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Universal Health Coverage Knowledge and Experiences Among Primary Health Care Workers in Jordan: A Qualitative Study

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Abstract

The purpose of this qualitative study was to assess Jordanian nurses' knowledge and experiences with universal health coverage (UHC), including identifying challenges and facilitators in applying it in primary health care settings. Eight nurses were interviewed to explore their knowledge of UHC in general. In the paper described here, qualitative analysis methodology was used to answer the proposed research questions. Analysis of the data revealed the following findings: a lack of information about UHC, barriers/challenges to applying/implementing UHC in PHC, facilitators to apply/implement UHC in PHC, and suggested solutions to apply/implement UHC in primary health care settings. Implications for nursing practice, education, and future research are noted. In conclusion, this study suggests that, because participants suggest that UHC application is an important health care choice, nurses and health care professionals need to consider it in their practice and education.

Keywords: Jordanian Women, Universal Health Coverage, Qualitative Analysis, Nurses in Primary Health Care.

Introduction

Universal health coverage (UHC) is becoming an important concept in public health worldwide (Schmidt et al., 2015). According to the WHO, UHC is the ability to offer all citizens affordable and accessible health services, including promotion, treatment, prevention, and rehabilitation (Wang et al., 2020). Although there are popular research studies about UHC, nurses' knowledge and experiences with UHC are not always clear because of a lack of research. Although health care providers, including nurses and physicians, have been around for approximately two millennia, millions of people in the world, including Jordanians, lack proper access to lifesaving health services. Health care access varies from one country to the others; therefore, low-income people in such countries fall into poverty and economic hardship as a result of personal payments or cannot have access to health care services.

Currently, hundreds of countries have increased their energy to reach the Sustainable Development Goals (SDGs) proposed by the United Nations, including the eighth target of

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applying Universal Healthcare Coverage (UHC)(United Nations, 2015). The main aim is “to ensure healthy lives and promote well-being for all at all ages”, which means that people have the right to access safe and effective health care services despite their financial hardship.

According to the WHO, UHC covers a wide range of primary health care (PHC) concepts, and its goal is “to ensure all people can use the promotive, preventive, curative, rehabilitative and palliative health services they need, which are of sufficient quality to be effective, while ensuring that the use of these services does not expose the user to financial hardship”. Attention to applying UHC in primary health care services is the most important step and includes maternal and child health, noncommunicable diseases, and service access. Therefore, to achieve UHC sustainability goals in Jordan, first, the nation must consider providing PHC in a comprehensive, well-coordinated and organized way to improve health outcomes for individuals. In doing so, the government may need to revise the cost of health services to the lowest minimum for all people regardless of their social status, education level and public health, which is essential in leading countries to the UHC and SDGs. With the recent and ongoing widespread pandemic situation, primary health care has undeniably become crucial for increasing awareness of preventive methods to mitigate the spread of the COVID-19 virus through educating, identifying and referring correctly, especially with the increasing utilization of new available communication tools such as smartphone applications, websites and electronic records.

The WHO (2019) Global Monitoring Report on Primary Health Care on the Road to Universal Health Coverage stressed that progress toward UHC must be urgently accelerated and emphasized that primary health care is the means for doing so. The SOWN report emphasized that nurses play a central role in achieving universal health coverage and the Sustainable Development Goals(World Health Organization, 2022). Therefore, we need to ensure the transformation of nurses’ competencies to meet needs and produce a health workforce with the right skills to fill decent jobs in the right places for better health service delivery. As a normal procedure, health centers in Jordan authorize nurses to handle a broad scope of primary health care services. The services provided rely on the concept of comprehensive health care starting from promotion, preventive and curative care through health education programs with a focus on enhancing patterns of healthy lifestyles. Therefore, nurses in primary health care centers are essential for performing most of these tasks.

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A systematic review of nursing challenges for universal health coverage (2020) concluded that these challenges are related to education and training, better working conditions and a clear definition of the role of nurses in primary health care. Thus, this research finding is necessary to identify the perceptions of Jordanian nurses concerning the concepts of primary health care and health care coverage, as well as the barriers to their ability to achieve UHC(May et al., 2021).

