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Ideation Model for Healthcare Workforce Management in the Philippine Context

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Abstract. Global nurse migration remains a significant challenge, particularly for the Philippines, a leading exporter of nursing professionals. Despite this trend, there are limited empirical models to explain migration ideation across career stages. This study aimed to develop an Ideation Model for Healthcare Workforce Management by exploring and quantifying factors influencing migration ideation among overseas Filipino workers (OFW) nurses, local nurses, and nursing students. A sequential exploratory mixed-methods design was used. Phase 1 involved semi-structured interviews with 46 participants analyzed through the Futures Triangle framework. OFW nurses emphasized systemic failures, poor working conditions, and limited growth opportunities. Local nurses cited burnout, unsafe staffing, and stagnant salaries, while students shared aspirations shaped by mentors and global opportunities. Across all groups, persistent push-pull factors shaped ideation, with emotional and cultural ties delaying—but rarely deterring—migration. In Phase 2, a validated survey was administered to 151 respondents. Salary emerged as the most influential factor, with 88.7% rating it "highly influential." Career advancement (82.1%) and working conditions (79.5%) were the next most important factors. Spearman's rho showed significant correlations between migration ideation and income ($\rho = .548$, $p < .001$), employment status ($\rho = -.421$, $p < .01$), and years in service ($\rho = .368$, $p < .05$). Female respondents were more likely to cite inadequate salary, limited career pathways, and weak institutional support as motivations. Younger nurses and students expressed stronger ideation, driven by fewer family responsibilities and higher aspirations. Meanwhile, seasoned nurses indicated ideation influenced more by family needs and less by financial factors, suggesting adaptation or established support systems. These findings highlight the need for gender-responsive, career-enabling, and retention-focused policies. The proposed Ideation Model integrates personal, institutional, and policy-level determinants, offering a strategic framework to address workforce attrition and guide long-term health human resource planning in the Philippines.

Keywords: Filipino nurses; Ideation model; Healthcare policy; Nurse migration; Workforce management.

1.0 Introduction

The healthcare sector is foundational to national development, with nurses serving as its backbone (Duffy, 2022). However, global nurse migration remains a significant challenge. Attracted by higher pay, better working conditions, and opportunities for career growth, many nurses from countries such as the Philippines seek opportunities abroad (Kingma, 2018; Adhikari & Melia, 2015). The World Health Organization (WHO) (2024) notes a 60% rise in foreign-trained nurses in OECD countries over the last decade, a trend expected to continue.

While high-income nations benefit from this influx (World Health Organization, 2020), source countries, such as the Philippines, face staffing shortages, reduced healthcare quality, and increased burdens on remaining staff (Alibudbud, 2022; Li et al., 2017). Although migration is economically beneficial through remittances (Theoharides, 2018), push factors such as low wages, burnout, and limited growth fuel migration ideation (Castro-Palaganas et al., 2017; Konlan et al., 2023). This ideation is seen even among students influenced by cultural narratives and economic pressures (Ortiga, 2018; Labrague et al., 2019). Demographics, job satisfaction, and access to training also influence these decisions (Siow & Ng, 2013; Park & Kim, 2017).

The term "ideation," often used in mental health contexts, aptly describes the cognitive and emotional process that precedes nurse migration (Henriksen, 2022). Despite numerous studies, few examine the ideation phase or personal motivations in depth. The Philippines faces a shortfall of 127,000 nurses (Hospital Management Asia, 2024), with 200,000–250,000 having already left due to low pay, burnout, and job insecurity (Eugenio, 2024). Nearly 28,000 nursing graduates have taken the U.S. licensure exam recently (Nurse.org, 2025), reflecting strong overseas interest (Cherry, 2022). This trend is evident in a premier Philippine tertiary hospital, where resignations have risen since 2020, disrupting operations (Peña-Alfaro & Torres, 2024). Despite being a hub for global recruitment, the specific motivations for these exits remain unclear. Existing studies rarely address institution-specific drivers of migration (Ortiga & Macabasag, 2021).

To address this gap, the study employs a sequential exploratory mixed-methods design, combining quantitative data with qualitative insights to gain a deeper understanding of migration ideation. While economic models, such as those by Abarcar and Theoharides (2020), highlight wage disparities, they overlook deeper emotional and personal factors that influence decisions. By integrating statistical trends with lived experiences, this research aims to inform policies that mitigate migration by addressing its root causes, ultimately supporting a sustainable Philippine healthcare system.

2.0 Methodology

2.1 Research Design

This study employed a sequential exploratory mixed-method design to develop an ideation model for healthcare workforce management. This design was appropriate as it allowed for a comprehensive exploration of migration ideation factors among nurses and nursing students, followed by a quantitative assessment of the influence and relationships of these factors with respondent profiles. According to Creswell and Plano Clark (2018), this method integrates qualitative and quantitative data collection and analysis in sequential steps.

In the first phase, a qualitative multiple-case study design was adopted to gain in-depth insights into personal and contextual factors influencing migration ideation across three groups. Data were collected through semi-structured interviews with selected nurses and nursing students. This phase explored personal motivations, career aspirations, perceived challenges, and institutional and societal influences on migration decisions. Thematic analysis was employed to identify key patterns and categories that constituted the major ideation factors. These findings informed the development of the research instrument for the second phase of the study.

