Health Education as a Primary Health Care Component: Strengths, Weakness, Opportunities, and Threats Analysis Nurses' Perspectives

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Abstract

Background: One of the primary functions of frontliners in primary health care facilities is to equip the community with the required knowledge and skills. **The aim of the study** was to analyze strengths, weaknesses, opportunities, and threats (SWOT) of health education as a Primary Health Care component from nurses' perspectives. **Subjects and Methods: Research design**: A qualitative descriptive approach was used. **Setting:** The study was conducted at four primary health care centers affiliated to Giza city administrative sector. **Subjects:** Twenty-four nurses who had been working at the primary healthcare centers as purposive sample. **Tools of data collection:** Two tools were used for data collection. Tool (I): Demographic characteristics of the nurses were included such as age, qualification, and years of experience. Tool (II): Focus Group Discussion and individual interview to conduct SWOT analysis matrix **Results:** Regarding the demographic characteristics of the participants the study findings revealed that the mean scores of ages was 39.7±9.1 and years of experience was 12.17 ±6.17. While the SWOT analysis matrix according to participants' perspectives revealed nine strengths such as existence of the Presidential initiatives' services, eighteen weaknesses as inadequate cooperation and coordination among healthcare teams regarding health education activities, five opportunities as Egypt vision and plans to achieve the Sustainable Development Goals (SDGs) and nine threats as globalization and expansion of social media networks that contains health information, and the economic crise. **Conclusion** The SWOT analysis matrix had been deemed nine strengths, eighteen weaknesses, five opportunities and nine threats factors. The SWOT findings can be viewed as interrelated factors that lead to each other. Thus, by employing the study findings of the strengths and opportunities and address the threats and weaknesses; the evidence related to health education component of the Authority for Healthcare Accreditation and Regulation (GAHAR) for PHC 2021-2025 can be achieved.

Key words: SWOT, PHC, Health education, Nurses' perspectives, SDGs.

Introduction

Primary health care (PHC) is the first point of contact between the community and the health-care sector. In Egypt, the PHC covers almost 80 percent of the community's needs. The PHC is cost effective and is the least expensive level of healthcare. (1)

In 2018, after 40 years the Declaration of Alma-Ata was re-launched and redefined PHC as a whole-of-society approach to health that aims at ensuring the highest possible level of health and well-being and their equitable distribution by focusing on people's needs and as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as feasible to people's everyday environment (2)

This revised definition underlines the needs and circumstances of individuals, families, and communities, and the provision of unity of person care across the lifespan and the domains of physical, mental, and social health and wellbeing. As well as focusing on people's needs and preferences, and broad provision of health promotion, prevention, and treatment instead of a focus on specific disease processes. [2-3]

However, the Universal Health Coverage (UHC) and the health-related sustainable development goals (SDGs) as priorities focused on PHC can only be sustainably achieved with a stronger emphasis on PHC. [4] According to the Egypt vision 2030 of the SDGs, the targets under SDG3 are related directly to health and well-being, while being influenced by and influencing the other development goals.

The achievement of the SDG3 targets, while leaving no one behind, can only be done through primary health care. Consequently, PHC can contribute to the attainment of targets for several goals other than SDG3, including those related to poverty, hunger, education, gender equality, clean water and sanitation, work, and economic growth, reducing inequality, and climate action. [4] Moreover, health education is crucial in working towards achieving SDGs, by increasing health education implementation that contributes to bringing awareness and learning to individuals, creating an understanding of the significance of international health and well-being. [5-6]

Five major needs for health education identified by WHO [7] in PHC include improved health in all stages of life; improve decision-making toward positive behavior change; fight diseases by minimizing the occurrence of life-threatening illnesses; fight misconception; and provide resources as fliers, posters and pamphlet that creates awareness.

