

Voices from the Field: The Lived Experiences of Public Health Nurse Managers in Rural Health Units in South Cotabato, Philippines

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ABSTRACT

This study explored the lived experiences of Public Health Nurses serving in managerial and supervisory roles within Rural Health Units in South Cotabato, Philippines. Using a descriptive phenomenological design, 10 PHN managers were purposively selected and participated in semi-structured, in-depth interviews. Data were analyzed using Colaizzi's phenomenological method. Five emergent themes were identified: Becoming a Public Health Nurse Manager, Navigating the Complexities of Public Health Work, Sustaining the Workforce through Support and Systems, Leading with Compassion and Collaboration, and Finding Meaning and Fulfillment in Service. Findings revealed that PHN managers balance clinical and administrative responsibilities while addressing resource constraints through adaptive leadership, collaboration, continuous learning, and personal resilience. Their experiences underscore the importance of organizational support, leadership development, and workforce investment in strengthening public health services. The study concludes that empowering PHN managers through sustained professional development and institutional support is essential for improving leadership effectiveness and delivering responsive, high-quality community healthcare in rural settings.

Keywords: Public Health Nurses; Nurse Managers; Rural Health Units; Lived Experiences; Phenomenological Study

THE PROBLEM AND ITS SETTING

Public health is a comprehensive field dedicated to improving population health outcomes by addressing individual health behaviors, environmental factors, and systemic determinants. Within this landscape, Public Health Nurses (PHNs) play an essential role in promoting community health through disease prevention, health education, and direct service delivery. Unlike clinical nursing, which focuses on individual patients, PHNs adopt a population-based approach that involves assessing community needs, developing interventions, and advocating for health equity (Albert, 2023; Indeed, 2025; Edemekong & Tenny, 2022).

Globally, PHNs are recognized as key players in improving population health—especially in resource-limited and underserved regions. However, they often face persistent challenges, including workforce shortages, high levels of burnout, limited leadership training, and increasingly complex public health roles (Fowler et al., 2021; WHO, 2020). In many countries, PHNs are being called upon to manage health programs, respond to emerging health crises, and fill leadership gaps in community-based care, all while contending with systemic underinvestment in the nursing sector. These global patterns echo the rising demands placed on PHNs in the Philippines, particularly those in municipal leadership roles.

In the Philippines, nurses comprise the largest segment of the healthcare workforce, extending their reach well beyond hospitals into communities where they serve as counselors, educators, and frontline public health agents (Rosario, 2021). Their roles encompass maternal and child health programs, immunization campaigns, home visits, and health promotion initiatives. With the enactment of the Universal Health Care (UHC) Act of 2019,

the demand on PHNs has expanded significantly. They are expected to take on leadership roles in coordinating local health systems, managing health programs, and addressing disparities, especially in underserved and rural areas (Posadas et al., 2024).

According to the Department of Health's Revised Implementing Rules and Regulations on the Magna Carta of Public Health Workers (R.A. 7305), Public Health Workers include those engaged in health-related services within government entities whose primary function is delivering health services through hospitals, rural health units, barangay health stations, clinics, and similar facilities. This definition encompasses medical and allied health professionals, as well as administrative and support personnel, emphasizing the multidisciplinary nature of public health service delivery. Within this broader category, PHNs are licensed nurses assigned to deliver primary health care, promote preventive health practices, and coordinate community-based interventions. They act as advocates for public health, with a mission to improve health outcomes among at-risk and underserved populations (Mozafaripour, 2025). The Department of Health (DOH) also mandates a standard manpower ratio of one Public Health Nurse per 20,000 population to ensure adequate health service coverage.

The importance of public health nursing is highlighted by workforce data revealing that South Cotabato employed 3,382 PHNs as of 2022 (Pantig et al., 2025). Despite this considerable workforce, many communities continue to struggle with achieving the mandated nurse-to-population ratio due to persistent resource constraints and geographical challenges. Legal frameworks such as the Revised Implementing Rules and Regulations of the Magna Carta of Public Health Workers (R.A. 7305) and the Philippine Nursing Act of 2002 (R.A. 9173) establish the qualifications, responsibilities, and leadership expectations for PHNs, emphasizing the necessity for ongoing professional development in areas like management and community health nursing to adapt to evolving health demands effectively. Nonetheless, PHNs encounter significant obstacles, including deficiencies in public health knowledge and financial management skills, limited opportunities for professional growth, and an expanding scope of responsibilities driven by Universal Health Coverage (UHC) and primary healthcare reforms (Cariaso et al., 2024; Posadas et al., 2024). These challenges underscore the urgent need for responsive training programs and supportive work environments that empower PHNs to lead health initiatives and provide high-quality health services.

While Public Health Nurses operate across various levels of service delivery, this study specifically explores the lived experiences of those in managerial and supervisory roles within South Cotabato's rural health units. These PHNs not only provide frontline care but also coordinate programs, lead teams, and manage health initiatives, navigating complex administrative and community health challenges amid ongoing healthcare reforms. Exploring the day-to-day realities and experiences of this leadership subset provides invaluable insight into the competencies, challenges, and support systems crucial for ongoing effective public health nursing leadership in the province.

REVIEW OF LITERATURE

This section presents an overview of the existing literature on the lived experiences of Public Health Nurses (PHNs), particularly those in managerial roles within Rural Health Units (RHUs). This section is organized into five key themes to elucidate current knowledge on the lived experiences of Public Health Nurses (PHNs), particularly those in managerial roles in South Cotabato. These themes are: (1) Public Health Nursing Roles and Leadership, (2) Challenges in Public Health Practice, (3) Workforce Support and Organizational Systems, (4) Collaborative and Compassionate Nursing Leadership, (5) Meaning, Purpose, and Professional Identity in Nursing, and (6) Gaps in Literature.

Public Health Nursing Roles and Leadership

Public Health Nursing (PHN) serves as a cornerstone of the Philippine healthcare system, emphasizing community-based, population-focused care that addresses both immediate and structural determinants of health (Dhavan & Reddy, 2017). PHNs act as advocates for vulnerable groups by collecting and analyzing health data, implementing health programs, and collaborating with other health professionals (Mozafaripour, 2025).

In the Philippine setting, nurses—traditionally associated with hospital roles—have increasingly taken on broader responsibilities in community-based care, becoming educators, coordinators, and leaders in public health initiatives (Rosario, 2021). This evolution aligns with the Universal Health Care (UHC) framework, which envisions PHNs as local system leaders responsible for coordinating primary care, bridging resource gaps, and ensuring equitable access to services (Posadas et al., 2024).

Studies from other contexts highlight how organizational priorities shape PHNs' work. In Canada, PHNs' tasks often follow institutional directives (e.g., immunization campaigns), which may limit comprehensive population health functions. Nursing leadership is thus essential in ensuring clarity of role, resource optimization, and effective community health service delivery (Domm & Urban, 2020).

Within the Philippines, PHNs report strengths in communication and community practice but identify gaps in public health science, leadership, and financial management. Supportive work environments and access to resources significantly enhance their professional capacity (Cariaso et al., 2024). Strengthening PHN leadership through clear role definition, competency-building, and governance structures is therefore vital.