Universal health coverage (UHC) is a strategic objective of the Jordanian government and has been prioritized in strategies and plans and in the economic modernization plan (Khader et al., 2023). The health care system of Jordan is experiencing a double burden of disease, especially during the COVID-19 pandemic, low health care service coverage, and a lack of financial risk protection plans. Jordan has a mixed healthcare system, which consists mainly of three key

actors: the government, the private sector, and military health care services. Public healthcare is governed by the Ministry of Health through its different Directorate Generals: Health Services, Family Planning and Midwifery, etc.

Few studies in Jordan have analyzed UHC issues, which include an assessment of a set of proposed indicators related to UHC, such as investigating hospital admission costs and health insurance coverage (Halasa-Rappel et al., 2020; Hammad et al., 2022; Khader et al., 2023). However, none of these studies systematically investigated UHC policy application by any health care provider via qualitative methods. Therefore, in the current study, the aim was to understand and describe existing nurses' knowledge and experience, including barriers to and facilitators of the application of UHC in primary health care in Jordan.

Purpose of the Study

The purpose of this study was to understand nurses' experiences with UHC. The following research questions were addressed: 1) How do you define UHC? 2) What factors shape the use of UHC in PHC settings? 3) What are the challenges/facilitators to apply UHC in your setting or in Jordan, and 3) what are your suggestions for solutions to apply UHC in Jordan?

Methods

The study was guided by a descriptive interpretive qualitative approach, a methodology that explores a topic about which little is known and that allows the researcher to conduct an exploratory investigation of the phenomenon (Denzin & Lincoln, 2011; Strauss & Corbin, 1998). Specifically, this study explored nurses' experiences with and knowledge of UHC via in-depth semistructured interviews. Eight nurses aged 28--46 years who were working in a PHC setting were interviewed. The interviews ranged from 15--120 minutes and were recorded by audiotape. Each interview was analyzed manually with research assistance. A team of researchers determined themes from the data regarding nurses' knowledge, needs, and solutions regarding UHC use and applicability in Jordan.

The interviews were conducted in the health care center or via phone by professional research assistance. The participants were assured of anonymity regarding the content of their interviews. All the interviews were digitally recorded; however, they were provided the option of speaking 'off the record', should this be chosen. Manual note taking was also employed for all interviews to prevent the risk of data loss due to technical issues. Although an interview guide was used for data collection, probing was used to explain and clarify the informants' answers. Follow-up questions were used to ensure in-depth information gathering. Each interview lasted between 20 and 62 minutes. Word-by-word verbatim transcriptions were performed by professional experts once the interviews were completed. The transcripts were then read carefully along with the recordings to determine any missing information. Thematic analysis of the transcripts was performed via manual coding. Texts were organized across four main themes: (1) information about UHC, (2) barriers/challenges to applying/implementing UHC in PHC, (3) facilitators applying/implementing UHC in PHC, and (4) suggested solutions to progress/implement UHC in PHC. Quotations were extracted from transcripts to validate the results of the thematic analysis.

Study Findings

Analysis of the interviews revealed four overarching findings (see Table 1) regarding PHC nurses' knowledge and experiences with UHC: knowledge about UHC, barriers/challenges to

applying UHC in PHC, facilitators to apply UHC in PHC, and suggested solutions to progress/apply UHC in PHC (see Figure 1). Knowledge about UHC in general among PHC nurses was revealed in three subthemes: limited literacy about UHC definitions and the importance of UHC applications in PHC. Barriers/challenges in applying/implementing UHC in PHC included limited financial support from the government and limited time and number of staff in PHC settings. Two facilitators to apply/implement UHC in PHC were notified by the study informants, including Nurses Willingness to Learn about UHC (feeling excited) and health care system support. Finally, the study informants suggested some solutions to progress/implement UHC in PHC, including organizing training courses to nurses (teaching classes and benefitting from other countries' experiences), increasing financial support/Funding from the government, and integrating UHC in Education for Nursing Students (Bachelor and Masters). In the presentation of these findings, pseudonyms are used to refer to the study informants to ensure their anonymity.

Major Theme	Subthemes
Knowledge about UHC	1) Limited literacy about UHC definition. 2) The importance of UHC applications in PHC.
Barriers/challenges to apply UHC in PHC	1) Limited financial support from the government. 2) Limited time and number of staff in PHC settings.
Facilitators to apply UHC in PHC	1) Nurses Willingness to Learn about UHC (Feeling excited). 2) Health Care System Support.
Suggested solutions to progress/apply UHC in PHC	1) Organize training Courses to Nurse (teaching classes and benefit from other countries' experiences). 2) Increase Financial Support/Funding from the Government. 3) Integrate UHC in Education for Nursing Students (Bachelor and Masters).

