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The Migration of Filipino Healthcare Professionals: A Structured Literature Review on Workforce Mobility and Healthcare Sustainability

Emil Arca[1*], John Estacio[2], Cristina Estacio[2]

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ABSTRACT

This study investigated the relationship between gut-brain axis health indicators and academic performance among undergraduate students at Federal University Gashua, Yobe State, Nigeria. Adopting a cross-sectional survey design, data were collected from 300 undergraduate students using structured questionnaires assessing dietary patterns, digestive health indicators, and self-reported academic performance (CGPA). The study was anchored on the Social Determinants of Health Theory and the Biopsychosocial Model. Findings revealed that only 35% of students consumed regular balanced meals, while 48% frequently relied on fast foods. Digestive health issues were prevalent, with 32% reporting bloating, 27% experiencing stomach discomfort, and 19% suffering from constipation. Regression analysis demonstrated significant positive relationships between balanced diet (coefficient = 0.41, $p < 0.05$), digestive health (coefficient = 0.37, $p < 0.05$), and academic performance, while stress showed a negative association (coefficient = -0.29, $p < 0.05$). Sociological factors including financial constraints, campus food environment, and peer influences emerged as significant determinants of dietary behaviors. The study concludes that gut health, influenced by socially-patterned dietary habits, significantly affects academic performance among undergraduate students. Recommendations include establishing campus-based nutrition education programs, improving access to affordable nutritious food options, and integrating gut health awareness into student wellness services.

INTRODUCTION

The migration of Filipino healthcare professionals (FHPs) has become a prominent feature of global labor mobility, with significant implications for healthcare delivery, workforce sustainability, and health system resilience. Driven by the pursuit of better employment opportunities, higher remuneration, and greater prospects for professional advancement, migration among FHPs has increased markedly (Balana & Paglinawan, 2025). The strong international demand for Filipino healthcare workers, recognized for their clinical competence and patient-centered care, has positioned the Philippines as a major supplier of physicians, nurses, pharmacists, and allied health professionals to countries such as the United States and the United Kingdom (Robredo *et al.*, 2022).

However, this international recognition contrasts sharply with the persistent structural weaknesses within the Philippine healthcare system, including understaffing, inadequate infrastructure, insufficient compensation, and limited professional development (Corpuz, 2023). This contradiction reflects a broader imbalance wherein the global demand for Filipino healthcare workers continues to expand while domestic healthcare institutions experience increasing workforce instability.

Mateko (2022) identified economic hardship, extreme poverty, political persecution, and related socioeconomic challenges as major motivations for migration. Likewise, inadequate salaries, poor working conditions, excessive workloads, and limited career advancement opportunities act as significant push factors, while higher compensation, better work environments, and broader professional opportunities abroad serve as key pull factors (Leitão *et al.*, 2024). Beyond economic considerations, Caino and Castillote (2024) highlighted the influence of toxic workplace culture, workplace inequality, abuse of authority, and insufficient institutional support on migration intentions among Filipino healthcare professionals. Collectively, these findings suggest that healthcare migration is driven by interconnected economic and workplace factors, indicating that financial incentives alone may be insufficient to address workforce retention.

Although economic motivations remain central within migration literature, reducing migration solely to financial considerations oversimplifies a complex phenomenon shaped by structural, institutional, and sociopolitical conditions. Migration decisions are embedded within broader structural concerns related to professional dignity, workplace conditions, and long-term career sustainability. The migration of healthcare workers has also been examined within wider economic and workforce development frameworks. For low- and middle-income countries, strengthening healthcare systems and workforce retention mechanisms remains essential in addressing workforce shortages and reducing dependence on overseas employment (Eaton *et al.*, 2023). At the same time, Abarcar and Theoharides (2021) discussed the "brain gain" or "induced investment" perspective,

[1] Graduate school, philippine women's university, manila, Philippines
[2] College of nursing fatima university, valenzuela city, Philippines
[*] Corresponding author's e-mail: emilarca@gmail.com

suggesting that migration pathways may encourage professional development and human capital investment. These competing perspectives demonstrate the dual nature of healthcare migration. While migration may generate economic mobility, remittances, and professional advancement, continued outward migration can simultaneously intensify workforce attrition and weaken domestic healthcare capacity. Consequently, healthcare migration should not be understood merely as labor mobility but as a policy issue closely linked to economic development and healthcare sustainability.

