International Journal of Sustainability and Advanced Integrated Research
Volume 2, Issue 2 (April-June 2026) | ISSN: 3107-7854
DOI: https://doi.org/10.65339/ijsair.V2.I2.639

Understanding Nurse Turnover in Island-Based District Hospitals: Building Strategies for Retention and Workplace Support

Wella Kristina P. Pe
Graduate School, Palawan State University, Puerto Princesa City, Palawan, Philippines

Publication history: Received: May 11, 2026; Revised: June 15, 2026; Accepted: June 18, 2026
Email of Corresponding Author: 202350121@psu.palawan.edu.ph

Abstract

This study explored the lived experiences, workplace challenges, and contextual factors influencing nurse turnover at Coron District Hospital, an island-based district hospital in Palawan. Anchored on the Job Demands–Resources Model, Maslow's Hierarchy of Needs, Benner's From Novice to Expert Theory, Leininger's Transcultural Nursing Theory, and Johnson's Behavioral System Model, the study examined how organizational and contextual conditions shaped nurses' retention and resignation decisions. A qualitative descriptive research design was employed using semi-structured interviews with ten purposively selected participants, composed of five currently employed nurses and five former nurses who had resigned within the past one to three years. Data were analyzed through thematic analysis. Findings showed that nurses experienced supportive teamwork, camaraderie, and collegial relationships; however, these positive conditions were weakened by resource limitations, inadequate staffing, heavy workload, burnout, delayed salary, insufficient compensation, limited benefits, unclear promotion pathways, leadership inconsistency, transportation and housing concerns, geographic isolation, and family-related obligations. Delayed salary, workload imbalance, career stagnation, and weak organizational support emerged as major reasons for dissatisfaction and resignation. The study concluded that nurse turnover was shaped by cumulative demographic, professional, organizational, and island-based contextual factors rather than a single cause. It recommended timely salary release, improved compensation, staffing reforms, workload redistribution, leadership development, career progression pathways, mentorship, adequate resources, psychosocial support, and context-sensitive assistance such as housing and transportation support. The study aligned with SDG 3, SDG 4, SDG 8, SDG 16, and SDG 17 by addressing healthcare quality, professional development, decent work, institutional governance, and coordinated workforce responses. Its sustainability impact lies in strengthening healthcare workforce stability, service continuity, institutional support, and equitable access to care in geographically isolated healthcare settings.

Keywords: Burnout, Compensation, Coron District Hospital, Island-Based Hospital, Nurse Retention, Nurse Turnover, Staffing Shortage, Thematic Analysis, Workload

1. Introduction

Nurse turnover remains a major concern in healthcare because it affects workforce stability, patient safety, quality of care, and institutional sustainability. In island-based hospitals such as Coron District Hospital in Palawan, retention becomes more challenging because of geographic isolation, limited staffing, heavy workloads, compensation concerns, leadership conditions, and restricted career development opportunities. This study explored the lived experiences, workplace challenges, and contextual factors influencing nurse turnover in Coron District Hospital to develop retention-supportive strategies grounded in nurses' narratives.

1.1 Nurse Turnover and Retention in Coron District Hospital

Coron District Hospital was a community-oriented medical institution managed by the Provincial Government of Palawan and served the residents of Busuanga and Coron. As an island-based district hospital, it provided essential obstetric, pediatric, medical, outpatient, and delivery room services. However, rural nurses often struggled with work-life balance because of excessive workloads, long working hours, insufficient salary or compensation, and manpower shortages, which contributed to stress, burnout, and job dissatisfaction (Chavez-Nicer et al., 2024). These concerns reflected wider nursing workforce issues. Globally, the projected shortage of nurses and midwives by 2030 and the turnover patterns in China showed how limited workforce supply and professional constraints contributed to nurse departures (Zhu et al., 2021). In the Philippines, the International Council of Nurses recognized the country as a major source of nurses for Organization for Economic Co-operation and Development nations, with around 240,000 Filipino nurses employed overseas (Buchan & Catton, 2020). Career plateauing also affected retention because limited advancement could reduce job satisfaction, commitment, and productivity while increasing resignation intention (DiRenzo et al., 2021). Senior nurses may experience stagnation when they perceive limited opportunities for development and fulfillment (Tamata & Mohammadnezhad, 2023).

