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Structural Barriers and Strategic Directions for the Professional Role of Local Government Public Health Nurses in Integrated Community Care: A Qualitative Study

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Purpose: Local government public health nurses (LG PHNs) in South Korea deliver integrated community health and welfare services. However, their professional identity is often challenged within welfare-centered administrative structures, and the structural barriers to their role performance have not been fully explored.
Methods: An exploratory qualitative study using focus group interviews was conducted. Seven LG PHNs from various local government divisions participated. Data were analyzed thematically to identify key challenges in role performance.
Results: Three main themes emerged: (1) Systemic unreadiness and structural support gaps in deployment, characterized by inadequate orientation and ambiguous role boundaries resulting from rapid policy implementation; (2) Challenges in professional identity negotiation within integrated welfare-health frameworks, where the underutilization of nursing expertise and overlapping responsibilities within administrative settings led to role confusion and professional marginalization; and (3) Institutional isolation and absence of clinical governance, resulting from a lack of systematic clinical supervision and institutional backing. Participants reported significant difficulty prioritizing specialized nursing tasks due to limited resources and structural hierarchies.
Conclusion: LG PHNs' effectiveness is hindered by fundamental structural limitations and governance gaps. To prepare for the 2026 nationwide implementation of integrated care, a transition toward nursing-led care management is essential. Policy measures should include establishing a legal role framework, implementing dual-reporting systems for clinical supervision, and promoting inter-professional education (IPE) to empower LG PHNs as proactive community health leaders.

Keywords: Public health nursing; Health services administration; Health personnel; Professional role; Qualitative research

Introduction

In 2018, the Ministry of Health and Welfare of South Korea initiated a community-based public service program, expanding "visiting health and welfare services." This initiative is specifically based on the "Strengthening Resident-Centered Public Services" project to enhance community-based care. This nationwide initiative, led by the Ministry of the Interior and Safety and the Ministry of Health and Welfare, differs from previous localized visiting service models by integrating health and welfare functions within the smallest administrative units, Eup, Myeon, and Dong. By deploying nursing officers directly to these local administrative welfare centers, the program aims to establish an accessible, integrated care system at the front line of public service.

According to the official government guidelines [1], the primary objective of this program is to build a community-based integrated care system by deploying professional health personnel directly to Eup, Myeon, and Dong (the smallest administrative

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units). In this framework, the officially defined roles of the local government public health nurses (LG PHNs) are as follows: (1) Health Case Management: Providing customized health screenings and management for vulnerable populations through proactive home visits. (2) Community Health Planning: Assessing local health needs, identifying local health capacities, and establishing community-level health plans. (3) Inter-professional Collaboration: Networking community health resources and acting as a bridge between the social welfare team and medical institutions to ensure holistic care.

Historically, public health nursing in South Korea has evolved from a medical-oriented model centered on public health centers to a resident-centered, integrated care system that operates at the front lines of local administration. This institutional transition reflects a global shift toward decentralized community care, aiming to bridge the gap between clinical health services and social welfare. Theoretically, however, the integration of specialized medical professionals into a pre-existing bureaucratic hierarchy often creates structural tensions characterized by role ambiguity and role conflict. While this integration is designed to provide holistic care, the professional identity of nurses can become overshadowed when their clinical expertise is embedded within a welfare-dominant organizational culture.

As community needs become increasingly complex, it is difficult for a single health professional to meet all medical needs [2]. Consequently, multidisciplinary collaboration is essential, and nurses play a critical role in facilitating these partnerships [3]. In South Korea, however, nurses' experiences in community collaboration remain limited, and challenges in forming collaborative relationships are frequently reported [4]. Despite six years since their deployment, LG PHNs still face unclear role definitions, limited utilization of professional expertise by resident centers, and restricted access to health information systems [5]. Understanding the challenges faced by these nurses is crucial for clarifying their roles, improving work environments, and enhancing service quality. This study aimed to explore the perceived challenges of LG PHNs through focus group interviews.

The purpose of this study was to explore the challenges encountered by LG PHNs in delivering health and welfare services, using the FGI method, and to gain an in-depth understanding of their experiences. The study aims to provide foundational evidence for clarifying the roles of LG PHNs and improving their work environment.

