STUDY ON THE FILIPINO HEALTH WORKFORCE: A SEQUENTIAL EXPLORATORY ANALYSIS OF THE DECENT WORK OUTCOMES IN METRO MANILA, METRO CEBU, AND METRO DAVAO HOSPITALS



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Outline

Overview and
Preliminaries
(Objectives, Methodology,
Framework, and Activities)

Research Findings

Key Takeaways/
Conclusions

4 Recommendations

Overview



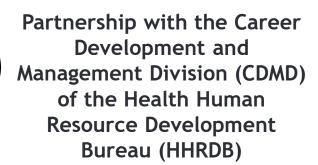
Policies and programs geared toward guaranteeing a sufficient supply of competent Human Resources for Health (HRH)



Baseline data of the domestic working conditions including migration prospects













Policy Bases





DOH and the HRH Network Philippines

Overview

COVID-19 Pandemic



Issues and challenges in our healthcare system

Healthcare system



Overwhelmed and nearly on the brink of collapse

Healthcare Workers



Exhausted and challenged by HRH deficit

Human Resource Development



Importance of HRH planning, management, and development

Critical dimensions of the Philippine healthcare sector



- (1) Decent work situation, (2) Labor migration governance, and (3) Stakeholders' collaboration

Research Objectives

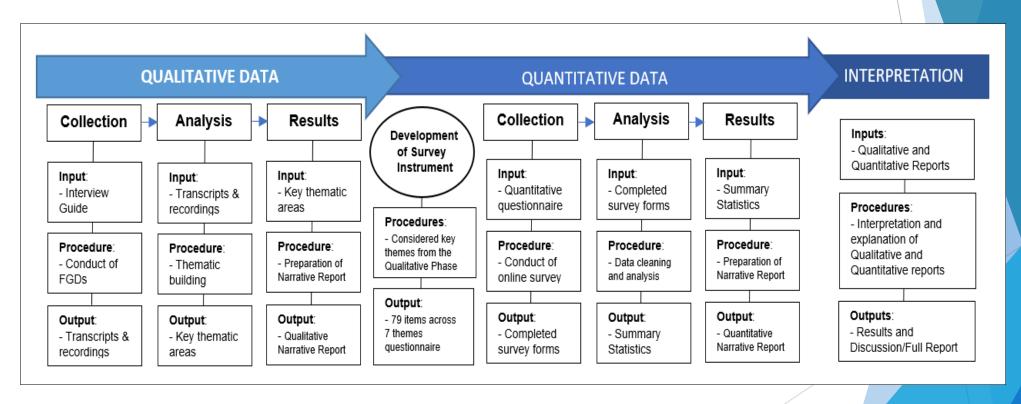
The study aims to provide a descriptive analysis of healthcare workers' decent work situation, including challenges and opportunities, in hospitals located in Metro Manila, Metro Cebu, and Metro Davao.

In particular, the study aims to:

- 1. Describe the **decent work situation** specifically in the areas
 of employment, rights at work and
 working conditions, social dialogue,
 social protection, and opportunities
 for skills development; and,
- Analyze the implications of domestic decent work situation, including Human Resource Development (HRD) systems and practices, on labor migration governance of healthcare workers.

Methodology: Research Design

SEQUENTIAL EXPLORATORY



Methodology: Research Design

RESEARCH DESIGN

- Sequential Exploratory
- Qualitative, Quantitative, and Interpretation

RESEARCH METHODS

- Online Survey
- Focus Group Discussions
- Desk Research

SAMPLING TECHNIQUE

- Stratified sampling method
- Strata is location: Metro Manila, Metro Cebu, and Metro Davao
- At least 50% of hospitals in each study site

RESEARCH INSTRUMENT

- Hospital Profile
- Employment
- Rights at Work & Working Conditions
- Social Protection
- Migration Prospects
 - Opportunities for Skills Development

GENDER RELEVANCE AND ETHICAL CONSIDERATIONS

- Voluntary participation
- Anonymity
- Gender neutrality

Methodology: Ethics Review Clearance



As part of the DOH
Partnership, the Research
Team was required to
secure an <u>Ethics Review</u>
<u>Clearance</u> to ensure the
safety of researchers and
their research participants.



to increase the legitimacy of research findings and ensure that the research leads to beneficial outcomes



<u>Certificate of Exemption</u> <u>from Ethics Review</u> granted by the Single Joint Research Ethics Board (SJREB) of the DOH, on 27 August 2021

