[SPEAKER_03]
Hello, listeners, and welcome to today's episode of the Supporting Resilience in Healthcare podcast.
I'm Charleney Freuland from the Support for Resilience project, and together with my co-host Hilda Bölling, who's deputy manager of the project, and our fantastic colleagues in the Netherlands, Roland Baal and Martijn Felder, we are ready for an exciting conversation about the importance of understanding and mapping different health systems within our project.
If you're joining us for the first time, Support for Resilience is all about helping healthcare leaders create better workplaces.
We're developing, testing and rolling out a practical research-based toolbox to improve working conditions and support the mental well-being of healthcare workers and informal caregivers.
The goal, it's a stronger, more resilient elderly care system that works better for everyone.
So let's dive right in.
Hilda, over to you.

[SPEAKER_02]
Thank you, Shalini.
And hello, everyone.
I'm Hilda Böhrling, deputy manager of the Support for Resilience project.
And in this episode, we are talking about how we can approach understanding and mapping of different health care systems in this large scale international project.
To truly strengthen resilience in elderly care, we need to recognize the unique challenges and opportunities in different countries' healthcare systems.
And that's why we worked on gathering structured information from our partner countries, which helps us compare and learn from each other.
We started this process at Project Startup in March last year, and it was concluded in September 2024.
With us today are Roland Baal and Martijn Felder, who has been leading the work on data analysis of the data from the different health care systems.
Roland is a health care system governance expert and Martijn specializes in the organization of health care work.
They've been diving into the details on how elderly care is organized across our partner countries.
So let's start with our first question.
Early in the Support for Resilience project, we developed a context mapping tool where the involved researchers fill in different characteristics of their elderly care system.
Roland, can you describe what context mapping is?

[SPEAKER_01]
Yeah, sure, Helda.
Thanks for that question.

You know, when we study the ways in which organizations work to become more resilient, it's very important to get an understanding of the context in which they are doing this.

For example, when organizations face difficulties in finding employees because of general labor shortages,

This creates a different condition than in situations where such shortages do not exist, or to a lesser extent.

Also, external regulations as to budget or quality frameworks might matter for an organization, or whether they find themselves in competition with other organizations or are part of a more collaborative system.

So, with context mapping, we try to get a grip on the circumstances under which organizations work on their resilience,

For international comparative projects like S4R, it's really important to gather these insights as countries differ widely in the ways in which they care for older persons is organized and regulated.

For instance, some countries rely more heavily on informal caregivers and caring for elderly birth people, whilst in other countries elderly care is much more institutionalized.

Moreover, some countries are highly decentralized with municipalities or regional governments as dominant actors, while others are organized at the national level.

The importance of getting insight into these conditions matters both for interpreting the results of the activities of organizations and to give policy advice, for example, in relation to the implementation of the S4R Toolbook.

Context mapping can then be done at several levels, and it's important to keep these in sight.

For a comparative study like S4R, it's, of course, important to understand the similarities and differences at the national level between countries.

But when you want to understand how organizations work, it's also important to understand their regional context as well as their internal one.

For example, what is the population they are serving?

What is the tradition of the organization?

With context mapping, we just try to bring that layered context into perspective.

[SPEAKER_02]
Martijn, when we started this project, we wanted to make sure that we collected the right kind of information.

From your perspective, what information is most important when trying to understand the similarities and also the differences between healthcare systems?

[SPEAKER_00]
Yeah, thanks for that question, Hilda.

I think that to map the layered context that Roland was just referring to, it is important to think of context mapping as an explorative exercise, one in which you try to cover the different institutional and organizational layers that matter for, in our case, the conditions under which elderly care organizations work on becoming more resilient.

On a national, systemic level, we are for instance interested in factors such as laws and regulatory frameworks in place to regulate elderly care and the kind of authorities involved in that process.

But on this level, we are also interested in more subtle insights

For instance, in terms of whether these systems are more state-centered or based on the principles of regulated competition, whether the regulation of elderly care services is more centralized or decentralized, as Roland was just referring to as well, or whether elderly care relies more on formal care arrangements, such as in Norway and the Netherlands, or more on informal carers, such as in Spain and Romania.

