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Factors Leading to Nurse Staff Turnover and Effective Workforce Management Strategies by Nurse Administrators among Selected Hospitals in Cavite

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Abstract

The Philippines leads the world in exporting nurses, yet local hospitals face shortages due to high staff turnover. This study examined factors influencing nurse turnover and the workforce management strategies nursing administrators use to retain staff and maintain operations. A quantitative descriptive-correlational design was employed, surveying 80 participants—40 staff nurses and 40 nurse administrators. Descriptive statistics analyzed mean responses, while chi-square and Pearson's correlation assessed relationships between variables. Findings revealed that external factors ($\bar{x}$ = 3.48) and institutional factors ($\bar{x}$ = 2.71) are the primary drivers of staff nurse turnover, whereas job reactions ($\bar{x}$ = 2.30) and personal characteristics ($\bar{x}$ = 2.50) have minimal impact. Nursing administrators actively implement retention strategies ($\bar{x}$ = 3.84) and burnout mitigation ($\bar{x}$ = 3.71), supported by skill development ($\bar{x}$ = 3.50) and role flexibility ($\bar{x}$ = 3.45) to maximize limited staffing resources. Correlations showed varying associations between demographic profiles, turnover factors, and management strategies. The study underscores the need to address external and institutional pressures to reduce turnover while enhancing weaker workforce management strategies. These insights provide practical guidance for hospital administrators aiming to strengthen staff retention, optimize nursing resources, and maintain quality care in the face of persistent staffing challenges.

Keywords: Nurse Turnover, Staff Retention, Workforce Management Strategies, Nursing Administration, Healthcare Staffing, Retention Strategies, Burnout Mitigation, Skill Development, Skill Flexibility, Philippines

Introduction

Nurses play a critical role in the delivery of hospital-based healthcare services and are widely regarded as essential contributors to patient safety, quality of care, and institutional functioning. Their clinical competence, combined with their capacity to provide continuous patient support, positions them as integral members of the healthcare workforce. The effective operation of hospitals is therefore highly dependent on the availability and stability of nursing personnel.

In the Philippines, the demand for nurses has long exceeded supply, a situation that has been further intensified in recent years. Following the COVID-19 pandemic, nurse shortages have worsened due to increasing rates of nurse staff turnover. According to Bautista (2022), the nurse-to-population ratio in the country remains significantly inadequate, with only approximately 90,205 nurses available despite an estimated national requirement of 300,470 nurses. As a result of this shortage, some hospital wards have been forced to suspend operations, and delays in emergency care have been reported due to insufficient nursing manpower. Evidence suggests that overcrowding and low patient–nurse ratios contribute to adverse patient outcomes, including mortality within emergency care settings (Valli et al., 2021).

Despite experiencing domestic nurse shortages, the Philippines remains one of the world's leading exporters of nurses. Hilario (2023) reported that approximately one in every 20 nurses employed in the United States is Filipino, accounting for nearly 150,000 Filipino nurses who have migrated since the 1960s. Nurse migration has been attributed to multiple factors, including low wages, excessive workloads associated with understaffing, inadequate employment benefits, unsafe working conditions, and delayed compensation. High turnover rates further exacerbate these challenges, as remaining nurses are required to assume additional responsibilities, resulting in increased workload, occupational stress, reduced job satisfaction, and a heightened intention to leave the organization. This cyclical pattern contributes to persistent staffing instability within healthcare institutions.

Understanding the factors that influence nurse staff turnover has therefore become a priority for nursing administrators. High turnover rates have been shown to negatively affect nurses, patients, and institutional performance outcomes (Hejiden, Le Blanc, & Breukelen, 2018). A sustained shortage of nursing staff may lead to diminished job satisfaction, reduced work performance, decreased motivation, and weakened organizational commitment among remaining nurses, thereby increasing the likelihood of further turnover. This study seeks to examine the factors contributing to nurse staff turnover and to identify effective workforce management strategies employed by nurse administrators in hospital settings. By exploring these factors and strategies, the study aims to provide evidence-based insights that may support nurse administrators in managing staffing challenges and maintaining quality healthcare delivery despite persistent nurse shortages.

Statement of the Problem

This study sought to determine factors affecting nurse staff turnover and effective workforce management strategies by nurse administrators in selected hospitals in Cavite. Specifically, it will seek answers to the following questions:

1.What is the demographic profile of the respondents:

Staff nurses

- Area of assignment;
- Age;
- Sex;
- Civil status;
- Years of experience as a staff nurse;
- Years of working in the current institution;
- Hospital category (public or private); and
- Monthly salary?