Methods

Study design

This study employed a qualitative content analysis based on FGIs to gain a deep understanding of the challenges faced by LG PHNs in performing their roles. This approach is suitable for exploring participants' experiences and deriving core meanings and themes from the data.

Study participants

In this study, LG PHNs are operationally defined as nursing public officials assigned to the "Health and Welfare Teams" within Eup, Myeon, and Dong administrative welfare centers. Unlike public health center nurses, these LG PHNs are integrated into local administrative units to deliver resident-centered outreach services. Participants were LG PHNs who were currently employed or had at least three months of work experience in these local government divisions. A total of seven LG PHNs participated in the study. The minimum employment period of three months was set to ensure that participants had sufficient field experience, providing more in-depth and reliable data. Recruitment was conducted between July and October 2024. The study invitation was posted on an online community for public health nurses, and snowball sampling was subsequently used to recruit participants. Participants' general characteristics are presented in Table 1.

Data collection

Two mini focus groups were formed, with 3-4 participants in each group, and a total of two interviews were conducted—one per group. Data collection continued until data saturation was reached. In this study, saturation was confirmed when the information obtained became redundant, and no new themes or conceptual categories emerged from the final stages of the second FGI. Despite the relatively small sample size, the use of mini-focus groups allowed for deep, individualized contributions while fostering interactive synergy among participants who shared specialized professional backgrounds.

Each interview lasted approximately two hours, with each participant attending one session. FGIs were conducted by one researcher, who ensured a comfortable and safe environment for participants to freely share their experiences. The researcher moderated the discussion to prevent any single participant from dominating the conversation and focused on understanding the overall context without prematurely interpreting or summarizing participants' statements.

Table 1. Characteristics of Participants (*N*=7)

Participant number	Gender	Administrative Setting	Clinical Experience as a Local Government Public Health Nurse	Total Clinical Experience as a Nurse
P1	Female	Dong in a Metropolitan District	1 year	1 year
P2	Female	Eup/Myeon in a Rural County	1 year 9 months	4 years 6 months
P3	Female	Dong in a Small-to-medium City	3 months	6 years
P4	Female	Dong in a Small-to-medium City	9 months	1 year 6 months
P5	Female	Dong in a Small-to-medium City	1 year	1 year 4 months
P6	Female	Dong in a Small-to-medium City	3 years	3 years
P7	Female	Dong in a Small-to-medium City	1 year 9 months	1 year 9 months

Semi-structured interviews were conducted using open-ended questions to allow participants to fully express their experiences and explore diverse meanings. The main guiding question was: "*What challenges have you experienced while working as an LG PHN in your local government division?*" During the interviews, the researcher used reflective summarization to verify that interpretations aligned with participants' intended meanings. All interviews were audio-recorded with participants' prior consent, and recordings were transcribed verbatim by the researcher for subsequent analysis.

Data analysis

The purpose of qualitative content analysis is to provide an in-depth understanding and knowledge of the research phenomenon by systematically organizing written or verbal data into categories that share similar meanings [6]. In this study, verbatim transcripts of the interviews were analyzed using qualitative content analysis, following processes of open coding, iterative analysis, thematic analysis, and cross-analysis.

First, the researcher repeatedly read the transcripts to extract meaning units from participants' statements and to understand the overall context of the data. During the open coding phase, labels were assigned to extracted statements to conceptualize them, and categories were continuously compared for similarities and differences. Subsequently, through open coding followed by iterative thematic analysis.

In the thematic analysis phase, attributes and patterns were examined based on the codes and categories generated during open coding, leading to the identification of core categories and concepts. Finally, cross-analysis was conducted to compare results across participants and occupational groups, identifying common themes as well as group-specific differences. Through this iterative process, final core themes and sub-themes were established.

Rigor and trustworthiness

To ensure the rigor and trustworthiness of the analysis, this study followed the criteria proposed by Lincoln and Guba [7], including credibility, transferability, dependability, and confirmability. To establish credibility, the final analysis results were presented to participants for member checking, verifying whether the findings accurately reflected their experiences. Three participants reviewed the findings, all confirming that the results appropriately represented their experiences. To enhance transferability, participants were recruited from various local government divisions and occupational settings to ensure representativeness of the data. Open-ended questions were used during interviews to allow participants to fully express challenges and needs encountered in their work.

