

Healthcare Providers' Perspectives on the Usefulness and Utilisation of Hypertension Management Guidelines in Primary Health Facilities: A Qualitative Study in Dodoma Municipality

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ABSTRACT

Background: Hypertension is a major modifiable risk factor for cardiovascular disease and premature mortality, with a growing burden in low- and middle-income countries, including Tanzania, where awareness, treatment, and control remain suboptimal. Clinical guidelines for hypertension management are essential tools that support healthcare providers in delivering evidence-based care, particularly for those with limited training. In primary health care (PHC) settings, effective implementation of these guidelines is pivotal for ensuring quality and standardised care. Despite the availability of hypertension guidelines in Tanzania and the critical role of PHC providers in their application, hypertension prevalence continues to rise in both rural and urban populations. Furthermore, evidence on healthcare providers' perceptions of these guidelines' usefulness and application in PHC settings remains limited, despite its importance for improving adherence and patient outcomes. This study aimed to explore healthcare providers' perspectives on the usefulness and utilisation of hypertension management guidelines in PHC facilities in Dodoma.

Methods: A descriptive qualitative study design was conducted in selected PHC facilities in Dodoma Municipality. A total of 18 healthcare providers participated in four focus group discussions (FGDs) conducted in May and June 2024. Participants were purposively selected based on their involvement in hypertension management. Data were collected using an interview guide and analysed using a thematic analysis framework.

Results: Two main themes emerged. The first theme, the significance of hypertension management guidelines, included four subthemes: supporting clinical decision-making; serving as reminders and clarifying care processes; enhancing patient monitoring and follow-up; and facilitating patient counselling. The second theme, strategies to enhance guideline utilisation, comprised regular guideline updates, on-the-job training, and improved accessibility within health facilities. No substantial disconfirming views were reported; however, variability in emphasis on accessibility and training needs was observed across participants.

Conclusion: Healthcare providers perceive hypertension management guidelines as essential tools for clinical decision-making, counselling, and follow-up. These findings reflect providers' perspectives and suggest that strengthening guideline updates, training, and accessibility may enhance utilisation. Future studies should include higher-level facilities to provide a more comprehensive understanding of guideline implementation.

BACKGROUND

Hypertension, one of the fastest-growing non-communicable diseases globally, affects 1.3 billion adults worldwide.¹ The majority of individuals with hypertension live in low- and middle-income countries (LMICs), including sub-Saharan Africa (SSA).^{2,3} The overall age-standardised prevalence of hypertension in SSA is estimated at 25.9%.⁴ In Tanzania, a review of studies conducted in 2016 reported an increasing prevalence of hypertension across rural and urban populations, ranging from 13% to 79%.⁵ Globally, hypertension accounts for an estimated 10.8 million deaths annually and contributes to 235 million disability-adjusted life years (DALYs).⁶ Despite this substantial burden,

awareness, treatment, and control of hypertension remain unacceptably low worldwide, particularly in LMICs⁷, highlighting the urgent need for effective strategies to improve hypertension management. Implementing viable interventions is essential to achieving the global target of reducing hypertension prevalence by 33% by 2030.¹

Several strategies have been employed to reduce the prevalence of hypertension, including interventions designed to increase awareness, improve treatment, and enhance blood pressure control across diverse populations and settings.^{8,9} Primary health care (PHC) settings play a crucial role in serving large segments of the population by providing health promotion and preventive services, as well as managing patients with

hypertension.^{10,11} Healthcare providers in PHC are particularly pivotal in the prevention and management of hypertension, with clinical guidelines serving as essential tools to support the delivery of these services.^{10,12} The guidelines for managing hypertension are evidence-based and are developed by international organisations including the World Health Organization and the International Society of Hypertension, and are regularly revised and updated every four to six years to incorporate new knowledge about the pathophysiology, diagnosis, and treatment of hypertension.¹³ These guidelines are adopted by many countries to be used for managing hypertension in their context, including Tanzania.

