

Received: December 2023 Accepted: January 2024

DOI: <https://doi.org/10.58262/ks.v12i2.057>

## Assessing Competencies and Barriers for Nurses in Achieving Universal Health Coverage in Jordan: A Cross-Sectional Study

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### Abstract

*The study aims to assess the primary health care competencies of Jordanian nurses and explore perceived barriers and priority actions to improve their role in achieving UHC, used a cross-sectional quantitative. The highest scores on the professional competency subscales were in the teaching and self-development domains. The lowest scores were obtained in the community health management domain, mean score Participants had statistically significant differences in professional competency scores based on training received during work in primary care settings, The findings of this study highlight the importance of assessing and addressing the competency needs of primary care nurses to ensure the provision of high-quality care and support the achievement of UHC in Jordan.*

**Keywords:** Universal health coverage; Nurses; Jordan; Barriers

### Background

Millions of people in the world, including Jordanians, lack adequate access to quality primary health services, and access and affordability of health care vary from nation to nation. Therefore, poor people in low-income countries can fall into poverty due to out-of-pocket payments or lack of accessibility to health care services (Muhidat, Kollanyi et al. 2019). According to the WHO, Universal health coverage (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, of sufficient quality to be effective while ensuring that the use of these services does not expose the user to financial hardship” (WHO, 2018). Coverage of primary health services is the first indicator of the goal of UHC. This includes reproductive, maternal, newborn, and child health, infectious diseases, non-communicable diseases, and service capacity and access (Laokri, Soelaeman et al. 2018, WHO 2019). The State of the World's Nursing 2020 (SOWN) report emphasized that nurses have a central role in achieving universal health coverage (UHC) and the Sustainable Development Goals (WHO, 2020). They play a vital role in the health care system, being the largest occupational group of the multidisciplinary healthcare team that strives constantly to improve health outcomes and wellness of communities (WHO 2020). According to Al-Maaitah, Abu AlRub and Honig (2020), a skilled health workforce is a key requirement for UHC in low- and middle-income countries. Therefore, investing in nurses and nursing becomes a priority of health care systems at the national, regional, and international levels (Al-Maaitah, AbuAlRub et al. 2020). The Jordanian health sector has a higher amount of spending on secondary and tertiary health care services, which stands at 65%, compared to only 18% on

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PHC services (Al-Maaitah, AbuAlRub et al. 2020). As standard procedure, Jordan's health centres authorize nurses to handle a wide range of primary health care services. The services provided are based on the concept of comprehensive health care, starting from promotive, preventive and curative care through quality health services and health education programs with a focus on promoting healthy lifestyles. Therefore, nurses in primary health care centers are essential for performing most of these tasks. According to the International Council of Nurses (ICN), the International Confederation of Midwives (ICM), and WHO, it is important to ensure that "nurses and midwives have the necessary competencies and scope of practice that allow them to effectively promote health and provide care. This is critical if we are to ensure equitable access to quality health services" to achieve UHC (Maaitah and AbuAlRub 2017). However, several factors, including inadequate education and training, lack of resources, and inadequate recognition of their role, can impede nurses' ability to provide comprehensive care. Provident comprehensive care by nurses is crucial to achieving UHC in Jordan, and it is important to understand the competencies and barriers that nurses face in providing UHC. Assessing the competencies of nurses and identifying barriers to providing comprehensive care can help to inform policy and practice changes that will enhance the role of nurses in achieving UHC. The current research aims to assess the primary health care competencies of Jordanian nurses, explore perceived barriers, and priorities actions needed to improve their role in achieving UHC.

## **Methods**

### **Design**

Quantitative design was used to collect data from nurses working in primary health care centers. The study employed a cross-sectional quantitative design.

### **Study Tool**

The data were collected using a self-administered questionnaire consisting of two parts: the first part is the demographic tool which was used to collect data about personal and professional information such as age, gender, place of work, type of healthcare center, educational level, job title, years of experience as a nurse, years of experience working in primary health care centers and in nursing overall, and any training programs related to primary health care or UHC that the participant had attended.

The second part is the Public Health Nurses' Professional Competency Scale (PHNPCS). This was used to assess nurses' competencies in this study. PHNPCS was developed by the Taiwan Nurses Association in 2005 and has been shown to be valid and reliable. The content validity is (indices > 0.8) and reliability of the test-retest (Cronbach's alpha=0.93-0.97). The scale consists of three domains: basic-care competency (14 items), community-based competency (9 items), and teaching and self-development competency (6 items). These domains are based on six competencies: basic care, teaching, self-development, coordination, research, and management. The scale is scored on a four-point Likert scale, ranging from 1 (needs improvement) to 4 (very good).

