Review article/Pregledni znanstveni članek

Comparison of community health nurses' preventive home visits to older adults in Sweden and Slovenia: A literature review

Primerjava preventivnih obravnav starejših odraslih v patronažnem varstvu med Švedsko in Slovenijo: pregled literature

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Ključne besede: oskrba; preventiva; domače okolje; zdravstvena nega

Key words: care; prevention; home environment; nursing

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ABSTRACT

Introduction: Community health nurses contribute significantly to better health, well-being and independence of older adults. The aim of the study is to compare preventive services for older adults in community health care between Sweden and Slovenia.

Methods: Literature review and document analysis were used to conduct a qualitative comparative analysis. Literature was retrieved from the MEDLINE, CINAHL and COBIB databases. An analysis of documents such as sectoral legal bases, guidelines and expert recommendations in Slovenia and Sweden was also conducted. The analysis included sources related to preventive services for older adults living at home published between January 2000 and December 2020 in Slovene, English or Swedish.

Results: Twenty units of literature were included in the review. Four comparative factors were identified: system and legal basis, organisation and scope, providers, and content. In Slovenia, all older adults are entitled to the same range of preventive services. Compared to Sweden, the organisation of community health care in Slovenia is more centralised, all older adults are entitled to the same scope of preventive health visits, while the level of education and scope of competences of healthcare providers are lower. In both countries, the content of preventive home visits to older adults is similar.

Discussion and conclusion: In Slovenia, community health nurses with additional knowledge could prescribe medical devices and medications form a limited list, as well as coordinate care. This would allow them to act more independently in patients' home environment. Further development of more personalised preventive services for older adults depends on research, resource provision and consideration of the organisational culture.

IZVLEČEK

Uvod: Preventivne obravnave v patronažnem varstvu pomembno prispevajo k samostojnosti, boljšemu zdravju in dobremu počutju starejših odraslih. Namen raziskave je primerjati preventivne obravnave starejših odraslih v patronažnem varstvu med Švedsko in Slovenijo.

Metode: Na osnovi pregleda literature in analize dokumentov je bila narejena kvalitativna primerjalna analiza. Vključena je bila literatura iz podatkovnih bazah MEDLINE, CINAHL in COBIB. Narejena je bila tudi analiza dokumentov, kot so področne pravne podlage, smernice ter strokovna priporočila v Sloveniji in na Švedskem. Vključeni so bili viri objavljeni med januarjem 2000 in decembrom 2020, so se nanašali na preventivne obravnave starejših odraslih, ki živijo doma in so bili napisani v slovenščini, angleščini ali švedščini.

Rezultati: V analizo smo vključili 20 enot literature. Opredeljeni so bili štirje faktorji primerjave: sistem in pravne podlage, organiziranost in obseg, izvajalci ter vsebina. V Sloveniji so vsi starejši odrasli upravičeni do enakega obsega preventivnih obravnav. V primerjavi s Švedsko je v Sloveniji bolj centralizirana organizacija patronažnega varstva, vsi starejši odrasli imajo enak obseg preventivnih obiskov, izobrazba in obseg kompetenc izvajalcev pa je v Sloveniji nižja. Vsebina preventivnih patronažnih obiskov starejših odraslih je v obeh državah podobna.

Diskusija in zaključek: V Sloveniji bi lahko medicinske sestre v patronažnem varstvu z dodatnimi znanji pridobile tudi kompetence na področju predpisovanja z omejene liste zdravil in medicinskih pripomočkov ter koordinacije oskrbe. Tako bi lahko bolj samostojno delovale v domačem okolju pacientov. Za nadaljnji razvoj bolj personaliziranih preventivnih obravnav za starejše odrasle je pomembno raziskovanje, zagotavljanje virov in skrb za organizacijsko kulturo.

Received/Prejeto: 6. 6. 2021
Accepted/Sprejeto: 22. 5. 2022

https://doi.org/10.14528/snr.2022.56.3.3107

Introduction

The silvering of the developed world also includes Slovenia and Sweden, with both countries facing all the challenges of an ageing society. According to Eurostat (2020), the proportion of people aged over 65 in Slovenia has increased over the past decade from 16.4% in 2009 to 19.8% in 2019, while Sweden has recorded an increase from 17.8% to 19.9% over the same period (Table 1). Although this proportion is somewhat lower than the European average in both countries, these trends point to a more intense ageing of the population in the future.