But also on this national level, we are interested in some general numbers that can tell us something about the challenges elderly care organizations are facing in these different countries.

For instance, in terms of workforce shortages.

Mapping such challenges can be done by looking at average sick leave percentages, turnover rates, and open vacancies, for instance.

On the level of individual elderly care organizations, so more on the organizational level, we are interested in the types of services such elderly care organizations provide, their structural characteristics such as the size and nurse-patient ratios, as well as workforce specific characteristics in terms of range of years of experience of the employees and levels of training of healthcare professionals working in elderly care.

In Norway, for instance, the majority of elderly care professionals have had training on bachelor level, whereas in the Netherlands, most elderly care professionals are trained at a vocational level.

Also on this level of organization, we are interested in more subtle qualitative data, such as how organizations work on and support quality and leadership practices within their organizations.

Also, their previous experience with quality improvement and workforce issues are of importance here, as well as the policies they already have in place.

All this data for the context mapping can be partly gathered from national, regional and local websites, as well as from relevant professional stakeholder organizations.

But to better understand regulatory and organizational culture, we also need data from interviews with relevant actors.

Because much of this data is language and context sensitive, it is therefore essential that researchers from the different countries are participating in this mapping exercise.

[SPEAKER_02]
Thank you, Martin.
That was clarifying.
Roland, I have a new question for you.
Beyond just comparing healthcare systems, how does this data help shape the toolbox and resource bank to better support healthcare leaders and policymakers?
And then we are not just gathering this information for ourselves.
So how do we plan to share what we learned with others, both inside and outside of the Support for Resilience project?

[SPEAKER_01]
Yeah, thanks for that question, Hilda.

And that's a very important issue.
So in the project, we seek to develop a toolbox that can be used by elderly care organizations and team leaders more specifically to improve well-being of staff and organizational resilience and to maintain quality of care under changing circumstances.
Because every organization is different, context mapping is essential to make sure that interventions developed are translated to and situated in a specific context in which they should make a difference.
Moreover, we assume that contexts are not fixed.
With this, I mean that leaders can influence the situation in which they are working.
For example, they could negotiate different HR policies with their leaders or different ways in which budgets are allocated.
and higher management can negotiate with external actors such as payers and regulators, but might also work together with educational organizations to develop programs for specific professionals or to attract more students.
So, whereas context is important as it impacts on the organization, it is also something which can be worked upon.
What we do in the project is to try to make leaders reflexive on such possibilities, but also we know that many are already working on such things.
So we also try to learn from them.
And then, of course, within S4R, we also have scientific goals, and we want to understand better how different contexts work out on the resilience of organizations, and at the same time, how organizations can create context and improve their resilience.
So we want to build theories and tools that can also be translated to other countries and other organizations.
And, of course, we will publish about those.
We have further podcasts.
website, etc.

[SPEAKER_02]
Thank you.
So this is highly valuable information that we gather in the context mapping tool.
A new question for you, Martijn.
I know the analysis of the data from the context mapping tool is still ongoing.
But can you share some of the key findings from the data we collected so far?

[SPEAKER_00]
Of course, Hilda.
Thank you very much.
Indeed, we have collected a lot of data, so we're now trying to get some insight into the patterns that are emerging from it.
So far, we have focused on the differences between national contexts, and what is interesting to see is that despite large differences between the systems in place in these countries, all of them struggle with the same challenges and have more or less similar strategies to deal with them.
So those challenges relate to workforce shortages, especially amongst nurses and in some countries also medical specialists in elderly care.

We see that sick leave percentages remain high across countries after the COVID-19 pandemic and that many healthcare organizations struggle with the high turnover of personnel.

And this means that even if organizations succeed in getting new employees, many of them also leave the organization after a relatively short time.

But next to workforce shortages, we also see that the integration of care services is a problem in many countries, especially with more and more elderly living at home with the need for both acute care in hospitals, home care, as well as social support.

Even though we sometimes think that such challenges are system-specific, for instance fragmentation being induced by the principles of regulated competitions, as we have in the Netherlands, some of these challenges also seem to be more persistent across regulatory systems and cultures.

Also interesting is the observation that the countries we included in our context mapping seek to follow similar strategies to deal with these challenges, despite their different systems.