Table (1): Themes and Subthemes

Lack of information/knowledge about UHC

Two themes emerged from the discussion with the study informants about the UHC definition. It appeared that there was limited literacy about UHC definitions, a lack of knowledge about UHC applications in PHC, and the importance of UHC applications.

Limited literacy about UHC definitions. Almost all the study informants did not consider UHC from any external source. Sama stated, "Oh honestly, I do not know anything about it, how it is different than other health care services, ... is it applied here in Jordan? How?". Reema also described her perspective on UHC:

My colleague here once mentioned something like it ... but she could not even define it for us ... oh I'm not sure about it ... I do not want to complicate things for myself but I have no idea what does it mean or how it will work in PHC or in the Jordanian context. Can you help me please in the definition so I would know ...

Suad described how she has been hearing about UHC once, but she is lacking any information about its definition or how we can implement it: "I once heard something like this but I could not figure it out ... oh like how it is related to us as PHC nurses or how it will help us to provide

better health care”. Therefore, nurses were striving to know more about it and relate it to their work in PHC settings. Consequently, some informants were keen to use hear about UHC and continue the interviews.

Importance of UHC applications in the Jordanian health care system. All the study informants lacked knowledge about how important UHC is to the Jordanian health care system. Most of their answers focused on providing health care services in general, which are included in their job descriptions or the purpose of the primary health care centers. In addition, they were wondering if there would be any applicability to the UHC in PHC settings. Sameera stated that “Since it [UHC] is not clear enough to all of us... how could I know its importance but I think if we understand it well in the future, then we can implement it easily”. In addition, another informant added that “I have no idea about its importance in the Jordanian context; however, I think we need more time to learn about it. As we all know PHC clinics provide care to many patients daily, I’m wondering if UHC can make it easier for us” Reema.

In addition, the majority of the study informants agreed that public or community health nurses should be responsible for implementing UHC along with the ministry of health because it is closer to community work. For example, Suad mentioned that if there is a community health nurse available here, she/he will be the responsible personnel for UHC implementation and teaching to other nurses. Moreover, almost all the study informants discussed that there will be an important future for UHC, but they could not elaborate or specify how.

Barriers/Challenges in Applying/Implementing UHC in PHC

Barriers to applying/implementing UHC in PHC include limited financial support from the government and limited time and number of staff in PHC settings.

Limited Financial Support from the Government. The cost of applying UHC was cited by all the study informants as a barrier to its implementation. Some informants stated that we still have limited accessibility to some medications and diagnostics in the PHC, which will make it harder to implement UHC. Therefore, most patients still spend money to pay for their health care services. Sameera described how finance is a key barrier to achieving UHC. In addition, when we asked about UHC implementation barriers, money was the first to come to mind for all study informants. Reema stated that “money is the main barrier here ... I think because we still financially restricted then we will stay behind in applying the UHC”.

Many study participants recommended that health promotion practices, diagnostics, and treatments should be included in health insurance even if the patient must access them from outside the clinic because this is the only way to achieve UHC goals. However, at present, these services are not covered by health insurance because the government has limited financial support, thus acting as a barrier to UHC implementation.

Limited time and number of staff in the PHC setting. To start implementing UHC, a fair number of nurses or health care providers should be involved to cover all health care services covered under the UHC umbrella. The study informants shared the same barriers of limited time and staff to cover all services. In addition, they feel discouraged from implementing UHC if they have to spend more time with one patient. For example, Eman stated that she was not pleased that they had to offer patients all support and health resources:

I’m thinking, like, in the health clinic I work in, we do not have time to take a break ... we see thousands daily with just four of five nurses around, how can we suppose to see all of them

[patients] and provide them with such care if we are saying that everything is available as well. I do not know I think this will be a barrier too.”

Most participants stated that they had to spend extra time to reach basic health needs: “approximately one hour extra, especially on Saturdays” (Reema).

Facilitators to Apply/Implement UHC in PHC

Facilitators for applying/implementing UHC in PHC include nurses’ willingness to learn about UHC and health care system support.