In the Philippine context, labor migration has long been institutionalized within national employment and economic strategies. The labor export program introduced during the Martial Law period was initially framed as a temporary response to unemployment and economic instability; however, it eventually became a structural component of the Philippine economy (Sale & Sale, 2024). As one of the world's major exporters of healthcare professionals, the Philippines continues to experience the redistribution of skilled healthcare workers toward higher-income countries.

Labor migration contributes substantially to remittance generation and household economic stability, it also reinforces dependence on overseas employment while inadequately addressing systemic domestic workforce concerns. Abantao *et al.* (2025) therefore recommended gender-responsive, career-enabling, and retention-focused policies that integrate personal, institutional, and policy-level factors into long-term health workforce planning.

The increasing mobility of healthcare professionals further reflects broader transformations in transnational labor systems and global healthcare markets. Although the relationship between international trade in services and healthcare migration remains insufficiently explored, both healthcare workforce mobility and transnational healthcare service exchange have expanded considerably recently (World Trade Organization, 2019). Migration involves more than employment transfer alone, as healthcare professionals must also navigate professional adaptation, cultural adjustment, and social integration within foreign healthcare systems. Madrid *et al.* (2022) identified workforce mobility conditions, overseas employment opportunities, workplace dynamics, and prior professional experiences as important determinants influencing migration trajectories among FHP.

Several studies additionally highlight the psychosocial and institutional dimensions of migration. Afifah *et al.* (2026) emphasized the importance of institutional policies promoting psychosocial well-being through reflective, relational, and spiritually informed support systems. Similarly, Valdez (2026) argued that intercultural understanding, psychosocial support, and equitable recognition of foreign credentials are critical in improving professional integration and healthcare delivery outcomes among migrant healthcare workers. Luna (2025) further observed that social, historical, and structural conditions also influence migration decisions, in addition to economic motivations. The findings indicate that migration is shaped by multidimensional factors extending beyond financial mobility alone.

Professional advancement consistently emerges as another major factor influencing healthcare migration. Sweileh (2024) identified opportunities for advanced training, improved practice environments, and a higher quality of life as major attraction factors for healthcare professionals seeking overseas employment. Atento *et al.* (2025) further argued that increasing global healthcare workforce shortages require coordinated investments in workforce development, competency alignment, and modernization of healthcare training systems. Consequently, the growing international demand for healthcare professionals has intensified global competition for skilled healthcare workers, particularly from developing countries such as the Philippines.

Despite these opportunities, FHP continue to encounter multiple structural and professional barriers abroad. Language difficulties, workplace adjustment challenges, professional licensure requirements, and adaptation to unfamiliar healthcare systems remain common concerns among migrant workers. Caino and Castillote (2024) further emphasized that toxic work environments, workplace inequality, excessive workloads, and limited professional advancement opportunities significantly shape migration experiences. Carandang *et al.* (2024) additionally identified burnout as an increasingly important concern because of its psychological, physical, and professional consequences. These findings suggest that migration does not automatically guarantee improved professional well-being despite the perceived advantages associated with overseas employment.

Migration-related challenges also extend to emotional and social adjustment. FHP frequently experience homesickness, family separation, social isolation, and emotional stress associated with transnational living arrangements. Flotildes *et al.* (2023) emphasized that resilience, family communication, religious practices, social support systems, and adaptive coping strategies are essential in managing the personal and professional difficulties associated with migration.

Recent literature increasingly critiques the tendency to frame the migration of FHP solely as evidence of global competitiveness and professional success. Such perspectives may obscure the long-term consequences of "brain drain" and the worsening healthcare workforce crisis within the Philippines. FHP in host countries frequently encounter institutional discrimination, deskilling, and exploitative labor conditions rather than equitable professional recognition (Genotiva, 2023; Vaughn *et al.,* 2019). Simultaneously, sustained international recruitment has contributed to workforce shortages, increased workloads among remaining healthcare personnel, and weakened healthcare service delivery in the Philippines (Pepito *et al.*, 2025; Caballero & Estillore, 2023). These contradictions demonstrate the unequal nature of global

healthcare labor systems, wherein developing countries bear the burden of workforce depletion while wealthier countries benefit from skilled migrant labor.

