

Older patients' experiences of nurse-to-nurse collaboration between hospital and primary healthcare in the care chain for older people

ABSTRACT

Background. Nurse-to-nurse collaboration between nurses working in hospital and primary healthcare in the older people care chain is essential to ensure the continuity of care. The nature of good collaboration in this context is understood usually from the perspective of collaborating nurses. However, there seems to be a lack of research about this collaboration from the older patient's perspective who are at the center of the collaboration.

Aims and objectives. To describe older patient's experiences of the collaboration between hospital and primary healthcare nurses delivering care to older people.

Design. A qualitative approach based on a descriptive phenomenological methodology was used.

Methods. Individual interviews were conducted using a purposeful sample of older patients (n=18) who were cared for both in hospital and primary healthcare organizations. A qualitative data analysis method informed by Giorgi was used.

Results. The essence of the experience of nurse-to-nurse collaboration between hospital and primary healthcare was expressed as: the meaning of collaboration; the elements of collaboration valued; the visibility of collaboration; older patient involvement in collaboration; interaction within collaboration; and future expectations of collaboration.

Conclusions. Although nurse-to-nurse collaboration between hospital and primary healthcare was not often visible to older patients, they highlighted the importance of this collaboration to ensure the continuity of care. The participants would have liked to be part of the collaborating group, at the center of care, cared for by motivated nurses who had a clear understanding of their patients' health status. This study emphasizes the need for improving collaboration between hospital and primary healthcare nurses by making it more visible and facilitating older patients' participation. The results

demonstrate the need to understand patient perspectives in the development of care and the services provided for older people.

Keywords: collaboration, hospital, nurses, older people, primary care, qualitative study

INTRODUCTION

The increasing older population with complex care needs in long term conditions (1, 2), the reduction in length of hospital stays and the delivery of care closer to home increases the importance of care coordination and collaboration between hospital and primary healthcare professionals (3, 4). Nurses form a significant group of healthcare professionals who coordinate and collaborate in the care of older people (5, 6). These nurses have an important role as the voice of the patient and as a provider of information for other healthcare professionals during collaboration in care transition (6) between hospital and primary healthcare. Over six million nurses in Europe (7) work in healthcare systems providing nursing care for over 97 million older people in the European Union (EU) who comprise 19.2% of the EU population in 2016 (8). For these reasons, a clear understanding of the older patients' experiences in the development of nurse-to-nurse collaboration (NNC) between hospital and primary healthcare nurses is essential to the delivery of safe and high-quality care for older people.

BACKGROUND

Collaboration has been defined as a process which includes two or more participants (9), working together (10), in an equal partnership in terms of power, knowledge and expertise (9, 11, 12); with shared responsibilities and goals (9–11, 13), and a commitment to those goals (9). Collaboration between nurses requires: personal competence and opportunities to collaborate (12-14); an awareness and understanding of roles; and effective communication skills (12, 13, 15). A current understanding of the issues related to NNC that matter to older patients are: the opportunity to

contribute in decision-making about the transfer of care (16, 17); the provision of adequate documentation (18, 19) and receiving useful information (17, 19, 20); the provision of education about the patients' illness and care requirements (20); good care outcomes (21); social support (20, 22); and effective communication (18, 19, 22).

Healthcare professionals often lack adequate information about the patient during organizational transition (23) which has been reported to be associated with a lack of motivation, control and knowledge (24) and needs improvement (25). Confusion about who is responsible for care delivery during transitions of care has made collaboration in care planning difficult which, from a nursing perspective, seems to have a negative effect on patients (23). Patients' ability to transfer smoothly through the healthcare system and being cared for as an individual have been reported as a sign of good quality care provision (22). However, older patients have reported that they have to work hard to ensure that information about their treatment is transferred from hospital to the primary healthcare staff and some have become anxious about not knowing if the information was transferred (19).

Although there is some knowledge about collaboration between nurses working in hospital and primary healthcare (12, 13, 26), there seems to be a lack of research about NNC from the older patient's perspective. The aim of this study was to describe older patient's experiences of the collaboration between hospital and primary healthcare nurses delivering care to older people. The research question addressed was: What are the elements of NNC between hospital and primary healthcare nurses from the older patients' perspective?