Research has shown that clinical guidelines provide valuable support to healthcare providers at all levels, particularly those with limited training. In PHC settings, effective implementation of guidelines is essential for ensuring quality care, although this process is often complex.¹⁴ Utilisation of guidelines is influenced by healthcare providers' perceptions of their value, their prior knowledge and beliefs, the practicality of information storage and retrieval systems, and individual working practices.¹⁵ Monitoring the use of guidelines in PHC is an important yet challenging task, often constrained by factors such as heavy workloads and limited resources.¹⁶ To address these challenges, various strategies have been proposed to enhance guideline implementation, including a five-step approach involving identification of gaps in guideline use, context analysis, development of an implementation plan, evaluation, and sustainability.¹⁷

The guidelines for the management of hypertension in Tanzania have undergone multiple revisions, with the current sixth edition published in 2021.¹⁸ Despite the availability of these guidelines and the critical role of PHC providers in implementing them, the burden of hypertension continues to rise in Tanzania.¹⁹ This may be influenced, in part, by the extent to which these guidelines are utilised in routine practice, which remains insufficiently understood. There is limited evidence on healthcare providers' perceptions regarding usefulness of the guideline in PHC settings. Understanding these perspectives is essential for informing strategies to enhance utilization and improve hypertension prevention, treatment, and control. Therefore, this study aimed at exploring healthcare providers' perspectives on the usefulness and implementation of hypertension management guidelines in PHC facilities in Dodoma Municipality.

METHODS

Study Design

This study employed a descriptive qualitative study design to explore healthcare providers' views on the relevance and implementation of hypertension management guidelines in PHC facilities in Dodoma Municipality.

Study Setting

The study was conducted in PHC facilities in Dodoma Municipality, Tanzania. In the Tanzanian context, PHC facilities comprise district hospitals, health centres, and dispensaries. At the time of data collection, Dodoma Municipality had one district hospital, thirteen health centers, and fifty-two dispensaries. For this study, the

district hospital and three health centres were purposively selected because of their higher patient attendance and adequate numbers of healthcare providers. These included St Gema Hospital, Mkonze Health Centre, Hombolo Health Centre, and Makole Health Centre. Dispensaries were excluded since they are not authorised to manage hypertensive patients and instead refer such cases to health centres.

Study Population and Sampling

Participants in this study were healthcare providers from the selected PHC facilities who were qualified to manage patients with hypertension. These included registered nurses, medical officers, and clinical officers with at least one year of work experience in PHC facilities within Dodoma Municipality. Healthcare providers who were unwell or had other commitments during the data collection period were excluded. A purposive sampling strategy using a criterion-based approach was employed to recruit participants. Eligible participants were healthcare providers directly involved in hypertension management, with at least one year of experience in PHC settings. Maximum variation was considered across cadre and facility type to capture diverse perspectives. Based on the number and availability of healthcare providers at each facility, four FGDs were conducted, one at each facility. In total, 18 eligible healthcare providers participated, including 4 from St Gema Hospital, 5 from Mkonze Health Center, 4 from Hombolo Health Center, and 5 from Makole Health Center.

Data Collection Tool

Data were collected through FGDs using an interview guide containing two main questions aligned with the study objectives. The first question explored healthcare providers' views on the relevance of hypertension management guidelines in their practice settings, while the second focused on their perspectives on guideline implementation. Each question was accompanied by follow-up probes to elicit more detailed responses and clarify participants' perspectives. The interview guide was developed in English and translated into Swahili; the language used during FGDs. Following review by subject experts, the tool underwent back-translation to confirm that the translated version accurately reflected the original content and preserved its intended meaning. It was then pilot-tested among a small group (five) of healthcare providers at Jakaya Kikwete Cardiac Institute in Dar es Salaam (not included in the final sample) to ensure clarity and relevance.

