succeeding section on the case

[17] Abarcar and Theoharides, "The International Migration of Healthcare Professionals", 28.
[18] Ortiga, "Learning to Fill the Labor Niche", 179.
[19] Pring and Roco, "The Volunteer Phenomenon of Nurses in the Philippines", 96.
[20] Ibid.
[21] Ibid. 97.
[22] Ibid; Ronald Dimaya et al., "Managing Health Worker Migration: A Qualitative Study of the Philippine Response to Nurse Brain Drain", *Human Resources for Health* 10, no. 47 (2012): 1-8, https://doi.org/10.1186/1478-4491-10-47.

study problem. First, the nursing surplus depressed wages, especially among entry-level nurses.[23] While the 2022 salary standardization law mandates a monthly salary of PHP 32,097 (SGD 772)[24] for entry-level nurses in government hospitals, some working in the private sector currently earn as low as PHP 8,000 (SGD 192) per month, below the country's minimum wage.[25] Second, due to the export-oriented nature of the nursing profession in the Philippines, many nurses resigned from their jobs once they had gained enough professional experience to qualify for overseas employment. Thus, expecting high turnover rates, many hospitals hired nurses on temporary contracts only, often without any benefits.[26] Lastly, owing to poor compensation, lack of career progression from temporary contracts, and demanding workloads, many nursing graduates were discouraged and chose to leave the health sector altogether, taking on better-paying jobs for which they were overqualified.[27] For example, many nursing graduates ended up working in the Business Process Outsourcing (BPO) industry, one of the country's fastest-growing industries at the time.[28]

As foreign labour markets offered better pay and better working conditions compared with the domestic market, overseas employment continued to be the more attractive option for many nurses in the Philippines. In 2010, anticipating the reopening of job markets abroad, an administrator from the Board of Nursing expressed concern about an impending mass exodus of nurses, especially among those who held tenured nursing positions.[29] Since foreign employers typically require prior work experience, nurses who leave the country are often the "best-qualified and best-trained" ones with substantial professional experience.[30]

Surplus or shortage?

Paradoxically, while the Philippines has produced a large pool of registered nurses, a shortage of nursing professionals has long existed in many parts of the country, especially in rural areas.[31] In order to meet the requirement under the United Nations' Sustainable Development Goals (SDGs), the Philippines requires 27.4 nurses for every 10,000 people.[32] However, even prior to the pandemic, the average nurse-to-population ratio in the country was already less than ideal at one to 5,000 in urbanized areas and one to 20,000 in far-flung rural areas.[33] Yet, many public health officials and scholars note that this shortage is fallacious. Health Undersecretary Kenneth Ronquillo once said that

[23] Raissa Robles, "Nurses in the Philippines Can't Go Abroad, but There Are Few Opportunities at Home", *South China Morning Post*, December 6, 2020, https://www.scmp.com/week-asia/economics/article/3112660/nurses-philippines-cant-go-abroad-there-are-few-opportunities.
[24] In this case study, the exchange rate applied is SGD 1 to PHP 41.5802, as reported by Google Finance on 1 January 2023.
[25] Julie Aurelio, "Bill Seeks P50,000 Monthly Pay for Public, Private Nurses", *Philippine Daily Inquirer*, September 11, 2022, https://newsinfo.inquirer.net/1661971/bill-seeks-p50000-monthly-pay-for-public-private-nurses.
[26] Robles, "Nurses in the Philippines Can't Go Abroad".
[27] Ibid.
[28] Ma. Reinaruth Carlos, "Nursing Graduates Working in the BPO Industry (Call Center) in the Philippines: Focus on their Choice of Job and Return to Nursing Profession" (interim report, March 2018), Institute of Developing Economies – Japan External Trade Organization, https://www.ide.go.jp/library/Japanese/Publish/Reports/InterimReport/2017/pdf/2017_2_40_007_ch01.pdf.
[29] Dimaya et al., "Managing Health Worker Migration", 4.
[30] Finch, "Philippines Brain Drain: Fact or Fiction?", E557.
[31] Fely Marilyn Lorenzo, et al., "Nurse Migration from a Source Country Perspective: Philippine Country Case Study", *Health Research and Educational Trust* 42, no. 3 (2007): 1406–1418, https://doi.org/10.1111/j.1475-6773.2007.00716.x; Valmonte, "No Shortage of Nurses".
[32] Zaldy de Layola, "CHED Urged to Lift Moratorium on BS Nursing Program", *Philippine News Agency*, November 23, 2022, https://www.pna.gov.ph/articles/1189287.
[33] Chia and Tolentino, "Underpaid and Overworked".

"in terms of absolute doctors and nurses, the Philippines has always had ample supply."[34] Dr. Jean Encinas-Franco, a professor at the University of the Philippines who specializes in labour migration, is of the same view that the much-lamented shortage of nurses in the country is a myth.[35] According to her, they just "don't want to be employed in hospitals where the pay is low."[36] As a result, many experienced nurses choose to seek employment abroad, while others become discouraged and leave the profession altogether to work in better-paying sectors.

