## Health and healthcare organizations in a changing society; A travel report from a higher education course.

### Introduction and context

Management in Healthcare is a BSc program in the Hanze University in Groningen, the Netherlands. In the first year, students learn to understand the world of care and well-being. During the second semester of this first-year students gain insight into how care was organized in the past, how it's organized in the present and the dilemmas that this entails. Themes such as the welfare state, healthy aging and the participation society are discussed. In addition, we take a look into the possible futures of healthcare. Also, students investigate how healthcare is organized abroad. One part of the study program is developed and lectured by honours students. In this part of the program students are linked to patients, their relatives, and direct caregivers. The aim of this part of the course is that students gain insight in the lives of patients, beyond their diagnosis. This results in a portrait of 'the person behind the patient'. In addition, students participate in learning workplaces where they practice state-of-the-art communication, and they attend colleges about customer-oriented organization.

From a first experiment with "learning in complexity", the following learning questions remained (see our previous blog It's a wicked world – ECOLAH):

- How do we cope with the paradox between innovating in the system versus systems innovation? How do we translate this paradox into our lessons and the whole curriculum? How do we 'start with complexity' with first year bachelor students?
- How do we facilitate collective learning that goes beyond the classroom setting?
- How do we offer sufficient guidance when learning in uncertainty, especially for first-year students?

#### **Summary**

**Course name Year**Healthcare in a changing society

Number of students 36

Period 10 weeks, Feb-Apr 2023

Study load 15 ECS

Contact hours +/- 150 hours

**Exam** Magazine (portfolio)

Number of external lecturers 2 Number of teachers 3

Learning outcomes

- The student knows the most important concepts, phases and system revisions in the history of care and welfare from the last century to the present;
- The student can describe various dilemmas from the perspective of system theory, such as 'care as a right or care as a facility', and explain the paradigm shift in his own words;
- The student recognizes innovative and international developments in healthcare and welfare in the context of the shift from emphasis on illness and care to emphasis on behavior and health;
- The student can visualize his message using state of the art communicative means to tailor it to a specific group;
- The student makes concrete recommendations, based on literature and observations, to improve the customer focus of a care and welfare organization;
- The student is able to reflect on himself as a person and as a student using examples of behavior from various training situations and is aware of the effect of the behavior on himself and others.







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## Lessons learned

# Lessons learned in terms of guiding principles

#### Switch the context: inside out and outside in

In the part 'Person behind the patient' students had to get to know the individual contexts of patients and their relatives. The assignment was developed and introduced by honours students. External stakeholders (elderly care home, rehabilitation center) provided students the context where they could get to know the patients. Students were confronted with the situation of patients, but at the same time they were challenged to focus on the individual and not the patient. Guest lectures were given by professionals from the participating organizations. After 8 weeks students presented a portrait of the person they had followed.

#### Relation with learning in complexity

In this part of the course students were challenged to see the system in which the patient, their relatives and the caregivers operate. It was an exercise in 'zooming-out': patients are more than their diagnosis.

Student: 'Now I see how, as a future professional, I can better meet the needs of the person instead of focusing on the patient.'

Student: 'A patient is more than his or her illness or medical file'.

## Illustration & quotes



Figure 1: portraits of the persons followed, presented by the students

"Een patiënt is meer dan een ziekte of een medisch dossier"

Figure 2: quote from a student

## Get to know the past and understand how this influences the present and future

Students learned how the health system is structured and which important developments and system revisions have taken place. By using tools like the Welfare Triangle and the DESTEP-analysis they gained insight in important periods and developments from past to present. This gave students better understanding about the healthcare system as we know it today.

### Relation with learning in complexity

Students were taken into the increasing complexity of the healthcare system as we know it today. Choices and patterns from the past and present are made visible in the current system.

Student: 'Knowing how healthcare was and is organized and what happened in the past helps me see and realize the present and the problems/challenges we see nowadays.

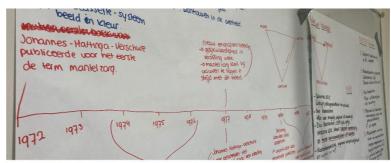




Figure 3: Timeline assignment, a view on healthcare from past to present

## See and sense in your direct environment

Students were encouraged to look for dilemmas about health and healthcare in the present and in their own surroundings.

## Relation with learning in complexity

Students realized the connections between for example the supermarket, advertisements, obesity and sustainability. Student: 'When you look closely then you will see dilemmas in healthcare all around you. Just take a look at the layout of the supermarket. See the plastics that pollute the waters everywhere. This all affects our health.'









