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Public health nurses' provision of primary healthcare services in the context of Universal Health Care

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Abstract:

BACKGROUND: Public health nurses (PHNs) are a significant cadre of the primary healthcare workforce working toward achieving universal health care (UHC). Exploring their work activities is integral to understanding how UHC is implemented better.

OBJECTIVES: To describe and explore the work activities, roles, and functions of the PHNs in rendering primary care services in the context of UHC.

METHODS: Key informant interviews were conducted with 12 PHNs in Tarlac Province who were working with permanent status in their respective rural health units (RHUs) for at least 1 year. They were selected through selection criteria. Data were recorded, transcribed, and subjected to thematic analysis.

RESULTS: Data analysis led to the emergence of 4 themes and 11 subthemes. The four themes were: (a) evolving scope and nature of work, (b) work challenges and barriers toward UHC implementation, (c) UHC outcomes, impact, and insights, and (d) communication and health promotion.

CONCLUSIONS: The study underscores the importance of exploring the PHNs' roles and functions, as it offers a window on how they fulfill their duties toward achieving the goals of UHC. From the viewpoint of the interviewed PHNs, several elements and issues need to be addressed. Consequently, some positive impact on their work activities and functions emerged. Their nature of work brought them professional development and fulfillment as they render primary care and value-driven services despite the challenges and struggles they encountered in public health.

Keywords:

Nurse practice environment, primary health care, public health nurses, roles and functions, universal health care

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Introduction

The global community aims to achieve universal health care (UHC). Universal access is crucial to UHC, ensuring the whole population receives essential health services without financial burden.[1] UHC encompasses the full spectrum of fundamental, quality health services, from health promotion to disease prevention, treatment, rehabilitation, and palliative care.[2] The achievement of UHC relies on robust primary health care (PHC), reiterated as the best way to achieve an inclusive, effective, and efficient approach to enhance the population's physical and psychosocial well-being.[3] However, attaining universal access to mitigate health inequities and improve health outcomes requires competent healthcare providers such as nurses.

Nurses form the largest group of healthcare workers globally and in the

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Philippine settings.[4] They also constitute the largest workforce in primary care settings. The quantity and appropriate distribution of nurses across the Philippine archipelago are crucial toward achieving better health outcomes among Filipinos. Primary health care is the cornerstone of UHC, and in achieving the goals of UHC, nurses are in a position where they have an educational background that is particularly suited for public health and primary health care and in addressing the challenges of the 21st century.[5] Public health nurses (PHNs) collaborate with communities and populations, focusing on health promotion and disease prevention. They are involved in health advocacies, policy formulation, community organizing and development, health education and promotion, and various social reforms.[6]

Filipino nurses play a significant role in providing quality health care to the population. However, literature has cited prevailing challenges and issues in the nurse practice environment in hospitals and public health. First, the Philippines is one of the primary exporters of nurses worldwide,[7] but its healthcare system faces a massive shortage of nearly 127,000 nurses.[8] Then, the maldistribution of nurses across the archipelago has been evident for many years, where most nurses prefer working in hospitals situated in highly urbanized areas for better economic and professional opportunities.[4,9] Likewise, the prevailing lack of resources in terms of available funds and the necessary equipment and supplies in many healthcare facilities cannot be denied.[10] There are still areas in the country with unavailable rural health units (RHUs), health centers, and barangay health stations to serve the population.[11]

PHNs are expected to perform various roles and responsibilities toward providing primary healthcare services, which may lead to better health for the population. The challenges in the supply and distribution of nurses in the Philippines may significantly affect the performance of those PHNs working in their respective RHUs. A more recent study revealed that some RHUs have only one regular PHN, where, since they were overworked, they struggled to balance their functions toward rendering health service, support, and administrative activities.[12] With the demands and expectations to achieve the goals of UHC, PHNs have vital roles in providing essential and quality primary care services. There is a paucity of research in the Philippines investigating the actual roles, functions, and activities of PHNs and their working conditions in the context of UHC. Exploring the work scope and activities of the PHNs in the country may provide insights into developing management frameworks and strategies that will help identify essential PHN functions toward achieving UHC in the communities. Likewise, understanding their work conditions may help design strategies for promoting the well-being and enhancing the practice environment of the PHNs.

