

“Navigating Nurse Staffing Challenges: Exploring the Experiences of Chief Nurses during Nurse Shortages in Pangasinan”

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DOI: <https://doi.org/10.51244/IJRSI.2026.1308000238>

Received: 28 August 2026; Accepted: 02 September 2026; Published: 18 September 2026

ABSTRACT

This study aimed to explore the lived experiences of Chief Nurses in managing staffing challenges during a nursing shortage in Pangasinan. The informants of this qualitative phenomenological study consisted of six (6) Chief Nurses who were currently working in different hospitals in Pangasinan. They were selected through a non-probability sampling method, specifically convenience sampling, based on their accessibility and proximity to the researchers. There was no predetermined number of informants; instead, data collection continued until data saturation was reached. Data were gathered through individual in-depth interviews with the six (6) informants.

Throughout the study, it was found that Chief Nurses experience various challenges related to nursing shortages, particularly lack of manpower, increased workload, and dissatisfaction with compensation. The shortage of nurses significantly affects the delivery of patient care, resulting in concerns such as substandard patient care and the need for nurses to extend their duty hours. These challenges place additional responsibilities on Chief Nurses as they strive to maintain the quality and continuity of healthcare services despite limited staffing resources.

To overcome and cope with these challenges, the Chief Nurses relied on support and cooperation among co-workers, teamwork, and faith in God. They believed that working together and helping one another enabled them to manage difficulties more effectively. Their experiences also taught them the importance of love, compassion, and dedication to their work. Despite the challenges brought about by the nursing shortage, they continued to embrace their calling, remain committed to their profession, and strive to provide the best possible care to their patients.

Keywords: Chief Nurses, Nursing Shortage, Staffing Challenges, Lived Experiences, Work Challenges, Workload, Patient Care, Coping Mechanisms, Teamwork, Compassionate Care, Faith, Pangasinan

INTRODUCTION

Nursing is an essential component of the healthcare system, with nurses providing continuous patient care, coordinating healthcare services, promoting patient safety, and supporting patients and their families throughout the continuum of care. As the largest occupational group in the health workforce, nurses play a central role in ensuring access to essential health services and contributing to the quality, efficiency, and equity of healthcare delivery. The World Health Organization (WHO, 2025) emphasized that an adequate, equitably distributed, and fully supported nursing workforce is fundamental to achieving universal health coverage and strengthening health systems. However, persistent disparities in the availability and distribution of nurses continue to create challenges for healthcare organizations worldwide.

Within healthcare organizations, Chief Nurses or Chief Nursing Officers (CNOs) occupy an important leadership position in managing the nursing workforce. They are responsible for providing strategic direction, coordinating nursing services, supporting professional development, and ensuring that nursing care is delivered safely and effectively. Their responsibilities extend beyond the supervision of individual nurses and include workforce planning, staffing allocation, quality improvement, policy implementation,

and the promotion of a positive practice environment. The WHO (2025) identified nursing leadership as one of the critical areas requiring continued investment, noting that leadership development is essential for strengthening the nursing workforce and ensuring effective service delivery.

First, Chief Nurses are responsible for addressing staffing needs and promoting professional growth among nurses. Adequate staffing is essential for maintaining patient safety, continuity of care, and the quality of nursing services. Chief Nurses must assess staffing requirements, distribute available personnel appropriately, develop schedules, and respond to unexpected shortages caused by illness, leave, turnover, or increased patient demand. Recent qualitative research involving nurse managers found that nurse shortages, inadequate staffing policies, organizational constraints, patient needs, and nurses' individual circumstances can significantly influence staffing decisions. These challenges may result in increased workload, insufficient rest, longer working hours, and dissatisfaction among nurses. Effective nursing leadership therefore requires Chief Nurses to identify staffing gaps and develop appropriate strategies to maintain safe and effective nursing services (Yu et al., 2024).

Professional growth is also an important responsibility of nursing leaders. Chief Nurses can support nurses through continuing education, competency development, mentoring, performance evaluation, and opportunities for professional advancement. The WHO (2025) emphasized the importance of investments in nursing education, employment, leadership, and service delivery to strengthen the global nursing workforce. Leadership that supports professional development can help nurses maintain competence, adapt to changing healthcare demands, and contribute more effectively to patient care.

Second, Chief Nurses are responsible for promoting teamwork, communication, and continuous learning. Modern healthcare requires collaboration among nurses, physicians, pharmacists, medical technologists, therapists, and other healthcare professionals. Chief Nurses play an important role in establishing an environment in which healthcare professionals communicate effectively, coordinate responsibilities, and work toward common patient-care goals. Effective interprofessional collaboration can improve coordination of care, strengthen clinical decision-making, and promote patient safety.

Continuous education is particularly important because healthcare practices, technologies, patient needs, and professional standards continue to evolve. Chief Nurses can facilitate staff development by organizing training programs, encouraging participation in continuing professional development activities, and identifying competencies that require improvement. The WHO (2025) similarly identified education and leadership development as important investments for strengthening the nursing workforce and ensuring that nurses are adequately prepared to respond to changing healthcare needs.

Third, Chief Nurses should implement effective and flexible models of nursing practice to maintain quality patient care. Staffing shortages require nursing leaders to make appropriate use of available human resources while ensuring that patient safety is not compromised. This may include appropriate staff allocation, flexible scheduling, effective delegation, teamwork, cross-unit support, and the development of contingency plans for periods of increased workload or insufficient manpower. Recent research on nurse staffing has shown that inadequate manpower can make it difficult for nursing managers to respond to staff absences and sudden increases in patient-care demands. Nurse managers may consequently need to reorganize schedules and redistribute available personnel to maintain essential services (Li et al., 2024).

