

# **Measuring Willingness in an International Healthcare Context: Exploring Germany and the Netherlands**



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June 18, 2018

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## Preface

This Master Thesis is the final requirement for my graduation as a Master of Science in Marketing at the Radboud University in Nijmegen. The trajectory of writing started in December 2017, and ended in June 2018. The thesis is about measuring willingness in an international healthcare sector, specifically about Germany and the Netherlands.

I combined writing this thesis with an internship at VieCuri Medical Centre, which I saw as a great opportunity. First of all to enhance the value of my master with practical experience. Second, to experience a business in the non-commercial sector, which I had never experienced before. I definitely learned a lot from this internship, which I can use in the future. I would like to thank Ward Verkuulen, for giving me the opportunity to be a part of VieCuri for the past six months. Next to that, I really want to thank Nicole Kessels-Theeuwen for her feedback, guidance, and mental support, which helped me a lot.

I want to thank Dr. Herm Joosten, and Prof. Dr. José Bloemer of the Radboud University. In particular for giving feedback and advice that was very valuable for me. There are even more people I would like to thank. First of all my family and friends for mental support in this hectic period of writing my thesis. Second, my colleagues at VieCuri who made me feel very welcome, and helped me when needed. Last but not least, the people of Städtisches Krankenhaus Nettetal. In particular Herr Schneider, and Herr Russmann, who gave me the opportunity to collect data at their hospital. I appreciate everybody who was a part of my master thesis trajectory, and who contributed to this final product.

Janine Faassen

17, June 2018

## **Summary**

This thesis is entitled: Measuring Willingness in an International Healthcare Context: Exploring Germany and the Netherlands. This research has been conducted in cooperation with VieCuri Medical Centre.

The purpose of this research was to investigate the willingness of German people to go to a Dutch hospital, namely VieCuri. Ten factors, based on existing literature, have been measured to determine the willingness. These factors are quality of the hospital, the offer of medical (sub-)specialisms, waiting time, distance, linguistic competence, trust, affective commitment, cultural sensitivity, insurances, and MRSA protocols. Some of these are important in case of healthcare, others are important in case of internationalization.

Data collection has been done based on a survey, which leaded to 157 responses. The population that was interest of this research were German people in the area of Nettetal, which is a city close to the border. The data have been analyzed based on an analysis of means and a multiple regression.

The analysis showed that five out of ten factors have a significant influence on the willingness to go to VieCuri. These factors are insurance, linguistic competence, MRSA protocols, quality of the hospital, and offer of medical (sub-)specialisms. These are summed up based on the strength of influence, of which insurance has the strongest influence and offer of medical (sub-)specialisms has the weakest influence.

# **Chapter 1: Introduction**

## 1.1 Tradability in the health care sector

Cooperation between German and Dutch hospitals is not very common, but it exists. Since 2014 Streekziekenhuis Koningin Beatrix Winterswijk has started a successful cooperation with Klinikverbund Westmünsterland in Germany (SKB, 2014). VieCuri Medical Center tried to start a cooperation with Städtisches Krankenhaus Nettetal, this project was called ‘Gross hilft Klein’, and it was focused on vascular surgery (Euregio, 2016). In contrast to the previous example, this project has been ceased, but both hospitals agree that the willingness to cooperate is still there. Furthermore, the Netherlands started a project, called Common Care. This is a large-scaled project to research possibilities of cooperation between German and Dutch hospitals on several aspects (Anneke Bosch, personal communication, 9-05-2018)

As the previous shows, **internationalization in medical services** is a growing phenomenon. Hospitals try to cooperate, and more patients seek a medical treatment abroad, even if there is high quality care available in their own countries (Veerasoontorn & Beise-Zee, 2010). The amount of traveling patients is growing, even though this is still a small percentage of the whole medical service market (Veerasoontorn & Beise-Zee, 2010). This phenomenon is often referred to as international hospital outshopping, and the patients are called medical travelers (Veerasoontorn & Beise-Zee, 2010). A medical traveler is: *‘a traveler whose primary and explicit motivation is to seek a medical treatment in foreign countries’* (Veerasoontorn & Beise-Zee, 2010, p. 249). It is important to distinguish medical travelers from medical tourist, medical tourists combine recreation with medical services (Veerasoontorn & Beise-Zee, 2010). A medical tourist’s treatment is less intensive than one from a medical traveler, most of the time it is limited to health screening or dentistry (Horowitz & Rosensweig, 2007). According to Veerasoontorn & Beise-Zee (2010) a medical traveler can be further divided into two groups, in-shoppers and out-shoppers. In-shoppers are people that already live abroad, like expatriates, and go to the hospital in that same country (Veerasoontorn & Beise-Zee, 2010). Out-shoppers are people that live in one country, but deliberately go to another country to go to a hospital (Veerasoontorn & Beise-Zee, 2010).

According to Mattoo and Rathindran (2006) **the tradability of health** care is depending on the **patient’s willingness to travel** abroad for health care. In the literature there are a lot of different factors that can influence the willingness of a patient. These factors can be determinant for a patients to go to a foreign hospital or not. Factors that stand out from health care literature

are quality of the hospital, waiting time, and distance (Sivey, 2010; Beukers, Kemp & Varkevisser, 2014). Quality of the hospital has been marked as a very important factor (Nelson, Rust, Zahorik, Rose, Batalden & Siemanski, 1992). According to Taylor and Capella (1996) important attributes of quality of the hospital are quality of care, quality of staff, and quality of the accommodation. Waiting time can be divided in the time a patient has to wait on a first consult, and in the time a patient has to wait on a treatment (Sivey, 2010). Distance is how far a patient wants to travel to a hospital, which also implicates the attainability of the hospital (Sivey, 2010). In retail literature, the importance of product assortment is stated (Carpenter & Moore, 2006), which can be transferred to the context of health care. In the health care sector it can be referred to as the offer of medical specialisms and sub-specialisms that are covered in the hospital (Taylor & Capella, 1996). Factors that are important in case of doing business on an international level are researched by Bloemer, Pluymakers, and Odekerken (2013). The ones that are important in this research are linguistic competence, trust, affective commitment, and cultural sensitivity. Linguistic competence refers to speaking the foreign language, and having a website in that particular language (Bloemer et al. 2013). Trust is the extent to which customers and company build fair, honest, and reliable relationships (Bloemer et al. 2013). Affective commitment refers to the willingness of the company to invest in the foreign market, and its customers (Bloemer et al. 2013). The last one is cultural sensitivity, this refers to being aware of the differences in doing business with foreign customers, having knowledge about the foreign culture, and the willingness to adapt (Bloemer et al. 2013).

In the Netherlands tradability is a big issue in general, because the Netherlands is a small country with an open economy, which makes export in general very important (Bijmolt & Zwart, 1994). The most important trading partner of the Netherlands is Germany (CBS, 2015). This in terms of exporting and importing goods, but also in terms of providing services to each other. Statistics show that German people visit the Netherlands for many different occasions, especially close to the border (CBS, 2015). Half of the total amount that is spent by foreign people is due to the Germans who spend their holidays in the Netherlands, German day trippers, students, and business people (CBS, 2015). Which is not that self-evident is a German visiting a Dutch hospital. When Germany and the Netherlands are doing business, there are some differences that need to be taken into account (Krockow, 2017). This can also apply for doctor and patient. The book ‘Zaken doen in Duitsland’ points on some of these differences, like mentality differences, cultural differences, differences in communication, and differences in norms and values (Krockow, 2017). The author shows that events of the past like World War

II are still delicate, which can differ per person (Krockow, 2017). People have prejudices about each other, and it is important to take them seriously when doing business.

## 1.2 VieCuri Medical Center

The hospital that will be object of research in this thesis is **VieCuri Medical Center** (referred to as VieCuri). This is a Dutch hospital, which has locations in Venlo and Venray close to the German Border, and three additional polyclinics in Reuver, Panningen, and Horst (VieCuri, 2017). VieCuri is available for people with different medical questions, within a lot of different specialisms and sub-specialisms (VieCuri, 2017). More information about the hospital is stated in the Appendix (Appendix 1).

## 1.3 Problem statement

As mentioned earlier, VieCuri tried to cooperate with Städtisches Krankenhaus Nettetal, which had to be ceased (VieCuri, 2017). However, the belief in this cooperation still exists, but there has to be done more research to get to know the needs and wants of German patients. What drives them to visit a certain hospital, and are they willing to go to VieCuri? The point which makes this cooperation challenging, is the fact that it is an international cooperation in the healthcare sector. Based on existing literature and practical consideration there are factors that can have an influence on the willingness of patients to go to a hospital, and factors that are important in case of internationalization. The willingness to go to a hospital will be in this research the willingness of German patients to go to VieCuri.

**The purpose of this research is to investigate what drivers are important in the international hospital context.** In particular what drivers are important for German patients, and whether these drivers lead to the willingness to go to VieCuri or not. Next to that it is important to see which factors have the biggest influence. This combination is important in order to give practical insights for VieCuri, and to add new knowledge to science. This results in the following research question:

***'Which factors influence the willingness of German patients to go to VieCuri Medical Center, and which of these factors is most important?'***

## 1.4 Practical relevance

The practical relevance of this research is to give insights to VieCuri whether German patients are willing to go to VieCuri, and what the underlying factors are for this decision. Based on previous research and practical considerations, factors that can influence willingness to go to a hospital will be mapped. Results of this research will show VieCuri whether the factors have a significant influence, and how big the influence of a factor is in comparison to the other factors. In case of cooperation with a German hospital, the factors with the biggest influence are important to focus on. Next to that, recently started projects like Common Care, show that internationalization in healthcare is really topical at the moment.

## 1.5 Theoretical relevance

There has been done research on factors that influence patients hospital choice, but there is only little research on patients hospital choice on an international level. The theoretical relevance of this research is to see which factors have an influence on the patients choice of a hospital in a foreign country. A lot of research has been done on internationalization, both in the manufacturing sector, and the service sector. Even though there has been done research in the service sector, research on healthcare in this topic stays behind. Therefore paying attention to this is important, to close the gap in science. The need for mapping factors that influence international hospital choice of patients can be fulfilled in this way.

## 1.6 Structure

This research will be structured as follows. First of all the literature review, this chapter will dig deeper into the theoretical concepts, hypotheses and it will end with the conceptual model. Second is the methodology, this will show how the research will look like in terms of the research strategy, and the survey that will be conducted. After that the analyses, and results will be discussed. The last chapter will include the conclusion, recommendations, limitations and suggestions for future research.

## **Chapter 2: Literature review**

This chapter will elaborate on the conceptual background, after that the hypotheses will be discussed, and finally these hypotheses lead to the conceptual model.

### 2.1 International hospital outshopping

**Hospital outshopping** has been researched quite a lot, but international hospital outshopping is relatively new (Veerasoontorn & Beise-Zee, 2010). It means that patients travel to a foreign country on purpose to get a medical treatment, which is referred to as a medical traveler (Veerasoontorn & Beise-Zee, 2010). It is important to distinguish between medical tourists and medical travelers. A medical tourist combines recreation with a medical treatment (Veerasoontorn & Beise-Zee, 2010). Palvia (2008) adds to this, that medical treatments of a medical tourist are limited in contrast to a medical traveler, think about dentistry. A medical traveler's main focus is on the medical treatment, and these can be differing from cancer treatments to hip replacement (Palvia, 2008). A medical traveler can be divided into in-shoppers and out-shoppers. In-shoppers are people who already live in a foreign country, like expatriates, these people also visit the hospital in that country (Veerasoontorn & Beise-Zee, 2010). Out-shoppers are the 'real' medical travelers, they deliberately seek for a medical treatment abroad (Veerasoontorn & Beise-Zee, 2010).

**Patients can have different reasons when it comes to international hospital outshopping.**

Horowitz and Rosensweig (2007) summarize a few important reasons for patients to travel abroad. The reasons they state are lower costs, waiting lists, and unavailability of procedures in the home country (Horowitz & Rosensweig, 2007). These reasons refer to unaffordable treatments in the home country due to insurances, simply waiting less longer, and having no other choice, because a treatment is not available in your home country (Horowitz & Rosensweig, 2007). These are only a few possible reasons for a patient to be willing to travel abroad, later there will be elaborated more on factors that could influence the willingness of a patient. In this research the willingness to go to a hospital abroad, is the willingness to go to VieCuri.

### 2.2 Willingness to go to VieCuri

Mattoo and Rathindran (2006) argue the importance of the tradability of health care, and that it is depending on the consumer's willingness to travel abroad for health care. The most repeating myth when talking about tradability in health care is: '*the sick cannot travel, so care must be delivered at home*' (Mattoo & Rathindran, 2006, p. 159). This is only partly true, because it

depends on the medical need a patient has (Mattoo & Rathindran, 2006). In the article of Mattoo and Rathindran (2006) there is been argued that in case of an emergency or physical incapability people need care close to their home, but that is not always the fact, for example with hernia repair. It also depends on personal willingness of a patient to travel abroad. The project on vascular surgery that VieCuri and Städtisches Krankenhaus Nettetal tried to start has failed so far. Failure of this project seems to be due to the unwillingness of Germans in this particular group of patients to go to a Dutch hospital (Martien Massoeurs, personal communication, 8 March 2018).

Statistics of VieCuri confirm that the amount of German patients who go to VieCuri because of medical reasons is very low. In 2017 VieCuri served 102.833 unique patients, of which 413 patients lived in Germany. Only 169 of these 413 patients were ‘real’ Germans in terms of not having a Dutch BSN. The other 244 patients could be Dutch people who live in Germany, but come back to the Netherlands for medical care (VieCuri, 2017).

In this research **willingness will be measured**, high willingness will indicate that German patients are possibly willing to go to VieCuri. The only question is which factors influence the hospital choice of patients. Due to own reasoning there can be assumed that most of the time people prefer to go to a hospital in their own country, because that is familiar to them. People have knowledge about the hospitals they have been to, most of the time in their own country. **They do not have knowledge about the unfamiliar hospitals, which means that they can only image how these hospitals will be. These perceptions can be either positive or negative, and can determine whether a patient will go to a certain hospital for a medical treatment or not. In this case there can be expected that most German patients are not familiar with Dutch hospitals.** Therefore it is important in this research to measure **perceptions of Germans about Dutch hospitals**. **Next to that, it is very important that the perceptions about Dutch hospitals are compared to what they think about German hospitals.** That comparisons is important because of one reason. A German can say: ‘I think that quality of a Dutch hospital is good’, but that doesn’t explain why they don’t go to VieCuri for example. If the German says: ‘I think that quality in Dutch hospitals is good, but that quality in German hospitals is better’, than it makes more sense why they make a certain choice to go to a German hospital.

## 2.3 Factors that influence the willingness to go to VieCuri and hypotheses

In this research it is important to take several factors into account which can influence the willingness to go to a hospital. There will be used factors that flow from research on hospital choice of patients in general, and there will also be used factors that are important in case of internationalization. As mentioned earlier, this research will measure perceptions. Due to comparing scales that have been used, high perceived difference means higher/longer/better for the Netherland, low perceived difference means higher/longer/better for Germany.