Data Collection Procedure

Data collection for this study was conducted in May and June 2024. The study objectives were explained to participants to establish rapport, and both verbal and written consent were obtained prior to data collection. FGDs were conducted in a private and comfortable room within the health facilities, in Swahili, and were audio-recorded with participants' consent. Demographic data were collected before the discussions began, and field notes were taken to capture environmental cues and other non-verbal information. Each FGD included at least four healthcare providers and comprised mixed professional cadres (nurses, clinical officers, and medical officers)

within each facility to encourage diverse perspectives while maintaining shared contextual experiences. Each discussion lasted between 30 and 45 minutes. All discussions were conducted after working hours to avoid disrupting patient care.

Data was collected from four FGDs based on the available number of eligible healthcare providers within the selected facilities. Formal thematic saturation was not predetermined due to this limitation. However, during the analytic process, it was observed that no substantially new themes or insights emerged between the third and fourth FGDs, suggesting a reasonable level of data saturation.

Data Analysis

Audio recordings were transcribed verbatim in Swahili and cross-checked against the recordings to ensure accuracy. Descriptive statistics were used to summarise participants' demographic characteristics, with frequencies and percentages applied. Data analysis followed a six-step qualitative thematic analysis framework by Braun and Clarke²⁰, including familiarisation with the data, generation of initial codes, searching for themes, reviewing themes, defining and labelling themes, and producing the report. Transcriptions were systematically examined to identify meaningful words, phrases, and patterns relevant to the study objectives. Coding was conducted directly from the Swahili transcripts, after which the resulting codes were translated into English for further analysis. Coding was conducted iteratively, with themes refined through regular discussions among the research team to enhance consistency and credibility. To minimise researcher bias, bracketing and masking techniques were applied throughout the analysis, and themes were organised based on conceptual similarities. The final themes were presented in alignment with the study objectives. The researchers have backgrounds in health sciences and clinical practice, which may influence interpretations of guideline use. To minimise bias, bracketing was applied throughout data collection and analysis, alongside regular reflexive discussions among the research team. The study rigour was ensured by engaging participants consistently, keeping clear records of research decisions, reviewing findings as a team, and providing detailed descriptions of the study context.

Ethical Considerations

The Institutional Review Board of Muhimbili University of Health and Allied Sciences approved this study, with reference number DA.282/298/01.C/2074. Before the data collection exercise commenced, the Dodoma Regional Administrative Commissioner (RAC) granted permission for the study. Participants were informed of the study's objectives and provided written informed consent. Consent was also obtained from all the participants before audio-recording them. To ensure confidentiality, data were stored securely, using password-protected devices or lockable storage for physical notes. To protect participant privacy, all data were anonymised, and personal identifiable information was removed. Data integrity and security were maintained through regular backups stored in multiple secure locations to minimise the risk of data loss. Additionally, all printed materials containing study data were securely destroyed upon

completion of the research. Participants were informed of their right to withdraw from the study at any stage without penalty.

RESULTS

Demographic Characteristics of the Participants

Most participants were aged 25 to 35 years (61%) and female (67%). The majority held a degree or higher qualification (67%), with nursing officers constituting the largest professional cadre (39%). Over half of the participants (61%) had five years or less of work experience. Table 1 summarizes the participants' sociodemographic characteristics.

TABLE 1: Participants' Sociodemographic Characteristics

Characteristic/Category	Frequency (n)	Percentage (%)
Age		
25-35 Years	11	61
36-45 Years	3	17
46 and above	4	22
Sex		
Female	12	67
Male	6	33
Professional qualification		
Diploma	4	22
Advanced diploma	2	11
Degree and above	12	67
Designation		
Assistant Nursing officer	3	17
Advanced medical officer	2	11
Clinical officer	1	5
Nursing officer	7	39
Medical officer	5	28
Working experience		
Up to 5 years	11	61
Above 5 years	7	39

Emerging Themes

Two main themes emerged from the study: (1) the significance of hypertension management guidelines as perceived by providers, and (2) approaches to enhance the utilisation of guidelines. Table 2 shows a summary of emerging themes and subthemes

The significance of hypertension management guidelines

The first theme explores healthcare providers' perceptions of the significance of hypertension management guidelines, with four key subthemes: (1) facilitating clinical decision-making, (2) serving as a reminder and clarifying care issues, (3) enhancing patient monitoring and follow-up, and (4) facilitating patient counselling.