The relationship between nurse staffing and quality of care further highlights the importance of effective nursing leadership. A 2024 systematic review examining nurse staffing and quality of care in emergency departments found evidence of an association between nurse staffing levels and important quality-of-care outcomes. This reinforces the responsibility of nursing leaders to consider staffing adequacy as an important component of patient safety and quality improvement (Drennan et al., 2024).

Finally, Chief Nurses must promote a supportive working environment and advocate for the nursing workforce. Staffing shortages cannot be addressed solely by increasing the workload of existing nurses. Sustainable solutions require appropriate workforce planning, recruitment and retention strategies, fair working conditions, adequate compensation, professional development opportunities, and support for nurses'

physical and psychological well-being. The WHO (2025) reported that the global nursing shortage remained substantial in 2023 and emphasized the need for countries to invest in nursing jobs, improve working conditions and pay equity, support nurses' well-being, and strengthen nursing leadership.

Therefore, the role of Chief Nurses extends beyond administrative supervision. They serve as leaders, workforce planners, advocates, educators, coordinators, and quality-improvement champions. Their ability to manage staffing shortages, support nurses, promote teamwork, and maintain quality patient care is particularly important in healthcare settings experiencing limited nursing manpower. Understanding the lived experiences of Chief Nurses is therefore essential to identifying the practical challenges they encounter and the strategies they use to sustain nursing services despite workforce shortages.

Sugianto et al. with thesis title Nurse Workforce Scheduling: A Qualitative Study of Indonesian Nurse Managers' Experiences During the COVID-19 Pandemic (2022) employed a qualitative descriptive research design to explore the experiences of nurse managers in managing staff nurses' work schedules during the COVID-19 pandemic. The researchers recruited 11 nurse managers from three COVID-19 referral hospitals using purposive sampling. Participants included nurse managers who were directly involved in preparing and managing official nursing schedules. Data were collected through online semi-structured interviews and analyzed using thematic analysis. The researchers also used the Consolidated Criteria for Reporting Qualitative Research (COREQ) as a reporting guideline. The study generated four major themes: (1) nurse shortage, (2) strategically looking for ways to fulfill the workforce, (3) changes in shift schedules, and (4) expecting guidance from superiors and compliance from staff. The findings showed that nurse managers experienced considerable difficulty in preparing schedules because of insufficient nursing personnel and increasing patient demands. The shortage resulted in constrained scheduling, increased exhaustion among nurses, and difficulties in maintaining optimal nursing care. Nurse managers responded by mobilizing and rotating available personnel and considering the recruitment of volunteers.

The researchers concluded that shortage of nursing personnel is a major problem for nurse managers, particularly when healthcare demands increase. Effective personnel management, staff mobilization, rotation, and recruitment of additional workers can help address staffing shortages. The study also emphasized the importance of appropriate scheduling, adequate rest periods, and guidance from higher nursing management. The study recommended the development and use of an appropriate staffing calculation formula that can account for unpredictable shortages. Hospitals should also consider effective staff rotation, mobilization of available personnel, recruitment of additional staff, and adequate rest periods to reduce nurse exhaustion. Furthermore, senior nursing managers should provide clear guidance to head nurses to minimize confusion in scheduling and staffing decisions.

Another study by Yu et al. (2024) conducted a descriptive qualitative study to explore factors affecting nurse staffing from the perspective of nursing managers. The researchers used purposive sampling to recruit 14 nurse managers from secondary and tertiary hospitals in central China. Data were collected through semi-structured telephone interviews conducted from April to May 2022. The interview transcripts were analyzed using thematic analysis to identify major themes and subthemes related to nurse staffing. The study identified four major themes and ten subthemes affecting nurse staffing. These were categorized into four levels: Government level – inadequacy of mandatory staffing policies and budgetary constraints; Hospital level – hospital characteristics, control of nurse labor costs, and inadequate organizational support for nursing; Patient level – patient characteristics and increasing patient care needs; and Nurse level – nurse shortage, skill mix, and individual needs of nurses. The findings demonstrate that staffing problems are not caused by the number of nurses alone. Rather, staffing is influenced by interconnected organizational, financial, patient-related, and workforce factors.

The researchers concluded that nurse staffing is a multifaceted issue requiring attention from nursing managers, hospital administrators, and policymakers. Adequate staffing requires consideration of patient needs, nurse characteristics, hospital resources, organizational support, and broader policies. The study emphasized that nurse managers have an important role in identifying staffing needs and ensuring that the available workforce is appropriately distributed. The researchers recommended that policymakers establish and enforce safe nurse-staffing policies, provide adequate funding, and strengthen supervision. Hospitals

should develop interventions that improve the organizational environment, address nurse shortages, and maintain an appropriate skill mix among nursing personnel. The study also highlighted the need to balance staffing structures with patient care requirements and the needs of nurses.

Objectives of the study

1. Explore the lived experiences and challenges of Chief Nurses in managing nursing staff during a shortage of nurses, particularly in terms of staffing, delegation of tasks, and compensation.
2. Determine the perceived effects of nursing shortages on hospital operations and patient care, particularly in relation to workload, quality of care, staffing, and extended duty hours.
3. Explore the coping mechanisms and strategies used by Chief Nurses to manage and overcome the challenges associated with the shortage of nurses, including teamwork, support from co-workers, and faith in God.
4. Identify the lessons and insights gained by Chief Nurses from their experiences in managing nursing staff during a shortage, particularly regarding leadership, commitment, compassion, dedication, and fulfillment of their professional calling.

