WORKING PAPER

Confronting the Care Crisis: A Comprehensive Analysis of the Nursing Crisis in the Philippines

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This working paper is a draft in progress that is shared to stimulate discussion and critical comments. The purpose is to mine the reader's additional ideas and contributions for the completion of a final document.

The views expressed herein are those of the authors and do not necessarily reflect the views of Ateneo de Manila University.

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Abstract

As the global shortage of healthcare professionals increases, the Philippines, as a center for healthcare education and a source of health care workforce, will continue to bear the brunt of this crisis. The country has been struggling to mitigate its dwindling supply of healthcare workforce, with nurses generally oriented towards pursuing careers abroad. The Philippines faces a 'trilemma' driving the nursing crisis – 1) the lack of a unified national nursing database; 2) ambiguities on education, employment, and compensation; and 3) policy gaps and implementation issues on laws for healthcare workers. The Philippines must enforce proactive measures to address the country's nursing crisis, ensuring inclusive development, universal healthcare, and national security objectives. Such measures include establishing a unified database for healthcare workers to facilitate evidence-based planning and decision-making. Additionally, adjustments to nursing training and development are crucial for addressing the education-labor market mismatch and creating additional employment and career advancement opportunities, such as Advanced Practice Nursing (APN) roles. Lastly, efforts should focus on improving local working conditions for healthcare workers by institutionalizing just compensation, mandating competitive benefits, and appropriating more investments in health. These shall guarantee a sustainable supply of competent Filipino nurses who can enhance health service delivery, contribute to achieving universal health care, and strengthen the nation's health system.

1. Introduction

The world faces an imminent crisis of healthcare professional shortages. Most industrialized countries, along with a growing number of developing countries, are experiencing aging populations, requiring increased medical attention and services (Kudo et al., 2015; Garrett, 2017). A global shortage of 4.3 million doctors and 5.9 million nurses was reported in 2016 (De Vries et al., 2023). The International Council of Nurses (2022) estimated that an additional 13 million nurses are needed just to fill the present gap—yet the latter may widen as more countries begin to age. As more countries aspire to rebuild their healthcare sectors after the pandemic, and because of commitments to build towards universal healthcare, more and more countries will ramp up the demand for health workers. Haakenstad et al. (2022) reported the need for 6.4 million physicians, 30.6 million nurses and midwives, 3.3 million dentistry personnel, and 2.9 million pharmaceutical personnel to cope with universal healthcare targets. Due to increasingly mobile high-skilled workers across borders, the growing global demand for healthcare workers is expected to cause a shortage of health professionals in developing countries if not met with an adequate labor supply response. Characterized by a large pay gap vis-à-vis key industrial countries demanding more healthcare workers, developing countries, therefore, face imminent (if not already ongoing) migration of their health workforce (MacLean et al., 2014; Britnell, 2019), consequently contributing to the weakening of primary health care (Public Health Initiative, 2019).

As a center for healthcare education and a significant contributor to the international nursing workforce, the Philippines faces this predicament with heightened urgency. Presently, the Philippines faces a shortage of about 127,000 nurses (Department of Health, 2023, as cited by Lalu, 2023). The International Nursing Leadership Forum (2023), organized by Optum Health Education and Optum Philippines, further highlighted that only 54% of healthcare workers practice locally, with domestic infrastructural deficits, high out-of-pocket expenses, and migration contributing to the country's nursing dilemma. The Department of Health (DOH) has estimated that it would take 12 years to address the nursing shortage, given the average annual number of graduating nurses at 10,635 (Lalu, 2023). Hence, the irony of this relatively young and labor-surplus nation is that while it can produce skilled healthcare workers, the surplus does not translate to a surplus of nursing care. The limited opportunities for advancing the nurses' careers locally (Palaganas et al., 2017) and the lack of a uniform,

operational definition for what is 'just' compensation push many of them to migrate abroad for greener pastures, leaving the domestic healthcare system.

The recent COVID-19 pandemic exposed the country's vulnerability with the deficit in frontline healthcare workers, notably nurses. The Private Hospitals Association of the Philippines reported that about 40 percent of nurses working in private hospitals had resigned a year and a half into the pandemic. Similarly, mass resignations were observed in public sector hospitals (Morales & Lema, 2021). Long hours and low pay (and delayed hazard compensation) amidst high-risk conditions (including instances of inadequate personal protective equipment and gear), and the lack of career growth opportunities met with strong demand from pandemic-hit industrialized countries created crippling conditions for the Philippines' healthcare sector that at times faced near collapse.

Given the importance of frontline healthcare workers—notably nurses—whether during health crises or not, addressing the nursing shortage is key to achieving inclusive development, universal healthcare, and national security objectives. This paper will discuss three major drivers of the nursing crisis and offer several recommendations drawn from literature review and insights from a roundtable discussion with nurses, policymakers, and academics.

2. Diagnosing the Nursing Crisis in the Philippines

Generally, the Philippine government faces ambiguity in managing the flow of its health sector labor force. The lack of clarity reflects the absence of a well-defined, structured plan or framework to effectively address and regulate the movement of nurses leaving the country for international opportunities. Some analysts note that policymakers are often in reactive mode — instead of managing the flow of workers, they are managed by this flow. A more proactive approach involves enforcing measures that guide and shape migration, benefitting not only partner countries in demand for healthcare workers but also the sending country and its local health system.

This current challenge is further driven by a 'trilemma': (1) the lack of a unified national nursing database; (2) ambiguities on education, employment, and compensation; and (3) policy gaps and implementation issues on laws for healthcare workers.