Available Eurostat data show that the trend in population ageing is faster in Slovenia compared to Sweden. According to demographic projections, Slovenia will be the European Union (EU) country with the largest proportion of older adults by 2050 (He, Goodkind, & Kowal, 2016). Slovenia and Sweden have almost the same life expectancy at age 65 (21.80 vs. 21.60) (Organisation for Economic Co-operation and Development [OECD], 2021a). Slovenia is affected by a relatively low health expectancy for people aged 65 (only 7.4 years), while Sweden (with 15.7 years) ranks first in the EU (Statistični urad Republike Slovenije [SURS], 2020; OECD, 2021a; Statistiska centralbyrån, 2021). According to 2010 data, Slovenia and Sweden spent 8.3% and 8.5% of their gross domestic product (GDP) on health care per year respectively, with Sweden increasing its health expenditure over the last decade to reach 10.9% of GDP in 2018, while health expenditure in Slovenia remained at 8.3% of GDP (OECD, 2021b).

Trends of an ageing population in Slovenia are expected to lead to an increase in the need for health and social care services (Howdon & Rice, 2018). Our contemporary society is characterised by an extremely rapid development of societies and thus also of health care. At the same time, the morbidity of the ageing population is changing towards increasing comorbidity and multimorbidity, which is accompanied by constant changes in treatment approaches and economic issues in health care. As people grow older, their physical and mental abilities gradually decline and complex health problems increase (Cohen-Mansfield et al., 2013). Multimorbidity is present in up to 97% of older adults in developed societies (Prados-Torres, Calderón-Larrañaga, Hancco-Saavedra, Poblador-Plou, & Van Den Akker, 2014; Nguyen et al., 2019). Health and well-being, also in old age, are the key factors for independence and good quality of life. Therefore, it is very important for older adults to be supported by healthcare and other systems. To protect the health of older adults, it is also important to ensure continuous health monitoring, preventive measurements, and timely action. Monaro, White, & West (2015) emphasise that it is essential to maintain a continuum of care between the hospital and the home. Vertical integration between healthcare providers is also becoming increasingly important as healthcare delivery to patients in the community becomes more intensive, calling for a cross-system approach that focuses on integration and coordination of services (Bryce et al., 2014).

Nurses working in patients' homes or in community services therefore face major challenges (Krajnc, 2013) in providing continuous and integrated care with an emphasis on preventive activities and the active role of patients. An important task for nurses, including those working in patients' homes, is to focus on four basic tasks: promoting health, preventing illness, restoring health, and alleviating patients' suffering, so as to help manage diseases and support rehabilitation (International Council of Nurses, 2012; World Health Organisation [WHO], 2017). Furthermore, nurses working in such a demanding and dynamic environment need to be available to provide continuous support to carers, ensuring quality care for people through education, training and leadership (Bryce et al., 2014).

Community health nursing is a specific form of health care that provides active health and social care to individuals, families, and communities (WHO, 2017). Nurses working in communities and patients' homes support a healthy lifestyle and help identify risk factors also among older adults (Krajnc, 2016; Dravec et al., 2017; WHO, 2017). In Slovenia, nursing activities are the responsibility of registered nurses, while nursing assistants and nursing aids may also be involved in the delivery of curative activities and care (Kadivec et al., 2011; Železnik, Horvat, Panikvar Žlahtič, Filej, & Vidmar, 2011). Community health nursing is characterised by the field concept of working in a specific geographical area (WHO, 2017).

Most developed countries support older adults to delay their move into nursing homes and to help

Table 1: *Proportion of the population aged 65 and over (Eurostat, 2020)*
Tabela 1: *Delež populacije nad 65 let (Eurostat, 2020)*

Country, year / Država, leto	***2009***	***2010***	***2011***	***2012***	***2013***	***2014***	***2015***	***2016***	***2017***	***2018***	***2019***
European Union	17.3	17.5	17.6	17.9	18.2	18.5	18.9	19.2	19.5	19.7	20.0
Slovenia	16.4	16.5	16.5	16.8	17.1	17.5	17.9	18.4	18.9	19.4	19.8
Sweden	17.8	18.1	18.5	18.8	19.1	19.4	19.6	19.8	19.8	19.8	19.9

them continue living in their own homes for as long as possible. As a result, the importance of preventive home visits (PHVs) has increased in recent decades. According to Bannenberg et al. (2021), PHVs have an impact on reducing institutionalisation of care in Norway. PHVs have also been found to have an impact on reducing mortality, hospital admissions and improving health status in the population over 80 years of age. Through their interventions, community health nurses encourage older adults to take an active role and responsibility for their health and well-being, thereby improving their quality of life (Maček, Skela-Savič, & Zurc, 2011).

Aims and objectives

The aim of the literature review and document analysis conducted in this study is to compare the Slovene and Swedish systems of PHVs provision by community health nurses to older adults living at home. We formulated the following research question: According to the analysis of preventive health services for older adults in Sweden, how could PHVs to older adults living at home be improved in Slovenia?