METHODOLOGY

Research Design

This study employed a qualitative phenomenological research design to explore and describe the lived experiences of Chief Nurses in managing nurse staffing during a shortage of nurses in Pangasinan. A phenomenological approach was appropriate because the study sought to understand how Chief Nurses experienced, interpreted, and gave meaning to staffing challenges associated with inadequate nursing manpower. The inquiry focused on their experiences in managing available personnel, addressing increased workloads, maintaining patient care, dealing with staffing constraints, implementing coping strategies, and deriving insights from their experiences as nursing leaders.

The study was guided by a descriptive phenomenological approach, with the analysis informed by the Giorgi phenomenological method. This approach was selected because it provides a systematic process for identifying the essential meaning of participants' lived experiences while maintaining close attention to their descriptions. The analysis involved reading the interview transcripts as a whole, identifying meaning units, transforming participants' everyday descriptions into psychologically and contextually relevant meanings, synthesizing the transformed meanings, and developing a general structure that represented the phenomenon under investigation.

Research Setting

The study was conducted among selected Chief Nurses working in hospitals in Pangasinan, Philippines. The participating hospitals represented the work environments in which Chief Nurses were directly involved in nursing administration, personnel deployment, scheduling, delegation, supervision, and other staffing-related responsibilities.

The research setting was selected because hospitals in the province provide an appropriate context for examining the experiences of nursing leaders who are required to maintain nursing services despite challenges associated with shortages in nursing manpower.

Participants

The participants were six (6) Chief Nurses who were directly involved in the management and deployment of nursing personnel. The participants were selected because their professional roles and experiences enabled them to provide first-hand accounts of the phenomenon being investigated.

The demographic and professional characteristics of the participants are presented in Table 1.

Table 1. Demographic and Professional Characteristics of the Participants

Name	Gender	Age	Length of Service	Highest Education Attainment
CN 1	Female	49	7 Years	MAN
CN 2	Female	46	5 Years	MAN
CN 3	Female	52	25 Years	MAN
CN 4	Female	38	8 Years	MAN
CN 5	Female	37	6 Years	MAN
CN 6	Female	64	3 Years	MAN

Recruitment Procedure

Participants were recruited through non-probability convenience sampling, with consideration given to their accessibility, availability, and direct involvement in nursing staffing management. Potential participants were initially identified based on their professional position and involvement in managing nursing personnel in their respective hospitals.

The researchers approached eligible Chief Nurses and explained the purpose, scope, procedures, and voluntary nature of the study. Those who expressed willingness to participate were provided with the informed consent form and were given sufficient opportunity to ask questions before deciding whether to participate. Participation was entirely voluntary, and refusal to participate did not result in any penalty or adverse consequence.

Because phenomenological research requires participants who have direct experience of the phenomenon, convenience sampling was used only among individuals who met the established eligibility requirements and could provide substantive descriptions of their experiences.

Inclusion and Exclusion Criteria

Participants were included in the study if they:

1. Currently employed as a Chief Nurse or held the primary nursing leadership position responsible for staffing management in a hospital in Pangasinan;
2. Had direct experience in planning, managing, supervising, or allocating nursing personnel;
3. Had experienced staffing concerns associated with a shortage of nurses;
4. Willing and able to describe their experiences related to the phenomenon;
5. Willing to participate in an individual, in-depth interview;
6. Provided written informed consent; and
7. Willing to have the interview audio-recorded.

Individuals were excluded if they:

1. We're not currently involved in nursing staffing or personnel management;
2. Did not have direct experience of managing staffing during a nurse shortage;

3. Were unable to participate in an in-depth interview;
4. Declined audio recording; or
5. Withdrew their consent before or during the data-collection process.

Data Collection

Data were collected through individual, in-depth, semi-structured interviews using an interview guide consisting primarily of open-ended questions. The interview guide focused on the participants' experiences in managing staffing during nurse shortages, including challenges in manpower allocation, delegation of duties, workload management, compensation concerns, effects of nurse shortages on patient care and hospital operations, coping strategies, support systems, and lessons or realizations gained from their experiences.

The semi-structured format allowed the researchers to maintain consistency across interviews while providing participants with sufficient opportunity to elaborate on experiences that they considered important. Probing and follow-up questions were used when clarification or deeper descriptions were necessary.

Each interview lasted approximately 30–60 minutes and was conducted in office of the Chief Nurse. Interviews were scheduled at a time and place convenient to the participants and were conducted in a manner that promoted privacy and minimized interruptions.

With the participants' permission, interviews were audio-recorded. The researchers also maintained field notes to document contextual information, non-verbal observations when appropriate, notable statements, and reflections arising during the interview process.

Language and Translation Procedures

Participants were allowed to communicate in the language in which they could most comfortably and accurately express their experiences, including English, Filipino, Pangasinan, and/or Ilocano, as applicable.

For interviews conducted in a language other than English, the recordings were first transcribed as accurately as possible in the original language. The transcripts were then translated into English for analysis and presentation of the findings. To preserve the participants' intended meanings, the researchers carefully compared the original-language statements with the English translations. Particular attention was given to culturally specific expressions, local terms, and statements for which a direct translation might alter the intended meaning.

Data Saturation and Sample Adequacy

The study did not establish a fixed sample size solely on numerical grounds. Instead, the researchers considered the adequacy of the sample based on the depth, richness, and redundancy of the information obtained from participants.

Data collection continued until data saturation was reached, operationally defined in this study as the point at which subsequent interviews were no longer producing substantially new experiences, meanings, concepts, or themes relevant to the research questions.