The second phase utilized a quantitative descriptive-correlational design. Researcher-made questionnaires, derived from the Phase 1 findings, were used to measure the influence of identified ideation factors. The survey also collected demographic and socio-economic data. For nurses, variables included age, sex, civil status, educational attainment, salary grade, years of service, and years in current position. For nursing students, variables included age, sex, civil status, family income, and number of household members.

The synthesized results from both phases were used to construct a proposed Ideation Model for Healthcare Workforce Management, highlighting the determinants of migration ideation and offering policy recommendations for balancing workforce retention and migration opportunities.

2.2 Sampling Procedure

Sampling procedures varied between phases. In Phase 1, purposive sampling was employed to select information-rich participants, comprising 9 OFW nurses, 20 local hospital-employed nurses, and 17 nursing students. Data saturation was reached within each group after 11 to 20 interviews. In Phase 2, quota sampling ensured balanced representation across the three groups, resulting in 151 respondents: 33 OFW nurses (22%), 47 local nurses (31%), and 71 nursing students (47%). Each group met or exceeded the minimum threshold of 30 participants, which is

generally considered sufficient to enable valid statistical comparisons among independent groups in survey research (Singh & Masuku, 2014). The sampling process was guided by the principle of maximum variation to reflect the heterogeneity within each subgroup while meeting predefined quotas (Palinkas et al., 2015). This approach supports the internal heterogeneity and external applicability of findings by avoiding the overrepresentation of any single subgroup and enhancing the analytical validity of group comparisons.

2.3 Research Locale

The study was conducted in an anonymized premier tertiary public hospital in the Visayas under the Philippine Department of Health. As the region's primary referral and teaching hospital, it provides critical services, hosts training programs, and holds ISO 9001:2015 certification for quality care. Its diverse nursing workforce—including active nurses, resigned staff pursuing work abroad, and those considering migration—made it an ideal site to explore migration ideation. The study also included overseas Filipino nurses and nursing students, capturing insights across career stages.

2.4 Research Instrument

This study employed a mixed-methods, sequential-exploratory design with both qualitative and quantitative instruments. The qualitative phase employed a semi-structured interview guide that featured open-ended questions to explore nurses' migration experiences, motivations, and expectations. Thematic analysis identified core ideation themes. The quantitative phase used a researcher-made, objective-type questionnaire to validate these themes and assess demographic and migration-related factors using a four-point Likert scale. Key influences included salary, work conditions, career prospects, and family input. Instrument validation involved an expert review of the interview guide and content validation of the survey using the Content Validity Index (CVI ≥ 0.78) and the Content Validity Ratio (CVR) via Lawshe's method (Lawshe, 1975).

2.5 Data Gathering Procedure

Approval for this study was secured from the SSU Institutional Human Research Ethics Committee (IHREC) prior to the commencement of any data collection activities. The qualitative phase of the research involved interviews conducted either in person or through Zoom, depending on participants' availability and preference. Before each session, informed consent was obtained, ensuring participants were aware of their rights and the purpose of the study. Interviews typically lasted between 30 and 45 minutes, during which participants shared their experiences related to migration ideation. All interviews were audio-recorded, transcribed verbatim, and analyzed thematically to extract relevant insights and patterns.

For the quantitative phase, data were collected through surveys administered in both paper-based and digital formats via Google Forms. The survey was introduced with a clear explanation of the study's goals and consent information. Participants were given ample time to complete the questionnaire, and reminders were sent over a two- to three-week collection period to encourage participation. Anonymity and voluntary participation were emphasized throughout, and respondents were assured that their decision to participate or withdraw at any time would bear no adverse consequences. All collected data were securely stored in password-protected files, ensuring the confidentiality and safety of participant information.

2.6 Data Analysis Procedure

The qualitative data were analyzed using Yin's (2018) case study method, involving systematic coding, cross-case synthesis, and narrative development to capture migration ideation themes among nurses. Triangulation ensured credibility through comparison across sources. For the quantitative phase, SPSS was used to run descriptive statistics (frequencies, means, medians, standard deviations) and inferential tests. Median scores interpreted Likert items, while t-tests, Spearman's Rho, and Fisher's Exact Test analyzed relationships and group differences. This mixed approach provided a comprehensive and reliable analysis of the data.

2.7 Ethical Considerations

This study followed strict ethical protocols to protect participants' rights and well-being. Approval was secured from the SSU IHREC, and informed consent was obtained after participants were briefed on the study's purpose, confidentiality, and their right to withdraw at any time. Confidentiality was maintained through the use of anonymized data and secure storage. Participation was voluntary, with minimal, non-coercive tokens of appreciation. The anonymity of both participants and the research site was preserved to ensure ethical integrity throughout the process.

3.0 Results and Discussion

3.1 Demographic Profile of Nurse-Respondents

Table 1 shows that most nurse-respondents (58.8%) were aged 31–37, aligning with Laslett's (1991) view of middle adulthood as a stage of stability and long-term planning, which is ideal for making significant decisions, such as migration. In terms of gender, 57.5% were female, 40.0% male, and 2.5% identified inconsistently, reflecting the profession's female dominance and emphasizing the need to promote gender diversity to improve team dynamics and address shortages (Meadus & Twomey, 2011).