Facilitating clinical decision-making

Healthcare providers emphasised that the guidelines were essential for making informed decisions regarding patient care. When faced with challenges in managing hypertensive patients, they consulted the guidelines to determine appropriate treatment options. The guidelines were also viewed as vital for categorising patients' conditions, enabling providers to institute suitable

management such as initiating emergency care or arranging hospital admission. One participant noted:

The guidelines help us a lot because patients are not the same; some have challenges. So, you must look for the help in the guidelines. ... They are often used, especially, for example, to categorise patients with hypertension to identify those with emergency conditions and those who are normal. After which, the treatment will depend on the category the patient is in, as the guidelines stipulate. If the patient falls in the category of high blood pressure and needs to be admitted, then you do so, and once admitted, you decide what medication should start with, what medication to replace it with and what should follow. (Clinical Officer, GM 01).

Participants further noted that the guidelines were highly valuable for planning patient care, particularly in selecting appropriate medications and dosages according to the stage of hypertension. They emphasised that the guidelines also served as a reliable reference, supporting the application of suitable treatment regimens and management strategies, as one participant explained:

There are advantages, you see. The guidelines show you whether a patient belongs to the first, second, or third classification (of hypertensive medications). So, if this month you prescribe first-class medication and the patient's progress is not good on return, you adjust their treatment. The guidelines really help us. (Clinical Officer, MKM 01).

Serving as a reminder and clarifying care issue

Healthcare providers highlighted the essential role of hypertension guidelines in serving as a reminder to support patient management. They noted that managing patients with hypertension is vast and complex, making it difficult to recall every detail. Often, this required them to refer back to the guidelines to ensure they were providing appropriate care, as one participant explained:

There are benefits (with the hypertension guidelines) because you cannot remember everything. With medicine management is vast; you cannot remember everything. At times you may forget, but when you get into the guidelines, you learn what you are supposed to do. Therefore, it is important to have them (guidelines). (Medical Doctor, GM 04).

Whenever healthcare providers encountered uncertainty or ambiguity in patient care, they turned to the guidelines for clarity and direction. One participant emphasised that the guidelines were crucial not only for reminding them about patient management but also for resolving care-related uncertainties:

We do use them (guidelines); first we usually teach each, and we remind ourselves during the morning sessions. But also, when we get a patient whom we want to treat, and maybe we face ambiguity/confusion, then we take the guidelines, we read them and continue with provision of care. (Nursing Officer, MKL 04)

Enhancing patient monitoring and follow-up.

Participants reported that the hypertension management guidelines supported patient monitoring by helping healthcare providers track progress through blood pressure readings. When patients showed little improvement, the guidelines were consulted to guide adjustments in medication types or dosages. One participant stated:

... High blood pressure is a chronic condition and takes a long time to manage. When patients have been on medication for an extended period, they become familiar with it. So, when they return for a refill, they may expect the doctor to prescribe the same medication. However, by referring to the guidelines and tracking their blood pressure, you may find that the current medication is not effective. In such cases, you can decide to adjust the dose or change the type of medication. (Medical Doctor, HMBL 01).