During the analysis, the researchers continuously compared emerging information from each interview with previously collected data. After the sixth interview, the researchers determined that the narratives demonstrated substantial repetition and that no significant new dimensions of the phenomenon were emerging.

Data Analysis

The interview data were analyzed using the Giorgi descriptive phenomenological method. Data collection and analysis occurred concurrently, allowing the researchers to become familiar with the emerging meanings and to determine whether additional interviews were needed. The analysis proceeded through the following stages:

Stage 1: Establishing a Sense of the Whole

The researchers first read each transcript repeatedly and in its entirety to obtain a comprehensive understanding of each participant's account. At this stage, the researchers focused on the overall description of the participant's experience rather than immediately categorizing individual statements.

This process allowed the researchers to understand the context in which the participants experienced nurse shortages, including their responsibilities, challenges, emotional responses, coping strategies, and perceptions of leadership.

Stage 2: Identifying Meaning Units

After developing an overall understanding of each transcript, the researchers examined the narratives systematically and identified meaning units or portions of the text that conveyed a distinct aspect of the participant's experience relevant to the research questions.

Meaning units were identified based on changes in meaning within the participant's narrative. Statements relating to staffing difficulties, increased workload, extended duty hours, compensation, patient-care concerns, teamwork, organizational support, coping, faith, leadership, commitment, and professional values were examined and grouped according to their experiential significance.

Stage 3: Transforming Meaning Units

The researchers then examined each meaning unit and transformed the participants' everyday descriptions into research-relevant statements that captured the underlying meaning of the experience. The researchers remained grounded in the participants' accounts and avoided introducing interpretations that were not supported by the data.

For example, descriptions concerning inadequate manpower and increased workload were examined not simply as statements about staffing numbers but in terms of how these conditions were experienced by Chief Nurses in fulfilling their leadership responsibilities and maintaining patient care.

Stage 4: Synthesizing the Transformed Meanings

The transformed meaning units were compared across participants to identify similarities, differences, relationships, and recurring patterns. Related meanings were clustered together to develop categories and preliminary themes.

The researchers repeatedly returned to the original transcripts to ensure that emerging categories and themes remained grounded in the participants' actual narratives. Individual differences were retained when they provided meaningful variation in the phenomenon rather than being eliminated in favor of uniformity.

Stage 5: Developing the General Structure of the Experience

The final stage involved synthesizing the essential meanings identified across the participants' narratives into a coherent description of the phenomenon. The researchers examined the relationships among the categories and themes to determine the central structure of the Chief Nurses' lived experiences in managing staffing during nurse shortages.

The analysis resulted in four major themes: (1) Work Challenges, (2) Poor Quality of the Healthcare System, (3) Conquering and Surviving the Challenges, and (4) Love and Compassion to Work. These themes and their corresponding sub-themes represented the common and significant dimensions of the participants' experiences while also acknowledging variations among individual accounts.

Reflexivity

The researchers recognized that their professional experiences, assumptions, and perspectives could influence the collection and interpretation of qualitative data. To minimize the influence of pre-existing assumptions, the researchers practiced reflexivity throughout the research process.

Before and during data collection and analysis, the researchers reflected on their assumptions regarding nurse shortages, staffing management, leadership, workload, and patient care. Reflexive notes were maintained to distinguish participants' descriptions from the researchers' personal interpretations. During analysis, the researchers repeatedly returned to the original transcripts and participants' exact accounts to ensure that themes were derived from the data rather than from preconceived expectations.

The researchers also remained attentive to their interactions with participants during interviews and avoided leading questions or statements that could influence participants' responses.

Trustworthiness of the Study

The trustworthiness of the study was established using the four criteria of credibility, transferability, dependability, and confirmability proposed for qualitative research.

Credibility

Credibility refers to the extent to which the findings accurately represent the experiences described by the participants. Credibility was strengthened through prolonged engagement with the interview data, repeated reading of transcripts, in-depth individual interviews, probing questions, and continuous comparison of emerging findings with the original narratives.

Transferability

Transferability was addressed by providing a sufficiently detailed description of the research context, participant characteristics, professional roles, sampling process, data-collection procedures, and phenomenon under investigation. Such contextual details enable readers and future researchers to determine whether the findings may be applicable to other hospital settings or groups of nursing leaders experiencing similar staffing conditions.

Dependability

Dependability was established through systematic documentation of the research process. The researchers maintained records of participant recruitment, interview procedures, transcription, coding, development of categories and themes, and methodological decisions. Changes or refinements made during the research process were documented to provide an audit trail of how the findings were developed.

Confirmability

Confirmability was established by ensuring that the findings were grounded in the participants' actual narratives rather than solely in the researchers' assumptions or preferences. The researchers retained the interview recordings, transcripts, field notes, coding decisions, and thematic development records as an audit trail. Reflexive documentation was also used to identify and manage potential researcher biases.

Where appropriate, representative participant quotations were used in presenting the findings to demonstrate the connection between the themes and the original data.

Ethical Considerations

Ethical principles were observed throughout the study. Before data collection, participants were informed about the purpose of the study, the nature and procedures of the interviews, the voluntary nature of participation, potential risks and benefits, confidentiality measures, and their rights as research participants.

Written informed consent was obtained before each interview. Participants were informed that they could decline to answer any question or withdraw from the study at any point without penalty or negative consequences.

To protect confidentiality, participant names and other identifying information were removed from transcripts and replaced with participant codes. Audio recordings, transcripts, field notes, and other research materials were stored securely and were accessible only to the researchers and authorized research personnel.