The first factor that has an influence on the willingness to go to a hospital is **quality of the hospital** (Nelson, Rust, Zahorik, Rose, Batalden & Siemanski, 1992). According to Nelson et al. (1992) important aspects of hospital quality are quality of care, quality of staff, and quality of the accommodation. Quality of care has a lot of different definitions, one common used definition is: '*the degree to which health services for individuals increase the likelihood of desired health outcomes and are consistent with current professional knowledge*' (Katz & Sangha, 1997, p.359). According to Larsson and Wilde-Larsson (2010) quality of care can be viewed from a patient's perspective. Important are the expectations and preferences of patients when it comes to quality of care (Larsson & Wilde-Larsson, 2010). Next to quality of care, it is important to highlight quality of staff, like doctors and nurses, as an indicator of quality of the hospital (Gooding, 1995). It has three important aspects, experience of staff, skills of staff and knowledge of staff (Gooding, 1995). Taylor and Capella (1996) elaborate on the importance of quality of accommodation of the hospital, like the building, parking lot, restaurant, and so on. There has been done research on hospital quality in the past, this leaded to several results. Nelson and colleagues (1992) investigated in the relationship between hospital quality and hospital performance. Results showed that a hospital with a high rating of hospital quality also has higher hospital performance than hospitals with lower ratings of hospital quality (Nelson et al. 2013). Varkevisser, van der Geest & Schut (2012) investigated in the relationship between hospital quality and patient hospital choice. The results showed that patients choice of a hospital is sensitive to hospital quality in a positive way (Varkevisser et al. 2012). In this research the focus is on the perceived quality of the patient, therefore the hypothesis is:

*H1: The perceived difference of quality of the hospital between German and Dutch hospitals has a **positive** effect on willingness to go to VieCuri*

The second factor is the **offer of medical specialisms and sub-specialisms** provided by a hospital. This is based on research in the retail sector, which investigates factors that lead to

certain willingness to visit a store. The most important factor according to previous research is product assortment (Carpenter & Moore, 2006; Baltas & Papasathopoulou, 2003). Product assortment refers to the depth and breadth of products that a store provides to customers (Carpenter & Moore, 2006). The study of Carpenter and Moore (2006) shows the positive effect of a diversified product assortment on willingness to visit a store. In this research product assortment will be translated to the offer of medical specialisms and sub-specialisms. In case of VieCuri this is an important aspects, because it is a top clinical hospital. This means that they have knowledge about a lot of different specialisms and even more important about sub-specialisms (VieCuri, 2017). The specialism surgery for example has eight sub-specialisms (VieCuri, 2017), which implicates that VieCuri should be able to help patients on a very specialized level. It is important to know whether Germans are familiar with the offer of VieCuri. Being able to serve patients with a specialized assortment, will lead to willingness to go to VieCuri. In this research the focus is on the perception of the patients, and therefore the hypothesis is:

*H2: The perceived difference of the offer of medical specialisms and sub-specialisms between German and Dutch hospitals has a positive effect on willingness to go to VieCuri.*

The third factor that is really important in the health care sector is **waiting time**. As mentioned earlier, Horowitz and Rosensweig (2007) show the importance of waiting time as an indicator to travel abroad for medical reasons. According to Sivey (2010), and to Beukers and colleagues (2014) waiting time has two types. The first type is access time, which means the time before the patient first enters the hospital, and the second type is waiting time before the actual treatment takes place (Sivey, 2010; Beukers, Kemp & Varkevisser, 2014). It is important to know how long patients have to wait in several hospitals due to waiting lists, but one thing is even more important. That thing is how long a patient wants to wait to be treated in a certain hospital, if he or she can choose between several hospitals (Sivey, 2010). Previous studies show that patients want to go to another hospital when waiting times are long in a particular hospital, but this could differ for patients who have different types of medical problems (Bielen & Demoulin, 2007). The focus of this research is on the perceptions of the patients, therefore the hypotheses are:

*H3: The perceived difference of waiting times between German and Dutch hospitals has a negative effect on willingness to go to VieCuri.*

The fourth factor that plays a role in hospital choice is **distance** (Sivey, 2010; Beukers, Kemp & Varkevisser, 2014). Distance refers to how far a patient wants to travel to a hospital in kilometers (Beukers, Kemp & Varkevisser, 2014). Road distance in kilometers does not cover distance as a whole, travel time also plays a role (Adams, Houchens, Wright & Robbins, 1991). This can be referred to as the attainability of the location of the hospital, and covers aspects like does the hospital have a central location, is it near to the highway, is there a lot of congestion in that area, and so on (Sivey, 2010; Adams et al. 1991). Important with distance is the difference between rural and urban areas (Sivey, 2010). Because people in rural areas are used to travel longer for certain facilities, they will be more willing to travel further for a particular hospital (Sivey, 2010). Looking at the area where VieCuri is located, there can be said that it is quite urban, and that there are several hospitals to choose from in Germany and the Netherlands. Because there are different hospitals to choose from in this area, people will choose the hospital closest to their home. The focus in this research is on the perception of the patients, therefore the hypothesis is:

*H4: The perceived difference of distance between German and Dutch hospitals has a negative effect on willingness to go to VieCuri.*

Furthermore there has been done research on factors that play a role in doing business internationally, such as Bloemer et al. (2013). In this article there are mentioned **five management relationship characteristics that help to enter a foreign market**. Only four of these will be used in this research, because the research of Bloemer et al. (2013) is based on exporting manufacturing organizations, which implicates that not all of them are applicable in this case. The ones that are suitable for this research are **linguistic competence, trust, affective commitment, and cultural sensitivity**.

The fifth factor is **linguistic competence**, as mentioned above this factor is based on the study of Bloemer and colleagues (2013). This factor focusses on the international part of this research. Linguistic competence can be defined as the capacity of an organization and its personnel to communicate effectively in foreign languages, and to convey information in a manner that is easily understood by foreign customers (Bloemer et al. 2013). This means that this concept investigates whether staff of a company speaks the language, and for example whether the company provides other material in a foreign language (Bloemer et al. 2013). In this research that will specifically implicate whether German patients think that staff of a Dutch hospital, like VieCuri, is linguistic competent or not. Linguistic competence has not yet been researched before in the context of health care, but it can be assumed that patients will prefer a

doctor that speak their mother language. It is much easier to express yourself in your own language, instead of speaking English for example, especially when talking about topics like health. It is important to know how German patients perceptions are about this, the hypothesis is:

*H5: Perceived linguistic competence has a positive effect on the willingness to go to VieCuri.*

The sixth factor is **trust**, trust is about whether customers think it is important to build reliable relationships with a company, and whether these customers will be honest, and fair (Bloemer et al. 2013). In case of this research, this will be translated in whether the foreign patients think that a Dutch hospital, like VieCuri, will be honest, fair and reliable. Examples of being reliable in the context of a hospital are caring private information and being able to rely on the expertise of the doctors. The study of Bloemer et al. (2013) shows that trust is important in building relationships. If VieCuri wants to serve German patients, they need to build relationships with these patients. It is important to investigate how Germans perceive trust, this leads to the following hypothesis:

*H6: The perceived difference of trust between German and Dutch hospitals has a positive effect on willingness to go to VieCuri.*

The seventh factor is **affective commitment**, affective commitment can be defined as the intention to build and maintain relationships with foreign customers because of the enjoyment of the relationship for their own, and others (Bloemer et al. 2013). So the main goal of this factor is to investigate whether patients think that the hospital wants to put a lot of effort and resources in serving the foreign market to develop good relationships with patients (Bloemer et al, 2013). In this research that means whether the hospital wants to invest a lot resources in serving the German market and the patients. A problem can be that some employees are more willing to invest in the foreign market than others, but this has to be managed (Bloemer et al. 2013). It is important to see what German patients think of about the degree of affective commitment, this leads to the following hypothesis:

*H7: Perceived affective commitment has a positive effect on willingness to go to VieCuri.*

The eighth factor is **cultural sensitivity**, this is defined as: '*a general open-mindedness with respect to different cultures and the willingness to understand the ways in which cultures differ*' (Harich & LaBahn, 1998, p. 89). So, this factor investigates whether a company knows the foreign culture, and whether the company is willing to adapt to that particular culture

(Bloemer et al. 2013). Do German patients think that VieCuri knows their culture, because there can be quite some differences between Germany and the Netherlands. When Germans think that VieCuri is able to adapt, then that will lead to willingness to go to VieCuri. If not so, then that could be an impediment to go to VieCuri. The hypothesis is:

*H8: Perceived cultural sensitivity has a positive effect on willingness to go to VieCuri.*

The ninth factor is **insurances**. Insurances can be a great impediment when choosing a hospital (Chernew, Scanlon & Hayward, 1998). This can be even worse when getting a medical treatment abroad, because it is nog self-evident that everything will be reimbursed. There are many differences between insurance systems across countries, which makes it complicated (Rijksoverheid, 2011). In case of attracting German patients from the region Nettetal to VieCuri, this doesn't have to be an impediment. This can be said because the Dutch insurer CZ and the German insurer AOK have an agreement about patients who use medical care abroad. Germans in the border area Rheinland, can use several Dutch insurers, and the other way around (Suzanne Page CZ, personal communication, 11 August, 2017). The only important condition is that such a patient that travels abroad for medical reasons, needs an eGCI card. eGCI means 'electronische Gesundheitscard International', and this card supports cooperation between insurers in the border area (CZ, 2017). This card does not have to be confused with an EHIC card. EHIC means 'European Health Insurance Card', people can use this card if they suddenly need medical help abroad (CZ, 2017). Requesting an eGCI card can be done by the patient. Important is to investigate whether patients know about this agreement or not, because this can influence a decision completely. Insurance is maybe one of the most important factors when considering to go to a certain hospital. As mentioned before, there is an agreement between several insurers across the border. The question is whether German patients know about this agreement or not, and how this influences their hospital choice. The hypothesis is:

*H9: Perceived difficulty with insurances has a negative effect on willingness to go to VieCuri.*

The tenth factor is **MRSA protocols**, which also implicates BRMO. This is very important in healthcare, especially the Netherlands do have very strict protocols with regard to MRSA and BRMO. MRSA (metacilline-resistente Staphylococcus aureus) is a resistant bacterium. Resistant means that this bacterium can't be contested with antibiotics. This is the same for BRMO (bijzonder resistente micro organisms). There are two indicators in which a patient can be risky in terms of MRSA or BRMO, and especially one of them can make it an impediment for German patients. People who are considered to have a high chance of

contracting MRSA or BRMO (1) have come in contact with (other people who have come in contact with) pig farms and (2) have been hospitalized in a foreign hospital shorter than two months ago. The timeline of the actual process when someone has a chance of contracting MRSA or BRMO can be found in the appendix (Appendix 5). People from the hospital in Nettetal are foreign patients for VieCuri, even though it is only 13 kilometers away. The protocol prescribes that hospitalized patients which are risky in terms of the two indicators above need extra precautions until several test results are ready. It can be perceived as unpleasant (Caroline Bevers, personal communication, 1 March 2018). MRSA and BRMO protocols don't have to be an impediment, if patients are aware of these protocols, and if there are clear rules and agreements between Städtisches Krankenhaus Nettetal and VieCuri. Investigation in what patients think about it is necessary. This is important because bad or incomplete information about MRSA and BRMO protocols could bother German patients to go a Dutch hospital. The hypothesis is:

*H10: The perceived difference of MRSA protocols between German and Dutch hospitals has a positive effect on willingness to go to VieCuri.*

#### 2.4 Moderation effects

The moderation effects that will be taken into account are patient characteristics (age/gender/education level), and familiarity with the hospital. Moderators have an effect on the direct relationships between the dependent and independent variables (Field, 2013). The moderators in this case have an effect on the direct relationships between the factors and willingness to go to VieCuri. For familiarity you can expect something that people with high familiarity of a hospital are more willing to go that certain hospital (Mahon, Whitehouse, Wilkin & Nocon, 1993). Patient characteristics include age, and gender. This moderator will be taken into account to see whether there is a difference in willingness to go to VieCuri between sexes, and between different age groups. You would for example expect that people with a younger age are more willing to go abroad for medical reasons than people with an older age. Young people can travel a lot easier than old people, they maybe don't feel that there is a language barrier, and so on. The hypotheses of familiarity (H11), age (H12a), and gender (H12b) are:

*H0 : Group means are equal*

*H1: Group means are unequal*

## 2.5 Conceptual model

The hypotheses above lead to the following conceptual model. The independent variables are quality of the hospital, offer of medical (sub-)specialisms, waiting time, distance, linguistic competence, trust, affective commitment, cultural sensitivity, insurances, and MRSA protocols. These independent variables all have to be seen as perceived variables, illustrated in the conceptual model. The dependent variable is willingness to go to VieCuri, and the moderators are familiarity with the hospital, age, and gender.

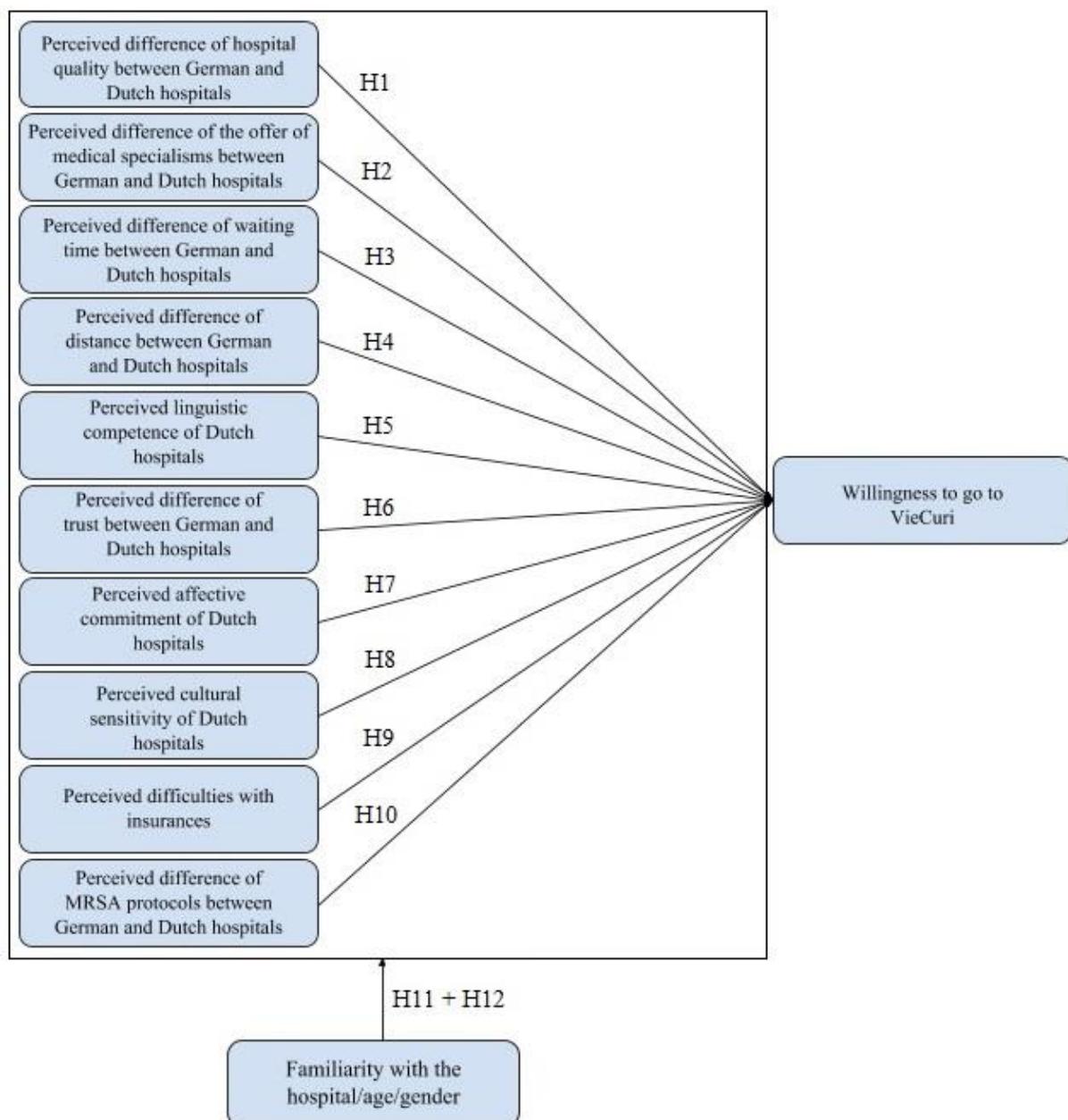


Figure 2.5.1: conceptual model

## **Chapter 3: Methodology**

The methodology will be discussed in this chapter, this chapter will go deeper into the research strategy, the procedure, measurement scales, population, sample, validity and reliability, and data-analysis.

