

The Job Identity of Health Insurance Review Nurses in South Korea

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Abstract

The purpose of this study is to explore and describe the job identity of health insurance review nurses working at medical institutions in South Korea. This study is a qualitative research using focus group interviews. The subjects were 10 nurses working in the insurance review department of 3 senior general hospitals in Seoul and Gyeonggi-do, South Korea. The continuous comparative analysis method, proposed by Strauss and Corbin, was used to analyze the data. As a result, the core category representing the job identity of the health insurance review nurses was 'standing alone as a nurse specialist in a fenceless position'. It was confirmed that health insurance review nurses are experiencing a variety of role burdens and confusion about job identity. It is necessary to establish a system that guarantees their status so that insurance review nurses fulfil their roles with satisfaction and pride. This study provides a foundation for supplementing the system for securing their professionalism, and contribute to job development based on their experiences in South Korea.

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1. INTRODUCTION

The health insurance system of South Korea was expanded to cover the entire nation in 1989. The Korean government evaluates the adequacy of health care services and control medical institutions through the Health Insurance Review and Assessment Service [1]. In order to cope with the control of the Health Insurance Review & Assessment Service, medical institutions have hired their own health insurance review nurses to conduct self-screening and billing for their medical practices [2]. This has become a new area of nursing works that do not contact directly with patients [3]. In addition, as the nation's medical welfare expands is expanded, the demand for health insurance review nurses who perform these tasks is expected to increase [1].

Recently, the Korean government has been pushing ahead with a policy to strengthen the health insurance coverage under the slogan of 'a country that is not concerned about hospital costs', so called 'President Moon Jae-in care' [2]. The main purpose of this policy is to reduce burdens of heavy medical expenses for the people [2]. In other words, the main point of this is to broaden the scope of national health insurance coverage and lower the proportion of patient's payment in total medical

costs. As a result, the role of health insurance review nurses to assess the adequacy of health care and medical costs has become more important [4], [5].

Health insurance review nurses working in medical institutions have a lot of responsibilities for reviewing the medical services provided to patients, billing medical costs, assessing the quality improvement and adequacy of health care, analyzing and appealing the adjusted medical costs, reconciling and claims for cutbacks, etc [3], [6]-[8]. They also play various roles including identifying and guiding review criteria, official document processing, computerization of medical care programs that meets the criteria, case management, and health policymaking [10]-[12]. It is expected that roles of insurance review nurses will be further added in the future.

In addition to these various role burdens, health insurance review nurses in medical institutions experience many role conflicts and job stresses while performing a completely different type of job than the direct nursing care performed by traditional clinical nurses [4],[6]-[8]. They have paperwork that is completely separate from the direct treatment of patients, and are in conflict with other medical professionals or administrative staff in the hospital

[11]-[13]. They are also experiencing difficulties with diverse and ambiguous screening criteria, the need for the ability to cope with rapid changes in the medical environment, the conflict between securing hospital revenues and filing complaints about medical expenses, and frequent overtime and weekend work to meet the billing date [7],[8],[10].

On the other hand, most health insurance review nurses have more than five years of clinical experience in the wards. And they are professionals with examination criteria, professional medical knowledge and policy understanding regarding the adequacy of medical services [3]. Nevertheless, they have not yet secured their position as a nurse specialist within the Korean medical insurance system [7].

In this regard, it is necessary to establish job identity of health insurance review nurses working at medical institutions in Korea's rapidly changing medical system and to seek developmental directions to be systematically recognized as nurse specialist in accordance with specific laws and regulations.

There are not many countries in the world that provide national medical insurance services to all their people, like South Korea. For this reason, there are not many foreign studies dealing with the job experience and job identity of health insurance review nurses. And most of the domestic researches on health insurance review nurses have been quantitative in relation to role conflict, job performance, and work stress. There is little qualitative research on their vivid experience [3],[6]-[10].

Therefore, among the qualitative research methods to understand the experience world from the perspective and viewpoint of the behavior, this study will apply the focus group interview method that makes it possible to obtain various views and concentrated data through the interaction between expert group members [14].

This study aims to identify how health insurance review nurses working at medical institutions in South Korea actually experience their jobs and what problems they face. To this end, this study will provide a deep understanding of their job identity by analyzing and describing their job experiences vividly. At the same time, this study intends to provide basic data for policy development for them in line with the Korean medical climate.

The main question of this study is "What are the job identity of health insurance review nurses working at medical institutions in South Korea?"