Challenges in Public Health Practice

PHNs navigate multifaceted challenges at personal, organizational, and environmental levels. Burnout is a major concern, often driven by low salaries, understaffing, and job insecurity—conditions that jeopardize PHN well-being and service quality (Alibudbud, 2023). PHNs report fatigue, emotional strain, and limited access to advanced training, which collectively affect their functioning (Matanguihan, 2023). Long working hours, high patient loads, and inadequate support exacerbate psychological stress among nurses (Sadang, 2020; Baluyot-Hipona, 2021).

Organizational challenges include insufficient managerial support, unclear role expectations, and inadequate practice environments. These factors have been linked to increased rationing of nursing care and heightened stress during health crises (Tamayo et al., 2022; Gab Allah, 2021; Luo et al., 2022). Enhanced support systems, effective leadership, and resilient organizational structures help mitigate burnout among PHNs and nurse managers.

Environmental barriers in rural settings further complicate PHNs' roles. Community resistance, cultural diversity, and logistical limitations—such as distant barangays and sparse resources—impact PHNs' ability to deliver effective care (Escolar-Chua & Magpantay, 2018). Additionally, nurse managers' limited involvement in policy-making due to weak political skills, limited collaboration, and minimal access to networks restricts their leadership capacity (Hajizadeh et al., 2021).

Workforce Support and Organizational Systems

Workplace structures, organizational cultures, and institutional resources significantly shape the experiences and effectiveness of PHNs. Practice environments that support autonomy, teamwork, communication, and access to resources enable PHNs to perform effectively. Conversely, weak organizational systems increase stress, reduce confidence in decision-making, and hinder PHNs' ability to meet community needs (Tamayo et al., 2022).

Managerial support is particularly critical. Studies during the COVID-19 pandemic revealed that inadequate administrative support, increased workloads, and reduced access to resources intensified role-related challenges for nurse managers (Gab Allah, 2021; Luo et al., 2022). Leadership resilience, structured supervision, and professional development programs are essential to help PHNs navigate systemic pressures.

Local studies also highlight gaps in administrative clarity and leadership pathways. PHNs often assume de facto managerial roles without formal leadership training, creating mismatches between responsibilities and preparation. Initiatives such as NurseLEAD emphasize the need for customized training in governance, regulation, health financing, and leadership competencies tailored to PHNs in decentralized systems (Cariaso et al., 2024).

Collaborative and Compassionate Nursing Leadership

Nursing leadership is inherently relational, grounded in communication, empathy, and interpersonal skills. Qualitative studies highlight how nurse managers foster autonomy by empowering their teams through collaborative decision-making and supportive leadership (Pursio et al., 2023). Effective communication is directly associated with improved staff morale and patient outcomes (Fowler et al., 2021).

Resilience emerged as a key theme in studies on nurse leaders, especially during prolonged crises. Self-awareness, emotional regulation, and supportive cultures help nurse leaders sustain both their own well-being and that of their teams (Sihvola et al., 2022). Nurse managers in ward-level leadership also use attributes such as empathy, perspective-taking, adaptability, and proactive planning to facilitate change and maintain team cohesion (Kodama & Fukahori, 2017).

Phenomenological insights into Filipino nurse managers reveal expanding roles in teaching, mentoring, and supporting frontline staff, often amid limited administrative resources (Acob & Martingsih, 2018). This underscores the emotional and relational labor embedded in PHN leadership within rural municipalities.

Meaning, Purpose, and Professional Identity in Nursing

Nurses continuously develop their professional identity through lived experiences influenced by cultural, community, and organizational contexts. Research on male Jordanian nurses highlights the impact of cultural stereotypes on self-perception; however, resilience and personal meaning-making are critical in fostering strong professional identities (Saleh et al., 2019). In community and rural settings, nurses often perceive their work as both a duty and a personal mission. For instance, during the COVID-19 pandemic, nurses in community isolation facilities reported fears of infection, emotional exhaustion, and a moral imperative to provide care despite inadequate protection, underscoring the profound moral and emotional significance of their roles (Sadang, 2020). Similarly, PHNs in rural municipalities navigate the complexities of professional responsibility, community expectations, cultural barriers, and resource limitations, which inform their understanding of purpose, resilience, and identity as leaders within rural public health systems (Escolar-Chua & Magpantay, 2018). Collectively, these studies illustrate that meaning and professional identity are pivotal to PHNs' lived experiences, shaping their ability to confront daily challenges, fulfill leadership expectations, and adapt to the evolving dynamics within rural health units.

Gaps in Literature

Despite a growing body of research on public health nursing and nurse leadership, several critical gaps remain, particularly regarding Public Health Nurses (PHNs) in managerial roles within Rural Health Units (RHUs) in the Philippines. Most studies focus on hospital-based or clinical nursing, neglecting the leadership challenges PHNs encounter in rural and community health systems (Dhavan & Reddy, 2017; Mozafaripour, 2025; Rosario, 2021).

There is also limited phenomenological or qualitative research capturing the lived experiences of PHNs managing rural healthcare teams (Escolar-Chua & Magpantay, 2018; Sadang, 2020; Acob & Martingsih, 2018). While studies emphasize role ambiguity, burnout, and the need for leadership competencies (Posadas et al., 2024; Mhlongo et al., 2020; Cariaso et al., 2024), they rarely explore how PHNs actually develop, exercise, and negotiate these competencies in real-world rural contexts.

Another gap involves workforce management. Few studies examine how PHNs supervise Nurse Deployment Program (NDP) personnel, delegate tasks, or integrate team members into barangay-based health services (Gab Allah, 2021; Luo et al., 2022). Similarly, strategies PHNs use to navigate resource constraints, staffing shortages, limited facilities, and logistical barriers, remain underexplored (Domm & Urban, 2020; Fowler et al., 2021).

Collectively, these gaps highlight the need for research investigating the lived experiences of PHNs in managerial roles within RHUs, considering the cultural, organizational, and environmental factors that shape leadership, identity, and professional practice.

LITERATURE REVIEW SUMMARY AND GAP STATEMENT

The reviewed literature reveals five interrelated themes relevant to this study: PHN roles and leadership (Dhavan & Reddy, 2017; Mozafaripour, 2025; Rosario, 2021; Posadas et al., 2024), challenges in public health practice (Alibudbud, 2023; Matanguihan, 2023; Tamayo et al., 2022; Hajizadeh et al., 2021), workforce support and organizational systems (Gab Allah, 2021; Luo et al., 2022; Cariaso et al., 2024), collaborative and compassionate leadership (Pursio et al., 2023; Fowler et al., 2021; Kodama & Fukahori, 2017; Sihvola et al., 2022), and professional meaning and identity (Saleh et al., 2019; Sadang, 2020; Escolar-Chua & Magpantay, 2018; Acob & Martingsih, 2018).

Although substantial research exists on nursing leadership and organizational challenges, most focus on hospitals or generalized nursing roles, offering limited insights into PHNs managing rural health units (Rosario, 2021; Posadas et al., 2024). There is scarce empirical evidence on how PHNs supervise NDP personnel, implement strategies under resource constraints, or maintain professional identity and resilience amid community and cultural complexities (Domm & Urban, 2020; Fowler et al., 2021; Sadang, 2020).