One of the primary functions of frontliners in all PHC facilities is to equip the community with the required knowledge and skills to become self-reliant in terms of disease prevention and health promotion. [7] Health education is one of the strategic actions in the health sector that aims to promote good health practices among communities. It is part of the comprehensive healthcare strategy developed by the primary health sector in the MoHP in Egypt. It is expected that any client who receives health education on any condition must possess some insight on how to prevent that condition, to prevent that patient from returning to any health facility for the same condition. If all patients receive health education on conditions that they are suffering from, they should be able to prevent such conditions and improve their health. [8]

The main responsibility of healthcare workers is to improve public health and motivate patients to take care of their own health through health education. The practice of primary health care workers cannot be effective without proper implementation of health education. [8,9] Health education is the heart of nursing practice and a nurse's vital role. Nurses can make significant differences by assisting patients in maintaining health while sharing knowledge with them and their families and explaining practical problems to become able to cope with their illness. [10] Thus, the present study was conducted to view SWOT of health education as a Primary Health Care Component from nurses' perspectives.

Significance of the Study:

In Egypt, a significant segment of Egypt's population lacks health education, including a lack of understanding of the value of evention

and the habit of seeking medical attention when something goes wrong. This highlights the diminished importance that the health system has given to population health education programs. [6]

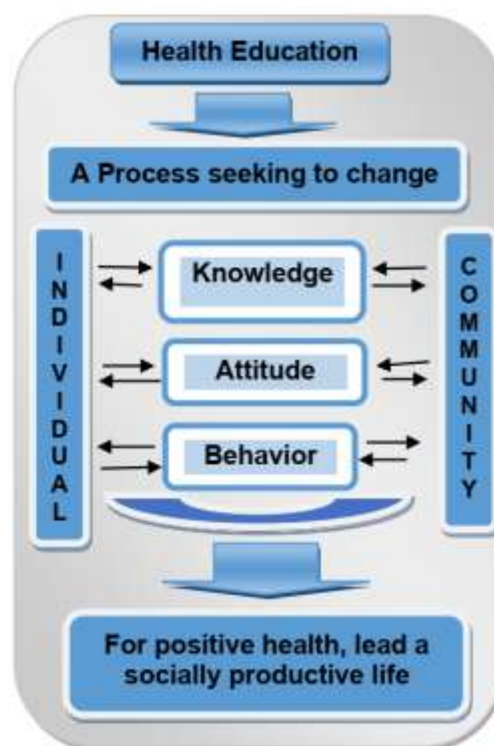
Health education is a tool to improve a population's health and wellness for all age groups and demographics through promoting knowledge and healthy practices. Health education can improve a community's economy by reducing healthcare spending and lost productivity due to preventable illness. [11]

Health education plays vital roles in providing the PHC essential preventive and curative services. These services identified by WHO [11,12,13] to include; health education concerning, common health problems and the methods of preventing and controlling them; promotion of food supply and proper nutrition; adequate supply of safe water and basic sanitation; maternal and child health care, including, family planning; immunization against major infectious diseases, prevention and control of local endemic and epidemic diseases, appropriate treatment of common diseases and injuries; and provision of essential drugs and supplies.

One of the challenges facing effective primary health care services is lack of health education. Nurses are in the center among the health team staffed at the PHC. Client teaching and health education are the core of nursing practice and a nurse's crucial role. [14]

Concept of health education

Health Education plays an indispensable role in the development of a healthy, wide-ranging, and equitable social, psychological, and physical environment. It demonstrates current best practice, using an empowering, multidimensional, multiprofessional approach in all settings, including community, schools, healthcare services and workplace. [14] Health Education helps to provide health knowledge, enhance wellness behaviors, promote health situations, facilitate healthful relationships, and enables community members to make responsible decisions. Health education is defined as any combination of planned learning experiences based on sound theories that provide individuals, groups, and communities the opportunity to acquire information and the skills needed to make quality health decisions. [14]



Aim of the study:

The aim of this study was to analyze strengths, weaknesses, opportunities, and threats of health education as a Primary Health Care component from nurses' perspectives.

Research questions:

What are strengths and weaknesses in the context of current and future opportunities and threats of

health education as a Primary Health Care component from nurses' perspectives?

Subjects and Methods:

Research design:

A qualitative descriptive study was conducted to analyze SWOT of health education as a component of Primary Healthcare Centers from nurses' perspectives.

Study Setting:

The study was carried out at four primary healthcare centers affiliated to the Giza administrative sector.