To ensure dependability, data collection and analysis were conducted iteratively, and the entire research process was documented in detail to maintain an audit trail. Finally, to establish confirmability, the researcher maintained a neutral stance throughout the study, and all extracted themes were cross-checked against the raw data. Discrepancies in interpretation were discussed among the research team until a consensus was reached, ensuring that the findings represented the participants' voices rather than the researcher's biases. The research team has extensive experience in qualitative research, which further enhanced the reliability of the analysis. The research team has extensive experience participating in qualitative research training and workshops and has published multiple studies applying qualitative content analysis, which enhanced the reliability of the analysis.

Ethical considerations

This study received approval from the Kyungdong University Institutional Review Board (IRB NO.: 2024-15) before initiation. The researcher explained the purpose and objectives of the study to participants and informed them that they could discontinue the interview at any time if they did not wish to continue. Based

on this voluntary consent, seven LG PHNs participated in the study.

To ensure anonymity, audio recordings and verbatim transcripts were coded to remove identifiable participant information. All data were stored on the principal investigator's password-protected computer to prevent unauthorized access. The research team also committed to securely destroying all study materials and recordings after the study results were reported.

Results

The analysis of the experiences and challenges faced by LG PHNs in performing their roles yielded three main themes and nine sub-themes. The sub-themes were integrated into the final main themes through the analytic process (Table 2).

General characteristics of participants

The study involved two focus group sessions with seven female nursing public officials. All participants were frontline practitioners assigned to Eup, Myeon, or Dong administrative welfare centers, directly delivering integrated health and welfare services. To protect participants' anonymity while ensuring the transferability of the findings, specific city names were replaced with their respective upper-level administrative unit types.

The participants represented a variety of regional infrastructures, consisting of those serving in small-to-medium cities (Si, n = 5), rural counties (Gun, n = 1), and metropolitan districts (Gu, n = 1). This diversity allowed the study to capture a broad spectrum of challenges faced by LG PHNs operating within different regional and administrative contexts. Clinical nursing experience among participants ranged from 1 to 6 years, and their specific tenure as nursing officials in local government divisions spanned from 3 months to 3 years. Detailed general characteristics are presented in Table 1.

Challenges in role performance and experiences of LG PHNs

Theme 1. Systemic unreadiness and structural support gaps in deployment

Sub-theme 1: Inadequate orientation and initial training

Most participants reported being assigned to their positions without sufficient preparation or training. This experience suggests a potential structural limitation in the personnel management system, where the rapid deployment of personnel to meet policy timelines may have preceded the establishment of professional orientation programs. Participants' accounts indicate that specialized nursing officers were often integrated into bureaucratic units without clearly defined, nursing-specific job descriptions being prioritized at the institutional level.

"*My assignment was sudden, and there was almost no time for preparation or training.*" (P1)

"*I had no guidelines for LG PHN duties… suddenly assigned, with no detailed handover from colleagues.*" (P3)

"*There was no formal training… since it was a new program, there wasn't any professional education available.*" (P7)

Sub-theme 2: Ambiguous work guidelines and role boundaries

Participants experienced confusion and burden due to unclear guidelines and undefined role boundaries. They reported difficulty in prioritizing tasks, and some found it challenging to distinguish their responsibilities from those of public health center nurses. Work content also varied across regions and teams, limiting efficiency and professional practice.

"*There are no practical guidelines or health assessment forms, so I*

Table 2. Themes and Sub-themes of Challenges Experienced by Local Government Public Health Nurses

Theme	Sub-theme
Systemic Unreadiness and Structural Support Gaps in Deployment	Inadequate Orientation and Initial Training
	Ambiguous Work Guidelines and Role Boundaries
	Insufficient Professional Development Opportunities
Challenges in Professional Identity Negotiation within Integrated Welfare-Health Frameworks	Underutilization of Nursing Expertise and Administrative Burden
	Role Confusion and Overlapping Responsibilities
	Constrained Scope of Nursing Practice
Institutional Isolation and Absence of Professional Clinical Governance	Weak Institutional and Peer Support
	Lack of Professional Clinical Supervision and Institutional Governance
	Scarce Resources and Staffing Challenges

have to search for everything individually." (P1)

"*It's difficult to distinguish the roles between LG PHNs and public health center nurses… unclear whether the focus should be on case management or proactive outreach.*" (P2)

"*Many aspects of the guidelines are not clearly defined.*" (P3)

"*Even within our city, the roles differ by division… some handle more welfare tasks while medical care is deprioritized.*" (P4)

Sub-theme 3: Insufficient professional development opportunities

Participants consistently reported minimal access to training opportunities, leading to individual burden whenever new policies or programs were introduced. Team schedules and workload further hindered participation in regular training, affecting both new and experienced nurses and resulting in limited opportunities for professional growth.