2. RESEARCH METHOD

2.1. RESEARCH DESIGN

This study is a qualitative research using focus group interviews and personal interviews to explore the job experiences and job identity of health insurance review nurses working at medical institutions in South Korea

2.2. RESEARCH SUBJECTS

Subjects of this study are 10 insurance review nurses currently working at three senior general hospitals in Seoul and Gyeonggi-do, South Korea. This researcher explained the purpose and method of the study to 3 team leaders of each hospital, and then they introduced the researcher to nurses who have been working as health insurance review nurses for more than five years.

3 subjects are in their 30s, 5 in their 40s and 2 in their 50s with an average age of 46.5 years. Their clinical careers ranged from 8 to 14 years (average 11.4 years) and insurance nurses from 7 to 22 years (average 13.6 years).

For ethical reasons, the data collection began after the researcher informed subjects about the spontaneity of research, the guarantee of the confidentiality of the research contents and utilization of the data for research purpose only, and then, accepted agreement of the subjects to participate in this study.

2.3. DATA COLLECTION

The main data collection method in this study is focus group interview. Data collection was conducted from June 2019 to August 2019. Focus group meetings were attended by four people at the first stage, three at the second and three at the third by each hospital. Focus group meetings were held in a study-café-room near the hospital after the subjects finished their work. The questionnaire development of the focus group interview was conducted according to the procedure of the focus group research method [14]. Each meeting took about two to three hours.

The main questions used in the interview were: 'What motivated you to start this work?', 'Can you tell me about your experience as an insurance nurse

in a general hospital?', 'What do insurance nurses usually do?', 'How have you changed compared to when you first started working as an insurance nurse?', 'What do you think is the hardest part of doing this?', 'Could you tell me how it compares with the general ward nurse's work?'

By using not only focus group interviews but also individual interviews, the triangulation method was used to collect data. The individual interview was conducted by constructing an additional questionnaire based on the analysis of the focus group interview. After that, any questions that were not clear or incomplete were answered by telephone.

After the first focus group interview (before the second focus group interview), the researcher visited the insurance review team of one hospital in Seoul where the subjects worked, and conducted field observation. Through this, it was possible to additionally understand the working environment, atmosphere, and work activities of the insurance nurses.

All discussions during the focus group meeting and personal interviews were recorded. The recording was made with the consent of the subjects in advance. The field observations were immediately recorded by the researcher in the field notes. The data collection was done up to the saturation point, when new materials could no longer be found.

2.4. DATA ANALYSIS

Strauss & Corbin's continuous comparative analysis method was applied to examine the structure of job experience and job identity of health insurance review nurses [15].

Data analysis was simultaneously performed as the data were being collected.

The investigator wrote down the recording as soon as the focus group meeting ended and continued to compare with the field notes. During the course of the study, the researcher read the collected data repeatedly, and performed open coding to conceptualize and categorize into similar sentences and units.

Axial coding was carried out to specifically link the relationships between categories and subcategories found through open coding.

Data analysis was done not by one-time process after completing all of the data collection, but by repeating process of disintegration, integration, comparison, modification, interpretation, and re-interpretation of participant observation and

collected interview data. After analyzing the data collected in the first focus group interview, the second and third focus group interviews were conducted based on the analysis data. This led the subjects to confirm the interpretation of the analysis results.

Finally, the core category was derived by integrating all the analysis. To ensure the validity and credibility of the study, the results of the data analysis were submitted for verification to two subjects and one nursing professors with qualitative research experience.

3. RESULTS and DISCUSSION

As a result, the core category representing the job experiences of the health insurance review nurses was 'standing alone as a nurse specialist in a fenceless position'. 4 categories and 13 subcategories were derived around the core category.

The relationship between the core categories, categories, and subcategories is shown in Table 1.

Table I. Relationships Among Categories

Core category	Category	Subcategory
Standing alone as nurse specialists in a fenceless position	enjoying the benefits of long-awaited regular work	privilege of escaping from 3-shift system
		enjoying ordinary everyday life I have longed for
		proud of the professionalism and working environment
		life being chased by the deadline
	suffering from pressure to increase hospital income	stress due to cuts in billing of medical expenses
		responding quickly to turbulent medical policies
		human relationships that are being damaged
	skepticism and conflict about work	working environment that is getting worse
		conflict of identity between hospital and patient
		burnout due to multitasks requiring super nature power

enduring in a position without guarantee	feeling of alienation due to the ambiguity of the belonging
	the status threatened by discontinuance of clinical nurse career
	longing for institutional guarantee of professionalism

4 categories are 'Enjoying the benefits of long-awaited regular work', 'Suffering from pressure to increase hospital income', 'Skepticism and conflict about work', 'Enduring in a position without guarantee'.