This study addresses these gaps by exploring the lived experiences of PHNs in managerial roles within RHUs in South Cotabato. Using a phenomenological approach, this study aims to uncover context-rich insights into their leadership practices, identity formation, and strategies for navigating systemic, organizational, and environmental challenges, thereby informing policy, practice, and leadership development for rural public health nursing.

Theoretical Framework

Although phenomenological studies are primarily inductive, grounding this research in relevant theoretical perspectives enhances interpretative depth and analytical rigor. Theories in this study served as sensitizing concepts; they did not predetermine the findings but provided meaningful lenses for framing, interpreting, and contextualizing the lived experiences of Public Health Nurses (PHNs) in managerial roles across South Cotabato. Four interrelated frameworks guided this study: Van Manen's Concept of Lived Experience, Role Theory, Transformational Leadership Theory, and Social Support Theory.

The study adopted a descriptive phenomenological orientation, grounded primarily in Husserlian phenomenology and methodologically informed by Giorgi's approach to describing lived experience. Van Manen's Concept of Lived Experience (2014) emphasizes the holistic understanding of human experience through dimensions such as lived space, lived body, lived time, and lived relations. These dimensions sensitized the researcher to how PHNs perceive and enact their managerial roles, including the physical work environment, interpersonal relationships, emotional labor, and temporal challenges, while remaining faithful to a descriptive phenomenological approach.

Role Theory (Biddle & Thomas, 1979) examines how individuals perceive, perform, and adjust to social expectations associated with specific roles. This study provided a framework for understanding how PHNs balance clinical and administrative duties, respond to evolving mandates from local and national health authorities, and navigate role ambiguity or strain, while maintaining their identity as frontline public health practitioners. Recent applications in nursing highlight how role theory helps explain professional responsibilities, identity development, and interactions within healthcare teams (Burry, 2022).

Transformational Leadership Theory (Bass & Avolio, 1994) highlights leadership behaviors that inspire and motivate others through idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration. This theory informed the exploration of how PHNs lead teams, foster innovation, and maintain high-quality service delivery within resource-constrained health systems. Recent research demonstrates its ongoing relevance in nursing, with transformational leadership positively influencing nurses' innovative behaviors, mediated by psychological empowerment (Bektaş et al., 2025).

Social Support Theory (Cohen & Wills, 1985) posits that emotional, informational, and instrumental support buffers individuals against stress, particularly in high-pressure contexts. This framework guided the examination

of how PHNs experience and utilize support from colleagues, supervisors, local government officials, and community stakeholders, shaping their resilience, decision-making, and effectiveness in managerial roles. Recent research highlights the ongoing relevance of social support in nursing, showing that supportive relationships at work and outside work reduce professional stress and burnout while enhancing coping abilities (Donovan & Greenwell, 2021).

Collectively, these four frameworks offered complementary lenses for understanding PHNs' managerial experiences from structural, behavioral, relational, and emotional perspectives. They guided the study's conceptual orientation, informed the development of the interview guide, and provided a foundation for interpreting the multifaceted nature of leadership, professional identity, and lived experience in public health nursing.

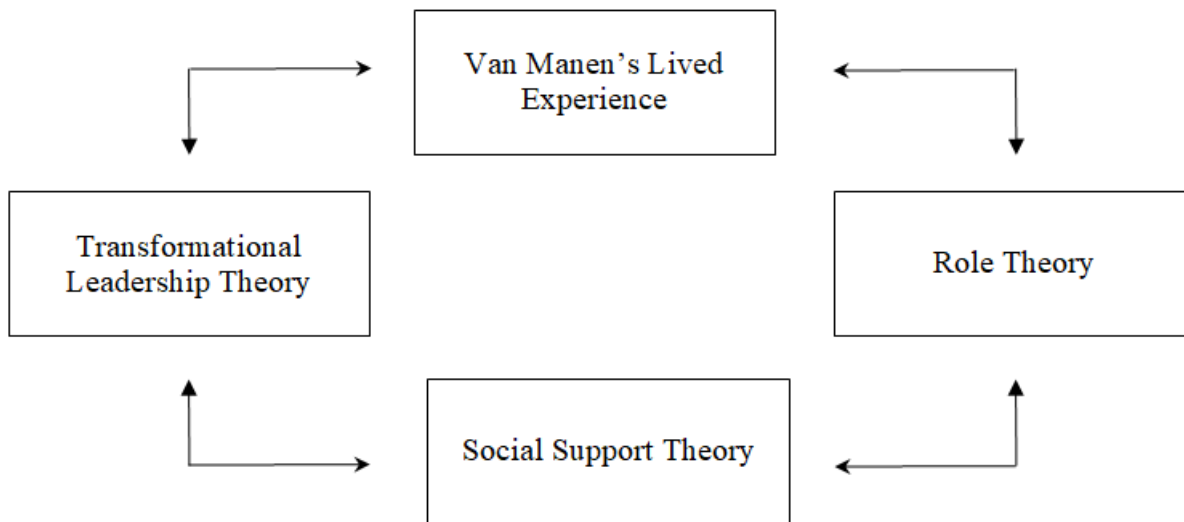


Figure 1. Theoretical Framework

Statement of the Problem

This study explored the lived experiences of Public Health Nurses in South Cotabato. Specifically, it sought to answer the grand tour question: What are the lived experiences of Public Health Nurses serving in managerial and supervisory roles within Rural Health Units in South Cotabato?

Scope and Delimitation

This qualitative study explored the lived experiences of 10 PHNs serving in managerial and supervisory roles across South Cotabato. The research specifically focused on how these PHNs navigate managerial responsibilities, address challenges, and derive meaning from their work within the rural public health system. Participants were selected based on the following inclusion criteria: they were licensed PHNs, held managerial or supervisory positions in RHUs, and were directly involved in planning, coordinating, and implementing community health programs.

The inclusion criteria were established to ensure that participants had direct and sustained experience of the phenomenon under investigation, namely the lived experience of managing and supervising public health programs and personnel within RHUs. The study was limited to PHNs in South Cotabato who met the above criteria and excluded PHNs working exclusively in hospital settings, private clinics, or urban health units. Participants were also limited to those who voluntarily consented to participate in semi-structured, in-depth interviews conducted between July and October 2025.

Additionally, the research concentrated on the professional experiences and perceptions of PHNs in managerial roles, rather than evaluating clinical skills, patient outcomes, or organizational performance metrics. While the study captured challenges, leadership strategies, and coping mechanisms, it did not examine broader systemic

issues beyond the participants' immediate experiences, such as national policy implementation or inter-agency administrative procedures.

Significance of the Study

This study held importance for several key stakeholders:

Policymakers. Findings highlight the practical difficulties and evolving responsibilities of PHNs in managerial roles, supporting evidence-based planning for local health workforce development and policy implementation (Posadas et al., 2024; Rosario, 2021).

Local Government Unit (LGU) Personnel. The study informs LGU officials about the managerial challenges PHNs face in coordinating programs and leading teams, aligning with prior studies emphasizing the need for supportive governance and resource allocation (Cariaso et al., 2024; Tamayo et al., 2022).

Healthcare Administrations. Insights into PHNs' leadership practices and organizational needs can guide recruitment, training, and retention strategies, consistent with literature linking administrative support to nurse well-being and effective service delivery (Gab Allah, 2021; Luo et al., 2022).

