Waves towards harmony

IMPACT

If you ask me about the impact we have made with our research, my thoughts directly go to many casual conversations I've had over the past couple of years: with colleagues over lunch, with friends and family at parties, and with fellow choir members in the pub. These conversations have helped me to reflect on how my work relates to others. Thus, for the impact chapter, I have chosen to write down a conversation I could have had with one of my peers, in which I implicitly answer the following questions:

1) What was the main objective of the research described in this dissertation and what are its most important results and conclusions?
2) In what ways do the results from this research contribute to science, social sectors and to social challenges?
3) To whom can the results be of interest/relevance and why?
4) In what way can these target groups be involved and informed about the research results, so that the knowledge gained can be used in the future?

Oh, so you did a PhD? What was it about?

In border regions, people cross borders on a daily basis for all sorts of things, for example for groceries, family visits culture, or gasoline. Additionally, people in these regions cross borders for healthcare. They do so because healthcare could be better, cheaper, faster or just closer than it is in their own country. When this happens, patients, nurses and doctors will notice differences in healthcare between countries. However, we know little about how these differences relate to challenges and opportunities to collaborate in healthcare.

For this reason, we talked to patients, nurses and doctors about their experiences with cross-border healthcare. They told us there are many differences between countries that cause challenges in cross-border healthcare. Some are easy to recognize; people speak a different language, use a different IT-system, or work with different procedures. Others are less obvious. Because of differences in education, organization and culture, ways in which patients, nurses and doctors interact with each other, differ between countries. These differences are not necessarily a problem, but it can be confusing when people expect things to be the same.

Sounds like something you cannot really do anything about.

Well, imagine taking a bite out of something that you expect to be sweet, but it is salty instead. If you did not know, you might be disappointed or even upset (and spit it out if

no one is watching). But if someone would tell you beforehand, 'You might think this is sweet, but it's actually salty', you probably will not mind so much.

If you are aware of differences, you are much better prepared to deal with them. For this reason, we thought it would be helpful if patients, nurses and doctors understood the differences in healthcare between countries. You could do this by simply telling them the differences, but not every cross-border healthcare situation is the same. In some cases, people do not understand a word of what the other says, while in other cases, dialects are so similar to each other that language is not even an issue. For every single situation, patients, nurses and doctors have to recognize themselves what the differences are, and find ways to deal with them. Therefore, to help nurses and doctors – we call them healthcare professionals – in cross-border healthcare, we did not tell them the differences, but we described ways in which they can identify these differences themselves. Most importantly, they need to sit together, discus what goes well and what could be done better, and think about ways to improve how they collaborate.

Okay, problem solved than?

As they say in German: Jein. Yes and no. These differences are fluid. So those discussions about differences, which we by the way facilitated in educational interventions, need to take place more than once. Actually, I think it should become much more a part of healthcare. I know, it sounds a little vague… If something does not go the way we expected it to, our response is often to 'get over it' as soon as possible. I think that to improve, we need to recognize those moments, and take time to learn from them. That is a bit uncomfortable at first, but if people do that more often, it can become part of their routine. Learning to collaborate across borders is not something we can just do. It is something we need to keep doing.

I am a little surprised. What is the 'science' in this?

People have asked that more than once… I would say that the science is in the way I connected theory and practice. In thinking about different ways in which we can improve cross-border healthcare, I relied both on practical experiences *and* on educational theory. But such theoretical ideas had not yet been used in these cross-border healthcare situations before. I had to translate them into interventions and see if they still worked.

For example, we knew already, from other research, that if we want people with different backgrounds to learn to collaborate, they need to see what their shared goal is; what

they could achieve if they collaborate. They also need to understand what contributions different people have to that goal and learn to adapt their own expectations and contributions accordingly. To support that process, we wanted healthcare professionals discuss their experiences with the people they actually worked with across the border. Our idea was that even if they do not see each other that often, this would help them understand each other's roles, and understand and improve how things were going. These theoretical ideas, learning together and learning from and for practice, worked quite well in our cross-border healthcare situations, but we also noticed some things that did not work. We found that although healthcare professionals can learn *together* about cross-border healthcare, they will not always learn to *collaborate* in cross-border healthcare. We may need to have a closer look into this difference and the impact it has on how we design our education.

Ah, I see... I think... Do you have other examples?

Sure. I mentioned earlier that we really wanted healthcare professionals to recognize what they needed for their own cross-border healthcare situation, right? I initially thought it would be enough to ask them to bring their own experiences to the intervention, and have them learn from those. I could use the same tasks and ask the same questions to different groups of healthcare professionals. But these situations may simply be too different to use the exact same intervention. A group of nurses and doctors that barely see each other may need a different preparation and different tasks than a group of physicians who see each other weekly. Of course, they can still learn from and for their own situation, but we need to consider *how* they can do this, given the context.

So healthcare professionals should just get the support they need to learn.

Yeah, but they are not the only ones who can learn from this. After all, everyone living in the EU can be(come) a patient in cross-border healthcare. Some patients do this very consciously. They weigh their different options, with or without the help of a doctor, and *decide* to go abroad. Others get into accidents and have no say in where they are going. What a patient can do, will differ each time. Still, I noticed that patients actually have a unique perspective. I learned that they are often the only one seeing healthcare on both sides the border. I think it is important that patients are aware of this, too.

If those patients are aware that they are a valuable source of information, they can help healthcare professionals to identify the differences I talked about earlier. That is of course easiest if you are asked to talk about your experiences, but even if no one asks, you should still try to voice things that you found remarkable. Explain to your doctor

or nurse what surprised you, and what you would have liked to know beforehand. That way, they can prepare the *next* patient better than the previous one.

Hmmm... So many different ideas. What is your conclusion then?

I think it is important to listen to each other, understand what is going on and see how you can adapt to each other. Sure, agreements on what to do in certain situations help a lot, but to collaborate, you need to keep listening to each other and adapt to changes. It is actually not unlike singing in a choir. To sing together, scores might help you to know what you need to sing and the conductor will give you cues on when to sing. But to really sing a song together, you need to listen, understand what the other singers are doing, and adapt to that while also sticking to your own part. Just like learning to sing in a choir, learning to collaborate means learning to constantly and collaboratively reflect. Educational interventions, when consciously designed, can support stakeholders in healthcare from different countries to learn and improve together.

It is so interesting that someone actually does research about this... Do others know about it?

I am always happy to hear that. I really enjoy sharing it with people, and had multiple opportunities to do so over the past years. For one, we used all this research to make those interventions I mentioned. One of those, a workshop we made for doctors in their residency training, is still provided in the hospital. Next to that, we have written a couple of scientific articles about our work. I presented these and organized discussions at conferences in different countries too. I even presented our work at an expert round table on a European regulation for cross-border healthcare, for the European Commission. We also informed people with our project website (www.safepat.eu) and social media. I made a flyer for patients in the region and we recorded some videos in which we talk about our work. We really invested in our visibility. Actually, we are also working on a new project, called COMPAS, in which we hope to take this idea of learning together in the region further. In such future projects, I also hope to learn more about what people are actually doing, and work together with them to develop new educational interventions in which we fine-tune these ideas further.

You know, conversations like these are very helpful too. Oftentimes, when I talk about our work, people share their own experiences with me, and I get new ideas from that. I am curious to hear what you have to say about this. Let's get another drink, shall we?