### 3.1 Research strategy

The purpose of this research is to see whether German people are willing to go to VieCuri for a medical consult or treatment, instead of going to a German hospital. This will be done on the basis of ten factors that can influence hospital choice, which are discussed in the previous chapter. This means that focus of this research is on **Germans**, especially Germans close to the border between Germany and the Netherlands in the area of Nettetal. The people will be questioned by a **survey**, both online and face to face. There will be used a survey because you can gather a lot of data in a short period of time (Vennix, 2006). Besides that, research that has been done in the same context, is mostly done by a survey, like the research Bloemer and colleagues (2013) did. Almost all variable in this research will be measured on the basis of multiple items or questions, which will be presented in the survey. These items and questions will be translated by a native German speaker.

### 3.2 Population and sample

The population of this study are Germans in the area of Nettetal, Nettetal is 13 kilometers away from Venlo where VieCuri is located. The focus is on Germans in general, because everyone can be a potential patient. This means that the people who will be researched, are people that live close to the Netherlands, and probably go to the Netherlands now and then for other activities. It is important to define a ‘real’ German, this is someone who lives in Germany, and who doesn’t have a Dutch BSN. It is important to distinguish between people with and without a BSN in that area, because there are living a lot of Dutch people in that area too. Dutch people who are living in Germany, are not of interest in this research, only ‘real’ Germans. The people that are questioned need to be 18 years or older, due to age minority.

The sample size has to be around **150 or 200 respondents**. Based on assumptions of the appropriate analysis method, which is multiple regression (Pallant, 2001). This assumption is  $N > 50 + 8m$ , in which m is the amount of independent factors (Pallant, 2001). So the minimum number of respondents in this research is  $50 + 8*10 = 130$ . The sample has to be random, which means that German people in the area of Nettetal will be randomly questioned to fill out the

survey. To get the most optimal sample, it has to differ in terms of men and women, different age categories, and so on. This will be addressed in the analysis chapter.

Nettetel plays a big role in defining the population of this research, therefore some more information is appropriate. As mentioned earlier, Venlo and Nettetal are both located in the border area. Venlo has around 101.000 inhabitants, and Nettetal has around 41.000 inhabitants (Euregio, 2016). The hospitals which are located in these two cities are VieCuri Medical Center, and Städtisches Krankenhaus Nettetal. VieCuri has already been introduced, in contradiction to Städtisches Krankenhaus Nettetal. The hospital in Nettetal can be labeled as a small hospital (Euregio, 2016). Going to the hospital in Nettetal is not always an option for patients, because complete care is not available. This means that patients are forced to go to a hospital somewhere else. A German hospital that can offer complete care to patients is 35 kilometers away from the hospital in Nettetal (Euregio, 2016). VieCuri is also able to offer complete care, and is 13 kilometers away from Nettetal (Euregio, 2016). In that sense, VieCuri is much closer by, but the border seems to be a great impediment for patients. For some reason, VieCuri does not belong to the consideration set of most German patients.

### 3.3 Procedure

Collecting respondents has been done by contacting people in the area of Nettetal. The target of respondent that needed to be reached was 150. The people in the area of Nettetal were approached in three different ways. First of all people were contacted face to face in Städtisches Krankenhaus Nettetal by the researcher. Second people were contacted face to face in the city center of Nettetal-Lobberich, also done by the researcher. The last way of collecting respondents was contacting coworkers and patients of the hospital online, done by the hospital.

There is decided to use three different ways of collecting data, because reaching 150 respondent by just using one way was probably not achievable. Städtisches Krankenhaus Nettetal is not that big, therefore only contacting people there would take very long, which is not possible due to time constraints. Therefore contacting people in the city center was added, because you can reach a lot of people there on a Saturday. Contacting coworkers and patients of the hospital online is the third way. This way is not of focus because the response rate of using e-mail is most of the time very low. In this case it could be even lower due to the majority of old patients.

On beforehand of the survey every respondent got a **short introduction**. First of all this introduction was used to thank the respondent for participation and to introduce the researcher. After that the purpose of the survey was explained by a short story about Germans and Dutch people who use each other's facilities. Last but not least, the respondent got information about the ethics of the research, like anonymity.

After the introduction, the survey started with **introductory questions**. Questions like when was the last time you visited a hospital, and are you familiar with VieCuri. The question about familiarity with VieCuri is important because it determines to which survey the respondent is exposed. If the respondent is familiar with VieCuri the rest of the questions is focused on VieCuri. If the respondent is not familiar with VieCuri, the rest of the questions is focused on Dutch hospitals in general. After this distinction is made, respondents can start with the actual survey.

The survey starts with the **most important questions**, which have to measure the main variables. At the end of the survey less important questions are asked, like gender, age, and education level. The order of the questions is based on importance, because attention of the respondent is higher in the beginning. Hence, the core questions of the survey are placed on top of the survey, and less important questions at the end.

Almost all the variables have been measured with **multi-items**. Some variables were measured on a five point Likert scale from completely agree till completely disagree, and some on a five point scale from much better till much worse. There were also used some open ended questions, when needed.

### **3.4 Measurement scales**

Most of the variables will be measured by multiple items. The items will be measured on a five point Likert scale, these scales can be named as completely disagree till completely agree, or something like much better till much worse. Next to items there are also used open ended questions to get some more in-depth information. Some measurement scales are adapted from previous research, and other scales are self-developed.

Before starting to discuss the variables, it is really important to state that this study is interested in **perceptions of the patients, this explains why the items start with I think**. Another reason for that is that most of the respondents have never been to VieCuri, so they can only imagine. Next to that the items are formed as a comparison between Germany and the

Netherlands. This is because if people for example think that quality of hospitals is good in the Netherlands, you still don't know why they don't want to go to a Dutch hospital. It is important to see how they compare Dutch hospitals to German hospitals. If they say quality of hospitals is good in the Netherlands but even better in Germany, then that explains why they probably not go to a Dutch hospital.

The first variable is **familiarity with the hospital**, which has been measured based on one question: '*Are you familiar with VieCuri Medical Centre?*'. This is an important variable because it determines the further course of the survey. If yes, the respondent gets questions focused based on VieCuri. If no, the respondent gets questions focused on Dutch hospitals in general.

The second variable that has to be measured is **perceived difference of hospital quality** between German and Dutch hospitals. Quality of the hospital consists out of quality of care, quality of staff, and quality of accommodation (Nelson, 1992). The items need to investigate whether German patients think quality of care in their own German hospital is better than in Dutch hospitals or in VieCuri. The items on quality of care and quality of staff are adapted items from Moliner (2009). The items on quality of accommodation are adapted items from the CQ-index. An example of an item is: '*I think, quality of care is: O much better in my hospital than in Dutch hospitals, O better in my hospital than in Dutch hospital, O the same in my hospital than in Dutch hospitals, O worse in my hospital than in Dutch hospitals, O much worse in my hospital than in Dutch hospitals*'.

The third variable is **perceived difference of the offer of medical (sub-)specialisms** between German and Dutch hospitals, so what a hospital can offer to their patients. The items for this variable are self-developed, an example is: '*I think that the offer of specialisms and sub-specialisms is: O much better in my hospital than in Dutch hospital, O better in my hospital than in Dutch hospitals, O the same in my hospital than in Dutch hospitals, O worse in my hospital than in Dutch hospitals, O much worse in my hospital than in Dutch hospitals*'.

The fourth variable is **perceived difference of waiting time** between German and Dutch hospitals. Waiting time means how long patients have to wait before the first consult or before the treatment takes place (Sivey, 2010). The items for this variable are adapted items from Hill & Alexander (2006), and one self-developed item. An example of an item is: '*I think that waiting times are: O much shorter in my hospital than in Dutch hospitals, O shorter in my*

*hospital than in Dutch hospitals, O the same in my hospital than in Dutch hospitals, O longer in my hospital than in Dutch hospitals, O much longer in my hospital than in Dutch hospitals’.*

The fifth variable is **perceived difference of distance between German and Dutch** hospitals. Distance means how far a patient wants to drive to a hospital (Sivey, 2010). The items are adapted items from Hill & Alexander (2006), Antonides (2002), and self-developed items. An example of an item is: ‘*I think that the distance, seen from my hometown, is: O much shorter to my own hospital than to Dutch hospitals, shorter to my own hospital than to Dutch hospitals, O the same to my own hospital than to Dutch hospitals, O longer to my own hospital than to Dutch hospitals, O much longer to my own hospital than to Dutch hospitals’.*

The sixth variable is **perceived linguistic competence of Dutch hospitals**. Linguistic competence is about issues like speaking the foreign language. The items to measure this variable are adapted items from Bloemer et al. (2013). These items are regular items, because a comparison on this factor is not necessary. An example of an item is: ‘*I Think staff of Dutch hospitals speaks the German language or they try to learn it*’. These items are measured on a regular five point Likert scale from completely disagree to completely agree.

The seventh variable is **perceived trust between German and Dutch hospitals**, which is about being fair, honest, and reliable (Bloemer, 2013). The items to measure this variable are, adapted items from Bloemer (2013), Moliner (2009), and the CQ-index. An example of an item is: ‘*I think that keeping personal and confidential information safe is: O much better in my own hospital than in Dutch hospitals, O better in my own hospitals than in Dutch hospitals, O the same in my own hospital than in Dutch hospitals, O worse in my own hospital than in Dutch hospitals, O much worse in my own hospitals than in Dutch hospitals’.*

The eight variable is **perceived affective commitment of Dutch hospitals**, which is about building relationships with patients. The items to measure this variable are adapted items from Bloemer (2013). These items are regular items measured on a five point Likert scale, a comparison on this factor is not necessary. An example of an item is: ‘*I think Dutch hospitals want to invest a lot of time in getting to know German patients*’.

The ninth variable is **perceived cultural sensitivity of Dutch hospitals**, which is about cultural issues. The items to measure this variable are adapted items from Bloemer et al. (2013). These items are regular items measured on a five point Likert scale, a comparison on this factor is not necessary. An example of an item is: ‘*I think that that Dutch hospitals are aware of the different norms of communication in the German and Dutch culture*’.

The tenth variable is **difficulties with insurance**. It is very important to know whether German patients are aware of insurance agreements, and how they think about it. Items on this factors are self-developed items, measured on a five point Likert scale. An example of an item is: '*I think, my insurance reimburses a planned consult in a Dutch hospital*'.

The eleventh variable is **perceived difference of MRSA** protocols between German and Dutch hospitals. Items to measure this variable are self-developed, an example is: '*I think that MRSA protocols are: O much better in my own hospital than in Dutch hospitals, O better in my own hospitals than in Dutch hospitals, O the same in my own hospital than in Dutch hospitals, O worse in my own hospital than in Dutch hospitals, O much worse in my own hospitals than in Dutch hospitals*'.

The dependent variable that has to be measured is **willingness to go to VieCuri**. The items to measure this variable are adapted items from Wertenbroch and Skiera (2002), these will be measured on a regular five point Likert scale. An example of an item is: '*I would visit a Dutch hospital, like VieCuri, because of medical reasons*'.

The example items all mention Dutch hospitals. In case of the VieCuri focused survey, Dutch hospitals will be replaced by VieCuri. The complete surveys can be found in the Appendix (Appendix 3/4).

### 3.5 Pre-test

First of all there has been done a little **pre-test with 15 people**. These people were asked to participate in the survey, and to give options for improvement. This test was in English, and the respondents did not face major issues. The questions were clear, the only remark was that it took quite long to fill in all the questions. This remark has been taken serious, and because of that there have been carefully removed some questions. These questions were additional questions and not necessary to answer the research question. After this the survey has been checked on face validity by dr. H.W.M. Joosten, who is a professional in the field of marketing and health care. There were no problems according to face validity of this research.

When the pre-test was finished, the survey has been translated, from English to German. This has been done by a native German speaker, who also speaks English, and who has a bachelor of arts in German Language and Culture. The translation has been checked by doctor M. Jürgens of VieCuri, who is also a native German. He checked for spelling and readability, and that leaded to some recommendations for improvement. After this check some small

adoptions were made, like grammar adaptions and certain hospital terms were changed. To do a final check, the survey has been send to J. Schneider and S. Russmann of Städtisches Krankenhaus Nettetal, who had no further remarks on the language.

### **3.6 Validity and reliability**

It is important to measure validity of the data and of the research, this will be done by a factor analysis. A factor analysis has to show if items that measure one particular variable are correlated, and if items of different variables are also correlated with each other (Field, 2013). When the factor analysis reveals some problems, these have to be fixed to guarantee validity of the measurement scales. Validity will be addressed in the next chapter.

Reliability of the research is important, this implicates whether replication of the research will yield the same results (Field, 2013). Next to that, reliability of the measurement scales has to be measured, this is a measure for internal consistency. Cronbach's Alpha will give an indication whether reliability is good or not. Cronbach's Alpha is ideal when the value is bigger than 0.85, it is bad when the value is smaller than 0.60 (Field, 2013). Reliability will be addressed in the next chapter.

### **3.7 Data-analysis**

The method of data-analysis is quantitative. As mentioned earlier, data collecting will be done by a survey. Analyzing the data will be done by the program SPSS, in two different ways. The first way is **analyzing means**, and second is conducting a **multiple regression**. The multiple regression will be conducted to see whether possible differences in means have a significant influence on the dependent variable.

### **3.8 Ethical aspects of the research**

The ethical aspects of this research are based on the five principals of the American Psychological Association (2017). These principals are beneficence and non-maleficence, fidelity and responsibility, integrity, justice, and respect for people's rights and dignity (American Psychological Association, 2017).

Beneficence and non-maleficence means that respondents in this research will not be harmed (American Psychological Association, 2017). The researcher will take into account that the topic of health care can be emotionally laden to some of the respondents, and this will be respected. The respondent is allowed to quit the survey at all moment of time. Fidelity and

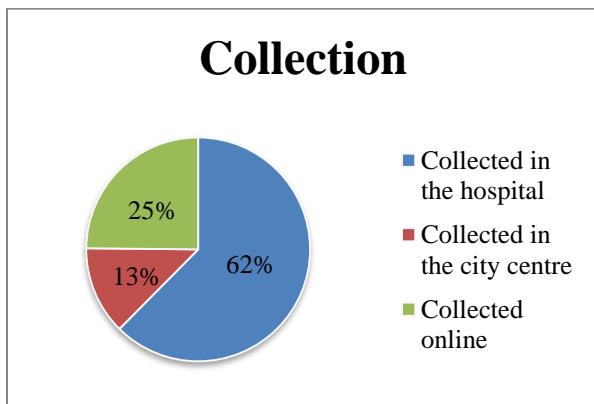
responsibility is very important, especially in the context of health care (American Psychological Association, 2017). The results will be fully anonymous, which means that nobody knows who filled out the survey, only characteristics like age and gender will be asked. The data will be treated careful, it will be only used for this research, and afterwards the raw data will be destroyed. Integrity will be guaranteed, which means that transparency, and honesty are key in the process of this research (American Psychological Association, 2017). Respondents will be respected, just as information provided by respondents and/or hospitals. Justice means that all the respondents are treated equally, and that the data collection and analysis will be done properly (American Psychological Association, 2017). All resources used can be checked by the university, VieCuri, and Städtisches Krankenhaus Nettetal. The gradient of this research is in dialogue with these three institutions. The last ethical aspect according to the American Psychological Association (2017) is respect for people's rights and dignity, which is key. The researcher is very thankful for respondents who participate in this research and respects their privacy, and rights.

## Chapter 4: Analyses and results

This chapter is about the analysis and the results of this research. First of all the sample will be described, after that this chapter will address validity and reliability, and last the hypotheses will be tested based on means and multiple regression.