Table 1. *Profile of the Nurse-Respondents*

Profile	OFW Nurses	Local Nurses	Total	Percentage (%)
Age				
52 - 58	0	1	1	1.30
45 - 51	2	1	3	3.80
38 - 44	9	10	19	23.80
31 - 37	19	28	47	58.80
24 - 30	3	7	10	12.50
Sex				
Male	13	19	32	40.00
Female	19	27	46	57.50
Prefer not to say	1	1	2	2.50
Civil Status				
Widow	0	2	2	2.50
Separated	1	1	2	2.50
Married	16	22	38	47.50
Single	16	22	38	47.50
Educational Attainment				
With a Doctorate Degree	3	1	4	5.00
With Doctoral Units	0	1	1	1.30
With Master's Degree	6	10	16	20.00
with Masteral units	4	5	9	11.30
Bachelor's Degree	20	30	50	62.50
Gross Salary				
>80000	23	0	23	28.80
65001 - 80,000	0	2	2	2.50
50001 - 65000	1	1	2	2.50
35001 - 50000	1	35	36	45.00
20000 - 35000	0	6	6	7.50
Prefer not to say	8	3	11	13.80
No. of Household Members				
11 - 15	0	1	1	1.30
6 - 10	3	8	11	13.80
1 - 5	30	38	68	85.00
Years in Service				
>16	8	5	13	16.30
14 - 16	7	8	15	18.80
11 - 13	6	8	14	17.50
8 - 10	8	14	22	27.50
5 - 7	1	3	4	5.00
<5	3	9	12	15.00
Years in Current Position				
>10	2	8	10	12.50
7 - 9	4	4	8	10.00
4 - 6	5	6	11	13.80
1 - 3	19	22	41	51.30
<1	3	7	10	12.50

An equal number of respondents were single or married (47.5% each), suggesting that marital status does not significantly deter nursing practice or migration. However, the low number of widowed/separated individuals (2.5%) may point to emotional or caregiving constraints (Xu & Kwak, 2005). Educational attainment was high: 62.5% were college graduates, 20.0% held master's degrees, and 5.0% had doctorates—demonstrating a strong drive for professional growth and international competitiveness (Salmon et al., 2007). In income, 45.0% earned ₱35,001–₱50,000, while 28.8% earned over ₱80,000—likely representing OFWs—highlighting overseas work as a

path to better financial stability (Li et al., 2017). Most lived in households of 1–5 members (85.0%), which may provide flexibility for career mobility. Those from larger households may be more motivated to seek higher-paying jobs abroad (Baral & Sapkota, 2015).

In terms of experience, 27.5% had 8–10 years of service, with a majority having substantial tenure, which correlates with deeper insight into workplace challenges that can fuel migration ideation (Park & Kim, 2017). Regarding employment status, 64 (80.0%) held permanent positions, 11 (13.8%) were on contractual arrangements, 3 (3.8%) were job order employees, and 2 (2.5%) were part-time employees. Permanent employment implies job stability; however, less secure employment types may contribute to dissatisfaction and drive migration decisions (Lange et al., 2019). Concerning their tenure in their current position, 41 (51.3%) had been in their roles for 1–3 years, 11 (13.8%) for 4–6 years, and 8 (10.0%) for 7–9 years. Additionally, 12.5% had either been in their current position for less than one year or more than ten years. This distribution suggests ongoing career transitions, such as job shifts or recent migration. Career mobility is known to influence professional decisions, including migration (Lange et al., 2019).

Most nursing student respondents fell within the typical college age range, with 39.4% aged 21 and 31.0% aged 22. However, a few older students (ages 29 and 32) reflected on the accessibility of nursing education across various life stages (WHO, 2020). The sample was predominantly female (77.5%), consistent with global trends of nursing as a female-dominated profession, which may influence professional identity and migration decisions (Meadus & Twomey, 2011; Evans, 2004). A majority (95.8%) were single, likely enhancing their autonomy in academic and migration-related decisions (Kingma, 2006). In terms of family income, 25.4% reported a monthly income of ₱20,000–₱60,000, and 16.0% earned less than ₱20,000, indicating that many students come from middle- to low-income backgrounds—potentially fueling their interest in nursing as a stable and globally in-demand profession (Lorenzo et al., 2007). Additionally, 80.3% lived in households with 3–5 members, suggesting manageable domestic responsibilities, though larger households may increase financial pressures and migration motivation (Baral & Sapkota, 2015).

Table 2. *Profile of the Nursing Student-Respondents*

Profile	Total	Percentage (%)
Age		
32	1	1.40
29	1	1.40
24	2	2.80
23	7	9.90
22	22	31.00
21	28	39.40
20	9	12.70
19	1	1.40
Sex		
Male	16	22.50
Female	55	77.50
Prefer not to say	0	0
Civil Status		
Married	1	1.40
In Relationship	1	1.40
Single	69	95.80
Family Income		
>100,000	10	14.10
80,001 - 100,000	6	8.50
60,001 - 80,000	7	9.90
40,001 - 60,000	18	25.40
20,000 - 40,000	18	25.40
< 20,000	12	16.90
No. of Household Members		
12 - 14	2	2.80
9 - 11	2	2.80
6 - 8	10	14.10
3 - 5	57	80.30

3.2 Migration Ideation Factors of Overseas Filipino Worker Nurse Participants

Theme 1: Inadequate Compensation and Living Realities
Category 1: Inadequate Salary. Many OFW Nurses reported that their salaries in the Philippines were insufficient to meet their basic needs, leading to financial strain and the pursuit of better opportunities abroad.

Category 2: Compensation-Based Living Realities. Beyond the low salaries, ONPs highlighted the broader economic challenges that made it difficult to sustain a decent standard of living. Significant factors were the rising cost of living, lack of incentives, and the need to support their families financially.