Study Subjects:

A total of twenty-four nurses as purposeful sample who were working at the Primary Health Care centers. For each PHC center, the participants consisted of 5 staff nurses participated in focus group interview and one head nurse individual interviewed. The inclusion criteria consisted of a minimum of three years of experience working in PHC centers. The exclusion criteria, however, included unwillingness to participate in the study.

Tools for data collection:

To fulfill the objective of the study two tools were used to collect pertinent data:

<u>Tool 1:</u> Nurses demographic data: It included basic and related nurses' personal data such as: age, marital status, qualification, years of work experience, place of residence and work area.

<u>Tool II:</u> SWOT analysis was applied by using a structured Focus Group Discussion Guideline (FGD), criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups, and SWOT matrix framework guidelines [15-18] were adapted to conduct the present study. SWOT is a simple framework that points to the importance of internal and external forces for the purpose of understanding the sources of competitive advantage. This tool helps look at a situation's current performance (strengths and weaknesses) and the future (opportunities and threats) by accounting for the factors that exist in the external environment. The SWOT matrix is built upon open-ended questions. Participants' responses to each question were in qualitative text. The text processing in the form of sentiment analysis to determine whether the response has positive or negative mood.

Content validity and reliability

To evaluate and ensure the scientific accuracy and validity of the findings, the criteria proposed by Lincoln & Guba quoted by Polit, & Beck. [18]. To ensure the **validity** of the findings, the researcher took sufficient time to collect the data and maintained a long-term engagement by reviewing the data and continuously communicating with the target group to gain a better understanding of them. All researchers in the study were actively involved in the process of collecting, analyzing, and interpreting the data. The data were collected viz focus group discussion and individual interview in four different PHC centers. For further validation of the extracted content, several coded interviews were returned to the participants for review to confirm the correctness of the researcher's interpretations of their statements.

The **reliability** of the findings was assessed through peer review and member check methods. The written texts of the group discussions and individual interviews were coded again after a few days, and their comparison was done for stability and consistency of the codes.

To ensure **confirmability**, the researcher tried to avoid any presumptions in the process of data collection and analysis. Interviews were also coded independently by the first and last member of the researchers. The study method was accurate and step by step explained, which includes detailed information of the study participants, the method of data collection, as well as analysis and interpretation of the data. The data extracted were also evaluated by two professors at nursing college who were familiar with the qualitative studies and were outside the research team to verify the **transferability** of the study.

Field work:

Data was collected through focus group discussion and individual interview from the period of March 2023 to June 2023. Prior to starting data collection, a suitable time and day were arranged in a meeting with the head nurse of each PHC. The interviews were held in an available quiet room provided with a sitting arrangement to enable appropriate communication. Initiate relationship between participants and researchers and demographic data were collected. Half an hour introduction to SWOT analysis was given to the participants by the researchers. This introduction included SWOT; definition, importance, purposes, and uses with an example on different issue from the present study. The participants' questions and explanations were answered.

In order to conduct SWOT analysis that describes health education as a PHC component in the context of current and future view from nurses' perspectives, focus group discussion sessions with staff nurses and individual interviews with head nurses were conducted by the researchers. The first researcher acted as facilitator and the other researchers individually were handwriting and computer typing all cited by the participants' based on SWOT matrix. These roles and tasks of the research team were clearly defined prior to data collection. The facilitator researcher was asked questions to enter the discussion, e.g., what are your perspectives toward strengths and weaknesses in the context of current of health education as a Primary Health Care component? and What is your perspectives toward future opportunities and threats of health education as a Primary Health Care component? The facilitator assured the participants that there was no wrong or true answer, and each view was considerable and appreciated.

The researcher asked the members to state their views despite agreeing or disagreeing with the opinions of other colleagues. Further, according to the interview guide, gradually, deeper, and more discussions were raised in line with the purpose of the research. In case of ambiguity, the participants were asked to provide further explanation and provide an example. The researcher did not share any previous beliefs and avoided directing the study participants' conversations and allow enough time for participants to respond and memorize.

During the data collection process, the data was reviewed and continuously communicating with the participants to gain a better understanding of them, and the extracted content were returned to the participants for review to confirm the correctness of the researcher's interpretations of their statements. In the individual interview, the type of questions and the manner of asking were designed and done like in focus group discussion. Sessions continued until data saturation. After the third focus group discussion and individual interview, at three PHC centers the data were repeated, but for more

assurance, the data collection was continued up to the fourth PHC center for greater confidence of data saturation. Each focus group and individuals' interviews duration lasted approximately 60–90 min.