METHODS

Design

A descriptive, phenomenological methodology (27) was supported by data collection using semi-structured interviews which facilitated descriptions of the older individuals being as patients experiences about the phenomenon under scrutiny (27–29). This descriptive phenomenological methodology provides a way to analyze NNC comprehensively, based on the lived experiences of the participants (27–29). These individual people provide a unique perspective about the essence of the phenomenon based on their experience (27–29).

Participants

Participants (n=18) were recruited between February and April 2015 from three hospital outpatient clinics in one hospital district in Southern Finland. In Finland, most of the patient visits in the hospital are taking place at the specialty of internal medicine and surgery (30). This knowledge guided the authors to recruit the participants from the clinics of: 1) cardiology, where they examine and treat patients in the need of care in cardiology, cardiac surgery or thoracic surgery, 2) surgery, where they treat patients for example in the need of gastrointestinal or urological surgery and, 3) infectious diseases, where they examine, treat and follow patients in the need of difficult, long-term or chronic infectious diseases. These participants use mostly the home care and healthcare center services in the primary healthcare (31). In Finland, the home care services mostly provide care and the necessary support services to patients living at home in order to maintain the health and functionality, and offer care in cases of illness or disorders of the older people. The local healthcare center provides the basic healthcare services for the patients which is the primary place of care. In the healthcare center, the health professionals can refer the patients to further examinations and care at other care units, such as hospitals.

To be included in the study participants had to 1) be Finnish-speaking, 2) aged 65 or over which defines an older person (35) and 3) be a patient treated in hospital and primary healthcare

organizations. The first author informed the head nurses and their staff about the study. Nurses working with potential participants in outpatient clinics assessed patients' ability to participate in the study. The nurses then informed potential participants about the study and gave them an information letter. Later, nurses asked these eligible patients if they were willing to participate in the study. Those willing to participate gave their oral permission to be contacted by the researcher.

Ethics

This study was approved by the Ethics Committee of the University (32/2014/6.4.2014) and permission for data collection was obtained from the participating organization. All participants received written and verbal information and gave their voluntary informed consent in writing before participating in the study. The researcher made it clear to the participants that: they could withdraw from the study at any stage; they were protected from harm; their anonymity and confidentiality would be protected; and that the data would be stored appropriately (27).

Data collection

Data were collected using a purposeful sampling strategy and semi-structured interviews (28, 29), conducted by the first author in the participants' home or in a quiet place in the hospital. The interview guide (Table 1) was pilot-tested with one participant and as no refinement to the questions was needed, the pilot-test data were used in the analysis. Each participant was interviewed for as long as it took them to describe their experiences (33). Data saturation occurred (n=17) when enough data to discover the meaning of the experiences of the participants (34) had been collected. After this, one more participant were interviewed to ensure saturation (n=18). The interviews lasted between 15 and 38 minutes, were audio recorded and transcribed verbatim.

Table 1 about here

Data analysis

A qualitative data analysis method informed by Giorgi was used (28, 33, 35) which allows the essence of the experience of participant revealed from the phenomenon under study. The past knowledge about the phenomenon under scrutiny was bracketed out by the researcher during the whole analysis process which eliminated all previous understandings from the analysis striving for authenticity (34). Firstly, the data from all participants' experiences were read and a general sense of the whole was achieved (36). Secondly, the whole data were read again and meaningful units (phrases, sentences and paragraphs) of data were constituted (36). Thirdly, the meaningful units with a similar focus were grouped together in terms of their sense and relevance. The grouped, meaningful units were then subjected to a free imaginative variation to determine which of these units were related to experiences of the collaboration between hospital and primary healthcare nurses delivering care to older people (34, 36). Fourthly, the findings were conceptualized into groups and structured into organized descriptions of the participants' experiences of the phenomenon under study (36). In this last phase of the analysis, the conceptualizations were reconsidered in the light of the raw data by cross-checking and changing the categories to make sure that the general structure of the final descriptions was justified based on the experiences that participants described (33, 35) (Table 2).

Table 2 about here

Trustworthiness

The trustworthiness of the study was strengthened by: 1) following, step-by-step, the research process suggested by Giorgi (28, 34, 36); 2) ensuring the participant interviews were voluntary and participant were able to answer spontaneously to the interview questions (29); 3) illustrating the

details of participants' descriptions in the analysis using the direct quotations (27, 28); and 4) examining each step in the analytic process, to reflecting on possible alternative interpretations (28, 34). The first author (TL) performed and transcribed all the interviews and analyzed the data. The analysis process and interpretations were discussed with other authors until consensus was reached.