Research objectives

This study was conducted to describe and explore the work activities, roles, and functions of the PHNs in rendering primary care services in the context of UHC.

Methods

Research design

This study employed a qualitative research design. Specifically, a narrative qualitative design focused on exploring an individual's life experiences and learning the significance of those experiences.[13]

Participants and settings of the study

The study was conducted in selected RHUs in the Province of Tarlac, where regular PHNs are employed. The Province of Tarlac is in the Central Luzon region and is situated at the center of the central plains of Luzon Island.[14] It has 17 municipalities and 1 component city with their respective RHUs. The participants included the PHNs working in the municipalities' RHUs and a component city within Tarlac Province. They were selected through criterion sampling, a type of purposive sampling. They must be registered nurses (RNs) with regular employment items as PHNs. They must work in their respective RHUs for at least 1 year to gain rich and relevant inputs about the nature and characteristics of their work experiences and work conditions. Participants on leave or sick during the gathering period were excluded from the study.

Research instrument

A semistructured, personal, in-depth interview was conducted during the data gathering. Initially, the participants' demographic information was collected before the proper interview. The interview session's manner of questioning was categorized into opening, key and probing, and closing questions.[15] An example of an opening question is, "*Tell me about your work environment?*" Examples of key questions are, "*What challenges and issues have you encountered in working in the* communities/*RHU*?" and "*What are your roles and responsibilities as a public health nurse?*" Finally, closing questions explored any other thoughts and experiences they want to share. Interview questions were stated in English, but during the interview, questions were translated into Tagalog if the need arose. Interview guides were submitted for technical review from the experts, peers, and the technical review committee, where the researchers were connected.

Data collection process

Administrative clearance to conduct the study was secured from the Municipal or City Mayor through the Municipal or City Health Officer (M/CHO). Upon approval, coordination was made for the selection of the target participants. Written informed consent was secured from each participant before the interview. This signifies that enough information was provided about the purpose of the study and the possible benefits, risks, and harm in participating. An in-depth interview was conducted in a private room that was well-lit, well-ventilated, and comfortable for the interviewee. Hence, the interviewer requested an area near or within the participant's workplace. Each interview session lasted for 45–60 min. Each session was recorded through an audio tape recorder. The interviewer asked permission to record the conversation before the session. Likewise, actions, gestures, and other cues were noted during the interview. After the interview, a short debriefing session was conducted. The data collection period was performed concurrently with data analysis for 2 to 3 months. Follow-up meetings were performed to enrich and validate the data collected from previous interviews. In addition, the researcher requested a document from the RHU that reflected the actual performance of the PHN on their work environment, like the individual performance commitment and review (IPCR) report. This was used solely in the triangulation of the data. The KIIs and follow-up meetings were conducted from October 2024 to February 2025.

Data analysis

All recorded interviews were transcribed verbatim and were translated into English. Transcribed texts were sent to interviewees to check for accuracy. Thematic analysis was used to process the data. This allowed to freely identify, analyze, and interpret the patterns of experiences and meanings.[16] This is composed of six steps. The first step is to become familiar with the data. The researchers read the texts several times to become immersed and fully understand the conversation. While reading, the researchers started making notes and jotting down initial impressions. The second step was to generate initial codes. Open coding for every data segment was made relevant to something of interest to the research questions. The third step was to search for themes from the codes examined that were relevant to the research questions. These were predominantly descriptive, describing the patterns in the data. After identifying themes, they were reviewed several times to modify and enhance the themes to make a better and more coherent theme. This is now the fourth step in the thematic analysis. Themes were then more refined to identify which are of essence according to the research questions and the aim of the study. Relationships between themes were also identified, leading to the formation of a final thematic map. Finally, after coming up with the complete analysis, the findings were written up. Themes, subthemes, and quotations were tabulated to better understand the patterns, relationships, and descriptions of the meanings of the experiences. Likewise, a thick description of the methods and the patterns of the phenomena was made to enhance transferability.