Administration and Ethical consideration:

The current study was approved by the research ethical committee for the ethical considerations and protection of the participants' rights from the College of Nursing Misr University for Science and Technology. Then an official letter directed to the PHC authorities at Giza city administrative sector was taken to obtain their approval to carry out the study. After the permission was obtained, the subjects were identified, the objectives of the study were explained, and written informed consent was taken from them. The right to refuse to participate or withdraw from the study was emphasized after reassuring nurses that their responses would have no impact on their work as well anonymity and confidentiality of the data obtained were considered.

Statistical Analysis

The thematic analysis method was used to analyze the present qualitative data. It was applied to the set of texts of the focus group discussion and individual interview. The researchers closely examined the data to identify common themes of meaning that come up repeatedly. The approach to conduct thematic analysis in the present study followed a six-step process: familiarization, coding, generating themes, reviewing themes, defining, and naming themes, and writing up. By following this process helped to avoid confirmation researchers bias when formulating the analysis. This process was originally developed for psychology research by [19-20]. However, thematic analysis is a flexible method that was adapted to conduct the present study. The data were read repeatedly in the present study. The points compiled were grouped by theme for each of the 4 categories in the SWOT analysis. The categories were the strengths, weaknesses, opportunities, and threats of health education as a Primary Health Care component from nurses' perspectives.

Results:

Table (1): Shows the demographic characteristics of the study participants (n=24). It was revealed that their ages ranged from 22 to 58 years old, and their work experience ranged between 3 to 20 years. A percentage of 75 % of them were urban residents, married, and technical nurses. The head nurses' participants were 16.7%. While the staff nurses' participants were 83.3%. Each of the four participants were working in maternal care, childcare, family planning, dental care, and presidential initiatives clinics.

Table (2): SWOT analysis matrix of health education as a component of PHC from nurses' perspectives.

Strengths (internal factors): Eight strengths were indicated by the nurses' perspectives regarding health education component of PHC. These strengths included: planning of health education topics set by the preventive medicine sector of MoHP; availability of reliable health information on the MoHP Web Site; existence of the Presidential initiatives' services such as, women health, 100 million health and child screening program at the PHC centers; any training acquired to nurses' working at PHC included key points of health education that could be demonstrated to the clients relevant to services received; multiple disciplines are contributing to the process of health education to the client; the basic knowledge and skills

regarding teaching and learning strategies; health education and communication skills are taught in all nursing programs in Egypt; the ongoing demonstration of the family system fills; and availability of some teaching materials including wall-charts and flip booklet for family planning methods.

Weakness (internal factors): The participants' perspectives provoked eighteen weaknesses under two categories. The 1st category was organizational factors and a gap between theoretical health education and its practicability. As regard the organizational factors were included: inadequate cooperation and coordination among healthcare teams regarding health education activities; unclear system for scheduling and no prior announcement for health education activities for clients; shortage of health educational resources and facilities; unavailability of conducive environment for teaching; and accountability and priorities are given to services provided at the PHC and this is not done for health education. While the 2nd category is the A gap between theoretical health education and its practicability factors include:
lack of personal abilities to demonstrate teaching and learning activities. it was elaborated: lack of personal abilities to demonstrate teaching and learning activities; insufficient knowledge and skills to demonstrate health teaching process and evaluation; lack of communication skills; overcrowded nurses schedule; nurses' physical and mental worn out; poor motivation; doubtful toward teaching impact on clients; clients' unreadiness and lack of motivation to learn; clients' urgency to leave after services received; linear communication and no feedback by clients; difficulty arousing discussion among the clients; and difficulty related to dialect language.

Opportunities (external factors): According to the nurses perspectives five opportunities were indicated including: Egypt vision and plans to achieve the Sustainable Development Goals(SDGs), with respect to SDG3; various partnership and protocols held by MoHP with Universities, Civil Society Associations, Organizations, and Businessmen, as well as the Ministry of Education; National awareness to the international heath days; lessons learned from the era COVID-19 pandemic relevant to infection control and prevention health education to the public; and expansion of communication technologies as a health education material.