Data Analysis: Framework



Research Findings

Decent Work
Situation in the
Metropolitan
Hospitals:
Employers'
Perspective

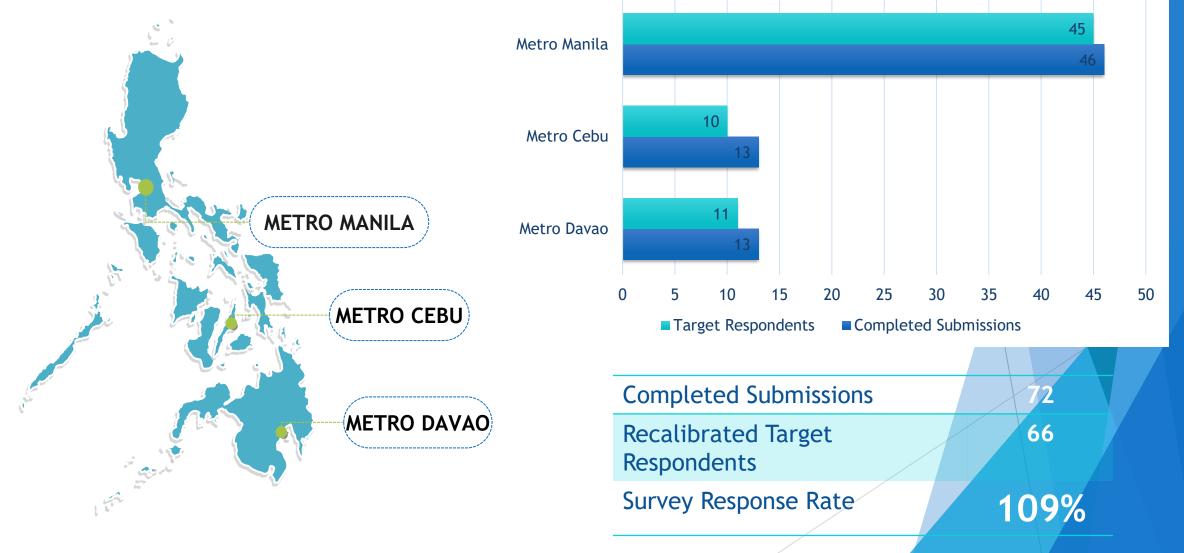
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Decent Work
Situation in the
Metropolitan
Hospitals:
Employees'
Experiences

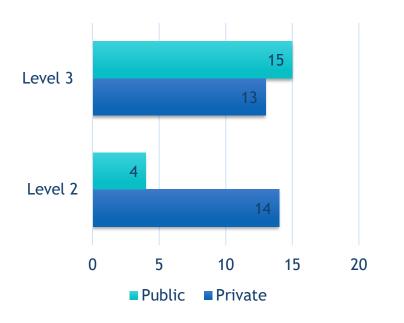
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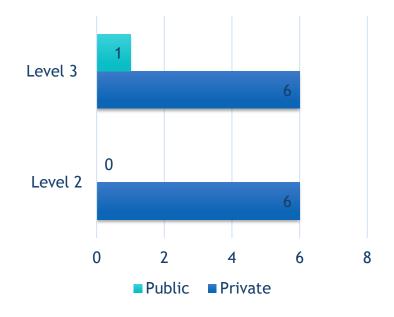
Decent Work
Situation and
Labor Migration
of Healthcare
Workers:
Implications of
Migration

Research Findings: Target Respondents



Research Findings: Target Respondents







METRO MANILA

Completed Submissions	46	
Recalibrated Target Respondents	45	
Survey Response Rate	102%	

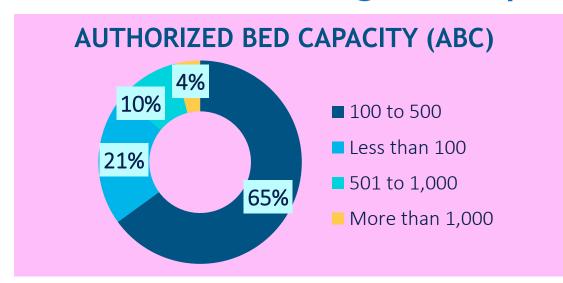
METRO CEBU

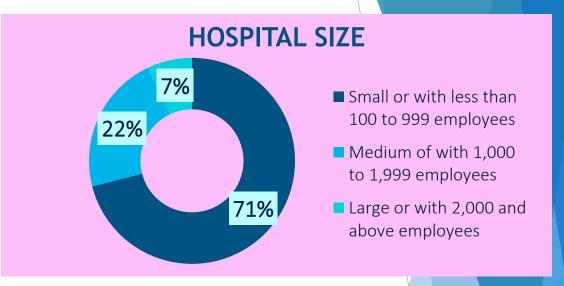
METRO CEDO		
Completed Submissions	13	
Recalibrated Target Respondents	10	
Survey Response Rate	130%	