Problem

As mentioned in the preceding section, the present shortage of practicing nurses in the country is attributable to a number of factors that characterize the domestic labour market for nurses following the nursing boom of the 2000s. This section discusses these factors in greater depth and explains how they were exacerbated during the COVID-19 pandemic.

Low compensation

A recent study on salaries of medical frontliners in the Association of Southeast Asian Nations (ASEAN) region found that, among seven countries surveyed, the Philippines paid nurses the least.[37] On average, experienced registered nurses in the Philippines are paid PHP 40,381 (SGD 971), whereas their counterparts in Vietnam, the second lowest in the region, are paid 57% more at PHP 62,200 (SGD 1,496).[38] The highest-earning nurses in the region come from Singapore, who are paid approximately 486% more than Philippine nurses.[39] The situation is even worse for entry-level private nurses whose salaries typically range from PHP 8,000 (SGD 192) to PHP 13,500 (SGD 325), suggesting that even the best-paid entry-level nurses in private hospitals are living just above the poverty threshold.[40]

Additionally, as mentioned, many nurses also choose to transfer to better-paying sectors such as the BPO industry. Thus, low salaries for Philippine nurses, coupled with the chance to earn more in other countries or in other sectors, serve as push and pull factors that continue to drive nurses out of the domestic health sector.

Lack of career progression

According to the World Health Organization (WHO), career progression into more advanced practice roles such as clinical nurse specialist and nurse practitioner can help the retention of the nursing workforce.[41] Similarly, nurses are more likely to stay in an environment where they are allowed to have some autonomy in practice.[42] These expectations were affirmed by different studies which found

[34] Steve Finch, "Philippines Brain Drain: Fact or Fiction?", *Canadian Medical Association Journal* 185, no. 12 (2013): E557–E558, https://doi.org/10.1503/cmaj.109-4459.
[35] Robles, "Nurses in the Philippines Can't Go Abroad."
[36] Ibid.
[37] Doris Dumlao-Abadilla, "PH Salary for Nurses, Med Techs Lowest in Southeast Asia", *Philippine Daily Inquirer*, September 3, 2020, https://newsinfo.inquirer.net/1330556/ph-salary-for-nurses-med-techs-lowest-in-southeast-asia.
[38] *Ibid.*
[39] *Ibid.*
[40] Aurelio, "Bill Seeks P50,000 Monthly Pay for Public, Private Nurses"; University of the Philippines Population Institute and Demographic Research and Development Foundation, "Human Resource for Health in the Time of the COVID-19 Pandemic: Does the Philippines Have Enough?" (Research Brief No. 8, August 2020), https://www.pssc.org.ph/policy_briefs/human-resource-for-health-in-the-time-of-the-covid-19-pandemic-does-the-philippines-have-enough.
[41] World Health Organization, *Nurse Workforce Sustainability in Small Countries: Monitoring Mobility, Managing Retention* (Copenhagen: WHO Regional Office for Europe, 2022), https://apps.who.int/iris/bitstream/handle/10665/351507/9789289057554-eng.pdf.
[42] Ibid.

that nurses migrate each year in search of career mobility and professional development, among others.[43]

In the Philippines, specialist nurse credentials can apply for 15 different specialties.[44] The Department of Health (DOH) designates hospitals that could provide the specialization certifications upon assessment of qualifications.[45] However, in practice, in most health institutions, generalist and specialist nurses have the same job descriptions with a similar sense of patient and professional accountability. Thus, while these nurses have specializations on paper, they have limited role expansions.

With respect to autonomy, according to various studies, nurses in the Philippines have moderate levels of professional autonomy.[46] Having a specialization in certain areas of nursing still does not allow nurses in the country to provide autonomous care.

Poor working conditions

Largely owing to severe understaffing, the Philippine health sector is also characterized by long, gruelling working hours, which was exacerbated by the pandemic. Vilma Garcia, president of the De La Salle University (DLSU) Medical Center employees union, noted that since the pandemic, 12-hour shifts have become the new norm, causing much physical and mental fatigue for nurses.[47] Not only that, the high nurse-to-patient ratio in the country means that, for every shift, each nurse typically cares for 20 to 50 patients, a far cry from the ideal ratio of 1:12.[48] A 34-year-old nurse who was deployed in Yemen in 2011 told news agency *Reuters* that working conditions were better in the war-torn Middle Eastern country than they were in the Philippines during the pandemic.[49] There, she worked only eight hours a day and took care of only one or two patients at a time in intensive care.[50]

Low government prioritization of health

The share of Total Health Expenditure (THE) to the Gross Domestic Product (GDP) provides information on the level of resources channelled to health, relative to a country's wealth.[51] According to the WHO, the low share of THE to the GDP is an indicator that health is not regarded as a national priority.[52]