"*Training for LG PHNs is optional, and considering team circumstances, it's difficult to participate.*" (P6)

"*Not only new LG PHNs but also experienced LG PHNs face difficulties. Whenever a new program or policy emerges, we have to study it on our own, which is burdensome.*" (P5)

Theme 2. Challenges in professional identity negotiation within integrated welfare-health frameworks

Sub-theme 1: Underutilization of nursing expertise and administrative burden

LG PHN reported a disproportionately high concentration of non-nursing welfare work and underutilization of expertise. While administrative work is part of the task, 'burden' specifically includes office work and physical labor with less direct relevance to healthcare, such as welfare voucher processing, relief or meal box distribution. These massive and unpredictable tasks have not provided enough time for professional nursing interventions. Participants perceived that this imbalance is linked to the welfare-centered organizational hierarchy of local centers, where social welfare performance indicators often take precedence over health outcomes. In addition, redundant manual data input was required due to systemic inefficiencies, including unintegrated health and welfare platforms. Consequently, clerical processing for welfare reporting has been prioritized over clinical health assessments, which has led to the marginalization of nursing expertise due to the weight of extensive non-nursing tasks.

"*I have to handle social work tasks on my own, such as receiving applications for welfare vouchers or personally delivering meal boxes. It's physically exhausting and there are almost no opportunities to use my professional nursing knowledge for health counseling.*" (P6)

"*There are hardly any chances to apply what we learned in nursing school. Most of the day is spent on paperwork.*" (P5)

"*I wish we could focus more on nursing-specific documentation like health case management plans, rather than just filling out welfare application forms or managing inventory for distributed goods to meet administrative deadlines.*" (P5)

Sub-theme 2: Role confusion and overlapping responsibilities

LG PHNs were primarily assigned to welfare-related duties, which limited their ability to perform core nursing roles. Participants experienced role confusion between home visits and welfare tasks. Some reflected on their professional identity and the value of their work, as they were often focused on agency coordination rather than direct nursing care.

"*Assigned to the welfare team, most of what we do as LG PHNs is actually social work.*" (P1)

"*We go on visits, take blood pressure and blood sugar readings, provide education… I don't really know how this differs from regular home nursing.*" (P3)

"*I focus more on coordinating with agencies than on the nursing acts themselves… I sometimes question whether this is truly the role of an LG PHN.*" (P6)

"*There's a sense that we get assigned welfare tasks that other staff don't want to do.*" (P7)

Sub-theme 3: Constrained Scope of nursing practice

Some participants noted that even when visiting clients, the scope of nursing actions they could perform was limited to recommendations, and in emergencies, they had to rely on external support. These limitations affected both the application of professional expertise and job satisfaction.

"*Most of what we can do ends at the advisory level… Recently, an*

elderly woman called saying she was unwell… the best we could do was visit her, call 119, and accompany her to the emergency room." (P4)

"*Since medical actions are restricted, there's a limit to what we can do even if we visit a client. It can be very frustrating.*" (P7)

Theme 3. Institutional isolation and absence of professional clinical governance

Sub-theme 1: Weak Institutional and Peer Support
Participants reported the absence of inquiry channels from higher-level institutions and minimal opportunities for information sharing or experience exchange among peers. This environment contributed to feelings of isolation and forced nurses to solve problems independently.

"*Honestly, there seems to be no higher-level institution overseeing our program. There's nowhere to ask questions.*" (P2)

"*There are no peer networks such as chat rooms or online/offline meetings, so it's hard to share experiences or get help.*" (P1)

"*I felt very isolated when I first started. My affiliation was unclear…*" (P3)

"*Support from higher institutions, local hospitals, and even colleagues is often limited.*" (P2)

"*We often have to solve problems on our own. The support system is inadequate.*" (P5)

Sub-theme 2: Lack of professional clinical supervision and institutional governance
A lack of understanding of nursing expertise among managers was perceived by participants as a reflection of the structural absence of a professional clinical governance system within local administrative units. Since managers are typically from general administrative tracks, participants noted that there is limited institutional protection or professional supervision for nursing acts. This environment was described as a factor that hinders their ability to fully apply professional skills, as the administrative backing for nursing-specific duties remains unclear.