2.1 Numbers Dilemma: Absence of a Unified National Nursing Database

The absence of a unified national nursing database poses a significant roadblock to evidence-based decision-making. In the absence of a consolidated database accessible to both the government and the private sector, researchers and policymakers risk encountering disparate sets of data, potentially leading to conflicting conclusions and varied numerical citations. The nearest equivalent to a database is an automated system called the Human Resources for Health (HRH) Statistics by the Health Human Resource Development Bureau (HHRDB) of the DOH (United States Agency for International Development [USAID], 2018). The bureau is "mandated to develop human resource(s) for health and personnel administration related policies, programs, systems, and standards to ensure adequate, competent, committed, effective and globally competitive human resource(s) for health in collaboration with stakeholders, partners, and other sectors" (Department of Health [DOH], 2020). The DOH and Professional Regulation Commission (PRC) are responsible for implementing the National Health Workforce Registry (NHWR) through the joint development of an NHWR committee. The DOH is responsible for human resources for health (HRH) data collection, management, quality control, and updating the repository, while the PRC provides the DOH with the relevant primary data on registered and licensed health professionals (DOH, 2021a). In the latest data released by HHRDB (2023), there are 86,780 practicing nurses in the Philippines, the majority of which are concentrated in the following regions: National Capital Region (NCR) (19.4%), Region III (12.5%), Region IV-A (10.3%), and Region VII (8.4%) (Figure 1).

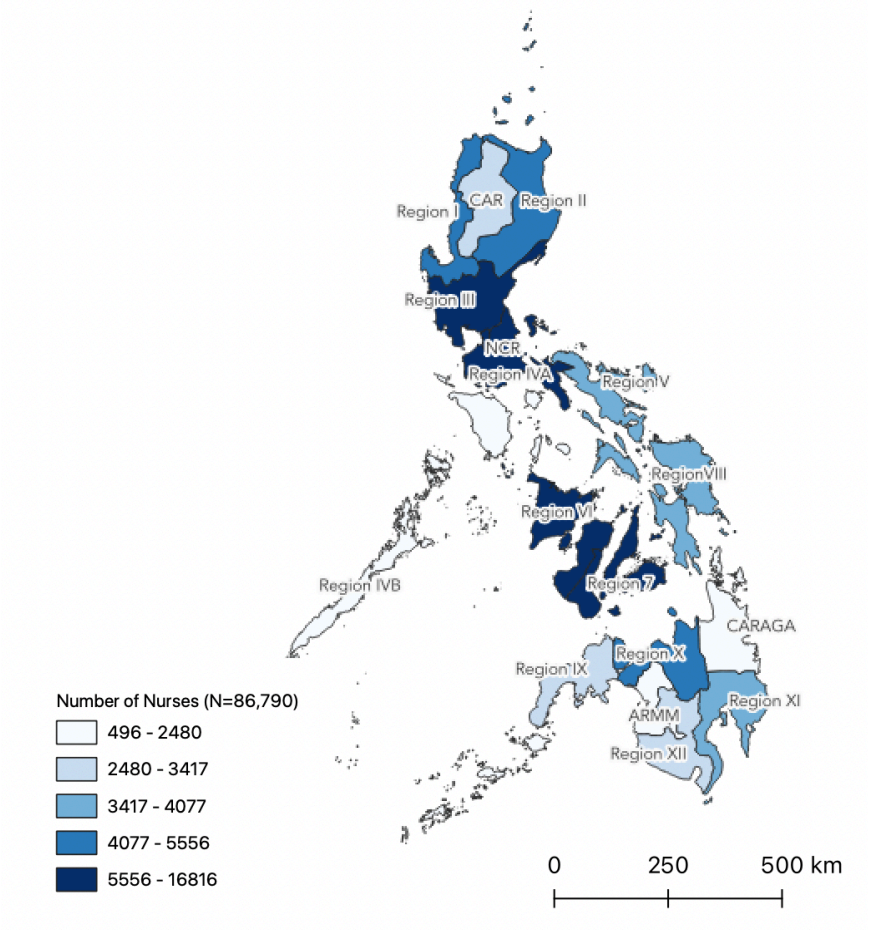

Figure 1. Distribution of Nurses by Region, 2023

Source: Authors' illustration, data source HHRDB, 2023

While the DOH currently follows a standard nurse-to-population ratio of 1:10,000 (DOH, 2018; USAID, 2020), as of 2022, there are around two (2) public health nurses to 10,000 individuals in the Philippines (DOH, 2023, as cited by Statista, 2024a). In terms of geographic distribution, despite the highest concentrations of practicing nurses being in Region IV-A, NCR and Region III, these regions still have the lowest nurse-to-population ratios, at 1.3:10,000, 1.4:10,000 and 1.5:10,000, respectively (Table 1) (DOH, 2023, as cited by Statista, 2024b). Meanwhile, Region XIII has the highest ratio at 4.1:10,000.

On the other hand, data from the National Human Resources for Health Master Plan (NHRHMP) 2020-2040 indicates a national surplus of nurses *licensed to practice* per 10,000 population (DOH, 2021b). From 2010 to 2020, the supply of nurses ranged from 48.2-52.1 per 10,000 population, significantly exceeding the Philippines' target density of 27.4 (DOH,

2021b). However, it is essential to note that the data does not specify whether these nurses are actively practicing in clinical care or have migrated abroad.

Although the standard has been met and exceeded in some regions of the country (Table 1), the DOH still reported a shortage of practicing nurses (DOH, 2023, as cited by Lalu, 2023). This suggests that the standard nurse-to-population ratio must be comprehensively reviewed, updated, or enforced, considering the additional services provided at the primary care level under the UHC Law (USAID, 2020).