RESULTS

The participants' age and experience of hospitals and primary healthcare are presented in Table 3. Participants mean age was 73 years and both men (n=8) and women (n=10) participated at the study (Table 3). The analysis of participants' experiences of NNC between hospital and primary healthcare in the care of older people, suggests that the essence of collaboration describes six perspectives: 1) the meaning of NNC; 2) the elements of NNC valued; 3) the visibility of NNC; 4) older patient involvement in NNC; 5) interaction within NNC; and 6) future expectations of NNC.

Table 3 about here

The meaning of NNC

The participants described that NNC between hospital and primary healthcare as essential for the continuity of care. Without adequate collaboration, hospital and primary healthcare nurses might not know who is responsible for the management of care at different times during organizational transition leading to inappropriate care. One participant felt that the nurses might assess and treat one symptom or disease without considering the individual comprehensively. Participants described this type of poor collaboration, as having the same tests or examinations and appointments repeated in different health units which meant they had to spend a long time repeating tests unnecessarily.

“...The care began to be overlapping... At first I had appointment [with laboratory test] in here [hospital] and at the next minute I have appointment [with laboratory test]

in there [primary healthcare] and they will do the same things, it did not make sense.”
(Interview 6)

Some participants felt need to keep a personal record of their health treatment development because they found that on transfer from hospital to primary healthcare, the medication or treatment prescribed by the hospital might be changed inadvertently or the care plan might not be followed at all. They felt that older patients were easily abandoned if they were incapable of participating in their own treatment and had no relatives to advocate for them.

“...I am sorry for the patients who are not able to defend themselves and they don't have anyone to defend them, so then there will be several situations when the patient will fall out of the healthcare service system.” (Interview 14)

A lack of awareness of the older patient's care plan between various units in hospital and primary healthcare sometimes led to life-threatening situations. Participants believed that this lack of overall awareness happened because the management of the care was not agreed and managed collaboratively.

The elements of NNC valued

The participants suggested that good NNC requires responsive, open, committed and honest care, delivered in a trusting and approving human atmosphere.

“It [collaboration] means that they pass on information, discuss with each other and they are open and interactive.” (Interview 14)

Participants pointed out that collaboration facilitates older patients' access to seamless services and high-quality care. They suggested that nurses who collaborated well in the care of older patients had a good professional relationship with other nurses working in other organizations, implementing care with them using shared objectives. Participants thought that this type of nurse also understood

other nurses' roles and educated each other in collaboration. They believed that nurses who collaborated well, cared for older patients with respect, listened to them and had time to get to know them as individuals.

“In my view, the primary importance is that the patient is cared for well [in collaboration]. That is the first thing and also cared for with respect. Nurses should become familiar with the patient as a human being...” (Interview 3)

Participants suggested that NNC includes the provision of timely, useful, comprehensive and accurate documentation used by all the nurses working in the different healthcare units. Using that documentation, nurses share information related to older patients who can be made aware of the shared information.

“Of course it would be ideal if the nurse [primary healthcare] would share information with another nurse [hospital] about the patient before the patient is transferred to hospital. The list of my medication was incorrect just now at my physician appointment. It was not updated.” (Interview 1)

The participants felt that collaborating nurses require a clear understanding of their patients' holistic health status making it important that the nurses who cared the patients were familiar to them and able to put them at the center of care during NNC.

The visibility of NNC

Most of the participants (n=14) reported that they had experience of NNC between hospital and primary healthcare. A minority of participants (n=4) stated that they did not think that much of NNC existed. Using their health care experience all the participants (n=18) described their expectations of NNC. The participants said that NNC was demonstrated when their health records, such as laboratory test results, changes of medication and individual care plans, were transferred correctly and were available when needed.

The roles and division of responsibilities between the nurses who work in hospital and primary healthcare were not clear to participants. They felt that access to care was slow and care was often delivered in several different units for the same health issue without the controlled management of care.

“...Both [hospital and primary healthcare nurses] should understand their roles and responsibilities because patient well-being is the most important issue.” (Interview 3)

Participants felt lack of collaboration but were generally satisfied with their healthcare services and the nursing care that they received. Participants thought that motivated and interested nurses demonstrated higher levels of NNC. However, some nurses seemed bored with their work and did not express a willingness to collaborate. The participants understood that nurses were very busy and sometimes, in the chaos, they were sarcastic with patients.