Trustworthiness

Validation of the qualitative findings is crucial in this study. Different strategies were used to facilitate this process. There was a prolonged engagement with the participants wherein the in-depth interview period lasted for 2 to 3 months, and there were follow-up meetings with the participants to confirm the accuracy of the translated texts, formulated codes, and as means in gathering further cues relevant to answer the research questions. This also signified the study's member checking and persistent observation, reinforced with concurrent data analysis to achieve data saturation. The interview guide questions had follow-up or probing questions to clarify the key questions of the interview. Triangulation of the findings was made through validation from the IPCR reports. A thick description of the methods and the patterns of the phenomena was created to enhance transferability. The in-depth interview lasted for 45–60 min.

Ethical considerations of the study

Ethical clearance from a competent review ethics board was secured before this study (A-2024-271). Likewise, administrative clearance from the Municipal/City Mayors through the participants' Municipal/City Health Officers was obtained. Written informed consent was secured from every participant before their participation in the study. This signified sufficient information about the study, including the benefits, risks, and harm of participation, was provided. The participants may indirectly benefit from the study as it offered them information and insights on their professional experiences in working and immersing themselves with community people in the RHU and communities. Possible risks in participating in the study include breach of confidentiality and privacy, as well as the consequences of such a breach. Hence, the participants' confidentiality, privacy, and anonymity were maintained throughout the study. Mere volunteerism was observed for their participation. Likewise, they were given opportunities to ask for clarifications before participation. Transcribed responses of every participant were coded to maintain confidentiality. They can withdraw at any point during the study if they wish to, even if they previously agreed to participate. The researchers declare no conflict of interest over the participants. They were not paid for participating but were given a token of appreciation. Only the researchers have access to the raw data. The

data collected were used solely for this study. After analysis, raw data and recorded interviews were deleted. The researchers assured that the study was conducted following the ethical principles and guidelines in conducting research studies involving human participants stipulated by the Declaration of Helsinki, developed by the World Medical Association.

Results

A total of 12 PHNs participated in the study. Eight were males and four were females, with an age range from 31 to 51 years of age. Their length of work experience ranges from 1 to 14 years in government service as permanent PHNs. Table 1 presents the characteristics of the participants.

Four themes and eleven subthemes were extracted from the data. The four themes were evolving scope and nature of work, work challenges and barriers toward UHC implementation, UHC outcomes, impact and insights, and communication and health promotion. Table 2 displays the themes and the subthemes from the data.

Table 1: Characteristics of the Participants

Code Name	Age Range	Sex	Years of Experience as PHN
PHN 1	31 – 35	Male	3 years
PHN 2	36 – 40	Male	11 years
PHN 3	31 – 35	Female	6 years
PHN 4	51 – 55	Male	14 years
PHN 5	46 – 50	Male	12 years
PHN 6	41 – 45	Female	4 years
PHN 7	36 – 40	Male	1 year
PHN 8	31 – 35	Female	3 years
PHN 9	31 – 35	Male	5 years
PHN 10	36 – 40	Female	8 years
PHN 11	41 – 45	Male	7 years
PHN 12	31 – 35	Male	4 years

Table 2: Themes and subthemes of the activities, roles, and functions of the PHN in the context of UHC

Theme	Subthemes
Evolving scope and nature of work	Diverse roles and functions to render primary health care services
	Working in settings with limited resources
Work challenges and barriers toward UHC implementation	High workload and multiple program assignments
	Navigating political and administrative issues
	Digital divide in the work environment
	Impact of shortage of health manpower resources
UHC outcomes, impact, and insights	Community empowerment and participation
	Interprofessional collaboration and team support
	Reflections and vision on UHC implementation
Communication and health promotion	Enhanced nurse-community relationship
	Improved health literacy through communication

Theme 1: Evolving scope and nature of work

PHNs are called toward health promotion, preventing disease, and alleviating health risks at the community or population level. Participants recognized these goals as they continuously work in their respective communities. They even assume extraordinary PHN work as they perform diverse roles and functions to render public health services and constantly work even in settings with limited resources.