Public Health Nurses (PHNs). The study captures the lived experiences of PHNs navigating clinical, managerial, and community responsibilities, offering reflections that reinforce professional identity, resilience, and leadership capacity (Escolar-Chua & Magpantay, 2018; Sadang, 2020).

Community Residents. Strengthened PHN leadership and support ultimately benefit communities by ensuring more responsive, accessible, and high-quality health services (Fowler et al., 2021; Dhavan & Reddy, 2017).

Researcher. Engaging in this study allowed the researcher to deepen understanding of PHN managerial experiences, strengthening competencies in qualitative inquiry, ethical fieldwork, and evidence-informed advocacy, building on previous literature on PHN challenges and leadership (Acob & Martingsih, 2018; Saleh et al., 2019).

Future Researchers. This study provides a foundation for subsequent research on rural public health nursing, leadership development, and workforce management, addressing gaps identified in prior studies regarding PHNs' managerial experiences in rural health units (Mozafaripour, 2025; Posadas et al., 2024; Escolar-Chua & Magpantay, 2018).

METHODOLOGY

This chapter presents the methodology used in this study, outlining the research design, participant selection, data-collection instruments, and procedures for data collection and analysis. It also discusses the ethical considerations followed to ensure the integrity and protection of participants throughout the research process.

Research Design

This study employed a qualitative research design grounded in descriptive phenomenology, which is well-suited to exploring the lived experiences of PHNs in managerial roles across South Cotabato. The descriptive phenomenological approach sought to understand the essence and structure of experiences as perceived by individuals themselves, without imposing external interpretations or theory-driven biases (Giorgi, 2009; Husserl, 1931).

Descriptive phenomenology was well-suited for this study because it prioritized bracketing preconceived notions and emphasized rich, detailed descriptions of participants' experiences. This allowed the researcher to capture the authentic meanings and realities of PHNs as they navigated the complexities of their managerial roles in rural health units, including challenges related to leadership, workload, resource constraints, and community engagement. Recent discussions in nursing research reaffirm the continued relevance of Husserl's

phenomenology, emphasizing that proper application of its philosophical foundations ensures rigor and fidelity in capturing nurses' lived experiences (Al-Sheikh Hassan, 2023).

Using a descriptive phenomenological design, the study generated contextually grounded, systematically derived, and foundational insights to inform policy, practice, and further research aimed at improving the work environment and support for PHNs in South Cotabato. This design was consistent with the study's purpose of understanding the "what" and "how" of participants' experiences before any interpretation, thereby maintaining fidelity to the phenomenological paradigm (Creswell & Poth, 2018; Giorgi, 2009).

Selection of Participants

The study engaged 10 PHNs in senior administrative or supervisory roles across various Rural Health Units (RHUs). Of these ten participants, two were initially recruited solely to pilot test the interview guide. However, because their narratives were highly relevant, aligned with the study's objectives, and demonstrated strong thematic value, their interview transcripts were retained and incorporated into the final dataset. As a result, all ten interviews, including the two pilot interviews, were included in the overall analysis. A purposeful sampling technique was employed to identify PHNs with substantial managerial or supervisory responsibilities, ensuring that participants had direct involvement in planning, coordinating, and overseeing public health programs. Purposive sampling enabled the researcher to gather rich, relevant narratives from individuals most knowledgeable about the phenomenon under investigation.

The sample size of ten participants aligns with Creswell & Poth's (2018) guidance for phenomenological research, which typically includes individuals who have directly experienced the central phenomenon. Data saturation was reached when additional interviews no longer produced new insights, categories, or variations in meaning, indicating that the narratives sufficiently captured the lived managerial experiences of PHNs. Final participant selection was coordinated with Municipal Health Officers to identify nurses in senior roles, ensuring a range of managerial experiences without emphasizing geographic distinctions.

Research Instruments

This study employed a semi-structured, in-depth interview guide as the primary instrument to explore the lived managerial experiences of Public Health Nurses (PHNs) in South Cotabato. The interview guide was developed using McCracken's (1988) Four-Step Method for the Long Interview, a systematic framework for qualitative inquiry that ensured both conceptual grounding and openness to participants' perspectives. The method consisted of four sequential stages: (1) review of analytic categories and interview design, (2) review of cultural categories and interview design, (3) interview procedure and the discovery of cultural categories, and (4) interview analysis and the discovery of analytical categories (Presscot, 2011).

The first step, the review of analytic categories and interview design, involved examining relevant literature and theoretical concepts to inform the areas of inquiry. In this study, the researcher reviewed existing scholarship on public health nursing, leadership, and managerial challenges in rural health settings to identify key domains and constructs relevant to the phenomenon. This process ensured that the interview questions were conceptually grounded in public health nursing frameworks and locally relevant issues, while remaining flexible enough to capture the nuanced managerial experiences of PHNs in South Cotabato. As McCracken (1988) noted, this step allowed the researcher to "become the master, not the captive, of previous scholarship," providing structure without imposing restriction.

The second step, the review of cultural categories and interview design, entailed self-reflection and the identification of the researcher's own assumptions, beliefs, and cultural background that might have influenced the interview process. In this study, the researcher reflected on personal and professional experiences as a nurse working within public health institutions to surface potential biases and preconceptions. This reflexive process, consistent with phenomenological bracketing, helped ensure that the interview guide was shaped by awareness rather than assumption. The researcher kept a reflexive journal during participant recruitment, interviewing, transcription, coding, and interpretation. This journal served to document preconceptions, emotional responses, methodological choices, and emerging interpretations that could influence the analysis. Bracketing was

employed not with the expectation of entirely eliminating researcher assumptions, but as a deliberate process of identifying and monitoring those assumptions to ensure that participants' descriptions remained central to the analysis.

The third step, the interview procedure and discovery of cultural categories, involved the actual conduct of the interviews. During this phase, the researcher sought to uncover the cultural meanings embedded in participants' lived experiences. Each interview began with a "grand tour" question designed to encourage broad, open-ended narratives about their managerial roles. Subsequent prompts, both planned and spontaneous, were used to probe deeper into themes related to leadership, supervision, challenges, and coping mechanisms. This flexible approach enabled the emergence of "cultural categories," or context-specific meanings, from the participants' own perspectives.

The fourth step, the interview analysis and discovery of analytical categories, focused on organizing and interpreting insights from the interviews. At this stage, the researcher began identifying patterns and analytical categories that reflected the participants' shared experiences. The emerging analytical categories served as the foundation for subsequent thematic development and interpretation, ensuring that the instrument effectively captured the complex realities of PHNs in managerial positions.

The interview guide underwent expert validation prior to data collection. It was also subjected to pilot testing with two PHNs who met the study criteria. No revisions were made after the pilot testing because the pilot interviews confirmed the questions' clarity, relevance, and appropriateness. Because the pilot data were rich and aligned with the study objectives, their transcripts were included in the final dataset and analysis. Minor refinements, such as personalized probing prompts and simplified terminology, had already been incorporated after expert validation, ensuring that the interview guide reflected managerial language familiar to PHNs.