Filipino nurses expressed dissatisfaction with inadequate compensation, which fails to meet their daily living needs or match the opportunities available overseas. According to Push-Pull Migration Theory, low wages act as a key push factor, as the study identified that low salaries influence nurses' decisions to work overseas (Castro et al., 2017). To curb this migration, the Philippine government and healthcare institutions must adopt policies that offer competitive pay, incentives, and opportunities for career growth, thereby improving nurse retention and reinforcing the national healthcare system.

Theme 2: Poor Working Support and Lack of Career Advancements
Category 1: Poor Working Support. ONPs reported that the working environment in the Philippines was often characterized by inadequate support, lack of resources, and challenging conditions that hindered their ability to provide quality care.

Category 2: Limited Career Pathways. Many ONPs expressed frustration over the Philippine healthcare system's lack of professional growth opportunities. They felt that systemic issues, including favoritism and a lack of mentorship, hindered their career progression.

Filipino nurses consistently report dissatisfaction with workplace support and limited career advancement, both of which are key push factors under the Push-Pull Migration Theory. These challenges, highlighted by Bernardo and Santos (2024), drive nurses to seek better opportunities abroad. To reduce nurse migration, the Philippine government and healthcare institutions must improve working conditions, provide adequate support, and create clear career pathways, thereby enhancing retention and reinforcing the healthcare system.

Theme 3: Burnout and Unsafe Working Conditions
Category 1: Occupational Burnout and Mental Exhaustion. ONPs reported experiencing chronic stress and mental fatigue due to overwhelming workloads and a lack of support, leading to emotional exhaustion.

Category 2: Unsafe Staffing and Workplace Conditions. Participants emphasized that inadequate nurse-to-patient ratios and insufficient staffing compromised patient safety and well-being. These unsafe conditions contributed to their decision to seek employment abroad.

Filipino nurses report dissatisfaction with workplace support and safety, with burnout and unsafe conditions acting as major push factors under the Push-Pull Migration Theory. These issues, as supported by Alibudbud (2023), drive nurses to seek safer and more supportive environments abroad. To curb migration, the Philippine government and healthcare institutions must improve working conditions, ensure safe staffing levels, and provide adequate support, ultimately boosting retention and strengthening the healthcare system.

Theme 4: System-Level Barrier
Category 1: Lack of Support System. ONPs reported that inadequate government support and mismanagement within the healthcare system led to feelings of neglect and undervaluation. The lack of proper funding, resources, and infrastructure made it challenging to provide quality care and maintain professional satisfaction.

Category 2: Policy Constraints. Participants highlighted those rigid policies and stagnant systems hindered professional growth and adaptability within the healthcare sector. The absence of clear pathways for advancement and bureaucratic obstacles contributed to their decision to seek opportunities abroad.

Filipino nurses express consistent dissatisfaction with systemic support and restrictive policies, key push factors

under the Push-Pull Migration Theory. These challenges, echoed by Pressley et al. (2022), drive nurses to seek better-structured systems abroad. To reduce migration, the Philippine government and healthcare institutions must implement reforms that enhance support and revise restrictive policies, improving job satisfaction and strengthening the healthcare system.

Theme 5: Transformative Pathway to Empowerment, Growth, and Global Competence

Category 1: Personal and Professional Empowerment. ONPs expressed that working abroad provided opportunities for career advancement, financial security, and an improved quality of life. These factors contributed to a sense of empowerment and fulfillment.

Category 2: Global Competence and Adaptability. Beyond personal gains, ONPs highlighted the acquisition of global competencies and adaptability as significant benefits of working abroad. Exposure to diverse healthcare systems and practices enhanced their professional skills and confidence.

Nurse migration is viewed not only as an escape from poor working conditions but also as a path to personal and professional growth. Motivated by career advancement, financial stability, and global exposure, migration becomes a transformative journey. Under the Pull aspect of the Push-Pull Migration Theory, these factors strongly attract nurses abroad (Bernardo & Santos, 2024). To curb this trend, the Philippine government and healthcare institutions must foster environments that support continuous learning, competitive compensation, and the development of global competencies. The experiences of Overseas Filipino Worker Nurses (ONPs) highlight key push and pull factors—low pay, poor working conditions, burnout, systemic barriers, and the desire for professional growth. Addressing these through comprehensive reforms is essential to improving retention and strengthening the healthcare system.

3.3 Migration Ideation Factors of Current (Local) Nurse Participants

Theme 1: Inadequate Compensation and Unsupportive Working Conditions

Category 1: Financial Dissatisfaction. Many current nurse participants (CNPs) reported that their salaries are insufficient to cover their basic needs, especially in light of rising inflation and living costs. Despite their critical role in the healthcare system, they feel undervalued and underpaid, pushing them to consider better-paying opportunities overseas.

Category 2: Work Burden and Lack of Support. These responses highlight the financial constraints faced by nurses, with compensation structures that fail to reflect their professional responsibilities and provide adequate economic stability.

The accounts highlight a healthcare system marked by low pay and a lack of support, pushing Filipino nurses to consider migration. Economic strain and unsupportive workplaces lead to feelings of being undervalued, with limited incentives, poor staffing, and few advancement opportunities. According to the Push-Pull Migration Theory, these systemic inadequacies serve as strong push factors, as noted by Robredo et al. (2022). Unless addressed, the Philippines risks continued nurse migration. To counter this, the government and healthcare institutions must offer competitive salaries, effective retention programs, better staffing, and supportive environments—measures crucial for nurses' well-being and a stronger healthcare system.

