IGNATIAN
INTERNATIONAL JOURNAL FOR MULTIDISCIPLINARY RESEARCH
www.icceph.com
ISSN 2984-9942

BURNOUT, RESILIENCE, AND RETENTION AMONG NURSES IN THE PHILIPPINES: A POST-PANDEMIC SYSTEMATIC REVIEW

Emmanuel Chris P. Arcay, RN, MAN

Nursing Services Office, Governor Celestino Gallares Memorial Medical Center, Tagbilaran City, Bohol, Philippines

ABSTRACT

This systematic review conducted from February to May 2026 investigates the relationships among burnout, resilience, and retention among nurses in the Philippines and comparable global contexts during the post-pandemic period (2020–2025). In accordance with PRISMA 2020 guidelines, 24 peer-reviewed studies were selected after screening 1,126 records from PubMed, Scopus, CINAHL, Google Scholar, and HERDIN. Thematic analysis was used to synthesize data, and the Joanna Briggs Institute (JBI) checklist was applied for quality appraisal. The findings demonstrate that burnout remains highly prevalent among nurses, primarily due to structural factors such as staffing shortages, excessive workloads, and inadequate compensation. Resilience consistently emerged as a protective factor that mitigates psychological distress and turnover intention. Nevertheless, burnout remains a strong predictor of reduced retention across various settings. The review concludes that although resilience-based interventions offer benefits, comprehensive organizational reforms are necessary to enhance nurse retention in the Philippines.

Keywords: *burnout, resilience, retention, nurses, Philippines, systematic review*

INTRODUCTION

The COVID-19 pandemic exacerbated persistent structural and systemic challenges in global healthcare systems, with nurses bearing the greatest occupational burden as frontline providers of direct patient care. In addition to the immediate demands of pandemic response, nurses faced prolonged working hours, increased clinical acuity,

emotional trauma resulting from patient mortality, and elevated occupational risk. In low- and middle-income countries, such as the Philippines, these pressures were intensified by pre-existing health system constraints, including chronic understaffing, suboptimal nurse-to-patient ratios, limited institutional resources, low remuneration, and ongoing workforce migration to higher-income countries.

Within this context, burnout has become a critical occupational health concern. Lafraxo et al. (2026) define burnout as an occupational phenomenon resulting from chronic workplace stress that has not been successfully managed, characterized by emotional exhaustion, depersonalization, and reduced professional efficacy. In nursing, burnout is both a psychological condition and a systemic outcome of sustained exposure to excessive job demands and inadequate organizational support. Empirical evidence indicates that burnout undermines individual well-being and organizational outcomes, leading to reduced job satisfaction, compromised quality of care, and increased workforce attrition (Alibudbud, 2023). In the Philippines, burnout is increasingly recognized as a structural driver of nursing shortages, as affected nurses often transition to non-clinical roles or seek employment abroad for improved working conditions and compensation.

Conversely, resilience has been identified as a key protective psychological construct that may mitigate the adverse effects of occupational stress among nurses. Resilience is defined as the capacity to adapt positively, recover from adversity, and maintain psychological and functional stability in the face of sustained stressors. Among nursing populations, higher resilience levels are associated with improved coping strategies, reduced emotional exhaustion, and lower turnover intention. For example, Labrague et al. (2021) found that resilience mediates the relationship between workplace stressors and turnover intention among frontline nurses, indicating that resilient individuals are better able to sustain professional engagement despite adverse working conditions.

Despite resilience's protective role, nurse retention remains a persistent and escalating concern in the Philippine healthcare system. High turnover intentions and international migration continue to undermine workforce stability, increasing strain on remaining healthcare personnel and worsening existing staffing shortages. This cyclical pattern, where workforce depletion increases workload demands and intensifies burnout, poses a significant threat to the sustainability of healthcare delivery systems.

Given the interconnectedness of burnout, resilience, and retention, a comprehensive synthesis of existing evidence is essential to understand how these constructs interact within the post-pandemic nursing workforce. This understanding is critical for guiding the development of organizational and policy-level interventions to improve nurse well-being, strengthen workforce stability, and ensure the long-term sustainability of the Philippine healthcare system.

Research Questions

Based on the review findings, the study specifically sought to address the following questions:

1. What are the major organizational and structural factors contributing to burnout among nurses in the Philippines during the post-pandemic period?
2. How does resilience influence nurses' ability to cope with burnout and workplace stress in the post-pandemic healthcare setting?
3. What is the relationship between burnout and nurse retention, including turnover intention and migration intent, among nurses in the Philippines?
4. What organizational factors influence nurse retention in the Philippines, and how do these factors compare with individual psychological factors such as resilience?
5. Based on the existing evidence, what implications can be drawn for organizational practice and health workforce policies to reduce burnout and improve nurse retention in the Philippines?