Data Gathering Procedure

Prior to commencing data collection, formal permission was secured from the Municipal Health Officers (MHOs) of the Rural Health Units (RHUs) across municipalities in South Cotabato to conduct the study. Upon receipt of approvals, purposive sampling was employed to identify eligible Public Health Nurses (PHNs) working in managerial roles within these RHUs. The researcher then contacted the selected participants to schedule interviews at mutually convenient times, ensuring minimal disruption to their professional duties.

On the day of each interview, participants were provided with a detailed informed consent form outlining the purpose of the study, the voluntary nature of their participation, confidentiality safeguards, and the right to withdraw at any time without consequence. Signed consent was obtained prior to data collection.

Semi-structured, in-depth interviews were conducted using an audio recorder to capture the conversations accurately and in full. The interviews took place in private, quiet locations chosen by the participants to ensure comfort and openness. The pilot interviews lasted 21:43 and 22:45 minutes, respectively, while the subsequent eight interviews ranged from 21 to 26 minutes. Overall, the interviews lasted an average of 24 minutes. To enhance the richness of data, the researcher used probing and follow-up questions while maintaining sensitivity to the participant's pace and willingness to share. The researcher also employed strategies such as prolonged engagement with participants, consistent application of the interview guide, and maintenance of a reflexive journal throughout the fieldwork. These strategies helped ensure credibility and dependability during the data collection phase. Additionally, bracketing was used to minimize personal bias, and rich, thick descriptions were recorded to support the transferability of the findings.

All audio files were securely stored on password-protected devices and backed up on encrypted external drives accessible only to the researcher. Transcriptions were verbatim, conducted by the researcher, and cross-checked for accuracy to maintain data integrity. Upon completion of transcription, audio recordings were deleted after secure backup to uphold ethical standards of data privacy and disposal in accordance with institutional guidelines.

Throughout the process, participant anonymity was maintained by using unique codes instead of names, and all identifiable information was removed from transcripts. These procedures aimed to uphold ethical rigor, foster trust, and ensure the reliability and validity of the data collected.

Data Analysis

The data gathered from the interviews were analyzed using Colaizzi's (1978) methodology, which is specifically tailored for exploring lived experiences in phenomenological research. This methodological approach was deemed particularly appropriate for the present study, as it facilitates a systematic, rigorous, and participant-centered analysis of qualitative data. Contemporary nursing research demonstrates the continued efficacy of Colaizzi's framework, underscoring its persistent relevance in capturing the lived experiences of health professionals (e.g., Zheng et al., 2022; Al-Sheikh Hassan, 2023). The coding and development of themes were conducted inductively, drawing on participants' narratives. The theoretical perspectives outlined in the framework were not utilized as predetermined coding categories; rather, they served as consultative tools during the interpretive process to contextualize the meanings that emerged from the phenomenological analysis.

Each transcribed interview was read and reread to help the researcher gain a general sense of the overall content and immerse themselves in the depth and context of the participants' narratives. This familiarization stage was essential in understanding how PHNs describe their managerial experiences within the RHUs of South Cotabato.

From the transcripts, significant statements that directly related to the phenomenon, such as leadership challenges, role responsibilities, and perceptions of support, were extracted. These key statements were carefully documented, ensuring their location within the text was preserved. The researcher then formulated meanings from these statements, using a bracketing approach to minimize bias. These meanings captured the essential insights expressed by the participants regarding their managerial roles.

The formulated meanings were grouped into thematic clusters to identify patterns or shared elements across interviews. These clusters were further examined and synthesized into emergent themes that reflect the collective lived experience of PHNs in their leadership roles. An exhaustive description was then constructed to integrate these themes into a coherent narrative that encapsulates the phenomenon in its full complexity.

From this exhaustive narrative, the researcher developed a fundamental structure of the experience, a concise summary that conveyed the essential essence of what it meant to be a Public Health Nurse in a managerial position within an RHUs. To ensure the accuracy and credibility of the findings, participants were contacted for member checking, in which they were invited to validate whether the descriptions and interpretations accurately reflected their lived experiences. This process ensured that the analysis remained faithful to participants' voices and strengthened the trustworthiness of the research.

Ethical Consideration

This study strictly adhered to ethical principles to protect the rights, dignity, and welfare of the participating PHNs. Four core ethical considerations guided the entire research process: informed consent, voluntary participation, confidentiality, and communication of results. Additionally, the study ensured qualitative rigor by grounding methodological decisions in Lincoln & Guba's (1985) trustworthiness criteria, contextualized within the nature of phenomenological research (Alanazi, 2024; Boev et al., 2022).

Before data collection, all PHNs were provided with a clear explanation of the study's purpose, exploring their lived experiences in performing managerial roles in Rural Health Units (RHUs) across South Cotabato. They were informed about the procedures involved, the expected duration of participation, potential risks, and anticipated benefits. Only those who signed the informed consent form were included. Participants were also informed that pilot testing results and transcripts were used to refine the instrument and ensure rigor, but were not included in the final analysis to maintain methodological integrity.

Participation in this study was fully voluntary. Respondents were assured that they could decline to answer any question or withdraw from the study at any point without any adverse consequences. This assurance supported

autonomy, a core ethical principle in qualitative inquiry, and ensured that the data gathered reflected genuine willingness to share experiences rather than coercion or pressure (Alanazi, 2024).

The confidentiality of all participants was strictly protected. Identifying information such as names, RHU locations, and personal details was removed or coded to maintain anonymity. Audio recordings, transcripts, and hard copies of consent forms were stored in password-protected digital folders and secured physical files accessible only to the researcher. When presenting findings, only aggregated themes and anonymized excerpts were used to ensure that no participant could be personally identified (Boev et al., 2022).

Participants were assured that the results of the study would be communicated responsibly and transparently. Summaries of findings may be shared with the Provincial Health Office and interested PHNs upon request, with the assurance that their anonymity remains protected. In academic dissemination, such as defense, conference presentation, or publication, only anonymized data and synthesized themes are presented. Participants were also informed that member checking was conducted during data validation, allowing them to verify the accuracy and authenticity of interpretations.

By upholding these ethical and methodological standards, the study fostered a respectful and trustworthy research environment that valued participants' autonomy while generating credible, transparent, and meaningful contributions to the field of community health nursing (Alanazi, 2024; Boev et al., 2022).

Conflict of Interest

The authors affirm that there are no financial, professional, personal, or institutional conflicts of interest that may have impacted the conduct, analysis, interpretation, or reporting of this research. The study was carried out independently and exclusively for academic and scholarly purposes.

RESULTS AND DISCUSSION

This chapter presents and interprets the study's findings on the lived experiences of Public Health Nurses in South Cotabato regarding their managerial roles within Rural Health Units. The data gathered from in-depth interviews were analyzed thematically to uncover patterns, insights, and meanings derived from their narratives. Each emergent theme is discussed and supported by direct quotations from the participants to provide depth and authenticity to their experiences.

Table 1. Emergent Theme 1

Theme Clusters	Emergent Themes
Transition, Motivation, and Professional Growth Training, Competence, and Capacity Building	Becoming a Public Health Nurse Manager

The emergent theme illustrates how PHNs transitioned into managerial roles, evolving from frontline clinical practice to positions requiring leadership, administrative decision-making, and community-oriented interventions (Table 1). Participants consistently described the initial phase as overwhelming yet transformative, highlighting the gradual development of competence, confidence, and purpose in their managerial responsibilities. Personal motivation, professional growth, and structured capacity building through continuous training were identified as key facilitators of this transition.