Thus, strategic career planning and institutional support are necessary to reduce attrition and strengthen the nursing workforce (Fasbender et al., 2019).

1.2 Workplace Challenges, Job Satisfaction, and Career Plateau in Nurse Turnover

The literature showed that nursing shortages were linked to inadequate qualified educators, high turnover, and inequitable workforce distribution (Haddad et al., 2020). Career plateauing remained an important concern because its relationship with professional calling was not fully understood despite its effect on career development (DiRenzo et al., 2021). Nurses worked in stressful settings, and poor nurse well-being could increase medical errors, weaken teamwork, and reduce healthcare quality and safety (Samuelsson et al., 2018). Global nursing shortages were also shaped by policy barriers, training challenges, attrition, and nurse stress influenced by individual, educational, organizational, and managerial factors (Tamata & Mohammadnezhad ,2023). The COVID-19 pandemic intensified nursing challenges by affecting nurses' duties and increasing healthcare demands (Sadang, 2021). Nurses raised concerns about family safety, welfare, overwork, and undercompensation (Crisostomo, S. 2020). In the Philippines, understaffing, inadequate infrastructure, low compensation, limited education, fatigue, equipment shortages, and mental health concerns became more evident, while proposed responses included education, improved compensation, mental health assistance, telehealth, public-private partnerships, and international collaboration (Corpuz, 2023). Job satisfaction, engagement, collaboration, leadership, and work environment were central to retention. Filipino nurses often reported moderate job satisfaction, with workload and compensation as major concerns (Legaspi et al., 2019). High turnover affected healthcare workers and patients through longer waiting times, lower care quality, and emotional and physical stress (Lindquist, 2023). Nurse engagement was shaped by the meaning of work and collaboration within the unit (Ubas-Sumagaysay et al., 2020), while organizational commitment included affective commitment, continuation commitment, and normative commitment (Amilhamja et al., 2024). Studies emphasized that job satisfaction, resources, leadership, and burnout influenced nurses' decisions to leave hospitals and the profession (Skillman et al., 2022). Compensation, professional growth, autonomy, and educational benefits helped reduce resignation intentions (Carthon et al., 2021). Support from nurse leaders, especially for newly graduated nurses, strengthened retention and organizational loyalty (Failla et al., 2022), while training programs supported learning, development, and work engagement (Tripathy, 2020). Collaboration also improved job satisfaction and reduced resignation tendencies through shared goals, conflict resolution, professional relationships, and cooperation (Marcomini et al., 2024). A favorable practice environment improved satisfaction, reduced burnout, and lowered intention to leave, while adverse environments involving errors, staffing shortages, and insufficient personnel weakened patient safety (Barandino et al., 2019). Healthcare organizations needed to improve work environments to reduce burnout and its effects on nurses, patients, and the system (Villarante et al., 2023). Rural nurses experienced limited workforce supply, poor work-life balance, staff shortages, and restricted professional development, which increased dissatisfaction and turnover (Chavez-Nicer et al., 2024). Labrague et al. (2020) also identified job dissatisfaction, burnout, and psychological strain as determinants of nurses' intention to leave. Burnout and job satisfaction strongly predicted turnover intention (Cornito et al., 2020). Higher work engagement was associated with lower burnout and turnover intention, better patient care, and improved retention (Falguera et al., 2022). Among Filipino nurses, burnout contributed to resignations, career changes, and emigration, while structural causes included inadequate compensation, delayed benefits, understaffing, excessive workloads, and job insecurity (Rowalt, et al., 2023). Career stagnation could be addressed through promotion, professional development, organizational support, skills enhancement, long-term career goals, clear job descriptions, and definite promotion strategies (Zhu et al., 2021; Zhu, et al., 2019; Abd-Elwareth, et al., 2022). Toxic leadership and workplace discrimination also limited professional growth (Ali Alkhatib, et al., 2024; Kondo et al., 2023). Nurses' difficult work conditions, inadequate pay, family obligations, lack of official job titles, and need for career progression required targeted support (Cao et al., 2021). Even with high career satisfaction, burnout symptoms may remain significant, requiring regular assessment of satisfaction and burnout levels (Eseadi, et al., 2020).