Diverse roles and functions to render primary healthcare services

Nurses experienced various situations in the community workplace where, besides their roles and functions as providers of primary healthcare services, they have a broader range of clinical and public health responsibilities, such as administrative functions in the RHU, supervising birthing homes, delegation, and other clerical functions. PHN 9 states, "*I also handle the birthing home, do a lot of paperwork, and implement various DOH programs. But to implement the programs better, we intend to delegate mandated programs to my colleagues accordingly.*" Moreover, PHN 12 states, "*PHNs focus on disease prevention through immunization and screening, reduce the burden of diseases, help people navigate the healthcare system, provide individual health counseling, do persistent health advocacy, and perform many things even beyond the scope.*"

Working in settings with limited resources

A recurring theme for many PHNs is to perform their tasks amid limited resources. Constraints of resources affect various health services that PHNs can provide, including the time they spend with individual patients, families, and communities, and the overall healthcare quality they render. For instance, PHN 5 states, "*…we are in the process of developing and scaling up UHC, but we lack medical supplies. At the LGU level, our budget is not big enough to secure the needed medicines, so we need the help from other agencies like the DOH.*"

Theme 2: Work challenges and barriers toward UHC implementation

Most participants emphasized that there were many challenges and obstacles in their workplace in the UHC implementation. In their day-to-day activities, they experienced high workload and multiple program assignments, navigating political and administrative issues, the digital divide in the work environment, and the impact of the shortage of health human resources.

High workload and multiple program assignments

PHNs experienced a high workload in their work environment. With expanded roles and functions in the RHU, their daily 8-h shift is insufficient to finish all the tasks. For instance, they implement DOH programs and must do the documentation and paperwork, as they must

submit their work accomplishments before the deadline. Moreover, they handle many areas and programs in the RHU. PHN 1 stated, *"There are so many activities to do. I have multiple program assignments. I'm in charge of the national immunization program. I handle the epidemiology and surveillance unit. When there are emerging diseases, we do case investigations. I'm in charge of TB cases, disaster management, and regular tasks. I have many areas to cover, like barangays beyond the ideal ration under the UHC."*

Navigating political and administrative issues

Some participants emphasized the multifaceted issues and challenges they encountered in their day-to-day functions, which were brought about by certain political decisions and administrative structures. They reported that organizational and administrative decisions and procedures act as barriers to their abilities and roles in providing timely and effective care. For instance, PHN 3 states, *"It would be better if the LGU is properly guided because sometimes they don't prioritize health. Although they allocate a budget for the RHU, it's limited."* In addition, PHN 7 states, *"…there are political struggles and misunderstandings from the higher level that affect our means of providing care."*

Digital divide in the work environment

Adopting technology is an issue among PHNs when assuming their roles and functions. Not all PHNs are inclined to the available technology, leading to resistance and disruptions to the workflow. Some also lack the required training and workshops and access to technical support for adopting technology, especially in reporting and documentation. For instance, PHN 3 states, *"The paperless system is frustrating because encoding is required. Not everyone is computer-literate."*

Impact of the shortage of health manpower resources

PHNs experienced the practical realities of the impacts of an understaffed work environment. They were obliged to expand their duties and functions and assume high workloads at the expense of their patients' condition and personal and professional development. They expressed some burnout and overwhelming tasks for rendering various health services to their patients. PHN 10 states, *"Ideally, it should be 1 nurse to 10,000 population, but we lack human resources. Moreover, one PHN covers a lot of programs and overwhelming tasks."* Moreover, PHN 2 states, *"We are lacking in staff alone. We need eight PHNs, but we don't – there's really a shortage."*

Theme 3: Universal health care outcomes, impact, and insights

PHNs are a key instrument toward achieving a successful implementation of UHC. They were inclined to commit themselves to attaining UHC goals and, eventually, sustaining health equity. Participants expressed their endeavors and values on UHC implementation, such as community empowerment and participation, interprofessional collaboration and team support, and reflections and vision on UHC implementation.