METHODOLOGY

Design

This study employed a systematic review design guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 statement (Page et al., 2021). The PRISMA framework was utilized to ensure transparency, methodological rigor, and reproducibility throughout the review process, including study identification, screening, eligibility assessment, and inclusion. A systematic review was deemed appropriate because it enables the synthesis of existing evidence regarding burnout, resilience, and retention among nurses in the post-pandemic period.

Data Sources and Search Strategy

A comprehensive literature search was conducted using five electronic databases: PubMed, Scopus, CINAHL, Google Scholar, and the Health Research and Development Information Network (HERDIN). These databases were selected because of their extensive coverage of nursing, healthcare, and regional research publications.

The search strategy combined controlled vocabulary and free-text terms related to the study variables. Keywords included burnout, resilience, retention, turnover intention, nurses, Filipino nurses, Philippines, and post-pandemic healthcare. Boolean operators (AND, OR) were used to combine search terms and optimize retrieval of relevant studies. Searches were limited to articles published between January 2020 and December 2025 to capture evidence generated during and after the COVID-19 pandemic.

Eligibility Criteria

Studies were eligible for inclusion if published between 2020 and 2025 and focused on registered nurses or nursing personnel as the primary population of interest. Eligible studies examined burnout, resilience, retention, or turnover intention as either primary or secondary outcomes and employed quantitative, qualitative, or mixed-method research designs. To ensure methodological quality and accessibility, only articles published in peer-reviewed journals and available in English language were included in the review.

Studies were excluded if they primarily focused on healthcare professionals other than nurses. Additionally, editorials, commentaries, conference abstracts, opinion papers, and other non-empirical publications were excluded because they lacked original research data. Studies that did not report findings related to burnout, resilience, retention, or turnover intention were likewise excluded from the review.

Study Selection Process

The study selection process followed the PRISMA 2020 guidelines. Database searching initially identified 1,126 records. Following duplicate removal and preliminary screening, 808 records remained for title and abstract review. During this stage, 704 studies were excluded because they did not address the review variables or failed to meet the inclusion criteria.

A total of 104 full-text articles were subsequently assessed for eligibility. After full-text review, 80 studies were excluded for non-nursing populations, the absence of relevant outcome measures, or a lack of empirical data. Ultimately, 24 studies met all eligibility criteria and were included in the final qualitative synthesis. The study selection process is presented in the PRISMA flow diagram (Figure 1).

Data Extraction

A structured data extraction form was developed to systematically collect relevant information from each included study. Extracted data included authorship, year of publication, country of origin, study design, sample characteristics, measurement instruments, and key findings related to burnout, resilience, retention, and turnover intention.

Particular attention was given to the instruments used to assess the major variables. Across the included studies, burnout was most frequently measured using the Maslach Burnout Inventory (MBI), resilience was commonly assessed using the Connor-Davidson Resilience Scale (CD-RISC), and retention outcomes were typically evaluated through turnover intention scales or organizational retention indicators.

Data Analysis

A thematic synthesis approach was employed to analyze and integrate findings across studies. Data were reviewed, coded, and categorized according to recurring concepts and patterns related to burnout, resilience, and retention. Themes were developed through iterative comparison of findings across studies and were interpreted using the Job Demands–Resources (JD-R) model and Conservation of Resources (COR) theory as guiding theoretical frameworks.

The synthesis generated four major themes: (1) burnout as a structural and organizational crisis, (2) resilience as a protective psychological factor, (3) the relationship between burnout and retention, and (4) organizational factors influencing retention.

Scope and Limitations

This review was limited to peer-reviewed studies published in English between 2020 and 2025. Consequently, relevant studies published in other languages or contained in gray literature may not have been captured. In addition, although the review sought evidence applicable to the Philippine nursing workforce, many of the included studies originated from international settings, which may limit direct contextual transferability.

Variations in study design, sample characteristics, and measurement instruments across the included studies also limited direct comparison of findings. Nevertheless, the use of thematic synthesis facilitated the identification of consistent patterns and relationships across diverse research contexts.

The study selection process adhered to PRISMA 2020 guidelines to maintain transparency and methodological rigor. An initial search identified 1,126 records across PubMed, Scopus, CINAHL, Google Scholar, and HERDIN. After removing duplicates and irrelevant records, 808 studies advanced to title and abstract screening.

During the screening phase, 704 records were excluded for not being relevant to burnout, resilience, or retention outcomes. This process resulted in 104 full-text articles assessed for eligibility. After full-text review, 80 studies were excluded for lacking nursing-specific populations, relevant outcome variables, or empirical study designs.

Ultimately, 24 studies met all inclusion criteria and were included in the final qualitative synthesis. These studies provided the evidence base for the thematic analysis of burnout, resilience, and retention among nurses in the post-pandemic context.