1.3 Nurse Workforce Shortages in Local, National, and Global Healthcare Contexts

Globally, nurse turnover was influenced by attrition, stress, workforce maldistribution, policy limitations, and barriers in training and recruitment. Nationally, the Philippines continued to face workforce challenges as many Filipino nurses pursued overseas employment for better compensation, opportunities, and career advancement (Buchan & Catton, 2020). Pandemic-related pressures further exposed understaffing, inadequate infrastructure, low compensation, and limited mental health support in the Philippine healthcare system (Corpuz, 2023). Locally, Coron District Hospital represented an island-based setting where geographic isolation, limited resources, staffing shortages, workload demands, compensation issues, leadership practices, and career development opportunities shaped nurses' workplace experiences. These conditions made nurse retention important because resignations could affect service continuity, patient care quality, and community healthcare sustainability.

1.4 Theoretical and Conceptual Foundations of Nurse Turnover in an Island-Based District Hospital

This study was anchored on theories explaining how workplace conditions influenced satisfaction and turnover. The Job Demands–Resources Model developed by Bakker and Demerouti (2001) explained how job demands, such as workload, staffing shortages, and emotional strain, contributed to burnout, while job resources, such as supportive leadership,

adequate compensation, professional development, and positive work relationships, promoted motivation, satisfaction, and retention. Maslow's Hierarchy of Needs explained how compensation, safety, manageable workload, belongingness, recognition, and career advancement shaped nurses' motivation and satisfaction. The findings of Dones et al. (2016) supported the link between nurses' satisfaction and the fulfillment of needs in the professional practice environment. Patricia Benner's "From Novice to Expert" Theory explained how nurses at different professional stages may experience the workplace differently, while Madeleine Leininger's Transcultural Nursing Theory emphasized the social, cultural, and organizational context of island-based nursing practice. Dorothy Johnson's Behavioral System Model further explained how workload, lack of support, and inadequate resources may create stress, reduced performance, and withdrawal behaviors such as resignation. The conceptual framework viewed nurse turnover as shaped by nurses' demographic and professional background, workplace experiences, and retention-related decisions. It focused on assigned unit, years of experience, length of service, employment status, professional setting, management and leadership, compensation and benefits, workload and staffing, and career growth and development as bases for identifying retention-supportive strategies.

1.5 Research Gap and Rationale for Exploring Nurse Turnover at Coron District Hospital

Although nurse turnover has been widely studied, many studies focused on urban, mainland, or acute care hospitals. Limited attention was given to island district hospitals, where geographic isolation, resource limitations, staffing constraints, socio-cultural conditions, and organizational challenges may intensify turnover. This gap emphasized the need to understand how island-based healthcare settings shape nurse satisfaction, burnout, career stagnation, and resignation decisions. This study addressed that gap by exploring the lived experiences, workplace challenges, and contextual factors influencing nurse turnover at Coron District Hospital. It examined how current and former nurses described organizational conditions, leadership support, compensation, workload, staffing, career development, and reasons for staying or leaving. Through semi-structured interviews and narrative inquiry, the study aimed to generate context-specific findings to guide retention strategies for island-based healthcare institutions.