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[43] Mireille Kingma, "Nurses on the Move: A Global Overview", *Health Services Research* 42, no. 3 (2007): 1281–1298, https://doi.org/10.1111/j.1475-6773.2007.00711.x.
[44] Anaesthesia Care, Cardiovascular Nursing, Emergency and Trauma, Nursing, Geriatric Nursing, Maternal and Child Health Nursing, Mental Health Nursing, Operating Room Nursing, Orthopaedic and Rehabilitation Nursing, Paediatric Nursing, Public Health Nursing, Pulmonary Nursing, Renal Nursing with specific certifications in Haemodialysis, Kidney Transplant, and Peritoneal Dialysis, and Infectious Disease Nursing.
[45] Stephanie Dixon, "Analyzing the Role of Advanced Practice Nursing in the Philippines: A Systematic Literature Review" (Working Paper, 2018), *Social Impact Research Expertise (SIRE),* https://repository.upenn.edu/cgi/viewcontent.cgi?article=1065&context=sire.
[46] Leodoro Labrague, Denise McEnroe-Petitte, and Konstantinos Tsaras, "Predictors and Outcomes of Nurse Professional Autonomy: A Cross-Sectional Study", *International Journal of Nursing Practice* 25, no. 1 (2019): 1–8, https://doi.org/10.1111/ijn.12711.
[47] Dona Pazzibugan, "12 Hours Now the Work Norm for Nurses", *Philippine Daily Inquirer*, January 18, 2023, https://newsinfo.inquirer.net/1717811/12-hours-now-the-work-norm-for-nurses.
[48] "Lifeline for PH Nurses", *Philippine Daily Inquirer*, July 22, 2022, https://opinion.inquirer.net/155306/lifeline-for-ph-nurses.
[49] Karen Lema, "Pandemic 'Hero' Filipino Nurses Struggle to Leave Home", *Reuters*, September 16, 2020, https://www.reuters.com/article/us-health-coronavirus-philippine-nurses-idUSKBN2671Z2.
[50] Ibid.
[51] "Health Expenditure", Nutrition Landscape Information System (NLiS), World Health Organization, https://www.who.int/data/nutrition/nlis/info/health-expenditure.
[52] Ibid.

In 2022, the Philippines' share of THE to the GDP was at 6.0 percent.[53] However, prior to the pandemic, when THE increased across most countries around the world,[54] the country's share of THE to the GDP was only at 4.6%.[55] This was below the WHO suggested standard of 5%, which already signified that a country's healthcare system may be underfunded prior to the pandemic.[56] This 5% standard is upheld by the UN High-Level Meeting on Universal Health Coverage as the ideal target for all countries.[57] In contrast, OECD countries spent, on average, 8.8% of GDP on healthcare in 2018.[58]

Another notable thing is the budget allocated by the Philippine Congress to health every year. The DOH-wide National Expenditure Program budget for 2023 was pegged at PHP 301 billion (SGD 7.2 billion SGD), 10% higher than the 2022 amount of PHP 274 billion (SGD 6.6 billion).[59] However, while the 2023 budget is nominally higher, the amount allocated for the benefits and allowances of healthcare workers was substantially lower than required. According to the officer-in-charge of the DOH, the Department needed PHP 76 billion (SGD 1.8 billion) for the said purpose but was only allocated less than half the amount at PHP 37 billion (SGD 890 million).[60] The lack of prioritization of health by the Philippine government is also evident if its allocated budget is compared to that of other sectors. In 2019, the budget of the DOH, from which the salaries and allowances of healthcare workers is sourced, was reduced by PHP 10 billion (SGD 240 million), while the modernization of the Armed Forces of the Philippines was allocated PHP 25 billion (SGD 601 million).[61]

Philippine nurses amid the COVID-19 pandemic

Mass resignations at the height of the pandemic worsened the shortage of nurses. According to the Private Hospitals Association of the Philippines (PHAPi), a year and a half into the pandemic, 40% of nurses working in private hospitals had resigned.[62] Public hospitals also faced a similar challenge, albeit to a lesser extent.[63] When coronavirus variants set off new waves of infections, even more