Nursing administrators

- Age;
- Sex;
- Civil status;
- Position;
- Years of experience as a nurse administrator; and
  - vi Hospital category (public or private);

What are the factors leading to staff nurse turn over, in terms of:

  - External factors;
  - Institutional factors;
  - Employees' reaction to the job; and
  - Employees' characteristics?

What are the effective workforce management strategies of nursing administrators, in terms of:

- Retention strategies;
- Skill development;
- Burnout mitigation; and
- Skill flexibility?

Is there a significant relationship between the factors leading to nurse staff turnover and effective workforce management strategies?

Review of Related Literature

This section presents current studies on the factors leading to nurse staff turnover, effective workforce management strategies, and their impact on patient outcomes. Literature from both the Philippines and international sources was reviewed, including longitudinal, cross-sectional, and systematic review studies.

Staff Turnover in Healthcare

Nurse turnover significantly impacts healthcare systems worldwide. In the United States, hospital turnover increased to 25.9% in 2022, with each registered nurse turnover costing approximately $46,100, resulting in losses between $5.2 and $9 million per hospital annually (NSI National Health Care Retention and RN Staffing Report, 2022). High turnover rates are associated with low employee engagement, burnout, and early retirement, further exacerbated by increased workloads during the COVID-19 pandemic (Willard-Grace et al., 2019; Allgeyer et al., 2022; Hamlin, 2023).

In the Philippines, the nursing shortage is compounded by migration, limited active nurses, and poor compensation. Although there are over 951,000 registered nurses, only 53.55% are actively practicing, with approximately 316,000 working abroad (GMA News, 2023; Dela Pena, 2023). Region 4A, for instance, had a nurse-to-patient ratio of 1:7,422 in 2022, which contributes to burnout and subsequent turnover. Entry-level nurses earn as low as 8,000–22,000 pesos per month, while overseas nurses earn significantly higher salaries, making migration a financially rational choice (Alibudbud, 2023).

Factors Leading to Staff Turnover

Turnover arises from multiple, interrelated factors. External factors include labor market opportunities, policy changes, and demographic pressures, such as an aging population requiring increased healthcare services (Atella et al., 2019; Philippines News Agency, 2023). Institutional factors, including poor work

environment, lack of recognition, and low pay, influence nurses' job satisfaction and retention. Employee reactions, such as unmet expectations, low involvement, and dissatisfaction, are significant predictors of turnover (Rakhmitania, 2022). Individual characteristics—age, tenure, aptitude, and personal traits—also affect nurses' decisions to leave, demonstrating that turnover is a dynamic and multifactorial process.

Workforce Management Strategies

Healthcare institutions implement various strategies to reduce turnover and retain staff. Retention strategies focus on improving loyalty and commitment through recognition, benefits, and employee well-being initiatives (Chamanga et al., 2020). Skill development, including role enhancement and role enlargement, equips nurses with broader competencies, allowing them to perform multiple tasks efficiently in understaffed settings. Burnout mitigation programs address physical, emotional, and mental exhaustion via wellness programs, flexible scheduling, resilience training, and social support (Khatabeh et al., 2022). Skill flexibility, including role delegation and substitution, ensures continuity of care despite staffing shortages.

Relationship Between Staff Turnover and Patient Outcomes

Turnover directly impacts patient outcomes. High nurse-to-patient ratios are associated with longer hospital stays, preventable deaths, higher readmission rates, and lower patient satisfaction (Aiken et al., 2018; Levins, 2023; Aina, 2020). Simulation studies indicate that as nurse workloads increase, quality of care declines and nurses experience greater stress and job dissatisfaction, which perpetuates turnover (Beng et al., 2019). Implementing effective workforce management strategies can reduce burnout, improve nurse retention, and indirectly enhance patient outcomes.

Research Gap

Although previous studies have explored turnover and workforce strategies, there is limited research examining how specific management strategies can sustain hospital operations despite high turnover rates. This study addresses this gap by investigating both turnover factors and workforce management strategies simultaneously, aiming to provide actionable insights for nursing administrators in similar settings.