Older patient involvement in NNC

Participants felt that nurses did not always listen to patients. When a failure to listen occurred nurses were skeptical about their patients' needs and were careless in care provision. This carelessness was demonstrated when nurses did not always bother to read patients' health records or failed to follow the instructions that were agreed in collaboration with health professionals from either hospital or primary healthcare organizations. Some participants felt that they needed to actively promote NNC to make it work. Without this intervention nurses sometimes ignored their patients and did not adequately inform them about their health issues.

“Somehow I'm afraid that my medical records are not controlled by anyone. So, I have to constantly watch over that someone will read my medical records, so that some important information about my health issues won't be overlooked.”
(Interview 7)

The participants stated that nurses often think that older patients are incapable of managing their health issues. They felt that nurses expected older patients' to be kind, not to ask questions, accept all the care that was given and know how to behave. This behavior included being accepting of the care without complaining, being angry, losing their temper, or being demanding or difficult.

“There is a need for more information about your own care, but patients know very well that they are considered good patients if they do not ask anything.” (Interview 1)

Participants wanted nurses to consider them as individuals with different abilities and capacities to participate in their care. Older patients stated that their experience with their own health was not always respected in the NNC.

Interaction within NNC

The participants stated that generally the interaction, healthcare services and care were good and professional in hospital and primary healthcare organizations. Although, all the healthcare professionals were usually very busy. Participants described how nurses from different organizations sometimes defended their place in an informal hierarchy. They felt that this hierarchy, between hospital and primary healthcare nurses, led to a situation where nurses did not value each other's work. Sometimes hospital nurses seemed to think they delivered better nursing care which created a communication gulf between the two groups.

“I think that primary healthcare nurses were sometimes reluctant to contact the hospital nurse, even if she had some health issues about the patient that she would like to discuss.” (Interview 1)

Future expectations of NNC

The participants expected to be given basic information about their health and records in a way that could be understood easily and stated that they did not have enough opportunity to participate in collaboration. Participants considered that nurses, in general, were highly educated healthcare professionals who would be able to help their patients with many health issues in NNC. Having a named nurse who patients could contact with relevant health problems, would facilitate the continuity of care. These nurses could develop a clear understanding of their patients' whole health status and use their knowledge to advocate for them when necessary in NNC.

“Nurses are, these days, highly educated, so they can know even better... and the nurses are always more closer to patient...” (Interview 7)

Participants felt that nurses who were interested in their work were motivated to develop their ideas about the care of older people. Participants expected this development within the nurses' capacity considering their workload. Participants also expected that joint educational events and practice strategies, such as job rotation could be used to support NNC development. The participants believed that the development of NNC would inspire nurses in their work.

“Every employee [nurse] who is interested in her or his work, needs to have strength... it is a matter of having strength in this healthcare system with low resources, to develop their own work and find ways [to collaboration].” (Interview 1)

DISCUSSION

This study describes older patient's experiences about NNC in hospital and primary healthcare from their own perspective. The experiences demonstrate the participants' understanding of the concept of NNC which, for them, made seamless, responsible managed and individualized high-quality healthcare services possible. Older patients with long-term health problems (2) and complex care needs (1) are a significant group of people who receive care from nurses in hospital and primary healthcare. Nurses in collaboration act as the patients' voice (6) when planning the continuity of

care between hospital and primary healthcare. In this study, participants with long-term health problems and complex care needs did highlight the importance of nurses in collaboration taking a responsibility for the care of older patients. Within this collaboration, older patients expected to be able to participate in their own care.

Previous literature has pointed out that good NNC includes: the level of personal competence and opportunities to collaborate (12–14); an awareness and understanding of roles, communication, knowledge (12, 13); shared responsibilities and goals (9–11, 13); and commitment to those goals (9). Participants in this study supported these features and also highlighted that good NNC includes a trusting and approving atmosphere and good professional relationships with collaborating nurses. It was also important in the NNC that the older patients was respected and advocated by familiar nurses, who put their patients at the center of the care.