[53] Philippine Statistics Authority, *Health Spending Registered 18.5 Percent Growth, Share of Health to Economy Went Up to 6.0 Percent in 2021* (October 13, 2022), https://psa.gov.ph/system/files/Press%20Release_PNHA_2021.pdf.
[54] World Health Organization, *Global Spending on Health: Rising to the Pandemic's Challenges* (Geneva: WHO, 2022), https://apps.who.int/iris/rest/bitstreams/1484345/retrieve.
[55] Philippine Statistics Authority, *Health Spending Grew by 10.9 Percent in 2019* (October 15, 2020), https://psa.gov.ph/content/health-spending-grew-109-percent-2019.
[56] Erlinda Castro-Palaganas et al., "An Examination of the Causes, Consequences, and Policy Responses to the Migration of Highly Trained Health Personnel from the Philippines: The High Cost of Living/Leaving—a Mixed Method Study", *Human Resources for Health* 15, no. 25 (2017): 1–14, https://doi.org/10.1186/s12960-017-0198-z.
[57] "Why 5% of GDP", Civil Society Engagement Mechanism for UHC2030, https://csemonline.net/wp-content/uploads/2019/07/WHY-5-of-GDP-1.pdf.
[58] Organization for Economic Cooperation and Development, "Health expenditure in relation to GDP", in *Health at a Glance 2019: OECD Indicators* (Paris: OECD Publishing, 2019), https://doi.org/10.1787/592ed0e4-en.
[59] Department of Health, *2023 Budget Briefer Based on the 2023 National Expenditure Program* (2022), https://doh.gov.ph/sites/default/files/publications/CY-2023-NEP-Budget-Briefer.pdf.
[60] "DOH Budget Cuts: COVID Response, Health Worker Benefits, Cancer Assistance", *The Philippine Star*, September 13, 2022, https://www.philstar.com/headlines/2022/09/13/2209431/doh-budget-cuts-covid-response-health-worker-benefits-cancer-assistance.
[61] "Activist Lawmakers Want to Cut AFP, Intel, Drug War Budget to Fund ₱17-B Hike for DOH", *CNN Philippines,* September 23, 2019, https://www.cnnphilippines.com/news/2019/9/23/Makabayan-AFP-drug-war-DOH-budget.html.
[62] Neil Jerome Morales and Karen Lema, "Overwhelmed Philippines hospitals hit by staff resignations", *Reuters*, August 17, 2021, https://www.reuters.com/world/asia-pacific/overwhelmed-philippines-hospitals-hit-by-staff-resignations-2021-08-16/.
[63] Ibid.

resignations followed.[64] For instance, one hospital in the province of Batangas had 200 nurses when the pandemic began, but in a matter of nine months, 137 resigned, and its nursing staff was reduced to just 63.[65] At a time when the Philippine health system was already overwhelmed, this mass exodus by some of the most important healthcare workers severely limited the country's pandemic response. PHAPi President Jose Rene de Grano told *Reuters* that while hospitals wanted to increase bed capacity to be able to accommodate more patients, they could not because of the shortage of nurses.[66]

Overworked, underpaid, and unappreciated

Philippine Nurses Association (PNA) President Melbert Reyes explained that these mass resignations occurred because nurses were demoralised due to low pay and delayed benefits amid heightened health risks and extremely long working hours.[67] In April 2020, the WHO expressed concern at the fact that around 13% of the country's COVID-19 cases were healthcare workers infected in the line of duty, as opposed to the region's average of only 2-3%.[68] The inadequate provision of COVID-19 test kits and personal protective equipment (PPE) left many nurses and other healthcare workers ill-equipped to face the novel coronavirus.[69] Many had to forgo meals and bathroom breaks just to save on PPE.[70] In addition, despite the increased workplace risks, compensation remained low and additional benefits such as hazard pay were delayed in disbursement.[71] Severe understaffing also meant that nurses who stayed had to take on additional hours of work to compensate for the reduction in personnel, oftentimes working 12-hour shifts.[72]

One notable case demonstrating the plight of Philippine nurses at the height of the pandemic is that of nurse Maria Theresa Cruz.[73] She endured gruelling working conditions and even bought her own PPE since the hospital could not provide for her. On July 11, 2020, Cruz requested an RT-PCR swab test after exposure to COVID-19 patients. Two days later, after displaying symptoms of the virus, she was given two rapid tests, notorious for their inaccuracy; both returned negative results. As her symptoms progressed, Cruz was eventually admitted to the hospital, and after developing breathing problems, was finally given a swab test on July 19. However, before she could see the positive result, Cruz died on July 22. Adding insult to injury, her family was only able to claim PHP 7,265 (SGD 175) as hazard pay for two months' worth of risky work, less than a fourth of the amount Cruz had been expecting based on the rate publicized by the DOH. Cruz's was a common story among nurses in the Philippines, especially at the onset of the pandemic. Deeming their working conditions as "no longer humane," a common refrain among Filipino nurses was that "it's really not worth being a nurse at home."[74]

[64] Ibid.
[65] Agence France-Presse, "Burnt Out: Philippine Nurses Battle COVID-19, Resignations", *The Straits Times,* September 18, 2021, https://www.straitstimes.com/asia/se-asia/burnt-out-philippine-nurses-battle-covid-19-resignations.
[66] Morales and Lema, "Overwhelmed Philippines hospitals hit by staff resignations".
[67] Ibid.
[68] Chia and Tolentino, "Underpaid and Overworked".
[69] Ibid.
[70] Rowalt Alibudbud, "When the 'Heroes' "Don't Feel Cared For": The Migration and Resignation of Philippine Nurses Amidst the Pandemic", *Journal of Global Health* 12 (2022): 1–3, https://doi.org/10.7189/jogh.12.03011.
[71] Ibid.
[72] Raoul Chee Kee, "12-Hour Shifts Make Nurses More Vulnerable to COVID-19", *Philippine Daily Inquirer*, May 12, 2020, https://lifestyle.inquirer.net/362323/12-hour-shifts-make-nurses-more-vulnerable-to-covid-19.
[73] Chia and Tolentino, "Underpaid and Overworked"; Pia Ranada, "Cainta Nurse Gets P60 Daily Hazard Pay and Dies of COVID-19 before Receiving It", *Rappler*, August 13, 2020, https://www.rappler.com/newsbreak/in-depth/cainta-nurse-maria-theresa-cruz-dies-covid-19-before-getting-hazard-pay.
[74] Alibudbud, "When the 'Heroes' "Don't Feel Cared For", 2.