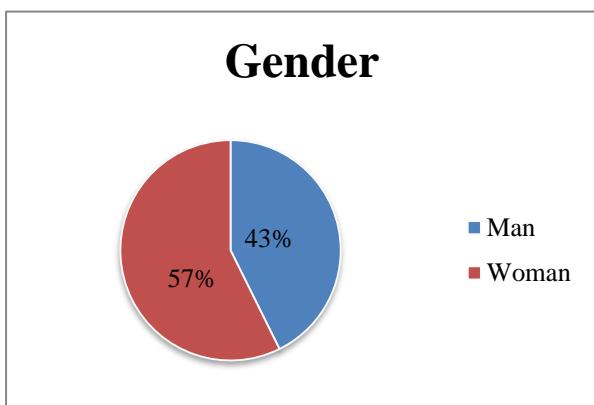
### 4.1 Sample description

Data collection has been done in three different ways. The first way was collecting respondents in the hospital in Nettetal, second was collecting respondents in the centre of Nettetal, and third was collecting respondents online. Statistics show that 98 respondents were collected in the hospital, 20 respondents were collected in the city centre, and 39 were collected online. Which is different from what was expected, namely collecting a lot of respondents in the city centre, instead of in the hospital.



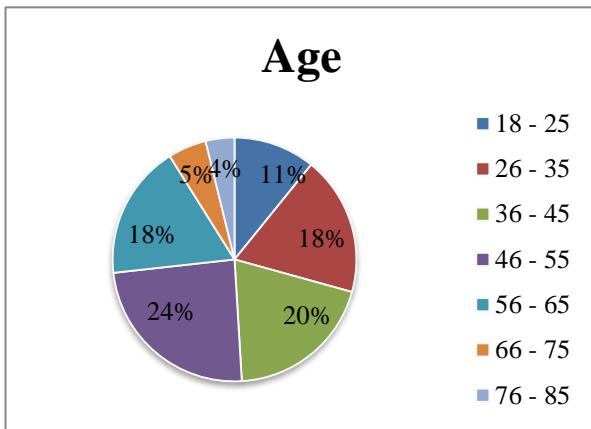
(Figure 4.1.1: Distribution collection methods in %)

Now the sample will be described in more detail. The final sample consists out of 157 respondents of which 67 are man, and 90 are woman. The figure below shows this distribution in percentages, which is not totally equal.

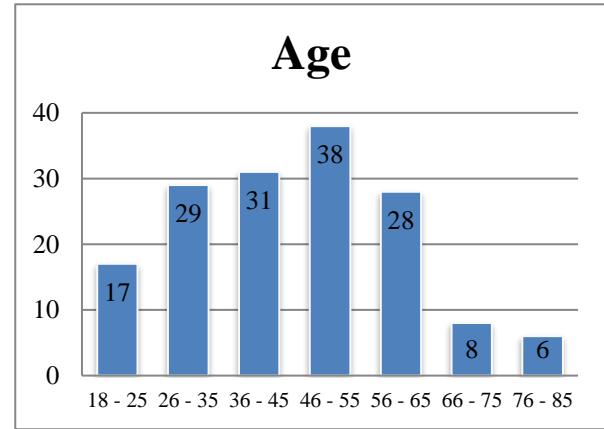


(Figure 4.1.2: Distribution gender in %)

The ages of the respondents are between 18 and 85, figure 4.1.2 shows the distribution of age in percentages. There can be said that most of the respondents are in the age category between 46 and 55 years old, namely 38 respondents. Table 1.1.1 in the appendix shows the numbers for skewness and kurtosis of the variable age. There are no problems in regard to skewness and kurtosis. This can be concluded because the numbers of skewness and kurtosis are smaller than two times the standard error (Field, 2013), for instance skewness  $0.192 < 2 \times 0.194$ .

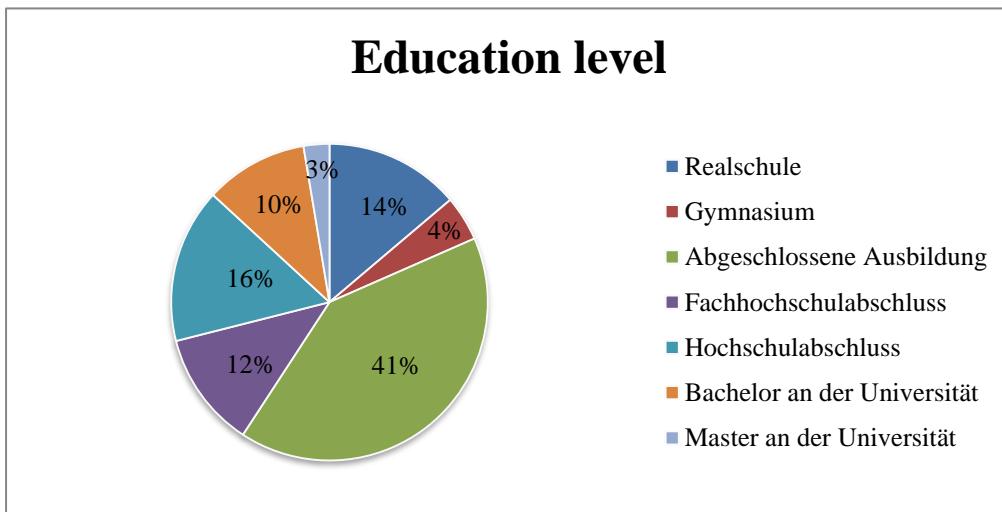


(Figure 4.1.3: Distribution age in %)



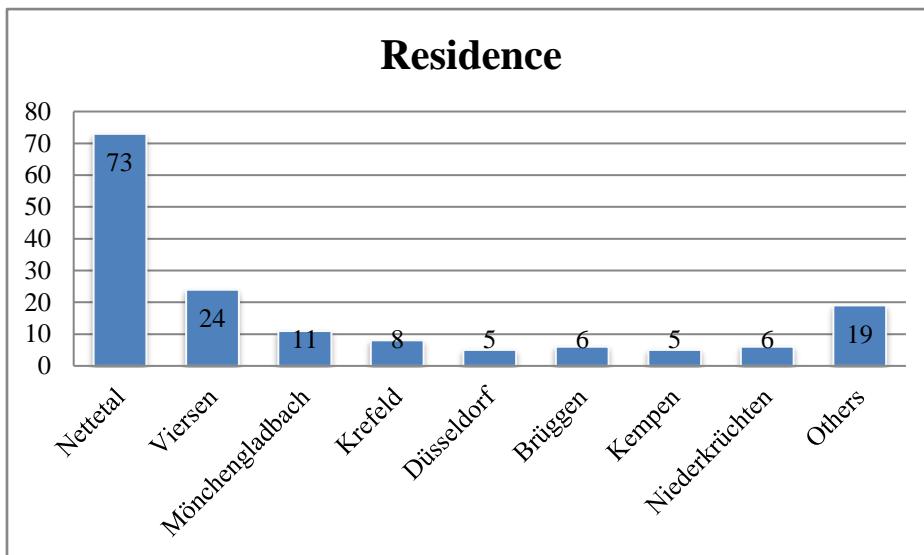
(Figure 4.1.4: Distribution age in numbers)

Next there will be pointed on the education level of the respondents. The scale that is shown in figure 4.1.4 is based on the German school system. The German system is not totally comparable to the Dutch system. For example ‘Realschule’ can be compared to VMBO or HAVO in the Netherlands, and Gymnasium is the same as VWO. The others are comparable to MBO, HBO or University. There can be seen that the highest education level of most of the respondents is ‘abgeschlossene Ausbildung’, which means a completed education. The rest of the education levels are somewhat equally distributed over the respondents.



(Figure 4.1.5: Distribution education level in %)

The next variable that has to be addressed is the residence of the respondents, which were 22 different places. Almost all of them were close to the Dutch-German border, and most of the respondents lived in Nettetal. The residences which had five or more respondents living there are named in the figure down below. The other residences are displayed in the ‘others’ bar. Figure 4.1.5 shows the distribution:



(Figure 4.1.6: Distribution residence)

## 4.2 Validity and Reliability

To test validity of the survey there has been done a factor analysis. There has been chosen for principal factor analysis, because every variable probably has an unique part. Next to that there has been chosen for oblique rotation, because of the expected correlation between different variables on beforehand. First of all the assumptions for factor analysis need to be checked.

<b>Kaiser-Meyer-Olkin (KMO)</b>	0,795
<b>Bartlett's test of Sphericity</b>	0,000

(Table 4.2.1: Assumptions factor analysis)

Table 4.2.1 shows that the assumptions for factor analysis are met. The value for KMO is 0,795, and is  $> 0,5$ . This means that items are suitable for factor analysis (Field, 2013). Next to that  $p < 0,001$ , so Bartlett's test of Sphericity is significant, this means that you can use factor analysis (Field, 2013).

After the assumptions are tested, the factor correlation matrix has to be discussed. The factor correlation matrix can be found in the appendix, table 1.2.1. There are some correlations  $> 0,30$ . For instance, the correlation between factor one and factor six is 0,368. According to Field (2013) there has to be used oblique rotation when some of these correlations are  $> 0,30$ . Next to that, there can be expected due to literature that some of the factors will correlate. When

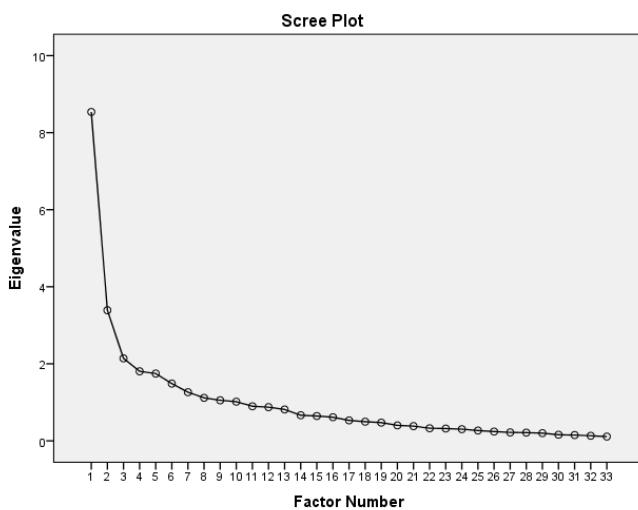
correlation between factors is expected, it is also recommended to use the method of oblique rotation. For example factors like linguistic competence, affective commitment and cultural sensitivity have a high chance of correlation, because they all contain a cultural aspect. After this has been said, there has to be determined how many factors need to be taken into account.

There are a few criteria that help determining the amount of factors, illustrated by table 4.2.2.

<b>Factor</b>	<b>Eigenvalue</b>	<b>% of variance</b>	<b>Cumulative %</b>
<b>6</b>	1,486	4,504	57,905
<b>7</b>	1,262	3,825	61,730
<b>8</b>	1,116	3,382	65,112
<b>9</b>	1,053	3,192	68,304
<b>10</b>	1,016	3,030	71,384
<b>11</b>	0,898	2,720	74,105
<b>12</b>	0,876	2,653	76,758

(Table 4.2.2: Total variance explained)

First of all is the criterion of eigenvalues  $> 1$  (Field, 2013). When looking at the column eigenvalues in table 4.2.2, there can be said that ten factors would be recommended. This because the eigenvalue of factor 10 is  $1,016 > 1$ , and the eigenvalue of factor 11 is  $0,898 < 1$ . The second criterion is that the cumulative variance explained needs to be 60% (Field, 2013). In that sense seven factors would be appropriate. Because the variance explained at factor six is 57%, and at factor eight is 61%. The last criterion is based on the scree plot, the point is how many factors are located before the kink. If we look at figure 4.2.3, there can be said that around seven or eight factors are before the kink.



(Figure 4.2.3: Scree plot, source SPSS)

When looking at the criteria there is not a single answer to the question of how many factors need to be used. The analysis ended up with six factors, because two out of three criteria are suggesting to use around six or seven factors.

Now communalities have to be discussed. Communalities after extraction with a value  $< 0,20$  are possible items to remove from the analyses. Some of the communalities are too low in this factor analyses, with regard to the criterion of  $< 0.20$ . Table 4.2.4 shows that INS1 and MRSA3 are below 0.20. QOH11 is above 0.20 but is still not very high. Other communalities in this analysis do not seem to be problematic.

Item	Communalities
<b>QOH11</b>	0,275
<b>INS1</b>	0,190
<b>MRSA3</b>	0,132

(Table 4.2.4: Communalities)

The method of oblique rotation has been used, therefore the pattern mix needs to be addressed in this factor analysis. The complete pattern mix can be found in the appendix, table 1.2.4. The pattern mix reveals which construct loads on which factor, and if there are any cross loaders or not (Field, 2013).

Table 1.2.4 in the appendix shows that quality of the hospital loads on factor 1, only QOH11 does not. The variables linguistic competence, affective commitment and cultural sensitivity all load on factor 2. The items of waiting time load on factor 3, and the two items of distance load on factor 4. The items of willingness, insurances, and MRSA do all load on the same factor, namely factor 5. The item for offer of medical (sub-)specialisms loads on factor 6.

An item is a cross loader if the difference between the highest value and the second highest value is  $< 0,20$  (Field, 2013). Looking at the pattern mix in this analysis shows that cross loaders are all QOH items, they are summed up in table 4.2.5 below.

	Factor							
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>QOH1</b>	0,468					0,314		
<b>QOH2</b>	0,445					0,472		
<b>QOH3</b>	0,240					0,584		
<b>QOH4</b>	0,427						0,269	
<b>QOH5</b>	0,392						0,321	

(Table 4.2.5: Pattern Matrix 1)

Before any item is going to be removed, first reliability will be tested. Reliability will be measured by calculating Cronbach's Alpha per variable. The value needs to be  $> 0.6$ , in an ideal

situation it is  $> 0.85$ , and it is problematic when the value is  $< 0.6$  (Field, 2013). The following part will address all the values for the variables, and if there is any space for improvement when deleting an item. Cronbach's Alpha is a measure for internal consistency (Field, 2013). The following table shows all the values for the variables.

	<b>N of items</b>	<b>Cronbach's Alpha</b>	<b>If item deleted</b>
<b>QOH</b>	11	0,898	0,903
<b>OMS</b>	1	-	-
<b>WAIT</b>	2	0,851	-
<b>DIS</b>	2	0,865	-
<b>LC</b>	3	0,781	-
<b>TRU</b>	4	0,801	-
<b>COM</b>	2	0,753	-
<b>CUL</b>	4	0,722	-
<b>INS</b>	1	-	-
<b>MRSA</b>	1	-	-
<b>WIL</b>	2	0,852	-

(Table 4.2.6: Cronbach's Alpha)

There can be said that all of the variables do good on internal consistency. Cronbach's Alpha can't be calculated for variables measured with one item. First of all quality of the hospital is ideal, because  $0,898 > 0,85$ . It can be slightly improved when item QOH11 will be removed. The second variable is offer of medical (sub-) specialisms, which has only one item, this means that Cronbach's Alpha can't be calculated. The third variable is waiting time, which does good on internal consistency, with a value of 0,851. The fourth variable is distance, which is ideal with a value of 0,865. Both variables can't be improved because they have only two items. The fifth, sixth, seventh, and eighth factor can't be improved by deleting items. This is also not necessary because the values are all  $> 0,60$ . The ninth factor is insurance, which is only measured by one item, this means that internal consistency can't be calculated. This also applies for MRSA. Cronbach's Alpha for willingness is also good, and can't be improved.

