

NURSING CAREER TOWARDS FINANCIAL INDEPENDENCE

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Abstract

This study explored nursing as a pathway to financial independence among nurses in the Philippines by examining their demographic characteristics, perceptions of financial independence, financial status, and strategies for improving economic resilience. A qualitative phenomenological design was employed to capture nurses' lived experiences. Data were collected through in-depth interviews with 28 nurses using a validated semi-structured interview guide. The instrument underwent expert review and content validation, yielding Aiken's V values ranging from 0.8 to 1.0. Findings show that the nursing workforce is predominantly female, largely young to middle-aged, and employed across various government salary grades. Most participants held bachelor's or master's degrees, were married or had family responsibilities, and served as primary household earners or lived independently. Nurses perceived financial independence as crucial for personal security, job satisfaction, professional motivation, fulfillment of family obligations, stress reduction, autonomy in decision-making, and preparation for the future. Financial analysis revealed a clear mismatch between income and expenses. While monthly salaries were relatively standardized, living costs varied considerably and often exceeded earnings. Only a few nurses reported modest savings, whereas the majority experienced monthly deficits, indicating limited capacity for savings and long-term financial planning. Single nurses living independently were generally able to meet basic needs but struggled to save, while family breadwinners faced greater financial strain and psychological stress. To address these challenges, participants emphasized the need for structured financial literacy programs, supplementary income opportunities, fair compensation and incentives, and access to affordable financial services. These insights informed the proposed Nurse Financial Empowerment and Resilience Program (N-FERP). Overall, the findings highlight the need for coordinated efforts among government agencies, healthcare institutions, and professional organizations to strengthen financial support systems and enhance the economic stability and retention of nurses in the Philippines.

Keywords: *Nursing career, financial independence, Philippines*

I. Introduction

In the Philippines, nurses serve as the backbone of the healthcare system, yet many of them continue to experience financial struggles that hinder their ability to achieve stability and independence. Despite the essential role they play, the compensation structure in both public and private health institutions often does not match the complexity, risks, and long hours associated with nursing work (Lopez & Malagum, 2024). The issue is compounded by the continuously rising cost of living in the country, particularly in urban centers such as Metro Manila, where expenses for housing, transportation, and basic commodities have increased significantly in recent years (Ortiga & Macabasag, 2021). For many nurses, the disparity between income and living expenses leads to financial insecurity, forcing them to stretch limited resources to meet family needs, support dependents, and make provisions for future obligations. Heavy workloads also contribute to this situation, as they limit opportunities for nurses to pursue additional employment or income-generating activities while also affecting their health and productivity (Guinihin et al. 2025). These conditions create a cycle where financial pressures intersect with professional demands, making financial independence a difficult goal to attain.

The lack of institutional mechanisms that directly support nurses' financial wellbeing further compounds the problem. While some private hospitals in the Philippines provide supplementary benefits such as retirement savings, hazard pay, or additional allowances, many government facilities, despite employing a significant portion of the country's nurses, offer fewer financial programs beyond the standard salary and limited benefits package (Ulep et al. 2025). This creates a situation where nurses, particularly those working in smaller provincial health centers, have minimal access to structured financial assistance or development opportunities. Without adequate institutional support, nurses face difficulties in preparing for retirement, handling emergencies, or planning for long-term financial security (Norh, 2024). Furthermore, the economic vulnerability of nurses has broader consequences, as financial insecurity has been linked to decreased job satisfaction, higher turnover rates, and the ongoing migration of Filipino nurses to countries that offer more competitive compensation and stronger financial support systems (Cubelo et al. 2024).

Recent literature stresses that the wellbeing of nurses cannot be separated from their financial stability, since economic stress directly affects their capacity to provide quality care (Wang et al. 2022). Scholars argue that sustainable healthcare systems must integrate not only professional support and training but also mechanisms that address the financial realities of healthcare workers (Zurynski et al. 2022). However, while studies in the Philippines have explored burnout, migration, and job satisfaction among nurses, fewer have concentrated specifically on financial independence as a central issue. This represents a critical gap in both research and policy, as addressing financial wellbeing could reduce attrition, enhance commitment, and strengthen the resilience of the healthcare workforce. Given these realities, there is a need to explore how nurses perceive the importance of financial independence in their personal and professional lives, while also examining the extent to which salary, workload, and cost of living shape their financial resilience. Furthermore, understanding what financial support programs are currently available through health institutions provides a clearer picture of the systemic gaps that must be addressed to promote not only the financial wellbeing of nurses but also the stability of the Philippine healthcare workforce. By situating financial independence as both a personal and institutional concern, the study responds to a growing discourse that sustainable healthcare depends on safeguarding the economic security of those who provide it (Hussain et al. 2024; Greenhill & Khalil, 2023).