Policy Options

Applying the Labour Market Framework to Address Nurse Retention

According to the International Council of Nurses, policy interventions are necessary to improve nurse retention.[75] However, any intervention should not be done in isolation. Instead, every nation should have its own sustainable approach towards the nursing workforce. An example of a framework that can be adopted is the Labour Market Framework espoused by the WHO, which puts the issue of nurse retention in a much bigger policy context.[76] Accordingly, the issue of nurse shortages cannot be resolved by simply training more nurses.[77] The health labour market dynamics must be developed to be able to allow newly-trained nurses to be absorbed into the current health workforce.[78] Otherwise, these newly-trained nurses would end up migrating or transferring to other sectors because of a lack of decent employment opportunities.

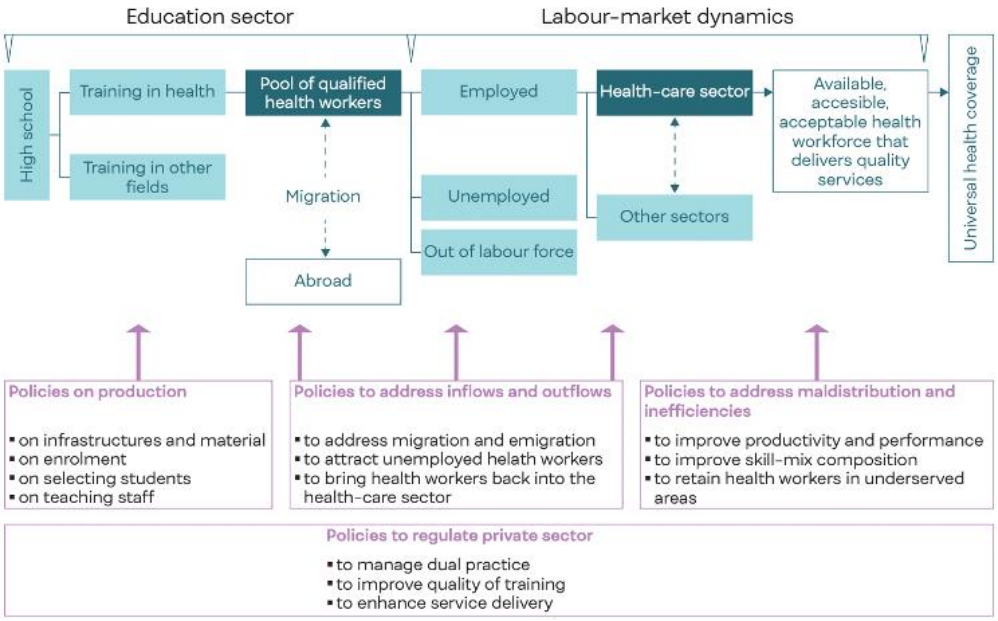

Figure 2: Health Labour Market Framework[79]

Whatever policies that arise through this framework should be part of a coordinated policy intervention in order to ensure sustained success. According to a study, "bundles" of interventions were found to be more effective than single interventions.[80] Thus, policymakers must have a good understanding of the profile of the nursing workforce to be able to come up with the most effective policies.[81]

Using the framework, the WHO identified the main areas of potential interventions that could improve the retention and sustainability of the nursing workforce.[82] These are policies on: (1) production –

[75] James Buchan, Franklin Shaffer, and Howard Catton, *Policy Brief: Nurse Retention* (Philadelphia: International Centre on Nurse Migration, 2018), https://www.icn.ch/sites/default/files/inline-files/2018_ICNM%20Nurse%20retention.pdf.
[76] Ibid.
[77] Angelica Sousa et al., "A Comprehensive Health Labour Market Framework For Universal Health Coverage", *Bulletin of the World Health Organization* 91 (2013): 892–894, http://dx.doi.org/10.2471/BLT.13.118927.
[78] World Health Organization, *Nurse Workforce Sustainability in Small Countries.*
[79] Buchan, Shaffer, and Catton, *Policy Brief: Nurse Retention.*
[80] Ibid.
[81] World Health Organization, *Nurse Workforce Sustainability in Small Countries.*
[82] Ibid.

training and adapting the nursing workforce; (2) better managing mobility and flows of nurses; (3) improving recruitment and retention of nurses; and (4) addressing inefficiencies and maldistribution of nurses (see Table 1).[83]