Theme 2: Limited Career Opportunities and Global Aspirations

Category 1: Career Aspirations. Many nurses expressed a strong desire for professional growth, expanded responsibilities, and continued learning opportunities, which they perceive as lacking in the local healthcare system. Their aspirations are not limited to financial gains but extend to personal fulfillment and career advancement.

Category 2: Institutional and Local Gaps. Participants voiced disappointment with the lack of structured career paths, continuous training, and systemic support for professional development in the Philippines. While some government programs have improved, they are perceived as inadequate to meet the aspirations of ambitious and globally aware nurses.

Category 3: External and Social Influences. Migration ideation is also shaped by peers' success stories and the

encouragement of family members who perceive working abroad as a pathway to stability and success. Social comparison and familial pressure reinforce the belief that opportunities abroad are more promising.

Nurses' narratives reveal a strong drive for migration, fueled by career dissatisfaction and the allure of attractive global opportunities. Limited local specialization, weak professional development, and lack of institutional support contrast with international prospects and peer success abroad, illustrating the push-pull dynamics of migration, as noted by Smith and Gillin (2021). Without stronger career pathways and supportive work environments, migration will continue to be a compelling option. To improve retention, the Philippine government and healthcare institutions must implement reforms that invest in structured development, mentorship, equitable promotions, and international collaborations, aligning local opportunities with nurses' global aspirations.

Theme 3: Adjustment Barriers and Migration Readiness

Category 1: Emotional and Family-Related Concerns. Several nurses shared that the thought of being away from family, especially children or aging parents, causes emotional strain. Family separation, homesickness, and uncertainty about how loved ones would cope without them are significant sources of anxiety.

Category 2: Cultural and Environmental Adaptation. Participants also expressed unease about living and working in unfamiliar cultural settings. Fears of culture shock, workplace communication challenges, and societal adjustment were identified as strong deterrents.

Category 3: Legal and Systemic Adjustment. For some nurses, the technicalities of migration—such as visa applications, credential recognition, and integration into a new healthcare system—pose a significant challenge. These procedural uncertainties often delay or discourage their plans to move abroad.

This theme highlights how emotional, cultural, and legal concerns serve as deterrents to migration, delaying or reshaping nurses' decisions despite strong financial and career incentives. Under the Push-Pull Migration Theory, these are moderating factors that counterbalance pull forces by invoking uncertainty and the need for preparedness—a finding supported by Gotehus (2022). To address these concerns, healthcare institutions and policymakers should offer counseling, pre-migration support, cross-cultural training, and family-inclusive policies. Additionally, creating local opportunities for global engagement, such as exchange programs, can provide international exposure while reducing the pressure to migrate.

Theme 4: Professional Growth and Dignified Recognition Abroad

Category 1: International Experience and Skills Improvement. Participants shared that working abroad is perceived as a valuable opportunity to acquire new knowledge, enhance their skills, and broaden their career prospects. The allure of engaging with advanced healthcare systems, diverse medical practices, and global networks was a recurring theme among those who envisioned migration not as an escape but as a strategic career step.

Category 2: Recognition as a Profession that is Dignified and Fairly Compensated. Nurses also expressed a strong desire for moral and financial recognition, highlighting that their profession is often undervalued in the Philippines. Migration is viewed as a pathway to reclaim the dignity and prestige that nursing deserves, aligning it with other highly respected professions.

Migration ideation among Filipino nurses stems not only from economic needs but also from the pursuit of professional and social affirmation. Guided by the Pull factors in the Push-Pull Theory, as well as self-determination theory and moral agency (Hossain, 2020), nurses envision migration as a transformative path toward growth, respect, and fairness—elements often lacking in the local healthcare system. To curb migration, the Philippine healthcare system must implement reforms that promote professional development, equitable treatment, and international exposure. Elevating the nursing profession through specialization pathways, skill-based compensation, and global competence programs can help reframe migration as a choice rather than a necessity. Insights from Current Nurse Participants (CNPs) underscore that addressing systemic gaps in compensation, career growth, and workplace support is vital to reducing migration intent and retaining skilled nurses.

3.4 Migration Ideation Factors of Nursing Students

Theme 1: Systemic Dissatisfaction in Compensation and Workplace Conditions
Category 1: Inadequate Salary. Students expressed concern that the local salaries do not reflect nurses' workload, responsibilities, and emotional labor. Witnessing their clinical instructors and mentors struggling financially despite years of service is deeply discouraging for many.

Category 2: Compensation-Based Living Realities. Beyond basic salary, nursing students viewed compensation as a sustainable and fulfilling component of their lives. They associated low income with limited opportunities for self-growth, family support, and professional independence.

Student nurses, influenced by mentors and internship experiences, already express dissatisfaction with the healthcare system—a strong push factor under the Push-Pull Theory of Migration. Their views echo those of practicing nurses, rooted in long-standing institutional flaws and under-resourcing. If left unaddressed, this early disillusionment may lead to pre-migration attrition, where future healthcare workers leave before entering the workforce (Caino & Castillote, 2024). To prevent this, retention efforts must start in educational institutions, offering visible signs of a supportive and promising healthcare career.

Theme 2: Inadequate Professional Support and Career Development
Category 1: Poor Working and Institutional Support. Students identified unsupportive clinical environments, inadequate staffing conditions, and insufficient government attention as barriers to pursuing a local career.

