


The Value and Impact of a Health Café Organized by Primary Care Physician, On Visitors, Clinics, and the Community: A Qualitative Study

Journal of Primary Care & Community Health
Volume 13: 1–7
© The Author(s) 2022
Article reuse guidelines:
sagepub.com/journals-permissions
DOI: 10.1177/21501319221088668
journals.sagepub.com/home/jpc


Yuta Oishi^{1,2}, Daisuke Son^{3,4} , and Satoko Hotta¹

Abstract

Introduction: Reflecting the rapidly aging society, there has been a worldwide increase in the number of health cafés and dementia cafés which can provide a variety of support to people with illnesses and their families in the community. Nevertheless, health cafés organized by primary care physicians are rarely reported, and the social value of these activities has not yet been fully elucidated. **Objectives:** This study was aimed to investigate the value and impact that the health café organized by the primary care physician, brings to the visitors, the clinic, and the community. **Methods:** Conversations between the author (YO), who belongs to a medical clinic that has been operating for many years in Shizuoka City, and visitors of the health café were qualitatively analyzed using Steps for Coding and Theorization (SCAT), which is a sequential and thematic qualitative analysis technique consisting of 4 steps. **Results:** Sixteen people participated in the study. The values and impacts of holding a health café were social support, opportunities for cognitive and behavioral changes, complementary functions to outpatient care, advantages for medical care, the creation of encounters with diverse individuals, connections with local community organizations, and motivating visitors to become proactive actors. **Conclusion:** It was considered valuable for physicians in community-based medical clinics to have opportunities to interact with patients and local residents outside the clinical settings. Because they can potentially enhance their role as primary care physicians in the community. In addition, the impact on the community is that local residents can receive social support, increase community ties, and make people more proactive about their health.

Keywords

community clinics, primary care, health café, qualitative research, Steps for Coding and Theorization

Dates received: 16 December 2021; revised: 25 February 2022; accepted: 26 February 2022.

Introduction

In 2015, 8.5% of the world's population is aged 65 and over. This older population of 617 million is expected to increase by an average of 27 million a year over the next 35 years, reaching 1.6 billion in 2050, 16.7% of the world total population by then.¹ The leading causes of death have been shifting because of noncommunicable diseases on the rise.¹ Healthcare professionals are often unprepared to deal with the healthcare needs of these older population, therefore, there is a need for changes in health care system to meet the needs of an aging society all over the world.² Japan's population is currently aging at a rate unparalleled in the world, and the number of elderly people requiring medical care and nursing care for dementia, heart failure, and other chronic diseases is expected to increase rapidly.^{3,4}

In response to these changes in a rapidly aging society, the activity of health cafés has been increasing worldwide.^{5–8} The health café has been implemented since the 1990s as a form of science café, and it raises health awareness among local residents through interaction between local residents

¹Keio University, Fujisawa, Kanagawa, Japan

²Oishi Clinic for Internal and Cardiovascular Medicine, Aoi-ku, Shizuoka, Japan

³Tottori University, Yonago, Tottori, Japan

⁴Hino Hospital, Hino-gun, Japan

Corresponding Author:

Daisuke Son, Department of Community-Based Family Medicine, Faculty of Medicine, Tottori University, 86 Nishi-cho, Yonago, Tottori 683-8503, Japan.
Email: sondtky@gmail.com



and professionals.⁶⁻⁸ It is a place that anyone can participate in a casual setting, such as a restaurant, local pub, bookstore, library, or coffee shop, and enjoy an engaging conversation with a specialist on a health-related topic. For example, at the University of Connecticut, the Health Café series regularly brings together scientists, physicians, health policy makers, local governments, and the community at large to discuss a variety of health topics, including diet, exercise, and mental health.⁵ Health Cafés can serve as an effective forum to promote community understanding, trust building, and community empowerment, especially among groups with health disparities.⁵ In addition, health cafés can increase participants' health literacy. Studies that systematically assessed the confidence of health café participants in multiple concepts of health literacy showed statistically significant increases.^{6,7}

Dementia café is another form of health café for people with dementia that has emerged against the backdrop of an aging society.⁹⁻¹² They were first developed and started in the Netherlands since 1997.⁹ Most dementia cafés are provided mainly by the voluntary sector, and these staff organize activities, welcome participants, serve refreshments, and generally provide support. The activities available vary but may include music, singing, quizzes, gardening, and information provision. In Japan, dementia café has been implemented in various communities, medical institutions, and other venues since 2012 with the backing of the Ministry of Health, Labour, and Welfare. According to a nationwide survey of 1477 dementia cafés in Japan, it became clear that for the people with dementia, it is a place where they can enjoy meetings and activities, and for the family members of people with dementia, the benefits of the café are that they can receive counseling and advice and meet with peers.¹⁰ Other qualitative studies for participants of dementia café revealed that it provides a relaxed, welcoming atmosphere where carers can go where they feel supported and accepted.^{11,12}