Methods

Review methods

The literature review and document analysis relied on a qualitative comparative analysis, which focused on the macro level (community health nursing) as suggested by Esser & Vlieegenthart (2017). This approach provides a clearer understanding, description and analysis of complex community health nursing (Healy, Tang, Patcharanarumol, & Annear, 2018). We reviewed the literature on community health nursing for older adults between Slovenia and Sweden with a focus on PHVs to older adults. We searched for relevant full-text articles in the MEDLINE and CINAHL bibliographic databases and the COBIB database through the EBSCOhost information service. We compiled the search terms in text form using the Boolean logical operators, and the following keywords: "starostnik", "patronaža", "elderly care", "primary health care", "preventive home visits", "community nurse", "district nurse", "health care system", "Sweden", "Slovenia". We also focused on Slovene and Swedish legal sources, guidelines and recommendations, which form the basis for conducting PHVs to older adults living at home.

The following primary inclusion criteria were used: availability of articles in full text published in Slovene, English or Swedish between January 2000 and December 2020, and population aged 65 years and over. If the record was relevant, we also included literature from older publications. Secondary inclusion criteria were preventive services, home-based approach and nursing profession. Our exclusion criteria included curative treatment of older adults or younger population, treatment in an institution, and diploma or master's thesis.

Results of the review

By searching electronic databases based on our inclusion and exclusion criteria, we identified 558 records and narrowed down the number of sources to be included in the final analysis. We also searched websites of public health institutions and nursing association for additional sources, and included guidelines and recommendations. We also included legislation on the preventive services provided by nurses in the home setting. A total of 20 records were included in the final review. Figure 1 shows the systematic nature of the literature review process using the Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA) diagram (Page et al., 2021).

Results

We identified differences in the provision of PHVs to older adults between the Slovene and Swedish healthcare systems. The defined factors for comparison were system and legal basis, organisation and scope, providers, and content of PHVs (Table 2).

The following section provides a more detailed comparison of the implementation of PHVs to older adults between Slovenia and Sweden based on our literature review by individual factors.

System and legal basis for preventive home visits

In Slovenia, the health care system is organised at tertiary, secondary and primary level (Ministrstvo za zdravje, n.d.). Primary health care is provided mostly by community health centres, which are owned and managed by municipalities, while other healthcare providers are privately managed and operate on the basis granted concessions, which ensure inclusion into the network of publicly financed health care (Pravila obveznega zdravstvenega zavarovanja, 2003; Zakon o zdravstveni dejavnosti [ZZDej], 2005). In 2019, there were almost 729 registered nurses, 105 nursing assistants and some other employees working in 212 municipalities in community health nursing (Renar & Zavrl Džananović, 2020). PHVs are part of primary health care and are fully covered by compulsory health insurance. For persons who are not covered by compulsory health insurance, treatment costs are covered from other sources (Pravilnik za izvajanje preventivnega zdravstvenega varstva na primarni ravni, 1998; Pravila obveznega zdravstvenega zavarovanja, 2003). Ensuring the rights and implementation of preventive screening programmes and early detection of risk factors for chronic non-communicable diseases, including screening tests, and health promotion services,