The information obtained from the participants was used solely for academic and research purposes. The researchers also took appropriate measures to ensure that participation would not expose the Chief Nurses or their institutions to unnecessary professional or organizational risks.

Statement of the Problem

This study aims to explore the lived experiences of Chief Nurses in managing nursing staff during the shortage of nurses in Pangasinan. Specifically, it seeks to answer the following questions:

1. What are the experiences and challenges encountered by Chief Nurses in managing nursing staff during a shortage of nurses in terms of:
 - A. staffing and deployment of nursing personnel;
 - B. delegation and distribution of nursing tasks; and
 - C. compensation and other work-related concerns?
2. What are the perceived effects of the shortage of nurses on:
 - A. hospital operations and nursing services;
 - B. nurses' workload and working conditions; and
 - C. quality and safety of patient care?
3. What coping mechanisms and strategies are employed by Chief Nurses to overcome the challenges associated with the shortage of nurses?
4. What lessons, insights, and realizations are gained by Chief Nurses from their experiences in managing nursing staff during a shortage of nurses?

RESULTS AND DISCUSSION

I. Experiencing Staffing Challenges Amid Nurse Shortages

The participants described their experiences as Chief Nurses as involving persistent and demanding staffing challenges associated with the shortage of nursing personnel. Their narratives revealed the difficulties they encountered in maintaining adequate staffing, managing the workload of available nurses, assigning personnel according to their competencies, and addressing concerns regarding compensation. These experiences required them to continuously adjust staffing arrangements, redistribute responsibilities, provide

additional supervision, and, in some situations, personally assist in areas where staffing was insufficient. The participants' accounts reflected not only the operational demands of staffing management but also the personal and professional difficulties they experienced while fulfilling their responsibilities as nursing leaders.

Experiencing Insufficient Nursing Manpower

The participants consistently described insufficient nursing manpower as one of the most significant challenges they experienced in their roles as Chief Nurses. They reported having a limited number of nurses available to meet the demands of their respective hospital units. Some participants associated the shortage with nurses transferring to government hospitals, seeking employment abroad, or becoming temporarily unavailable because of quarantine, illness, exposure to COVID-19, or family-related concerns.

CN 1: "As a chief nurse in a hospital, my experience with staffing is really difficult, especially because we have a shortage of manpower and are understaffed. The number of nurses we have is really insufficient because many of them applied to government hospitals, especially during the pandemic, when government hospitals hired nurses to work in COVID-19 areas. This required a major adjustment on our part. At that time, I thought that one area might have to close because of the lack of nurses, while others applied to work abroad because of the opportunity to earn a higher income."

CN 2: "My experience with staffing our nurses now is a major problem for our hospital because we have only a small number of nurses. This situation is difficult because it may affect our ability to provide proper care to our patients. It is really a serious problem."

CN 3: "It is a major challenge, especially because of the shortage of staff nurses. During the pandemic, it was especially difficult because there were times when the number of staff was limited due to the need for quarantine when nurses were exposed to patients with COVID-19, experienced COVID-19 symptoms, or had family emergencies."

CN 4: "Staffing is considered a perennial problem in nursing services because of the insufficient number of nurses. In our hospital, we are really understaffed. One nurse may have to handle 10 or more patients because we have very few nurses. This problem is not limited to our hospital; other hospitals also experience a shortage of nurses."

CN 5: "Our staff nurses are severely understaffed at present. One nurse may be assigned to care for many patients during a shift in an area. Because of the shortage of nurses, errors in patient care may become difficult to avoid."

CN 6: "The number of staff nurses in our institution is not sufficient. During each shift, there are three nurses and one aide caring for more than 50–70 patients. Sometimes, there are only two nurses and one aide on duty. With this staffing arrangement, our nurses become overworked. This situation is very difficult for my nurses."

Experiencing Increased Workload and Staffing Responsibilities

The shortage of nurses also shaped the participants' experiences of workload, delegation, supervision, and leadership responsibility. When staffing gaps occurred, the participants described redistributing nurses across different areas, assigning duties according to competency and experience, supervising less experienced personnel, and providing direct assistance when available staff were insufficient.

CN 1: "When delegating work to the staff, for example, if someone is absent in one area, we pull out a staff member from another area. All of our staff need to be familiar with every area so that we can prevent errors that may occur. If there is no one available to be pulled from another area, I have no choice but to personally report for duty in the area without staff."

CN 2: “We make sure that difficult tasks are assigned to senior nurses who are well-trained and highly qualified to handle severe cases or complicated procedures. There must be continuous training. However, challenges were encountered during the pandemic because critical care training at the Philippine Heart Center was postponed. Junior staff nurses are allowed to handle simple or benign cases but remain under the supervision of the charge nurse.”

CN 3 emphasized the challenges associated with assigning tasks to nurses with limited CN 3: “Assigning tasks to my staff can be difficult because most of my staff members do not have sufficient experience in handling certain critical situations. Therefore, the supervisors, head nurses, and I assist the junior staff to ensure that patients receive proper care. As a chief nurse, I am always there for my team and maintain good communication with them.”

CN 4: “It is an essential responsibility of the chief nurse to ensure that appropriate roles and guidelines are followed as part of the workload so that the required patient care is properly provided. We make sure that all staff members are trained in different areas so that they know what to do when they are needed elsewhere. They need to be trained in different areas. However, when staff members are absent from a specific area, the supervisors and I sometimes report for duty alongside the staff to ensure that proper care is provided to critically ill patients.”