### **Population and Sample**

The study was conducted in 30 governmental health care centers (15 comprehensive centers and 15 primary centers) that are affiliated with the Ministry of Health (MoH) as main providers of PHC in Jordan. Those selected to represent high and low resources centers (assuming low resources centers distant from regional cities), rural and urban areas in all of three regions (North, Middle and South). The population in this study was all nurses working in healthcare centers in Jordan. The target population was all (598 nurses) working in the selected governmental healthcare centers. With the aim to sample almost a quarter of those nurses we invited a total of 200 nurses to participate in the study. The sample was chosen using a random sampling method, and data was collected through a self-administered questionnaire.

## **Ethical Approval**

The study received ethical approval from the Institutional Review Board (IRB) of Jordan University of Science and Technology and the MoH. Administrative approval gained from the targeted health directorates. Participation in the study was voluntary and participants were informed that they had the right to withdraw from the study at any time without any explanation or penalties. The returned questionnaire served as informed consent, providing participants with sufficient information on the study objectives. Participants were assured that their data would be used solely for research purposes and that their privacy and anonymity would be protected. Data collection and handling were conducted anonymously, with questionnaires identified by a number and kept in a secure location.

## **Results**

### **Demographic Characteristics**

In this study, a total of 145 participated out of 200 nurses invited, resulting in a response rate of 72.5%. The majority of participants were female (77.2%), with a mean age of 34.92 years (SD= 5.55). Most of the participants held a Diploma in Nursing (50.3%), 48.3% had a Bachelor's degree, and 1.4% had a Ph.D. degree. The mean years of experience in the nursing profession was 11 years, while the mean years of experience working in primary care settings was 9 years. Only 23% of the participants reported receiving training courses in primary health care during their work.

### **Levels of Professional Competencies**

The overall mean score of professional competencies was 2.35 out of 4 (SD = 0.68). The highest scores on the professional competency subscales were in the teaching and self-development domains (mean score: 2.58, standard deviation: 0.84), followed by the basic care domain (mean score: 2.47, standard deviation: 0.68). The lowest scores were obtained in the community health management domain (mean score = 2.01, SD = 0.82).

**(Table one here)**

### **Relationship between Professional Competency and Demographic Variables**

The Pearson correlation coefficient was used to assess the linear relationship between the scores of primary health care competencies and continuous variables among the study participants, including age, nursing experience, and nursing experience in primary care. As shown in Table 2, nursing experience in primary care was significantly and positively correlated with the basic care domain ( $r=.185$ ,  $p< 0.05$ ), teaching and self-development domain ( $r=.205$ ,  $p< .05$ ), and the overall scores of professional competencies ( $r= .195$ ,  $p< .05$ ). However, overall nursing experience and age were not significantly associated with professional competence among the study participants.

**(Table two here)**

### **Differences in the Scores of Professional Competency Based on Categorical Demographics**

The results of the independent t-test revealed no statistically significant difference in the scores of professional competencies based on gender, type of health center (i.e. comprehensive vs. primary), education level (i.e. diploma vs. bachelor's), and job title (registered nurse vs. associate nurse),  $P > 0.05$ .

However, the results of the independent t- test revealed that the participants had statistically significant differences in the professional competency scores based on receiving training during work in primary care settings, where those who received training had significantly higher mean scores in basic care ( $t =$

2.34,  $P = 0.02$ ), community health management ( $t = 2.12$ ,  $p = 0.036$ ), teaching and self-development ( $t = 3.98$ ,  $p = 0.01$ ), and overall professional competence ( $t = 3.93$ ,  $P = 0.004$ ) than those who had not received training during work in primary care settings.

**(Table Three Here)**

The results also revealed no statistically significant differences in the scores of professional competences based on the region,  $P > 0.05$ .

As demonstrated in Table 4, the results of the statistical analysis indicate that there is a significant positive correlation between nursing experience in primary care and the basic care domain ( $r = .185$ ,  $p < 0.05$ ), the teaching and self-development domain ( $r = .205$ ,  $p < .05$ ), and the overall scores of professional competencies ( $r = .195$ ,  $p < .05$ ). However, overall nursing experience and age were not significantly associated with professional competence among study participants.

