

Table 3 Example quotes from participants to illustrate of the study findings by common themes

| Theme | Quote |
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| Role and value | |
| Doctors should know what to do | "If a doctor (looks at) a book in front of a patient the patient will think he is (simple), he doesn't know anything... This is a big problem here in Afghanistan." |
| Educational resource | "[The Pocketbook] is good... but it does not have as many details as in the other textbooks." |
| Define and enhance clinical roles of midwives and nurses | "Lots of improvements have happened between doctors and midwives because now midwives are receiving essential obstetric care [IMPAC] courses... and they know about the guidelines... Doctors trust them now... they know that they can do everything for the patient and now there is more respect between doctors and midwives." "The ETAT program enabled nurses to be able to evaluate a patient... and do the right things for the patient... Before, the nurse cannot evaluate, or distinguish, what this patient needs." |
| Context-appropriate standard | "When I go to the last edition of Nelsons, the 19th edition, I see only 5 or 6 sentences about mumps. But here I have many patients with mumps... The diseases which are common in Afghanistan, they are a lot different to the ones in the US or in Europe. That is one of the important reasons we should have a specific guideline to follow that." "CURE guidelines advise IV infusion of magnesium sulfate [for severe pre-eclampsia]. But, we don't have instruments for a pump infusion to regulate magnesium sulfate infusion for patients with severe pre-eclampsia or eclampsia. We just do it with a simple IV line... and with difficulty we adjust the drops. There is not an IV pump... or even enough stands to hang the IV infusions or staff to follow the infusion." |
| Clarification of conflict | "Right now, the problem is that we don't have one universal guideline that we can implement... The problem here is that we ask the trainees to use the CURE protocol for hypertensive patients. But then the trainer comes along and says: 'OK I don't use that CURE protocol. I don't like that hospital. I have my own...'. So we cannot enforce it." "This ETAT programme, the aim is to reduce the mortality rate in the first 24 hours... At the beginning the (proportion of deaths occurring in the first 24 hours) was 57-58%, it was high... After 6 months from implementing this programme, we reduced it to 33%." |
| Factors influencing use | |
| Deliver tangible results / Audit and feedback | "All of the doctors and specialists in the paediatric department they should sit together and make a guideline for all the standard cases..." |
| Clinician involvement in guideline development | "We should be making the standards here (in Afghanistan) and we should make a decision on the basis on the pathology of Afghanistan." |
| Perceived as up-to-date | "There is no update in the [WHO Pocketbook]. I think it is about 6, 8 years ago... But here we have very poor and very ill patients. We need to use the updated guidelines. [Therefore we refer] mostly to textbooks... like Nelsons." |
| Integrated & multi-disciplinary training | "We [doctors] take the ETAT training for 3 days... the person who is sitting at the gate, he must be trained about the ETAT. Also the nurse. So the patient can reach very soon the place for examination." "I graduated by reading the IMPAC book so it is easy. We are reading the IMPAC book in midwifery school, then we are coming to practicals and our teacher is teaching us according to that, and then we are practicing according to that." |
| Systemic challenges in the work environment | "There is no quality check in our country... When we use a multinational drug from [company X], we don't know if it is the original drug or not... We see the packet. It is beautiful packet, so we think the drug is beautiful. So we use the drug from the package." "At other hospitals we had lack of instruments, lack of facilities, lack of knowledge of the patient, lack of time... We had lots of limitations for applying [maternity] guidelines in the government hospitals... but here the limitations are very little. The administration is very supportive—they find out what we need. They are very cooperative with us." |
| Influence of senior doctors | "There are some doctors here that didn't take the ETAT programme, because they are junior, but the senior doctors have talked, have explained about the ETAT programme and they are doing accordingly." |
| Ministry of Public Health endorsement | "[The Pocketbook] is not a national guideline. It is just a [resource] from WHO and the Child and Adolescent Department of the Ministry of Public Health... The Malnutrition guideline it is a national guideline, it is used all over Afghanistan, if you are in Kabul, if you are in Mazar, if you are in Jalalabad, all of you will use this national guideline for malnutrition." |