Table 1. Nurse-to-Population Ratio per Region, 2022

	Nurse-to-Population Ratio	
Region	1 nurse: X population	per 10,000 population
NCR	7,052	1.4
CAR	2,817	3.5
I	4,564	2.2
II	3,164	3.2
III	6,470	1.5
IV-A	7,422	1.3
IV-B	5,067	2.0
V	4,052	2.5
VI	5,461	1.8
VII	4,669	2.1
VIII	2,694	3.7
IX	4,186	2.4
X	4,133	2.4
XI	6,139	1.6
XII	3,542	2.8
XIII (CARAGA)	2,463	4.1
BARMM	6,005	1.7
Average	4,910	2.0

Source: Authors' illustration; DOH (2023) as cited by Statista (2024)

The NHWR also includes the National Database of Selected Human Resources for Health Information Systems (NDHRHIS), which requires health facilities to provide HRH data. In turn, the NDHRHIS consolidates this to produce statistical reports on the location, distribution, and skill mix of HRH, which can be used for HRH planning, management,

policy development, research, and computation of staffing complement at all levels of the healthcare system (DOH, 2020).

Another accessible source of data from the DOH is the Field Health Information System (FHSIS). This system stores data on the number of health workers from the government sector, specifically public health facilities (Alicias-Garen et al., 2019). Although HRH data is available from various government agencies and organizations, DOH (2021) claims there is still a need to strengthen data gained from the private sector, such as private clinics and/or diagnostic centers.

These sources face several significant challenges that hinder their effectiveness in providing comprehensive and timely information, as seen in the disparity in number of nurses. In their study, Alicias-Garen et al. (2019) found that one notable issue is the data disparity between government and private health human resources. Data from the HRH Statistics in 2016 indicate 87,846 nurses (DOH Human Resources for Health Statistics, 2021), whereas FHSIS reports the presence of 5,913 *public health* nurses in the same reference year (DOH, 2018). While the DOH FHSIS provides numbers of health workers in Local Government Units (LGUs), it focuses solely on those occupying *plantilla* positions. It excludes data on job orders or contractual positions. Conversely, while the HRH data captures both public and private health human resources, its scope remains limited. The information gaps and absence of disaggregated data, specifically on the number of private and public health nurses and their corresponding employment status (i.e., temporary/contractual, regular, or volunteer), prevent the identification of the required number of healthcare personnel needed to effectively serve the population – i.e., to meet the required nurse-to-population ratio.

Another challenge is the delayed release and communication of data to the public (Alicias-Garen et al., 2019). A strategic approach to convey research outcomes to non-traditional partners is lacking, restricting dissemination primarily within existing networks. Additionally, consolidated national data on the health workforce distribution in geographically isolated and disadvantaged areas (GIDAs) or Indigenous peoples' (IP) regions is not available. The current databases are categorized based on the country's administrative and political divisions. FHSIS reports are disaggregated by region, city, and province, but no data is available at the municipality or town level. NDHRHIS reports are disaggregated from

the regional to the municipal level. While administrative-political unit-based data is valuable for service delivery purposes, information on GIDAs and IP areas is crucial for designing inclusive programs and policies to address specific healthcare needs in these underserved regions. These are further complicated by LGUs whenever they fail to report essential health and health human resource data to the DOH, resulting in gaps in the information available.

The National Health Data Repository (NHDR), to be established in accordance with the Universal Health Care (UHC) Law, seeks to address several of the aforementioned challenges concerning data availability, quality, and timely generation and reporting. The Law mandates the submission of all health and health-related data, including health human resources, by health-related entities through this repository (DOH, 2019). This is anchored in the objective to "establish and implement an integrated approach to the submission, processing, data management, data sharing and exchange, data access, and governance of health and health-related data for evidence-informed sectoral policy and planning for UHC." (DOH & PhilHealth, 2022, p. 17). As of March 2022, a framework has already been published to guide its development, and it includes harmonizing data from several existing datasets, including the FHSIS and NHWR (DOH & PhilHealth, 2022).

An alternative source is the PRC data on the number of nursing licensure exam takers and passers per year. In the past 20 years (from 2000 to 2021), the PRC reports an average passing rate of 44.7% and an accumulated 557,655 nurses in the country by 2021 (Table 2). However, the number of licensed nurses does not directly translate to the number of practicing nurses, as the complementation of data monitoring the number of nursing licensure exam passers and practicing nurses is yet to be seen.

Table 2. Nursing Licensure Exam Passers and Takers (2010-2021)

Year	No. of Nursing Licensure Exam Takers	No. of Nursing Licensure Exam Passers	Passing Rate
2010	176,295	67,390	38.2
2011	145,230	60,273	41.5
2012	110,051	44,731	40.6
2013	73,362	27,196	37.1
2014	55,878	26,517	47.5
2015	36,391	18,821	51.7
2016	28,506	13,019	45.7
2017	24,045	9,757	40.6

Year	No. of Nursing Licensure Exam Takers	No. of Nursing Licensure Exam Passers	Passing Rate
2018	23,209	8,693	37.5
2019	25,120	13,239	52.7
2021	19,574	11,094	56.7
Total	1,366,827	557,655	44.7

Source: Professional Regulatory Commission (2010-2021)

The link between the attrition rate due to licensure examinations and the production of healthcare workers must be examined, especially if the country intends to accurately forecast the number of required nurses. The low passing rate in nursing licensure examinations is a cause for concern, pointing to a need to determine the reasons behind the inability of at least half of the examinees to pass the exam. This begs the question of the competence of schools in educating health professionals and the possible formulation of questions and structure of the PRC examination.