Toyin-Thomas *et al.* (2023) observed that the drivers of healthcare migration are largely similar across low- and middle-income countries, underscoring the structural nature of workforce mobility as a global health challenge rather than an isolated national concern. Consistent with this view, Alibudbud (2022) emphasized the importance of safeguarding the rights, welfare, and professional development of healthcare workers, suggesting that effective retention requires comprehensive institutional and policy interventions that address the underlying conditions motivating migration.

By examining migration through workforce, professional, psychosocial, and policy perspectives, this review aims to strengthen understanding of FHP migration as a critical issue in healthcare sustainability, labor mobility, and long-term human resource planning in the Philippines. Most studies tend to emphasize economic motivations, often neglecting important aspects such as workforce governance, psychosocial adaptation, and the long-term sustainability of healthcare. Few studies critically synthesize migration across multiple Filipino healthcare professions within a unified healthcare sustainability framework.

LITERATURE REVIEW

Lee's (1966) Push–Pull Theory explains how economic and professional pressures in the home country interact with opportunities abroad to shape the migration of FHP. Another relevant theory for this study is the Human Capital Theory (Sjaastad, 1962), which asserts that migration is an investment in an individual's skills and knowledge. This theory prompts an evaluation of the initial costs of migration, including expenses for licensure examinations and visas, in light of potential benefits such as higher salaries and improved clinical expertise.

Finally, the Dual Labor Market Theory (Piore, 1979) posits that migration is driven by a continuous, structural demand for foreign labor in the "secondary sector" of developed economies. According to Peralta *et al.* (2024), despite an increase in Overseas Filipino Workers (OFWs), issues such as unemployment, income inequality, and limited job opportunities continued to persist in the Philippines, suggesting no significant improvement in employment, income, or job prospects.

MATERIALS AND METHODS

Research Design

This study employed a structured literature review to systematically identify, evaluate, and synthesize relevant literature on FHP migration. Database searches were conducted from January 2019 to May 2026. Only peer-reviewed articles, institutional reports, and credible academic sources were included to improve the reliability of the review. The review followed PRISMA-informed procedures for identification, screening and eligibility assessment. Articles were independently screened for relevance, inclusion criteria, and methodological alignment with the objectives of the review.

Sources of Literature

Relevant literature was retrieved from the following electronic databases and institutional sources

1. Google Scholar
2. PubMed
3. Scopus-indexed journals
4. World Health Organization (WHO) publications
5. Philippine government publications and policy documents
6. Peer-reviewed local and international journals

Search Strategy

1. The literature search used combinations of the following keywords
2. "Filipino healthcare workers migration"
3. "Overseas Filipino healthcare workers"
4. "Healthcare workforce migration Philippines"
5. "Global healthcare worker migration"
6. "Filipino healthcare professionals abroad"

The search was conducted using Boolean combinations of keywords such as "Filipino healthcare professionals migration" AND "healthcare workforce migration" OR "overseas Filipino healthcare workers" OR "global healthcare worker migration" across selected databases.

Inclusion Criteria

Studies were included if they

1. Were published between January 2019 and May 2026
2. Were written in English
3. Included studies related to Filipino healthcare worker migration, workforce mobility, or professional integration
4. Discussed migration experiences, employment conditions, adaptation, or policy implications
5. Were peer-reviewed research articles, policy papers, or institutional reports

Exclusion Criteria

The review excluded

1. Duplicate publications
2. Non-peer-reviewed opinion articles
3. Conference abstracts without accessible full text
4. Studies unrelated to healthcare migration
5. Literature lacking relevance to Filipino migrant professionals

Screening and Selection of Literature

The selection process was conducted in four stages

1. Initial Identification – Relevant literature was identified through database searches using predefined keywords.
2. Title and Abstract Screening – Retrieved studies were screened according to relevance and alignment with the objectives of the review.
3. Full-Text Review – Eligible studies underwent full-

text assessment prior to inclusion in the final review.

4. Studies that did not align with the objectives of the review or lacked relevance to FHP migration were excluded.

Data Extraction

Relevant information extracted from the selected literature included

1. Author and year of publication
2. Country or migration destination
3. Study objectives
4. Research methodology
5. Key findings related to migration experiences
6. Workforce and policy implications

The extracted literature was analyzed through thematic synthesis to identify recurring migration drivers, workforce challenges, psychosocial experiences, and policy implications.