"*I don't think my manager fully understood what duties I was assigned to or what tasks she should give me. For a while, I was left without guidance and had to figure out my role on my own.*" (P2)

"*Managers and senior staff often do not understand the professional role of LG PHNs, so support for our work is unclear.*" (P7)

"*This lack of understanding seems to influence whether we get training opportunities or even how budgets are allocated.*" (P5)

Sub-theme 3: Scarce resources and staffing challenges
Participants reported that limited budget and personnel constrained service delivery in the community. With restricted funds, activities were limited to basic health management, such as measuring blood pressure and blood sugar, and managing multiple divisions in a single day created a heavy workload. These conditions limited the ability to fully apply nursing expertise and provide systematic services.

"*LG PHNs have almost no budget they can use independently.*" (P2)

"*With the limited budget, all we can do is visit local senior centers and measure blood pressure or check diabetes… it's a very low-budget situation.*" (P4)

"*One person covering multiple divisions can barely get through the day.*" (P5)

Discussion

Statement of principal findings

This exploratory qualitative study examined the challenges faced LG PHNs in delivering integrated community health and welfare services in South Korea. The findings revealed three interconnected challenges. LG PHNs, defined as nursing public officials in Eup, Myeon, and Dong centers, were often deployed with minimal training, encountering unclear guidelines and ill-defined role boundaries. These experiences were particularly pronounced given the dual expectation to manage both health and welfare responsibilities, often without structured support or mentorship. Consequently, LG PHNs faced ongoing demands for competency development in a context that lacked clear role delineation, reflecting structural and organizational barriers that impeded professional growth.

Strengths and limitations

The study has several strengths. By employing focus group inter-

views with LG PHNs from diverse administrative settings—including small-to-medium cities (Si), rural counties (Gun), and metropolitan districts (Gu)—it captured a broad spectrum of experiences across different regional infrastructures. To ensure the rigor of the findings, the study established credibility through member checking and confirmability by maintaining an audit trail and ensuring researcher neutrality. In particular, the transferability of the findings was enhanced by providing thick descriptions of the participants' various administrative contexts. This approach ensures that the insights gained are not mere anecdotes but are applicable to LG PHNs operating within similar organizational and regional structures nationwide.

Regarding limitations, while the sample size is relatively small, the primary goal of this qualitative inquiry was to achieve a deep, contextual understanding rather than statistical generalization. The data reached a high level of informational redundancy (saturation), indicating that the findings effectively represent the core structural challenges shared by LG PHNs. Furthermore, the inclusion of participants from diverse types of local governments suggests that the identified themes reflect pervasive systemic issues rather than isolated incidents. Although reliance on self-reported experiences could introduce recall biases, the consistency of themes across different groups reinforces the validity of the results. Consequently, this study provides robust foundational evidence to guide future policy and practice in community health nursing.

Interpretation within the context of the wider literature

The challenges identified in this study align with the broader literature on community nursing regarding insufficient orientation and role ambiguity [2,8,9]. However, this study reveals several critical points of divergence that offer new insights. While prior research primarily addressed role confusion within clinical or medical settings [10,11], our findings highlight a unique "functional mismatch" arising from the placement of nurses within a welfare-centric administrative hierarchy. This mismatch appears to be deeply rooted in the structural power dynamics of local government units. Since the organizational leadership and decision-making processes are predominantly centered on the social welfare track, LG PHNs often face a perceived lack of professional autonomy. This power imbalance leads to a 'functional substitution' where nursing experts are utilized to address administrative gaps in welfare services rather than leading specialized health-care interventions. Unlike traditional visiting nurses, LG PHNs face an "administrative burden" that consists of non-medical clerical labor, such as meal box distribution and subsidy paperwork. This indicates that the underutilization of nursing expertise [10,12] is not merely a matter of workload but a structural consequence of being embedded in an organization where the welfare domain predominates.