TABLE 2: Summary of Emerging Themes and Subthemes

Theme	Subthemes	Description
1. Significance of Hypertension Management Guidelines	Facilitating clinical decision-making	Guidelines support providers in diagnosing, classifying, and selecting appropriate treatment for patients with hypertension.
	Serving as reminders & clarifying care processes	Guidelines act as reference tools to reinforce knowledge and resolve uncertainties in patient management.
	Enhancing patient monitoring and follow-up	Guidelines guide ongoing assessment of patient progress and inform adjustments in treatment.
	Facilitating patient counselling	Guidelines provide structured information to support patient education on disease management and lifestyle modification.
2. Strategies to Enhance Guideline Utilization	Regular guideline updates	Ensuring guidelines are current with evolving clinical practices and treatment options.
	On-the-job training on guideline updates	Continuous professional development to improve understanding and application of guidelines.
	Ensuring guideline accessibility throughout the health facility	Making guidelines readily available at points of care to support real-time decision-making.

Facilitating Patient Counselling

The hypertension management guidelines were not only useful for making clinical judgements, serving as reminders, clarifying care issues, and enhancing patient monitoring and follow-up, but they also played a crucial role in guiding patient counselling. They provided healthcare providers with reliable information to support discussions with patients on key aspects of care, such as interpreting blood pressure levels and advising on appropriate actions. In this manner, the guidelines supported counselling patients on effective management of their condition, as one participant emphasised:

The advantages of the guidelines are significant, not only for the patient but also for you as a healthcare provider. By reading the book (guidelines), it means you personally know that when a patient with high or low blood pressure comes, you can support that person and others through counselling. (Clinical Officer, MKL 05).

In all the subthemes presented above, no substantial disconfirming views were reported regarding the usefulness of the hypertension guidelines; however, variability in emphasis on accessibility and training needs was observed across participants.

Approaches to enhance the utilization of guidelines

The second theme focuses on healthcare providers' perspectives for enhancing the use of hypertension guidelines, comprising three subthemes: (1) regular guidelines updates, (2) on-the-job training on guidelines updates, and (3) ensuring guidelines are accessible throughout the health facility.

Regular guidelines updates

Participants emphasised the importance of regularly updating the guidelines for managing hypertension, given the continuous advancements in treatment options. They suggested that timely updates are essential, as management practices frequently change, new drugs are introduced, and some medications are discontinued. Ensuring that guidelines are current was deemed helpful to maintain alignment with real-world clinical practice. One participant from the hospital reported:

Another point is that it would be better if the guidelines were updated annually, as they lose relevance if they remain unchanged for three years, especially when new and improved medications are introduced regularly. Updating them every year ensures we stay informed about these developments. In medicine, things evolve daily; management approaches and available medications change constantly. Therefore, annual updates to the guidelines would be particularly useful. (Medical Doctor, GM 04).

Another participant from a health centre emphasised:

"Guidelines are updated periodically, and whenever this happens, training should be provided to all healthcare providers involved in patient care." (Clinical Officer, MKL 04)

On job training on guidelines updates

Participants emphasised the importance of continuous training and seminars on hypertension management, noting that guidelines alone may be insufficient without

proper knowledge and understanding. Ongoing training was seen as particularly valuable for junior staff, equipping them with the skills and confidence needed to apply the guidelines effectively inpatient care. Such capacity-building initiatives were viewed as critical for improving the quality of hypertension management and ensuring consistent counselling and follow-up. As one participant noted:

"On job training is important because things change every day. Therefore, I think those seminars (for guidelines updates) should be regularly conducted." (Assistant Nursing Officer, HMBL 01).

Ensuring guidelines are accessible throughout the health facility

Participants reported that hypertension management guidelines should be accessible at multiple points within the health facility to allow easy reference whenever needed, such as when managing a patient. One participant emphasised this point:

"In my opinion, these guidelines should be available at multiple points (within the health facility), because when you have a patient to attend, you shouldn't have to rush around looking for the notice board where they are posted." (Assistant Nursing Officer, HMBL 01).