Another valuable data source for refining national nursing population statistics is the DMW website's Overseas Employment Statistics. It provides a compendium of detailed information on deployed OFWs, such as the number of newly hired land-based OFWs by the top 10 skills, which includes nursing professionals (DMW, n.d.). The website currently provides data from 2022 to 2024; older data may be requested. However, it does not include the number of nurses who have returned or been repatriated. A comprehensive inventory of both deployed and returned migrant nurses is essential to accurately assess the overall nursing flow rates, facilitating evidence-based planning and decision-making for nursing migration.

2.2. Nursing Crunch: Ambiguities on education, employment, and compensation

The outflow of nurses, as observed, may be a consequence of the changes and constant adjustment of the nursing curriculum towards overseas employment (Ortiga, 2014), poor local working conditions, and the wage rate discrepancy among nurses in public and private healthcare facilities (Caballero & Estillore, 2023), and between domestic and international practice.

2.2.1 Gaps in and between nursing education and training and practice

Local nursing education-to-practice faces three major gaps that contribute to nursing migration: 1) curriculums oriented towards overseas employment, 2) a career path focused

solely on clinical care practice, and 3) limited education and training opportunities for career advancement domestically.

As part of the global nursing care chain (GNCC), the Philippines' nursing education is tailored to meet the demands of the international labor market (Yeates, 2009). The curriculum is designed for a career focused on clinical care, mirroring nursing education programs abroad to cater to the healthcare needs of the Global North (Appiah, 2020). While it aims to produce clinically competent nurses who can provide quality and safe care, the curriculum continues to adjust and incorporate courses in research, informatics, leadership, and management and develops technical skills in the use of high-tech equipment that is rarely available in the Philippines (Appiah, 2020). However, unlike high-income countries (HICs) such as Australia, the United Kingdom, and Singapore, there are limited local job opportunities specific to nurses that demand such skills and competencies (SingHealth, n.d.; NHS England, n.d.; Australia Primary Care Nurses Association, 2018).

At the individual level, this creates a (vertical) job mismatch, where there is a discrepancy between the nurse's expertise and the level required for the job (Melchor, 2022). This often leads to deskilling or deployment to lower positions relative to education, training, and experience (Melchor, 2022). For instance, during the decline of migrant nurse recruitment after the 2008 financial crisis, nursing graduates resorted to volunteering or taking on other jobs locally (Ortiga, 2014). Some health systems strategies reportedly included capitalizing on the excess production of nurses, resulting in situations where nurses bear the cost of their three to six-month basic skills training in local hospitals prior to their employment (Prescott, 2016) or engage in volunteer work ranging a period of three to 12 months (Pring & Roco, 2012).

At a larger scale, job or skills mismatches translate to an education-labor market mismatch, indicating potential gaps in the health sector labor market (Melchor, 2022). In general, the country's high investments in education do not efficiently translate to higher wages and better employment opportunities locally (Melchor, 2022). The lower job satisfaction caused by these conditions eventually drives nurses to seek employment opportunities that match their skills, usually available abroad.

Moreover, as the nursing education sector continues to produce Filipino nurses for overseas employment, it not only overburdens the nursing curriculum but also fails to determine the “tacit knowledge” needed by nurses to effectively serve the local healthcare system, which faces significant limitations in infrastructure, supplies, and equipment (Ortiga, 2014). Nursing educators are “faced [with] the dilemma of teaching students how to practice “first world” nursing in a “third world” context” (Ortiga, 2014, p. 67). This approach produces nurses who are 'out of touch' with local needs and ingrains a mindset geared towards overseas employment, undervaluing service to local healthcare facilities. Local employment is often seen as a “temporary inconvenience” prior to proceeding to the “real” hospitals in HICs (Ortiga, 2014).

Furthermore, nurses in clinical care face limited career options and progression opportunities locally. Although registered nurses can take Critical Care Nursing education to qualify as ICU and OR nurses, their roles remain confined to providing nursing care. This contrasts with Advanced Practice Nursing (APN) roles, which expand and progress beyond traditional nursing functions (Scanlon et al., 2022). APN offers broader and more advanced career options by enabling nurses to perform autonomous roles in various sub-specialties (i.e., primary care, mental health, obstetrics and gynecology, emergency medicine, medical-surgical, infection control and anesthetics) and sub-populations (i.e., Adult/Gerontology, Pediatrics, Neonatal) (Boehning & Punsalan, 2023; Wheeler et al., 2022; Lungkapin, 2007, as cited in Rakhab et al., 2021). Moreover, workplace settings may extend beyond the four corners of the hospital, particularly for those in school health, occupational/workplace health, and public/community/population health (Wheeler et al., 2022; Bekemeier et al., 2021). Opportunities in other fields, such as administration, education, and research, are also easily accessible to APNs (Oulton & Caldwell, 2017).

In terms of qualifications, the country adheres to the Philippine Professional Qualifications Framework (PQF), “a quality assured national system for the development, recognition and award of qualifications based on standards of knowledge, skills and values acquired in different ways and methods by learners and workers educated/trained in the Philippines” (Philippine Qualifications Framework [PQF], n.d.a). Graduates with a baccalaureate degree in nursing are recognized with a PQF Level of 6 (PQF, n.d.b), which allows them to provide holistic and evidence-based nursing care that adheres to legal and

ethical standards. Training in critical care alone does not qualify for an increase in the PQF level. With the recently approved PQF qualification standards, nurses trained for APN in *critical care* could be promoted to PQF Levels 7 or 8, authorizing them to perform functions beyond providing nursing care (Critical Care Nurses Association of the Philippines [CCNAPI], 2021). These include assessing and managing critically ill patients, guiding their transition to optimum wellness, and developing programs, guidelines, and policies to improve population health outcomes. (CCNAPI, 2021). Nonetheless, these qualifications were just recently established and only limited to critical care, and, more importantly, the practice of APN in the country still lacks a legal basis, as will be elaborated in Section 2.3.1. Hence, this option for career advancement is still inaccessible to domestic Filipino nurses, unlike migrant nurses abroad.