The identified subcategories in each category are as follows.

3.1. ENJOYING THE BENEFITS OF LONG-AWAITED REGULAR WORK

This category has three subcategories of 'privilege of escaping from 3-shift system', 'enjoying ordinary everyday life I have longed for', 'proud of the professionalism and working environment'.

The subcategory of 'privilege of escaping from 3-shift system' is described as follows.

All the subjects looked forward to regular work due to the difficulties of hard work, shifting duty, parenting, and so on. They were informed that the insurance nurse's work was difficult, but they could never refuse even the condition that prevented them from working at night. In particular, subjects said that their family liked rotation more than they did. In the case of married nurses, their husbands and children especially cheered for rotation because they were no longer required to work at night or work on holidays.

Some subjects actively acquired insurance review nurse certifications with the dream of challenging new fields. They thought that being an insurance review nurse was a more specialized task, doing work differently from general nurses.

"...After marriage, it was hard in various ways. I have to go to work when my husband is going to bed. So my husband is rather depressed (laugh)... Now, I think I can no longer work at night duty..."

"...I had a hard time seeing sick patients and wrestling with patient's caregiver every day. I eagerly wanted to get out of there. So, really tried to get an insurance review nurse certification. I often dozed off and took classes after I finished my night duty... I could move here earlier than the other nurses because I got that certificate... In the

future I will no longer be in charge of providing direct nursing care to patients..."

The subcategory of 'enjoying ordinary everyday life I have longed for' is described as follows. Subjects said that when they became insurance nurses, they were thankful that they could live a normal life like other ordinary workers. In other words, insurance nurses were grateful and fascinated by the fact that they were able to enjoy a normal life that they could not enjoy due to their shift work and were happy to be able to move together with the same timetable as their families.

"...After moving to work, the best thing is that all family members have breakfast together...and leave the house together. I can do it with my family... Together...My husband and I go to work, my children go to school. At the same time... And it's nice to have dinner with my family and enjoy watching TV after work. For others it's just everyday things. But I was happy to be able to live such an ordinary life..."

"...I loved wearing free clothes here. If I wear nurse uniforms, I'm stiff. I felt like I had lost myself...I felt like a real professional woman because I worked in coordinated clothes. I liked that..."

The subcategory of 'proud of the professionalism and working environment' is described as follows. Subjects became proud and motivated to work more professionally through the work environment at the beginning of their work. This is because they have their own space, have the flexibility to adjust their work according to their schedule, build a lot of professional knowledge, and use of more specialized terminology in the examination work. It also raised expectations for self-development and self-realization because they judged based on screening criteria or laws.

"...I had a desk entirely for me. I had two computers that only I can use, my own work phone... This partition was only space for me... It was great. I felt like a real professional woman..."

"...Everything was really -orderly- in the ward. The nurse had to move according to the doctor's order and be a machine to follow in a certain order. Here I have some flexibility in ordering my work..."

"...This task is somewhat independent because the nurse interprets the examination criteria and

notifications. It seemed to be a much more specialized nurse work area because we had much more professional knowledge and used a lot of legal terms...”

This category shows the experience of subjects preparing their careers to become health insurance review nurse, eventually seizing the opportunity, enjoying the extraordinary benefit of leaving from the shift work, and then beginning to professional work enthusiastically. The characteristics demonstrated in this subcategory are similar to other studies [16]-[19] that surveyed regular-work nurses such as outpatient nurses or nurse specialists. In other words, this is seen as a common experience when nurses who worked in three shifts turn into regular work (non-shifting job).

3.2. SUFFERING FROM PRESSURE TO INCREASE HOSPITAL INCOME

This category has three subcategories of ‘life being chased by the deadline’, ‘stress due to cuts in billing of medical expenses’, ‘responding quickly to turbulent medical policies’.

The subcategory of ‘life being chased by the deadline’ is described as follows. Subjects reported that they were under great stress like new nurses because of the unfamiliar task that was too far from the clinical nurse’s job after moving to the department. In particular, the greatest pressure was on them to finish work on a set date. Since the speed of billing for health care services is directly linked to hospital income, hospital executives put some pressure on them to review and bill as soon as possible. This makes the deadline very tight, and this tight schedule puts heavy pressure on not only new review nurses but even experienced nurses. Subjects frequently worked overtime or holiday work to meet deadlines.