Figure 4: Assignment 'visualize dilemmas'

## Health is in the eye of the beholder

How healthcare is organized differs per country. Students interviewed health care students from the USA about how care is organized in the USA and told them how care is organized in the Netherlands.

#### Relation with learning in complexity

Students broadened their knowledge about healthcare in an international perspective. They gained insight about how we define health and what this means in terms of how we manage health.

Student: 'The definition of health from the WHO no longer fits me. It would mean that I am not healthy because I have epilepsy. In my opinion, having a condition does not immediately take away all your health. I believe that health also has to do with a person's lifestyle.'



Figure 5: Infographic about healthcare in the USA

## "INSTEAD OF A HEALTHCARE SYSTEM WE HAVE A SICK CARE SYSTEM"

Deze citaat heb ik gekregen van de studenten uit de VS. De docent van deze studenten besprak dit een keer tijdens de les. Het zorgsysteem van de VS zit niet goed in elkaar, dit heeft ook gevolgen voor de behandeling van patiënten. De kosten van de gezondheidszorg zijn erg hoog, waardoor de drempel voor patiënten erg hoog kan zijn om hulp te vragen.

Figure 6: Quote from the interview with students from the USA

## Envisioning the future: a first introduction to futures literacy.

Students were introduced in the concept of futures literacy as a tool to challenge their assumptions about the future of care and health. In two assignments, students had to describe their expected future and their dreamed future about a sector in the healthcare sector.

#### Relation with learning in complexity

Futures literacy is an important capability for creating a better understanding about the role of the future. It enhances the ability to prepare, recover and invent as changes occur. It is a way of coping with the uncertainty that comes with complexity.

Student: 'My dreamed future for healthcare looks a lot more positive than the future I expect it to be.'



Figure 7: Introduction to futures literacy

## Become the context

Through experiential learning and by temporarily becoming an elderly person themselves, students gained better understanding of the needs of the elderly. Students were encouraged to go outside and experience simple daily activities while wearing the suit.

### Relation with learning in complexity

By becoming a part of the context students develop and train their empathy skills. They learn that from this point of view, new insights and ideas can emerge.

Student: 'It was really so hard in such a suit, I can now imagine much better what it is like to be an elderly person.'



Figure 8: Special suits for experiencing life as an elderly person

## Get to know other perspectives and arguments

During this lesson activity, students debated with each other and with teachers on the basis of provocative statements. Students were challenged by the facilitator to take turns and respond to each other and bring in new points of view.

### Relation with learning in complexity

Changing perspectives is an important skill for learning to understand the versatility of complex challenges. It is also an important step in embracing the uncertainty that comes with complex problems and all the different point of views. Student: 'This gives me a much better view of my future role as Manager in Healthcare and the challenges I will face.'



Figure 9: Debate in the classroom

## Reflection on learning questions

- How do we cope with the paradox between innovating in the system versus systemsinnovation? How do we translate this paradox into our lessons and the whole curriculum?
  - With this programme we broadened students understanding about the healthcare system, its strengths and its weaknesses. It is a step towards being able to understand and cope with the current system. At the same time, the program provides initial insights into the complex health care system and outlines the urgency for contributing to the mission for prevention and the importance of health. The focus of students on the 'disease system' shifts to a focus on a 'health system'. Students gained first insights in complex and complicated problems in the health system and the uncertainty that comes with complexity. They were challenged to adopt an open, curious attitude. Every student had the opportunity to work on this through a variety of assignments and class settings.
- How do we facilitate collective learning that goes beyond the classroom setting?
  - O The honours program for and by students turned out to be of significant added value. This added value was on several levels. Through the assignments, the students learned to step into the context of the patient and this provided them important insights. Students gained much more insight into the practice in which they will later work and the challenges that lie there. It gave them a new perspective on care and their own future role. The honours students learned to switch between the professional field, the students and the lecturers. They shared an important message with their fellow students: that it is important to submerge yourself into the context. That's exactly what you don't learn from the classroom setting.
- How do we offer sufficient guidance when learning in uncertainty, especially for first-year students?
  - Our experience is that, in addition to all didactic starting points, it is important to regularly talk about the relation of assignments, lectures and learning experiences of students with their future work. This calls for dialogue in which joint meaning is given to the insights gained. During the lessons we regularly facilitated this. We encouraged students to answer questions such as: What lesson do I learn from this? Why is this experience of added value to me? And why is that of added value for the other students? What do I take with me to my future role as a professional? It is these kinds of questions that teachers cannot answer for the student. Instead, they become meaningful through dialogue.