Most of the participants in this study had experience of NNC between hospital and primary healthcare nurses in outpatient clinics and in-patient wards in hospital and mainly healthcare center in primary healthcare. Only one participant had experienced home care. The older patients usually did not have opportunity to participate in to this collaboration. To the participants, NNC was most noticeable during the transfer of health records or test results, organization to organization. Previous literature has reported that this transfer of information about patients treatment was one issue that patient was anxious to ensure (19). There seemed to be a lack of communication between hospital and primary healthcare nurses and a lack of motivation to provide individual care for the older patients collaboratively. Earlier studies have identified the barriers to successful information exchange, as a lack of motivation, control and knowledge (24) and have reported communication and coordination issues between different stakeholders in the care of older people (25). The results

of this study supported these earlier studies and also highlighted the importance of better interactions between the nurses and with their older patients in collaboration.

The older patient's involvement in NNC between hospital and primary healthcare was important for the participants who were often ignored in NNC if they were not determined to join in with the collaboration. This is supported by earlier literature in which older patients have highlighted the importance of the opportunity to make a contribution to the decision-making about the transfer of care (16, 17) and to participate in the communication between healthcare providers (20). The participants in this study had to seek information about their health status from nurses who were skeptical about their patients' needs. Nurses sometimes neither read patients health records nor followed the instructions that were agreed in collaboration with health professionals from hospital or primary healthcare organizations. Additionally, the participants in this study suggested that nurses were too quick to assume that older patients were incapable of managing their health issues and expected the older patients to behave submissively in order to secure a good service.

When hospital and primary health care nurses worked together in collaboration, the relationship between the two different types of nurses sometimes seemed to be hierarchical, headed by hospital nurses, rather than equal. Previous literature indicated that in good collaboration, healthcare professionals were working together in an equal partnership (9, 10, 12). In that partnership, each collaborating nurses use their own knowledge and expertise to provide high-quality care for older patient.

In this study, older patient's expectations of NNC included the provision of better and more relevant health information, provided directly to the older patients and a smoother transfer of care between organizations, again with adequate information. This smooth transfer of individualized care was

high-lighted also in earlier studies and seen as a sign of high quality of care services (22). Another important development that would aid the continuity of the care would be for each older patient to have access to a named nurse who they could come to know, who respected their input and who put them at the center of the individualized care and collaboration. This named nurse would be in a good position to advocate for their patient.

The participants in the study expected their nurses to have managerial help to develop NNC in terms of the time needed for collaboration, joint education and participation in job rotation. These findings are supported by international requirements which aim to improve care through improved coordination, collaboration and client orientation between health care professionals in different parts of the service system (5).

Limitations

In this study, nurses were asked to assess patients' ability to participate in the study which could have influenced the selection of the participants in the study and the answers to the interview questions. The participants were sometimes confused about whether their healthcare unit was in hospital or primary healthcare and did not even know which healthcare professional had cared for them. However, this does not diminish the veracity of the participants' opinions that were used to describe the processes that comprise their healthcare experiences. The experiences of the participants limited to a few units in hospital and primary healthcare which in some cases led to short interview moment. To obtain an extensive and diverse view, survey or follow-up studies are called for in the future.

This study focused on older patients who received care in one hospital district in Southern Finland which could limit the usefulness of the results. However, all the participants had a variety of

experiences in the care chain between hospital and primary healthcare organizations. The user perspective needs to be described further in similar and dissimilar situations to increase the trustworthiness of the results.

CONCLUSION

The participants highlighted the importance of NNC which could make healthcare services for older patients safer, better coordinated, seamless, more individualized and of improved quality. The central attribute of NNC for the participants was concerned with the good, responsible and controlled transfer of care associated with the provision of adequate, reliable information. Other elements of NNC highlighted were: access to high-quality care from skilled named nurses who provide individualized care to older patients with respect and motivation. These skilled nurses would also take enough time to be able to work in useful NNC using shared objectives. This situation requires nurses who know, understand and agree their own and others responsibilities for the management of care at the different stages of the care continuum.

NNC between hospital and primary healthcare in the nursing care chain for older people often seems to be almost invisible to older patients in many cases and that may increase the anxiousness of the older patients (19). NNC could become more visible by helping older people to become more central in the collaborating process. However, there are times when patients do not have ability to participate in their care and do not have relatives to help them, which increases the need for good nursing advocacy.