Research Questions

The purpose of this study was to assess and examine nursing care in relation to financial independence among Filipino nurses working in selected public health institutions in the Philippines. Specifically, the study sought to address the following research questions:

1. What is the demographic profile of nurses in terms of:
 - a. gender;
 - b. age;
 - c. government salary grade;
 - d. highest educational attainment;
 - e. civil status;
 - f. type of nurse
 - g. number of dependents; and
 - h. length of service?
2. How do nurses perceive the importance of financial independence in their personal and professional lives?
3. What is the financial status of the following type of nurses:

- a. single nurse living alone
 - b. single nurse as an adult breadwinner
4. What approaches can be implemented to improve the financial independence of these two types of nurses in the Philippines?

II. Methodology

a) Research Design

To achieve the study objectives, a qualitative phenomenological approach was employed. Phenomenology focuses on understanding individuals' lived experiences and the meanings they assign to them (Dodgson, 2023), allowing in-depth exploration of how participants perceive and make sense of their personal and professional realities (Williams, 2021). This approach enabled nurses to describe their demographic circumstances in relation to everyday workplace experiences, including how age, education, civil status, institutional setting, and length of service shaped their financial responsibilities. It also facilitated an in-depth understanding of nurses' perceptions of financial independence by capturing their personal insights, emotions, and interpretations of its significance to wellbeing, decision-making, and career satisfaction. In addition, phenomenology supported the identification of strategies for enhancing financial independence by allowing participants to articulate challenges and propose solutions grounded in their lived experiences.

b) Participants and Sampling Technique

The study involved registered nurses from three government-owned Level III specialty hospitals in Metro Manila, anonymized as Hospital 1 (Quezon City), Hospital 2 (Mandaluyong City), and Hospital 3 (Caloocan City). These hospitals were purposively selected due to their tertiary services and diverse nursing demands. Although 40 nurses were initially targeted, 28 participated, which was sufficient for qualitative inquiry emphasizing depth and data saturation. Participants were licensed nurses actively engaged in clinical practice who provided informed consent. Excluded were unlicensed nurses, those on extended leave, in administrative roles, trainees, and individuals who declined participation. The final sample yielded rich, relevant insights into nurses' financial independence experiences.

c) Data Gathering Procedure

Data collection followed several systematic procedures. First, the researcher-developed interview guide underwent expert validation to ensure accuracy and relevance. Five faculty members with expertise in research, nursing, and teaching from a college in Baguio City reviewed the instrument. With minor revisions, all validators affirmed that the questions were clear, valid, and aligned with the study objectives. The instrument was further subjected to statistical validation using Aiken's V, administered by a professional statistician. Results showed high content validity, with values ranging from 0.8 to 1.0 across clarity, relevance, and appropriateness. Second, formal approval to conduct the study was obtained from the research adviser. Coordination with designated contact persons in the three selected hospitals facilitated participant identification and scheduling, addressing access limitations and minimizing disruption to hospital operations. Participants were approached during their free time to respect clinical responsibilities and enhance comfort. One-on-one interviews were conducted with 28 registered nurses to generate in-depth qualitative data. Interviews were scheduled at mutually agreed times and venues across Metro Manila. Prior to each session, the researcher explained the study purpose and obtained written informed consent. Interviews lasted 40-60 minutes and were audio-recorded with permission. Data collection occurred from August 22 to September 12, 2025, with additional interviews on December 10, 2025. Recordings were transcribed verbatim and analyzed using Colaizzi's (1978) phenomenological method, including participant validation to enhance credibility. All data were securely stored and permanently destroyed after analysis in compliance with the Philippines' Data Privacy Act of 2012 (RA 10173).