The PRISMA flow illustrates a rigorous and systematic narrowing process, ensuring that only methodologically relevant and empirically grounded studies were synthesized.

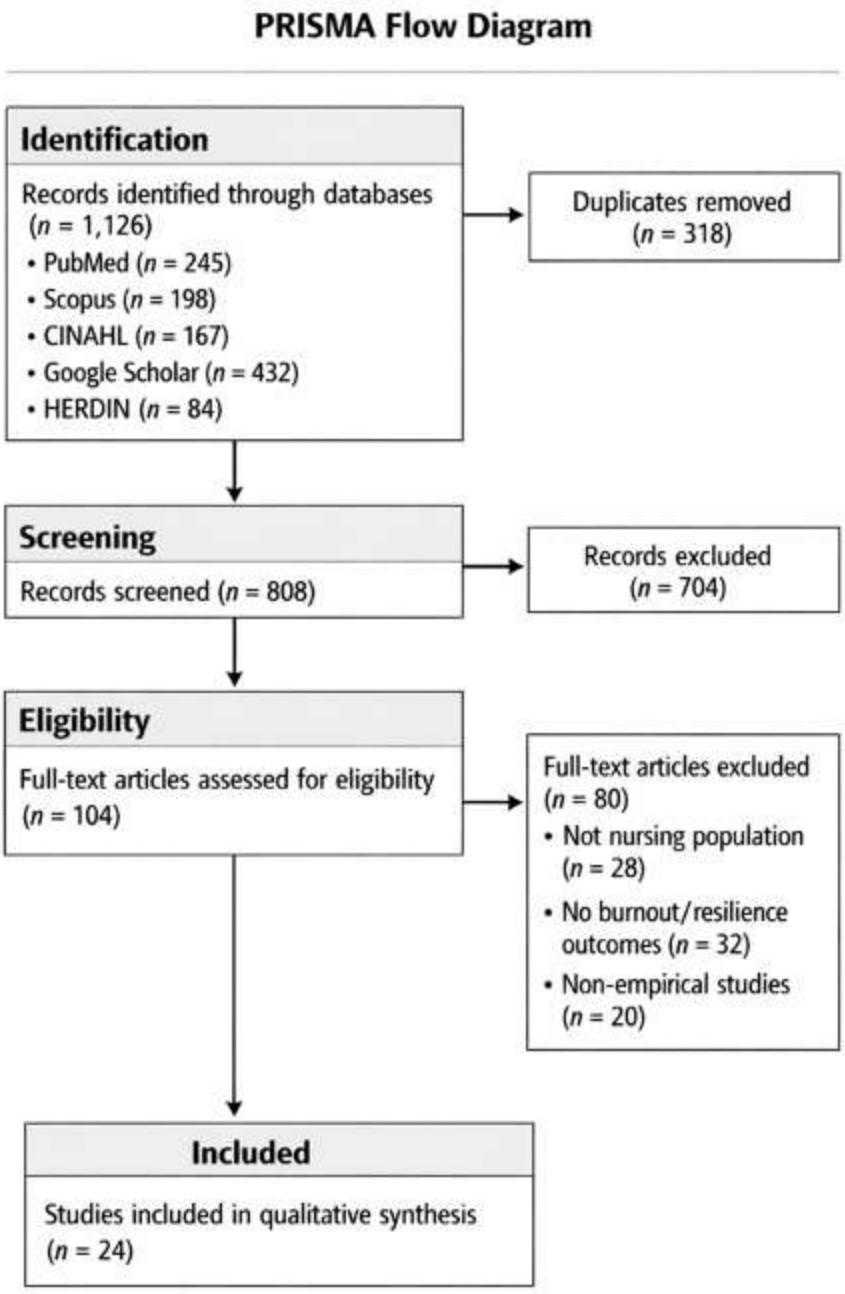

Figure 1. PRISMA Flow Diagram

The 24 included studies demonstrated variability in geographic setting, design, and methodological approach. The majority of studies were cross-sectional quantitative designs, reflecting the predominance of survey-based research in nursing workforce literature. Fewer studies were systematic reviews or mixed-methods studies, which provided a deeper contextual understanding of workforce experiences.

In terms of geographic distribution, most studies originated in Asia and Europe, with global multi-country samples and a limited but significant representation of Philippine-based studies. This distribution highlights both the global relevance of nursing burnout and the need for more localized evidence from the Philippines.