Most of them, for instance, place more weight on aging in place policies and a higher reliance on and support for informal caregivers.

But most countries also have created specific platforms to integrate different elderly care services.

And technological innovation is coined everywhere as a strategy to organize and provide elderly care more efficiently.

It must also be said that some countries are already much further in integrating technologies in the profession of elderly care.

Think for instance about telemedicine, e-health applications and digital monitoring systems to enhance efficiency and accessibility and support for aging in place.

[SPEAKER_02]
Thank you.
So you can kind of say that they have more or less the same challenges, but they have different strategies to kind of… But also, it sounds like they do have some similar strategies, too, if the focus is on aging in place.

[SPEAKER_01]
Yeah, but then you see, of course, that they are implemented in different ways because the context differs.
And so what works in one country does not always work in another.
So they have to be really situated.
And for example, sharing of information is more difficult in a competitive system than in a collaborative system.
And so we have to think of ways in which we can make sharing of information to be more natural also in competitive systems.
But that, of course, needs sort of situated analysis.
And this is why we need to build on what we have gained now in order to translate that further into what the organizations can do.

[SPEAKER_03]
Absolutely.

[SPEAKER_02]
And even though we can observe a trend of globalization in research where projects involve different countries and more partners, context mapping is not necessarily as common in these projects.
So Roland, as healthcare research becomes more global,
Collaborations across countries are increasing, but detailed healthcare systems mapping isn't always a standard part of a project like this.
How do you see the need for this kind of work evolving in the future?

[SPEAKER_01]
Yeah, I think that's a really important question because, yes, there is globalization and you could say that, you know, we can also see that countries are more also, for example, within the European are more turning towards each other, looking at each other.
But I guess that there will always remain a need for context mapping nonetheless.
Actually, in many projects, looking at the efficiency or effectiveness of interventions in healthcare,
context is often ignored, and this is detrimental to learning.
If something is described as a best practice, we often don't know what conditions are there to make them best practice.
And when you then try to implement them in other situations, you will find that either you run into implementation problems or the interventions are no longer effective, as they do not work well in a different setting.
There are many examples of this happening.
So understanding context and the ways in which organizations can work to create the conditions that are needed for better performance, therefore, just remains crucially important.

[SPEAKER_02]
Thank you.
That is really helpful.

[SPEAKER_03]
If I could ask a question, Roland, because, well, this is something actually Martijn brought up, that there is a tendency to use more e-health applications, digital monitoring systems and so on to encourage and support aging in place.
So the countries that are in this project, I'm assuming that we're at varying levels of technological adoption and so on.
But will this be a necessity regardless, given workforce shortages that Europe will be facing?

[SPEAKER_01]
Well, again, I would say it matters very much in what kinds of context you are implementing them.
So I think for our countries like Norway and the Netherlands, home monitoring and telemedicine are sort of probably necessary technologies to start working with.

Also, it's also possible because we have a very strong professional home care systems in which they can actually work.
And so primary care is well developed within both the Netherlands and Norway.
But this might be different in other countries, right?
So whereas the technological conditions in
and say Romania are different, we will have to look into other ways.
For example, everybody has a mobile phone all across the world, so you might want to use different types of technologies or you might want to use different sort of informal structures
in which you can do sort of similar things, but in slightly different ways.
So this is something that we have to explore and want to explore during the project in order to improve also elderly care in countries like Romania.

[SPEAKER_03]
Thank you.
That was a really enlightening answer.

[SPEAKER_02]
Yeah.
And I think this has been such a great conversation.
Roland and Martijn, thank you so much for sharing your valuable insights.
Understanding and mapping of different healthcare systems is a crucial part of our project.
It is foundational for the toolbox we develop and for the policy recommendations.
And it has been exciting to explore what we learned so far and how this work is evolving.

[SPEAKER_03]
Absolutely.
And thank you to everyone listening.
Thank you, Roland.
And thank you, Martijn, of course.
If you are interested in learning more about the Support for Resilience project, please subscribe to our podcast, follow our work on our website, and do keep an eye out for upcoming publications and events.
That's all for today.
Until next time, take care and have a nice evening.