“...When I moved here, I was a new nurse just like when I first got a job at the hospital. It's so different from what I did in the ward. I have been in the hospital for 12 years...But, I was completely new and had to learn everything. I'm not used to it, so it doesn't speed up... and so I'm on holiday for the deadline. This was a war against the real deadline...”

“Our boss shout for us to be quick. They cry out...Quickly! Quickly!... No money in the hospital!. Advance the deadline... Make a claim fast... Then we must do it unconditionally. We have another

deadline to close when we close and turn around..., and sometimes we have deadline every day...”

The subcategory of ‘stress due to cuts in billing of medical expenses’ is described as follows. Subjects appealed that their ability was assessed by the reduction of medical bills they claimed. All hospitals have developed their own programs to disclose the rate of disapproval of the fees charged by the nurses. Through this, the nurses with the lowest disapproval rate were rewarded. But nurses with high rates of cuts had to analyze the reasons for the cuts and provide directions. Indeed, the rate of cut was determined by whom the patients who used the high cost of medical care were allocated, rather than the nurses' ability to screen. Nevertheless, the blame was placed on them. In addition, when a large amount of medical expenses are disapproved, the review nurse should receive a referral from the doctor in charge, and then proceed with the appeal and request for examination. They even take on the burden of recharging the patient for the reduced medical bills. Even the burden of having to re-charge the patient for the reduced amount is taken. Because of this secondary overload, they were forced to face the pressure and stress of the cuts.

“...I can't help but notice the surroundings because grades of all (the rate of cut) are open. Honestly, if the patient who took an expensive medicine is allotted to me unlucky, my cuts rate would go up. Also, even if a doctor charges a surgery fee that doesn't meet the screening criteria, my cuts rate go up. In other words, it's purely beyond my ability. I am scolded by my seniors for a high rate of cuts, and doctor is asking why I couldn't get medical bills. I wasn't wrong, but I was beaten on both sides like a drum. I feel stressed....”

The subcategory of ‘responding quickly to turbulent medical policies’ is described as follows. Insurance review nurses continue to make efforts to minimize cuts for hospital management. The most basic task to prevent disapproval of medical expenses was to identify and apply screening criteria, interpretation of notifications, and trends or cases of screening. Subjects were struggling with ever-changing health care systems and policies, criteria for examination according to social climate, and intricate standards. This was because they had to be held accountable if they missed the

application of the criteria or made wrong pay decisions.

“...Too often laws and notices are changing... Too often... If I do not notice the changed notice quickly, it is a failure... Because it's entirely my responsibility. Some nurses did not apply the criteria correctly. Thus, a large amount of medical expenses were reduced. The patient should have been paid for it. But a patient who was already discharged said he would not pay the money. So the reviewer paid the money...”

“...There is a tendency to judge ... Any medicine or medical treatment that is popular in the media do not cut well. Judges are also judging with the notice of society. So, reviewers have to analyze and share the trend of cuts with each other...”

This category demonstrates experiences in which subjects, who entered the path of health insurance review nurse with motivation and pride, were significantly burdened and struggling due to highly specialized tasks that were completely different from previous nurse works.

3.3. SKEPTICISM AND CONFLICT ABOUT WORK

This category has four subcategories of ‘human relationships that are being damaged’, ‘working environment that is getting worse’, ‘conflict of identity between hospital and patient’, ‘burnout due to multitasks requiring super nature power’.

The subcategory of ‘human relationships that are being damaged’ is described as follows. Subjects experienced conflicts in their relationships with people in various fields after becoming health insurance review nurse. In particular, they experienced many pains and fears due to urges and protests from ward nurses and doctors, the transfer of responsibility of administrative staff, the authoritative attitudes of nurses in the assessment agency, and complaints from patients or guardians.

“...A nurse I knew well in the ward... But... She gets angry and yells at me. Why aren't you judging too soon? I can't explain the situation here... It's too upsetting for her to treat me like a stranger...”

“...Most doctors try to get the most out of treatment fees. I know it will be cut ... I can only say no... Then, some doctors even threaten me. "What's your name?"... Then I get very hurt...”