d) Data Analysis Procedure

The following statistical tools and analytical techniques were employed to analyze and present the findings of this study, which were later interpreted in detail in the discussion chapter. Frequency counts and percentages were used to organize and describe the socio-demographic characteristics of the respondents, thereby providing a clear and systematic profile of the study participants. For the qualitative component, thematic analysis using Colaizzi's (1978) method was applied to the interview transcripts. This analysis focused on understanding how nurses perceive the importance of financial independence in their personal and professional lives, as well as identifying approaches to enhance the financial independence of nurses in the Philippines. This method followed a structured process that included reading and familiarizing with participants' responses, extracting significant statements, formulating meanings, clustering these into themes, and integrating the results into an exhaustive description.

e) Ethical Considerations

The study strictly adhered to established ethical principles to protect the rights, dignity, and welfare of all participants. Non-maleficence was observed by ensuring that no participant was exposed to harm, distress, or inappropriate language, with all procedures conducted respectfully and safely. Beneficence was upheld by aiming to generate insights that could benefit nurses and the profession, particularly in addressing challenges related to financial independence. Respect for autonomy was ensured through voluntary participation and informed consent. Participants were fully informed of the study’s purpose, procedures, and their right to withdraw at any time without consequences. Justice was maintained by treating all participants fairly and without discrimination, ensuring equitable selection and representation. Anonymity, confidentiality, and privacy were safeguarded through the use of codes and secure data storage, with all data destroyed after analysis in compliance with the Data Privacy Act of 2012 (RA 10173). Intellectual honesty was observed by properly acknowledging all sources. Additional safeguards included respect for participants’ dignity and the provision of non-coercive refreshments. Overall, these measures ensured compliance with ethical standards and the credibility of the study’s findings.

III. Results and Discussion

a) Demographic Information of Nurses

This section presents the demographic information of the 28 nurse-participants who took part in the study.

Table 1. Profile of the Respondents

Profile	Frequency	%
Gender		
Female	18	64.29
Male	10	35.71
Total	28	100.0%
Age		
19-25 years	2	7.14
26-32 years	8	28.57
33-39 years	15	53.57
40 years and above	3	10.71
Total	28	100.0%
Government Salary Grade		
1 SG	9	32.14
2-6 SG	14	50.0
7-10 SG	5	17.85
Total	28	100.0%
Highest Level of Education		
Bachelors’ degree	10	35.71
Masters’ degree	15	53.57
Doctorate degree	3	10.71
Total	28	100.0%
Civil Status		
Single	11	39.29
Married	13	46.43
Separated	5	17.86
Annulment	3	10.71
Total	28	100.0%
Type of Nurse		
Single nurse living alone	3	10.71
Single Nurse as an Adult Breadwinner of a family of five or less	12	42.86
Married Nurse and a Breadwinner of a Family of 5 or less	13	46.43
Total	28	100.0%

Number of Dependents		
1	3	10.71
2	5	17.86
3	5	17.86
4 or more	15	53.57
Total	28	100.0%
Length of Service as a Nurse		
1-5 years	11	39.29
6-10 years	10	35.71
11-15 years	5	17.86
20 years and above	2	7.14
Total	28	100.0%

The demographic profile of the participants reflects entrenched structural patterns within the Philippine nursing workforce, with strong corroboration from existing literature. The predominance of female nurses (64.29%) over males (35.71%) confirms the continued feminization of nursing, a trend consistently documented in both local and global studies. Masibo (2024) and Elmaco (2022) attribute this imbalance to enduring cultural norms that frame nursing as women’s work, while the World Health Organization reports that women comprise nearly 90% of the global nursing workforce, reinforcing the systemic and transnational nature of this pattern. Age distribution further situates respondents within a young to mid-career cohort, with 53.57% aged 33-39 and 28.57% aged 26-32. This aligns with findings by Moreno-Lacalle et al. (2023), who observed that Filipino nurses tend to enter the profession early and remain concentrated in early to mid-career stages due to continuous recruitment and outward migration, a dynamic Wilde (2021) describes as cyclical workforce replenishment. Compensation data reveal that 50.0% of respondents were clustered in lower government salary grades (SG 2-6), while only 17.85% reached SG 7-10, corroborating Yingnan et al. (2024) and Bailey (2025), who identify stagnant public-sector wage progression as a key factor undermining nurses’ financial stability and