1.6 Alignment of Nurse Retention in Coron District Hospital with Relevant Sustainable Development Goals (SDGs)

This study aligned with SDG 3, Good Health and Well-Being, because nurse retention affected healthcare quality, service continuity, and patient safety in an island-based community. It also related to SDG 8, Decent Work and Economic Growth, because it examined compensation, staffing, workload, job satisfaction, work-life balance, burnout, and career development as part of sustainable working conditions for nurses. The study also connected to SDG 4, Quality Education, through training, professional development, continuing education, mentorship, and career growth opportunities. It supported SDG 16, Peace, Justice, and Strong Institutions, by emphasizing leadership, management, organizational support, and institutional decision-making. It also related to SDG 17, Partnerships for the Goals, because the literature recognized public-private partnerships, international collaboration, and coordinated responses to healthcare workforce challenges (Corpuz, 2023).

1.7 Nurse Retention as a Multidisciplinary Sustainability Concern in Island-Based Healthcare

The study contributed to public health sustainability by addressing nurse turnover as a workforce issue affecting patient care quality, service continuity, and healthcare access in an island-based district hospital. It also supported socio-economic sustainability by examining compensation, workload, working conditions, and job security as factors influencing nurses' decisions to stay or leave. The study further supported educational, professional, institutional, and governance sustainability by emphasizing training, mentorship, specialization, career development, leadership, management, staffing systems, and workplace interventions. In the context of Coron District Hospital, the findings may guide hospital administrators, the Nursing Services Department, the Provincial Government of Palawan, the Department of Health, and future researchers in developing retention-supportive strategies for geographically isolated healthcare settings.

2. Material and methods

2.1 Research Design

This study employed a qualitative descriptive research design to explore the factors influencing nurse turnover in an island-based district hospital, specifically Coron District Hospital, Palawan. This design was appropriate because it examined lived experiences, workplace realities, and the meanings participants gave to their professional decisions (Sandelowski, 2000; Polit & Beck, 2021). Qualitative descriptive research is widely used in nursing and health services research because it allows the investigation of professional experiences, organizational issues, and contextual challenges in real-world healthcare settings (Colorafi & Evans, 2016). Semi-structured interviews were used as the primary method because they allowed systematic yet flexible exploration of participants' experiences in their own words (Kallio et al., 2016). The data were analyzed using thematic analysis to identify, organize, and interpret patterns of meaning across participant responses (Braun & Clarke, 2006). This design was aligned with the study's focus on nurse turnover as an experiential, organizational, and context-dependent phenomenon.

2.2 Locale of the Study

The study was conducted at Coron District Hospital in Palawan, an island-based district hospital serving the healthcare needs of the local community. The setting was appropriate because the study focused on nurse turnover within a geographically isolated healthcare institution where staffing concerns, workload demands, and organizational conditions may shape nurses' retention and resignation decisions.

2.3 Respondents of the Study

The respondents were current and former nurses of Coron District Hospital who had direct experience with the hospital's work environment. The study included ten participants, composed of five currently employed nurses, whether regular or contractual, and five nurses who had resigned from the institution within the past one to three years. This allowed the study to capture both retention and turnover perspectives.

2.4 Sample and Sampling Procedure

Participants were selected through purposive sampling, a non-probability sampling technique used in qualitative method research to identify individuals with direct and relevant experience of the phenomenon being studied (Palinkas et al., 2015). Participants were required to have prior or current employment experience at Coron District Hospital. Participation was voluntary and followed ethical standards for research involving human participants.