Themes threats (external factors): In considering the participants' perspectives of threats they indicated nine threats which are: people's economic problems; cultural issues; diversity in health literacy levels among clients; people's disinterest and Lack of motivation in receiving health education; Inadequate community participation in health education activities; globalization and expansion of social media that contains health information whether credible and reliable sources or not and its impact on individual behavior; rapid dynamic changes of community needs, preferences and learning style related to health education activities; rumors and misconceptions; and climate change and environmental pollution.

Discussion:

Health education (HE) is considered the first and most important component of PHC; because

of the great demand for HE to facilitate behavioral changes nowadays. HE is a pivotal step to achieving positive health and preventing various diseases, dealing with health problems, making appropriate decisions, and changing behavior in facing problems. [20-21]

In the present qualitative study of SWOT analysis of health education as a component of PHC from the nurses' perspectives, the present study revealed eight strengths, seventeen weaknesses, five opportunities and nine threats. In the meantime, some of the nurses' perspectives of SWOT analysis can be shown interrelated and sequential.

From the strengths perspective, planning of health education topics set by the preventive medicine sector of MoHP, in which a meaning of the planning system is from the highest level (MoHP) to the lowest level (PHC) with availability of reliable health information on the MoHP Web Site access to the public and professionals as a source of teaching material.

In viewing the existence of the Presidential initiatives' services such as, women health, 100 million health and child screening program at the PHC centers with the ongoing demonstration of the family system fills within population of zone area of PHC. Both strengths might be applied to facilitate gathering information and assessment related health problem/needs for HE activities.

Another strength reflected is the multiple disciplines that contribute to the process of health education to the client include nurses, physicians, health leader, and one health educator. The health educator graduated from the technical health institute health education department that worked for only two batches before had been closed. The health educator is working as assistant to the training manager (physician), and responsible for several PHC affiliated to the same administrative sector.

Among the health team at the PHC, nurses are a distinct profession who are occupied of the basic knowledge and skills regarding teaching and learning strategies, health education and communication skills are taught in all nursing programs in Egypt. Moreover, any training acquired to nurses' working at PHC included key points of health education that could be demonstrated to the clients relevant to services received. These strengths viewed supporting that effective health education toward positive behavioral outcomes of the learner is an essential nursing responsibility which requires effective communication skills, understanding their role as educators, and commit to it. [10] Likewise, nurses remain the main healthcare caregiver who provide most of patient education in any healthcare settings since unlike other healthcare providers, they are trained to teach. [10]

According to GAHAR [23] Patient and family education is clearly provided to educate and support patients to maintain and improve their own health and wellbeing.
Patient and family education helps to understand the care process and empower patients and families to take informed decisions. Physicians, nurses, pharmacists, and medical technicians, not only the assigned health educators or social workers, contribute to the process of educating patients and families during care processes.

Concerning the achievement of the SDG3 targets, while leaving no one behind, can only be done through primary health care. Consequently, PHC can contribute to the attainment of targets for several goals other than

SDG3, including those related to poverty, hunger, education, gender equality, clean water and sanitation, work, and economic growth, reducing inequality, and climate action. [4] Health

Education is crucial in working towards achieving Sustainable Development Goals (SDG), By increasing Health Education implementation, it contributes to bringing awareness and learning to individuals, creating an understanding of the significance of international health and well-being. [5] In the context, one of the strengths perspectives mentioned in the present study was existence of the Presidential initiatives' services such as, women health, 100 million health and child screening program at the PHC centers. These initiatives are working toward achieving SDG3 in line with the opportunities of Egypt vision and plans to achieve the Sustainable Development Goals (SDGs), with respect to SDG3. This strength and opportunity provide a great chance to link many HE topics such as healthy lifestyle during services provision.

In the opposite side, as one of the threats stated in the present study, the economic problem was having negative effect and hindering efforts to achieve the SDGs. It put them in a hard situation during their routine work and providing the health education-based services. A situational example mentioned by the participants when they are providing health education regarding nutrition for lactated mothers to maintain secreted adequate breast feeding, "previously, they were advising her to take ¼ of poultry daily, but now Fenugreek with Molasses instead".