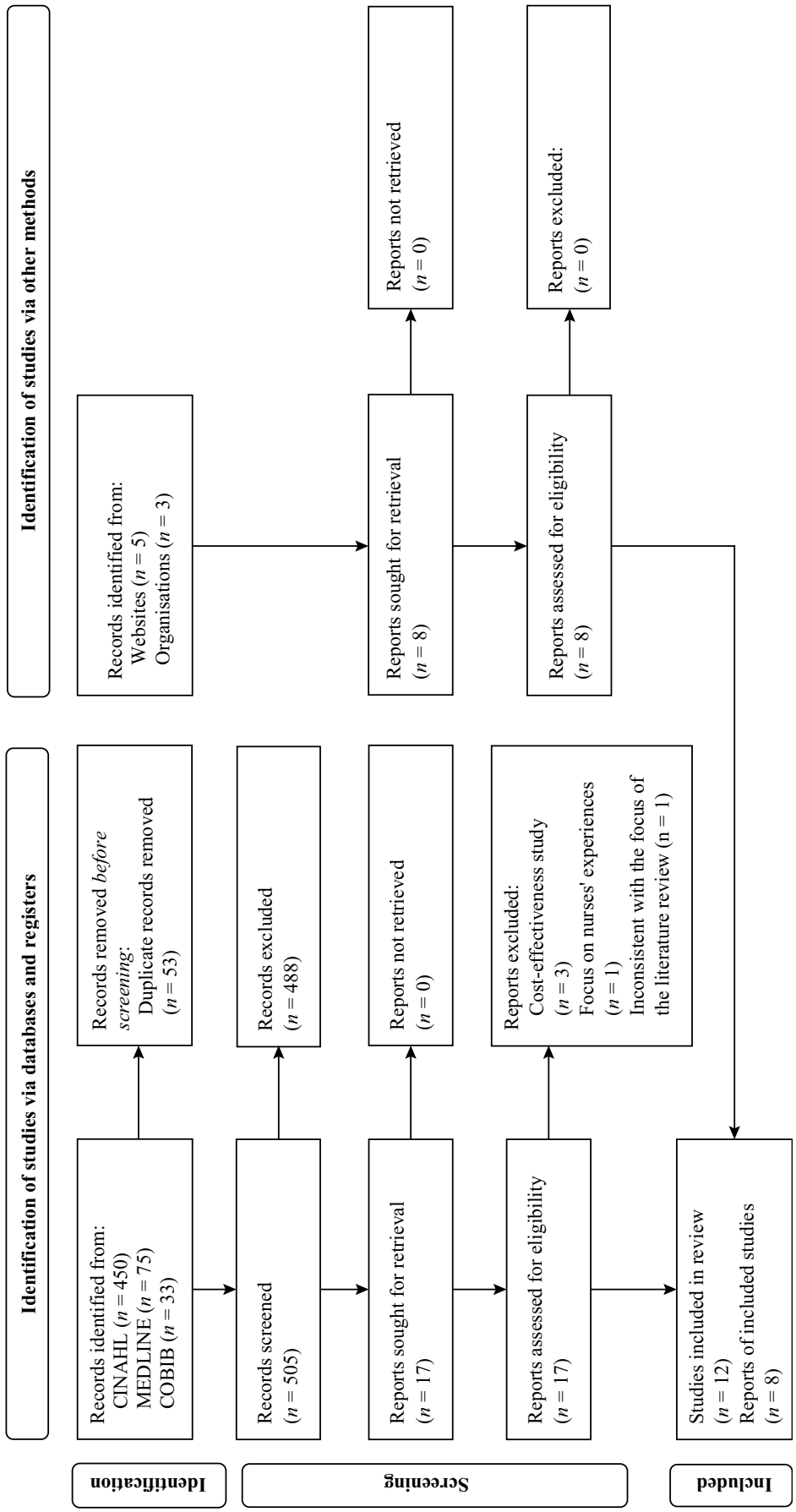

Figure 1: *PRISMA flow diagram of literature review*
Slika 1: *PRISMA diagram pregleda literature*

Table 2: *Differences between the two countries in conducting preventive home visits to older adults by selected factors*
Tabela 2: *Razlike med državama pri izvedbi preventivnih obravnav starejših odraslih v patronažnem varstvu po nekaterih izbranih faktorjih*

Factor of comparison/ Faktorji primerjave	***Slovenia/Slovenija***	***Sweden/Švedska***
System and legal basis	Mostly centralised approach and financed, but municipally managed.	Decentralised approach, council/municipality managed and financed.
Organisation and scope	Nurses are employed by community health centres or self-employed (concession). Equal scope for the entire country. 2 PHVs per year to people aged 65 years and over.	Nurses are mainly employed by health centres but also by municipalities. Age (usually 75+ or older) and frequency (1 to 5 per year or rarer) of PHVs differ among municipalities.
Providers	Registered nurses (at least higher education – 3 years). Some nurses have a specialisation in community health nursing.	Registered nurses (higher education – 3 years), 8 weeks of pharmacology course, specialisation in primary care – 75 ECTS.
Content	Physical examination Physical, social, and economic assessment Health education Medication utilisation Ensuring continuity and coordination of care Prevention of violence Infection prevention Family support Collaboration with different professionals.	Information, counselling/guidance on: – home exercise – incontinence – pharmacological counselling – home care services – adapting the home environment – smoke detectors, checking – municipality services and activities – legislation and assistance – public transportation Fall risk assessment and advice Driving capacity assessment Advice and support for family members/carers.

Legend/Legenda: ECTS – European Credit Transfer and Accumulation System/Evropski sistem prenašanja in zbiranja kreditnih točk; PHV – preventive home visits/preventivne obravnave v patronažnem varstvu

together with guidelines for their implementation, are established by the Minister of Health on the proposal of the Health Council (Zakon o zdravstvenem varstvu in zdravstvenem zavarovanju, 2006).

