



High Workload, and Low Quality Health Education: Vicious Circle in Iran's Rural Primary Health Care (IRPHC)

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Dear Editor-in-Chief

Non-communicable diseases are leading cause of death in Iran in recent decades (1). According to association between Non-communicable diseases and life style, health education is a key factor in this regard. Despite the importance of health education, it is not in a desirable level in Iran. Given the importance of subject, we designed and did a study with the aim of exploring barriers of health education in Iran's Rural Primary Health Care (IRPHC). Meanwhile, we surprisingly found a basic challenge and vicious circle and decided to report it here.

This qualitative study was conducted in 2018. Data were collected by using both interviews (with 20 health experts and Physicians) and focus group discussion (with 26 community health workers). Participants were recruited through purposive sampling method. The data were analyzed using Lundman and Graneheim content analysis approach. For trustworthiness of data, criteria such as credibility, dependability, confirmability and transferability were considered.

High workload, undone health education and low quality health education were extracted as most

important basic barriers. As vicious circle, high workload led to elimination of health education or low quality health education in IRPHC. Elimination of health education or low quality health education in IRPHC led to high workload; so that it led to increasing chronic diseases prevalence and increasing incidence of acute diseases and finally led to increasing the number of the clients and high workload.

There is a vicious circle between high workload and undone health education or low quality health education. One study (2) showed high workload as one of the most important barriers to effective performance. Other studies (3, 4) showed high workload could led to adverse outcomes among both patients and nurses. Therefore, we recommend a major reform in IRPHC. This is in line with the Ottawa Charters' 'reorienting health services' (5).

Conflict of interest

The authors declare that there is no conflict of interests.



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