retention. Despite this, educational attainment was notably high, with 53.57% holding master’s degrees and 10.71% doctoral qualifications, echoing Lim-Saco and Guino-o’s (2024) findings that Filipino nurses actively pursue postgraduate education as a strategy for professional mobility, even when financial returns within government institutions remain limited. Civil status data further contextualize economic vulnerability: 46.43% of respondents were married and 39.29% single, yet both groups carried substantial financial obligations. Luna (2025) similarly noted that Filipino nurses, regardless of marital status, often assume breadwinner roles, a pattern reinforced in this study by the finding that 89.29% of participants were family breadwinners. Dependency data strengthen this interpretation, as 53.57% supported four or more dependents, corroborating Gotehus (2023) and Cantor (2024), who emphasize the extended-family financial expectations placed on Filipino nurses. Finally, length of service findings, 39.29% with 1-5 years and 35.71% with 6-10 years, align with Genuino et al. (2024), who observed sustained early- to mid-career dominance alongside long-term professional commitment despite persistent economic constraints. Collectively, these findings demonstrate that nurses’ financial independence is impacted less by individual characteristics and more by intersecting gender norms, wage structures, educational- income mismatches, and culturally embedded family obligations, reiterating the need for systemic policy and institutional reforms.

b) Nurses’ Perceptions of the Importance of Financial Independence in their Personal and Professional Lives

Nurses consistently perceived financial independence as essential for both personal and professional functioning. Seven themes emerged from the interviews: personal security, professional motivation and job satisfaction, family support, career development, reduction of work-related stress, empowerment and autonomy, and preparation for retirement. Financial independence was regarded as foundational to personal security, allowing nurses to meet daily needs and respond effectively to unforeseen circumstances. One participant stated, “I always feel more confident knowing I can handle unexpected expenses because of my financial independence.” Another explained, “Having my own resources makes me less worried about emergencies,” while a third said, “I think financial stability helps me to live with peace of mind and avoid unnecessary anxiety.” These perceptions align with Gerzon and Lopena (2023), who found that Filipino nurses associate financial security with psychological assurance, and Faroughi et al. (2022), who revealed that economic stability strengthens resilience during financial shocks. However, Thompson (2022) noted a persistent gap between nurses’ expectations of financial stability and their actual compensation, revealing structural limitations within the healthcare system.

Financial independence also shaped professional motivation and job satisfaction. Nurses described a positive impact on their engagement and pride in their work. One participant remarked, “When I know I am financially stable, I feel more excited to go to work every day.” Another said, “Money does not buy passion, but it helps me stay focused on my patients without worrying about my bills,” while a third added, “Financial independence gives me a sense of pride in my job.” These accounts corroborate Rapeane and Motsomotso (2025) and Selenko et al. (2025), though Aljumah (2023) suggested that intrinsic motivation ultimately outweighs financial incentives in sustaining long-term job satisfaction. Supporting family obligations was another prominent theme. One nurse stated, “My salary helps me pay for my children’s schooling and I cannot imagine failing in that role.” Another participant said, “I feel satisfied knowing I can support my parents financially,” and a third added, “Financial independence makes me dependable in my family, and that matters a lot to me.” These reflections align with Rodrigo (2025) and Yun and Yu (2021), indicating that Filipino nurses’ economic responsibilities extend beyond their immediate households, although Busick (2024) cautioned that such obligations can increase stress and the risk of burnout. Financial stability was also linked to career advancement. Participants shared, “Because I can save money, I enrolled myself in a master’s program,” “Financial stability helps me attend seminars and trainings I need for promotion,” and “I see my money as an investment in my future career growth.” These statements support findings by Valencia et al. (2025) and Guo et al. (2025), although Nashwan et al. (2022) observed disparities in opportunities due to financial constraints, resulting in uneven career trajectories.

Additionally, financial independence contributed to reduced work-related stress. Nurses commented, “I feel less stressed at work because I do not constantly worry about money,” “If I am financially secure, I can focus better on my patients without distractions,” and “Having financial independence gives me a calmer mindset.” These perspectives align with Shah et al. (2022) and Alsharif et al. (2024), while Alrehaili et al. (2024) noted that systemic issues like staffing shortages and high workloads may persist even for financially stable nurses. Empowerment and autonomy were further associated with financial security. Participants explained, “Having my own resources makes me feel more confident to decide for myself,” “Financial independence gives me the courage to speak up at work,” and “I feel less controlled because I can support myself financially,” corroborating Querido (2025) and Idris et al. (2023), though Lewis (2022) emphasized that structural inequalities can still limit autonomy. Finally, financial independence was critical for retirement and long-term stability. Participants shared, “I try to save for retirement because I know I cannot work forever,” “Financial independence gives me hope that I will not struggle in old age,” and “Planning for retirement is easier when I am financially stable now.” These observations align with Bricia et al. (2024) and Wang et al. (2025), although Alibudbud (2023) noted that low wages and rising living costs hinder nurses’ ability to save consistently. Collectively, these findings indicate that nurses perceive financial independence as central to security, motivation, family support, career growth, stress management, autonomy, and long-term planning, while systemic economic barriers constrain its full realization.