2.5 Research Instrument

The primary instrument was a researcher-developed semi-structured interview guide designed to explore the lived experiences, workplace challenges, and contextual factors influencing nurse turnover and retention at Coron District Hospital. The guide was developed from literature on nurse turnover, workforce retention, burnout, leadership, job satisfaction, and organizational support. The instrument had two major components adapted from the study of Leodoro J. Labrague, Darlene M. McEnroe-Petitte, Konstantinos Tsaras, and Paul C. Colet (2018) titled Factors Influencing Turnover Intention Among Registered Nurses in Samar, Philippines. The first part gathered demographic and professional information such as assigned hospital area or unit, years of experience, length of service, and employment status. The second part consisted of open-ended questions on professional setting, management and leadership, compensation and benefits, workload and staffing, career growth and development, support systems, and experiences related to retention or resignation. The semi-structured format allowed consistency across interviews while giving participants the freedom to explain their experiences in their own words (Kallio et al., 2016). The guide was reviewed and refined based on feedback from the research adviser and panel to improve clarity, thematic alignment, and methodological consistency.

2.6 Data Gathering Procedure

Before data collection, the researcher secured the necessary administrative and ethical clearances. The research protocol underwent adviser and panel review, followed by ethics approval. Formal authorization was obtained from the Dean of the Graduate School, the Chief of Hospital, and the Nursing Service Office of Coron District Hospital. Participants were recruited through purposive and voluntary engagement. Invitation letters were distributed personally or through email, phone, or social media, especially for former nurses. Each invitation explained the purpose of the study, eligibility criteria, voluntary participation, confidentiality safeguards, and expected interview duration. Data were collected through semi-structured interviews conducted face-to-face or remotely, depending on participant availability and preference. The interviews focused on lived experiences, workplace perceptions, organizational challenges, and factors influencing retention or resignation. Due to ethical and practical considerations, interviews were documented through detailed note-taking and immediate post-interview summarization rather than audio recording, a valid strategy when recording may limit openness or is impractical (Halcomb & Davidson, 2006; Phillippi & Lauderdale, 2018). Informed consent was obtained before each interview, and participants were assured that they could decline or withdraw at any time without consequence.

2.7 Data Analysis Techniques

The data were analyzed using qualitative thematic analysis to examine the lived experiences, workplace challenges, and contextual factors influencing nurse turnover. Since the study followed a qualitative descriptive design, analysis focused on meanings, recurring patterns, and thematic insights rather than statistical relationships or numerical trends. Interview notes, field notes, and narrative summaries were reviewed for completeness, clarity, and consistency. Each participant was assigned a unique identifier to protect anonymity. Since interviews were documented through note-taking and post-interview summarization, the analysis emphasized essential meanings and recurring experiences from participant narratives (Halcomb & Davidson, 2006). Thematic analysis followed the framework of Braun and Clarke (2006). Responses were read repeatedly, significant statements were identified, and initial codes were developed from data related to leadership, workload, staffing, compensation, career stagnation, workplace relationships, and organizational support. Related codes were grouped into broader themes, including professional setting, leadership and management, compensation and benefits, workload and staffing, career development, and retention or resignation decisions. Both deductive and inductive reasoning were used. Deductive analysis was guided by the research questions and conceptual framework, while inductive analysis

allowed emerging themes to arise from participants' narratives. Themes were reviewed and refined to ensure coherence and accurate representation of participants' experiences (Nowell et al., 2017). Findings were presented in narrative form.

2.8 Ethical Considerations

The study followed ethical principles for research involving human participants. Before data collection, the research protocol was reviewed and approved by the institutional ethics review board of Don Mariano Memorial State University. Administrative authorization was also secured from the Dean of the Graduate School, the Chief of Hospital, and the Nursing Service Office of Coron District Hospital. Informed consent was obtained from all participants. The researcher explained the study's purpose, procedures, duration, possible risks and benefits, and voluntary nature in English or Filipino. Participants were informed that refusal or withdrawal would have no penalty and would not affect employment status, professional relationships, or access to services. Confidentiality and anonymity were maintained by assigning code numbers to participants and excluding identifying information from the analysis and reporting. Consent forms, notes, and electronic files were securely stored and accessible only to the researcher, while advisers and panel members could review only anonymized data. Because the study explored workplace experiences and resignation, possible emotional discomfort was considered. Participants could decline any question they found sensitive or uncomfortable. All data will be retained for five years after completion of the study and then permanently destroyed. No financial or material incentives were given. The researcher committed to presenting the findings accurately and ethically, upholding respect for persons, beneficence, and justice.