Figure 1 presents the study selection process and screening procedure used to identify the included literature. A total of 90 articles were initially identified, of which 33 studies/sources met the inclusion criteria after screening and full-text review.

Ethical Considerations

This study utilized publicly accessible literature and secondary data sources; thus, obtaining formal participant permission was not required. We upheld accurate citation and acknowledgment of all referenced materials to maintain academic integrity and ensure an ethical study. No human participants were involved; therefore, informed consent was not required.

RESULTS AND DISCUSSION

The findings of this review support Lee's (1966) Push–Pull Theory, demonstrating that the migration of Filipino healthcare professionals (FHP) is shaped by structural limitations within the Philippine healthcare system and by expanding professional opportunities abroad. Inadequate compensation, excessive workloads, workforce dissatisfaction, and limited career advancement emerged as major push factors, while higher salaries, improved working conditions, stronger healthcare infrastructures, and broader career opportunities served as significant pull factors.

The findings also support Human Capital Theory (Sjaastad, 1962), which views migration as an investment in professional and socioeconomic advancement. Filipino healthcare professionals often accept the financial and personal costs associated with migration, including licensure examinations, credential recognition, and relocation expenses, in exchange for higher income, specialized training, and improved career mobility. Simultaneously, Piore's (1979) Dual Labor Market Theory explains how industrialized countries increasingly depend on foreign healthcare labor to address workforce shortages, reinforcing the Philippines' role as a major supplier of skilled healthcare workers within global labor markets.

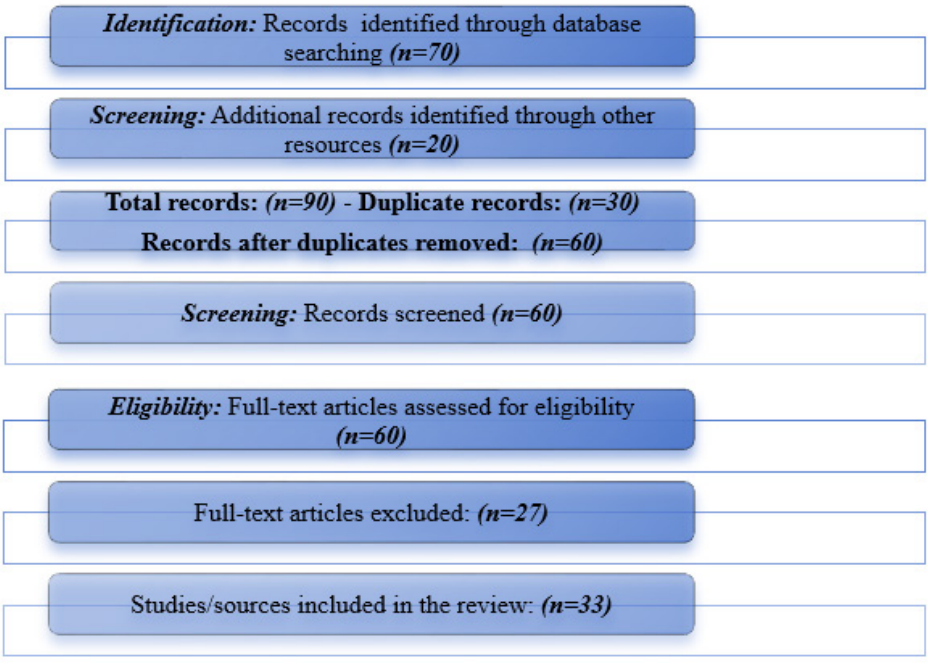

Figure 1: PRISMA-informed flow diagram illustrating the literature identification, screening, eligibility assessment, and inclusion process.

Ortiga and Macabasag (2020) further emphasized that internal workforce mobility frequently precedes international migration, indicating that migration trajectories are shaped by institutional dissatisfaction and limited retention mechanisms within the Philippine healthcare system. Continued outward migration also contributes to workforce attrition, increased pressure on remaining healthcare personnel, and weakened domestic

healthcare capacity.

These findings demonstrate how healthcare migration reflects broader inequalities in global workforce distribution and healthcare resource allocation.