Category 2: Limited Career Pathways. A powerful driver of migration ideation is the perception that career progression in the Philippines is linear and stagnant. The lack of specialization, research opportunities, or recognition diminishes professional fulfillment.

Global nursing systems are seen as merit-based and expansive, offering opportunities in education, research, and specialized care. This contrast highlights both push and pull factors: limited local career growth drives nurses away, while global prospects offer professional and moral appeal. As Robredo et al. (2022) emphasize, the Philippine healthcare system must urgently invest in clear career pathways—such as scholarships, residencies, leadership development, and continued education—or risk becoming merely a "training ground for export."

Theme 3: System – Level Barriers
Category 1: Policy Gaps. Participants reported that while some policies exist to improve nurse compensation or retention, they are often vague, outdated, or fail to respond to current socio-economic realities. There is a growing perception that government policies lack continuity and rarely translate into meaningful impact on nurses' lives. Such insights reveal a disconnect between policy rhetoric and frontline experience, eroding trust in public healthcare governance and driving the desire to seek more reliable systems abroad.

Category 2: Inconsistency of Retention Programs. Participants also emphasized that retention initiatives—when they exist—are poorly enforced, unevenly implemented across institutions, or designed without a long-term perspective. The inconsistency in their application undermines their intended purpose, leaving future nurses uncertain about the value they will bring to the system.

The findings reveal that current retention efforts are perceived as superficial and misaligned, failing to address core issues such as poor infrastructure, excessive workloads, and stagnant career growth. Government initiatives—such as salary increases and incentives—are viewed as inconsistent and inadequate. These systemic shortcomings serve as push factors, driving students to consider migration not just for better pay, but to escape dysfunction, echoing Ortiga and Macabasag (2021). Without reforms in policy, governance, and infrastructure, the health sector risks losing both current and future nurses. Policymakers must engage students as key stakeholders in crafting inclusive, long-term solutions to curb migration ideation.

Theme 4: Adjustment Barriers and Migration
Category 1: Emotional and Family-Related Concerns. Participants revealed that the thought of being separated from family, particularly in a culture deeply rooted in familial bonds, created emotional hesitation. Feelings of homesickness and the fear of losing immediate support systems were central to their decision-making.

Category 2: Cultural and Environmental Adaptation. In addition to emotional concerns, many participants identified uncertainty about adjusting to new cultures, language barriers, and fear of discrimination as deterrents. The process of integration into foreign systems, socially and professionally, was perceived as a significant barrier.

Adjustment anxiety significantly shapes migration readiness, with participants torn between aspiration and the emotional and cultural challenges of leaving. This ambivalence often delays migration decisions. Within Push-Pull Theory, adjustment barriers act as moderating factors—while they do not stop migration ideation, they influence its pace and direction (Lee, 1966; de Haas, 2010). To ease these concerns, nursing institutions and migration facilitators should offer pre-migration counseling, cross-cultural training, and family-inclusive support. Short-term exchange programs can also build resilience and ease future transitions.

Theme 5: Professional Growth and Social Influence

Category 1: Career Advancement and Skills Enrichment. Participants expressed enthusiasm over the opportunity to learn, grow, and expand their competencies in advanced health systems. The allure of hands-on exposure to new practices and global standards was a significant pull factor. Their narratives frame migration as a career-advancing choice, not merely a financial escape.

Category 2: Peer and Family Influence as Motivators. Migration ideation was also heavily influenced by the success stories of friends, cousins, and mentors who had found purpose and stability abroad. These social models served as informal recruiters and emotional reinforcers of overseas work.

These narratives highlight how migration aspirations spread through social networks, where peers and family normalize it as a path to identity, credibility, and professional growth (Cohen & Sirkeci, 2021). Within Push-Pull Theory, these are strong pull factors—driven by opportunity and aspiration. To counterbalance this, local systems must invest in career progression, global-standard training, and success stories at home. Elevating nursing through role models and clear advancement paths can reduce the drive to migrate.

3.5 Summary of the Case Study Analyses

Migration ideation among Filipino nurses—spanning OFWs, current practitioners, and students—traces a generational trajectory shaped by history, present challenges, and future aspirations. Using the Futures Triangle, OFW nurses represent the weight of past systemic failures; current nurses reflect ongoing pressures, such as unsafe conditions and burnout; and nursing students embody hopes for global careers, tempered by emotional and cultural concerns.

Across all groups, push factors such as poor pay and limited growth dominate, while the allure of dignity and opportunity abroad fuels the desire to migrate. Emotional ties may delay but rarely prevent this movement. Without substantial reforms, the Philippine healthcare system risks remaining a steady source of talent for other nations.

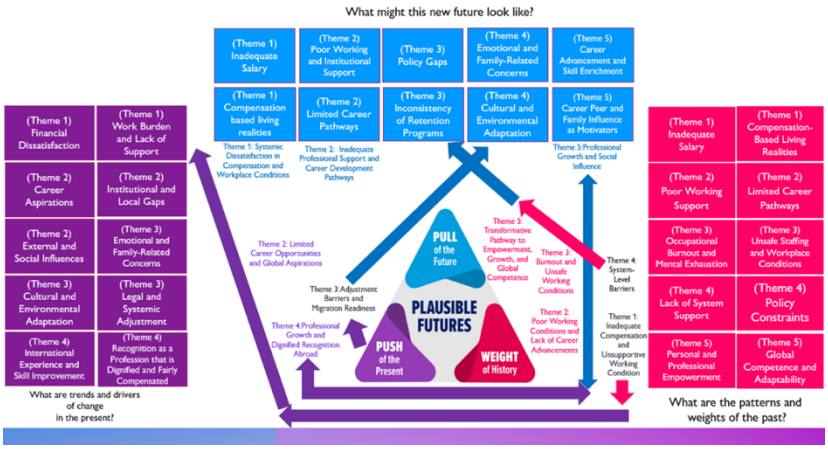

Figure 1. *Qualitative Thematic Case Study Analysis of Migration Ideation for OFW Nurses, Local Nurses Student*