However, it is not clear how health cafés in the form of primary care physician-hosted events affect the community and how these activities affect the primary care function of physicians. Many previous studies on health cafés and dementia cafés were organized by the civic sector, and even if physicians participated they were not the organizers. One reported example of a mobile health café in Japan, hosted by family physicians, suggested that it could provide informational support to those who are indifferent to health and serve as a place where multi-generational residents could connect, but it was not conducted as a study.¹³

Therefore, this study was aimed to examine the value and impact of the health café organized by the primary care physician on local people and the community. In addition, we aimed to see what impact such community-oriented activities would have on clinics and primary care function when organized by the primary care physician. This study

may provide a model for primary care physicians to enhance their social functions.

Methods

Overview of the Oishi Café

The Oishi Clinic for Internal and Cardiovascular Medicine is located in the Takajo area of Shizuoka City, has been in operation for over 100 years, and is where the first author (YO) works (as of June 2021). In July 2020 the first author (YO; a general physician/cardiovascular physician) started a monthly health café in the community, called the Oishi Café. The Oishi Café project is an activity where the author and others set up a small mobile café in the courtyard or parking lot of the clinic in Shizuoka city, and serve coffee and other drinks to passersby while casually chatting and talking about health. Shizuoka City is experiencing an aging population with an increase in the elderly population along with a decrease in population. In particular, the aging rate is 30.7% in 2021, the second highest among ordinance-designated cities in Japan, making it an urgent issue to deal with the super-aging society, such as increasing demand and costs related to medical and nursing care.¹⁴ The “Yatai Café/Mobile Stall,” which is similar to our activity, reported that they have a “small-scale multifunctional” role in connecting local residents with medical care and medical professionals, besides providing health consultation services to local residents.¹³

With the cooperation of the author, friends, staff, and architects, we remade a chest of drawers from the author's house to create the mobile café. After the completion of the mobile café, we set up the café once a month, mainly in the courtyard of the clinic or in the parking lot, and hosted the Oishi Café beginning in July 2020, for a total of 10 times as of June 2021 (January and May 2021 were canceled due to the COVID-19 pandemic). The health café is open to the community and serves coffee and other beverages to passersby while casually chatting and talking about health. Initially, the author and a friend (a nonmedical person) started the event, but since then, various people have volunteered to help out, such as pharmacists, osteopaths, public health nurses, local tea farmers, and vegetable farmers. The participants are of all ages, that is, from children to the elderly (Figure 1).

Participants and Data Collection

Visitors to the Oishi Café who had conversations with the first author (YO) and who gave consent to the study were included. The inclusion criteria were those who visited the health café and agreed to participate in the study, and the exclusion criteria were children and those with verbal communication difficulties such as patients with dementia. One



Figure 1. Health café “Oishi Café” in the Takajo area of Shizuoka.

hundred twenty people were asked to participate in the study, and 16 agreed to participate. The author interviewed the visitors through casual conversation (unstructured interview method). After consent was obtained, the conversation was recorded by an IC recorder. A verbatim transcript was made from the recorded conversations.

Data Analysis

Steps for Coding and Theorization (SCAT) were used for the data analysis.¹⁵ Since the author (YO) is the organizer of the Oishi Café and is a physician who belongs to the clinic where the café is held, we assumed that we could elucidate the interactions with visitors, including subjective experiences, through qualitative analysis. Additionally, SCAT is relatively easy to conduct even for beginners of qualitative research and, since the analysis process is explicit, the validity of the analysis can be constantly checked.¹⁵ The analysis method consists of a 4-step coding process as follows.

1. Focused words from within the interview text.
2. Words outside of the text which are replaceable with the words from 1.
3. Words which explain the words in 1 and 2.
4. Themes and constructs, including the process of writing a storyline and offering theoretical descriptions that weave together the themes and constructs.