Conceptual Framework

This study examines two primary factors in hospital nursing: nurse staff turnover and effective workforce management strategies. To conceptualize these, two established frameworks were adapted and integrated. The first framework, by Greyling and Stanz (2010), identifies four major determinants of nurse turnover: external factors, institutional factors, employee job reactions, and employee characteristics. Turnover is defined as the voluntary departure of an employee despite monetary compensation (Mobley, 1981). External factors include influences beyond organizational control, such as labor market opportunities, policy changes, and insufficient government support for healthcare staffing. Institutional factors refer to workplace conditions, including poor environment, inadequate recognition, low compensation, and mismatched job roles. Employee reactions, including job satisfaction, involvement, and unmet expectations, influence the likelihood of leaving (Rakhmitania, 2022). Finally, employee characteristics—age, tenure, aptitude, and personal traits—interact with workplace conditions, affecting retention decisions. Collectively, these factors create a dynamic, interrelated process that impacts both nurse well-being and institutional efficiency.

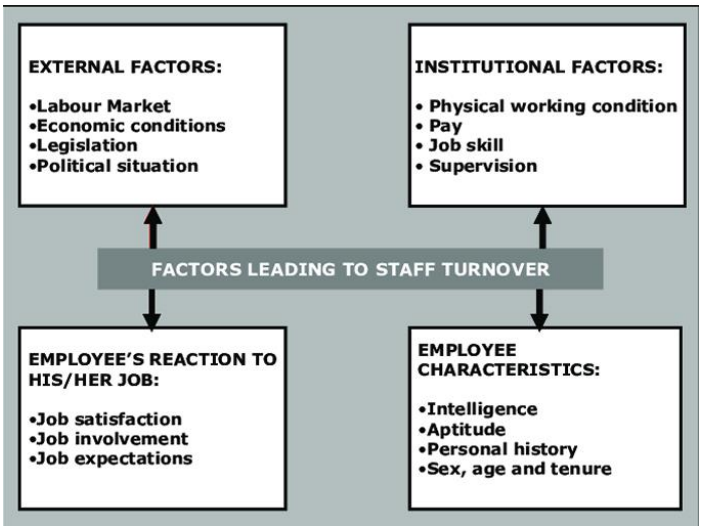

Figure 1. Factors Leading to Nurse Staff Turnover

This figure illustrates the four primary factors contributing to nurse turnover in healthcare settings, showing how external and internal elements interact with individual characteristics and job reactions to influence employees' decisions to leave.

The second framework, adapted from Dubois and Singh (2009), focuses on effective workforce management strategies. Modifications were made to align with the Philippine context, emphasizing nursing administrators' management strategies while excluding elements beyond managerial control (e.g., organizational context, patient outcomes, staff mixing). Key strategies include retention strategies (promoting loyalty and commitment through recognition, benefits, and well-being initiatives) and skill development (role enhancement and enlargement to maximize nurse versatility). Burnout mitigation addresses chronic stress through wellness programs, flexible scheduling, resilience training, and social support, reducing a primary cause of turnover (Khatabeh et al., 2022). Skill flexibility enables nurses to perform multiple roles, ensuring operational continuity in understaffed environments.

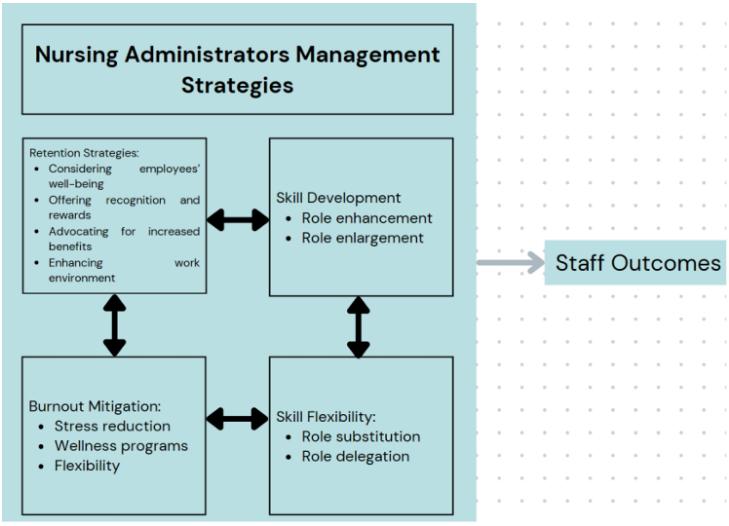

Figure 2. Workforce Management Strategies for Nursing Administrators

This figure depicts the key strategies employed by nursing administrators to optimize workforce performance, highlighting retention, skill development, burnout mitigation, and skill flexibility as critical components for sustaining staff stability.

Together, these frameworks provide a cohesive foundation for this study, guiding the development of research instruments and analysis of the relationships between turnover factors, management strategies, and nurse demographic characteristics. By integrating these perspectives, the study identifies not only the determinants of staff turnover but also actionable strategies for nurse administrators to sustain workforce stability and maintain quality care.