Policies on:	Options may include:
production – training and adapting the nursing workforce	transforming the education of the nursing workforce: continuous professional development; re-skilling; redefining skills in line with population needs; lifelong learning; steering students to shortage specialties and areas; broadening out the recruitment base by targeting underrepresented groups; investing in educational capacity; adapting curricula to demography and disease profiles; harnessing technology[a]
better managing mobility and flows of nurses	monitoring flows; bilateral agreements; integration of foreign-trained nurses and international returners[b]
improving recruitment and retention of nurses	creating supportive and safe workplaces; flexible working hours; professional autonomy; professional development and career progression; expansion of roles; remuneration; return to practice; retraining/additional training
addressing inefficiencies and maldistribution of nurses	financial and non-financial incentives; education; regulation; professional and personal support; harnessing technology; performance management; skill-mix changes and new roles[c]

Table 1: Policy options to improve nurse retention and sustainability[84]

Evaluation: Philippine nurse retention efforts in light of the WHO framework

Production: Training and Adapting the Nursing Workforce

Moratorium on Nursing Programs

As mentioned, CHED initially imposed a moratorium in 2011 on several higher education institutions because of low performance in licensure examinations and the then oversupply of nurses.[85] In 2022, the moratorium was lifted because of the alarming shortage of nurses in the Philippines.[86] From 58,000 nursing graduates in 2012, only around 5,000 graduated in 2022.[87]

Return Service Agreements in the University of the Philippines

The University of the Philippines (UP), the premier state university of the country, has included as an absolute admission requirement a return service agreement (RSA) for several programs of seven (7) different colleges, including the Bachelor of Science in Nursing under the College of Nursing.[88] Under the RSA, prospective students bind themselves to work for two (2) years in the Philippines within 5 years from their graduation.[89] The underlying reason for the RSA was to meet the increasing demand for health professionals in the country, considering that a huge portion of them migrate to other countries.[90] Since 2022, CHED has been encouraging other state universities to apply for nursing programs and institute return service agreements, similar to what is being practiced in UP.[91]

[83] Ibid.
[84] Ibid.
[85] Marvin Ang, "11-Year Ban on New Nursing Programs Lifted by CHED", *Yahoo News,* July 14, 2022, https://ph.news.yahoo.com/11-year-ban-on-new-nursing-programs-lifted-by-ched-085310869.html.
[86] Ibid.
[87] Ibid.
[88] "Return Service", University of the Philippines Manila – College of Nursing, https://upcn.upm.edu.ph/alumni/return-service.
[89] Ibid.
[90] Ibid.
[91] Ang, "11-Year Ban on New Nursing Programs Lifted by CHED".

Better Managing Mobility and Flows of Nurses

Temporary Deployment Ban and Quota for nurses and doctors at the height of the pandemic

Notwithstanding the need for liveable wages and just benefits for Filipino nurses, especially during the height of the global pandemic, the Philippine government banned and limited the out-migration of Filipino nurses to ensure that there were enough healthcare workers to assist the government and the Filipino people throughout the pandemic.[92]

In a resolution dated April 2, 2020, Labour Secretary Silvestre Bello III, in his capacity as head of the governing board of the Philippine Overseas Employment Administration (POEA), ordered the suspension of deployment of Filipino nurses overseas at least until the national state of emergency was lifted.[93] The POEA justified this move by saying that it was prioritizing "human resource allocation for the national health care system at the time of the national state of emergency" while the government tried to control the spread of COVID-19.[94] This absolute deployment ban, however, was later replaced with a deployment quota of 7,500 healthcare workers, including nurses, per year.[95] The deployment ban and the subsequent deployment quota continue to be supported both by the Department of Health[96] and private hospitals.[97]

Notably, this migration quota has been used by the Philippine government to barter for vaccines at the height of the pandemic. A Director from the Department of Labor and Employment (DOLE) said that the Philippine government was willing to relax the quota on some countries of destination if these countries would provide the Philippines vaccines in exchange.[98]

Improving Recruitment and Retention of Nurses

Better Working Hours

The DOLE issued in 2017 Department Order No. 182 that prohibited private medical hospitals or facilities from requiring their nurses to render more than eight hours of work per day—subject to some qualifications and exceptions.[99] This Department Order, however, is limited to private hospitals only--not to government-owned ones. Thus, notwithstanding this prohibition, 12-hour shifts have become the norm for some public hospitals, especially during the pandemic, because of the current shortage of nurses.[100]