This method can be applied to the analysis of small-scale data or to an example of open-ended questionnaire responses. The significance of this method is suggested in its explicit process of analysis, the smooth guidance toward the steps of analysis, the enhancement of the reflective

quality of critique and falsifiability, and the integration of theoretical coding and qualitative data analysis.¹⁵

In the above process, the analysis was conducted mainly by the first author (YO) under the supervision of the coauthor (DS), who is experienced with SCAT. Then, the appropriateness of the theme names and the structure of each theme were determined and finalized through discussions among the 3 authors.

Ethical Considerations

This study was conducted with the approval of the Ethics Review Committee of the Graduate School of Health Management, Keio University (Approval Number: 2021-1). The subjects were informed in advance that their cooperation in the study was voluntary, and written consent was obtained from all participants. Permission to publish was also obtained from all the people in the photo of Figure 1.

Results

In this study, 16 people who visited the health café and had conversations with the author (YO) participated in the study. Table 1 shows the categories and the theoretical descriptions of SCAT. Attributes of participants and the storylines of the conversations are shown in Supplemental Table 1.

Social Support

The function of social support, which is the support exchanged in the relationship between the staff of the health café and visitors, was elucidated using SCAT. Social support was categorized into emotional support, solidarity support, material support, and informational support. The author (YO) mainly provides informational support not only in the outpatient clinic on a daily basis but also in the health café: “the health café is a place to provide information support for visitors’ issues.” Additionally, the support provided at the café was found to include emotional, solidarity, and material support: “the health café is able to be more attentive to the patient by placing more emphasis on listening than outpatient clinics,” “the café helps people by focusing on listening rather than outpatient care,” and “the café provides a place where people can show off their hobbies.”

Opportunities for Cognitive and Behavioral Transformation

The analysis clarified that the smoothness of interpersonal communication effectively triggers cognitive and behavioral changes in the clients: “conversation at the health café

Table 1. Categories and the Theoretical Descriptions of SCAT.

Categories	Theoretical descriptions
Social support	<ul style="list-style-type: none"> - Emotional support: the health café is able to be more attentive to the patient by placing more emphasis on listening than outpatient clinics. - Solidarity support: the café will be able to help people by focusing on listening rather than outpatient care. A health café serves a role as a link between community members and medical care. It is also possible for connections to develop through mutual cooperation with other community organizations. - Material support: the café provides a place where people can show off their hobbies, connect with new people, and exercise (provision of exercise space). - Informational support: conversations at the health café provide stress relief, emotional support, and medical and professional information. The health café provides visitors with information and support for their issues.
Opportunities for cognitive and behavioral changes	<ul style="list-style-type: none"> - Conversation at the health café increases the smoothness of communication between individuals and thus can provide the visitors with more opportunities for behavioral change and a sense of acceptance. - Conversations at the café increased behavioral intentions to undergo a physical checkup, and the behavioral change was actually made afterward. - The conversation at the café can provide visitors with an opportunity to change their behavior and can make them feel satisfied with improved communication between individuals. - A health café is a place where people can meet new people and share information. - A health café can be a place to connect with new people, exercise, improve self-efficacy, and promote behavioral changes and maintenance.
Complementary functions to outpatient care	<ul style="list-style-type: none"> - The health café can be a gateway to health care for people who are indifferent to their health and dislike hospitals. - For those who are indifferent to their health or dislike hospitals, the health café provides more psychological security and safety than hospitals, making it easier to discover the reasons for indifference toward health care or dislike of hospitals. - The conversations at the health café led to increased interest in health among those who were indifferent to their health. It also contributed to the motivation of the welfare committee members, who are usually involved with the local people's health. - Continuous participation in the health café ensures the safety and security of the participants and helps the medical staff to understand the real reasons people do not visit hospitals (social determinants of health). - A café is a place where it is easy to talk about money issues (social determinants of health) that are difficult to talk about in day-to-day outpatient settings. - Communication at the health café differs from communication on the phone, through SNS, or with outpatients, in that it provides a sense of freedom, allows people to talk easily, and prevents depression. - Communication at the café has a complementary function to that of the outpatient primary care physician. - Communication at the café with the primary care physician may be effective in improving outpatient communication with the primary care physician. - Health café communication, friend communication, and outpatient communication have different roles, and they complement each other. - If the first conversation takes place at a health café rather than in a doctor's office, the patient and the doctor will have a better understanding of each other, and the doctor-patient relationship and the patient's psychological safety and security will already be in place.
Advantages for medical care	<ul style="list-style-type: none"> - Doctors who work in local clinics will be able to promote their clinics by operating the health café. - The health café will also attract more patients.
Creation of encounters with diverse individuals	<ul style="list-style-type: none"> - The health café is a place to connect with new people, exercise, improve self-efficacy, and promote behavioral changes and maintenance. - A health café is a place for social networking, but it is also characterized by the comfortable psychological distance between the people being networked. - The health café is a place to meet, chat, and allow for diversity in how you meet others and who you meet. - A health café is a place where people can make friends with others and can bring friends.
Connections with local community groups	<ul style="list-style-type: none"> - By hosting the health café, you can discover community organizations in the region that you don't know about. - The health café is a way to find community partners. - Collaboration with other local groups can complement each group's challenges and shortcomings, leading to the growth of the community. - Interaction among organizations may be effective in creating a community where people of multiple generations are involved.
Motivation for visitors to become proactive actors	<ul style="list-style-type: none"> - By participating in the activities of the health café, participants can become supporters, and supporters can become co-creators. - Participation in the health café will stimulate one's desire to contribute. - A café is a place where you can demonstrate your desire to contribute. - Participation in the health café will stimulate your desire to contribute and encourage you to participate as a communicator, on the basis of the purpose of the activity and the actions of the people around you. - By participating in the activities of the cafés, people will be motivated not only to use them but also to contribute to them. - As engagement increases, the way people interact with the café changes, and they change from being recipients of information to being proactive senders.