#### *4.2.1 removing items*

Based on both, the factor analysis and the reliability test, there has been decided to start removing some items. First of all QOH11 will be removed, because the factor analysis shows that it loads on another factor than the other items. Next to that, the reliability test reveals that by removing QOH11 Cronbach's Alpha can be slightly improved to a value of 0,903. The pattern mix after removing this item can be found in the appendix, table 1.2.5. This table shows that the only cross loader that is left, is QOH3. There has been decided to remove this item too. The final pattern mix can be found in the appendix, table 1.2.6. After removing these items,

MRSA3 and INS3 do still have a really low communality. MRSA3 has a communality of 0,100 and INS3 of 0,160. Both are < 0,20, but there has been decided to keep them in the analysis. This has been decided, because these variables are both measured by one item. The final values for Cronbach's Alpha can be found in the appendix, table 1.3.1.

After conducting all the analyses, there were six factors remaining. There have been removed two items to improve validity and reliability of the research. At the end there is been chosen to really leave these items out, but to remain 11 variables instead of six. This has been decided because most of the items are based on existing scales, which were found in the literature. Next to that, correlation between some variables was expected, which also turned out to be so. For example correlation between linguistic competence, affective commitment, and cultural sensitivity.

Now validity and reliability are checked, the actual hypotheses can be tested. Hypotheses testing will be done based on two different analyses. First of all by analysing means to see whether there is a difference in perception of respondents between German and Dutch hospitals. Second there will be conducted a regression analysis to see whether these differences significantly influence the willingness to go to VieCuri. Remember that when the name quality of the hospital is used, this means perceived difference in quality of the hospital between German and Dutch hospitals. This applies for all the variables in the analysis.

#### 4.3 Analysis of means

Prior to the actual analysis of means, there has to be said that there are used two different scales. The scales that have been used in the analysis were 5-point scales. Score 1 means that German hospitals are much better than Dutch hospitals, score 2 means that German hospitals are better than Dutch hospitals, score 3 means that German and Dutch hospitals are the same, score 4 means that German hospitals are worse than Dutch hospitals, and score 5 means that German hospitals are much worse than Dutch hospitals, in the perception of German people.

The other 5-point scale that has been used is a normal Likert scale from completely disagree to completely agree. This implicates that a mean lower than 3 means that Germans don't agree with the item. On the other side, a mean higher than three means that Germans agree with the item. There can be said that the mean for one variable is based on one single scale, but the scales can differ between variables. For example waiting time has been measured with comparable items, but linguistic competence has been measured on a normal Likert scale. In

both cases a high mean is positive for Dutch hospitals, a low mean is negative for Dutch hospitals.

	N	Min	Max	Mean	Netherlands vs. Germany	Mean Std. Error	Std. Deviation Statistic
<b>MRSA</b>	157	2	5	3,80	Better in the Netherlands	0,057	0,722
<b>LC*</b>	157	1	5	3,63	Good in the Netherlands	0,051	0,637
<b>COM*</b>	157	1	5	3,35	Good in the Netherlands	0,054	0,683
<b>CUL*</b>	157	1	5	3,26	Good in the Netherlands	0,045	0,566
<b>QOH</b>	157	1	5	3,05	Comparable in N/G	0,039	0,500
<b>OMS</b>	157	1	4	3,02	Comparable in N/G	0,051	0,645
<b>TRU</b>	157	1	4	2,90	Better in Germany	0,031	0,394
<b>INS</b>	157	1	5	2,83	Better in Germany	0,078	0,986
<b>WAIT</b>	157	1	5	2,62	Better in Germany	0,063	0,785
<b>DIS</b>	157	1	5	2,08	Better in Germany	0,073	0,910
<b>WIL*</b>	157	1	5	3,33	Dependent variable	0,069	0,874
<b>FAM*</b>	157	1	2	1,92	Moderator	0,022	0,276

(Table 4.3.1: descriptive statics variables) \*measured with normal Likert scale

Table 4.3.1 shows that QOH, OMS, WAIT, DIS, TRU, INS, and MRSA are measured with comparable items. On the other hand, LC, COM, CUL, and WIL are measured with normal Likert scales. The independent variables are ranked from highest mean in favour of the Netherlands, to the lowest mean. Willingness can't be ranked, because it is the dependent variable. Familiarity also can't be ranked, this is a nominal moderator, it has only two categories. All the variables will now be discussed, starting from top to bottom.

The **first variable** is MRSA protocols, which has a mean of 3,80. This means that Germans think that MRSA and BRMO protocols in the Netherlands are better than in Germany. The frequency table in the appendix, table 1.4.1. Shows that over 50% answered that these protocols are better in the Netherlands. Next to that, there were given a lot of comments about this topic in the survey. These comments said that MRSA policies in the Netherlands are really good in contradiction to Germany. Although since two years, Germany is starting to improve MRSA standards. There was another item concerning MRSA, which needs to be seen separately from the mean score. This question had practical value, and it was about taking extra precautionary measures when someone has a high chance of contracting MRSA or BRMO. This item has a mean of 2,26, which shows that people really don't think this is a problem at all.

The **second variable** is linguistic competence (LC), which has a mean of 3,63. It is higher than 3, which implicates that most German people think that linguistic competence in a Dutch

hospital is good. That doctors for example speak German, or that they have a German website. Important is that this applies for Dutch hospitals in the border area, and could be different in other parts of the Netherlands.

The **third variable** is affective commitment (COM), which has a mean of 3,35. The mean is a bit higher than average, which means that people more tend towards agreeing than disagreeing. That implicates that German people think that Dutch hospitals want to invest in serving German patients, and that they want to build relationships.

The **fourth variable** is cultural sensitivity (CUL), which has a mean of 3,26. It is higher than 3, which implicates that more people tend towards agreeing instead of disagreeing. When looking at the frequency table in the appendix, there can be seen that 41% agrees against 15% that disagrees. The others neither disagree nor agree. This means that more people think that Dutch hospitals are cultural sensitive than not cultural sensitive. Some people note that they think there is totally no difference in culture between the Netherlands and Germany.

The **fifth variable is quality** of the hospital (QOH), which has a mean of 3,05. This means that German people think that quality of the hospital is comparable in both countries. Quality of the hospital is divided into three dimensions, namely care, staff, and accommodation. It could be interesting to look at these three dimensions in detail, to see whether there are any differences between them. Table 4.3.2 shows these means.

	N	Min	Max	Mean	Netherlands vs. Germany	Mean Std. Error	Std. Deviation Statistic
<b>Care</b>	157	1	5	3,09	Comparable in N/G	0,047	0,593
<b>Staff</b>	157	1	5	3,02	Comparable in N/G	0,041	0,509
<b>Accommodation</b>	157	1	5	3,04	Comparable in N/G	0,048	0,613

(Table 4.3.2: Frequency QOH dimensions)

There can be said that looking at dimension level doesn't make any difference, all the means are around 3. Looking at the items separately from each other, there can be said that one item really differs from the rest with regard to frequency scores. This is item QOH8, which is about modernity of a hospital, and has a mean of 3,38. There can't be done a significance test, but there can be said that only 10 people (score 1+2) think that modernity is better in German hospitals, against 68 people (score 4+5) who think that modernity is better in Dutch hospitals. The rest of the respondents thinks that it is equal in both countries.

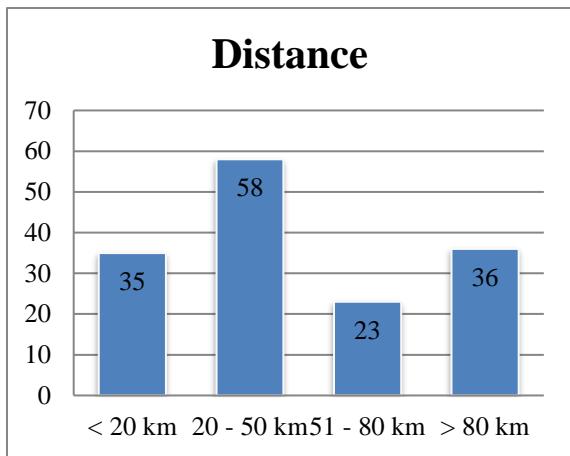
The **sixth variable** is offer of medical (sub-)specialisms (OMS), which has a mean of 3,02. This means that people think that the offer of hospitals is comparable in both countries. Remarks to this variable were that specialisation is really important, in contradiction to a little bit of everything. For example, a lot of patients in Städtisches Krankenhaus Nettetal came there because one particular doctor was really specialised in for example knee surgery.

The **seventh variable** is trust, which has a mean of 2,90. It is a bit lower than 3, so people tend towards better in Germany. Overall people think that the degree of trust is comparable for German and Dutch hospitals. Frequency table 1.4.7 in the appendix shows that around 80% of the respondents thinks that it is comparable.

The **eighth variable** is insurance, which has a mean of 2,83. This means that Germans think that a German insurer reimburses a visit to a German hospital, but does not reimburse a visit to a Dutch hospital. A lot of people also said that they really don't know, because they were never interested in this topic. Some of them thought that a German insurer will only reimburse this when you for example get an accident in the Netherlands.

The **ninth variable** is waiting time, which has a mean of 2,62. This means that people think that waiting times and access times are shorter in German hospitals than in Dutch hospitals. Waiting times and access times are both about waiting, but they are not totally the same. Looking at the separate items there can be said that taking these together is not a problem, because the frequency scores are almost identical.

The **tenth variable** is distance, which has a mean of 2,08. This is the lowest mean of all the variables in this analysis. This means that German people think that a German hospital is much closer by, seen from their hometown, in contradiction to a Dutch hospital. Next to that it also means that Germans think that a German hospital is better attainable, than a Dutch hospital. When looking at table 1.4.10 in the appendix, there can be seen that almost none of the respondents thinks that a Dutch hospital is shorter by, or better attainable than a German hospital. There had been asked an extra question about distance to get some more information from the respondent. This question was about the maximum distance a respondent is willing to drive to a hospital. The answers that were giving to this question are displayed in the following figure.



(Figure 4.3.3: maximum distance)

Figure 4.3.3 shows that most people are willing to drive around 20 to 50 kilometres, but the difference with the other categories is not really big. The next example will give an illustration of distance to different hospitals for people in Nettetal. When Städtisches Krankenhaus is not able to deliver appropriate care, the patients need to search for another hospital. An option could be the hospital in Mönchengladbach, which is 27 kilometres away from Nettetal. Another option could be VieCuri in Venlo, which is 13 kilometres away from Nettetal.

The **dependent variable is willingness**, which measures the willingness of German people to go to VieCuri. The mean of this variable is 3,33, which is not very convincing, but higher than 3. In this case it can be interesting to look at the items separate from each other. The mean of item WIL1 is 3,50, whereas the mean of item WIL2 is 3,17. Item WIL1 is: '*I would go to a Dutch hospital in case of medical problems*', and WIL2 is: '*I would recommend a Dutch hospital to a friend or to my family*'. Maybe this difference is due to the fact that choosing a hospital is very personal, and it depends on a lot of factors. This explains maybe why respondents are somewhat careful with the item about recommending a hospital to friends or family. Furthermore a lot of respondents commented that it really depends on the medical issue someone is suffering, or how urgent it is, and so on.

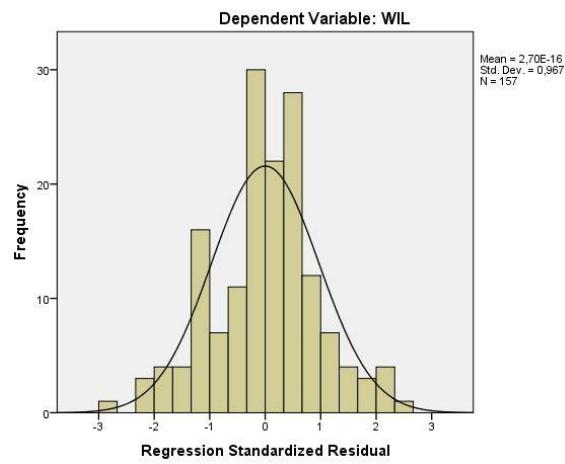
Lastly **familiarity** has to be addressed, this is a moderator in this research. Only 13 out of 157 people were familiar with VieCuri. Due to this really unequal distribution it is not possible to do significance tests. Nevertheless the unfamiliar group and familiar group will be compared to see whether there are differences, even the groups are not-significant. This means that the results don't need to be taken too literally. This comparison will be addressed later on in this thesis, in paragraph 4.7.

Now the analysis continues with a multiple regression analysis. In the previous part there has been described whether there are differences in perceptions of Germans about German and Dutch hospitals. Now there will be conducted a multiple regression to see whether these differences also have a significant influence on willingness to go to VieCuri.

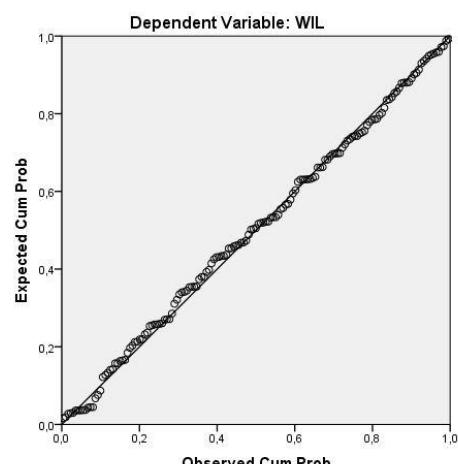
#### 4.4 Testing assumptions

First of all the assumption for multiple regression need to be checked, these are normality, linearity, multicollinearity, and homoscedasticity (Julie Pallant, 2001). Normality is not a strict assumption, it can be checked by looking at skewness and kurtosis values of the variables, and the normality plot (Field, 2013). There are some little issues with normality of the variables, also shown in figure 4.4.1.

The next assumption is linearity, which tests whether the relationship between independent variables and the dependent variable linear is (Field, 2013). There are no problems concerning linearity. Figure 4.4.2 shows that the line is linear.



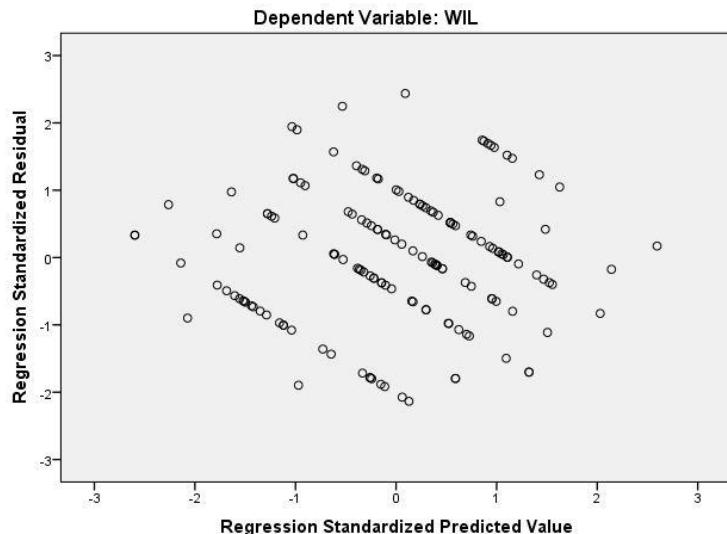
(Figure 4.4.1: Normality distribution)



(Figure 4.4.2: Linearity)

The third assumption is multicollinearity, which is about correlation between three or more independent variables (Field, 2013). To test this, tolerance values need to be checked. Multicollinearity is problematic if the tolerance values are  $< 0.10$ , the researcher needs to be alert if tolerance values are  $< 0.25$  (Field, 2013). In this research there is no problem with regard to multicollinearity. This can be checked in the appendix, table 1.5.1, column Tolerance. The lowest value is 0,562, which is  $> 0.25$ .

The fourth assumption is homoscedasticity, this can be checked in the scatterplot. If this figure shows a pattern, for instance a horn, then there is heteroscedasticity. Figure 4.4.3 shows that there is no pattern, this means that there is no problem with homoscedasticity.



(Figure 4.4.3: Scatterplot)

Three out of four assumptions are met, there are only some difficulties with normality. This will not cause big problems, but this means that interpretation of results needs to be done carefully. Now the actual analysis can be started.

