

## Healthcare workers' experience and perspectives on primary healthcare integration: A scoping review

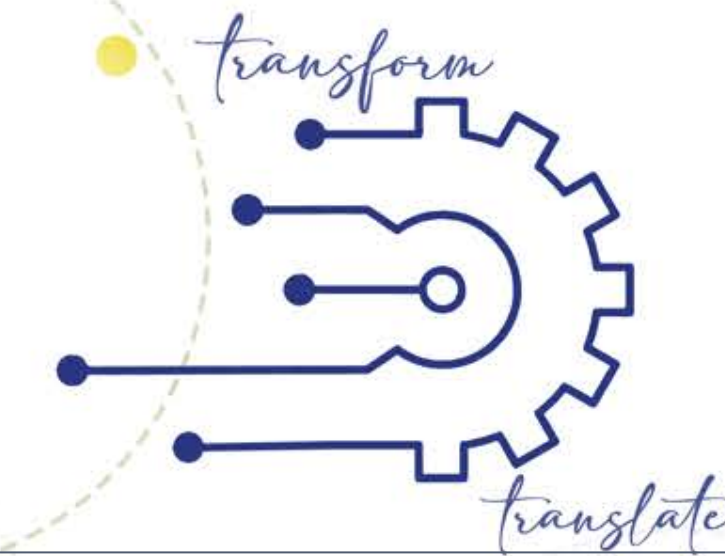
Item Type	Presentation
Authors	Moloi, H;Daniels, K;Brooke-Sumner, C;Cooper, S;Odendaal, W.A;Thorne, M;Akama, E;Leon, N
Download date	2024-11-09 12:45:23
Link to Item	<a href="https://hdl.handle.net/11288/597597">https://hdl.handle.net/11288/597597</a>

# Healthcare workers' experiences and perspectives on primary healthcare integration: a scoping review

Hlengiwe Moloi<sup>1</sup>, Karen Daniels<sup>2</sup>, Carrie Brooke-Sumner<sup>1</sup>, Sara Cooper<sup>1</sup>, Willem A Odendaal<sup>1</sup>, Marguerite Thorne<sup>2</sup>, Eliud Akama<sup>3</sup>, Natalie Leon<sup>1</sup>

1. South African Medical Research Council, South Africa. 2. Independent researcher, South Africa. 3. Kenya Medical Research Institute, Kenya.

PHASA 2023  
TRANSFORMING RESEARCH  
TRANSLATION-  
REIMAGINING  
PUBLIC HEALTH EVIDENCE,  
POLICIES, AND PRACTICE



## BACKGROUND

- Primary health care (PHC) integration is combining different healthcare services that were previously delivered separately.
- Knowledge about healthcare workers' views and experiences of implementing PHC integration can improve our understanding of their influence on implementation impact.
- However, diversity of definitions, interventions and country contexts impedes a comprehensive understanding healthcare workers experiences.

## OBJECTIVES

This scoping review maps and characterizes the global qualitative evidence on healthcare workers' experiences and perspectives on PHC integration.

## METHODOLOGY

- We used Cochrane guidelines for scoping reviews.
- We searched multiple databases for published qualitative and mixed methods studies that reported on healthcare workers' views and experiences of PHC integration up to 28 July 2020.

## RESULTS

We reviewed 9611 records and mapped evidence from 184 studies.

### **Geographical distribution**

37 countries, half of which were low-and middle-income countries.

### **PHC health service configurations**

We identified six different configurations:

1)Mental health; 2) HIV, tuberculosis, and sexual reproductive health; 3) maternal, woman and child health; 4) Non-communicable diseases; 5) General primary health integration; and 6) Allied and specialized services.

### **Integration strategies and Scope**

- Linking of services and expansion of services.
- Integration was classified as full (including health system support functions) or partial integration.

### **Implementers**

There was a wide range of implementers including policymakers, managers at all levels, clinicians, allied healthcare professionals, lay health workers, and health system support staff.

## IMPLICATIONS

- There is a diversity in setting and PHC integration intervention approaches.
- Researchers and decision-makers need to understand the relationship between different integration approaches and contexts, and the ways in which this diversity influences healthcare workers experience and impacts of this integration.
- The PHC integration categories described here can help researchers to better consider diversity in this field, and to identify more focused questions for future systematic reviews.

<https://doi.org/10.1002/14651858.CD013603.pub2>

## Acknowledgment

We would like to acknowledge the support of the South African Medical Research Council, the Kenya Medical Research Institute, the Swedish International Development Cooperation Agency, and the Alliance for Health Policy and Systems Research

Contact: [Hlengiwe.moloi@mrc.ac.za](mailto:Hlengiwe.moloi@mrc.ac.za)