Despite producing approximately 20,000 nursing graduates yearly since 1999, the surplus of nurses has not been absorbed in the local labor market since the orientation of nursing education at the onset has been towards overseas employment (Corcega et al., 2002). Currently, nursing retention efforts related to education and training have been limited to 1) return service agreements limited to University of the Philippines' nursing graduates required to render at least two (2) years of service five (5) years upon graduation (University of the Philippines College of Nursing, 2024), and 2) the lifting of the decade-long ban on opening nursing programs due to the demand for nurses during COVID-19 (Yang, 2022).

2.2.2 Local working conditions contributing to local nursing shortages

Local working conditions further push nurses to seek nursing opportunities abroad. As part of the trajectory to be hired as local nurses, they are required to start as volunteers and nurses-in-training prior to entering into contracts and performing the responsibilities of regular nurses (Tejero et al., 2022). While the absence of a national nursing database inhibits a comprehensive interpretation of the actual number of contractual, job-order and regular nurses in the country, the proportion of job-order or contract-of-service workers in the government stands at 26.1% in 2022 (Romero, 2022), with nurses opting to work as relievers or substitutes (Lagrimas, 2011, as cited by Garcia and Daño, 2019). In 2023, the DOH further announced its intention to address the local nursing shortage by hiring unlicensed nurses to fill in 4,500 vacant positions in government hospitals (Beltran, 2023). However, due to

significant legal implications, the DOH later announced their consideration for shelving the plan. (de Villa, 2023).

Apart from nurses starting as voluntary unpaid workers, short-term contractual arrangements are characterized by job insecurity, translating to working with 1) limited entitlements (i.e., absence of emergency, vacation and sick leaves and lack of access to health insurance) under suboptimal working conditions (i.e., long shifts/working hours, no overtime pay, and low nurse-to-patient ratio) (Villanueva, 2023 as cited by Alibudbud, 2023; Jackson, 2021, as cited by Alibudbud, 2023), 2) role ambiguity (i.e., unclear communication of expectations) contributing to the inefficient allocation and delineation of tasks and expectations (Orgambídez et al., 2022), and 3) low compensation. The unjust compensation and delays in insurance reimbursement caused the massive resignation of nurses in 2019 (Robredo et al., 2022).

While the DOH Administrative Order indicates that the Bureau of Health Facilities and Services (BHFS) and the Center for Health Development (CHD) conduct monitoring visits, literature on the plight of local nurses, especially those working under job orders, contract-of-service, or as volunteer nurses, begs to differ.

2.2.3 Disparities in compensation (domestic (public vs. private) vs. abroad)

Glaring issues concerning the compensation of nurses are the 1) absence of a centralized database for nursing salaries and 2) the disparity of rates between public and private hospital nurses and the local and international wage rates. In the United States, official data on nursing salaries is from the Bureau of Labor Statistics (BLS), which consistently updates data on labor and economic factors, including wages and benefits (US Bureau of Labor Statistics, 2022). Similarly, Job Bank, Canada's national employment service, furnishes information on hourly wages for nurses in specific communities or regions (Government of Canada, 2023). In contrast, the Philippine Statistics Authority (PSA) and the Department of Labor and Employment (DOLE), government agencies that should be responsible for collecting and sharing labor-related data, including nursing salaries in the Philippines, do not provide comparable updated data, like the US or Canada.

In terms of wages, despite the specialized medical practitioners ranking among the top 10 paid occupations in the country at a rate of Php 54,090/month (PSA, 2020), the average

salary for nurses is lagging behind with nursing professionals receiving an average monthly salary of Php 14,492 (Baclig, 2020). This is only slightly above the national poverty threshold or the minimum wage required to meet a family's basic food and non-food requirements (PSA, 2021) in 2021 at Php 12,030.

The Department of Budget and Management (DBM) released the Budget Circular (BC) No. 2020-4, increasing the starting salary for nurses working in the government, equivalent to a minimum amount of SG 11 (Php 25,439) for Nurse I and SG 15 (Php 35,097) for Nurse II by 2022 (DBM, 2022). This was eventually modified through DBM BC No. 2021-02, upgrading the salaries for regular, casual, or contractual nurses, with Nurse I and II positions' salaries adjusted to SG 15 and SG 16, respectively. Even so, the Salary Standardization Law (Rep. Act. No. 11466) further indicates that salaries vary per type of facility, years of experience, and LGU classification, with public facility nurses in first-class cities receiving 100% of the intended salary and those in the fifth to sixth class municipalities receiving 70% and 65% of the total, respectively. In contrast, the average monthly salary of nurses in private hospitals is Php 12,000, which is significantly lower than their public health facility counterparts (Yale Daily News, 2022). These disparities raise the need for a uniform definition of what should be considered as 'just compensation' for nurses in the Philippines.

Also presented in Table 3 is a comparison of hourly wage rates between countries in nominal and real terms. Nominal wage rates are computed based on the average monthly wage of nurses in each country, assuming that all countries have 160 paid working hours per month. Meanwhile, real wages are adjusted based on the consumer price index per country.