#### 4.5 Multiple regression

First of all the model summary is shown:

Model	R	R Square	Adj. R Square	F	df1	df2	Sig. F Change
1	0,558	0,311	0,264	6,601	10	146	0,000

(Table 4.5.1: Model summary)

The adjusted R square tells that 26,4% of variance of the dependent variable is explained by the independent variables. The adjusted R square is **not high**, when explained variance is perfect at a level of 100%. Next there has to be checked whether the model is useable, table 4.5.2 shows this. The model is significant, because  $0,000 < p 0,05$ .

Model	Sum of Squares	df	Mean Squares	F	Sig.
Regression	37,110	10	3,711	6,601	0,000
Residual	82,084	146	0,562		
Total	119,194	156			

(Table 4.5.2: ANOVA)

Now there has to be analysed whether the independent variables are significant or not. The following table shows an overview of the results of the multiple regression analysis.

	Unstandardized Coefficients		Standardized Coefficients		Collinearity Statistics	
Model 1	B	Std. Error	Beta	Sig.	Tolerance	VIF
<b>Constant</b>	-0,701	0,702		0,319		
<b>QOH</b>	0,264	0,154	0,151	0,088	0,609	1,641
<b>OMS</b>	0,188	0,105	0,139	0,075	0,784	1,275
<b>WAIT</b>	0,157	0,088	0,119	0,148	0,750	1,333
<b>DIS</b>	0,023	0,069	0,024	0,740	0,914	1,094
<b>LC</b>	0,284	0,115	0,207	0,014	0,673	1,485
<b>TRU</b>	-0,205	0,194	-0,093	0,291	0,617	1,622
<b>COM</b>	-0,030	0,117	-0,024	0,798	0,562	1,780
<b>CUL</b>	0,150	0,139	0,097	0,282	0,584	1,711
<b>INS</b>	0,191	0,066	0,216	0,004	0,850	1,176
<b>MRSA</b>	0,221	0,085	0,183	0,011	0,948	1,055

(Table 4.5.3: Coefficients)

Table 4.5.3 shows that some variables have a significant effect, and some don't. First of all the effect of insurances (INS) is significant, because  $0,004 < p 0,05$ . The second effect that is significant is MRSA, because  $0,011 < p 0,05$ . The third effect that is significant is linguistic competence (LC), because  $0,014 < p 0,05$ . Seen from a significance level of 0,05, the other effects are not significant.

By broadening the view, and taking a significance level of 0,10, there are two more significant effects. First of all quality of the hospital (QOH), because  $0,088 < 0,1$ . Second is offer of medical (sub-)specialisms (OMS), because  $0,075 < 0,1$ . The rest of the variables does not have a significant influence on the willingness to go to VieCuri. The following table gives an overview of acceptation and rejection of the hypotheses, ranked on effect size (Beta).

Hypotheses	Significance	Accepted/Rejected	Beta
<b>9 (INS)</b>	$0,004 < 0,05$	Accepted	0,216
<b>5 (LC)</b>	$0,014 < 0,05$	Accepted	0,207
<b>10 (MRSA)</b>	$0,011 < 0,05$	Accepted	0,183
<b>1 (QOH)</b>	$0,088 < 0,10$	Accepted	0,151
<b>2 (OMS)</b>	$0,075 < 0,10$	Accepted	0,139
<b>3 (WAIT)</b>	$0,148 > 0,10$	Rejected	0,119
<b>8 (CUL)</b>	$0,282 > 0,10$	Rejected	0,097
<b>6 (TRU)</b>	$0,291 > 0,10$	Rejected	-0,093
<b>4 (DIS)</b>	$0,740 > 0,10$	Rejected	0,024
<b>7 (COM)</b>	$0,798 > 0,10$	Rejected	-0,024

(Table 4.5.4: Overview hypotheses testing)

As a side note there has to be said that evidence with a significance level of 0,10 is not as strong in comparison to a significance level of 0,05 or even 0,001 (Field, 2013). Even though these effects are worth mentioning.

**There can be said that in case of a German going to a Dutch hospital there are some significant factors. First of all the factor insurance has the biggest influence, followed by the factors linguistic competence, and MRSA. The next ones with a significance level of 0,10 are quality of the hospital, and the last one is offer of medical (sub-)specialisms. Hypotheses 3, 4, 6, 7, and 8 need to be rejected.**

#### 4.6 Ranking

All the respondents have been asked to make a ranking based on importance. 1 means most important, whereas 10 means least important. All 157 rankings have been taken together, to create an overall ranking. The ranking is based on the mode, the number that has the highest frequency (Field, 2013). The ranking that flows from this analysis is almost unambiguously, and shown in the following table:

	<b>QOH</b>	<b>OMS</b>	<b>WAIT</b>	<b>DIS</b>	<b>LC</b>	<b>TRU</b>	<b>COM</b>	<b>CUL</b>	<b>INS</b>	<b>MRSA</b>
<b>N</b>	157	157	157	157	157	157	157	157	157	157
<b>Mode</b>	1	2	4/5	7	5	3	8	10	9	6

(Table 4.6.1: mode)

Waiting time and linguistic competence were the only two variables that were somewhat equal in terms of the mode. There has been chosen to rank waiting time as 4, and to rank linguistic competence as 5. This because number 5 was standing out in case of linguistic competence, whereas number 4 and 5 were almost equal in case of waiting time. The other variables were all very clear. **Table 4.6.2 shows the final ranking.**

<b>1</b>	Quality of the hospital	<b>6</b>	MRSA
<b>2</b>	Offer of medical (sub-)specialisms	<b>7</b>	Distance
<b>3</b>	Trust	<b>8</b>	Affective commitment
<b>4</b>	Waiting time	<b>9</b>	Insurances
<b>5</b>	Linguistic competence	<b>10</b>	Cultural sensitivity

(Table 4.6.2: ranking)

**The ranking in table 4.6.2 shows the relevance of the factors, based on the perception of the respondents. Whereas the regression discussed in paragraph 4.5 shows the objective relevance. By comparing those two, there can be seen whether there are differences between the perception of relevance, and the objective relevance. The following table shows an overview of both rankings.**



#	<b>Perceived relevance</b>	#	<b>Objective relevance</b>
<b>1</b>	Quality of the hospital	<b>1</b>	Insurance
<b>2</b>	Offer of medical (sub-)specialisms	<b>2</b>	Linguistic competence
<b>3</b>	Trust	<b>3</b>	MRSA
<b>4</b>	Waiting time	<b>4</b>	Quality of the hospital
<b>5</b>	Linguistic competence	<b>5</b>	Offer of medical (sub-)specialisms
<b>6</b>	MRSA	<b>6</b>	Waiting time
<b>7</b>	Distance	<b>7</b>	Cultural sensitivity
<b>8</b>	Affective commitment	<b>8</b>	Trust
<b>9</b>	Insurances	<b>9</b>	Distance
<b>10</b>	Cultural sensitivity	<b>10</b>	Affective commitment

(Table 4.6.3: comparison between rankings)

Based on the table above, there can be said that what people think is really not in line with the objective relevance. This is possible, because what people think don't have to be the truth. The only similarity is that quality of the hospital, offer of medical (sub-)specialisms, and linguistic competence are presented in the top five of both rankings.

#### 4.7 Moderation effect

Familiarity one of the moderators in this research. Due to this moderator there can be researched whether there is a difference in willingness to go to VieCuri, based on being familiar with VieCuri or not. As expected on beforehand, there would be more people who are unfamiliar with VieCuri, than people who are familiar with VieCuri. The difference between these two groups turned out to be very big, 144 unfamiliar respondents against 13 familiar respondents. Due to these group numbers it is not possible to test the difference with a statistical test, and therefore hypothesis 11 can't be tested. Nevertheless there can be spoken of two groups, and it can be interesting to see whether there is a difference between the means of both groups. The following table shows that there are hardly any differences between the means, but due to inequality these findings don't need to be taken very literally.

<b>Variable</b>	<b>N</b>	<b>Mean unfamiliar group</b>	<b>N</b>	<b>Mean familiar group</b>
<b>QOH</b>	13	3,06	144	3,05
<b>OMS</b>	13	3,23	144	3,00
<b>WAIT</b>	13	2,46	144	2,63
<b>DIS</b>	13	2,19	144	2,07
<b>LC</b>	13	3,59	144	3,63
<b>TRU</b>	13	2,96	144	2,90
<b>COM</b>	13	3,34	144	3,34
<b>CUL</b>	13	3,17	144	3,28
<b>INS</b>	13	2,23	144	2,89
<b>MRSA</b>	13	3,90	144	3,80
<b>WIL</b>	13	3,30	144	3,34

(Table 4.7.1: comparison of means familiarity)

Furthermore there has been taken a look at the moderation effects of **gender**, and **age**. Whether there is a difference between groups and the willingness to go to VieCuri. First of all gender, there can be said that there is totally no difference in the willingness between man and woman. Because sig. (2tailed)  $0,986 > 0,05$ , and looking at the mean there can be said that this is exactly the same. This is illustrated by the following tables:

		<b>F</b>	<b>Sig.</b>	<b>t</b>	<b>df</b>	<b>Sig. (2tailed)</b>
<b>WIL</b>	Equal variances assumed	4,587	0,034	0,018	155	0,986
	Equal variances not assumed			0,018	151,339	0,986

(Table 4.7.2: Independent Samples Tests gender)

		<b>Gander</b>	<b>N</b>	<b>Mean</b>	<b>St. Deviation</b>
<b>WIL</b>	Man	67		3,3358	0,80429
	Woman	90		3,3333	0,92712

(Table 4.7.3: Group statistics gender)

Next there has been taken a look at the variable **age**. Age has been divided into two categories. The first category is 18 – 45, and the second category is older than 46. There is no significant difference between those two groups, because sig. (2tailed)  $0,295 > 0,05$ . There has also been done a post hoc test to compare all the different age groups, but there were also no significant differences.

		<b>F</b>	<b>Sig.</b>	<b>t</b>	<b>df</b>	<b>Sig. (2tailed)</b>
<b>WIL</b>	Equal variances assumed	0,332	0,566	1,051	155	0,295
	Equal variances not assumed			1,049	153,096	0,295

(Table 4.7.4: Independent Samples Tests age)

		<b>Age</b>	<b>N</b>	<b>Mean</b>	<b>St. Deviation</b>
<b>WIL</b>	18 – 45	77		3,4091	0,10323
	> 46	80		3,2625	0,09412

(Table 4.7.5: Group statistics age)

# Chapter 5: Conclusion

This last chapter contains the conclusion of the research, by answering the research question. Furthermore there will be pointed on the recommendations, implications, limitations and suggestions for future research.

## 5.1 Discussion

The research question that has been addressed in this thesis is:

*'Which factors influence the willingness of German patients to go to VieCuri Medical Center, and which of these factors is most important?'*

Based on previous research there have been selected ten variables that can influence the hospital choice of people. Some of these factors are important in the health care sector in general, and some of them are important in an international context. As a reminder, the factors in this research were quality of the hospital, offer of medical (sub-)specialisms, waiting time, distance, linguistic competence, trust, affective commitment, cultural sensitivity, insurances, and MRSA protocols. They are all measured as perceptions, for example linguistic competence means perceived linguistic competence. To test the hypotheses and to answer the research question, there has been done an analysis, which is discussed in the previous chapter.

Based on the multiple regression analysis the research question can be answered. This analysis showed that there are five out of the ten variables that have a significant influence on the willingness to go to VieCuri. These factors are insurances, linguistic competence, MRSA protocols, quality of the hospital, and offer of medical (sub-)specialisms. These are ranked on importance, of which insurances had the strongest influence, and offer of medical (sub-)specialisms the weakest influence. There has to be said, that interpreting these results needs to be done carefully. This because two of these effects are accepted with a significance level 0,10, which is not very strong evidence.

What can be said, according to the results, is that the insurance is most important with an influence of 0,216. The insurance can be seen as a dissatisfier, which has to be there. If German people want to go to VieCuri, everything with the insurance needs to be fine, otherwise they will not do it. No reimbursement will affect the willingness negatively, whereas reimbursement will affect the willingness positively. The analysis of means showed that people are not sure whether going to a Dutch hospital will be reimbursed.

Linguistic competence has the second strongest influence on willingness to go to VieCuri. This can also be seen as a sort of dissatisfier too. Being linguistic competent, so for instance speaking the language of the patient, will positively influence the willingness. Analysis of means showed that most of the Germans thought that VieCuri would be linguistic competent. Especially because it is a hospital close to the border, in other parts of the Netherlands it would be another story.

MRSA protocols has the third strongest influence on willingness to go to VieCuri, which is positive. This means that better perceived MRSA protocols leads to higher willingness to go to VieCuri. The analysis of means shows that this variable has the highest mean of all, which is almost 4. This means that Germans think that MRSA protocols are better in the Netherlands. It seems to be that this is a very important topic, because a lot of respondents commented on it. Taking extra precautionary measures to prevent problems with MRSA was not a problem at all, instead people thought this was a good thing.

The first factor that has been accepted with a significance level of 0,10 is quality of the hospital. In total, it has the fourth strongest, and positive influence on willingness to go to VieCuri. The analysis of means showed that German people thought that quality of the hospital was comparable in both countries. This positive effect can be interpreted in a way that higher perceived quality will lead to higher willingness or the other way around. Lower perceived quality of the hospitals will lead to lower willingness.

Offer of medical (sub-)specialisms is the last effect that seems to influence the willingness to go to VieCuri. It is a positive effect, but it is the weakest of all the significant effects. This positive effects means that better perceived offer of medical (sub-)specialisms leads to higher willingness to go to VieCuri. The analysis of means shows that Germans think that the offer of medical (sub-) specialisms is comparable in German and Dutch hospitals.

The other variables seemed to have no significant effect on willingness to go to VieCuri. There were also no significant moderation effects of familiarity, gender or age.

## **5.2 Recommendations for VieCuri**

This research has been conducted to provide VieCuri with some valuable recommendations, based on the research problem they came up with. These recommendations will be addressed in this paragraph, but first the research problem will be addressed again. The problem has arisen after VieCuri and Städtisches Krankenhaus Nettetal started a cooperation with the focus on

vascular surgery. The cooperation was already at an advanced stage, the only thing was that this particular group of patients was not willing to go to VieCuri. They would rather go to another German hospital, even though this hospital was much further away than VieCuri. To be able to make this cooperation maybe successful in the future, the most important element had to be researched. This element is the patient who needs to use such a cooperation. Questioning 157 patients leaded to the following recommendation for VieCuri.

First of all, this research has shown that a cooperation between a German and Dutch hospital would not be impossible. Purely looking at the question: ‘I would go to VieCuri, because of medical reasons’ has been answered by **58,0% of the respondents positively**, 21,7% was not sure, and 20,3% answered it negatively. Of course it is not as black and white as these percentages suggest, there are some important things to take into consideration.

Going to a hospital can’t be compared with going to a supermarket, there are a lot of factors that play a role. Choosing a hospital is for most of the people a rational process, by analyzing pros and cons. Next to that, the thing that stands out is that it really depends on the situation. In case of very urgent situations Germans would immediately go to a Dutch hospital, which is different in case of a planned situation. In case of a planned situation, a Dutch hospital does not occur in the consideration set of a German. Totally not because they have bad perceptions about Dutch healthcare. More because they don’t see extra value in going to a hospital in the Netherlands, when everything is also available in Germany. To make it more specific, this means when Nettetal is not able to provide certain care, there are enough other German hospitals which are able. Why would a German go to VieCuri in that case? When Nettetal and VieCuri want to make this work, they need to actively make patients aware of this possibility. A few respondents literally said: ‘they need to advertise about the Dutch hospital, because I don’t know about it. A doctor should tell things like that’.