Care for the growing number of older people with long-term and degenerative diseases (2) and complex care needs (1) requires a great deal of coordination and collaboration. Without improved collaboration between healthcare professionals many older people will use unnecessarily

fragmented health care systems. This study has described a service user perspective of NNC which emphasizes the need for improving NNC, making it more visible in nursing practice and facilitating older patients' participation.

Contributions

Study design: TL, PV, MS, SE, RS; Data collection: TL; Data analysis: TL, PV, MS, SE, RS;

Manuscript preparation: TL, PV, MS, SE, RS.

Ethical approval

This study was approved by the Ethics Committee of the University of Turku (32/2014/6.4.2014).

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Table 1. Semi-structured interview guide.

Research topics	Questions asked
<ul style="list-style-type: none"> Perceptions of the concept of collaboration. 	<ul style="list-style-type: none"> How do you define the word of collaboration on your experience (example's)?
<ul style="list-style-type: none"> Perceptions of elements of nurse-to-nurse collaboration between hospital and primary healthcare in older people nursing care. 	<ul style="list-style-type: none"> What is nurse-to-nurse collaboration between hospital and primary healthcare nurses on your experience (example's)?
<ul style="list-style-type: none"> Perceptions of how nurse-to-nurse collaboration could be improved between hospital and primary healthcare nurses in older people nursing care. 	<ul style="list-style-type: none"> How should nurse-to-nurse collaboration between hospital and primary healthcare nurses in older people nursing care be improved on your experience (example's)?

Table 2 Example of the data analysis process.

Integration of meaning units and free imaginative variation to main structure of older people's experiences	Example of discriminating meaning units	Example of direct quotations of the participants
The meaning of NNC	<p>The patient was sorry on behalf of older patients who could not or were not able to participate in their own treatment and had no relatives who would take care of patient advocacy of them.</p> <p>The patient will fall out of the healthcare service system if they do not have anyone take care of treatment of them.</p>	<p><i>"...I am sorry for the patients who are not able defend themselves and they don't have anyone to defend them, so then there will be several situations when the patient will fall out of the healthcare service system."</i></p>
The elements of NNC valued	<p>Nurses pass information and discuss issues.</p> <p>Nurses are open and interactive.</p>	<p><i>"It [collaboration] means that they pass on information, discuss with each other and they are open and interactive."</i></p>
	<p>Ideal is that nurses on primary healthcare units would share accurate information with hospital nurse, in particular related with medication.</p>	<p><i>"Of course it would be ideal if the nurse [primary healthcare] would share information with another nurse [hospital] about the patient before the patient is transferred to hospital. The list of my medication was incorrect just now at my physician appointment. It was not updated."</i></p>
The visibility of NNC	<p>Nurses should understand their roles and responsibilities in hospital and primary healthcare.</p> <p>Most important in nurse-to-nurse collaboration is the patient and what nurses had done for that patient well-being and what nurses could do more.</p>	<p><i>"..both [hospital and primary healthcare nurses] should understand their roles and responsibilities because patient well-being is the most important issue."</i></p>
Older patient involvement in NNC	<p>Patient is afraid that her medical records are not controlled by any healthcare professional.</p> <p>Patient have to constantly watch over that someone will read her medical records so that important information won't be overlooked.</p>	<p><i>"Somehow I'm afraid that my medical records are not controlled by anyone. So, I have to constantly watch over that someone will read my medical records, so that some important information about my health issues won't be overlooked."</i></p>
Interaction within NNC	<p>Primary healthcare nurse were reluctant to take contact to hospital nurse from the health issues related to their mutual older patient.</p>	<p><i>"I think that primary healthcare nurses were sometimes reluctant to contact the hospital nurse, even if she had some health issues about the patient that she would like to discuss."</i></p>

Future expectations of NNC	Nurses are highly educated from the perspective of patient. Nurses are healthcare professionals that are close to patient.	<i>“Nurses are, these days, highly educated, so they can know even better... and the nurses are always more closer to patient...”</i>
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NNC, Nurse-to-Nurse Collaboration

Table 3 Characteristics of the participants (n=18).

	Men (n=8)	Women (n=10)	Total (n=18)
Age			
Mean (Range)	72 (65–81)	73 (65–85)	73 (65–85)
Experience in hospital units			
Outpatient clinic	8	10	18
In-patient wards	8	10	18
Experience in primary healthcare units			
Healthcare center	8	10	18
Home care	1	0	1