c) Financial Status of Single Nurses Living Alone and as an Adult Breadwinner

The financial experiences of single nurses, whether living alone or functioning as adult breadwinners, reveal distinct but interconnected challenges shaped by structural income limitations and broader economic pressures. Single nurses living alone generally reported that their income was sufficient to cover basic daily needs such as rent, food, and utilities, but inadequate for long-term financial security or savings accumulation. One participant noted, “I can pay my bills on time, but saving is really hard for me,” while another explained, “My salary is enough to live alone, but not enough to plan for the future,” reflecting constraints in building assets despite independent financial management. Participants described financial independence as functional rather than empowering, with associated psychological strain, including stress and anxiety over emergencies, as one commented, “Sometimes I feel pressured knowing I only rely on myself financially,” and another remarked, “I worry about emergencies because I don’t have much set aside.” These findings are consistent with Muench et al. (2021) and Yakusheva et al. (2024), who observed that nurses’ salaries typically cover immediate living requirements but fall short of enabling long-term financial growth, while contrasting with Chen et al. (2022), who suggested single professionals without dependents enjoy greater disposable income, a condition not strongly reflected in this study due to rising living costs.

In contrast, single nurses serving as adult breadwinners reported substantial financial responsibility, often providing for parents, siblings, or children, which limited opportunities for savings and investments. One participant stated, “I barely have anything left after I send money to my family,” while another added, “I cannot save much because my family’s needs come first,” and a third noted, “Even with extra shifts, I am still stretched thin supporting my family.” These findings align with Olorunfemi et al. (2024) and Turale and Meechamnan (2022), who documented that primary-earning nurses experience financial strain despite stable employment, and Kowalewska and Vitali (2024), who revealed the emotional burden associated with supporting dependents. Participants also linked financial responsibility to psychological stress, with one commenting, “I feel anxious every month worrying if I can cover everyone’s expenses,” and another, “Sometimes I feel overwhelmed knowing my family relies on me entirely.” Collectively, these empirical evidences demonstrate that financial independence, while providing day-to-day stability, often fails to translate into resilience or security, particularly for nurses with high dependent responsibilities, reflecting broader structural wage limitations and

the economic pressures of urban living, and reiterating the impact of financial strain on both personal well-being and professional sustainability within the Philippine healthcare system.

d) Approaches to Enhancing the Financial Independence of Single Nurses Living Alone and Single Nurses as Adult Breadwinners

Based on the findings regarding the financial status of single nurses living alone and single nurses serving as adult breadwinners, it is evident that both groups face distinct financial challenges that limit economic resilience, necessitating targeted strategies to enhance financial independence. To address these challenges, a structured approach combining education, institutional support, supplementary income, and access to financial services can provide nurses with the skills, knowledge, and resources to manage personal finances effectively, generate additional income safely, and plan for long-term stability. The proposed Nurse Financial Empowerment and Resilience Program (N-FERP) operationalizes these strategies across four priority phases. Phase 1 emphasizes financial literacy and management through structured workshops on budgeting, saving, debt management, and investment strategies, facilitated by hospital HR departments, the Philippine Nurses Association, and local government units, enabling nurses to improve personal financial decision-making. Phase 2 focuses on supplementary income by facilitating regulated part-time clinical work, online consultations, and skill-based freelancing through healthcare institutions, associations, and government labor agencies, allowing nurses to earn additional income without compromising professional responsibilities.