To express the difficulty and emotional weight of this sudden transition, Participant 5 described how stepping into leadership felt both daunting and eye-opening, stating,

“overwhelming kasi bigla na lang accountable ako sa buong team. Pero habang tumatagal, natutunan ko na i-balance ang discipline at compassion sa pamumuno.”

(It was overwhelming because suddenly I was accountable for the whole team. But as time went on, I learned how to balance discipline and compassion in leadership.)

(Transcript 5, Page No. 130, Line No. 31-33)

This reflection underscores the challenge of suddenly managing a team while learning to integrate empathy into leadership. A similar sentiment was echoed by Participant 4, who emphasized the weight of responsibility and the need for adaptability, noting,

“na-realize ko na kahit anong gawin mo, at the end of the day, sa’yo pa rin. Ikaw pa rin ang gagawa ng mga bagay-bagay. Manager ka nga, so dapat marunong ka mag-adapt at magaling ka sa decision-making.”

(I realized that no matter what you do, at the end of the day, it’s still up to you. You are still the one who will get things done. You are a manager, after all, so you must know how to adapt and be excellent at decision-making.)

(Transcript 4, Page No. 128, Line No. 91-94)

highlighting the responsibility and decision-making inherent in the managerial role. These experiences align with Role Theory, which posits that individuals internalize and negotiate the expectations tied to their professional roles (Biddle & Thomas, 1979; Dhavan & Reddy, 2017). The transition from clinical care to management requires balancing direct patient care with broader organizational and programmatic obligations, a process mediated by personal motivation and skill acquisition (Cariaso et al., 2024; Mozafaripour, 2025).

Participants also emphasized the evolving sense of professional purpose and community impact. Participant 2 described how their mindset shifted as they discovered the preventive and population-based strengths of public health, sharing,

“parang dahan-dahan na-change ‘yung mindset kasi may nagagawa sa public health na wala sa hospital—‘yung mga prevention ng diseases.”

(It’s like my mindset slowly changed somehow because public health allows you to do something that is not possible in a hospital—the prevention of diseases.)

(Transcript 2, Page No. 114, Line No. 28-29)

Participant 10 expanded on this evolving self-concept, reflecting,

“I now see my role not just as a nurse, but as a bridge between the health system and a vulnerable population.”

(Transcript 10, Page No. 164, Line No. 182-183)

These statements demonstrate the temporal and relational dimensions of Van Manen’s lifeworld existentials, illustrating how lived experience shapes professional identity, self-awareness, and engagement with communities (Van Manen, 2014). The findings support studies indicating that Philippine PHNs increasingly serve as educators, coordinators, and local leaders, bridging resource gaps and implementing population-based interventions in line with the UHC framework (Rosario, 2021; Posadas et al., 2024).

Structured capacity-building and formal training were identified as instrumental in facilitating the transition. Participant 6 highlighted how training directly strengthened their ability to manage health programs, stating,

“Malaking tulong ito sa role ko kasi mas naging equipped ako sa pag-manage ng mga health programs at mas naiintindihan ko ang needs ng community. We are trained by the Department of Health to ensure na ang mga Health Workers ay knowledgeable and skilled para mag-handle ng iba’t ibang health programs.”

(This is a big help to my role because I became more equipped in managing health programs and I better understand the needs of my community. We are trained by the Department of Health to ensure that the Health Workers are knowledgeable and skilled in handling various health programs.)

(Transcript 6, Page No. 134, Line No. 41-45)

This emphasis on training was reinforced by Participant 8, who noted,

“trainings taught me how to better plan, implement, and evaluate health programs.”

(Transcript 8, Page No. 145, Line No. 57-58)

This echoes prior research highlighting the importance of mentorship, supportive work environments, and competency-building programs in enhancing PHNs' leadership capacity, public health science skills, and administrative competence (Cariaso et al., 2024; Domm & Urban, 2020).

The implications of this theme suggest that successful transition into managerial roles requires both intrinsic motivation and structured external support. PHNs benefit from training programs, mentorship, and opportunities to develop decision-making and administrative skills. Leadership development should therefore be embedded within ongoing professional education and capacity-building initiatives to sustain effectiveness and resilience. These findings also reinforce the centrality of PHNs in the Philippine health system, particularly in community-based, population-focused care and advocacy for vulnerable groups (Dhavan & Reddy, 2017; Mozafaripour, 2025).

In conclusion, becoming a PHN manager is a process of transformation in which nurses learn to navigate new responsibilities, integrate clinical knowledge with management, and cultivate a sense of purpose in public health leadership. Recommendations include strengthening formal leadership training, fostering mentorship systems within municipal health offices, and promoting experiential learning opportunities that allow nurses to practice administrative and community-focused competencies in real-world settings.

Table 2. Emergent Theme 2

Theme Clusters	Emergent Themes
Scope and Nature of PHN Managerial Work	Navigating the Complexities of Public Health Work
Challenges in the Workplace	

The emergent theme illustrates how PHNs navigate multifaceted, dynamic responsibilities that extend beyond clinical care, including staff supervision, program implementation, budget management, coordination with LGUs, and direct community engagement (Table 2). Participants consistently described their work as demanding yet purposeful, highlighting the constant prioritization, flexibility, and resilience required to sustain service delivery under constrained conditions. Evidence-based decision-making, staff consultation, and adaptive problem-solving were identified as essential strategies in managing competing demands and ensuring program success.

To demonstrate the wide scope of their managerial duties, Participant 5 emphasized the breadth of responsibilities handled on a daily basis, stating,

“Fifteen years na akong Public Health Nurse at ako na rin ang nag-o-oversee ng lahat ng staff at programs.”

(I have been a Public Health Nurse for fifteen years now, and I'm also the one who oversees all the staff and programs.)

(Transcript 5, Page No. 129, Line No. 7-9)

This description of expansive responsibilities was further supported by Participant 7, who detailed the range of tasks expected of PHN managers, sharing,

“Primary roles ko ay staff supervision, program implementation, budget management, coordination with LGU, reporting, at community outreach.”

(My primary roles include staff supervision, program implementation, budget management, coordination with LGU, reporting, and community outreach.)

(Transcript 7, Page No. 141, Line No. 40-41)

Participants also highlighted prioritization and data-driven decision-making as central to their managerial practice. Participant 5 explained how decisions were anchored on guidelines and staff feedback, stating,

“Lagi akong naka-base sa data, DOH guidelines, at inputs ng staff.”

(I always base my decisions on data, DOH guidelines, and inputs from the staff.)

(Transcript 5, Page No. 130, Line No. 56)

Participant 7 reinforced this evidence-based approach, adding,

“Decision-making for me is evidence-based. Consider ko ang health data, staff input, resources available, at siyempre community needs.”

(Decision-making for me is evidence-based. I consider the health data, staff input, available resources, and of course, community needs.)

(Transcript 7, Page No. 141, Line No. 52-53)

The narratives further revealed that certain programs, particularly maternal and child health and immunization initiatives, are perceived as especially demanding due to continuous deadlines, coverage targets, and community expectations. Participant 5 illustrated these pressures by describing the intensive workload of priority health programs, reflecting,

“Pinakamatagal at matrabaho talaga ang immunization at maternal care kasi may specific coverage targets.”