**(Table four Here)**

**Perceived Barriers to Universal Health Coverage**

Two open-ended questions were included in the survey instrument to elicit the perceived barriers to achieving UHC and priority actions to enhance the role of nurses in achieving UHC, as perceived by the participants. The responses to these questions were analyzed and the findings are presented in Table 5.

**(Table five Here)**

**Discussion**

The study's findings revealed no significant link between nurses' competencies and their gender or age, indicating equitable opportunities provided by Jordan's health authorities. This aligns with existing literature that underscores similar motivation and self-improvement levels among male and female nurses (Demirhan 2020, Da'seh and Rababa 2021, Sunaryanti and Sunarno 2022).

While past research suggests older nurses may be more experienced and proficient, the study did not establish a substantial connection between nurses' age and competency, perhaps due to factors like sample age distribution or differing development opportunities. The study's findings demonstrated a positive correlation between nurses' competency in primary health care and their experience within the same domain. However, no significant correlations were observed between overall experience or age and primary health care competency. Moreover, a minority of nurses reported undergoing training specifically focused on primary health care. These results align with previous investigations into Jordan's nursing workforce. For instance, a prior study (Al-Dwaikat, Alrawashdeh et al. 2020) revealed that many nurses in Jordan face constraints in accessing opportunities for continuous education and professional growth. Similarly, another study (Al-Ja'afreh 2019) identified inadequate investment in nurses' education and professional advancement as a significant obstacle to enhancing the quality of primary health care services in the country. These findings align with global literature underscoring the significance of ongoing education and professional growth for nurses in attaining UHC. Studies have demonstrated that higher education levels correlate with enhanced competencies, professional independence, and improved patient outcomes (Ghebreyesus 2020, WHO 2020). Additionally, the World Health Organization (2) has stressed the need to invest in nurses' continuing education and professional development to enhance primary care quality and facilitate UHC realization.

The study's findings indicated no noteworthy disparity in the professional competency scores of nurses across diverse health center types. This result aligns with prior research demonstrating an absence of

correlation between health center type and nurses' competency levels (Shan, Wu et al. 2017, Chan, Lockhart et al. 2020). This implies that the health authorities' competency development initiatives and resources are likely comprehensive and available to all nurses, irrespective of their health center category. Furthermore, this may suggest that nurses in varying health centers share comparable levels of motivation and chances for self-enhancement.

However, it's important to acknowledge that earlier research has indicated that primary care nurses operating in rural or remote regions might confront distinct challenges and obstacles concerning access to training and professional development opportunities (16). Consequently, further investigation is warranted to delve into the specific factors that could influence competency acquisition among nurses employed in varying health center types. In summary, this study underscores the significance of evaluating and addressing the competency requirements of primary care nurses to ensure the delivery of superior care and facilitate the realization UHC. The competency levels of primary care nurses directly impact the caliber of care furnished by primary care centers and the capacity of these centers to accomplish UHC objectives.

The study's outcomes demonstrated a noteworthy influence of training received in primary care settings on professional competency scores, particularly within the basic care domain. This observation corresponds with prior literature, underscoring the significance of ongoing education and professional growth for nurses in augmenting their knowledge, skills, and competencies (Berkhout, Helmich et al. 2018, Carvalho, Rocha et al. 2018, Dal Molin, Gatta et al. 2018). Furthermore, this finding aligns with national and international policies that advocate for the continuous education of healthcare professionals to enhance care quality and safety (WHO 2020). Moreover, the study's results indicate that nurses who underwent training in primary care settings exhibited heightened basic care competency compared to their counterparts who did not receive such training. This discovery concurs with prior research illustrating that continuous education and professional development yield improved patient outcomes and care quality (Jang, Chung et al. 2018).

Based on these findings, it is crucial for health authorities to allocate resources towards furnishing training and professional development prospects to nurses stationed in primary care environments. Targeted training is warranted to address skill gaps encompassing health promotion, disease prevention, and community engagement. Such initiatives hold the potential to bolster not only nurses' competencies but also the caliber of care delivered to patients. Furthermore, nurses should actively leverage these opportunities to continually advance their expertise and proficiencies.

The study's outcomes suggest that a shortage of nursing staff stands as a key impediment perceived by primary care nurses in achieving universal health coverage. These results align with prior research that has illustrated how deficits in staff within primary health care settings can detrimentally affect the provision of quality care and access to services ((Knaul, Bhadelia et al. 2015).