Phase 3 provides institutional support by assessing and adjusting salary structures, implementing performance-based incentives, and ensuring timely benefits, thereby aligning compensation with cost-of-living demands and financial obligations. Phase 4 improves access to affordable financial services, including low-interest loans, savings programs, and cooperative schemes managed by banks, cooperatives, and nursing associations, empowering nurses to manage larger financial obligations, plan for emergencies, and build long-term resilience. Key program components include monthly financial literacy workshops, a regulated supplementary income platform, cooperative savings and loan schemes, mentorship and peer-support networks, and collaboration between hospitals, nursing associations, government bodies, and the nurses themselves, who are expected to actively participate, apply financial management practices, and engage responsibly in additional income and cooperative initiatives. This integrated framework addresses both immediate financial needs and long-term independence, reducing economic vulnerability, enhancing resilience, and improving overall well-being among single nurses living alone and those serving as adult breadwinners. By fostering personal responsibility, institutional facilitation, and policy-level support, the program provides a comprehensive pathway toward sustainable financial empowerment and professional stability for nurses in the Philippines.

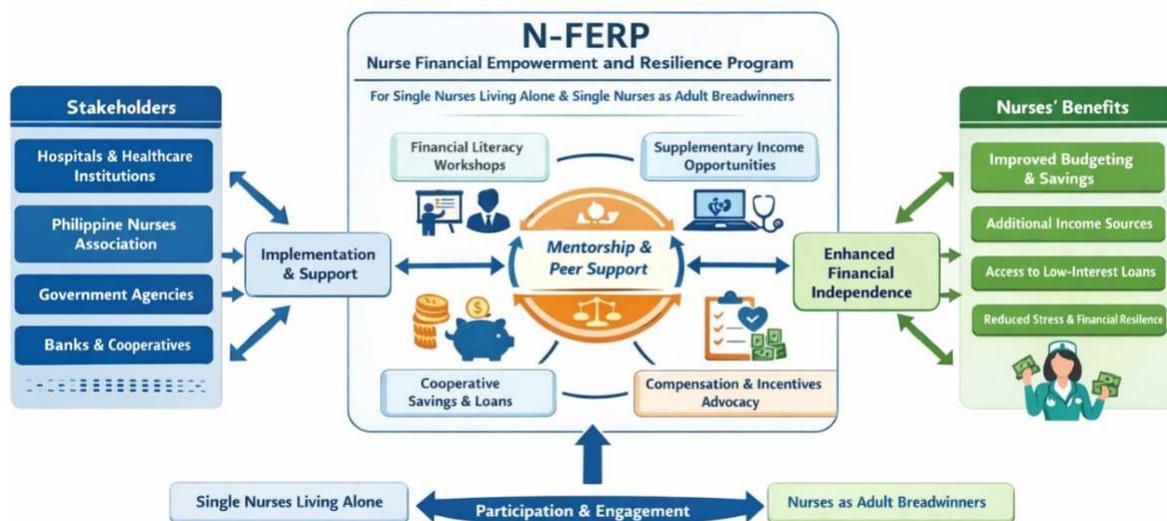


Figure 3. Nurse Financial Empowerment and Resilience Program

IV. Conclusions

Based on the findings of this study, the demographic profile of nurses in the Philippines reveals a predominantly female workforce, largely within the young to middle-age range, with most occupying lower government salary grades and possessing educational qualifications from bachelor's to master's and some doctoral degrees, reflecting ongoing professional development. Many nurses are married or carry family responsibilities, with a significant number serving as primary earners supporting multiple dependents, while lengths of service vary, indicating both early career entry and long-term commitment. Nurses perceive financial independence as essential for personal security and professional fulfillment, providing stability in daily life, reducing stress, enhancing confidence in managing unexpected events, and fostering job satisfaction, motivation, and empowerment. Financial stability also enables nurses to meet family obligations, invest in career development, and plan for retirement, although structural and economic limitations often constrain these goals. Regarding financial status, single nurses living alone generally cover daily expenses such as rent, utilities, and food, yet face difficulty saving or building long-term security, leaving them vulnerable to unforeseen costs, while single nurses serving as adult breadwinners bear greater financial responsibility, with limited capacity to save or invest and experiencing heightened psychological strain due to dependent care and work pressures. Both groups' financial experiences reflect the interaction between professional earnings and household obligations. Strategies to enhance financial independence include structured financial literacy and management training covering budgeting, saving, debt management, and investments; access to supplementary income opportunities; equitable compensation with timely benefits and performance-based incentives; and affordable financial services such as low-interest loans, savings programs, and cooperative schemes. These measures, integrated into the Nurse Financial Empowerment and Resilience Program (N-FERP), provide a comprehensive framework that combines education, income opportunities, institutional support, and financial tools to strengthen economic resilience, reduce vulnerability, and support the long-term well-being of both single nurses living alone and those serving as adult breadwinners.

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