Methods

Research Design

This study employed a quantitative descriptive-correlational research design to systematically examine the relationship between nurse staff turnover and workforce management strategies. The design allowed for the collection of numerical data to identify factors contributing to nursing staff turnover among staff nurses, as well as strategies employed by nurse administrators to manage workforce challenges.

Specifically, the study utilized both descriptive and inferential statistical methods. Descriptive analysis summarized demographic profiles and measured levels of staff turnover and workforce management strategies, while correlation analysis assessed the relationships between workforce management strategies and staff turnover rates. Additionally, the study examined potential correlations between the demographic characteristics of staff nurses and nurse administrators and their survey responses.

Sampling and Participants

The study involved two groups of respondents:

1. Staff nurses (n = 40) – to determine factors affecting nurse staff turnover
2. Nurse administrators (n = 40) – to examine effective workforce management strategies

A total of 80 participants were included. Convenience and purposive sampling techniques under non-probability sampling were employed to select respondents who met the inclusion criteria. Participants were selected based on their availability, role (staff nurse or nurse administrator), and hospital location within Cavite.

Inclusion criteria:

- Staff nurses with at least one year of clinical experience
- Nurse administrators with managerial experience in hospital settings

Exclusion criteria:

- Nurses or administrators unavailable during data collection
- Hospitals outside Cavite

Data Collection Procedure

Data were collected using a self-developed questionnaire grounded in established literature and validated by research panelists. The questionnaire underwent a pilot study, yielding reliability coefficients of 0.90 and 0.95, indicating excellent reliability.

Responses were measured on a 4-point Likert scale:

- 4 = Strongly Agree
- 3 = Agree

- 2 = Disagree
- 1 = Strongly Disagree

The questionnaire consisted of two sections for each respondent group:

1. **Staff nurses**
   - Demographics: age, sex, civil status, area of assignment, years of experience, hospital category, and monthly salary
   - Domains: external factors, institutional factors, employee's reaction to job, employee characteristics (6 questions per domain; total 24 questions)
2. **Nurse administrators**
   - Demographics: age, sex, civil status, position, years of experience, hospital classification
   - Domains: retention strategies, skill development, burnout mitigation, skill flexibility (6 questions per domain; total 24 questions)

In total, the questionnaire contained 48 questions covering both the factors leading to nurse staff turnover and the effective workforce management strategies employed by nurse administrators.

Data Analysis

Quantitative data were analyzed using descriptive statistics to summarize demographics and responses to each domain. Pearson correlation analysis was performed to determine the relationships between workforce management strategies and staff turnover rates, as well as any correlations between respondents' demographic characteristics and their responses. Statistical significance was considered at $p < 0.05$.

Ethical Considerations

An ethical reviewer from the institution evaluated and approved the study prior to data collection. Participation was voluntary, with informed consent obtained from all respondents. All responses were anonymized to maintain confidentiality, and participants were free to withdraw at any point without any consequences.

Scope and Limitations

This study focused on staff nurses and nurse administrators from selected hospitals within Cavite, Philippines, with a total of 80 participants (40 staff nurses and 40 nurse administrators). Staff nurses were required to be registered, while nurse administrators were expected to have completed at least a master's degree. Data were collected over a period of two months (March to May) using online questionnaires administered through Google Forms.

The study examined two primary factors: (1) the determinants of nursing staff turnover, and (2) effective workforce management strategies implemented by nurse administrators. Its aim was to identify the challenges faced by hospitals in retaining and managing their nursing workforce and to explore strategies designed to mitigate staff turnover.

The research was geographically limited to Cavite, and findings may not be generalizable to other regions or countries. Only selected hospitals were included, and a representative sample of nurses and administrators was used due to time constraints. The study focused on organizational and workforce-level factors and did not explore individual nurse perspectives in depth. Additionally, the study did not

investigate how turnover or management strategies directly impacted patient outcomes or organizational performance.