Nurses are willing to learn about UHC (excited to learn more). The findings of this study revealed that study participants are willing to learn more about UHC, which is considered a facilitator. All the nurses were excited to hear that UHC would be implemented in Jordan, which would offer financial help to all the individuals in the community. For example, Reema and Sameera stated that they are willing to study it more. Reema stated, “Why not, I’m a nurse after all I will be thrilled to offer all types of help to my patients ... if we start implementing it here in Jordan ... For sure I will be the first one to take any training courses available”. In addition, others stated that they consider learning more about UHC to be a very important facilitator because acceptance and willingness from health care providers make the integration of UHC easier in PHC. For example, Suzan stated that:

I’m excited to hear about it ... this research enlightens me that we are stepping forward with the rest of the world ... I do not think that me is the only one who is willing to learn and implement ... all nurses here in Jordan do ... if all of us are ready then it will work and succeed if God willing.”

Health Care System Support. The study participants reported that all health care professionals, such as physicians, pharmacists, and therapists, should be included. In addition, health care system support is also a facilitator. As a result, participants, such as Sama, preferred to mention health care system support as a facilitator:

Jordanian health care system support will be another facilitator. If we all work together for sure that our job would be easier ... uh few years ago, we integrated this new electronic files system honestly, it was hard in the beginning, but when we start getting it along with the help of the health care system [for providing us much training and support], now it is successful and makes our professional life much easier for us and for the patients.

Suggested solutions to progress/implement UHC in PHC

The study informants discussed three solutions to either progress or implement UHC in PHC settings in Jordan: organizing training courses to nurses (teaching classes and benefitting from other countries’ experiences), increasing financial support/Funding from the government, and integrating UHC in education for nursing students (Bachelor and Masters).

Organize training courses to nurses (teaching classes and benefitting from other countries’ experiences). Training sessions were the first suggested solution for implementing UHC. Nurses noted that they need training courses first to be introduced properly to the concept and second to unify all nurses’ knowledge and application. For example, Lina stated that “yes, training session is the first thing come to my mind ... the WHO can send somebody to explain it all to us”.

In addition, benefitting from the experiences of other countries by studying their journeys was

important according to some study participants. For example, Suzan mentioned that “if we will be exposed to other countries experiences with it ... this will make it easier to apply ... but should be one of the countries that have same financial conditions as us here in Jordan”.

Increase Financial Support/Funding from the Government. Jordan started to invest in addressing health inequalities by providing health care to refugees and reducing out-of-pocket payments. Various studies and projects funded by the government focused on UHC in primary health care are currently being conducted, which is considered the first step for applying UHC in Jordan. However, to guarantee financing options for UHC, more financial management is needed, as stated by many study informants. The ministry of health should increase coverage gradually to various people’s sectors, starting with the public and military sectors, as they are more crowded, as they serve many more people. Sama suggested that “the government should interfere and provide more money to fund UHC ... taxes are high here in Jordan why do not we benefit from it for other people... investing in health of ourselves or others should make everybody happy”. In addition, Lina discussed how we can benefit from other money sources, such as zakat money, Fotra money or even Sadaqat money, by making them more organized to go in the right direction.

Integrate UHC in Education for Nursing Students (Bachelor and Masters).

Academic organizations such as colleges and universities play an important role in UHC literacy. All the informants stated that they do not remember studying this concept in their nursing studies. Introducing UHC at the undergraduate level will play an important role in familiarizing nursing students and stakeholders with the concept of UHC. Eman stated, “I would recommend introducing the concept while we are undergraduate students ... sure this will make it familiar. I think the community health nursing course is the one to be included in”. In addition, the study informants proposed organizing short courses to nursing students about UHC to develop a knowledge background and conduct research studies about the UHC application experience.