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[92] Alibudbud, "When the 'Heroes' "Don't Feel Cared For".
[93] Marje Pelayo, "DFA Not Pleased with POEA's Deployment Ban on Filipino Healthcare Workers", *Yahoo News,* April 11, 2020, https://sg.news.yahoo.com/dfa-not-pleased-poea-deployment-071054148.html.
[94] Ibid.
[95] Mara Cepeda, "Marcos to Raise Deployment Cap on Filipino Nurses Working Overseas", *The Straits Times,* September 2, 2022, https://www.straitstimes.com/asia/se-asia/marcos-to-raise-deployment-cap-on-filipino-nurses-working-overseas.
[96] "DOH Wants to Keep Deployment Cap on Health Workers", *The Philippine Star,* September 29, 2022, https://www.philstar.com/headlines/2022/09/29/2213131/doh-wants-keep-deployment-cap-health-workers.
[97] Daniza Fernandez, "Private Hospitals Want Deployment Cap for Health Workers Set at 5,000", *Philippine Daily Inquirer,* June 16, 2022, https://newsinfo.inquirer.net/1611780/private-hospitals-want-deployment-cap-for-health-workers-set-at-5000.
[98] Neil Jerome Morales, "Philippines Offers Nurses in Exchange for Vaccines from Britain, Germany", *Reuters,* Sebruary 23, 2021, https://www.reuters.com/article/uk-health-coronavirus-philippines-labour-idUKKBN2AN0WV.
[99] Mayen Jaymalin, "Shorter Hours, 2 Days off for Nurses, Health Workers", *The Philippine Star,* September 24, 2017, https://www.philstar.com/headlines/2017/09/24/1742480/shorter-hours-2-days-nurses-health-workers.
[100] Pazzibugan, "12 Hours Now the Work Norm for Nurses".

Better Pay

The Department of Budget and Management (DBM) issued Budget Circular No. 2020-4 on July 17, 2020, which upgraded the salary grade (SG) of Nurse I *plantilla* (permanent) position from SG-11 (SGD 537) to SG-15 (SGD 771).[101] Thus, SG-15 (SGD 771) became the new minimum wage for all nurses working in the public sector.

Unfortunately, this only benefited new nurses, as higher nurse positions essentially retained their nominal salaries. Furthermore, as mentioned, this mandatory increase in the minimum wage is only applicable in the government sector. Private nurses continue to be paid between PHP 8,000 (SGD 192) to PHP 13,500 (SGD 325) a month.[102] As a result, notwithstanding the wage increase, nurses continue to seek better opportunities abroad. While there have been several attempts to legislate a minimum wage for private nurses as well, none have successfully passed into law.[103]

Professional Development and Career Progression

The desire to pursue advanced training and opportunities is also another reason behind Filipino nurses seeking employment opportunities abroad. [104]

In August 2022, President Ferdinand Marcos Jr. suggested that the Private Sector Advisory Council implement a "ladderized" program to address the nurse shortage in the Philippines.[105] Such a suggestion was inspired by an existing program initiated by UP in 2010 (see Figure 3).

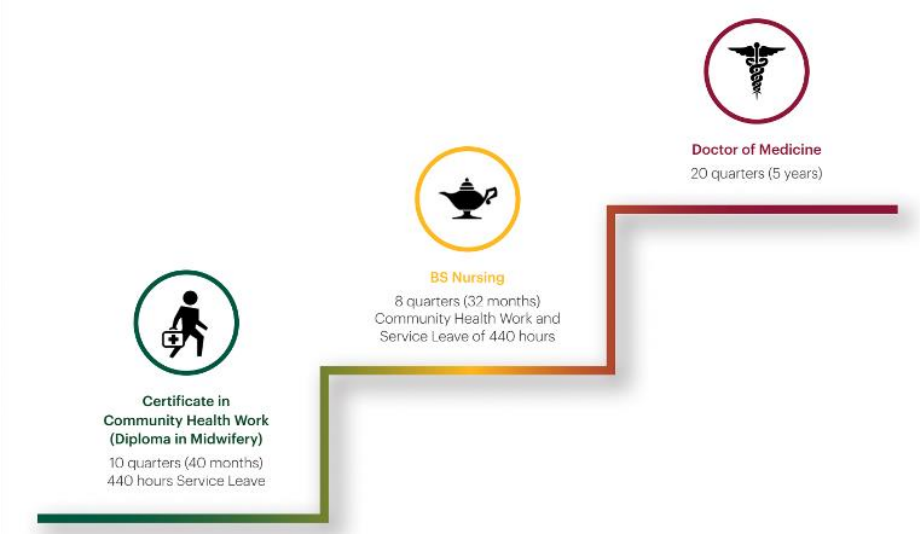

Figure 3: The step ladder curriculum for midwives and nurses[106]

[101] Department of Budget and Management, *DBM Issues Guidelines on the Upgrade of Nurse II Salary Grade, Reinstatement of 7-Series Nurse Positions* (August 25, 2021), https://www.dbm.gov.ph/index.php/secretary-s-corner/press-releases/list-of-press-releases/1936-dbm-issues-guidelines-on-the-upgrade-of-nurse-ii-salary-grade-reinstatement-of-7-series-nurse-positions.

[102] Aurelio, "Bill Seeks P50,000 Monthly Pay for Public, Private Nurses".

