

# Differences in regional networks around healthcare internships

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# Content



- Healthcare education in the Netherlands
- Background collaborative networks
- Theoretical framework
- Case study method
- Preliminary results and conclusions



# Healthcare education in the Netherlands (1/3)

- Shortage staff<sup>1</sup>  
2020: 28.000  
2030: 117.000
- Educational field: possible solution





# Healthcare education in the Netherlands (2/3)

- Educational system in the Netherlands for vocational education

1997: inservice → regional educational center (ROC)

Ground rules on national level (ministry OCW, SBB)

Ministry left regions (that were not defined) to collaborate on changes in the vocational educational system



# Healthcare education in the Netherlands (3/3)

## Coordination issue<sup>1</sup>

- 40-50% of educational tracks are internships
- Healthcare: different sectors (hospital, home care, elderly care, mental healthcare)
- Healthcare as well as educational institutes differ in terms of size, how they are organized, therefore every region is different.
- bilateral contact – collaborative network



# Background Collaborative Networks

- Many definitions: relationship of a set of actors that for example exchange of information, giving advice, offer services<sup>1</sup>
- Collaboration in networks is getting more common<sup>2</sup>  
regional networks are expected to provide solutions examples:  
reducing childhood obesity, healthcare for patients with complex illnesses
- Challenging process, only 20 - 40% still exists after 3 years<sup>3</sup>

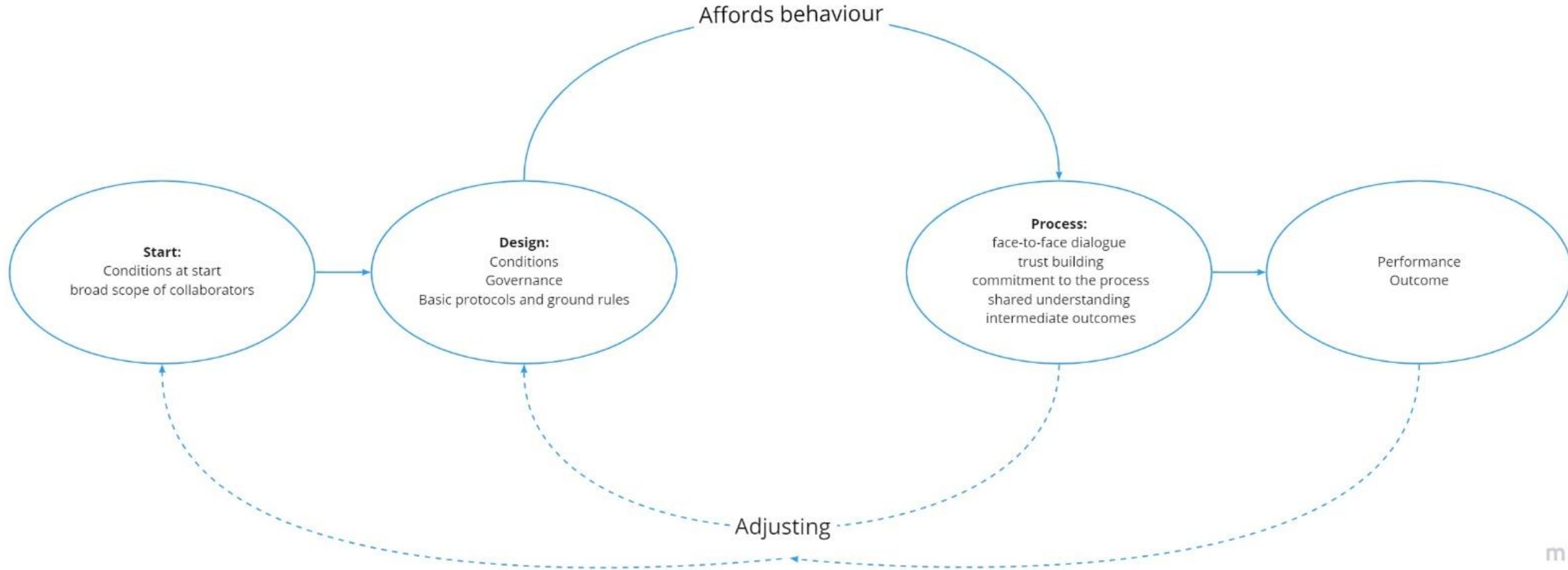
# Research question



*what is a successful way to arrange networks  
with a view to achieving their goals?*

Goal in the networks I studied: to improve the level of internships in vocational health education