Community empowerment and participation

Many participants claimed they provide practical strategies and insights to empower community people and engage themselves in promoting health, educating their selves, and preventing diseases. This reflects an avenue toward a more sustainable and better health outcome, fostering cultural sensitivity, community participation, and ownership. Participant 4 states, *"In communities, especially those belonging to indigenous people (IP) groups, you need to provide equitable access to health services. Health education and empowerment are crucial. They need to understand that health is for everyone. They must feel that they are members of the community, and they build initiatives in maintaining health for the community."*

Interprofessional collaboration and team support

Despite various work and work environment challenges, some participants expressed that teamwork and multidisciplinary actions are significant to the PHNs. Collaborating with professionals such as the rural health midwives, municipal health officer, sanitary inspector, and medical technologists helps achieve UHC's goals better. It addresses the complexities and intersecting health needs of the community. The team working together and supporting each other is anchored by shared goals, mutual respect, and team identity. PHN 5 states, *"Resources are still a big issue, but significant efforts between team members are being made to make the UHC programs more sustainable."*

Reflections and vision on universal health care implementation

A few participants expressed uncertainty about the full implementation of UHC, as many logistical, administrative, and service delivery barriers and challenges came along the way. Nevertheless, PHNs reflected certain professional fulfillment from community care, value-driven service, emotional impact, and vision for impact. PHN 12 states, *"Overall, these experiences helped me develop a professional identity – becoming adaptable, empathetic, ethical, and committed to work and the community. They've fostered my professional growth, making me more open-minded, patient-focused, and collaborative with others and offices, even with limited resources. Likewise, I am not just after accomplishments. I want to make an impact as we fulfill UHC goals."* In addition, PHN 10 states, *"We're not just employees; we're here to make an impact on the community."*

Theme 4: Communication and health promotion

PHNs are not only health educators. They are advocates, facilitators, partners, and communicators between

and among community people. To better fulfill these functions, PHNs display effective communication skills. Effective communication is integral to promoting health literacy, enhancing their professional relationship with, and empowering community people.

Improved health literacy through communication

Effective communication with the community and the healthcare team is central to PHNs in fulfilling health promotion and disease prevention. PHN 3 states, *"Health education is crucial. It makes people always become aware."* Furthermore, PHN 6 states, *"Once you've established rapport with the patient, you educate them, and they will have their personal choice for becoming a healthier well-being."*

Enhanced nurse–community relationship

Participants reported that building trust and rapport with individuals and local leaders is crucial to successfully implementing health programs. This also establishes the successful assumption that PHNs are partners and advocates for the community. PHN 4 states, *"You have to work with the community. For you to be accepted, you must gain their trust and establish rapport first."*

Discussion

This study explored and described the work activities, roles, and functions of the PHNs in rendering primary care services in the context of UHC. Based on the qualitative data analysis, four themes emerged: (1) evolving scope and nature of work; (2) work challenges and barriers toward UHC implementation; (3) UHC outcomes, impact, and insights; and (4) communication and health promotion. Participants argued that in their practice environment, despite limited resources, they perform diverse roles and functions to render primary healthcare services. It is becoming common in the Philippine settings that nurses work with limited resources in various areas, either in the hospital or public health.[4,17-19]

Nevertheless, participants still perform their tasks and functions within the scope of work as PHNs in their respective communities to render community health services. However, previous studies showed that resource limitations may impact the quality of care they provide to individual patients, families, and communities.[20,21] On top of this, participants also argued that they perform diverse roles and functions as PHNs. Aside from rendering basic PHN services, they handle and manage many DOH programs, supervise birthing homes, do paperwork, and perform other clinical and public health responsibilities. There could be positive and negative impacts on the diversity of the PHN roles, but the quality of care provided to the population should never be in jeopardy. In addition, the World Health Organization emphasized that to achieve UHC, PHNs must be successfully equipped with the necessary competencies and scope of practice for them to be able to render effective health promotion and provision of care to ensure equitable access to quality healthcare services.[22]