Results

Demographic Profile of the Respondents

Table 1: Demographic Profile of Staff Nurses

Demographic Variable	Frequency (f)	Percentage (%)
Area of assignment		
Intensive Care Unit	7	17.5
Medical-Surgical	11	27.5
Dialysis	3	7.5
Operating Room	6	15.0
Delivery Room	2	5.0
Emergency Department	11	27.5
Age		
22-25 years old	13	32.5
26-29 years old	8	20.0
30-34 years old	8	20.0
35-39 years old	7	17.5
40 years old and above	4	10.0
Sex		
Female	26	65.0
Male	14	35.0
Civil Status		
Single	28	70.0
Married	12	30.0
Years of experience		
1 – 4 years	23	57.5
5 – 9 years	7	17.5
10 – 14 years	7	17.5
15 years and above	3	7.5
Years of working in the current institution		
1 – 4 years	30	75.0
5 – 9 years	7	17.5
10 years and above	3	7.5
Hospital Category		
Public	20	50.0
Private	20	50.0
Monthly Salary		
₱10,000 - 19,999	2	5.0
₱20,000 - 24,999	17	42.5
₱25,000 - 29,999	14	35.0

₱30,000 above	7	17.5

Table 2: Demographic Profile of Nursing Administrators

Demographic Variable	Frequency (f)	Percentage (%)
Age		
25-29 years old	6	15.0
30-34 years old	15	37.5
35-39 years old	8	20.0
40-44 years old	4	10.0
45-49 years old	5	12.5
50 years old and above	2	5.0
Sex		
Female	24	60.0
Male	16	40.0
Civil Status		
Single	12	30.0
Married	28	70.0
Position		
Assistant Chief Nurse	2	5.0
Director of Nursing	3	7.5
Nurse Manager	11	27.5
Nursing Supervisor	24	60.0
Years of experience		
1 – 4 years	21	52.5
5 – 9 years	8	20.0
10 – 14 years	7	17.5
15 years and above	4	10.0
Hospital Category		
Public	10	25.0
Private	30	75.0

Factors Leading to Staff Nurse Turnover

Table 3: Mean distribution on the factors leading to staff nurses turnover in terms of external factors

Statements	Mean	Standard Deviation	Interpretation
1. I believe nursing as a profession is currently in high demand and that other institutions are in dire need of nurses.	3.80	.464	Strongly Agree
2. I am planning to move to other institutions due to better offers and compensation.	3.10	.871	Agree

3. I have experienced sudden change in healthcare legislation such as prolonged working hours	3.25	.870	Agree
4. I am considering working abroad due to the salary being not enough to sustain my living.	3.55	.749	Strongly Agree
5. I think that the government does not give too much attention nor fund adequately on the healthcare field.	3.60	.672	Strongly Agree
6. I have noticed that there are more patients than ever currently than before, resulting to an increased workload.	3.63	.667	Strongly Agree
Grand Mean	**3.4875**	**.45352**	**Strongly Agree**

Table 3 shows that staff nurses strongly agreed that external factors influence turnover (grand mean = 3.49), with high demand for nurses rated highest ($\bar{x}$ = 3.80) and plans to move for better compensation rated lowest ($\bar{x}$ = 3.10).

Table 4: Mean distribution on the factors leading to staff nurses turn over in terms of institutional factors

Statements	Mean	Standard Deviation	Interpretation
1. I believe that the physical working conditions in my institution are unideal.	2.83	.903	Agree
2. I experienced accidents or delays in providing patient care due to poor physical working conditions.	2.78	.920	Agree
3. I believe that my salary does not equate well to the amount of work and effort I do.	3.35	.700	Strongly Agree
4. I believe that my job does not align with my skill set and expertise.	2.22	.768	Disagree
5. I am unsatisfied with the supervision and guidance provided by my supervisors.	2.35	.770	Disagree
6. I feel like my organization does not value me as an employee and that I do not get recognized.	2.73	1.086	Agree
Grand Mean	**2.7083**	**.68329**	**Agree**

Table 4 indicates that staff nurses generally agreed that institutional factors contribute to turnover (grand mean = 2.71), with perceived salary inequity rated highest ($\bar{x}$ = 3.35) and job–skill mismatch rated lowest ($\bar{x}$ = 2.22).

Table 5: Mean distribution on the factors leading to staff nurses turn over in terms of employees' reaction to job

Statements	Mean	Standard Deviation	Interpretation
1. I am not satisfied with my job due to how stressful it is.	2.48	.784	Disagree
2. I am not satisfied with my job's current salary and benefits.	3.28	.784	Strongly Agree
3. I feel like I have low level of involvement in my current job.	1.93	.526	Disagree
4. I feel like I do not contribute to achieving my institution's goals and objectives.	1.82	.501	Disagree
5. I feel like there is no career growth in my job.	2.20	.758	Disagree
6. I feel like my job is far from what I have studied and expected.	2.10	.709	Disagree
Grand Mean	**2.3000**	**.45947**	**Disagree**

Table 5 shows that staff nurses generally disagreed that employees' reactions to the job contribute to turnover (grand mean = 2.30), with dissatisfaction with salary and benefits rated highest ($\bar{x}$ = 3.28) and perceived lack of contribution to institutional goals rated lowest ($\bar{x}$ = 1.82).