METRO DAVAO

Completed Submissions	13
Recalibrated Target Respondents	11/
Survey Response Rate	118%

Research Findings: Hospital Profile





NUMBER OF EMPLOYEES



Lowest Highest Average

69 5,371 765

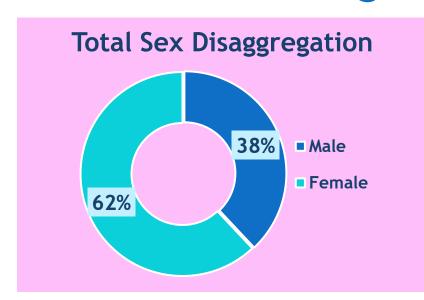
NURSE-TO-PATIENT RATIO



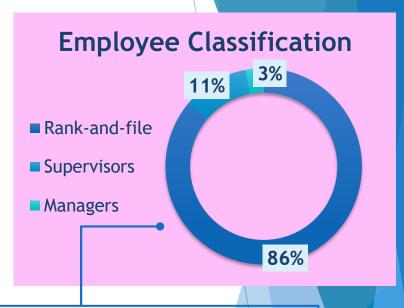
Lowest Highest Average

1:2 1:32 1:10

Research Findings: Hospital Profile

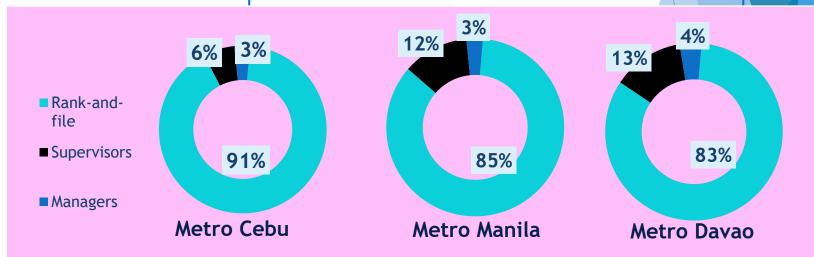


Sex Disaggregation per site		
✓ Metro Cebu	Male	34%
	Female	66%
✓ Metro Manila	Male	39%
	Female	61%
✓ Metro Davao	Male	38%
	Female	62%



AGE GROUP

60% of the total health workers were within the 25-29 (22%), 30-34 (25%), and 35-39 (13%) age bracket.



1. Six out of ten (62%, n=34,113) healthcare workers covered in the survey are **female**, further supporting the data (Philippines: 2018 NMS) that females dominate the Philippine health profession.





2. Sixty percent (60%; n=33,063) of the healthcare workers were within the 25-29 (22%), 30-34 (25%), and 35-39 (13%) age brackets, in some instances categorized as young professionals (25-39 years old), or most referred to as the millennial generation.

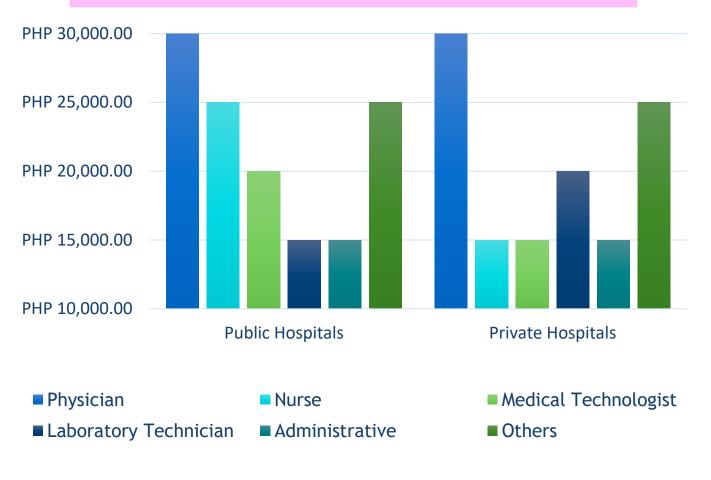
3. Seventy-five percent (75%) or 54 out of 72 hospitals follow the 40-hour working time per week, the standard schedule for many full-time occupations.