CN 5: “Our work requires extensive knowledge because we are responsible for the lives of our patients. In delegation, all staff members receive training or are assigned to different areas so that they become familiar with each area and with the different care needs of patients. If a staff member is absent, we can call someone from another area because they are trained. As the head of the hospital, you need to ensure that all areas are adequately staffed and stable. If there is a shortage in an area, you have no choice but to assist in that area.”

CN 6: “Because of the shortage of nurses, we have co-workers who are not yet licensed. They provide significant assistance to the staff nurses, but this can also have negative effects if they make mistakes. As a chief nurse, we sometimes need to accompany and closely supervise these staff members while they are providing care to clients.”

Experiencing Compensation Concerns

Another recurring experience among the participants involved concerns about compensation. The participants expressed the perception that their salaries did not adequately correspond to the workload, responsibilities, and demands associated with their positions as nurses and Chief Nurses. For some, compensation concerns were particularly pronounced during the COVID-19 pandemic because of the increased demands and expenses associated with reporting for duty.

CN 1: “One of my experiences during the COVID-19 pandemic was related to compensation. I can say that this is one of the saddest parts of being a healthcare worker in the Philippines. When you think about how difficult the work is and how low the salary is, it can be discouraging. We know that nurses are not always given priority. It sometimes feels as though people do not recognize the hardships nurses experience. Despite this, I continue to tell myself that someday all my hard work will be rewarded.”

CN 2: “One of the saddest realities of being a chief nurse is the salary. The work is extremely difficult, you lose sleep, and you become exhausted from caring for COVID-19 patients, yet the salary remains low. It feels like being overworked and underpaid.”

CN 3: “To be honest, if you work in a private hospital, the salary is very low. When you consider the difficulty of the work, the compensation does not adequately reflect the effort and responsibilities required.”

CN 4: “To be honest, as a chief nurse, our compensation is low. Even though we have a lot of paperwork and additional responsibilities, there is no corresponding increase in our salary.”

CN 5: “During the pandemic, life became more difficult for us as chief nurses. Even the transportation expenses going to work consumed a significant portion of our salary. We also needed to report for duty five days a week, so our salary was not enough for the work and responsibilities we were carrying.”

CN 6: “This has been a long-standing problem in our country. Even when I was still a staff nurse, the salary was already very low. When I was appointed as a chief nurse, my salary did not increase significantly. I learned to be content with what I have, and I continue to remind myself that I am doing this for my patients.”

The findings of the present study are strongly supported by Yu et al. (2024), who explored factors affecting nurse staffing from the perspective of 14 nurse managers in secondary and tertiary hospitals in China. Their study identified nurse shortages, skill mix, increasing patient care needs, hospital-level support, labor costs, and organizational factors as important influences on nurse staffing. Similarly, the present participants described insufficient manpower, differences in staff competence, increased workload, and the need to move nurses between areas as major staffing concerns. This similarity is important because both studies demonstrate that staffing is not simply a matter of the number of nurses available; it also involves whether available personnel possess the appropriate competencies and whether organizations can effectively allocate and support them.

Likewise, Li et al. (2024) found that nursing managers experienced staffing as a multidimensional concern involving hospital, departmental, patient, and nurse-level factors. Their findings emphasized the importance of flexible staffing arrangements, appropriate nurse structures, and strategies that allow hospitals to respond to changing workforce needs. This supports the experiences of the present participants, who described transferring nurses from one area to another, training staff to become familiar with different units, and personally assisting when no additional personnel were available.

Perceived Effects of Understaffing on Nursing Practice and Patient Care

The participants described the effects of nurse understaffing on their experiences in managing nursing services and delivering patient care. Their narratives indicated that having a limited number of nurses created difficulties in maintaining the level of care they believed patients required. Participants perceived that understaffing placed additional demands on nurses, particularly when they were responsible for a large number of patients or when staffing gaps required them to extend their duty hours. These experiences were associated with concerns about patient safety, completeness of nursing care, and the ability of nurses to provide quality services while managing increased workload and fatigue.

Perceived Challenges in Maintaining Quality and Safe Patient Care

Participants expressed concerns that insufficient nursing personnel made it more difficult to provide the quality and level of care they believed patients needed. They perceived that when fewer nurses were available, the demands associated with caring for multiple patients could affect the delivery of nursing interventions and the ability to maintain patient safety. Some participants also associated understaffing with the possibility of missed or delayed interventions and other unfavorable patient outcomes.

CN 2: “Understaffing can affect the safety of both patients and healthcare staff. It may result in a lack of necessary therapeutic interventions, which can increase the risk of violence and aggression in the wards.”

CN 3: “With fewer nurses available to provide care, patients may not receive the quality services and care they need for recovery from their illnesses or injuries. This can result in prolonged hospital stays, an increased risk of infection, and other negative health outcomes.”

CN 5: “The effect of the shortage of nurses may lead to a lower quality of services being provided to patients.”

CN 6: “When the pandemic started, nurses became afraid to report for duty because they were afraid of being infected by the virus. As a result, the number of available nurses decreased. This had a significant

impact because the nurses who remained on duty had to care for a large number of patients. Because of the excessive number of patients assigned to each nurse and the limited number of staff nurses available, nurses could no longer provide the quality of care that patients needed.”

Extended Duty Hours and Nurse Fatigue

Another experience described by the participants was the need for nurses to extend their duty hours when staffing gaps occurred. Participants explained that nurses sometimes remained on duty when incoming staff failed to report or when the workload could not be completed within the scheduled shift. These circumstances required nurses to assume additional responsibilities and remain at work for several hours beyond their expected duty. Participants perceived that prolonged working hours could contribute to fatigue and make it more difficult for nurses to maintain the quality of care they aimed to provide.