3.6 Level of Influence of the Explored Ideation Factors to the Three Groups of Respondents

Inadequate salary emerged as a key driver of migration ideation across all groups. OFW and student nurses rated salary-related factors as "highly influential" (HI). In contrast, local nurses gave "moderately influential" (MI) ratings overall, except for low salary and slow increases, which were "HI." Around 75% of all respondents cited compensation realities as a major factor. Even with improved pay, OFWs still saw better financial prospects abroad.

Poor working conditions and weak institutional support were also rated "HI" across groups, though local nurses rated limited training opportunities as "MI." Limited career pathways, burnout, unsafe staffing, and policy issues, such as political favoritism, were consistently highlighted as "HI," reinforcing the need for reform. Empowerment, global competence, and professional dignity were strong pull factors, largely rated "HI." Family and emotional ties were "HI" only among local nurses, while others rated them "MI." Cultural, legal, and systemic adaptation concerns were also "MI" across all groups. Overall, most migration ideation factors were rated "highly influential," underscoring the strong push of local system failures and the pull of international opportunity.

Table 3. *Summary of Level of Influence of Migration Ideation Factors*

Major Indicators	OFW		Local Nurse		Student-Nurse	
	Median	Interpretation	Median	Interpretation	Median	Interpretation
1. Inadequate Salary	4	HI	3	MI	4	HI
2. Compensation-Based Living Realities	4	HI	4	HI	4	HI
3. Poor Working and Institutional Support	4	HI	4	HI	4	HI
4. Limited Career Pathways	4	HI	4	HI	4	HI
5. Occupational Burnout and Mental Exhaustion	4	HI	4	HI	4	HI
6. Unsafe Staffing and Workplace Conditions	4	HI	4	HI	4	HI
7. Policy Constraints	4	HI	4	HI	4	HI
8. Personal and Professional Empowerment	4	HI	4	HI	4	HI
9. Global Competence and Skill Development	4	HI	4	HI	4	HI
10. Recognition as a Profession That is Dignified and Fairly Compensated	4	HI	4	HI	4	HI
11. Emotional and Family-related Concerns	3	MI	4	HI	3	MI
12. Cultural and Environmental Adaptation	3	MI	3	MI	3	MI
13. Legal and Systemic Adjustments	3	MI	3	MI	3	MI

Legend: 4 = Highly Influential (HI); 3 = Moderately Influential (MI); 2 = Slightly Influential (SI); 1 = Not Influential (NI)

3.7 Relationship between the Influence of the Migration Ideation Factors and the Profile of Nurse-Respondents

The study revealed key demographic correlations with migration ideation among Filipino nurses. A positive significant relationship was found between sex and the influence of inadequate salary, indicating that female nurses are more likely to view poor compensation as a push factor, aligning with gender-based perceptions of financial and professional undervaluation (Kingma, 2008). Similarly, limited career opportunities significantly influenced the migration intentions of female nurses, suggesting that institutional barriers drive them to seek advancement abroad (Shields & Ward, 2001; Bourgeault et al., 2020). Among student nurses, sex was also significantly linked to perceptions of policy constraints and poor institutional support. Female students were more affected by migration-related legal concerns and the lack of academic guidance, highlighting the need for gender-sensitive reforms in nursing education (Kingma, 2008; Buchan et al., 2003; Lange et al., 2019).

Table 4. *Relationship between the Level of Influence on Migration Ideation Factors and their Profiles*

Level of Influence of their Migration Ideation	Profile	Correlation Coefficient	*p*-value	Evaluation
	Nurse-Respondents			
Inadequate Salary	Sex[2]	36.99	.010	Significant
Compensation-Based Living Realities	Age[1]	-0.29**	.009	Significant
Poor Working and Institutional Support	No. of Years in Current Position[1]	0.26*	.022	Significant
Limited Career Pathways	Sex[2]	16.48	.043	Significant
Global Competence and Skills Development	Sex[2]	27.34	.052	Significant
Recognition as a Profession that is Dignified Fairly Compensated	Years in Service[1]	-0.24*	.036	Significant
Emotional and Family-Related Concerns	Years in Service[1]	0.22*	.050	Significant
	Nursing Student			
Poor Working and Institutional Support	Sex[2]	18.02	.014	Significant
Policy Constraints	Sex[2]	57.70	.053	Significant

Legend: Significance at 0.05 level (2-tailed); [1] – Spearman Rho; [2] – Fisher's exact test

Global competence and skill development were strong motivators for female nurses, emphasizing their desire for international professional growth (Brush et al., 2004; Alam et al., 2014; Shah et al., 2020). A negative correlation was observed between age and migration ideation, indicating that younger nurses, who face fewer commitments and seek financial stability, are more inclined to migrate (Lorenzo et al., 2007; Kingma, 2008). Years in current position positively correlated with migration ideation, reflecting frustration over stagnant roles and systemic issues (Cottle-Quinn et al., 2022). Conversely, years in service negatively correlated with the influence of poor compensation and recognition, implying that experienced nurses may have adapted or developed alternative coping mechanisms (Kingma, 2008; Likupe, 2015; Shah et al., 2020). However, longer service also showed a positive correlation with family- and emotion-driven migration ideation. Veteran nurses may seek better futures for their families, family reunification, or relief from burnout, consistent with the collectivist values that prioritize familial welfare (Li et al., 2014; Adhikari & Melia, 2015; Castles et al., 2014).