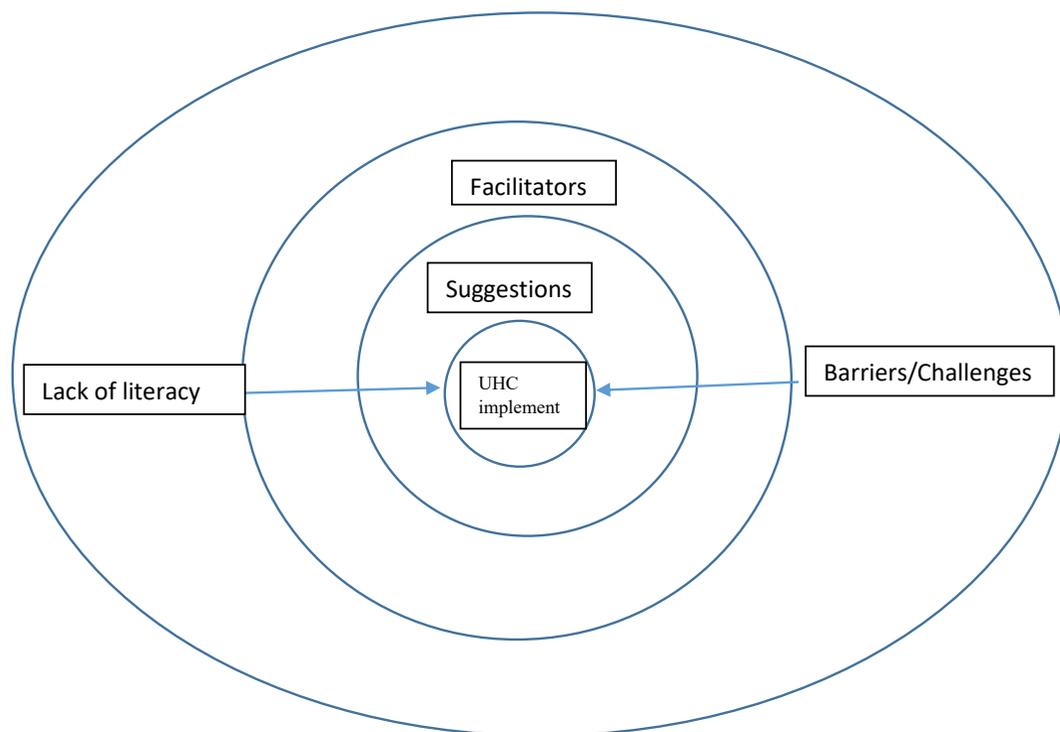


Figure 1: UHC knowledge and experiences among PHC nurses in Jordan: Thematic Model

Discussion

This study explored PHC nurses' knowledge and experiences in Jordan regarding UHC. Four main findings were revealed: lack of information about UHC, barriers/challenges in applying/implementing UHC in PHC, facilitators to apply/implement UHC in PHC, and suggested solutions to apply/implement UHC in primary health care settings. The findings of this study provide two main insights, as described below: the interconnection between PHC nurses' knowledge about UHC and suggestions for its application in the future and considering the Jordanian health care context and UHC application to date.

In addition, these findings shed light on how health workers understand worldwide policy movements, including UHC, and how they foresee its future in the Jordanian health sector. UHCs are not acquainted with most health care providers in Jordan. More significantly, systemic and textual challenges have affected UHC literacy and applicability. Nurses in our study reported economic inconsistencies as well as discrepancies in access to care.

Interconnections between PHC nurses' knowledge about UHC and suggestions for its application in the future

The study findings provide valuable insight into the interconnection between PHC nurses'

knowledge about UHC and suggestions for its application in the future. Nurses' knowledge about UHC in general was consistent with the findings of others (Koon et al., 2017; May et al., 2021; Tung et al., 2016), and nurses in PHC settings lack basic knowledge about UHC meaning and goals. In addition, nurses need more knowledge to be able to speak about UHC and then apply it in their settings. The appropriateness of introducing UHC to nurses should also be addressed, as some nurses in other health care settings may also not have knowledge of UHC.

For example, a study conducted to determine community health nurses' knowledge and application of UHC in Myanmar revealed that there were hardships in implementing primary health care to achieve UHC due to a lack of knowledge in health education. Moreover, nurses feel unmotivated about applying UHC because they do not have enough information about it (May et al., 2021). Our findings were similar in that there was limited information about UHC among nurses. This finding suggests that policy makers in health sectors in Jordan should consider introducing UHC in nursing education and training rather than simply integrating it blindly into the Jordanian health care system.

Existing studies focus on nurses' perceptions, knowledge, or application of UHC in general, without giving specific attention to nurses in PHC. Our study addresses this gap in the literature by examining nurses' experiences and knowledge regarding UHC in terms of the meaning, factors, reasons and future suggestions for its use. In addition, our study findings introduce new aspects of UHC experience by nurses, such as the effects of contextual factors on the application of UHC, including all facilitators and barriers.