Table 3. Cross-Country Comparison of Nominal and Real Wages: United Kingdom, Saudi Arabia, Austria and United States (2022)

Country		Average Monthly wage in PhP	Hourly Rate (in nominal terms, PhP)	CPI in 2022	Adjusted CPI	Hourly Rate (in real terms, PhP)
		(A)	(B)		C=CPI/100	D=B/C
Philippines	Public Hospitals	25,439.00	158.99	146	1.46	108.90
Private hospitals	Private hospitals	12,000.00	75.00	146	1.46	51.37
United Kingdom		143,673.50	957.82	133.7	1.337	716.39
Austria		231,435.48	1446.47	133.5	1.335	1,083.50
United States		317,669.81	1985.44	134.2	1.342	1,479.46
Saudi Arabia		144,005.52	900.03	129.4	1.294	695.54

Note: CPI (2010 = 100)
1: Minimum amount for Salary Grade 11 for Nurse I position in the Philippines
2: Average annual salary for private nurses in the Philippines

3: Based on average annual starting salary of Band 5 (newly qualified) nurses (£25,644) in the United Kingdom and average exchange rate of 1 Pound = ₱67.2314
4: Based on average annual starting salary of €48,451 in Austria and the average exchange rate of 1 Euro = ₱ 57.3203
5: Based on average annual starting salary of $69,940 in the United States and average exchange rate of 1 USD = ₱54.5044
6: Based on average annual starting salary of Saudi Riyal 119,053 and average exchange rate of 1 Saudi Riyal = ₱14.5151

Source: Reed (n.d.); Economic Research Institute (n.d.); Yale Daily News (2022); US Bureau of Labor Statistics (2023); World Bank (2022).

As seen in Table 3, the real hourly rates in the Philippines are lagging behind at Php 108.90/hour and Php 51.37/hour for public and private hospitals, respectively. These rates are significantly lower when compared to the average monthly rate of registered nurses in skilled nursing facilities in destination countries. The real hourly rate in the United Kingdom and Saudi Arabia is six times higher than the salaries of nurses in Philippine public hospitals. Moreover, Austria and the United States offer higher rates, at 10 and 13.5 times, respectively, than their Philippine public nurse counterparts. The situation is even more pronounced for nurses in private hospitals, where the pay disparities are double those of public hospital nurses.

Notably, a quantitative study on the determinants of migration of OFWs revealed a positive correlation between wage rate and OFW migration (Lapid et al., 2022). Regardless of increasing local wage rates, Filipinos still seek higher wages available abroad. A linear regression of time-series data on the wage rate, remittances, and unemployment rates from 1990-2019 found that the increase in personal remittances received (computed as percent of GDP) is positively correlated with the increase in OFWs. Moreover, an increase in the local unemployment rate was also positively correlated with an increase in OFWs; a negative correlation appears when wage rate and remittances are not included in the regression model - pointing out that the tendency to migrate during high unemployment rates is influenced by wage rate and level of remittances (Lapid et al., 2022).

2.3. Policy Challenge: Regulatory and Implementation Gaps in Laws for Healthcare Workers

While push factors impel nursing migration and pull factors attract nurses to migrate to the receiving country/ies, the extent of the push-pull may be regulated through policies on employment requirements and licensing and professional certifications, among other things (Kingma, 2006; Kline, 2011; Mejia, 1978).

Investing in APNs provides diverse career advancement opportunities for local nurses, empowers them with more excellent agency, and equips migrant nurses to meet the demand for APN roles abroad (Posadas et al., 2019). Equally important, establishing APN roles in the country is essential to achieving universal healthcare. Based on the experience of other countries, APN roles are critically regarded in the health care system. APN gives nurses the authority to "(1) evaluate patients, (2) diagnose patient problems, (3) order and interpret diagnostic tests, and (4) initiate and manage treatments, including prescribing medications and controlled substances" (Kleinpell et al., 2022, p. 137). Expanding the roles of nurses has been instrumental in tackling several health system gaps and challenges, such as limited health service coverage, especially in rural areas and underserved populations, health workforce shortages, rising global burden of disease, and increasing consumer expectations (Oulton & Caldwell, 2017). Moreover, several studies show a positive association between advanced-trained nurses in terms of patient health outcomes, length of stay, cost-effectiveness, satisfaction, and accessibility (Woo et al., 2017; Sanchez-Gomez et al., 2019; Rakhab et al., 2021).

However, the Philippines lacks an enabling policy environment for its practice. Traditionally, nurses are confined to providing nursing care, bridging the community and the health sector, providing health education, teaching nursing education programs, and taking development training and research, per Section 28 of the Philippine Nursing Act of 2002 (Rep. Act. No. 9173). Specific provisions permitting expanded and specialized practice are lacking. For instance, the sole clause on APN in Section 28(e) states, "Undertake nursing and health human resource development training and research, *which shall include, but not limited to, the development of advance nursing practice*" (Philippine Nursing Act of 2002, 2002). In addition, the UHC Act lacks any stipulations regarding APN. However, it includes enabling provisions for the establishment of APN in the local health system, mandating the Commission on Higher Education (CHED), Technical Education and Skills Development Authority (TESDA), PRC, and DOH to develop new allied and health-related degrees and training programs, and reorient of allied medical professional education and health certification towards producing primary care-competent health workers (Section 5). Meanwhile, the Philippine Nursing Practice Act of 2022, which requires "preparing, credentialing, and recognizing nurses for advanced practice in nursing," remains a Senate Bill.

In addition to policy gaps, a prevailing challenge to mainstreaming APN in the Philippines includes fostering strong intersectoral collaboration between the government, academic, and private sectors, specifically for standardized educational preparation and establishing surveillance measures and standards for compliant practice (Posadas et al., 2019). Globally, there has yet to be a consensus on the APN regulatory framework, particularly the length and content of the educational preparation, credentialing, APN title protection, and accreditation and performance evaluation systems (Wheeler et al., 2022; Hu & Forgeron, 2018). Furthermore, there is also expected resistance from medical doctors, resulting in tensions in interprofessional collaboration, according to literature (Torrens et al., 2020). Overall, the integration of APNs into the local workforce must be meticulously planned.