Another significant difference lies in the barriers to collaboration. While previous studies often emphasized interpersonal communication and clinical leadership [13,14], our findings identify systemic non-integration—specifically incompatible health and welfare information systems—as a more fundamental obstacle. This lack of institutional infrastructure for administrative efficiency significantly deters job satisfaction and professional role performance [15]. The implication is that without a distinct role framework that separates "professional health-welfare collaboration" from "generic clerical support," LG PHNs may face permanent role erosion. These findings suggest that the success of integrated care depends not only on individual competency but on a fundamental redesign of the administrative environment to support nursing expertise.

To transition from passive service providers to proactive leaders in community health, the role of LG PHNs must be redefined through a specialized care management framework. In the context of the upcoming nationwide implementation of integrated care in 2026, LG PHNs should be empowered to function as primary care managers who coordinate complex health-social needs. This requires a clear legal and institutional delineation of their unique scope of practice, ensuring that their clinical assessment and care coordination are recognized as core administrative duties rather than auxiliary tasks. Strategic empowerment also necessitates the introduction of Inter-professional Education (IPE) models within local governments. By training alongside social workers and administrative officers, LG PHNs can establish professional leadership and foster mutual understanding of their specialized roles. Such educational reforms, combined with the establishment of an institutional mechanism for nursing-led health planning, would provide the necessary conditions for nurses to initiate community-level health interventions, effectively transforming them into health leaders within the local administrative framework.

Implications for policy, practice, and research

From a policy perspective, a clearly defined role framework for LG PHNs is essential to ensure that professional nursing expertise is appropriately utilized. In particular, establishing a legal framework for nursing-led care management is critical to prepare for the 2026 integrated care initiative. Systematic guidelines must distinguish between "collaborative welfare support" and

"non-professional clerical labor" to prevent nursing role erosion [16]. In practice, structured orientation and peer learning networks are needed to strengthen field-based competencies [17,18]. Crucially, the integration of health and welfare information systems is required to reduce redundant manual data entry and allow LG PHNs to focus on clinical health assessments. Prioritizing these organizational changes is critical for preventing burnout and improving service quality in integrated care [17,19].

From a research perspective, future studies should examine diverse local government contexts, include larger and more representative samples, and evaluate interventions designed to optimize the role performance of LG PHNs in community health and welfare services. Collectively, these strategies have the potential to enhance both the effectiveness and sustainability of integrated care initiatives by ensuring that nursing expertise is fully leveraged.

Conclusion

This study qualitatively explored the challenges faced by LG PHNs in delivering community health and welfare services and highlighted the structural and organizational factors affecting their work. The findings indicate that insufficient initial deployment and training, ambiguous work guidelines, limited professional development opportunities, and inadequate institutional and peer support significantly impede the effective application of nursing expertise. Addressing these issues requires systematic orientation, clear job guidelines, and role assignments that prioritize professional competencies, alongside ongoing support from supervisory institutions and peers. The study suggests that these challenges are rooted in a governance gap where nursing expertise is integrated into a welfare-centered hierarchy without sufficient professional autonomy. From a policy perspective, it is crucial to clearly define the scope of LG PHNs' roles, provide educational programs for managers to enhance understanding of nursing professionalism, and strengthen collaborative systems within local government divisions. Furthermore, establishing a dual-reporting system—linking LG PHNs with public health centers for clinical supervision while they remain in administrative units—could mitigate the structural isolation and role erosion. Practically, structured job training, establishment of peer support networks, and mechanisms to facilitate efficient use of limited resources are essential to sustain professional competence and improve service quality. Future research should expand to diverse local government contexts and multi-level care settings and further develop targeted policy and educational interventions to strengthen the role performance of LG PHNs in community health and welfare service delivery.

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Conflict of interest

The authors declared no conflict of interest.

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Authors' contributions

Han Nah Park contributed to conceptualization, data curation, and writing - review & editing. Hye Jin Nam contributed to conceptualization, data curation, and writing-review & editing. Sujin Lee contributed to conceptualization, funding acquisition, project administration, and writing - original draft.

Data availability

Anonymized data supporting the findings of this study can be shared with qualified researchers under reasonable request to the corresponding author. Raw interview transcripts cannot be publicly released due to participant confidentiality.

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