Most of the available literature has focused on UHC knowledge and applicability among nurses in third-world countries such as Myanmar and Bangladesh. Similarly, in our study, the participants were new to this concept and connected its knowledge with its applicability. However, our study findings expand our understanding by detailing PHC nurses' perspectives and experiences with UHC. This detailed knowledge can assist in developing better future plans for achieving UHC goals in Jordan. For example, as the findings of this study reveal that nurses in PHC settings are excited to know more about and apply UHC in their settings, Bryant-Lukosius et al.'s (2017) study was congruent with our study, as they recommended that nurses need more support from policy makers in primary health care and education for more successful application of UHC.

Considering the Jordanian health care context and UHC application to date

A second insight from this study is that several factors contribute to UHC experiences among PHC nurses and are translated into facilitators and barriers. Financial support is considered the most important barrier to achieving UHC goals (Sakolsatayadorn & Chan, 2017; Stenberg et al., 2019). For example, a weak health care system, as a result of limited financial support and poor management; a lack of adequate skilled human resources, equipment and supplies; and poor infrastructure are the most common barriers identified by Osoro and colleagues (2020) (Osoro et al., 2020). Endalamaw and colleagues concluded that, as a result of inadequate staff and financial support, there is an urgent need to act on cross-cutting barriers to achieve UHC (Endalamaw et al., 2022). Our findings are consistent with those of Osoro et al. (2020), who confirmed that a lack of financial support from the government is considered one of the most common barriers to achieving UHC (Osoro et al., 2020). However, our findings expand our understanding of the negative effects of poor staff and political support for achieving UHC goals. For example, some participants preferred to press on Jordanian health care system support rather than local support because support would be consistent and promising if it came from the highest level in the

government. As a result of our findings, nurses should be carefully integrated into the process of achieving UHC plans from various health sectors.

In our study, nurses suggested that to achieve and apply UHC, more training and university-level courses should be integrated into the curriculum. Like those of Evans et al. (2017), the study participants in our study suggested that they need more education and training about UHC, which will help in addressing its goals. Interestingly (Evans et al., 2017), however, study informants were excited to learn more about UHC, so they recommended more educational programs about UHC. Thus, our findings suggest that health care professionals should work together to achieve UHC goals in Jordan. For example, nurses in PHC settings and other health care professionals, including midwives and physicians, could meet together regularly to discuss effective ways to achieve UHC. In addition, PHC nurses could initiate health promotion programs in the community as the first step in achieving UHC goals. This will also help to create a stronger health care system in Jordan.

In summary, these findings are important because they shed light on a complete picture of PHC nurses' experiences in improving UHC applicability. More research on nurses' perspectives on UHC is needed to better understand the relationships between other political and textual factors and achieving UHC goals in Jordan. Experimental studies should be conducted with UHC introduction training sessions to examine its effectiveness in achieving UHC goals. In addition, local nursing schools could start to integrate UHC and sustainable development goals into their undergraduate and graduate courses. In the end, more research is needed to explore informational usage, evaluation criteria, and other needs of nurses, specifically concerning the achievement of UHC goals such as illness prevention, treatment and health promotion.

This study has several limitations, such as investigating opinions from a limited number of PHC nurses and the lack of involvement of other PHC providers, such as midwives, in exploring their perspectives on current PHC nurses' experiences in achieving UHC. However, the informants in this study provided a comprehensive picture of their experiences in an attempt at UHC, which could indicate alternative ways to increase the applicability of UHC.

Conclusion

In conclusion, as many countries are trying to achieve and implement UHC, substantial barriers have appeared, which require critical attention. Health system consolidation through financial support is fundamental. In addition, training experienced and well-motivated healthcare workers will help improve our plan. The delivery of the right supplies, equity in resource distribution, and improvement of health organizations to meet the needs of the public are vital.

This qualitative study examined PHC nurses' experiences with UHC. The main findings revealed that many factors influenced nurses' experiences with UHC by acting as barriers or facilitators. In addition, these findings are important because they address the gap in research regarding UHC applicability in Jordan, especially with respect to the very limited knowledge of Jordanian PHC nurses' knowledge of and experiences with UHC.