“...When I first came here, the scariest thing was that the patient or guardian called or visited me. It's the same now. I've got a phone call... If he is a patient, I have a palpitation. Most people complain why his medical expenses are uninsured. It was prescribed by a doctor. Why should I pay? ...I have nothing to say in that case. It's the right word... But if I admit it as insurance, I'll be at fault. I can't do this or that...”

The subcategory of ‘working environment that is getting worse’ is described as follows. Subjects said that the burden of work has been increasing due to the recent policy of strengthening national security. Although the number of tasks increased, there was almost no increase in the number of audit nurses. In addition, to solve this problem, they had to work overtime and endless hours. And they had to work on holidays, including Saturdays and Sundays. Subjects said that the benefits of regular work, which had previously been the only privilege as an insurance nurse, were almost lost.

“...When working as a ward nurse, the next worker comes after a fixed time. Then I hand over my work to her and I go home. But we have work to be allocated. I have to finish it so I can go home. But... more and more work to do. I have never been on time recently...”

“...To be honest, it was hard work here. But there was only joy. It was a weekend break. But now... even on holidays, I come out and work. Now the only advantage of this thing is gone...”

The subcategory of ‘conflict of identity between hospital and patient’ is described as follows. Subjects said they would be constantly in an ambiguous position between the patient's interest and the hospital's interest. Insurance review nurses are responsible for increasing hospital income. So, they often are likely to play a role in restricting patients from providing treatments that cause loss to hospital revenue, regardless of whether it is necessary for the patient. Eventually, in this process, they felt conflicted and confused about their work, recognizing that they were working in a direction contrary to the treatment or interests of the patient.

“...To be honest, I am employed in a hospital. The salary is also given by the hospital. That's why I have to do my duty. It's my job to stop cost cuts. I must exist for the benefit of the hospital... As a

result, I often limit the use of high-cost materials that doctors need to treat patients. I drive towards the patient burden. Sometimes it happens. Otherwise it's my responsibility...But.... I'm a nurse. I wonder if this is the nursing job I learned. The nurse must put the patient first. So... I often feel skeptical about this work and myself..."

This category includes experiences in which health insurance review nurses are hurt in their relationships with people in various occupations, are skeptical about worsening working conditions and heavy workloads, and are confused in their identity due to the nature of their work that cannot pursue the patient's interests.

It was found that insurance review nurses have a lot of conflicts in performing their jobs. The main contextual factors influencing this were damaged relationship and deteriorating working conditions. Coordination and cooperative ability are the most important influential factors in studies of job stress and self-efficacy of insurance review nurses [20]. It is necessary to reflect the contents of developing the ability to maintain multidisciplinary partnerships in the insurance review nurse training courses or educational courses for certification.

3.4. ENDURING IN A POSITION WITHOUT GUARANTEE

This category has three subcategories of 'feeling of alienation due to the ambiguity of the belonging', 'status threatened by discontinuance of clinical nurse career', 'longing for institutional guarantee of professionalism'.

The subcategory of 'feeling of alienation due to the ambiguity of the belonging' is described as follows. In most hospitals, insurance review nurses were initially in the nursing organization when they joined the hospital as new nurses. After moving to the Insurance Review Department, he becomes a member of the administrative organization. Since they first joined the nursing organization, they were unable to have a sense of belonging or fellowship as administrative staff and were placed in the position of strangers. This resulted in a feeling of alienation that nurses were excluded from both the nursing and administrative organizations even though they were nurses in the administrative organizations. In addition, they faced many problems in various roles. But the top managers of the administrative organization did not actively solve their problems

and had a weak willingness to protect them. The subjects realized that they should be left alone through these experiences. Moreover, this ambiguity of their belongings has led to frustration and deprivation, with a relatively lack of opportunities for promotion.

"...Since I am a nurse, the nursing organization must put me on a promotion target. But they no longer think of me as a nurse. And the administration team excludes me again because I am a nurse. So, nobody takes care of me. I am always excluded. I'm in a place where I can't get anywhere here and there. I am in an unstable position floating in the air. Friend nurses who joined the company together have already become charge nurses and head nurses, but I am still a general nurse..."

The subcategory of 'status threatened by discontinuance of clinical nurse career' is described as follows. Subjects experienced a threat or anxiety due to the discontinuance of clinical nurse careers as their careers increased. Indeed, it is not easy to return to a general nurse because insurance review job is too far from that of a general nurse, and medical systems and devices have changed rapidly in recent years. With this reason, the shift to three shifts or night work has made insurance review nurses fearful of returning to ward nurse work. Rather, managers took advantage of these insurance review nurses' weaknesses.