Across studies, sample sizes ranged widely-from small institutional samples of under 200 nurses to large-scale multi-hospital datasets exceeding 1,000 participants. Despite this variation, there was strong consistency in measured variables, with most studies examining:

- Burnout (frequently using the Maslach Burnout Inventory)
- Resilience (e.g., Connor-Davidson Resilience Scale)
- Turnover intention or retention outcomes
- Organizational factors such as leadership support and staffing adequacy

Overall, the study characteristics indicate a high degree of conceptual convergence, despite methodological diversity. This strengthens the validity of the synthesized themes, particularly regarding the consistent association between burnout and turnover intention across diverse settings.

RESULTS

Major Organizational and Structural Factors Contributing to Burnout

Theme 1: Burnout as a Structural and Organizational Crisis

The findings of this systematic review indicate that burnout among nurses constitutes a structural and organizational crisis, rather than an isolated psychological phenomenon, and is embedded within broader health system deficiencies. Across the included studies, burnout was consistently associated with persistent workload overload, chronic understaffing, inadequate compensation, and sustained exposure to morally distressing clinical situations. These conditions reflect systemic inefficiencies in workforce planning, particularly in resource-constrained settings such as the Philippines.

Theoretically, these findings align with the Job Demands–Resources (JD-R) model, which posits that burnout develops when job demands exceed available job resources (Bakker & Demerouti, 2017). Within this framework, excessive workload, emotional labor, and time pressure constitute job demands, while staffing adequacy, leadership support, and institutional resources constitute job resources. Insufficient resources result in sustained energy depletion, leading to emotional exhaustion and depersonalization, which are core dimensions of burnout (Demerouti et al., 2001).

Moral distress also serves as a complementary explanatory lens. It arises when nurses are unable to act in accordance with ethical and professional standards due to institutional constraints, resulting in psychological disequilibrium and emotional

exhaustion (Epstein & Hamric, 2009). During the COVID-19 pandemic, moral distress was widely documented among nurses globally as a consequence of resource scarcity and compromised care standards (Morley et al., 2020). In the Philippine context, these stressors are further intensified by persistent workforce shortages and structural inequities in health service delivery.

Structural stressors are compounded by systemic challenges in the health workforce, documented globally during and after the pandemic, including nurse shortages, workload intensification, and inequitable compensation structures (World Health Organization, 2025; WHO, 2021). In the Philippines, these challenges intersect with persistent issues such as migration-driven attrition, delayed benefits, and uneven distribution of health workers, collectively reinforcing burnout and workforce instability.

Influence of Resilience on Burnout and Workplace Stress

Theme 2: Resilience as a Protective Psychological Factor

Resilience was consistently identified as a protective psychological factor that mitigates the negative effects of workplace stressors. Nurses exhibiting higher resilience experienced lower emotional exhaustion, improved coping capacity, and reduced turnover intention. However, the evidence indicates that resilience primarily functions as a buffering mechanism rather than serving as a structural solution to workplace adversity.

This finding is consistent with the Conservation of Resources (COR) theory, which posits that individuals strive to obtain, retain, and protect valued resources such as energy, emotional stability, and social support (Hobfoll et al., 2018). Resilience constitutes a personal resource that enables nurses to recover from stress and prevent resource depletion. However, under conditions of chronic resource loss, such as sustained understaffing and workload pressure, even resilient individuals eventually experience cumulative burnout.

Recent nursing workforce studies conducted during the post-pandemic period confirm that resilience is inversely associated with burnout but is insufficient to fully counteract structural job demands (García-Vivar et al., 2023; Castillo-González et al., 2024). These findings reinforce the concept that resilience operates within a broader ecological system of workplace determinants, rather than as an independent protective factor.

Resilience is shaped by environmental and organizational conditions. Leadership support, collegial relationships, and psychological safety significantly enhance resilience among nurses (Foster et al., 2020; Wei et al., 2020). This supports a social-ecological perspective, which emphasizes that health outcomes result from interactions among individual, organizational, and policy-level factors.

In the Philippine context, resilience programs are increasingly implemented in healthcare institutions; however, evidence suggests that these interventions are

insufficient without concurrent structural reforms. Overreliance on resilience-building risks individualizing systemic problems and may obscure the need for workforce policy change.

Relationship between Burnout and Nurse Retention

Theme 3: Burnout, Turnover Intention, and Migration

A central finding of this review is the strong and consistent association between burnout and reduced nurse retention. Burnout emerged as a primary predictor of turnover intention, migration intent, and actual workforce departure. Emotional exhaustion and depersonalization were especially influential in shaping nurses' decisions to leave their current positions or seek employment abroad.

The JD-R model further explains this relationship by suggesting that sustained job strain leads to disengagement and withdrawal behaviors, including turnover intention (Bakker & Demerouti, 2017). Additionally, the COR theory posits that individuals experiencing continuous resource loss attempt to protect remaining resources by leaving stressful environments, making turnover and migration rational coping mechanisms (Hobfoll et al., 2018).