The table outlines the key literature-based factors that influence the migration of Filipino healthcare professionals. Reviewed studies frequently link migration to economic opportunities, career advancement, global labor mobility, and the increasing international demand for healthcare professionals. This highlights the interconnected nature of economic, professional, and workforce-related drivers of migration.

The table presents supporting theoretical, psychosocial, and workplace-related literature on the migration of Filipino healthcare professionals. The reviewed studies highlight that migration involves psychosocial adaptation, workplace challenges, discrimination, and migration theories that explain healthcare workforce mobility and migration decision-making.

Despite these difficulties, resilience and adaptive coping remain important for professional adjustment. De Guzman *et al.* (2022) further emphasized that discrimination experienced by Filipino healthcare workers highlights the need for stronger policies protecting their physical, social, and psychological well-being.

These findings indicate that migration is not solely a labor issue but also a broader concern involving professional integration and migrant worker protection.

CONCLUSION

Economic opportunity, career advancement, global labor mobility, and increasing global demand for healthcare professionals remain major drivers of migration among FHP. This review highlights that healthcare migration is not merely a labor mobility phenomenon but a critical workforce and public health issue with implications for healthcare sustainability and workforce equity in the Philippines. The findings emphasize the need for evidence-informed workforce policies that prioritize compensation, professional development, ethical recruitment, psychosocial support, and long-term retention strategies. Strengthening workforce retention and ethical migration governance remains essential to sustaining healthcare resilience in the Philippines. Future research should prioritize profession-specific and longitudinal approaches to better inform evidence-

Table 1: Major Literature-Based Factors Influencing the Migration of Filipino Healthcare Professionals

Theme	Key Ideas from the Literature	References
Economic Opportunity	Migration increases income, financial security, remittances, and abroad pay. Economic inequality in the Philippines pushes, while higher salaries abroad pull.	Abarcar and Theoharides (2021) Balana and Paglinawan (2025) Corpuz (2023) Luna (2025) Mateko (2022) Peralta *et al.* (2024)
Career Advancement	Healthcare personnel move for job advancement, advanced training, improved professional practice environments and more opportunities.	Caino and Castillote (2024) Leitão *et al.* (2024) Madrid *et al.* (2022) Sweileh (2024) Valdez (2026)
Global Labor Mobility	Filipino healthcare professionals migrate due to transnational labor systems, workforce redistribution, and international healthcare mobility. Philippine labor exports influenced worldwide healthcare migration.	Abantao *et al.* (2025) Ortiga and Macabasag (2020) Sale & Sale (2024) World Trade Organization (2019)
Increasing International Demand for Healthcare Professionals	Global healthcare labor shortages have increased reliance on foreign-trained experts. Filipino healthcare personnel are sought by many nations to maintain systems and fill labor gaps	Atento *et al.* (2025) Caballero and Estillore (2023) Eaton *et al.* (2023) Pepito *et al.* (2025) Robredo *et al.* (2022) Toyin-Thomas *et al.* (2023)

Table 2: Supporting Theoretical, Psychosocial, and Workplace-Related Literature on Filipino Healthcare Professional Migration

Category	Key Focus	References
Psychosocial and Cultural Adaptation	Psychosocial well-being, resilience, coping strategies, cultural adjustment, and professional adaptation among migrant healthcare professionals	Afifah *et al.* (2026) Flotildes *et al.* (2023) Kawaguchi-Suzuki *et al.* (2019)

Workplace Challenges and Discrimination	Workplace inequality, burnout, discrimination, exploitative labor conditions, integration difficulties, and workforce dissatisfaction	Alibudbud (2022) Calenda and Bellini (2021) Carandang *et al.* (2024) De Guzman *et al.* (2022) Genotiva (2023) Vaughn *et al.* (2019)
Migration Theories and Conceptual Foundations	Push-pull migration dynamics, labor market demand, and migration as human capital investment	Lee (1966) Piore (1979) Sjaastad (1962

based workforce planning and sustainable healthcare governance.

Limitations of the study

This review is constrained by its dependence on English-language publications and secondary literature. Additionally, the studies reviewed exhibited a variety of methodologies and professional focuses, which may restrict the applicability of the findings to all FHP.

Disclosure of AI-Assisted Writing

AI-enhanced tools such as ChatGPT and QuillBot were used for linguistic refinement and clarity. All intellectual material, analysis, and interpretation are attributed solely to the authors.

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