(Immunization and maternal care are truly the longest-running and most demanding because they have specific coverage targets.)

(Transcript 5, Page No. 13, Line No. 65-66)

Resource-related barriers such as insufficient budgets, staffing shortages, delayed supplies, and political pressures amplified the complexity of PHN work. These constraints were clearly expressed by Participant 1 who emphasized how resource limitations disrupt program implementation, noting,

“Marami kaming plans. ‘Yun nga lang, sa sobrang dami ng plans eh insufficient budget. The very important factor to implement a program is to have a budget.”

(We have many plans. The problem is, because of the sheer number of plans, the budget is insufficient. The very important factor to implement a program is to have a budget.)

(Transcript 1, Page No. 110, Line No. 78-80)

These findings align with Transformational Leadership Theory, which highlights how PHNs mobilize and inspire their teams through intellectual stimulation, individualized consideration, and inspirational motivation, even under systemic constraints (Kodama & Fukahori, 2017). Role Theory further explains the tension between

formal managerial expectations and real-world constraints, as PHNs must negotiate competing responsibilities while maintaining program effectiveness (Biddle & Thomas, 1979; Dhavan & Reddy, 2017). Supporting literature also emphasizes that PHNs face challenges at personal, organizational, and environmental levels, including burnout, emotional strain, and high workloads (Alibudbud, 2023; Matanguihan, 2023; Sadang, 2020; Baluyot-Hipona, 2021). Organizational support, clear role expectations, and resilient structures have been identified as mitigating factors in PHN stress management (Tamayo et al., 2022; Gab Allah, 2021; Luo et al., 2022), while rural environmental constraints, like community resistance, cultural diversity, and logistical limitations, further complicate service delivery (Escolar-Chua & Magpantay, 2018; Hajizadeh et al., 2021).

The implications of this theme highlight the importance of strengthening leadership capacity, providing targeted training, and ensuring adequate organizational and logistical support. PHNs require structured mentorship, access to resources, and decision-making autonomy to navigate programmatic challenges effectively. Additionally, fostering resilience, adaptive capacity, and collaborative practices is critical to sustaining quality service delivery under complex and resource-limited conditions.

In conclusion, participants in this study demonstrated remarkable dedication and adaptability, integrating leadership, technical expertise, and relational skills to meet community needs despite systemic constraints. Recommendations include implementing ongoing leadership and management training, enhancing staffing and budget allocation, promoting evidence-based decision-making, and establishing clear protocols to reduce ambiguity and optimize program implementation.

Table 3. Emergent Theme 3

Theme Clusters	Emergent Themes
Organizational and Institutional Needs	Sustaining the Workforce through Support and Systems
Support and Coping Mechanisms	

The emergent theme highlights how PHN managers maintain motivation, effectiveness, and resilience in their roles through robust support systems at both institutional and personal levels (Table 3). Participants consistently emphasized that adequate manpower, budget allocations, upgraded facilities, and clear operational policies are essential for smooth program implementation and staff morale. They also noted that administrative assistance, streamlined procedures, and reduced bureaucratic obstacles enhance efficiency and enable staff to focus on delivering quality health services. Personal coping strategies, including family support, faith, self-reflection, and continuous learning, were identified as critical for maintaining emotional well-being and professional composure under pressure.

To underscore the importance of structural support in their daily responsibilities, Participant 7 clearly articulated the need for adequate resources and policy improvements, stating,

“Additional manpower, mas malaking budget, at upgraded facilities. Sa policy side, sana less bureaucracy para mas mabilis ang program implementation.”

(Additional manpower, a bigger budget, and upgraded facilities. On the policy side, I hope for less bureaucracy so that program implementation can be faster.)

(Transcript 7, Page No. 143, Line No. 92-93)

Alongside resource needs, Participant 2 emphasized the significance of financial incentives and employment stability, highlighting how these contribute to motivation and morale:

“Gusto namin ma-regular din kami. Para mas maganda ‘yung work namin, inspired ka rin magtrabaho ‘pag nandyan na ‘yung hazard. Huwag na tayong magplastikan, Ma’am, money matters baya.”

(We want to be regularized as well. It makes our work better, and you are also inspired to work when the hazard pay is there. Let's not be hypocrites, Ma'am, money matters, after all.)

(Transcript 2, Page No. 118, Line No. 124-127)

Institutional backing and professional development emerged as recurring themes. Participant 3 described the support they regularly receive from higher offices, noting,

"I receive strong support from our city health office through administrative help and trainings."

(Transcript 3, Page No. 122, Line No. 120-121)

Participant 8 further reinforced this by emphasizing the critical role of LGUs in funding and program continuity, adding,

"Stronger support from our local government leaders. When health programs are given sufficient financial allocations, it becomes much easier to implement activities fully and reach more people in need."

(Transcript 8, Page No. 149, Line No. 176-178)

At the personal level, strong emotional and relational support played a vital role. Participant 9 offered a deeply personal reflection on how family support sustains them in their work, sharing,

"The greatest support I receive is from my husband. He constantly reminds me to work diligently, to pause and rest when I am tired, and he always listens to both my frustrations and my achievements at work."

(Transcript 9, Page No. 156, Line No. 138-140)

These findings are consistent with Social Support Theory, which suggests that interpersonal relationships and external networks buffer stress, enhance coping, and improve overall performance (Gab Allah, 2021; Sadang, 2020). They also align with evidence emphasizing the role of workplace structures, organizational culture, and institutional resources in shaping PHN effectiveness (Tamayo et al., 2022). Studies reveal that participants' narratives suggest that supportive practice environments may contribute to greater confidence in decision-making and reduced stress by enabling autonomy, teamwork, communication, and access to resources (Luo et al., 2022; Cariaso et al., 2024). Managerial and administrative support, professional development programs, and structured supervision have been shown to empower PHNs to navigate systemic pressures, particularly in decentralized and resource-limited contexts (Gab Allah, 2021; Cariaso et al., 2024).

The implications of this theme underscore the need for a holistic approach to workforce sustainability. Institutional interventions, such as improved staffing, financial incentives, policy clarity, structured training, and exposure opportunities, combined with the promotion of personal well-being strategies, can strengthen PHN commitment, performance, and retention. Investing in both systemic and personal support mechanisms ensures that PHN managers are equipped to deliver high-quality, community-focused health services despite challenges and resource limitations.

In conclusion, sustaining PHN workforce effectiveness requires an integrated support system encompassing structural resources, administrative empowerment, and personal coping mechanisms. Recommendations include enhancing manpower and budget allocations, streamlining operational policies, offering continuous training and exposure opportunities, and fostering personal resilience strategies through mentorship, counseling, and work-life balance initiatives (Cariaso et al., 2024; Gab Allah, 2021; Tamayo et al., 2022; Luo et al., 2022).

Table 4. Emergent Theme 4

Theme Clusters	Emergent Themes
Leadership and Management	Leading with Compassion and Collaboration

The emergent theme illustrates how PHN managers practice leadership that balances firmness, empathy, and teamwork (Table 4). Participants consistently emphasized that effective leadership requires decisiveness and assertiveness while maintaining relational engagement, open communication, and genuine care for both staff and the community. Their narratives indicate that leadership in public health is not purely administrative but also collaborative, relational, and grounded in moral and ethical responsibility. Communication, critical thinking, and emotional intelligence were repeatedly highlighted as essential skills that enable managers to guide teams, resolve conflicts, and sustain staff motivation.