Globally, systematic reviews conducted during the post-pandemic period confirm that burnout is one of the strongest predictors of nurse turnover intention across healthcare systems (Falatah, 2021; Zhou et al., 2022). This relationship is especially significant in the Philippines, where international migration is structurally embedded within the nursing profession.

Nurse migration has been widely documented as a "brain drain" in low- and middle-income countries, where global demand for nurses creates strong pull factors, including higher wages and improved working conditions abroad (Bernardo and Santos, 2024). As burnout increases domestically, migration serves as both an economic and psychological coping strategy, further weakening local workforce capacity and reinforcing cyclical shortages.

Conversely, resilience was found to positively influence retention by enhancing psychological commitment and adaptive coping strategies. However, the protective effect of resilience was weaker than the predictive effect of burnout, indicating that reducing burnout is more effective for improving retention than focusing solely on enhancing resilience.

Organizational Factors Influencing Nurse Retention

Theme 4: Organizational Factors Influencing Retention

A critical insight from this review is that organizational factors exert a stronger influence on nurse retention than individual psychological attributes such as resilience.

Leadership support, staffing adequacy, fair compensation, and organizational recognition consistently emerged as key determinants of workforce stability.

This finding is consistent with the JD-R model, which emphasizes that job resources, such as supportive leadership and adequate staffing, buffer the negative effects of job demands and promote engagement (Bakker & Demerouti, 2017). Transformational leadership has been shown to reduce burnout and improve job satisfaction by enhancing communication, trust, and professional empowerment among nurses (Boamah et al., 2018).

Adequate staffing levels were identified as a foundational determinant of retention. Evidence from nursing workforce research demonstrates that improved nurse-to-patient ratios are associated with lower burnout, better patient outcomes, and increased job satisfaction (Bourgault, 2022). These findings reinforce the conclusion that retention is fundamentally a systems-level outcome rather than an individual behavioral issue.

From a policy perspective, these findings underscore the need for structural reforms within the Philippine healthcare system. Although the Philippine Nursing Act of 2002, as Republic Act No. 9173 (Labarinto and Asto, 2022), provides a regulatory framework for nursing practice, implementation gaps persist in enforcing staffing requirements, ensuring wage competitiveness, and protecting the nursing workforce.

Similarly, the Universal Health Care Act under Republic Act No. 11223 (Nisperos and Ornos, 2022) provides a strong policy foundation for health system strengthening; however, workforce sustainability has not yet been fully operationalized through staffing norms and retention strategies. Aligning workforce policy with UHC implementation is essential to address burnout-driven attrition.

Without addressing these structural determinants, interventions focused solely on resilience training or individual coping strategies are unlikely to yield sustainable improvements in workforce retention.

Implications for Organizational Practice and Health Workforce Policy

Synthesized evidence demonstrates that sustainable improvements in nurse well-being and workforce retention depend on organizational and policy interventions targeting the structural determinants of burnout. Across the included studies, excessive workloads, chronic understaffing, inadequate compensation, limited leadership support, and organizational resource constraints consistently emerged as primary contributors to burnout and turnover intention. These findings indicate that organizational efforts should prioritize staffing adequacy, leadership support, healthy work environments, and recognition of nurses' contributions, rather than relying exclusively on resilience-building interventions.

The review further demonstrates that although resilience is an important protective factor, it is insufficient to counteract persistent organizational stressors. Therefore,

resilience programs should be integrated with broader workplace interventions that reduce excessive job demands and enhance organizational resources.

At the policy level, these findings underscore the need to strengthen workforce planning and retention strategies within the Philippine healthcare system. The evidence indicates that enhancing staffing standards, ensuring competitive compensation, supporting equitable workforce distribution, and strengthening implementation of existing nursing and health workforce policies are essential to reducing burnout and improving nurse retention. Overall, the synthesized findings emphasize that workforce sustainability relies primarily on organizational and systems-level reforms rather than individual coping strategies.

DISCUSSION

The results of this systematic review provide strong support for the view that nurse burnout is primarily a systems-level occupational phenomenon, rather than an individual psychological deficit. The synthesized evidence indicates that burnout consistently arises from prolonged exposure to high job demands combined with inadequate organizational resources, including understaffing, excessive workload, time pressure, and limited institutional support. This pattern aligns with the Job Demands–Resources (JD-R) theory, which posits that burnout develops when chronic job demands exceed the available physical, psychological, and organizational resources needed to address them (Bakker & Demerouti, 2017; Demerouti et al., 2001).

Within this framework, emotional exhaustion is a predictable physiological and psychological response to sustained energy depletion in high-demand environments. In nursing, this response is intensified by the emotional labor of patient care, where nurses must consistently regulate their emotions while managing clinical complexity, moral responsibility, and time constraints. When job resources such as adequate staffing, supervisory support, and effective workflows are lacking, nurses are unable to recover from daily stressors. Over time, this imbalance accelerates burnout and increases withdrawal behaviors, including reduced organizational commitment and greater turnover intention.