3. Results and Discussion

3.1 Demographic and Professional Characteristics of Nurses

3.1.1 Assigned Hospital Work Area and Work Position

The results showed that the largest group of respondents was assigned to the Operating Room, comprising 3 out of 10 respondents or 30.0%. This was followed by those assigned to OB and Delivery, with 2 respondents or 20.0%. The remaining respondents were distributed across Emergency Care, Medical/Surgical Ward, OB and Delivery, and combined hospital work areas, each representing 10.0%. In terms of work position, Nurse I formed the largest group with 3 respondents or 30.0%, followed by 2 respondents or 20.0% who did not specify their position. The remaining positions, including Nurse II, Clinical Nurse I, ER Supervisor, OR/ER Nurse, and Ward/OB Nurse, each accounted for 10.0%. The distribution of assigned work areas suggested that many respondents were placed in high-demand clinical units, particularly the Operating Room and OB and Delivery. These areas usually involve intensive, procedure-oriented, and high-acuity care, which may increase workload, time pressure, and critical decision-making demands. Assigned hospital area is important because it shapes nurses' work experiences and satisfaction levels (Kieft et al., 2014). Previous studies also linked high-demand units to stress and burnout among nurses (Chang et al., 2025; Li et al., 2025; Mathew et al., 2025). The greater number of Nurse I respondents reflected workforce patterns where entry-level nurses provide much of the direct service delivery (Alibudbud, 2023), while the limited representation of higher-level roles may indicate constraints in career progression, mentorship, and leadership opportunities. Supportive leadership and structured career pathways are important for workforce stability and job satisfaction (Ventimiglia et al., 2026).

3.1.2 Years of Experience and Length of Service

In terms of years of experience, 4 respondents or 40.0% had more than 10 years of experience, followed by 3 respondents or 30.0% with 1–3 years of experience. Those with 4–10 years of experience accounted for 2 respondents or 20.0%, while only 1 respondent or 10.0% had less than 1 year of experience. For length of service in Coron District Hospital, 4 respondents or 40.0% had served for 1–5 years, 3 respondents or 30.0% had served for more than 10 years, 2 respondents or 20.0% had served for less than 1 year, and 1 respondent or 10.0% had served for 6–10 years. These findings revealed a mixed workforce composed of both early-career and long-serving nurses, with fewer respondents in the mid-career range. This may suggest possible retention challenges during the mid-career stage, when nurses often reassess their career direction and organizational commitment (Pressley & Garside, 2023). The low number of respondents in the 4–10 years of experience and 6–10 years of service categories may indicate gaps in sustained retention during a critical professional period. Such patterns may be influenced by limited advancement opportunities, workload pressure, and organizational support systems (Tamata & Mohammadnezhad, 2023).

3.2 Lived Workplace Experiences and Organizational Conditions

3.2.1 Work Environment, Teamwork, and Resource Limitations

The qualitative findings showed that nurses generally described the work environment as supportive, collaborative, and encouraging. Respondents emphasized teamwork, camaraderie, mutual respect, and cooperative relationships among staff. Several participants noted that supportive interpersonal relationships helped new nurses adjust and facilitated patient care. However, respondents also reported resource and infrastructure limitations, including lack of medical equipment, inadequate supplies, limited machines for optimal care, and high patient volume, especially during peak hours. These findings showed that positive interpersonal relationships existed alongside persistent structural challenges. Teamwork and

collegial relationships supported job satisfaction and psychological well-being among nurses (Lucas et al., 2025). However, these relational strengths may function as coping mechanisms rather than proof of ideal working conditions, especially when nurses rely on peer support to manage systemic limitations (Bragadóttir et al., 2023). The lack of resources and high patient demand reflected excessive job demands that may lead to stress and burnout when not balanced by adequate resources, consistent with the Job Demands–Resources model (Bakker & Demerouti, 2007).