According to the current legislation, older adults can be included in preventive services provided by community health nursing if they are over 65 years of age, lonely and socially disadvantaged, or if they are patients with chronic diseases and over 25 years of age. Community health nurses also visits people who do not respond to invitations to participate in national prevention programmes (ZORA, DORA, Svit) (Pravilnik za izvajanje preventivnega zdravstvenega varstva na primarni ravni 1998, 2002, 2007; Pravila obveznega zdravstvenega zavarovanja, 2003; Berčan & Krajnc, 2016).

The Swedish healthcare system is organised at three levels: national, regional, and local. At the regional level, 17 district councils and nine regional bodies are responsible for financing and providing healthcare services to citizens. At the local level, 290 municipalities are responsible for the care of older adults and people with disabilities (Anell, Glenngård, & Merkur, 2012). There is no hierarchy between individual municipalities, district councils and regions, as they have self-governing local authorities responsible for various activities in their area, including health care (Marczewska, 2011). The local and regional authorities are represented by the Swedish Association of Local Authorities and Regions (SALAR) (Anell et al., 2012).

Within the Swedish healthcare system, different district councils have different forms of health care provision. Each district council decides for itself on the organisation of primary health care, including the implementation of PHVs performed by nurses. One of the main changes in recent years has been that the responsibility for the care of older adults has been transferred from district councils to municipalities. According to this, municipalities have to care for older adults and support them in maintaining their health. In Sweden, if a person needs help to maintain a decent standard of living, they are entitled to support, regardless of the level of dependency (Anell et al., 2012).

Organisation and scope of preventive home visits to older adults

Community health nurses in Slovenia work in the field, at the homes of individuals and families, and in the local community. Community health nursing is provided throughout the country, with each nurse covering an area of 2200-2500 inhabitants (Šušteršič, Horvat, Cibic, Peternelj, & Brložnik, 2006). Community nursing services are provided by nurses who are employed by primary health care centres or self-employed on the basis of a granted

concession (ZZDej, 2005; Albreht et al., 2016). The rules on compulsory health insurance (Pravila obveznega zdravstvenega zavarovanja, 2003, Article 26) in Slovenia guarantee the right of insured persons to access basic healthcare services, which include community health care and the right to PHVs (Article 27) from the nearest community health service (Article 160). The rules on the implementation of preventive healthcare services at the primary level stipulate that in-depth individual and family treatment is required, especially for vulnerable groups, including older adults and people with chronic diseases. Based on these rules, community health nurses may visit older adults who are lonely or socially vulnerable or persons with chronic diseases twice a year to help them maintain their health and provide support to the persons and their families for the best possible quality of life in the home environment (Pravilnik za izvajanje preventivnega zdravstvenega varstva na primarni ravni, 1998). The aim of nurses' activities in PHVs to older adults is to maintain well-being, promote self-care, provide information about various forms of assistance and services available in their home environment, identify health risk factors, reduce the consequences of illness, and implement therapeutic programmes as directed by the physician (Berčan & Krajnc, 2016).

In Sweden, the primary healthcare system is organised by district councils and municipalities. Each district council, together with the municipality, can decide how to provide medical and nursing care (Sherman, 2012). Most municipalities provide PHVs to older adults who live at home and do not need additional care. Nurses usually visit persons over the age of 75 (this varies from municipality to municipality), as well as younger people in need. The number of visits and the duration of the visit also vary from municipality to municipality, with one to five visits usually conducted over a period of one year or more (Socialstyrelsen, 2019). There are municipalities that have restricted eligibility for PHVs in terms of age. In Stockholm, for example, the age limit for PHVs is 75 years (Sherman, 2012), while in Härryda, a small municipality in the southwestern region of Sweden, the age limit is 81 years (Härryda Kommun, n.d.).

Providers of preventive home visits

The provider of nursing activities in Slovenia is a person who has completed at least higher education in nursing (Skela-Savič, 2015; Ažman & Prestor, 2019). The nursing profession is regulated and, in accordance with European Union directives, during their studies students acquire profession-specific competences for independent planning and delivery of nursing care in accordance with the nursing process (Železnik et al., 2011; Skela-Savič, 2015; Ažman & Prestor, 2019). The undergraduate nursing degree programme in Slovenia lasts three years. After graduation, newly graduated nurses can perform nursing activities independently, including in community health care. Nurses can also call in nursing assistants when curative services are needed (Šušteršič et al., 2006; Ažman & Prestor, 2019).

In Sweden, nurses must have a higher education degree. To work in community health care, they must also complete a specialisation in primary care. As part of this requirement, they must complete 50 weeks of specialist training, earning 75 credits (European Credit Transfer and Accumulation System [ECTS]). Since 1994, community health nurses working with older adults have been able to prescribe medications from a limited list. To be able to do so, they must first successfully complete an eight-week pharmacology course which is integrated into the specialisation year. This provides them with a license to prescribe certain medications and medical devices (Mardby, Jakobsson, & Hedenrud, 2014).