Table 6: Mean distribution on the factors leading to staff nurses turn over in terms of employees' characteristics

Statements	Mean	Standard Deviation	Interpretation
1. I find my job to be boring and lacks challenges to make it interesting	1.98	.920	Disagree
2. I find that my sex affects how I deliver or render patient care	2.35	1.167	Disagree
3. I find that what my intelligence or what I have studied is not used in my profession	2.03	.733	Disagree
4. I have had experienced personal history in the past (abuse, traumatic experiences, etc.) that made me want to quit my job	2.80	1.181	Agree
5. I find it hard to have a good work-life balance due to my job	3.33	.829	Strongly Agree
6. I find that how others perceive my age affects how I render patient care	2.50	1.013	Disagree
Grand Mean	**2.4958**	**.72941**	**Disagree**

Table 6 shows that staff nurses generally disagreed that employee characteristics contribute to turnover (grand mean = 2.50). However, difficulty in maintaining work–life balance received the highest rating ($\bar{x}$ = 3.33, strongly agree), followed by the influence of past personal experiences ($\bar{x}$ = 2.80, agree). Other

characteristics, including job boredom, sex, age, and perceived underutilization of skills, were rated as disagreeing factors.

Tables 3 to 6 summarize the factors influencing staff nurse turnover across external, institutional, employee reaction, and employee characteristic domains. Overall, external factors emerged as the strongest contributors, with high demand for nurses, increasing workload, and systemic issues such as insufficient government support driving turnover. Institutional factors, particularly salary inequity, also influenced turnover, though to a lesser extent, while employees' reactions to the job were generally minor contributors, except for dissatisfaction with salary and benefits.

Among employee characteristics, most aspects—including job boredom, age, sex, and underutilization of skills—were rated as minimal influences. Notable exceptions were difficulty maintaining work–life balance and prior personal experiences, which had moderate impact. Collectively, these results indicate that turnover is primarily driven by external pressures and compensation-related concerns, while institutional and individual factors play secondary roles, highlighting the need for interventions that address systemic conditions alongside organizational policies to retain nursing staff effectively.

Effective Workforce Management Strategies of Nursing Administrators

Table 7: Mean distribution on the effective workforce management strategies of nursing administrators in terms of retention strategies

Statements	Mean	Standard Deviation	Interpretation
1. I consider the well-being of my staff in their decision-making processes and promote a positive work environment.	3.95	.221	Strongly Agree
2. I acknowledge the hard work of my staffs by giving them recognition and reward.	3.77	.480	Strongly Agree
3. I advocate for increased salary for my staffs.	3.67	.526	Strongly Agree
4. I advocate for increased benefits for my staffs.	3.80	.405	Strongly Agree
5. I create and maintain a good work environment that is conducive for work.	3.88	.335	Strongly Agree
6. I maintain open communication and transparency with my staffs.	3.98	.158	Strongly Agree
Grand Mean	**3.8417**	**.21665**	**Strongly Agree**

Table 7 shows that nursing administrators strongly agreed on the use of retention strategies ($\bar{x}$ = 3.67–3.98). The highest mean score was for maintaining open communication and transparency with staff ($\bar{x}$ = 3.98). Although advocating for increased salary obtained the lowest mean ($\bar{x}$ = 3.67), it still reflected strong agreement among respondents.

Table 8: Mean distribution on the effective workforce management strategies of nursing administrators in terms of skill development

Statements	Mean	Standard Deviation	Interpretation
1. I encourage my staffs to apply for advanced education and certification	3.53	.599	Strongly Agree
2. I provide financial support and assistance to my staffs willing to undergo advanced education or certification.	3.17	.781	Agree
3. I provide opportunities for cross-training within the organization	3.80	.405	Strongly Agree
4. I assign a registered nurse to coordinate and lead the onboarding process for new hires such as training sessions.	3.60	.545	Strongly Agree
5. I assign a registered nurse as a charge nurse to oversee the nursing unit.	3.70	.464	Strongly Agree
6. I assign a nursing aide as responsible for basic patient assessment, developing treatment planning and implementation, and performing procedures such as IV and IFC insertion	3.20	.966	Agree
Grand Mean	**3.5000**	**.40999**	**Agree**

Table 8 indicates strong agreement among nursing administrators regarding skill development strategies, with cross-training opportunities rated highest ($\bar{x}$ = 3.80) and financial support for advanced education rated lowest, though still reflecting agreement ($\bar{x}$ = 3.17).