Nurses in the province of Benguet have already been performing tasks beyond their usual scope of practice, referred to as “task shifting.” These tasks include health education, medication dispensing, basic diagnostic testing, and risk assessment for specific types of diseases (Tamayo et al., 2024). For the province, it serves as a proactive strategy aligned with global approaches to optimize healthcare delivery in underserved areas (Tamayo et al., 2024.). Additionally, the NHRHMP reported that nurses in some barangay health centers across the country are performing basic consultations and childhood immunizations (DOH, 2021b). Essentially, these tasks are typically performed under certified APN roles.

Regarding policies that promote the welfare of nurses, Section 34 of the Philippine Nursing Act outlines the requirements for registration, licensing, education, practice, and compensation of nurses. The provisions on incentives and benefits are constrained to establishing "an incentive and benefits system" by the Board of Nursing, DOH, and the association of hospitals and accredited professional organizations. This system includes free hospital care for nurses and their dependents, scholarship grants, and other non-cash benefits.

The Magna Carta of Public Health Workers (Rep. Act. No. 7305) provides safeguards against unjust dismissal from work (i.e., entitlement to back wages at 12% interest from the time of withheld compensation), understaffing or overloading (i.e., staff-to-patient-ratio), specifies requirements on the number of hours, salaries and allowances for subsistence, hazard pay, and remote assignments, among others. However, implementation issues have also been identified, particularly concerning the capacity of public health facilities to cover

longevity pay, hazard pay, and compensation based on a higher salary grade due to budgetary constraints. These constraints often limit benefit coverage to laundry allowance and subsistence pay (Philippine Institute for Development Studies, 2011). To adhere to the funding requirements stipulated in the law, public hospitals utilize the allotments from unfilled *plantilla* positions. Hospitals with "higher than average" unfilled *plantilla* positions have high funding gaps. Consequently, these unfilled positions are used as savings to meet the requirements of the Magna Carta (Philippine Institute for Development Studies, 2011).

Moreover, an account of the plight of Filipino nurses during the COVID-19 pandemic further exposed several challenges in the working conditions of nurses, such as being compelled to work extended hours, foregoing meals and bathroom breaks to conserve personal protective equipment (PPE), and not receiving additional compensation offered for disbursement (Alibudbud, 2022). In addition, the government responded to the nursing migration by enforcing a deployment ban on nurses during the COVID-19 pandemic, limiting the deployment of nurses to 5,000 in 2021 (Senate of the Philippines, 2021) and 7,500 in 2022 (Patinio, 2022). While the *Bayanihan Heal as One* Act or R.A. 11469 was enacted in 2020, the granting of emergency powers to the State was intended for the mobilization of resources, allocation of funds for mitigating COVID-19 transmission, and provision of social safety nets (i.e., hazard pay for healthcare workers) for affected sectors such as the healthcare workers. However, protests were reported six (6) months after the law's passage due to the failure to disburse the hazard pay and COVID-19 risk allowance to healthcare workers (Agoncillo, 2020).

3. Implications and Recommendations

3.1 Establish a unified database for healthcare workers

Given the absence of a comprehensive database tracking the number of nurses in practice, pursuing other careers, migrating, or repatriating, along with their employment status (temporary/contractual, regular, or volunteer), employment facility (public or private), and location (including GIDAs or IP regions), there is a need to implement a unified database. This would provide insights into the distribution, specialties, and availability of health workers, facilitating evidence-based studies to address population and nursing professionals' needs effectively. For the Philippines, a unified database would enable

strategic planning for the required nurse-to-population ratio by utilizing data on the proportion of nurses passing the nursing licensure exam, practicing domestically, and opting to migrate or pursue other career paths.

The database may look into adapting the system introduced by the World Health Organization (WHO) National Health Workforce Account, which includes information on the health worker density, number, age, sex, education, and activity (i.e., practicing, licensed to practice but pursuing a different career path, etc.) (Walton-Roberts & Bourgeault, 2023). This entails designing a platform for data sharing among hospitals, professional associations and government organizations, as well as promoting nurses' active participation in data collection while ensuring transparency and providing data privacy to protect sensitive healthcare worker information. The International Labor Organization (2005) has also recommended designing a similar platform, or an "informed and transparent labor migration admissions system", to support measured, legitimate labor needs. While the proposed NHDR is positioned to fulfill this service, it should thoroughly consider and incorporate the aforementioned gaps and recommendations.

3.2 Review and realignment of the nursing curriculum and creation of diverse career options and advancement opportunities locally

The gaps between nursing education and training and the actual work experience highlight the need to enhance the country's education-labor market match, which will require interventions from both the education and labor sectors.

The skills needed for local practice should be analyzed and aligned with the current skills outcomes of the training programs for nurses. With this, learning gaps and emerging local trends in nursing practice can be identified, guiding the adjustment or potential redesign of the curriculum to better respond to the local context. With the current curriculum designed for overseas employment, a localized curriculum will foster greater awareness among nursing students of the limitations and challenges within the local health system. The nursing curriculum must also equip them with the necessary skills to navigate these issues and ensure effective health service delivery. By gaining deeper insights into the country's health system and potential interventions, future nurse leaders may be inspired to commit to improving public health.

In line with the promotion of an extended career path for nurses, the practice of APN must be legally established in the country through the passage of the Philippine Nursing Act of 2022. This legislation will create more diverse opportunities in clinical care locally and facilitate career progression through Master's and Doctoral levels of education and training. For example, in the United States, where APN roles are well-established, registered nurses can be certified in various clinical roles, such as Certified registered nurse anesthetist (CRNA), Certified nurse-midwife (CNM), Clinical nurse specialist (CNS), and Certified nurse practitioner (NP) (Boehning & Punsalan, 2023).