DISCUSSION

This study explored healthcare providers' perspectives on the relevance and implementation of hypertension management guidelines in PHC facilities in Dodoma Municipality. The findings highlight how providers perceive and apply these guidelines in routine practice, particularly in supporting clinical decision-making, patient monitoring, and counselling. Importantly, the study also identifies context-specific factors influencing utilisation, including accessibility, training, and perceived relevance, thereby providing insights into practical opportunities for strengthening guideline implementation in PHC settings. These results align with the broader purpose of guideline-driven hypertension management, which has the potential to improve awareness, treatment, and control of hypertension, key factors in preventing cardiovascular disease and reducing mortality, as reported in a systematic review.²¹

Healthcare providers in our study emphasised that the guidelines play a crucial role in supporting clinical decision-making. This finding affirms the purpose of using guidelines in managing patients with hypertension in clinical settings.^{22,23} Our finding also suggests that the perceived relevance of the guidelines influences their utilisation, consistent with evidence from a multi-country study spanning both high- and low-income settings, which showed that clinicians' perceptions of the role of guidelines in clinical practice directly affect their use.²⁴ Furthermore, our findings highlight the trust and confidence that healthcare providers place in local guidelines, consistent with a study in Germany where general practitioners reported acceptance of national guidelines²⁵, yet contrasting with evidence from Malaysia, where providers expressed limited confidence in local guidelines compared with international recommendations.²⁶ These findings suggest that the successful implementation of hypertension guidelines

is strongly shaped by healthcare providers' perceptions of their usefulness, an important consideration when introducing or adapting such guidelines in clinical settings.

Another key usefulness of the guidelines, as reported by healthcare providers in our study, was their role in serving as reminders and providing clarification of care processes. This suggests that providers relied on the guidelines not only as a source of information but also as practical tools to guide patient care. Similar observations have been reported in the US and a multi-country study across diverse economic settings, where guidelines were recognised as essential reference tools for standardizing clinical practice amid variations in hypertension management.^{24,27} In this context, guidelines function as cognitive aids, enabling providers to recall appropriate steps in the diagnosis, treatment, and follow-up of patients with hypertension. Such a role is particularly crucial in resource-constrained PHC facilities, where heavy patient loads and overlapping responsibilities may challenge providers' ability to consistently adhere to best practices.^{28,29} Ensuring that guidelines are readily accessible and user-friendly within these settings may enhance their use as tools for reinforcing clinical knowledge, promoting consistency in care, and ultimately improving patient outcomes.

Additionally, hypertension management guidelines were deemed pivotal by healthcare providers in patient monitoring and follow-up care. This indicates that the value of guidelines extends beyond their role in initial clinical decision-making to encompass the systematic monitoring of patients and structured follow-up, both of which are essential for sustaining long-term blood pressure control and preventing complications such as stroke and cardiovascular disease. Similar findings have been reported elsewhere. For example, a retrospective cohort study in the United Kingdom demonstrated that revisions to hypertension guidelines significantly influenced patient health outcomes, highlighting the critical role of guidelines in informing monitoring practices and follow-up care.^{30,31} Likewise, studies in low- and middle-income countries have shown that adherence to guideline-recommended follow-up intervals improves treatment adherence and facilitates early identification of uncontrolled hypertension, thereby strengthening continuity of care.^{32,33} These findings collectively underscore the importance of embedding guidelines into routine clinical workflows, particularly in PHC settings where standardised monitoring and follow-up remain vital for effective hypertension management.

Moreover, healthcare providers in our study regarded hypertension management guidelines as valuable tools for facilitating patient counselling. They viewed the guidelines as a reliable source of evidence-based information that supports patient education and engagement in self-management. Effective hypertension care requires counselling on lifestyle modifications, such as reducing sodium and alcohol intake, engaging in regular physical activity, and smoking cessation, to achieve optimal blood pressure control.^{34,35} This role of counselling is particularly critical in low-income settings, where adherence to treatment and lifestyle changes remains low.^{36,37} partly due to gaps in effective patient counselling, as previously documented in Tanzania.³⁸

By providing clear recommendations on lifestyle modification, the guidelines serve as an accessible reference that strengthens.^{39,40}