Furthermore, a notable barrier identified is the absence of institutional and standardized continuing education initiatives for primary care nurses. Concurrently, deficiencies pinpointed in their formal education programs contribute to inadequacies in skills pertaining to health promotion, disease prevention, and community engagement. This observation is substantiated by prior research that underscores the significance of continual education and training for primary health care nurses to sustain and enhance their competencies (Wilson, Butler et al. 2018, Doherty, Atherton et al. 2020).

Moreover, the nurses' perception highlights barriers such as inadequate infrastructure, insufficient medical supplies, lack of recognition, absence of authority, deficient policies, and low remuneration in facilitating UHC. These barriers resonate with earlier investigations that have pinpointed elements like deficient physical

infrastructure and resources, coupled with inadequate policies and financial backing, as key challenges to achieving (Atun, De Andrade et al. 2015, Doherty, Atherton et al. 2020, WHO 2020).

In summation, these findings underscore the imperative for focused interventions and policy measures to effectively tackle the barriers identified by primary health care nurses in their endeavor to contribute to the realization of universal health coverage. Potential actions encompass expanding the primary health care workforce, allocating resources to continuous education and training initiatives, and rectifying shortcomings in infrastructure and resource availability.

The study's findings reveal that nurses identify multiple obstacles to achieving UHC, encompassing scarcities in nursing staff, shortages of healthcare centers, absence of standardized institutional continuous education programs, deficient infrastructure, inadequate medical supplies, lack of recognition, absence of authority, and inadequate policy. These barriers align with prior literature, which has highlighted akin challenges confronted by primary care providers in their pursuit of UHC (Umeh 2018).

A central concern highlighted by study participants is the imperative to augment the number of nurses and healthcare centers to effectively address the demand for primary health care services. This resonates with prior research conducted by the WHO in 2010, underscoring the criticality of expanding the count of primary health care providers as a strategic means to attain UHC. An additional priority recognized by participants is the necessity to offer consistent and standardized education and training for nurses stationed in primary health care centers. This notion finds reinforcement in earlier scholarly works, which have consistently underscored the significance of ongoing education and professional advancement for primary health care providers. Such endeavors enhance their competencies and capacity to deliver efficacious care (Umeh 2018).

Furthermore, participants underscored the significance of enhancing compensation, acknowledgment, and recognition systems for nurses in primary care centers as a means to enhance motivation and retention. This encompasses augmenting their roles to foster community engagement in healthcare decision-making. This viewpoint is substantiated by the work of Butler et al. (2018), who demonstrated the pivotal role of financial incentives and recognition in elevating the performance and retention of primary health care providers. Collectively, the study's findings furnish invaluable perspective on the impediments confronting primary health care nurses and their identified top-priority actions for achieving UHC. The outcomes underscore the necessity of augmenting the competencies and efficacy of primary care nurses. This entails elevating nursing staff numbers within healthcare centers, furnishing continual education and training, enhancing existing infrastructure and resource availability, and advancing nurses' remuneration, acknowledgment, and recognition systems.

Despite its valuable contributions, this study possesses several acknowledged limitations. Firstly, it relied on self-reported data, which may introduce bias and might not accurately mirror nurses' actual competencies. Secondly, external influences, such as organizational and systemic factors, were not scrutinized for their impact on nurses' competencies. For instance, the availability of resources or support for continuous education and professional growth, which could significantly affect competency enhancement, was not explored. Lastly, the study's cross-sectional design precludes the establishment of causality between variables. Longitudinal studies tracking nurses over time could furnish more robust evidence concerning the factors influencing their competencies.

## **Conclusion**

In conclusion, this study assessed the primary health care competencies of Jordanian nurses and explored



perceived barriers and priority actions to improve their role in achieving UHC. The results of this study revealed that Jordanian nurses possess a range of primary health care competencies. However, it highlighted gaps in their skills related to health promotion, disease prevention, and community engagement. Furthermore, several barriers were identified, including inadequate staffing and resources, insufficient training and education, and limited community participation.

To address these barriers and improve the role of Jordanian nurses in achieving UHC, priority actions must be taken. These actions include increasing investment in primary health care services, developing and implementing appropriate nursing education and training programs, improving staffing levels, providing continuing professional development opportunities, and promoting community engagement in healthcare decision making. By implementing these actions, Jordanian nurses' capacity and capability will be enhanced. Furthermore, Jordan's primary health care system will be strengthened to achieve UHC and thus will ensure equitable access to quality health services for all residents.