Without good communication, such a cooperation will never work out. VieCuri should work on a communication strategy. This strategy should have two main goals. In the first place it needs to tell the patient that they can go to VieCuri. In the second place it should inform people about important factors that can influence the choice of the patient. This last point, can be divided in several important factors based on this research. First of all the communication strategy needs to inform Germans about the insurances. Elaborate on the fact that there is an agreement between certain insurers across the border, and explain where and how to request an eGCI-card. German doctors need to make sure that possible barriers disappear by giving them

information, because uncertainty about reimbursement and extra effort will not lead to willingness to go to VieCuri. The next factor that needs to be addressed in the communication strategy is linguistic competence. Language seems to be another important factor next to insurances. Tell them whether the particular doctor speaks German or not. For VieCuri it will be important to have doctors who speak German, because talking English is not enough in every case. Language is important to make such an international cooperation successful. Make sure that doctors at VieCuri are willing to learn the German language, and expand the German part at the website. Quality of the hospital and the offer of medical (sub-) specialisms can be taken together in the communication strategy. Pointing on the availability of certain treatments at VieCuri, and quality/experience of doctors is needed to inform patients . They simply need this information to make a well-considered decision.

The next recommendation is about MRSA. Dutch MRSA policies seem to be very well known in Germany. Well known in the positive way, people think that the Netherlands are doing a good job on MRSA. On beforehand there was expected that strict MRSA protocols in the Netherlands would hinder a cooperation with a German hospital. This research showed that German people think strict protocols are a good thing instead of an obstruction. Recommended for VieCuri is trying to make these protocols as least annoying as possible for the patient. Someone from the department infection prevention told me about negotiations between a German lab and the lab of VieCuri. These negotiations were about trusting and accepting each other's MRSA and BRMO tests. These negotiations leaded to an agreement. This means that a German patient who is risky in terms of contracting MRSA can be tested in Germany on beforehand. Results can show whether isolation is needed or not. Whereas if these test will be done when the 'risky' patient arrives in the Dutch hospital, he or she needs to go in isolation out of precaution. So, testing the patient on beforehand can prevent unnecessary isolation. Important is that this is only about risky patients, non-risky patients have nothing to do with this. Cooperation between the hospitals in this field is worth it. An MRSA timeline can be found in the appendix (Appendix 5). To come back on the communication strategy, being clear about these test is obviously important.

These are recommendations which can be used after there has been decided to restart the cooperation. It is really difficult to say whether restarting this cooperation is a good idea. There are definitely people who would go to VieCuri, but probably even more who won't go. The 58,0% in the beginning of this paragraph needs to be taking into perspective. One reason for example could be that people gave socially desirable answers, because they were questioned

face to face. Second the question whether you would go to a certain hospital is depending on a lot of factors and circumstances, which need to come all together. It is difficult to say whether in a real situation also 58% would still go to VieCuri. Furthermore, in the beginning of this research there was expected that distance could be a great advantage for VieCuri. Based on the analysis there can be said that distance is not a problem at all, most people are willing to drive more than 50 kilometers. All in all people in Germany are satisfied with German healthcare, which makes that this cooperation probably costs more than it yields. But to give an answer with certainty, more research is desirable. Something that is good to keep an eye on is the Common Care project. This is a Dutch initiative to research cooperation between German and Dutch hospitals in the border area on a large-scale. It has been started in the beginning of 2018, and can be interesting for VieCuri in the future. Open answers of respondents about going to a Dutch hospital or not, are stated in the appendix (Appendix 7).

### **5.3 Theoretical implications**

The theoretical implication of this research is that it gives insight in factors that influence hospital choice on an international level. This is an existing gap in the literature, because cooperation between hospitals in different countries had not been researched much. This research is the starting point of filling the gap, because there have been used classical hospital choice factors, and factors that are important in terms of international relationships. There can be added to knowledge that in terms of international healthcare cooperation, insurances, linguistic competence, MRSA protocols, quality of the hospital, and offer of medical (sub-) specialisms are important.

### **5.4 Limitations and suggestions for further research**

#### ***5.4.1 Limitations***

The first limitation of this research is that it has only reached a sample of 157 respondents. Nevertheless, this sample was big enough in terms of requirements for the used method of data-analysis. When looking at the population, namely all Germans in the border area of Nettetal and Venlo, the sample could have been bigger. Unfortunately, due to data collection that took longer than expected, and time constraints this was not achievable.

Another limitation is that it was only possible to measure perceptions, instead of actual data. Most Germans don't have experience with or knowledge about Dutch hospitals, like VieCuri. The respondents even thought that answering the perception questions was difficult.

A lot of remarks were, I have never been in a Dutch hospital, so I don't know. Even though it was clear that they were asked about their feelings and thoughts. This resulted in a lot of neutral answers. On beforehand this problem was expected, and there has been thought about options to prevent situations like this. For example, giving information about Dutch hospitals, but that would be priming of the respondent. At the end there has been decided to use the initial approach, and it turned out that some people thought it was very difficult instead of others who were really good in imaging.

There is also a limitation with regard to the survey. There were some variables that could be measured due to comparisons, but not all of them. It did for example not make sense to measure linguistic competence based on a comparison. This made interpreting the results more difficult. Nevertheless in all cases did a high mean point on better for the Netherlands or good for the Netherlands, and low mean worse for the Netherlands or bad for the Netherlands. In any case, there need to be said that interpreting was difficult sometimes.

#### *5.4.2 Suggestions for further research*

First of all it could be interesting to turn this research around. Which implicates that Dutch people would be questioned about their willingness to go to a German hospital. Results can be compared to the results from this research, to see whether there are differences in the degree of willingness. It is also possible to start all over again with a new survey, and to question both Germans and Dutch people. In any case, making that comparison could give interesting insights. Doing this research with other countries is also possible, as long as it are relevant countries in relation to each other.

Furthermore it could be interesting to make the research more specific, for example based on one kind of medical specialism. Because a lot of respondents argued that the willingness really depends on the medical needs. People are willing to do everything when it is about life or death, but in case of a broken leg that could be different. This could also be tested with for example an experiment. Four experimental groups get a different story about a medical situation. Based on that story, people need to indicate their willingness to go to a foreign hospital. Nevertheless this is less realistic than using a survey.

Making sure that groups are equal would also be good for further research. In this way it would be possible to compare unfamiliar and familiar respondent in a statistical way. It is more difficult to find respondents who are familiar with Dutch hospitals, but they are able to compare both hospitals based on experience. This could give meaningful insights.

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## **Appendix 1: Case description VieCuri Medical Center**

VieCuri Medical Center (referred to as VieCuri) is a Dutch hospital. The hospital has a main location in Venlo, a second location in Venray, and three additional polyclinics in Reuver, Panningen, and Horst (VieCuri, 2017). VieCuri is available for people with different medical questions, within a lot of different specialisms and sub-specialisms (VieCuri, 2017). is a hospital for North-Limburg, the area that has to be covered by VieCuri consists of 280.000 people (VieCuri, 2016). There have been treated over 110.00 patients within VieCuri in 2016, which resulted in more than 350.000 consults (VieCuri, 2016). Almost 3000 people are working at VieCuri, these people are staff members, medical specialist, doctors in training, interns, and volunteers (VieCuri, 2016). The most important for VieCuri Medical Center (2017) is quality of care, patients will feel better and they will recover faster in an environment of high-quality care and surrounded by hospitable staff. A top 100 ranking of Dutch hospitals in 2017, showed a 28<sup>th</sup> place for VieCuri (Algemeen Dagblad, 2017).

VieCuri (2017) is part of Samenwerkende Topklinische Ziekenhuizen (STZ). This is one of the four hospital categories in the Netherlands, next to, general hospitals, categorical hospitals, and academic hospitals. A general hospital is a combination of facilities to do research, treatments, and nursing (Atlas van zorg & hulp, 2016). A categorical hospital is the same as a general hospital, but it is only specialized in a few specialisms (Atlas van zorg & hulp, 2016). STZ hospitals (2017) are hospitals that can do all the diagnostics in their own hospital, they have a high volume of care, and a central position in the care network at region level. Very important is the personal touch, the focus is always on the patient (STZ, 2017). The last category are academic hospitals, these hospitals have a lot in common with the other hospitals. Important is the training function of new medical specialists, and the development of new technologies (Atlas van zorg & hulp, 2016).

The origin of VieCuri is due to the merge of several hospitals. First of all St. Willibrord hospital in Tegelen merged with St. Joseph hospital in Venlo, they decided to build a new location in Venlo which was called St. Maartens Gasthuis. Then St. Maartens gasthuis merged with Elisabeth hospital in Venray, both hospitals were called VieCuri Medical Center (De Limburger, 2017).

## Appendix 2: Item table

#	Label	Based on	Item
1	QOH1	Moliner (2009)	<p><b>I think that organisation of care is</b></p> <p>O much better in ‘my hospital’ than in Dutch hospitals            O better in ‘my hospital’ than in Dutch hospitals            O the same in ‘my hospital’ than in Dutch hospitals            O worse in ‘my hospital’ than in Dutch hospitals            O much worse in ‘my hospital’ than in Dutch hospitals</p> <p><i>Ich denke, dass die Organisation der Pflege in ‚meinem Krankenhaus‘</i></p> <p><i>O viel besser ist als in niederländischen Krankenhäusern</i>  <i>O besser ist als in niederländischen Krankenhäusern</i>  <i>O gleich ist wie in niederländischen Krankenhäusern</i>  <i>O schlechter ist als in niederländischen Krankenhäusern</i>  <i>O viel schlechter ist als in niederländischen Krankenhäusern</i></p>
2	QOH2	Moliner (2009)	<p><b>I think that quality of care is</b></p> <p>O much better in ‘my hospital’ than in Dutch hospitals            O better in ‘my hospital’ than in Dutch hospitals            O the same in ‘my hospital’ than in Dutch hospitals            O worse in ‘my hospital’ than in Dutch hospitals            O much worse in ‘my hospital’ than in Dutch hospitals</p> <p><i>Ich denke, dass die Qualität der Pflege in ‚meinem Krankenhaus‘</i></p> <p><i>O viel besser ist als in niederländischen Krankenhäusern</i>  <i>O besser ist als in niederländischen Krankenhäusern</i>  <i>O gleich ist wie in niederländischen Krankenhäusern</i>  <i>O schlechter ist als in niederländischen Krankenhäusern</i>  <i>O viel schlechter ist als in niederländischen Krankenhäusern</i></p>
3	QOH3	Moliner (2009)	<p><b>I think that the degree of professionalism is</b></p> <p>O much better in ‘my hospital’ than in Dutch hospitals            O better in ‘my hospital’ than in Dutch hospitals            O the same in ‘my hospital’ than in Dutch hospitals            O worse in ‘my hospital’ than in Dutch hospitals            O much worse in ‘my hospital’ than in Dutch hospitals</p> <p><i>Ich denke, dass das Maß an Sachkenntnis in ‚meinem Krankenhaus‘</i></p> <p><i>O viel besser ist als in niederländischen Krankenhäusern</i>  <i>O besser ist als in niederländischen Krankenhäusern</i>  <i>O gleich ist wie in niederländischen Krankenhäusern</i>  <i>O schlechter ist als in niederländischen Krankenhäusern</i>  <i>O viel schlechter ist als in niederländischen Krankenhäusern</i></p>
4	QOH4	Moliner (2009)	<p><b>I think knowledge of staff about their job is</b></p> <p>O much better in ‘my hospital’ than in Dutch hospitals            O better in ‘my hospital’ than in Dutch hospitals            O the same in ‘my hospital’ than in Dutch hospitals            O worse in ‘my hospital’ than in Dutch hospitals            O much worse in ‘my hospital’ than in Dutch hospitals</p> <p><i>Ich denke, dass die Kenntnisse des Personals von ihrer Arbeit in ‚meinem Krankenhaus‘</i></p> <p><i>O viel besser ist als in niederländischen Krankenhäusern</i>  <i>O besser ist als in niederländischen Krankenhäusern</i>  <i>O gleich ist wie in niederländischen Krankenhäusern</i>  <i>O schlechter ist als in niederländischen Krankenhäusern</i>  <i>O viel schlechter ist als in niederländischen Krankenhäusern</i></p>

#	Label	Based on	Item
5	QOH5	Moliner (2009)	<p><b>I think the degree of up-to-date knowledge of staff is</b></p> <p><input type="radio"/> O much better in ‘my hospital’ than in Dutch hospitals  <input type="radio"/> O better in ‘my hospital’ than in Dutch hospitals  <input type="radio"/> O the same in ‘my hospital’ than in Dutch hospitals  <input type="radio"/> O worse in ‘my hospital’ than in Dutch hospitals  <input type="radio"/> O much worse in ‘my hospital’ than in Dutch hospitals</p> <p><b><i>Ich denke, dass das Maß an up to date Kenntnissen des Personals in ,meinem Krankenhaus‘</i></b></p> <p><i>O viel besser ist als in niederländischen Krankenhäusern  O besser ist als in niederländischen Krankenhäusern  O gleich ist wie in niederländischen Krankenhäusern  O schlechter ist als in niederländischen Krankenhäusern  O viel schlechter ist als in niederländischen Krankenhäusern</i></p>
6	QOH6	Moliner (2009)	<p><b>I think the degree of friendliness of staff is</b></p> <p><input type="radio"/> O much better in ‘my hospital’ than in Dutch hospitals  <input type="radio"/> O better in ‘my hospital’ than in Dutch hospitals  <input type="radio"/> O the same in ‘my hospital’ than in Dutch hospitals  <input type="radio"/> O worse in ‘my hospital’ than in Dutch hospitals  <input type="radio"/> O much worse in ‘my hospital’ than in Dutch hospitals</p> <p><b><i>Ich denke, dass das Maß an Freundlichkeit des Personals in ,meinem Krankenhaus‘</i></b></p> <p><i>O viel besser ist als in niederländischen Krankenhäusern  O besser ist als in niederländischen Krankenhäusern  O gleich ist wie in niederländischen Krankenhäusern  O schlechter ist als in niederländischen Krankenhäusern  O viel schlechter ist als in niederländischen Krankenhäusern</i></p>
7	QOH7	CQ-index	<p><b>I think that the atmosphere is</b></p> <p><input type="radio"/> O much better in ‘my hospital’ than in Dutch hospitals  <input type="radio"/> O better in ‘my hospital’ than in Dutch hospitals  <input type="radio"/> O the same in ‘my hospital’ than in Dutch hospitals  <input type="radio"/> O worse in ‘my hospital’ than in Dutch hospitals  <input type="radio"/> O much worse in ‘my hospital’ than in Dutch hospitals</p> <p><b><i>Ich denke, dass die Atmosphäre in , meinem Krankenhaus‘</i></b></p> <p><i>O viel besser ist als in niederländischen Krankenhäusern  O besser ist als in niederländischen Krankenhäusern  O gleich ist wie in niederländischen Krankenhäusern  O schlechter ist als in niederländischen Krankenhäusern  O viel schlechter ist als in niederländischen Krankenhäusern</i></p>
8	QOH8	CQ-index	<p><b>I think that the degree of modernity is</b></p> <p><input type="radio"/> O much better in ‘my hospital’ than in Dutch hospitals  <input type="radio"/> O better in ‘my hospital’ than in Dutch hospitals  <input type="radio"/> O the same in ‘my hospital’ than in Dutch hospitals  <input type="radio"/> O worse in ‘my hospital’ than in Dutch hospitals  <input type="radio"/> O much worse in ‘my hospital’ than in Dutch hospitals</p> <p><b><i>Ich denke, dass die Modernität in ,meinem Krankenhaus‘</i></b></p> <p><i>O viel besser ist als in niederländischen Krankenhäusern  O besser ist als in niederländischen Krankenhäusern  O gleich ist wie in niederländischen Krankenhäusern  O schlechter ist als in niederländischen Krankenhäusern  O viel schlechter ist als in niederländischen Krankenhäusern</i></p>