Work challenges and barriers toward UHC implementation were a dominant concern among participants. These include high workload and multiple program assignments, navigating political and administrative issues, the digital divide in the work environment, and the impact of the shortage of health human resources. The shortage of health human resources in public health may contribute to the high workloads and multiple assignments among nurses. Literature demonstrated that nurses who perform heavy workloads and multiple assignments, brought by staff shortage, might have an undesirable impact on nurses, poor patient outcomes, and poor quality of care.[23] The Philippines enacted the UHC law (RA 11223) in 2019 to promote a better health system in the country.[24] One of its provisions is to increase the number of human health resources, such as nurses tasked to address population health needs, and to achieve the UHC goals.[24] Participants' experiences may reflect that achieving enough health workforce in public health is crucial to professional development among nurses and the provision of primary care services, both at the individual and population levels. This may also reflect how the UHC law is being implemented in the LGUs, showing some progress and challenges in public health. The digital divide was also a potential barrier to service efficiency. A previous study also argued that barriers to technological integration brought by resistance to change, lack of training, and technical expertise are significant hurdles to UHC implementation.[25]

Notwithstanding, there are reports on the psychological impacts of the emerging technologies used in various workplaces among nurses.[26,27] In addition, political and administrative matters were also cited by the participants as barriers to providing primary care services in the context of UHC. This was also similar to previous studies showing political turmoil and governance issues that further complicate healthcare reforms in public health.[25,28]

PHNs' provision of primary care services to achieve UHC has significant outcomes, impact, and insights. Participants reported involving the community in their health activities and strategies toward a more sustainable and better health outcome. Effective communication, such as building trust and establishing rapport, is integral in providing various activities toward health promotion and health education. Likewise, communication might

help people engage and participate in those health activities. Previous studies have also shown the benefits of involving and empowering community people, such as positive individual, community, and organizational outcomes.[29,30] In addition, the participants reported teamwork and team support among healthcare professionals in their various work activities and engagements. Interprofessional collaboration is key to ensuring the RHU works optimally to provide primary care services. As such, interprofessional collaboration is integral in ensuring quality patient care and ultimately contributing to achieving UHC.[31,32] As such, it is imperative to introduce interprofessional education/collaboration in training healthcare workers, such as PHNs who will work in the communities.[33] UHC implementation may have a promising impact on the communities. However, the current study showed that participants expressed some uncertainties in its full implementation because of various barriers and challenges that exist along the way. Previous studies also showed similar findings and recommended specific reforms to address these challenges.[25,34]

The current study has indeed explored the PHN's activities, roles, and functions in the context of UHC. While they were doing their job in the communities – serving the weak and the needy, interacting with community people and other healthcare professionals, and contributing to the achievement of UHC, PHNs gained a lot of experiences and insights and even challenges that, in turn, made them realize the complexities in the implementation of UHC. The findings might have significant implications for policymakers, local government officials, and nursing education and practice in public health. Reforms are needed beyond the health sector. This may include revisiting existing laws and policies relevant to allocating budgetary requirements for medical supplies, materials, and even infrastructure. Education reform is also needed, integrating interprofessional education and strengthening community health nursing and public health. Trainings and workshops are also integral, especially in honing the PHNs on available technology and software applications necessary for delivering healthcare services, including reporting and documentation. Finally, aggressive efforts are needed to augment the shortage of PHNs in the communities.

Limitations of the study

This study provides an in-depth examination of the work activities, roles, and functions of the PHNs of the current UHC implementation. However, certain limitations are recognized. First, the study was conducted in one province with better economic status, a province of predominantly agricultural and industrial estates. Other factors might surface in other provinces with different characteristics, such as conflict-prone provinces and geographically isolated and disadvantaged areas, which could also result in different work experiences and functions of PHNs. Second, the findings are limited to PHNs' work activities and functions. Exploring other stakeholders, including the community, may provide a better picture of how the UHC implementation significantly affects the provision of primary care services to the community.

Conclusions

The study of the PHNs' work activities, roles, and functions in the context of UHC implementation is crucial as it offers a window on how they fulfill their duties toward achieving the goals of UHC. From the viewpoint of the interviewed PHNs, several elements and issues need to be addressed: staff shortage, heavy workloads, multiple assignments, scarcity of resources, digital divide, and political and administrative turmoil. Consequently, PHNs positively impacted their work activities and functions, such as engaging in community empowerment and participation, team support and interprofessional collaboration, improved health promotion, and effective communication. Their nature of work brought them professional development and fulfillment as they can render primary care and value-driven services despite all the challenges and struggles they encountered in public health.

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Conflicts of interest

There are no conflicts of interest.

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