3.2.2 Leadership and Management Experiences

The findings revealed mixed leadership experiences among respondents. Some nurses described their managers as approachable, supportive, receptive to feedback, and responsive to staff needs, which made them feel valued and encouraged to remain in the hospital. However, other respondents reported leadership inconsistency, poor communication, favoritism, power-related issues, and organizational politics. One respondent described a shift from supportive to strict leadership after a change in management, which contributed to dissatisfaction and resignation. These results indicated that leadership was a critical but inconsistent factor in nurse retention. Supportive supervision can strengthen job satisfaction, but poor communication, unfairness, and inconsistent leadership may reduce trust and increase dissatisfaction. Leadership style, particularly fairness, communication, and support, plays an important role in shaping job satisfaction and turnover intention among nurses (Pattali et al., 2024). The coexistence of positive supervisory relationships and dissatisfaction with higher-level management may reflect a layered leadership structure where immediate supervisors may reduce, but not fully resolve, broader organizational issues (Mikkelson et al., 2017).

3.2.3 Workload, Staffing, Burnout, and Work-Life Balance

The results showed that staffing shortages and workload imbalance were among the most common concerns reported by respondents. Many nurses described heavy workloads, unpredictable schedules, long shifts, and insufficient staffing. Some respondents reported burnout, emotional fatigue, and difficulty maintaining work-life balance. Burnout and excessive workload were identified as direct reasons for resignation by some former nurses, while commuting difficulty, isolation after shifts, and night duty further added to workplace strain. These findings emphasized that workload and staffing problems strongly influenced job satisfaction and turnover decisions. The findings suggested that prolonged exposure to high workload demands may accumulate over time and lead to dissatisfaction, especially among more experienced nurses. Sustained workload and inadequate staffing have been identified as significant predictors of burnout, reduced well-being, and turnover among nurses (Bae et al., 2024; Galanis et al., 2025). This means that nurse retention requires not only increasing staff numbers but also improving scheduling, workload distribution, and work-life support.

3.2.4 Compensation, Benefits, Career Growth, and Reasons for Resignation

The results showed that delayed salary was a dominant concern among respondents and was repeatedly identified as a reason for resignation. Nurses also reported inadequate compensation, limited benefits, high cost of living, lack of recognition, and weak reward systems. Career growth concerns also emerged, particularly prolonged contractual status, lack of permanent positions, unclear promotion pathways, and limited long-term career opportunities. Respondents who had served longer expressed increasing frustration with delayed salary, lack of advancement, and organizational inefficiencies. These findings showed that compensation and career development were major drivers of dissatisfaction and resignation. Even when nurses experienced supportive peer relationships, weak compensation systems and limited advancement opportunities undermined long-term retention. These concerns relate to Herzberg's motivation–hygiene theory, where salary, job security, and working conditions are hygiene factors that can cause dissatisfaction when inadequate. The findings also suggested that dissatisfaction develops over time when expectations for stability, recognition, and advancement remain unmet. Cumulative workplace experiences play an important role in shaping retention decisions (Kiptulon et al., 2025).