[103] Ian Nicolas Cigaral, "Philippines to Legislate Higher Salaries for Private Nurses to Keep Them Home", *The Philippine Star,* September 23, 2020, https://www.philstar.com/business/2020/09/23/2044588/philippines-legislate-higher-salaries-private-nurses-keep-them-home.

[104] Dixon, "Analyzing the Role of Advanced Practice Nursing in the Philippines".

[105] Neil Arwin Mercado, "Proposed Ladderized Program for Nurses Gets Bongbong Marcos' Backing", *Philippine Daily Inquirer,* August 12, 2022, https://newsinfo.inquirer.net/1645310/proposed-ladderized-program-for-nurses-gets-bongbong-marcos-backing.

[106] University of the Philippines Manila, *School of Health Sciences*, https://www1.upm.edu.ph/sites/default/files/public/UP%20Manila%20Brochures%202019-School%20of%20Health%20Sciences.pdf.

This ladderized curriculum of UP was meant to address health manpower problems in the country.[107] The said program was characterized as being "competency-based and community-based which integrates the training of the broad range of health human resources from midwife, nurse, nurse practitioner, and Doctor of Medicine in a single, sequential and continuous curriculum."

A student who undertakes this ladderized program can earn a scholarship for various levels of education, from a diploma in the midwifery program, to a Bachelor of Science degree in nursing, up to a Doctor of Medicine degree. In each step of this program, the student has the option to proceed to a higher level of study, or to stay at his desired level of medical competency—the final level being the Doctor of Medicine program.

Addressing Inefficiencies and Maldistribution of Nurses

Short-Term Deployment to Rural Areas

When finding jobs in hospitals in the Philippines and overseas started to become more difficult for Filipino nurses, the immediate response of the Philippine government was to find ways to send unemployed nurses to rural health centres in far-flung areas of the country.[108] In doing so, the government not only addressed the oversupply of nurses in Metropolitan Manila but also addressed the shortage of nurses in rural and underserved places in the country.[109]

Thus, the Philippines implemented what was called the Nurses Assigned in Rural Service (NARS) project in 2009.[110] The then secretary of DOLE, Marianito Roque, framed the program as a "training-cum employment scheme" where nurses could obtain a very important skill that would improve their employability either in domestic hospitals or medical centres overseas.[111]

The program received a lot of negative feedback from those who joined because promises made by the DOH about the program, especially with regard to the nature of work performed, were not met. For instance, instead of performing clinical functions, some nurses found themselves doing work that was neither helpful for their professional development nor employability.[112] These included initiating public health campaigns, assisting with home births, and immunising children.[113] According to then PNA President Teresita Barcelo, the nurses found these types of work useless in applying for jobs overseas.[114] Furthermore, they were paid only PHP 8,000 (SGD 192), which was much lower than what they would have earned working in public hospitals.[115] Thus, there was a common sentiment among nurses to avoid government programs that deploy them to rural areas, even if it meant not being able to practice the nursing profession.[116] There have been numerous iterations of this program since then. However, just like the NARS program, these new iterations were still packaged as short-term work that would provide nursing graduates with skills that are desirable abroad.[117]

[107] Ibid.
[108] Yasmin Ortiga, "Shifting Employabilities: Skilling Migrants in the Nation of Emigration", *Journal of Ethic and Migration Studies* 47, no. 10 (2021): 2270-2287, https://doi.org/10.1080/1369183X.2020.1731985.
[109] Department of Labor and Employment, "NARS to Train Inexperienced Nurses in Public Health and Clinical Functions," February 17, 2009, https://www.dole.gov.ph/news/nars-to-train-inexperienced-nurses-in-public-health-and-clinical-functions/.
[110] Ortiga, "Shifting Employabilities".
[111] Department of Labor and Employment, "NARS to Train Inexperienced Nurses".
[112] Ortiga, "Shifting Employabilities".
[113] Ibid.
[114] Ibid.
[115] Ibid.
[116] Ortiga, "Learning to Fill the Labor Niche".
[117] Ortiga, "Shifting Employabilities".

Conclusion

The superficial shortage of nurses in the Philippines can be traced back to decades of labour export promotion, coupled with reactive stop-gap measures to address its fallout. These have made working conditions for many Filipino nurses intolerable, driving them out of the country or out of the profession altogether. Research on international nurse migration has found that irrespective of how attractive the pull factors from destination countries are, minimal migration would take place if there were no substantial push factors that drive people away from their home countries.[118] As such, it is crucial for the Philippine government to adopt comprehensive policy solutions to effectively address this ongoing professional exodus.

Discussion Questions

1. What are the reasons for the shortage of nurses in the Philippines' domestic healthcare industry? Link it to the export-oriented approach to the nursing profession.
2. Explain why wages of nurses in the Philippines did not rise despite the mass exodus of nurses from the country.
3. Explain why the current shortage of nurses in the Philippine domestic labour market is caused by a surplus of nurses.
4. Using the Labour Health Framework, what other policies can you suggest to improve the retention of nurses?

[118] Kingma, "Nurses on the Move".