## **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

- **Funding**

This work was supported by Scientific Research and Innovation Support Fund, Ministry of Higher Education, Jordan, grant number (MH-MPH/4/2021)

## **Acknowledgements**

The researcher extends sincere thankfulness to the Ministry of Higher Education for their generous funding of this project. Sincere thanks are also extended to all the dedicated nurses whose valuable participation contributed to the success of this study.

## **Declarations**

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### **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.

### **Funding**

This work was supported by Scientific Research and Innovation Support Fund, Ministry of Higher Education, Jordan, grant number (MH-MPH/4/2021)

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**Table 1:** Levels of Professional Competency among Study Participants.

	Min	Max	Mean	SD
Teaching and Self-Development	1.00	4.00	2.58	0.84
Basic Care	1.07	4.00	2.47	0.68
Community Health Management	1.00	4.00	2.01	0.82
Overall Professional Competency			2.35	0.68

Source: Study Data

**Table 2:** The Relationship Between the Continuous Demographics and Scores of Professional Competency Among the Study Participants.

		Basic Care	Community Health Management	Teaching and Self Development	Overall Professional Competency
Age	R	.085	.068	.103	.092
	P-value	0.308	0.419	0.219	0.269
Nursing experience	R	.064	.039	.074	.064
	P-value	0.448	0.645	0.378	0.446
Primary care experience	R	<b>.185*</b>	.143	<b>.205*</b>	<b>.195*</b>
	P-value	<b>0.029</b>	0.092	<b>0.015</b>	<b>0.021</b>

Source: Study data

**Table 3:** Differences in Professional Competency Scores Based on Training Received during Work in Primary Care Settings.

	Training in Primary Care	N	Mean	SD	t	df	P-value
Basic Care	Yes	42	2.68	.71	2.34	141	0.020
	No.	101	2.40	.64			
Community Health Management	Yes	42	2.24	.89	2.12	141	0.036
	No.	101	1.92	.77			
Teaching and Self-Development	Yes	42	3.00	.83	3.98	141	<0.01
	No.	101	2.42	.77			
Overall Professional Competency	Yes	42	2.61	.72	2.93	141	0.004
	No.	101	2.26	.63			

Source: Study Data

**Table 4:** The Relationship Between the Continuous Demographics and Scores of Professional Competency Among the Study Participants.

		Basic Care	Community Health Management	Teaching and Self-Development	Overall Professional Competency
Age	R	.085	.068	.103	.092
	P-value	.308	.419	.219	.269
Nursing experience	R	.064	.039	.074	.064
	P-value	.448	.645	.378	.446
Primary care experience	R	<b>.185*</b>	.143	<b>.205*</b>	<b>.195*</b>
	P-value	<b>.029</b>	.092	<b>.015</b>	<b>.021</b>

Source: Study Data

**Table 5:** Perceived Barriers to Universal Health Coverage.

Barrier	Priorities for action
<ul style="list-style-type: none"> <li>• Nursing staff shortages</li> <li>• Health care centres are in short supply</li> </ul>	<ul style="list-style-type: none"> <li>• Increase the number of nurses.</li> <li>• Increase the number of health care centres according to the standards for priority setting.</li> </ul>
<ul style="list-style-type: none"> <li>• Lack of standardised PHC continuous education programmes</li> <li>• Lack of institutional continuous education programmes</li> </ul>	<ul style="list-style-type: none"> <li>• Provide a standardised educational programme for nurses in primary health care centres; through actual and virtual educational sessions and by using social media.</li> <li>• Develop a nursing curriculum that focuses on primary health care education.</li> </ul>
<ul style="list-style-type: none"> <li>• Poor infrastructure</li> <li>• Lack of medical supplies</li> <li>• Lack of recognition</li> <li>• Lack of authority</li> <li>• Improper policy</li> <li>• Low salaries for nurses</li> <li>• Low incentives</li> </ul>	<ul style="list-style-type: none"> <li>• Provide adequate and suitable resources to primary health.</li> <li>• Improve the salaries.</li> <li>• Acknowledgement and recognition system.</li> <li>• Improve digitalization of the health care system/ or patient records.</li> <li>• Develop clear policy to achieve UHC.</li> <li>• Develop clear job description.</li> <li>• Empower nurses to participate in policy adoption.</li> </ul>

Source: Study Data