CN 1: “Due to the shortage of nurses in our hospital, it is sometimes unavoidable for staff nurses to extend their duty, especially when the incoming nurse does not report for duty. In this situation, the nurse who extends the shift may not be able to provide quality care because they are already tired.”

CN 4: “Sometimes, it is unavoidable for our nurses to extend their duty for several hours to assist their colleagues. Because of the number of patients and the fact that there may be only one nurse on duty, the nurse may not be able to complete all the necessary tasks within the scheduled shift. Before endorsing the patients to the incoming nurse, all necessary responsibilities and patient care activities must be completed, which may require the nurse to extend their duty for several hours.”

These findings are supported by Granel et al. (2020), who reported that inadequate nurse staffing and increased workload were associated with missed nursing care. Their findings suggest that when nurses are required to manage excessive workloads, some necessary nursing activities may be delayed, omitted, or left incomplete. This is consistent with the experiences of the present participants, particularly CN 2, CN 3, CN 5, and CN 6, who perceived that insufficient staffing made it difficult to provide the level of care patients required. Similarly, Lasater et al. (2021) found that inadequate nurse staffing was associated with poorer patient outcomes and increased workload among nurses. Their findings support the present participants' concerns that limited nursing personnel can create challenges in maintaining safe and quality patient care. However, unlike the quantitative approach used by Lasater et al. (2021), the present study explored the lived experiences of Chief Nurses, allowing the findings to demonstrate how staffing shortages are personally experienced and managed by nursing leaders.

Conquering and Surviving the Challenges

Embracing and overcoming obstacles is an important way of gaining knowledge, experience, and personal growth. Accepting and dealing with difficulties can be challenging and requires perseverance, determination, resilience, and motivation. In overcoming challenges, individuals often draw strength from the people who believe in them and from those who provide support and encouragement. For healthcare leaders, the support of colleagues, teamwork, and faith can serve as important sources of strength in managing difficulties and continuing to fulfill their responsibilities.

Helping Hand in Hand

The participants emphasized that teamwork, unity, cooperation, and support from colleagues were important in helping them overcome the challenges they encountered as chief nurses. Working together enabled them to face difficulties collectively and remain focused on their responsibility to provide appropriate and quality care to patients.

CN 1: “Since the pandemic began, as a chief nurse, the people who helped me the most were my fellow members of the healthcare team. We shared one mission, which was to provide proper and quality care to our patients.”

CN 3: “When I reach the point where I feel like giving up because of the problems in the hospital, I always think about my colleagues who remain determined and do not give up. If they do not give up, then why should I, as their leader, give up? I try to strengthen myself and remain courageous because I know that we will eventually overcome these problems if we face them together.”

CN 5: “As the saying goes, when people work together, there will be a positive outcome. In our hospital, the problem of one becomes the problem of everyone. Because of our unity and cooperation, we are able to overcome the difficulties we encounter and provide what our patients need.”

CN 6: “All the problems that we have experienced and may experience in the future can be overcome when everyone in the team or workplace remains united and willing to help one another. With unity and cooperation among team members, there is no problem that cannot be resolved.”

Believing in God

The participants also identified faith in God as an important source of strength in overcoming challenges. Their faith helped them remain hopeful and motivated, particularly during difficult situations such as the COVID-19 pandemic. Believing that their challenges could be overcome through God's guidance allowed them to continue fulfilling their responsibilities despite feelings of discouragement and uncertainty.

CN 2: “I believe that all the problems we face can be overcome if we turn to God for help. I admit that when the pandemic began and our hospital was experiencing many difficulties, I felt discouraged. However, I continued to pray that, with the help of God, all the problems our hospital was facing would eventually come to an end.”

CN 4: “One thing that gives me strength amid all the trials I experience is my continued faith in God. I believe that the problems and events that happen in our world have a purpose, and that God will not give us a problem that we cannot handle.”

Love and Compassion in the Practice of Nursing

Love, empathy, kindness, and compassion are essential values in the nursing profession. These qualities enable nurses to provide care that extends beyond the physical needs of patients and encompasses their emotional, psychological, and spiritual well-being. For the participants, their experiences as chief nurses during the pandemic strengthened their commitment to their profession and reinforced their belief that caring for others is both a responsibility and a meaningful calling. Despite the difficulties and risks associated with their work, their compassion for patients and dedication to nursing motivated them to persevere and continue fulfilling their responsibilities.

Fulfilling My Mission

CN 1: “One of the things I learned as a chief nurse is to persevere through all the challenges in life. I believe that healthcare workers are instruments of God in caring for those who are sick.”

CN 2: “As a chief nurse, I have learned that when you love what you do or the work you perform, no matter what challenges come your way, you will be able to face and overcome them.”

CN 3: “As a healthcare worker, or as a nurse, you have to fulfill the duty that you have sworn to perform, which is to help people regardless of the pandemic or challenges that may arise.”

CN 4: “For me, being a chief nurse is a calling from God because I believe that I am an instrument of the Lord in helping people who are in need, particularly patients and my fellow nurses.”

CN 5: “No matter what happens or whatever challenges I may encounter as a chief nurse, I will continue performing my responsibilities. One of the lessons I have learned as a chief nurse is never to give up and to face every challenge that comes my way in life.”

CN 6: “Since the pandemic began, my strength and resilience as a chief nurse were truly tested. It tested my dedication to continue fulfilling my role as a healthcare worker. Although I was at risk of being infected with COVID-19, my love for my profession and compassion for my patients motivated me to continue reporting for duty and performing my responsibilities.”