4.0 Conclusion

Personal, professional, and socio-demographic factors influence migration ideation among nurses and student nurses. For nurses, variables such as sex, age, years of service, and current position significantly influenced perceptions of push and pull factors. Notably, gender affected views on salary, career limitations, institutional support, and global competence, suggesting that gender dynamics influence how nurses evaluate opportunities. Younger nurses were more sensitive to salary-related pressures, while those with longer service expressed greater concern for family welfare, despite being less sensitive to compensation issues. Among student-nurses, sex influenced perceptions of institutional support, policy constraints, and global opportunities, indicating that gendered migration ideation may form even before entering the workforce. Factors such as burnout, unsafe staffing, empowerment, cultural adaptation, and legal challenges showed no significant demographic correlations. This suggests a uniform level of concern across groups or a shared prioritization of more immediate issues, such as compensation. These findings underscore the need for targeted, gender-sensitive interventions in compensation and institutional support to mitigate nurse migration and inform effective retention strategies.

To address nurse migration ideation, the study recommends developing a migration ideation model to guide targeted, context-specific interventions. Key actions include revising salary structures, improving staffing and work conditions, and strengthening institutional support. Career pathways should offer professional growth, leadership roles, and mentorship, particularly gender-sensitive opportunities for female nurses. Strategies to enhance nurse well-being should include fair nurse-to-patient ratios, mental health services, and legal protections for both local and international mobility. Promoting global competence through internationally aligned training and fair recognition is essential. Reintegration programs for returning overseas nurses, with incentives and support, are also crucial. Nursing education should incorporate global health, international exposure, and cross-cultural training to prepare students for informed migration and global practice.

The Abantao's Migration Ideation Model, framed through the Futures Triangle and Kirkpatrick Four-Level Evaluation Model, offers a comprehensive approach to understanding nurse migration ideation by integrating personal, institutional, and global influences (Kirkpatrick & Kirkpatrick, 2006; Inayatullah, 2008). At the reaction level, local nurses express dissatisfaction with poor pay, conditions, and growth opportunities—reflecting the "push of the present"—while students, inspired by OFW success stories and global careers, reflect the "pull of the future" (Kingma, 2008; Lorenzo et al., 2007). At the learning level, both groups pursue international credentials and training to build employability, while OFWs, symbolizing the "weight of the past," exemplify success in adapting to foreign systems (Brush & Sochalski, 2007; Alam et al., 2014). The behavior level encompasses tangible actions, such as licensure exams (NCLEX, HAAD) and overseas applications, illustrating how ideation evolves into migration intent (Shah et al., 2020). At the results level, cumulative outcomes include workforce shortages and declining health system resilience, emphasizing the need for reforms in policy, compensation, and professional growth to retain talent (Likupe, 2015; Castles et al., 2014). This model not only explains current patterns but also serves as a strategic, diagnostic tool for guiding reforms aimed at reducing push factors and enhancing retention.

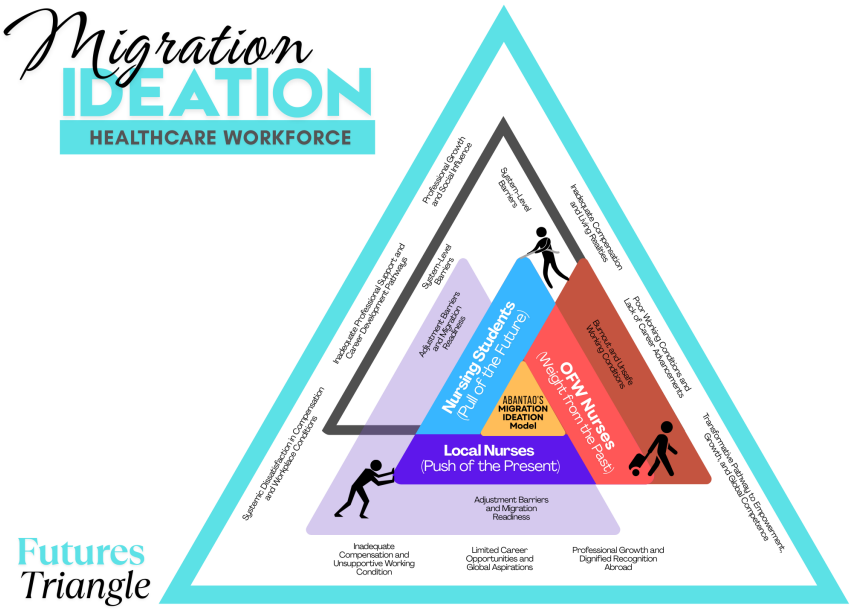

Figure 2. *Abantao's Migration Ideation Model*

5.0 Contributions of Authors

Jose A. Abantao Jr.: conceptualization, data gathering, data analysis
Dr. Jose Marlon J. Refuncion Jr.: conceptualization, data gathering, data analysis
Dr. Marife M. Lacaba: conceptualization, methods utilization, data analysis

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7.0 Conflict of Interests

There is no conflict of interest.

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