# Theoretical framework (1/3)





# Theoretical framework (2/3)

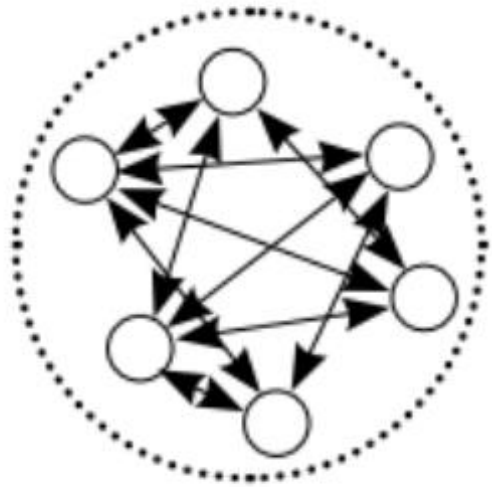


- Conditions for reciprocal behaviour
  1. connectivity
  2. multi-layered relationships
  3. interdependence
  4. future perspective

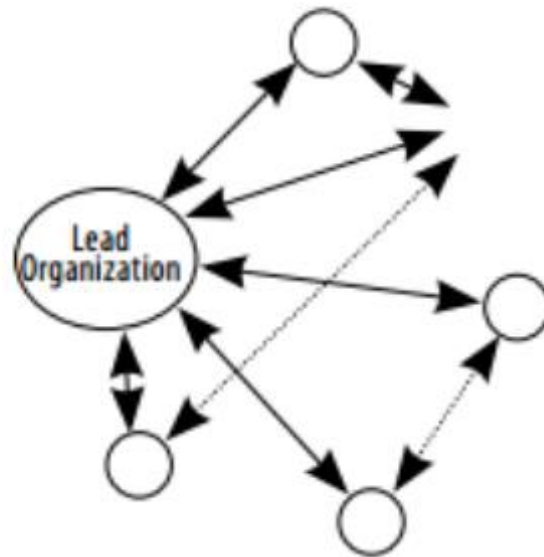
# Theoretical framework (3/3)



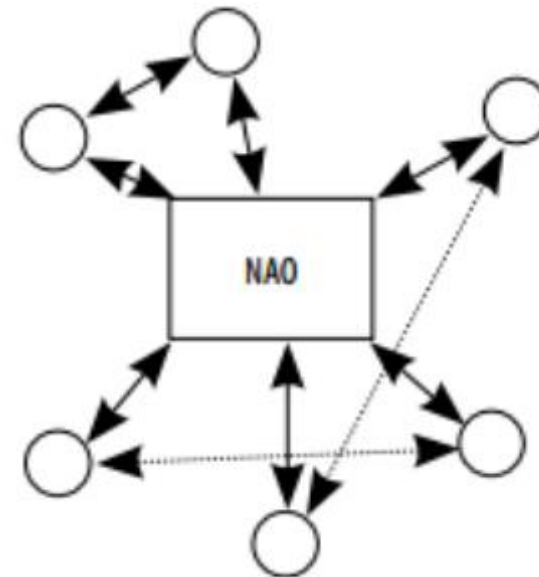
- Governance models



Shared governance network



Lead organisation



Network administrative organisation

# Case



- Collaborative networks around healthcare internships
- Main actors: educational institutes, healthcare/internship institutes, SBB (Collaborative organization for vocational training and industry)
- Comparing 4 regions

# Method



- Mixed-methods

1. Interviews

2. Documents/websites (desk research)

3. Open source data

# Characteristics of the regions



	Leeuwarden	Groningen	Utrecht	Rotterdam
Duration	unknown	25 year	20 years	10 years (3 for online internship tool)
Estimation of number of collaborators	10	125	70	30
Diversity collaborators	low	high	unknown	high
Governance	Self-regulating	NAO	Leader/NAO	NAO
Context	Rural area	Rural area	Urban area	Urban area

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# Preliminary results



Region	Network oriented	Governance	Enhanced internship opportunities Via (online tool of) network
Groningen	Highly	NAO	91%
Rotterdam	Highly	NAO	75-80%
Utrecht	Partly	Leader organization	26%
Friesland	Rarely	Shared governance	0%

# Preliminary conclusions



- Wide variety in these networks: network oriented, governance, time of existence, percentage of internships arranged via use of an online tool

	Friesland	Groningen	Rotterdam	Utrecht
Erkende leerbedrijven (SBB)	2019	3156	2929	2755
Actieve leerbedrijven (SBB)	985	1559	1513	1326
gestarte bpvo's BOL (SBB)	3611	5473	6142	3620
gestarte bpvo's BBL (SBB)	1359	2354	2550	2519
aantal zorgstudenten BOL (DUO)	2222	4048	4142	1914
aantal zorgstudenten BBL (DUO)	1391	1908	2470	2107
<b>Aantal bpvo's per BOL student (SBB/DUO)</b>	<b>1,63</b>	<b>1,35</b>	<b>1,48</b>	<b>1,89</b>
Aantal bpvo's per BBL student (SBB/DUO)	0,98	1,23	1,03	1,20

# Next steps



- PPMG (perspectives on public management and governance)
- Next article: add another sector: technology