increases the smoothness of communication between individuals, and thus can provide the visitors with more opportunities for behavioral change and a sense of acceptance.” In fact, a visitor who was unsure about having a physical checkup decided to have 1 after visiting the café: “conversations at the café increased behavioral intentions to undergo a physical checkup, and the behavioral change was actually made afterward.” Additionally, behavioral changes were triggered not only by conversations with the staff but also by conversations among visitors, indicating that the smoothness of communication was not limited to the staff–visitor relationship but was also present in the dynamic interactions among visitors: “the conversation at the café can provide visitors with an opportunity to change their behavior and can make them feel satisfied with improved communication between individuals.”

Complementary Functions to Outpatient Care

Many theoretical statements were constructed using SCAT, such as “the health café can be a gateway to health care for people who are indifferent to their health and dislike hospitals,” which shows the potential of the health café as a point of contact for people who feel barriers to visiting a hospital. Additionally, the health café may make it easier for the staff to explore the patients’ social determinants of health: “for those who are indifferent to their health or dislike hospitals, the health café provides more psychological security and safety than hospitals, making it easier to discover the reasons for indifference toward health care or dislike of hospitals.” The study also revealed complementary functions between the health café and outpatient care, such as potentially building a good doctor–patient relationship and smooth communication with patients: “if the first conversation takes place at a health café rather than in a doctor’s office, the patient and the doctor will have a better understanding of each other, and the doctor–patient relationship and the patient’s psychological safety and security will already be in place.”

Advantages for Medical Care

The study revealed advantages for medical practitioners and medical institutions, such as the possibility of bringing new patients to the clinic by encountering the doctor who work there at the health café: “doctors who work in local clinics will be able to promote their clinics by operating the health café.”

Creation of Encounters With Diverse individuals

The “creation of encounters with diverse individuals” was observed at the café: “the health café is a place for social networking, but it is also characterized by the comfortable

psychological distance between the people being networked” and “the health café is a place to meet, to chat, and to allow for diversity in how you meet others and who you meet.”

Connections With Local Community Groups

It became clear that operating a health café in the city has led to encounters between local community groups as well as individuals and that “connections with local community groups” have also been realized: “there are community organizations in the region that you don’t know about, and you can discover them by hosting the health café,” “the health café is a way to find community partners,” and “collaboration with other local groups can complement each group’s challenges and shortcomings, leading to the growth of the community.”

Motivation for Visitors to Become Proactive Actors

There are repeat customers who visit the café many times, many of whom have shown increased “motivation to become proactive actors” that contribute to the café: “by participating in the activities of the health café, participants can become supporters, and supporters can become co-creators,” “participation in the health café will stimulate one’s desire to contribute,” “as engagement increases, the way people interact with the café changes, and they change from being recipients of information to being proactive senders.”

Discussion

In this study, we identified 7 ways in which the health café organized by the primary care physician adds value and impact to the local community: by providing social support, providing opportunities for cognitive and behavioral change, serving complementary functions to outpatient care, providing advantages for medical care, creating encounters with diverse individuals, forming connections with local community groups, and motivating visitors to become proactive actors. The findings of this study provide insight into how community-based health care organizations can interact with patients and local people outside of the health care institution.