Table 9: Mean distribution on the effective workforce management strategies of nursing administrators in terms of burnout mitigation

Statements	Mean	Standard Deviation	Interpretation
1. I routinely conduct assessments such as surveys to assess for burnout of my staffs.	3.75	.543	Strongly Agree
2. I routinely inquire and ask my staffs problems and dilemmas at work and provide solutions to it, if any.	3.87	.335	Strongly Agree
3. I plan wellness programs such as outings or celebrations to lessen the stress of my staffs.	3.62	.490	Strongly Agree
4. I assist or employ more available staffs, if possible, to reduce the demanding workloads of my staffs.	3.67	.526	Strongly Agree
5. I strategically plan a flexible schedule so that my staffs can manage their working hours for a good work-life balance.	3.80	.405	Strongly Agree

6. I provide and give access to mental health resources and support services.	3.55	.552	Strongly Agree
Grand Mean	**3.7125**	**.33331**	**Strongly Agree**

Table 9 shows strong agreement among nursing administrators on burnout mitigation strategies, with routinely checking on staff concerns and providing solutions rated highest ($\bar{x}$ = 3.87).

Table 10: Mean distribution on the effective workforce management strategies of nursing administrators in terms of skill flexibility

Statements	Mean	Standard Deviation	Interpretation
1. I allow my staffs to switch from their usual role to another.	3.62	.586	Strongly Agree
2. I train my nursing aides on the roles and responsibilities of a registered nurse.	3.23	.698	Agree
3. I train my registered nurses on the roles and responsibilities of a medical technologist such as collecting samples.	3.60	.591	Strongly Agree
4. I train my registered nurses on the roles and responsibilities of a pharmacist such as managing medication supplies.	3.27	.640	Strongly Agree
5. I train my registered nurses on the roles and responsibilities of a physician such as conducting basic physical assessments	3.30	.758	Strongly Agree
6. I train my registered nurses on the roles and responsibilities of a respiratory therapist such as administering and monitoring basic respiratory treatments.	3.65	.483	Strongly Agree
Grand Mean	**3.4458**	**.40892**	**Strongly Agree**

Table 10 shows strong agreement among nursing administrators on skill flexibility strategies, with training nurses on respiratory therapy roles rated highest ($\bar{x}$ = 3.65).

Tables 7 to 10 summarize the mean distribution of nursing administrators' effective workforce management strategies. Overall, retention strategies were the most strongly implemented, with open communication, creating a positive work environment, and acknowledging staff efforts rated highest. Administrators also emphasized skill development, particularly through cross-training and assigning leadership roles, although financial support for advanced education received slightly lower agreement. Burnout mitigation and skill flexibility were also actively practiced, with administrators routinely checking on staff concerns, planning wellness programs, and providing flexible scheduling. Training nurses across different roles, including respiratory therapy and allied health functions, further demonstrated efforts to enhance workforce adaptability. Collectively, these strategies indicate that nursing administrators proactively implement policies and practices aimed at retaining staff nurses, addressing both professional growth and well-being to reduce turnover.

Table 11: Relationship between the factors leading to nurse staff turnover and effective workforce management strategies

		External Factors	Institutional Factors	Employees' Reaction to the Job	Employees' Characteristics
Retention Strategies	Correlation Coefficient	.242	.289	.005	.154
	Sig. (2-tailed)	.132	.070	.975	.342
	N	40	40	40	40
Skill Development	Correlation Coefficient	.173	.000	.058	.218
	Sig. (2-tailed)	.285	.999	.724	.176
	N	40	40	40	40
Burnout Mitigation	Correlation Coefficient	.241	.202	.284	**.399***
	Sig. (2-tailed)	.133	.211	.076	.011
	N	40	40	40	40
Skill Flexibility	Correlation Coefficient	**-.346***	.030	.151	-.010
	Sig. (2-tailed)	.029	.853	.353	.953
	N	40	40	40	40

Table 11 shows the correlation analysis between factors leading to nurse staff turnover and effective workforce management strategies revealed varying relationships. Retention strategies showed a moderate positive correlation with institutional factors ($r = 0.289$, $p = 0.070$). Skill development had a weak positive correlation with employees' characteristics ($r = 0.218$, $p = 0.176$), while burnout mitigation demonstrated a significant positive correlation with employees' characteristics ($r = 0.399$, $p = 0.011$). Skill flexibility exhibited a significant negative correlation with external factors ($r = -0.346$, $p = 0.029$).