3.3 Proposed Support Systems and Retention Strategies

The findings supported the development of several retention strategies for Coron District Hospital. These included a compensation and financial stability program to address delayed salary, payroll monitoring, incentive policies, and hazard pay; a workforce optimization and staffing program to improve recruitment, nurse-patient ratios, scheduling, and workload distribution; and a leadership development and governance program to strengthen leadership training, communication, feedback mechanisms, participatory decision-making, and fairness. Other proposed strategies included a career development and retention pathway program, a resource and facility strengthening program, an employee wellness and psychosocial support program, and a context-sensitive staff support program addressing housing, transportation, and flexible work arrangements. These proposed strategies reflected the need to address nurse retention as a multifactorial issue shaped by compensation, workload, leadership, career development, resources, psychosocial well-being, and geographic realities. Compensation was not only a financial matter but also a sign of organizational stability and trust. Inadequate compensation contributes to dissatisfaction even when other workplace conditions are favorable, consistent with Herzberg's motivation–hygiene theory, and previous studies identified compensation as a key predictor of retention and organizational commitment among healthcare workers (Alanazi et al., 2023; Kaban & Kulsum, 2023; Sutanto et al., 2023). Workload imbalance also needed attention because sustained high workload contributes to burnout and turnover

(Nantsupawat et al., 2022). Leadership development was necessary because communication and leadership style influence engagement and workplace satisfaction (Mikkelson et al., 2017). Career pathways were also essential because mid- to late-career nurses are vulnerable to turnover when professional growth opportunities are limited (Price & Reichert, 2017; Rhéaume et al., 2025). Finally, geographic isolation, transportation, housing, and family-related concerns showed that retention strategies in island-based hospitals must address both organizational and contextual conditions to strengthen workforce stability in geographically isolated and disadvantaged settings.

4. Conclusion & Recommendations

The study concluded that nurse turnover at Coron District Hospital was influenced by a combination of demographic, professional, organizational, and contextual factors. The respondents represented both newly employed and long-serving nurses assigned mostly in demanding clinical areas, particularly the Operating Room and OB and Delivery, with fewer mid-career nurses indicating possible workforce discontinuity. Although nurses experienced supportive peer relationships, teamwork, and collegiality, these were not enough to offset persistent challenges such as inadequate staffing, resource limitations, heavy workload, burnout, delayed salary, insufficient compensation, limited recognition, unclear career advancement, leadership inconsistency, and island-based concerns such as transportation, housing, geographic isolation, and family obligations. Overall, nurse retention and resignation were shaped by cumulative workplace, organizational, and contextual conditions rather than by a single factor.

It is recommended that the Provincial Government of Palawan, Department of Health, Coron District Hospital administration, Nursing Services Department, staff nurses, interdisciplinary health workers, patients, community stakeholders, and future researchers work together to strengthen nurse retention through integrated and context-sensitive strategies. These include timely salary release, improved compensation and incentives, housing and transportation support, staffing improvements, workload redistribution, leadership development, fair communication systems, regular staffing audits, adequate resources and equipment, transparent career progression, regularization and promotion pathways, mentorship, continuing professional development, wellness and psychosocial support, interprofessional collaboration, and constructive community feedback. Future studies should also include larger and more diverse samples across island-based or geographically isolated hospitals, compare retention practices across healthcare settings, conduct longitudinal or intervention-based research, and include perspectives from hospital leaders, policymakers, and interdisciplinary professionals.

The study was limited to ten current and former nurses from Coron District Hospital, which may restrict the transferability of the findings to other hospitals or healthcare settings. Since the study focused on one island-based district hospital, the results reflected the specific organizational and contextual realities of Coron District Hospital and may not fully represent the experiences of nurses in urban, tertiary, or other geographically isolated institutions. The study also centered mainly on nurses' perspectives, while the views of hospital leaders, policymakers, interdisciplinary health workers, and other stakeholders were not extensively included.

Compliance with ethical standards

This study was conducted in accordance with ethical principles for research involving human participants. Participant confidentiality and anonymity were maintained by assigning code numbers and excluding identifying information from the analysis and reporting. Consent forms, notes, and electronic files were securely stored and accessible only to the researcher, while advisers and panel members were allowed to review only anonymized data. Participants were informed of possible emotional discomfort related to discussing workplace experiences and resignation, and they were allowed to decline any question they found sensitive or uncomfortable. No financial or material incentives were provided, and the researcher committed to presenting the findings accurately and ethically, upholding respect for persons, beneficence, and justice.

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