The findings further demonstrate that burnout is not solely an individual experience but is embedded within broader health system inefficiencies, especially in resource-constrained settings such as the Philippines. Chronic understaffing and workforce migration create a feedback loop: reduced staffing increases workloads, which in turn exacerbates burnout among the remaining nurses. This cycle perpetuates workforce instability and undermines the capacity for effective service delivery.

Resilience consistently emerged as a protective psychological factor that moderates the effects of occupational stress. However, the evidence indicates that resilience primarily serves as a buffering mechanism rather than a structural remedy. Nurses with higher resilience exhibit enhanced emotional regulation, more effective

coping strategies, and reduced susceptibility to acute stressors. Nonetheless, resilience does not address the underlying structural conditions that produce burnout. Rather, it enables individuals to withstand adverse environments for extended periods without immediate psychological decline.

This distinction is significant because it highlights the limitations of individual-focused interventions in addressing systemic workforce challenges. Although resilience may delay or lessen the severity of burnout symptoms, it cannot resolve persistent structural deficiencies such as unsafe staffing ratios, excessive workloads, or inadequate compensation systems. Consequently, exclusive reliance on resilience-building programs risks shifting responsibility from institutions to individuals and may inadvertently normalize unsustainable working conditions.

The evidence therefore supports a shift in focus from isolated psychological interventions to integrated, system-level reforms. Sustainable mitigation of burnout requires structural changes that address the root causes of job strain. These reforms include improving nurse-to-patient ratios, strengthening workforce planning, ensuring equitable compensation, enhancing leadership capacity, and institutionalizing supportive work environments. Without such changes, even highly resilient nurses will remain susceptible to burnout due to ongoing exposure to unresolved systemic stressors.

The findings of this systematic review have important implications for healthcare organizations and health workforce policy in the Philippines. The evidence consistently demonstrates that burnout is not merely an individual psychological response to workplace stress but a manifestation of structural deficiencies within healthcare organizations. Chronic understaffing, excessive workloads, inadequate compensation, and limited organizational support collectively create working conditions that exceed nurses' available resources, thereby increasing emotional exhaustion and diminishing workforce stability. These findings reinforce the Job Demands–Resources (JD-R) model's proposition that reducing job demands while increasing organizational resources is fundamental to preventing burnout and promoting employee engagement.

For healthcare organizations, these findings suggest that retention initiatives should extend beyond individual-focused interventions and instead prioritize comprehensive organizational reforms. Leadership support, adequate staffing, equitable workload distribution, fair compensation, opportunities for professional development, and organizational recognition consistently emerged as more influential determinants of retention than individual resilience. The evidence indicates that organizational leaders should implement evidence-based workforce management strategies that foster supportive practice environments, enhance communication, strengthen psychological safety, and promote transformational leadership. Such organizational investments are likely to reduce burnout while concurrently improving job satisfaction, employee commitment, and the quality of patient care.

The review also clarifies the role of resilience within workforce management. While resilience is consistently associated with lower burnout and reduced turnover intention,

the evidence suggests that resilience primarily serves as a protective buffer rather than a solution to systemic workplace challenges. In line with Conservation of Resources (COR) theory, resilient nurses are better equipped to adapt to occupational stress; however, sustained exposure to excessive job demands can eventually exhaust even robust personal resources. Consequently, resilience-building programs should supplement, rather than replace, organizational reforms. Excessive reliance on resilience training may inadvertently shift responsibility for burnout from healthcare systems to individual nurses, leaving underlying organizational issues unaddressed.

From a policy perspective, these findings highlight the urgent need to strengthen health workforce governance in the Philippines. Although the Philippine Nursing Act of 2002 (Republic Act No. 9173) and the Universal Health Care Act (Republic Act No. 11223) establish important policy frameworks for workforce development, the review identifies persistent implementation gaps in staffing standards, compensation, workforce protection, and retention planning. Addressing these gaps requires coordinated national strategies to enhance workforce planning, enforce safe nurse-to-patient ratios, improve salary competitiveness, ensure timely provision of benefits, and promote equitable deployment of nurses in underserved areas.

The relationship between burnout and migration identified in this review further underscores that workforce retention is not solely an institutional concern but a national health system issue. As burnout contributes to turnover intention and international migration, healthcare organizations and policymakers should recognize retention as a critical strategy to maintain workforce capacity and ensure continuity of care. Reducing burnout through structural improvements may therefore enhance nurse well-being, mitigate workforce shortages, and strengthen the resilience of the Philippine healthcare system.