This finding is consistent with the study of Uzunbacak et al. (2023), which examined changes in nurses’ sense of calling during the COVID-19 pandemic. Their findings showed that many nurses experienced a strengthened sense of calling because they viewed their work as meaningful, significant, and beneficial to humanity. The nurses also described increased commitment, love for their profession, sacrifice, and a stronger understanding of the importance of their responsibilities during the pandemic. Similarly, the present participants described nursing as a responsibility that had to be fulfilled despite difficult circumstances, suggesting that their professional commitment became an important source of motivation during the crisis.

The present findings also agree with a 2024 phenomenological study of nurses caring for patients with COVID-19, which identified perseverance and selfless dedication as important dimensions of professional resilience. The study found that nurses continued to adapt to changing conditions while balancing patient care, personal protection, family concerns, and professional responsibilities. This is similar to the experiences of the Chief Nurses in the present study, who continued reporting for duty and fulfilling their leadership responsibilities despite the risks associated with the pandemic.

CONCLUSION

Throughout the entire process, it was determined that Chief Nurses experience numerous difficulties and challenges in performing their roles and responsibilities. These challenges are reflected in four major themes that emerged from the experiences of the participants.

1. The first major theme is Work Challenges, with three sub-themes: lack of manpower, increased workload, and wage dissatisfaction. According to the Chief Nurses, the shortage of nursing personnel creates several difficulties within the hospital, particularly in maintaining appropriate staffing and patient-to-nurse ratios. The lack of manpower increases the workload of available nurses and may affect their ability to provide quality and timely patient care. In addition, wage dissatisfaction contributes to the challenges experienced by nurses and may affect their motivation and job satisfaction.
2. The second major theme is Poor Quality of the Healthcare System, with two sub-themes: substandard patient care and extended duty hours. The Chief Nurses described how inadequate staffing and other organizational challenges may compromise the quality of healthcare services provided to patients. The shortage of personnel may result in difficulties in delivering optimal patient care, while extended duty hours may contribute to physical and emotional exhaustion among nurses. These challenges can affect both the well-being of healthcare workers and the overall quality of patient care.
3. The third major theme is Conquering and Surviving the Challenges. This theme highlights the different coping mechanisms used by Chief Nurses to overcome the difficulties they encounter in their professional and personal lives. One important sub-theme is helping hand in hand, which emphasizes unity, cooperation, and mutual support among nurses and other members of the healthcare team. The participants believe that through teamwork and helping one another, challenges and problems can be addressed and overcome. Another important source of strength is faith in God, which provides them with hope, courage, and perseverance in facing difficult situations.
4. The fourth major theme is Love and Compassion for Work. Despite the numerous challenges they encounter, the Chief Nurses continue to perform their responsibilities because of their commitment, dedication, and genuine concern for their patients and colleagues. Their experiences taught them the importance of fulfilling their mission as nurses and leaders. Love, compassion, empathy, and dedication serve as important sources of motivation that enable them to continue their work despite difficulties and hardships. These values strengthen their commitment to the nursing profession and inspire them to provide meaningful and compassionate care.

RECOMMENDATION

In light of the findings and conclusions of the study, the following evidence-informed recommendations are proposed for hospital administrators, nursing leaders, and policymakers to address the challenges associated with nurse staffing shortages in Pangasinan.

1. Hospital administrators, in coordination with human resource departments and relevant government agencies, should develop and implement comprehensive nurse retention and recruitment strategies to address persistent staffing shortages. These strategies may include competitive and equitable compensation, appropriate incentives and benefits, opportunities for professional development, manageable workloads, adequate staffing levels, and supportive working conditions. Compensation packages should be periodically reviewed based on workload, responsibilities, qualifications, and prevailing labor conditions to improve nurse recruitment and retention.
2. Chief Nurses and nursing leaders should strengthen open communication and supportive leadership practices by creating a work environment where nurses feel safe to express their concerns, work-related difficulties, emotional experiences, and staffing-related problems. Regular staff meetings, individual consultations, feedback mechanisms, and appropriate referral to employee support services may be utilized to identify concerns early and provide appropriate assistance. Nursing leaders should also strengthen fair delegation, workload distribution, teamwork, and staff support during periods of inadequate manpower. Clear assignment of responsibilities, equitable distribution of duties, appropriate supervision, and recognition of nurses' contributions may help reduce unnecessary work-related stress and promote staff engagement and retention.
3. Hospitals should establish or strengthen employee well-being and resilience programs that support nurses and nursing leaders in managing the emotional and professional demands associated with staffing shortages. These may include peer-support programs, mentoring, stress-management activities, continuing professional development, recognition programs, and access to appropriate counseling or employee assistance services. Chief Nurses should continue to demonstrate compassionate, ethical, and patient-centered leadership while ensuring that commitment to the profession does not result in the normalization of excessive workloads or unsafe staffing conditions. Compassion and dedication should be complemented by organizational mechanisms that protect the well-being of nurses and promote safe working environments.
4. Policymakers and relevant government agencies should strengthen policies and programs addressing the recruitment, retention, compensation, deployment, and professional development of nurses, particularly in areas experiencing persistent workforce shortages. Government and healthcare institutions should collaborate in developing sustainable workforce strategies that respond to local staffing needs and support the availability of qualified nurses.
5. Future researchers may conduct further qualitative and quantitative studies involving Chief Nurses, staff nurses, hospital administrators, and policymakers to examine nurse staffing shortages from multiple perspectives. Future studies may also investigate the relationship between staffing levels, workload, nurse retention, compensation, leadership practices, nurse well-being, and patient outcomes.

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