As previous studies on health cafés⁵⁻⁷ and dementia cafés¹⁰⁻¹² had shown, health cafés organized by physicians were also found to provide social support, mainly informational and emotional support, to their visitors. In addition, the results are consistent with previous studies in that the health café provides an opportunity to raise awareness of health, to change cognition and behavior, to interact with other visitors, and to meet a variety of individuals. However,

the novelty of the results of this study is that if the health café is organized by a physician, it can function as a complement to outpatient care. This may be due to the fact that communication between doctors and patients in a medical institution has limitations, and in a health café, they can talk in a more relaxed atmosphere.

The report article of the “Yatai Café/Mobile Stall”¹³ which is also the physician-hosted health café cited lessons learned by medical professionals. The location where the survey was conducted is a local area (Yanaka, Nezu, and Sendagi) in Tokyo, where relatively old buildings and cultural customs of the people still remain. Within a 2-week period, they approached over 200 visitors to the mobile health café and received questionnaire responses from 15 people. Local residents responded that they were grateful for the health café because they wanted something different from public medical institutions, that they did not want to go to hospitals but they would like to go to the health café, that it was a place where they could talk about themselves easily, and that they could make new connections there. It is reported that health cafés have a “small-scale multifunctional” role, such as a function to provide health consultation to local residents, a function to connect local residents with medical care, and a function to connect medical professionals with each other.¹³ The results of the current study, such as the categories “creation of encounters with diverse individuals” and “connection with local community groups,” show similar results to the previous study that the health café activity has various functions and creates opportunities and places to get to know diverse people for medical professionals as well.

The American Academy of Family Physicians states that “the care is person-centered, team-based, community-aligned, and designed to achieve better health, better care, and lower costs” in its definition of primary care.¹⁶ In other words, primary care provides individual and family-focused and community-oriented care for preventing, curing or alleviating common illnesses and disabilities, and promoting health.¹⁷ As described above, besides examining illnesses in hospitals, primary care physicians’ roles include providing care through health-promoting activities in the community. In this study, providing social support and forming connections with local community groups were revealed as functions of the health café, potentially leading to “good doctor–patient relationships” and “building trusting relationships with patients and local residents.” The complementary functions of the health café and outpatient care are an important part of the image of a primary care physician that is desired by patients and by medical associations. Thus, it could be said that doctors who belong to local medical institutions may potentially enhance their role as primary care physicians in the community by engaging in health café activities.

Additionally, because a health café can provide an important point of contact with patients outside of a doctor’s

office and offer encounters with a variety of people who cannot be met in a doctor’s office, the values and influences revealed in this study may be expanded by medical professionals stepping out of the doctor’s office and into the wider community, without limiting their interactions to the activities of health cafés. Nevertheless, there are potential obstacles to stepping out into the community, such as busy schedules of physicians, and a lack of understanding from the clinics to which the physicians belong. In addition, there are gaps in coverage of these activities by medical fees in Japan, because community-oriented activities such as health cafés, which are not part of the public welfare or long-term care services, are usually not paid by the government. We expect that this study will encourage doctors, especially those practicing in the community, to go beyond the doctor’s office to reach community members.

We used SCAT as a method of data analysis, which may not be widely recognized. SCAT is a qualitative data analysis method developed in Japan; however, it is relatively easy to perform using an Excel sheet without using any software. It has been used and validated in many international papers since 2013.^{18–22} The analysis process is clear, and the method of describing the storyline and theorization process is similar to grounded theory approach, but simpler. The strength of SCAT is that the analysis process can be recorded stepwise explicitly, and the credibility, dependability, and confirmability of the analytical data can be guaranteed.

One of the limitations of this study might be that the only participants were community members who were highly conscious of coming to or contributing to the health café since this was an analysis of conversations with visitors to the health café. Thus, the generalizability of the results is limited. Additionally, the first author (YO), who practices at Oishi Clinic, conducted the interviews, and it may have been difficult for patients to express negative opinions, especially if they regularly visit the clinic.

Future research is expected to include studies to follow up on local residents who have visited the health café over a long period of time, or studies to examine the ripple effects on the community by investigating the impact on local residents where the health café is held.

In conclusion, it was considered valuable for physicians in community-based medical clinics to have opportunities to interact with patients and local residents outside the clinical settings. Because they can potentially enhance their role as primary care physicians in the community. In addition, the impact on the community is that local residents can receive social support, increase community ties, and make people more proactive about their health.