Content of preventive home visits of older adults

The aim of preventive home visits is to improve the quality of life in older people. The tasks of community health nurses in Slovenia are described as follows (Pravilnik za izvajanje preventivnega zdravstvenega varstva na primarni ravni, 1998; Berčan & Krajnc, 2016):

- Preparing for field work (family documentation, health education materials, nursing aids),
- Conducting physical examination of older adults (weight, height, mobility, health status, mental state) and checking their vital functions, pain assessment,
- Performing health education activities with families and older adults (nutrition, care, independence, possibility of arranging meals through a service provider, health insurance rights, protection of older adults, arranging nursing home admission or household assistance, support to improve the quality of life, education about diseases, referrals for regular check-ups, familiarisation with associations and non-governmental organisations, health education for the family and older adults with a view to strengthen and maintain health and prevent illness, support for early disease detection, coordination of nursing of care at home),
- Ensuring continuity of care,
- Reviewing knowledge and awareness of the use of prescribed therapy and other medications and dietary supplements,
- Assessing the immediate and wider environment: architectural arrangement, hygienic condition,
- Assessing the threats of domestic violence,
- Implementing infection prevention measures,
- Assessing the individual's social and economic situation and supporting them in resolving troubled

situations,
- Supporting family relationships,
- Providing information about other services and coordinating care,
- Informing the physician and other agencies as necessary.

Providers of PHVs to older adults in Sweden must follow a protocol consisting of 12 elements (Behm, Ivanoff, & Zidén, 2013):
- Providing information, advice, and guidance on a basic (balance) workout programme including exercises,
- Performing fall risk assessments, providing prevention checklists and information and advice on how to identify fall risks and how to stay active and safe,
- Providing information and advice on technical aids and housing changes, and, if necessary, information on where and to whom to turn for help,
- Providing information and advice about the use of smoke detectors, and, if needed checking the smoke alarm,
- Providing information on the help and support services available in the municipality (volunteers, churches, missions, health centres etc.), and on who to contact for help in case of health problems and illnesses, as well as opening hours and contact information,
- Providing information on the possibility of making an appointment with a pharmacist to check and advise on the patient's medication,
- Providing information and advice on incontinence,
- Presenting and delivering a brochure with information on Swedish legislation and the possibilities of professional counselling and assessment of driving capacity,
- Providing information and advice on what the municipality can offer in the form of local meeting places, activities run by local associations, such as physical exercise for older adults and various workshops, different types of help and support provided by volunteers or professionals,
- Offering participation in activities, group visits to local meeting places, courses in digital technology, clubs for seniors, gyms for seniors, Nordic walking groups, etc.,
- Providing information on public transport, including busses adapted for (older) people with disabilities,
- Providing information on the Social Services Act, and who to contact in the municipality to apply for home care services.

In Sweden, community health nurses provide advice and support to patients, families, and other carers individually or in groups (Sherman, 2012). They also provide information on how older adults can contact the appropriate institutions in case of other problems (Dahlin-Ivanoff et al., 2010).

Discussion

The comparison of PHV provision between Sweden and Slovenia based on our literature review and document analysis shows that Slovenia may have a better legal basis for a more comprehensive and earlier implementation of PHVs, as these are offered to people who are ten years or more younger than in Sweden, which also means better maintenance of well-being and earlier detection and prevention of problems and diseases in older adults. In Slovenia, older adults are entitled to two PHVs from the age of 65 onwards. In Sweden, PHVs are generally promoted from the age of 75 onwards; however, the entry age and the number of PHVs depend on the person's region of residence and are based on a decision by the district council together with the municipality. With the expansion of prevention programmes in Slovenia in 2021 (Horvat, Mihevc Ponikvar, & Krajnc, 2021), PHVs to older adults are available to all people aged 65 and over regardless of their social status or presence of disease. Community health nurses identify risk factors and provide more PHVs if needed.

Sweden has a different organisation of PHVs and more experience in researching, providing, and adapting PHVs to older adults and might therefore be more successful, as is indicated by its population's longer life expectancy and healthy life years. Sweden could be more aware of the importance of PHVs and seems to provide timely preventive services at home, at least in some municipalities. Through the municipality-based organisation of preventive services, they can adapt interventions to meet people's needs, there is perhaps more democracy and opportunities for personalisation of PHVs. In Slovenia, primary health care is the responsibility of municipalities, but they have not been actively involved in the provision of PHVs (Albreht et al., 2016). It would therefore be sensible to encourage them to take a more active role in assessing the needs related to health and well-being of all citizens, including older adults.