While our findings emphasised the perceived usefulness of guidelines, other studies have identified several barriers to their implementation, including heavy workload; time constraints; limited resources; usability and trust issues; negative perceptions regarding the relevance and purpose of guidelines; shortages of equipment, medications, and workforce; limited access to healthcare services; low patient motivation and health literacy; treatment costs; conflicting tasks; long waiting times; and frustration among healthcare workers.^{24,28,29,41} Contextual variations across settings or differences in participant composition may explain this difference. Nonetheless, healthcare providers in resource-constrained PHC environments continue to face these barriers, making them important considerations that stakeholders should address alongside strategies to enhance guideline utilisation.

Healthcare providers reported that regular updates of hypertension management guidelines are crucial to enhance their utilization, given the frequent evolution of treatment practices and emerging evidence. This aligns with findings from Malaysia, where professionals highlighted the need for timely revisions to improve applicability in routine care.²⁶ Updated guidelines incorporate advances in pharmacological options, diagnostic technologies, and population-specific considerations, ensuring relevance to contemporary practice.⁴² Over the years, such revisions have refined treatment thresholds, medication choices, and lifestyle modifications, with future guidelines expected to move toward individualized, patient-centered care.⁴³ These findings underscore the importance of sustained investment in systematic updates and effective dissemination by health systems to optimize patient outcomes.

In addition, healthcare providers identified the need for regular on-the-job training as a key strategy to enhance the adoption of updated hypertension management guidelines, particularly to orient them to new recommendations and practices. This finding is consistent with evidence from Vietnam, as well as qualitative and quantitative reviews, which identified inadequate training as a major barrier to guideline utilisation.^{44–46} Without adequate orientation, providers may have limited knowledge and suboptimal attitudes toward updates, ultimately constraining their application in clinical practice.²⁴ Strengthening continuous professional development and embedding structured training programs within health systems is therefore essential to ensure that guideline updates translate into improved hypertension care and patient outcomes.

Furthermore, healthcare providers emphasised that hypertension management guidelines should be readily accessible at all service points within health facilities to enhance their utilisation. Easy availability during patient encounters enables providers to promptly consult recommendations, thereby supporting consistency and quality of care. This concern is supported by evidence from Uganda, where limited access to hypertension guidelines constrained their routine use by most healthcare providers.⁴⁷ Additional studies from other

low- and middle-income countries also confirm that poor dissemination, reliance on notice boards, and lack of printed or digital copies significantly reduce the practical application of guidelines in daily practice.^{48,49} Strategies to make guidelines easily accessible such as wider distribution of printed copies, integration into electronic health systems, and adoption of mobile-based platforms could enhance utilisation and improve hypertension outcomes.

The strength of this study lies in its qualitative design, which engaged healthcare providers, the primary users of hypertension management guidelines, as participants. Their perspectives on the usefulness and implementation of the guidelines offer insights into strategies for enhancing utilisation and, ultimately, improving patient outcomes. A limitation, however, is that the study was conducted only in PHC facilities, specifically health centres and a district hospital. The exclusion of higher-level facilities may have limited the diversity of perspectives, particularly regarding the applicability and challenges of using the guideline in more specialised or resource-intensive settings. As a result, the findings may not fully capture the broader range of healthcare providers' perspectives in managing hypertension across different levels of the health system. Future research should therefore include regional and tertiary facilities to generate a more comprehensive understanding of guideline utilisation.

CONCLUSION

This study demonstrates that healthcare providers perceive hypertension management guidelines as valuable tools for supporting clinical decision-making, patient counselling, and follow-up care in PHC settings. However, factors such as regular updates, access to training, and availability at the point of care influence their utilisation. Based on providers' perspectives, these findings suggest that health systems should strengthen guideline implementation and accessibility. Future research should include higher-level facilities and explore system-level barriers, such as workload and resource constraints, to provide a more comprehensive understanding of guideline implementation across the health system.

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