4. During the pandemic, hospitals implemented flexible work arrangements (FWAs) such as compressed workweek (57%), work-from-home (49%), and flexible working hours or flextime (44%).

OVERALL AVERAGE SALARY IN METRO MANILA, METRO CEBU, AND METRO DAVAO



5. Based on study findings:

- ✓ Salary of health workers in **PUBLIC HOSPITALS** is mandated by the Salary
 Standardization Law (categorized by Salary
 Grade).
- ✓ The maximum amount of salary of PHYSICIAN is Php 30,000 and it is because they are mostly on affiliation basis and work in various hospitals.
- ✓ NURSES in public hospitals receive a higher salary than those in private hospitals. It is the same case with MEDICAL TECHNOLOGISTS.
- ✓ LABORATORY TECHNICIANS in private hospitals receive a higher salary than those in public hospitals.
- ✓ ADMINISTRATIVE STAFF receives the same salary for both public and private hospitals.
- ✓ For **OTHER** positions, they receive an average salary of Php25, 000.

6. While all hospitals comply with the prescribed Occupational Safety and Health (OSH) standards, only 81% require a mandatory OSH seminar for employees.





7. Sixty percent (60%) or 43 out of 72 hospitals do not have a labor union representing the interests of the employees in the organization (private sector, n=37; public sector, n=6).

8. Out of the 27 hospitals that have existing Collective Bargaining Agreements (CBAs), five (5) hospitals cover non-regular workers, and twelve (12) hospitals have included COVID 19-related provisions in catering to the demands and pre-requisites of the so-called "new normal."





9. Seventeen (17) hospitals have indicated membership in the Hospital Industry Tripartite Council (HITC).

10. Seventeen (17) hospitals have indicated provision of accommodation (e.g., dormitory, in-house lodging), subsistence allowance, legal and outpatient services.





11. **Fifty-six (56)** hospitals implemented programs catering to **women's needs**, such as providing a breastfeeding area for nursing employees and a dedicated VAWC helpdesk.

12. Among the primary reasons reported by hospitals for poor performance include deficiency in soft skills (39%), lack of expected behavioral skills (32%), shortage of technical and socio-economic skills (26%), and lack of leadership skills (24%).





13. Almost all hospitals (96%) perceived that COVID-19 significantly impacted the availability of health care workers in the Philippines, and most of the hospitals (85%) view that COVID-19 significantly impacted the quality of recent graduates in the medical field.

14. Thirteen (13) private hospitals noted that around 20-29% of their workforce moved out of the country in the last five years. Healthcare workers in the private sector are more likely to migrate abroad than their public sector counterparts.

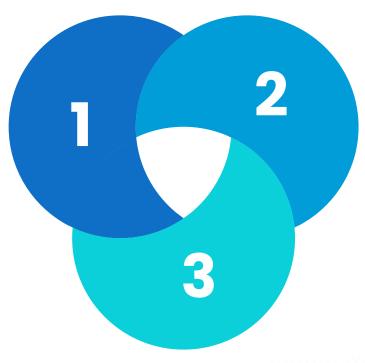




15. Various factors motivate them to move abroad, and the top reason has always been **economic in nature**, **such as higher compensation and much better benefits** in other countries (58%, n=42).

1. EMPLOYMENT FACILITATION





3. WORKERS
PROTECTION AND
WELFARE



2. EMPLOYMENT PRESERVATION AND REGULATION









EMPLOYMENT FACILITATION

Strengthen
Digital
Health
Workforce
Education
and Training

Reinforce
Competency
Framework
for Domestic
Health
Systems and
International
Health Labor
Market

Maximize the role of Local Government Units (LGUs) in decentralization and health service delivery

















2 EMPLOYMENT PRESERVATION AND REGULATION

Propose a
Competitive,
Equitable,
and Decent
Salary
Structure
Designed for
Growth

Intensify Labor
Education and
Encourage
Active
Participation in
Policy and
Decision-Making
Process

Boost the Role and Functions of the DOLE in Enforcing Compliance with Labor Standards

















3

WORKERS PROTECTION AND WELFARE

Institutionalize
the Social
Protection
Floor (SPF)

Ensure adequacy of benefits

Introduce support
programs for
Persons with
disabilities (PWDs),
indigenous, and
vulnerable/
precarious workers
in the health sector









Thank you!

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