"...The nurses who come here are all really career break women. The ward work changes so much and changes so quickly that it is impossible to adapt... I really wanted to take a year off after giving birth. But if I rest, I can no longer work here. Again I must work in the ward. So in the end I couldn't..."

"...If I really quit this job, I couldn't even find a job in a nursing hospital. If I say that I have worked as an insurance review nurse at the hospital, they won't pick me up..."

"...I complained that the manager was putting me too much out of my scope. Then... the manager threatened me like this. Then... if you don't want to work here, go back to the ward... Such order is like being told to quit job..."

The subcategory of 'longing for an institutional guarantee of professionalism' is described as

follows. Subjects said that they were unsatisfied with their task, lost their motivation for the job, and fell into mannerism and inertia by standing in an unstable position with no legal guarantees within the company and within the country.

Subjects recognized that the establishment of a law that guarantee insurance review nurses as specialist nurses was urgent to secure a stable position. And they demonstrated their willingness to take responsibility in their work field, longing for the legislation of regulation as soon as possible.

“...This work is actually a very professional job, but the problem is that the hospital doesn't recognize it at all. I have studied so much that I have a certificate of insurance review nurse. But since the state does not officially recognize it, the hospital ignores the professionalism of our work. If the insurance review nurse is legally enacted as nurse specialists, we will be guaranteed a stable position in the hospital. Secondly, that will increase our pride in this work. And we will try to build more capacity in this field...”

Through the nature of this category, it is appeared that the feeling of alienation experienced by health insurance review nurses in terms of promotion or affiliation is similar to qualitative research findings on the experiences of home care nurse practitioners and oncology nurse specialists [16],[19]. On the other hand, it is reported that other groups of nurse specialist were not significantly worried about career interruption or threat to maintaining their current status [10],[13],[16],[19]. In other words, it is revealed that anxiety and threats to their status are relatively high in the group of health insurance review nurses.

This can be inferred from the fact that other groups of nurse specialist, unlike health insurance review nurses, are not only systematically guaranteed for their professionalism, but also are actively working in the clinical field of contact with patients. This is very different from the United States and Canada, where legal provisions are made prior to the implementation of the professional nurse system and then nurse specialists perform their jobs [17]. This finding suggests the necessity of establishing a legal provision for recognizing the professionalism of insurance review nurses and ensuring their status.

4. CONCLUSION

This study attempted to describe live experiences of health insurance review nurses, to understand the nature of their job identity, and to provide the basic data for policy development for them.

The core category that integrates job experiences and job identity of health insurance review nurses working at general hospitals in South Korea was identified as ‘standing alone as a nurse specialist in a fenceless position’. This represents a process that the subjects caught the opportunity for long-awaited regular work, but endured firmly in a non-guaranteed position while experiencing skepticism about work and conflicts with job identity. This study confirms that health insurance review nurses are enduring heavy work and experiencing psychological stress while playing various roles for the hospital's profits in exchange for the small benefits of free from 3-shift system and ordinary daily life. They also stand with threats of alienation from hospital organizations and of career interruption without institutional guarantees for professional work.

In fact, health insurance review nurses working at hospital play a role in facilitating the improvement of medical quality by assessing the adequacy of health care services provided to patients. They are also increasing the effectiveness of the health insurance system through the professional role of total management so that health policy can be settled in medical institutions.

This study revealed that health insurance review nurses are experiencing confusion of their job identity due to various role burdens and ambiguous working boundary rather than job satisfaction while performing their works. It is required that health insurance review nurses play their roles with satisfaction and pride of the profession. And, in order to establish and strengthen the job identity of health insurance review nurse, it is urgent to make institutional supplements that recognize their professionalism.

Therefore, it is necessary to develop a policy that guarantees the nurses' status at the national level in order to encourage them to have positive view of their work and to pursue self-realization. In addition, it is required to secure the professionalism of health insurance review nurses by establishing job standards that suggest practical levels according to their roles.

This study has the following significance.

First, this study is meaningful to provide the foundation for constructing grounded theory for the

job experience of health insurance review nurses working in medical institutions for the first time in the Korean society where all the people of the country receive health insurance services.

Second, this is significant that the subjects have vividly described in terms of their view as an insurance review nurse how they are actually working.

Third, based on these findings, this study presents useful data for establishing policy for insurance review nurses' status and job development.

Finally, this study suggests the development of education programs that can enhance the identity of health insurance review nurses and strengthen their professionalism.

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