Activities of Slovene community health nurses are primarily focused on prevention. However, it is difficult to determine the amount and successfullness of the preventive services provided from the available data. In practice, preventive and curative services are interwoven (Krajnc, 2016), and the preventive part of services cannot always be properly documented (Hrovatin, Govc-Eržen, Medved, Milavec Kapun, & Horvat, 2015). Statistical data for Slovenia (Petrović & Zavrl Džananović, 2021) show that in 2019 PHVs accounted for only 14.9% of all community health nursing services in Slovenia (of which the share of PHVs to older adults accounted for only 1.7%). In the last decade, there has been a considerable decline in PHVs to older adults (by 71%). Other healthcare services are characterised by a focus on and rapid development of curative services, and therefore also by

the provision of better technical and financial support.

In terms of content, PHVs in Slovenia and Sweden are very similar in that their focus is on health education of older adults and their families through the provision of information about other services, activities, and organisations. The content of health education is not specified in detail. This could depend on individual providers or established doctrine. In Slovenia, the content of PHVs focuses more on physiological health (e.g., physical examinations, nutrition). In Sweden, a slightly more pronounced promotion of social health and active living was observed, which is also evident from the established protocols (Löfqvist, Eriksson, Svensson, & Iwarsson, 2012). The new upgrade of PHVs in Slovenia seems to focus more on social health (Horvat et al., 2021). According to a study conducted in Norway, this focus may be correct, as poorly perceived health was associated with health-related risks among older adults at home, suggesting that preventive health programmes need to focus on social and lifestyle factors (Fjell et al., 2018). Health promotion, risk prevention and better social participation need to be addressed during PHVs (Nivestam, Westergren, Petersson, & Haak, 2020, 2021). Based on the results of a study conducted in Sweden (Sherman, Söderhielm-Blid, Forsberg, Karp, & Törnkvist, 2016), it would be useful to examine the effects of improved PHVs to older adults and to dynamically adjust the scope and content of PHVs in Slovenia as well.

The new instructions for community health nurses in Slovenia highlight the role of different preventive services for patients, families and/or significant others, which include different tests and assessments (Horvat et al., 2021). According to the conclusions of a Swedish study (Lannering, Lannering, Ernsth Bravell, & Johansson, 2017), a structured preventive process only partially facilitates different healthcare providers (including nurses) to improve the quality of care. The assessment tools were not considered to be close to reality. Based on these findings, it would be beneficial to investigate the usefulness of the newly included assessment tools in PHVs to older adults in Slovenia.

In Sweden, although community health nurses play a significant role in ensuring safe medication management for older adults, this role is not sufficiently recognised (Lagerin, Törnkvist, Nilsson, Johnell, & Fastbom, 2020). In Slovenia, this is part of PHVs in relation to adherence to the medication plan but not in relation to dealing with polypharmacy and inappropriate medication use. Due to the increasing multimorbidity and the resulting higher number of prescribed medications also in Slovenia, this aspect should be included more in PHVs to older adults.

The educational level of Swedish community health nurses is higher than that of Slovene community health nurses. As a rule, they must complete a one-year specialisation for district nurses (primary health care specialisation), during which they acquire additional knowledge, including that needed to prescribe medications and medical devices (Jangland et al., 2014), which is also the case in 11 EU countries and the United Kingdom (Maier, 2019). In Slovenia, there is a noticeable lack of specialisation for community health nursing, as there are only nine nurses with this specialisation (Zavrl Džananović, 2018). Thus, there is a clear need to reintroduce it and to determine the content and areas of urgently needed specialised knowledge and competences for these nurses. Following the example of Sweden and other EU countries, Slovene community health nursing could also include competences for prescribing medical devices and medications from a limited list. Therefore, Swedish community health nurses are independent and competent providers and have the highest competence level among professional home care providers (Josefsson & Peltonen, 2015). In Slovenia, the transfer of competences from physicians to community health nurses would decrease the burden on physicians, improve the adaptation of interventions to older adults at home and thus reduce the burden on the health system.

According to Slovene documents (Železnik et al., 2011), community health nurses are coordinators of all forms of care and assistance for patients at home. They can identify patients' needs for different services, make assessments and give advice on finding relevant providers. In practice however, they do not have the authority to coordinate the work of different providers. The importance of integrated and coordinated services at home are recognised by the newly adopted Long-Term Care Act (Zakon o dolgotrajni oskrbi, 2021), and now community health nurses have the possibility to take the position of coordinators.