In 2021, the PQF approved the qualification standards for the Master's and Doctoral-levels training for Advanced Practice Nursing in critical care (CCNAPI, 2021). Certificates are granted by the PRC, the Professional Regulatory Board of Nursing (PRBON), and the Critical Care Nurses Association of the Philippines (CCNAPI). However, to fully leverage the intended benefits of APNs in strengthening the local health system, this must be coupled with a robust policy framework and standards for primary care, family and community health, and other sub-specialties. Additionally, the DOH should provide an operational framework for APN practice, training, education, role creation, and compensation while also requiring inter-agency collaboration for implementation, monitoring, and evaluation. Although the NHRHMP recommends that the DOH establish mechanisms for "task shifting," which facilitates the performance of tasks generally under the scope of advanced-trained nurses, establishing APN roles offers greater incentives for nurses through career advancement and official certification.

Lastly, it is critical to evaluate the ability of current nursing schools to educate health professionals, especially in light of the falling pass rates in nursing licensure exams. This evaluation will inform necessary actions to enhance the success rates of exam candidates. Additionally, a thorough review of the PRC's exam formulation process is essential to ensure that it reflects the standards of the nursing curriculum and correlates with practical hospital experience.

3.3 Push for improvement of healthcare workers' local working conditions

The study's comprehensive literature review highlights that local nurses face job insecurity, limited entitlements, and low pay, which are primary push factors driving nursing migration. Below are some recommendations to address these.

Establishing mechanisms to define 'competitive salary' rates for nurses is a crucial first step. An operational definition of competitive compensation in the Philippine context will underscore the necessary policy reforms for 'just compensation' for nurses. The process must consider economic variables and the significant wage differences between private and public healthcare facilities in both urban and rural areas, as well as local and international settings. The in-depth comparison of nominal and real local wages with international wages conducted in this study can serve as a starting point, ensuring wage competitiveness while accounting for the country's inflation rates. Once determined, these rates must be institutionalized in national policies.

Additionally, local policies must contain an explicit statement of benefits, given the limited provisions in the Philippine Nursing Act of 2002 and the Magna Carta of Public Health Workers. In a roundtable discussion on the said Magna Carta, recommendations include the provision of longevity pay and an annual uniform allowance, retention of step increments for those who pursue postgraduate studies, allocation of 15-day sick leave and vacation leave, and free hospitalization for workers in both public and private facilities (University of the Philippines College of Law, 2023). Proposed policy amendments also include changing compensation of injuries (Section 28) into a "Loss of Earnings Benefit", to include quarantine and illness incurred during work as items to be compensated (Expanded Magna Carta of Public Health Workers Act, 2022). The shortage of nurses experienced during the pandemic highlighted the urgency of considering the nurses' occupational health and safety through medical coverage, increased social protection mechanisms, and timely provision of compensation, especially during public health emergencies.

Moreover, policies that further enhance the welfare of nurses working in private healthcare facilities must be enacted. A House Bill to increase the wages of private salaried nurses to P20,000 has been proposed along with the Magna Carta for Private Health Workers (House of Representatives, 2019; House of Representatives, 2022). The passage of these

policies, which include the prohibition of contractualization and sub-contractualization of workers, enforcement of a 40-hour work week and rest day, entitlements and benefits such as hazard, maternity and holiday pay, and laundry and clothing allowance, would then serve as starting points to address disparities between the public and private sector.

Once the definition of 'just compensation' is established and benefits are clearly and explicitly outlined in national policies, these must be supplemented with increased investment in the healthcare sector. This will facilitate the implementation of these provisions and fulfill other existing policies that have been hindered primarily due to budget constraints.

Furthermore, it is important to emphasize that the strict implementation and monitoring of these policies is just as important as creating an enabling policy environment. Appropriate staffing standards should be enforced by the DOH, taking into consideration the global benchmark needed to achieve universal health care. Based on the WHO human resources for health threshold, the NHRHMP identified the target density of nurses to the population at 27.4:10,000. The significant increase from the previous 1:10,000 nurse-to-population ratio justifies the creation of more plantilla positions for nurses and, thus, more domestic job opportunities.

Ultimately, ensuring compliance with existing policies is essential for fair compensation and competitive pay, filling plantilla positions, maintaining the quality of health services, and preventing hospitals and healthcare workers from being overburdened. Monitoring also provides insights on on-the-ground implementation gaps that can inform continuous policy and program improvements. For example, given the current trade-off between paying public nurses' benefits and allocating positions (i.e., manpower) as reported by existing literature, a thorough examination of the budget allocation to support policies to improve nurses' welfare is also necessary.

4. Conclusion

As the Philippines grapples with the growing global shortage of healthcare professionals, the nation must enforce proactive measures to tackle its nursing exodus and avert further crises in the local healthcare system. This critical issue demands urgent attention and action from policymakers, healthcare institutions, and society at large if we want to safeguard the country's health security.

Through the in-depth analysis of the diverse factors contributing to the nursing crisis, findings reveal that the Philippines faces a 'trilemma' of drivers – 1) the lack of a unified national nursing database; 2) ambiguities on education, employment, and compensation; and 3) policy gaps and implementation issues on laws for healthcare workers. The paper highlights several recommendations, such as the significance of establishing a unified database for healthcare workers. This database should include disaggregated information, such as the number of nurses in practice, pursuing other careers, migrating, or repatriating, along with their employment status, employment facility, and location, to facilitate evidence-based planning and decision-making. Nursing training and development should also be adjusted by localizing the curriculum and aligning training and professional skills requirements to address the education-labor market mismatch. Lastly, efforts should prioritize improving local working conditions for healthcare workers by institutionalizing just compensation, mandating competitive benefits, and appropriating more investments in health.

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