In summary, the findings indicate that sustainable workforce retention requires an integrated approach that addresses individual-, organizational-, and policy-level determinants of burnout. Organizational reforms that improve working conditions, combined with effective workforce policies and supportive resilience initiatives, are likely to yield more sustainable improvements than interventions focused solely on individual coping. This systems-oriented approach is consistent with contemporary evidence, which emphasizes that resilient healthcare systems rely on healthy work environments, supportive leadership, and policies that protect and sustain the nursing workforce.

Conclusions

This systematic review demonstrates that burnout constitutes a persistent and substantial threat to nurse retention in the Philippines, primarily resulting from structural and organizational deficiencies within the healthcare system. Although resilience serves as a protective factor by enhancing coping capacity and mitigating immediate psychological distress, its impact remains constrained when systemic stressors are not addressed.

Sustainable improvement in nurse retention requires a dual strategy: enhancing individual psychological resources and implementing organizational and policy-level interventions concurrently. Structural reforms, including adequate staffing, improved compensation systems, strengthened leadership support, and comprehensive workforce planning, should be prioritized. In the absence of these foundational changes, initiatives focused exclusively on resilience or individual coping strategies are unlikely to yield lasting improvements in workforce stability or healthcare system performance.

Recommendations

1. Nurse burnout is primarily driven by excessive workload and inadequate staffing. Therefore, hospital interventions should prioritize reducing job demands instead of relying predominantly on individual coping strategies. Hospitals are advised to implement safe nurse-to-patient ratios, enhance supportive and transformational leadership, and establish peer-support and debriefing mechanisms to address moral distress and emotional fatigue.

2. Healthcare institutions are encouraged to implement system-level workforce strategies consistent with the Job Demands–Resources (JD-R) model. Key priorities include optimizing staffing allocation according to patient acuity, offering competitive compensation, establishing clear career progression pathways, routinely monitoring burnout using validated tools such as the Maslach Burnout Inventory, and providing robust retention incentives, particularly in high-stress units.

3. National health authorities, such as the Department of Health, should enhance the implementation of the Universal Health Care Act by enforcing staffing standards and promoting equitable workforce distribution. Compensation policies under RA 9173 require review to increase competitiveness and mitigate migration-driven attrition. Additionally, a comprehensive national nurse retention strategy should be developed to incorporate mental health protections, retention incentives, workforce forecasting, and reintegration programs for returning overseas nurses.

4. Nursing education curricula should incorporate resilience training, stress management, and ethical decision-making in resource-limited settings. These components must be contextualized within a systems perspective to prevent attributing structural challenges solely to individual nurses.

5. Future research should prioritize longitudinal and mixed-methods designs to elucidate the progression of burnout and retention outcomes. There is a need for more Philippines-specific studies, particularly those evaluating policy interventions and workforce reforms within the Universal Health Care framework.

Compliance with Ethical Standards

This systematic review was conducted in accordance with ethical principles for research and scholarly publication. As the study involved synthesizing previously

published literature and did not include direct human participation, informed consent and the right to withdraw were not applicable. Only publicly available, peer-reviewed studies were included, and no personally identifiable information was collected or disclosed.

The author maintained data privacy and confidentiality and respected participants' rights and dignity, as reflected in the reviewed studies. All sources were properly cited, plagiarism was strictly avoided, and every effort was made to ensure objectivity and minimize bias in the selection, analysis, and interpretation of findings. The author declares no conflict of interest related to this study.

The findings are intended solely for academic and research purposes. Artificial intelligence (AI)-assisted tools were used only for language refinement and editorial support. All aspects of the study, including literature search, screening, analysis, interpretation, and final approval of the manuscript, remained the sole responsibility of the author.

REFERENCES

Alibudbud, R. (2023). Addressing the burnout and shortage of nurses in the Philippines. SAGE Open Nursing, 9, 23779608231195737. https://doi.org/10.1177/23779608231195737

Bakker, A. B., & Demerouti, E. (2017). Job demands–resources theory: Taking stock and looking forward. Journal of occupational health psychology, 22(3), 273.http://dx.doi.org/10.1037/ocp0000056

Bernardo, M., & Santos, M. (2024). A Global Survey of Filipino Nurses' Motivations, Challenges, and Aspirations. https://doi.org/10.21203/rs.3.rs-5218786/v1

Boamah, S. A., Laschinger, H. K. S., Wong, C., & Clarke, S. (2018). Effect of transformational leadership on job satisfaction and patient safety outcomes. Nursing outlook, 66(2), 180-189. https://doi.org/10.1016/j.outlook.2017.10.004

Bourgault, A. M. (2022). The nursing shortage and work expectations are in critical condition: is anyone listening?. Critical care nurse, 42(2), 8-11. https://doi.org/10.4037/ccn2022909