Many PHC nurses face challenges in implementing UHC. These challenges cannot be solved by improving the health system alone. Promoting economic status and developing a health-oriented society are difficult but crucial for improving the health status of Jordanian people. The involvement and collaboration of local governments and community residents would be a great opportunity for PHC nurses to overcome their obstacles to UHC.

Declarations

- **Ethics approval and consent to participate.**

The study received ethical approval from the Institutional Review Board (IRB) of Jordan University of Science and Technology and the MoH.

- **Competing interests**

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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References

References

- Denzin, N. K., & Lincoln, Y. S. (2011). *The Sage handbook of qualitative research*. sage.
- Endalamaw, A., Gilks, C. F., Ambaw, F., & Assefa, Y. (2022). Universality of universal health coverage: a scoping review. *PloS one*, 17(8), e0269507.
- Evans, T. G., Araujo, E. C., Herbst, C., & Pannenberg, O. (2017). Transforming Health Workers' Education for Universal Health Coverage: Global Challenges and Recommendations. *World Health & Population*, 17(3), 70-80.
- Halasa-Rappel, Y., Fardous, T., Jrasat, M., Al-Halaseh, I., Abu-Shaer, M., Hijazeen, R., & Shepard, D. S. (2020). Actuarial cost and fiscal impact of expanding the Jordan Civil Insurance Programme for health coverage to vulnerable citizens. *Eastern Mediterranean Health Journal*, 26(2).
- Hammad, E. A., Alabbadi, I., Taissir, F., Hajjwi, M., Obeidat, N. M., Alefan, Q., & Mousa, R. (2022). Hospital unit costs in Jordan: insights from a country facing competing health demands and striving for universal health coverage. *Health Economics Review*, 12(1), 11.
- Khader, Y., Al Nsour, M., Abu Khudair, S., Saad, R., Tarawneh, M. R., & Lami, F. (2023). Strengthening primary healthcare in Jordan for achieving universal health coverage: a need for family health team approach. *Healthcare*,
- Koon, A. D., Smith, L., Ndeti, D., Mutiso, V., & Mendenhall, E. (2017). Nurses' perceptions of universal health coverage and its implications for the Kenyan health sector. *Critical public health*, 27(1), 28-38.
- May, S. Y., Clara, N., Khin, O. K., Mar, W. W., Han, A. N., & Maw, S. S. (2021). Challenges faced by community health nurses to achieve universal health coverage in Myanmar: A mixed methods study. *International Journal of Nursing Sciences*, 8(3), 271-278.
- Osoro, A. A., Atitwa, E. B., & Moturi, J. K. (2020). Universal Health Coverage.
- Sakolsatayadorn, P., & Chan, M. (2017). Breaking down the barriers to universal health coverage. *Bulletin of the World Health Organization*, 95(2), 86.
- Schmidt, H., Gostin, L. O., & Emanuel, E. J. (2015). Public health, universal health coverage, and Sustainable Development Goals: can they coexist? *The Lancet*, 386(9996), 928-930.
- Stenberg, K., Hanssen, O., Bertram, M., Brindley, C., Meshreky, A., Barkley, S., & Edejer, T. T.-T. (2019). Guide posts for investment in primary health care and projected resource needs in 67 low-income and middle-income countries: a modeling study. *The Lancet Global Health*, 7(11), e1500-e1510.
- Strauss, A., & Corbin, J. (1998). *Basics of qualitative research techniques*.
- Tung, F. L. N., Yan, V. C. M., Tai, W. L. Y., Chen, J. H., Chung, J. W.-y., & Wong, T. K. S. (2016). Nurses'

- knowledge of universal health coverage for inclusive and sustainable elderly care services. *Revista Latino-Americana de Enfermagem*, 24, e2670.
- United Nations. (2015). Sustainable development goals: 17 goals to transform our world. United Nations,[Online]. Available: <https://www.un.org/sustainabledevelopment/energy/>. [Accessed 04 June 2018].
- Wang, T. T., Mathur, M. R., & Schmidt, H. (2020). Universal health coverage, oral health, equity and personal responsibility. *Bulletin of the World Health Organization*, 98(10), 719.
- World Health Organization. (2022). Global oral health status report: toward universal health coverage for oral health by 2030. World Health Organization.