A Swedish study (Brobeck, Odencrants, Bergh, & Hildingh, 2013) shows that while community health nurses would like to conduct PHVs, especially with older adults with or without symptoms of illness, they feel that those who are already ill need more of their time. For better quality of care, it is necessary to identify barriers, facilitators and dilemmas in order to improve the training of PHV providers and promote the development of this field (Lagerin, Törnkvist, & Hylander, 2016).

In both countries, there is a general awareness of the importance and benefits of PHVs for older adults. In Sweden, PHVs have been evaluated as a very cost-effective approach (Sahlen, Löfgren, Mari Hellner, & Lindholm, 2008) that promotes health and quality of life in old age, as well as patients' feelings of safety and being well informed (Gleason, 2017; Nivestam et al., 2020). Nurses are recognised as suitable professionals for health promotion (Kemppainen, Tossavainen, & Turunen, 2013), but there is a need to ensure an appropriate organisational culture in nursing as an important factor for a successful implementation of health education and health promotion. Therefore, more time and resources are required to develop successful health-promotion initiatives.

PHVs to older adults have a wide range of positive effects on patients and their families, which go beyond reducing societal costs (Zingmark, Norström, Lindholm, Dahlin-Ivanoff, & Gustafsson 2019), although some studies (Brettschneider et al., 2015; Liimatta, Lampela, Kautiainen, Laitinen-Parkkonen, & Pitkala, 2020) argue against their cost-utility. According to a Finnish study, PHVs provided by a multidisciplinary team have a positive effect only on health-related quality of life in older adults (Liimatta et al., 2020). For more successful PHVs, comprehensive geriatric assessment, follow-up visits, and a focus on the younger population are important (Tourigny et al., 2015). When developing preventive community/home-based nursing interventions, aspects such as programme duration, frequency of visits, providers and age of the target group should be considered.

Sweden has one of the best healthcare systems in the world, and the longest life expectancy and healthy life years in Europe (Eurostat, 2021). In 2019, Slovenes rated their health significantly worse than their Swedish peers (OECD, 2021a). Regardless of community health nurses' efforts to improve the health of older adults, a culture of health and well-being across the lifespan needs to develop among Slovene citizens. There are many factors that influence a person's health and well-being. In Slovenia as well, the sole activity of community health nurses might have only a limited impact on the health of older adults.

This qualitative comparative analysis provides an opportunity to explore new and diverse possibilities for mutual learning through examples of appropriate and effective PHVs to older adults. It provides an opportunity to reflect on the transformation of existing approaches. Through timely preventive services, we can repay older adults for their contribution to a better society during the active phase of their lives.

The results of this study should be interpreted with caution. Nevertheless, the comparison increases the explanatory power for inductive conclusions: Would preventive services for older adults in Sweden also work in Slovenia? This also increases the power of a deductive explanation: What are the exceptions to the generalisation? It would be particularly useful to modify the Swedish examples of good practice before successfully transferring them to the Slovene context.

Conclusion

Our literature review shows that there are several levels of differences between the two countries. There are significant differences in eligibility requirements for PHVs between the countries compared, and clear differences between community health nurses who in Sweden have higher educational levels and a broader range of competences. We see room for improvement in Slovene community health nurses' specialisation and acquisition of knowledge and competences that would allow for their greater independence in working and prescribing medical devices and medications from a limited list. There are several opportunities for further research in Slovenia, including research on the impact of PHVs on older adults, the implementation of evidence-based prevention interventions, and the examination of community health nurses' attitudes towards preventive healthcare services.

Conflict of interest/Nasprotje interesov

The authors declare that no conflicts of interest exist./Avtorice izjavljajo, da ni nasprotja interesov.

Funding/Financiranje

The study recieved no funding./Raziskava ni bila finančno podprta.

Ethical approval/Etika raziskovanja

No approval by the National Medical Ethics Committee was necessary to conduct the study due to the selected research methodology./Za izvedbo raziskave glede na izbrano metodologijo raziskovanja dovoljenje ali soglasje Komisije za medicinsko etiko ni bilo potrebno.

Author contributions/Prispevek avtorjev

MMK – introduction, methods, results, discussion, and conclusions/uvod, metode, rezultati, diskusija in zaključki

NM – research conceptualization, paper review and final approval/konceptualizacija raziskave, pregled prispevka in končna odobritev

SH – introduction, methods, results, discussion/uvod, metode, rezultati, diskusija

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Cite as/Citirajte kot:
Milavec Kapun, M., Meglič, N., & Hajdarevic, S. (2022). Comparison of community health nurses' preventive home visits to older adults in Sweden and Slovenia: A literature review. *Obzornik zdravstvene nege*, 56(3), 209–221. https://doi.org/10.14528/snr.2022.56.3.3107