Acknowledgments

We would like to thank all the study participants for their willingness to cooperate with us in this study.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

ORCID iD

Daisuke Son  <https://orcid.org/0000-0002-7053-162X>

Supplemental Material

Supplemental material for this article is available online.

References

1. He W, Goodkind D, Kowal PR. An aging world: 2015. *Int Pop Rep*. 2016;95:1-165.
2. World Health Organization. *World Report on Ageing and Health*. World Health Organization; 2015.
3. Okura Y, Ramadan MM, Ohno Y, et al. Impending epidemic future projection of heart failure in Japan to the year 2055. *Circ J*. 2008;72(3):489-491.
4. Nakanishi M, Nakashima T. Features of the Japanese national dementia strategy in comparison with international dementia policies: how should a national dementia policy interact with the public health- and social-care systems? *Alzheimers Dement*. 2014;10(4):468-476.e3.
5. Lo WHK, Laurencin CT. Health café series: a potential platform to reduce health disparities. *J Racial Ethn Health Disparities*. 2020;7(4):592-594.
6. Ahmed S, DeFino MC, Connors ER, Kissack A, Franco Z. Science cafés: engaging scientists and community through health and science dialogue. *Clin Transl Sci*. 2014;7(3):196-200.
7. Ahmed SM, DeFino M, Connors E, Visotcky A, Kissack A, Franco Z. Science cafés: transforming citizens to scientific citizens-what influences participants' perceived change in health and scientific literacy? *J Clin Transl Sci*. 2017;1(2):129-134.
8. Balls-Berry JE, Sinicropo PS, Valdez Soto MA, et al. Using garden cafés to engage community stakeholders in health research. *PLoS One*. 2018;13(8):e0200483.
9. Miesen BM, Blom M. The Alzheimer's Café: a guideline manual for setting one up. 2001. Accessed February 25, 2022. http://pt.cvirtual.org/sites/default/files/site-uploads/experience/u15/Alzheimer%20Caf%C3%A9_Guia%20de%20implementaci%C3%B3n_EN.pdf
10. Takechi H, Yabuki T, Takahashi M, Osada H, Kato S. Dementia cafés as a community resource for persons with early-stage cognitive disorders: a nationwide survey in Japan. *J Am Med Dir Assoc*. 2019;20(12):1515-1520.
11. Greenwood N, Smith R, Akhtar F, Richardson A. A qualitative study of carers' experiences of dementia cafés: a place to feel supported and be yourself. *BMC Geriatr*. 2017;17(1):164.
12. Takechi H, Sugihara Y, Matsumoto H, Yamada H. A dementia café as a bridgehead for community-inclusive care: qualitative analysis of observations by on-the-job training participants in a dementia café. *Dement Geriatr Cogn Disord*. 2018;46(3-4):128-139.
13. Son D, Mitsuyama T, Morimoto Y. Mobile stalls pulled by family physicians: a community-based salutogenic project using mobile stalls. *Official J Japan Prim Care Assoc*. 2018;41(3):136-139. (Japanese).
14. City of Shizuoka. Shizuoka statistics. Accessed January 18, 2022. <https://www.city.shizuoka.lg.jp/000879665.pdf>
15. Otani T. A proposal of SCAT, a qualitative data analysis method with 4-step coding: theorization procedure that is easy to start and applicable to small-scale data. *Bull Grad Sch Educ Dev Sci Nagoya Univ*. 2008;54(2):27-44. (Japanese)
16. American Academy of Family Physicians. Primary care. Accessed February 9, 2022. <https://www.aafp.org/about/policies/all/primary-care.html>
17. Shi L. The impact of primary care: a focused review. *Scientifica*. 2012;2012:432892.
18. Zhang LF, Fang SS. Joint purchase service system research based on user needs. *Appl Mech Mater*. 2013;423-426:1823-1826.
19. Mitsuyama T, Son D, Eto M. Competencies required for general practitioners/family physicians in urban areas versus non-urban areas: a preliminary study. *BMC Fam Pract*. 2018;19(1):186.
20. Dashtseren A. Teacher's pay and poverty in Mongolia. *Asian J Manag Sci Educ*. 2019;8(4):47-57.
21. Hayashi M, Son D, Onishi H, Eto M. Contribution of short-term global clinical health experience to the leadership competency of health professionals: a qualitative study. *BMJ Open*. 2019;9(7):e027969.
22. Hidayat T, Susanti R, Zhuhra RT. Family perceptions toward Muslim corpses management of COVID-19 patients in Padang City. *J Midwifery*. 2021;6(2):80-87.