Contemplating opportunities of communication technologies as a health education material expansion versus to a threat of globalization and expansion of social media that contains health information whether credible and reliable sources or not and its impact on individual behavior. The health information imparting to the people is now becoming more accessible viz social media networks such as Facebook, Telegram, WhatsApp, YouTube and TikTok, which included health information contents. These contents may be produced by professional/nonprofessional and reliable /unreliable sources with threat of diversity in health literacy levels among clients. It has a profound effect on individuals' health behaviors and the way of managing their health problems. Additionally, the threat of rapid dynamic changes of community needs, preferences and learning style related to health education activities required significant understanding and demonstrating of health education at PHC principles on where the nursing role is very essential.

From the participants' opportunities viewpoint that lessons learned from COVID-19 included health awareness imparting to community concerned to infection prevention and control measures. Conversely to threats, rumors and misconceptions are still in a community as mentioned by the participants' "people beliefs that immunization causes morbidity and mortality among children; family planning methods causes infertility. These rumors and misconception in coincidence with the threat of cultural concerns such as early marriage and girls' circumcision. The same approach of raising public awareness during COVID-19 may be helped in treating them.

Regarding participants' perspectives of weakness, the unclear system for scheduling and no prior announcement for health education activities for clients, inadequate cooperation, and coordination among healthcare teams regarding health

education activities. These issues were domains to have impact in many facets such as unguaranteed clients' attendance the health education sessions; clients' unreadiness and lack of motivation to learn, difficulty arousing discussion among the clients, difficulty related to dialect language. In addition, lack of communication skills, using linear communication and no feedback from clients. Lack of capabilities in teaching and learning activities

The clients' urgency to leave after services received. is a factor also may be related to the threat of rapid dynamic changes of community needs, preferences and learning style related to health education activities. However, inadequate community participation in health education activities community participation, mobilization, and organization are not considered. In conducting health education programs. The health team has been doubtful toward teaching impact on public.

One of the strength that viewed by the participants' was that any training acquired to nurses working at PHC included key points of health education that could be demonstrated to the clients relevant to services received. These health education-based services are carried out in lacking resources such as educational material except flip booklet for family planning and wall-charts**.**

The flip booklet is used at the first visit only to select and use a method of family planning. Another perspective's weaknesses including lack of suitable conducive environment to perform health education session is create barrier to teach. These environmental barriers result from noise, crowdedness, unavailable comfortable seats. These perspectives of weakness inconsistent with criteria of GAHAR Primary Healthcare Standards, [23] health education should be provided in an easy to reach, suitable area and number of seats for the clients, lit, and ventilated with a supply of basic human needs. A teaching tool is a device designed to help in presenting the teaching materials; (blackboards, computers, and data show devices). Teaching materials are used to help people understand and remember more quickly and more sustainably (wall-charts, pictures, television programs, recorded sound, and videos).

The participants' perspectives revealed a gap between theoretical health education and its practicability in the ground. This gap is factors relevant to the nurses and others to the clients. By the end, these factors lead to weakness in health education at the PHC; lack of personal abilities to demonstrate teaching and learning activities, insufficient knowledge and skills to demonstrate health teaching process and evaluation, lacking of communication skills lead to difficulty arousing discussion among the clients as well as difficulty related to dialect language, almost the linear communication is used and no feedback obtained from clients and that is create doubtful toward teaching impact on clients. Additionally, the participants expressed that overcrowded schedule and feeling of physical and mental worn out and thus, their energy just to cover the caregiving of the services. Besides, clients are in urgency to leave the PHC after services received, unreadiness, in addition to lack of community participation, may one of the reasons that end to client disinterest and lack of motivation to learn.

The present qualitative study findings were found consistent with studies of [24-32] who had been studied weaknesses and threats in variables of barriers and challenges of health education at different healthcare and

community settings from perspectives of nursing students, patients, nurses and physicians and community healthcare workers.