Castillo-González, A., Velando-Soriano, A., De La Fuente-Solana, E. I., Martos-Cabrera, B. M., Membrive-Jiménez, M. J., Lucía, R. B., & Cañadas-De La Fuente, G. A. (2024). Relation and effect of resilience on burnout in nurses: A literature review and meta-analysis. International nursing review, 71(1), 160-167. https://doi.org/10.1111/inr.12838

Demerouti, E., Bakker, A. B., Nachreiner, F., & Schaufeli, W. B. (2001). The job demands–resources model of burnout. Journal of Applied Psychology, 86(3), 499–512. Epstein, E. G., & Hamric, A. B. (2009). Moral distress, moral residue, and the crescendo effect. Journal of Clinical Ethics, 20(4), 330–342.

Epstein, E. G., & Hamric, A. B. (2009). Moral distress, moral residue, and the crescendo effect. The Journal of clinical ethics, 20(4), 330-342. https://doi.org/10.1086/JCE200920406

Falatah, R. (2021). The impact of the coronavirus disease (COVID-19) pandemic on nurses' turnover intention: an integrative review. Nursing Reports, 11(4), 787-810. https://doi.org/10.3390/nursrep11040075

Foster, K., Roche, M., Giandinoto, J. A., & Furness, T. (2020). Workplace stressors, psychological well-being, resilience, and caring behaviours of mental health nurses: A descriptive correlational study. International journal of mental health nursing, 29(1), 56-68. https://doi.org/10.1111/inm.12610

García-Vivar, C., Rodríguez-Matesanz, I., San Martín-Rodríguez, L., Soto-Ruiz, N., Ferraz-Torres, M., & Escalada-Hernández, P. (2023). Analysis of mental health effects among nurses working during the COVID-19 pandemic: A systematic review. Journal of

Psychiatric and Mental Health Nursing, 30(3), 326
340. https://doi.org/10.1111/jpm.12880

Hobfoll, S. E., Halbesleben, J., Neveu, J. P., & Westman, M. (2018). Conservation of resources in the organizational context: The reality of resources and their consequences. Annual review of organizational psychology and organizational behavior, 5, 103-128. https://doi.org/10.1146/annurev-orgpsych-032117-104640

Labarinto, P., & Asto, A. B. (2022). Nurse Residency Program in the Philippines: A Policy Brief. Philippine Journal of Nursing, 92(1).

Labrague, L. J., De los Santos, J. A. A., & Fronda, D. C. (2021). Perceived COVID-19-associated discrimination, mental health and professional-turnover intention among frontline clinical nurses: The mediating role of resilience. International journal of mental health nursing, 30(6), 1674 1683. https://doi.org/10.1111/inm.12920

Lafraxo, M. A., & Hami, H. (2026). Burnout among healthcare professionals a global occupational health priority. Journal of Public Health, 1-15. https://doi.org/10.1007/s10389-026-02778-0

Morley, G., Grady, C., McCarthy, J., & Ulrich, C. M. (2020). Covid-19: Ethical challenges for nurses. Hastings Center Report, 50(3), 35-39. https://doi.org/10.1002/hast.1110

Nisperos, G. A., & Ornos, E. D. B. (2022). The Philippine universal health care law: a differing view. Social Medicine, 15(2),
96105. https://doi.org/10.71164/socialmedicine.v15i2.2022.1405

Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., ... & Moher, D. (2021). The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. bmj, 372. https://doi.org/10.1136/bmj.n71

Wei, H., King, A., Jiang, Y., Sewell, K. A., & Lake, D. M. (2020). The impact of nurse leadership styles on nurse burnout:: A systematic literature review. Nurse Leader, 18(5), 439-450. https://doi.org/10.1016/j.mnl.2020.04.002

World Health Organization. (2021). Global strategic directions for nursing and midwifery 2021-2025. World Health Organization.

World Health Organization. (2025). State of the world's nursing 2025: Investing in education, jobs, leadership and service delivery. World Health Organization.

Zhou, T., Xu, C., Wang, C., Sha, S., Wang, Z., Zhou, Y.,... & Wang, Q. (2022). Burnout and well-being of healthcare workers in the post-pandemic period of COVID-19: a perspective from the job demands-resources model. BMC health services research, 22(1), 284. https://doi.org/10.1186/s12913-022-07608-z

APA Citation:

Arcay, E. C. P. (2026). BURNOUT, RESILIENCE, AND RETENTION AMONG NURSES IN THE PHILIPPINES: A POST-PANDEMIC SYSTEMATIC REVIEW. Ignatian International Journal for Multidisciplinary Research, 4(8), 47–62. https://doi.org/10.5281/zenodo.21763119

arcayemmanuelchris@gmail.com