To show how PHN managers integrate decisiveness with empathy in their leadership styles, Participant 2 described how firmness remains essential even when practicing compassionate leadership, stating,

“directive na ba. Though may empathy, pero ‘yung gusto ko mangyari, gusto ko gano’n talaga, ‘yan na talaga. Firm ako. Authoritative.”

(It's like a directive now. Even though I have empathy, what I want to happen, I want it to be exactly that, that's final. I am firm. Authoritative.)

(Transcript 2, Page No. 118, Line No. 140-141)

A similar perspective was shared by Participant 5, who highlighted the importance of blending authority with compassion in guiding staff, expressing,

“Ang advice ko: huwag matakot sa leadership. Kailangan balance ang firmness at compassion.”

(My advice: don't be afraid of leadership. You need to balance firmness and compassion.)

(Transcript 5, Page No. 132, Line No. 105-106)

Collaboration and shared accountability also emerged as defining aspects of PHN leadership. Participant 9 illustrated how teamwork allows them to handle complex tasks more efficiently, stating,

“With the support of my fellow PHNs and program coordinators, we are able to make the validation and consolidation process more manageable.”

(Transcript 9, Page No. 154, Line No. 72-74)

Leadership grounded in genuine care for the community was also evident. Participant 4 expressed how strong community connection guides their leadership approach, noting,

“Love ko ang community, as I said earlier, kaya I believe everything will just follow naturally.”

(I love the community, as I said earlier, so I believe everything will just follow naturally.)

(Transcript 4, Page No. 127, Line No. 88-89)

The relational and patient-centered aspect of leadership was highlighted as well. Participant 10 emphasized the commitment to treating every patient with dignity, sharing,

“I strive to treat all patients—regardless of their background—with dignity and professionalism.”

(Transcript 10, Page No. 158, Line No. 17-18)

These findings align with existing literature on collaborative and compassionate nursing leadership. Leadership is inherently relational, requiring communication, empathy, and interpersonal skills that foster staff autonomy and engagement (Pursio et al., 2023; Fowler et al., 2021). Resilience, emotional regulation, and self-awareness support nurse managers in sustaining their own well-being while guiding teams through complex and resource-constrained environments (Sihvola et al., 2022; Kodama & Fukahori, 2017). Filipino nurse managers,

particularly in rural municipalities, face expanding roles in teaching, mentoring, and staff support, often amid limited administrative resources, underscoring the emotional and relational labor embedded in PHN leadership (Acob & Martingsih, 2018). Transformational and servant leadership theories further emphasize how empathy, collaboration, and ethical stewardship facilitate both staff motivation and effective program implementation (Dhavan & Reddy, 2017; Rosario, 2021; Cariaso et al., 2024).

The implications highlight the importance of leadership development programs that cultivate relational competencies alongside managerial skills. Structured mentorship, reflective practice, and team-based problem-solving can enhance PHN managers' ability to lead effectively, resolve conflicts, and maintain morale while ensuring quality community health services.

In conclusion, leading with compassion and collaboration embodies the essence of PHN managerial work, where decisiveness coexists with empathy, and organizational goals align with human-centered care. Recommendations include embedding relational leadership training in professional development, fostering peer and supervisory support networks, and reinforcing participatory decision-making to strengthen both workforce resilience and community health outcomes (Cariaso et al., 2024; Kodama & Fukahori, 2017; Pursio et al., 2023; Sihvola et al., 2022).

Table 5. Emergent Theme 5

Theme Clusters	Emergent Themes
Values, Fulfillment, and Sense of Purpose	Finding Meaning and Fulfillment in Service

The emergent theme illustrates how PHN Managers derive profound meaning, purpose, and fulfillment from their work (Table 5). Participants consistently described public health nursing not merely as a profession but as a calling rooted in compassion, service, and commitment to improving community well-being. They view their roles as bridging the health system and marginalized populations, advancing equity and inclusion, and ensuring that their work positively impacts the lives of vulnerable communities. Fulfillment is derived not only from tangible outcomes, such as improved health indicators, successful programs, and community recognition, but also from the alignment of personal and professional values with the holistic vision of public health.

To convey the deep sense of vocation associated with their work, Participant 7 explicitly framed public health nursing as a calling, reflecting,

“Being a Public Health Nurse is not just a profession, it’s a calling.”

(Transcript 7, Page No. 143, Line No. 107-108)

Participant 3 expanded on this idea of fulfillment by pointing to the satisfaction gained from measurable improvements in community health, noting,

“What I find most fulfilling is seeing the positive results of our efforts; like fewer dengue cases and improved community practices.”

(Transcript 3, Page No. 121, Line No. 67-68)

This sense of fulfillment also extended to relational and human-centered aspects of care. Participant 6 described how helping patients and communities provides the greatest sense of reward, sharing,

“Pinaka-fulfilling para sa akin yung makita na natutulungan namin yung patients at community.”

(The most fulfilling thing for me is seeing that we are helping the patients and the community.)

(Transcript 6, Page No. 134, Line No. 59-60)

Community recognition also played a meaningful role in shaping motivation. Participant 2 described the empowering feeling that comes from being acknowledged by the municipality, adding,

“Iba ‘yung feeling na nare-recognize ‘yung buong munispyo niyo because of you, kasi may contribution ka.”

(It’s a different feeling when your entire municipality gets recognized because of you, because you made a contribution.)

(Transcript 2, Page No. 118, Line No. 136-137)

Finally, Participant 1 emphasized the joy found in making an impact—often in ways that go unnoticed but remain deeply meaningful, remarking,

“Enjoy maging PHN kasi may naco-contribute ka sa mga tao na ‘di ka aware na may ambag ka na pala.”

(It’s enjoyable to be a PHN because you’re contributing something to the people that you aren’t even aware you’re already contributing.)

(Transcript 1, Page No. 113, Line No. 159-160)

These findings are consistent with prior studies highlighting that meaning and fulfillment in public health nursing emerge from relational, moral, and community-centered motivations (Dhavan & Reddy, 2017; Rosario, 2021). PHNs’ sense of purpose aligns with the broader goals of health promotion, disease prevention, and social equity, reflecting a commitment that extends beyond clinical care to encompass systemic and environmental considerations (Alibudbud, 2023; Matanguihan, 2023). Fulfillment is further enhanced by supportive organizational cultures, opportunities for professional growth, and recognition of collective achievements (Tamayo et al., 2022; Cariaso et al., 2024). Van Manen’s lifeworld framework also helps explain how PHNs’ lived experiences, reflective practice, and relational engagement shape their sense of professional meaning and identity.

In conclusion, this theme underscores that public health nursing is a vocation driven by compassion, community impact, and the pursuit of meaningful work. Recommendations include cultivating recognition programs, reinforcing community feedback mechanisms, and supporting reflective practice to enhance PHNs’ sense of purpose, resilience, and sustained commitment to service (Cariaso et al., 2024; Alibudbud, 2023; Matanguihan, 2023).

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