Conclusion:

Having identified SWOT analysis of health education as a Primary Health Care component from nurses' perspectives, it can be concluded that: the SWOT analysis matrix of the present study had been deemed nine strengths such as existence of the Presidential initiatives' services, eighteen weaknesses as inadequate cooperation and coordination among healthcare teams regarding health education activities, five opportunities as Egypt vision 2030 and plans to achieve the Sustainable Development Goals (SDGs) and nine threats such as globalization and expansion of social media networks that contains health information, and the economic crise.

The SWOT findings can be viewed as interrelated factors that lead to each other. Thus, by employing the study findings of the strengths and opportunities, in addition to address the threats and weaknesses; the evidence related to health education component of the Authority for Healthcare Accreditation and Regulation (GAHAR) for PHC 2021-2025 can be achieved. Furthermore, research is needed with mixed research methods and large sample.

Table (1): Demographic Characteristics of the Participants (n=24)

Variable	No.	%
Age (years)		
• 20-29	3	12.5
• 30-39	8	33.3
• 40-49	8	33.3
• 50-59	5	2.9
	Min -Max 22.00-58.00 Mean ± SD 39.7±9.1	
Place of residence	6	25
• Rural	18	75
• Urban		
Marital status		
• Married	18	75
• Divorced	3	12.5
• Widowed	3	12.5
Qualification		
• Diploma	6	25
• Technical nurse	18	75
Year of experience		
• 3-5 years	2	8.3
• 6-7 years	2	8.3
• More than 7 years	20	83.4
	Min -Max 3.00-20.00 Mean ± SD 12.17 ±6.17	
Work position		
• Head Nurses	4	16.7
• Staff nurse	20	83.3
Work area of staff nurse		
• Maternal Care	4	16.6
• Childcare	4	16.7
• Family Planning	4	16.7
• Dental	4	16.6
• Presidential initiatives	4	16.7

Table (2): SWOT analysis matrix of health education as a component of PHC from nurses' perspectives (n=24)

	Strengths	Weakness
Internal Factors	• Planning of health education topics set by the preventive medicine sector of mohp. • Availability of reliable health information on the MoHP Web Site. • Existence of the Presidential initiatives' services such as, women health, 100 million health and child screening program at the PHC centers. • Any training acquired to nurses' working at PHC included key points of health education that could be demonstrated to the clients relevant to services received. • Multiple disciplines are contributing to the process of health education to the client. • The basic knowledge and skills regarding teaching and learning strategies, health education and communication skills are taught in all nursing programs in Egypt. • The ongoing demonstration of the family system fills. • Availability of some teaching materials including wall-charts and flip booklet for family planning methods.	✚ Organizational factors include: • Inadequate cooperation and coordination among healthcare teams regarding health education activities • Unclear system for scheduling and no prior announcement for health education activities for clients. • Shortage of health educational resources and facilities. • Unavailability of conducive environment for teaching. • Accountability and priorities are given to services provided at the PHC and this is not done for health education. ✚ A gap between theoretical health education and its practicability factors include: • lack of personal abilities to demonstrate teaching and learning activities. • Lack of personal abilities to demonstrate teaching and learning activities. • Insufficient knowledge and skills to demonstrate health teaching process and evaluation. • Lack of communication skills. • Overcrowded nurses schedule. • Nurses' physical and mental worn out. • Poor motivation. • Doubtful toward teaching impact on clients. • Clients' unreadiness and lack of motivation to learn. • Clients' urgency to leave after services received. • Linear communication and no feedback from clients. • Difficulty arousing discussion among the clients. • Difficulty related to dialect language.
	Opportunities	Threats
External Factors	• Egypt vision and plans to achieve the Sustainable Development Goals (SDGs), with respect to SDG3 • Various partnership and protocols held by MoHP with Universities, Civil Society Associations, Organizations, and Businessmen, as well as the Ministry of Education. • National awareness to the international heath days. • Lessons learned from the era COVID-19 pandemic relevant to infection control and prevention health education to the public. • Expansion of communication technologies as a health education material.	• People's economic problems • Cultural issues • Diversity in health literacy levels among clients. • People's disinterest and Lack of motivation in receiving health education. • Inadequate community participation in health education activities. • Globalization and expansion of social media that contains health information whether credible and reliable sources or not and its impact on individual behavior. • Rapid dynamic changes of community needs, preferences and learning style related to health education activities. • Rumors and misconceptions • Climate change and environmental pollution

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