The findings of this study highlight the relationship between factors leading to staff nurse turnover and the effective workforce management strategies employed by nursing administrators. Retention strategies were moderately associated with institutional factors, suggesting that organizational conditions such as salary, recognition, and work environment are somewhat aligned with efforts to retain staff. Skill development showed a weak positive correlation with employees' characteristics, indicating a limited association between strategies like cross-training or professional growth opportunities and individual traits of staff nurses.

Burnout mitigation strategies demonstrated a significant positive correlation with employees' characteristics, emphasizing that initiatives such as wellness programs, flexible schedules, and mental health support are more strongly related to personal experiences or challenges faced by staff nurses. Conversely, skill flexibility exhibited a significant negative correlation with external factors, reflecting

that measures such as role-switching and cross-functional training may not directly align with external influences, such as workload demands, government support, or opportunities outside the organization. Overall, these results indicate that while nursing administrators actively implement workforce management strategies, the strength and nature of their relationships with the different turnover factors vary across domains.

Conclusion

Staff nurses in the selected hospitals in Cavite identified external factors as the most influential contributors to turnover, with high demand for nurses, increasing workloads, and perceived insufficiency of government support in healthcare as the most agreed-upon reasons. These findings suggest that broader environmental and systemic conditions heavily influence nurses' intentions to leave, emphasizing that turnover is not solely driven by internal organizational issues. Institutional factors, including salary inequities, lack of recognition, and suboptimal working conditions, were also significant contributors, although they were rated slightly lower than external factors. On the other hand, employees' reactions to their jobs and personal characteristics had a smaller overall impact. Notably, issues such as difficulty in achieving work-life balance and prior personal experiences, including traumatic events, did receive moderate agreement, indicating that individual experiences still play a role, but the structural and external pressures remain the primary drivers of turnover among staff nurses. This suggests that addressing nurse retention requires both organizational interventions and consideration of broader systemic challenges affecting healthcare professionals.

Nursing administrators, in contrast, demonstrated strong implementation of effective workforce management strategies across multiple domains aimed at retaining staff and improving job satisfaction. Retention strategies, such as maintaining open communication, fostering a positive work environment, acknowledging hard work, and advocating for increased benefits and salary, were rated highest, showing that administrators prioritize creating a supportive and transparent workplace. Skill development strategies, including cross-training, assigning leadership roles, and encouraging professional growth, were also widely employed, though financial support for advanced education received slightly lower agreement. Burnout mitigation efforts, such as regular check-ins with staff, flexible scheduling, and wellness initiatives, were highly rated, highlighting administrators' awareness of chronic stress and emotional exhaustion as critical barriers to retention. Additionally, skill flexibility measures, including training nurses for multi-role responsibilities, further demonstrate administrators' proactive approach to maximize workforce efficiency. These findings illustrate that administrators are actively employing diverse strategies to address turnover and enhance workforce stability, with particular focus on creating an environment where nurses feel valued, supported, and equipped to handle diverse responsibilities.

Overall, the study demonstrates a dynamic relationship between the factors contributing to nurse turnover and the strategies employed by nursing administrators. External and institutional factors were identified as the strongest contributors to staff nurses' turnover, while administrators' efforts in retention, skill development, burnout mitigation, and skill flexibility reflect deliberate strategies to address these challenges. Correlation analysis indicated varying degrees of association between specific factors and management strategies, suggesting that while some interventions directly align with turnover causes, others may target broader organizational resilience. Collectively, the findings provide a comprehensive understanding of the interplay between staff nurse turnover and managerial strategies, highlighting areas

where interventions are effective and where further attention may be needed to enhance retention and workforce satisfaction.

Recommendations

To address staff nurse turnover, hospitals should focus on mitigating the strongest factor identified—external pressures such as workload, staffing shortages, and insufficient support from governing bodies. Implementing flexible schedules, hiring additional staff, and collaborating with government agencies for better policies and compensation can help reduce these pressures and improve retention.

For workforce management strategies, nursing administrators should continue the strong practices already in place, such as open communication, recognition, cross-training, and burnout mitigation programs. Efforts should be made to strengthen the weaker areas, particularly financial support for advanced education and expanded role flexibility, ensuring staff development and satisfaction are consistently prioritized.

Despite these efforts, a notable disconnect exists between management strategies and staff retention, as nurses still leave even when administrators implement recommended practices. This highlights the need for a future study that directly measures the correlation between actual workforce management strategies and staff nurse responses. Understanding this dynamic can reveal gaps between perception and reality, providing actionable insights for administrators to refine strategies, improve alignment with staff needs, and ultimately enhance retention. Such a study could bridge the current disconnect and guide evidence-based improvements in workforce management.

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