#	Label	Based on	Item
9	QOH9	CQ-index	<p><b>I think that the degree of how at ease I feel is</b></p> <p>O much better in ‘my hospital’ than in Dutch hospitals            O better in ‘my hospital’ than in Dutch hospitals            O the same in ‘my hospital’ than in Dutch hospitals            O worse in ‘my hospital’ than in Dutch hospitals            O much worse in ‘my hospital’ than in Dutch hospitals</p> <p><b><i>Ich denke, dass das Maß an Wohlempfinden in ,meinem Krankenhaus‘</i></b></p> <p><i>O viel besser ist als in niederländischen Krankenhäusern            O besser ist als in niederländischen Krankenhäusern            O gleich ist wie in niederländischen Krankenhäusern            O schlechter ist als in niederländischen Krankenhäusern            O viel schlechter ist als in niederländischen Krankenhäusern</i></p>
10	QOH10	CQ-index	<p><b>I think that hospitality is</b></p> <p>O much better in ‘my hospital’ than in Dutch hospitals            O better in ‘my hospital’ than in Dutch hospitals            O the same in ‘my hospital’ than in Dutch hospitals            O worse in ‘my hospital’ than in Dutch hospitals            O much worse in ‘my hospital’ than in Dutch hospitals</p> <p><b><i>Ich denke, dass Gastfreundlichkeit in ,meinem Krankenhaus‘</i></b></p> <p><i>O viel besser ist als in niederländischen Krankenhäusern            O besser ist als in niederländischen Krankenhäusern            O gleich ist wie in niederländischen Krankenhäusern            O schlechter ist als in niederländischen Krankenhäusern            O viel schlechter ist als in niederländischen Krankenhäusern</i></p>
11	QOH11	CQ-index	<p><b>I think that the offer of facilities (parking lot, restaurant, etc.) is</b></p> <p>O much better in ‘my hospital’ than in Dutch hospitals            O better in ‘my hospital’ than in Dutch hospitals            O the same in ‘my hospital’ than in Dutch hospitals            O worse in ‘my hospital’ than in Dutch hospitals            O much worse in ‘my hospital’ than in Dutch hospitals</p> <p><b><i>Ich denke, dass das Angebot der Einrichtungen, beispielsweise Parkplätze und Restaurants in ,meinem Krankenhaus‘</i></b></p> <p><i>O viel besser ist als in niederländischen Krankenhäusern            O besser ist als in niederländischen Krankenhäusern            O gleich ist wie in niederländischen Krankenhäusern            O schlechter ist als in niederländischen Krankenhäusern            O viel schlechter ist als in niederländischen Krankenhäusern</i></p>
12	OMS1	Own-developed	<p><b>I think that the offer of medical specialisms and sub-specialisms is</b></p> <p>O much better in ‘my hospital’ than in Dutch hospitals            O better in ‘my hospital’ than in Dutch hospitals            O the same in ‘my hospital’ than in Dutch hospitals            O worse in ‘my hospital’ than in Dutch hospitals            O much worse in ‘my hospital’ than in Dutch hospitals</p> <p><b><i>Ich denke, dass das Angebot an Fachärzten/Fachrichtungen in ,meinem Krankenhaus‘</i></b></p> <p><i>O viel besser ist als in niederländischen Krankenhäusern            O besser ist als in niederländischen Krankenhäusern            O gleich ist wie in niederländischen Krankenhäusern            O schlechter ist als in niederländischen Krankenhäusern            O viel schlechter ist als in niederländischen Krankenhäusern</i></p>

#	Label	Based on	Item
13	OMS2	Own-developed	<p><b>When a Dutch hospital is able to offer something ‘my hospital’ isn’t able to offer, it would not be a problem to go to the Dutch hospital</b></p> <p><input type="radio"/> Completely disagree  <input type="radio"/> Disagree  <input type="radio"/> Neutral  <input type="radio"/> Agree  <input type="radio"/> Completely agree</p> <p><i>Wenn ‚mein Krankenhaus‘ nicht über die benötigte Versorgung verfügt, hingegen ein niederländisches Krankenhaus sehr wohl, ist es für mich kein Problem in einem niederländischen Krankenhaus zu gehen.</i></p> <p><input type="radio"/> Lehne vollständig ab  <input type="radio"/> Lehne eher ab  <input type="radio"/> Neutral  <input type="radio"/> Stimme eher zu  <input type="radio"/> Stimme vollständig zu</p>
14	WAIT1	Hill & Alexander (2006)	<p><b>I think access times (time till first appointment) are</b></p> <p><input type="radio"/> much shorter in ‘my hospital’ than in Dutch hospitals  <input type="radio"/> shorter in ‘my hospital’ than in Dutch hospitals  <input type="radio"/> the same in ‘my hospital’ than in Dutch hospitals  <input type="radio"/> longer in ‘my hospital’ than in Dutch hospitals  <input type="radio"/> much longer in ‘my hospital’ than in Dutch hospitals</p> <p><i>Ich denke, dass die Zugangszeiten (zeit bis zum ersten Termin) in ‚meinem Krankenhaus‘</i></p> <p><input type="radio"/> viel kürzer sind als in niederländischen Krankenhäusern  <input type="radio"/> kürzer sind als in niederländischen Krankenhäusern  <input type="radio"/> gleich sind wie in niederländischen Krankenhäusern  <input type="radio"/> länger sind als in niederländischen Krankenhäusern  <input type="radio"/> viel länger sind als in niederländischen Krankenhäusern</p>
15	WAIT2	Hill & Alexander (2006)	<p><b>I think waiting times (time till treatment) are</b></p> <p><input type="radio"/> much shorter in ‘my hospital’ than in Dutch hospitals  <input type="radio"/> shorter in ‘my hospital’ than in Dutch hospitals  <input type="radio"/> the same in ‘my hospital’ than in Dutch hospitals  <input type="radio"/> longer in ‘my hospital’ than in Dutch hospitals  <input type="radio"/> much longer in ‘my hospital’ than in Dutch hospitals</p> <p><i>Ich denke, dass die Wartezeiten (zeit bis zur Behandlung) in ‚meinem Krankenhaus‘</i></p> <p><input type="radio"/> viel kürzer sind als in niederländischen Krankenhäusern  <input type="radio"/> kürzer sind als in niederländischen Krankenhäusern  <input type="radio"/> gleich sind wie in niederländischen Krankenhäusern  <input type="radio"/> länger sind als in niederländischen Krankenhäusern  <input type="radio"/> viel länger sind als in niederländischen Krankenhäusern</p>
16	WAIT3	Hill & Alexander (2006)	<p><b>I think that my willingness to wait on an appointment or treatment is</b></p> <p><input type="radio"/> much bigger for ‘my hospital’ than for Dutch hospitals  <input type="radio"/> bigger for ‘my hospital’ than for Dutch hospitals  <input type="radio"/> the same for ‘my hospital’ than for Dutch hospitals  <input type="radio"/> smaller for ‘my hospital’ than for Dutch hospitals  <input type="radio"/> much smaller for ‘my hospital’ than for Dutch hospitals</p> <p><i>Ich denke, dass meine Bereitschaft zu warten auf einen Termin oder Behandlung bei ‚meinem Krankenhaus‘</i></p> <p><input type="radio"/> viel größer ist als bei niederländischen Krankenhäusern  <input type="radio"/> größer ist als bei niederländischen Krankenhäusern  <input type="radio"/> gleich ist wie bei niederländischen Krankenhäusern  <input type="radio"/> kleiner ist als bei niederländischen Krankenhäusern  <input type="radio"/> viel kleiner ist als bei niederländischen Krankenhäusern</p>

#	Label	Based on	Item
17	WAIT4	Hill & Alexander (2006)	<p><b>In case of equal access times, and waiting times, I preferably go to ‘my hospital’ instead of a Dutch hospital</b></p> <p><input type="radio"/> Completely disagree  <input type="radio"/> Disagree  <input type="radio"/> Neutral  <input type="radio"/> Agree  <input type="radio"/> Completely agree</p> <p><i>Bei gleichen Zugangs- und Wartezeiten, bevorzuge ich ,mein Krankenhaus‘ gegenüber einem niederländischen Krankenhaus</i></p> <p><input type="radio"/> Lehne vollständig ab  <input type="radio"/> Lehne eher ab  <input type="radio"/> Neutral  <input type="radio"/> Stimme eher zu  <input type="radio"/> Stimme vollständig zu</p>
18	WAIT5	Hill & Alexander (2006)	<p><b>In case of shorter access times and waiting times in a Dutch hospital, I preferably go to ‘my hospital’ instead of a Dutch hospital</b></p> <p><input type="radio"/> Completely disagree  <input type="radio"/> Disagree  <input type="radio"/> Neutral  <input type="radio"/> Agree  <input type="radio"/> Completely agree</p> <p><i>Bei kürzeren Zugangs- und Wartezeiten bei einem niederländischen Krankenhaus, bevorzuge ich ,mein Krankenhaus‘ gegenüber einem niederländischen Krankenhaus</i></p> <p><input type="radio"/> Lehne vollständig ab  <input type="radio"/> Lehne eher ab  <input type="radio"/> Neutral  <input type="radio"/> Stimme eher zu  <input type="radio"/> Stimme vollständig ab</p>
19	DIS1	Hill & Alexander (2006)	<p><b>I think the distance, seen from my home town, is</b></p> <p><input type="radio"/> much shorter to ‘my hospital’ than to Dutch hospitals  <input type="radio"/> shorter to ‘my hospital’ than to Dutch hospitals  <input type="radio"/> the same to ‘my hospital’ than to Dutch hospitals  <input type="radio"/> longer to ‘my hospital’ than to Dutch hospitals  <input type="radio"/> much longer to ‘my hospital’ than to Dutch hospitals</p> <p><i>Ich denke, dass der Abstand von meinem Wohnort zu ,meinem Krankenhaus‘</i></p> <p><i>O viel kürzer ist als zu einem niederländischen Krankenhaus</i>  <i>O kürzer ist als zu einem niederländischen Krankenhaus</i>  <i>O gleich ist wie zu einem niederländischen Krankenhaus</i>  <i>O länger ist als zu einem niederländischen Krankenhaus</i>  <i>O viel länger ist als zu einem niederländischen Krankenhaus</i></p>

#	Label	Based on	Item
20	DIS2	Hill & Alexander (2006)	<p><b>I think the attainability, seen from my home town, is</b></p> <p><input type="radio"/> much better for ‘my hospital’ than for Dutch hospitals  <input type="radio"/> better for ‘my hospital’ than for Dutch hospitals  <input type="radio"/> the same for ‘my hospital’ than for Dutch hospitals  <input type="radio"/> worse for ‘my hospital’ than for Dutch hospitals  <input type="radio"/> much worse for ‘my hospital’ than for Dutch hospitals</p> <p><b><i>Ich denke, dass die Erreichbarkeit „meines Krankenhauses“ von meinem Wohnort aus</i></b></p> <p><input type="radio"/> viel besser ist als bei niederländischen Krankenhäusern  <input type="radio"/> besser ist als bei niederländischen Krankenhäusern  <input type="radio"/> gleich ist wie bei niederländischen Krankenhäusern  <input type="radio"/> schlechter ist als bei niederländischen Krankenhäusern  <input type="radio"/> viel schlechter ist als bei niederländischen Krankenhäusern</p>
21	DIS3	Hill & Alexander (2006)	<p><b>In case of equal distance, I preferably go to ‘my hospital’ instead of a Dutch hospital</b></p> <p><input type="radio"/> Completely disagree  <input type="radio"/> Disagree  <input type="radio"/> Neutral  <input type="radio"/> Agree  <input type="radio"/> Completely agree</p> <p><b><i>Bei gleichem Abstand, bevorzuge ich „mein Krankenhaus“ gegenüber einem niederländischen Krankenhaus.</i></b></p> <p><input type="radio"/> Lehne vollständig ab  <input type="radio"/> Lehne eher ab  <input type="radio"/> Neutral  <input type="radio"/> Stimme eher zu  <input type="radio"/> Stimme vollständig zu</p>
22	DIS4	Own-developed	<p><b>When I can be treated close to my home, I am willing to wait longer</b></p> <p><input type="radio"/> Completely disagree  <input type="radio"/> Disagree  <input type="radio"/> Neutral  <input type="radio"/> Agree  <input type="radio"/> Completely agree</p> <p><b><i>Wenn ich wohnungsnah behandelt werden kann, bin ich bereit länger zu warten</i></b></p> <p><input type="radio"/> Lehne vollständig ab  <input type="radio"/> Lehne eher ab  <input type="radio"/> Neutral  <input type="radio"/> Stimme eher zu  <input type="radio"/> Stimme vollständig zu</p>
23	LC1	Bloemer et al. (2013)	<p><b>I think staff of a Dutch hospital speaks the German language or they try to learn in</b></p> <p><input type="radio"/> Completely disagree  <input type="radio"/> Disagree  <input type="radio"/> Neutral  <input type="radio"/> Agree  <input type="radio"/> Completely agree</p> <p><b><i>Ich denke, dass das Personal eines niederländischen Krankenhauses Deutsch spricht oder Deutsch versucht zu lernen</i></b></p> <p><input type="radio"/> Lehne vollständig ab  <input type="radio"/> Lehne eher ab  <input type="radio"/> Neutral  <input type="radio"/> Stimme eher zu  <input type="radio"/> Stimme vollständig zu</p>

#	Label	Based on	Item
24	LC2	Bloemer et al. (2013)	<p><b>I think Dutch hospitals have a German website</b></p> <p><input type="radio"/> Completely disagree  <input type="radio"/> Disagree  <input type="radio"/> Neutral  <input type="radio"/> Agree  <input type="radio"/> Completely agree</p> <p><i>Ich denke, dass ein niederländisches Krankenhaus über eine Deutsche Internetseite verfügt</i></p> <p><input type="radio"/> Lehne vollständig ab  <input type="radio"/> Lehne eher ab  <input type="radio"/> Neutral  <input type="radio"/> Stimme eher zu  <input type="radio"/> Stimme vollständig zu</p>
25	LC3	Bloemer et al. (2013)	<p><b>I think Dutch hospital have other materials in German, like brochures or informational flyers</b></p> <p><input type="radio"/> Completely disagree  <input type="radio"/> Disagree  <input type="radio"/> Neutral  <input type="radio"/> Agree  <input type="radio"/> Completely agree</p> <p><i>Ich denke, dass ein niederländisches Krankenhaus über andere Materialien auf Deutsch verfügt, wie beispielsweise Flyer und Broschüren</i></p> <p><input type="radio"/> Lehne vollständig ab  <input type="radio"/> Lehne eher ab  <input type="radio"/> Neutral  <input type="radio"/> Stimme eher zu  <input type="radio"/> Stimme vollständig zu</p>
26	TRU1	Bloemer et al. (2013)	<p><b>I think keeping personal, and confidential information safe is</b></p> <p><input type="radio"/> much better in ‘my hospital’ than in Dutch hospitals  <input type="radio"/> better in ‘my hospital’ than in Dutch hospitals  <input type="radio"/> the same in ‘my hospital’ than in Dutch hospitals  <input type="radio"/> worse in ‘my hospital’ than in Dutch hospitals  <input type="radio"/> much worse in ‘my hospital’ than in Dutch hospitals</p> <p><i>Ich denke, dass der Umgang mit vertraulichen und persönlichen Daten in ‚meinem Krankenhaus‘</i></p> <p><input type="radio"/> viel besser ist als in niederländischen Krankenhäusern  <input type="radio"/> besser ist als in niederländischen Krankenhäusern  <input type="radio"/> gleich ist wie in niederländischen Krankenhäusern  <input type="radio"/> schlechter ist als in niederländischen Krankenhäusern  <input type="radio"/> viel schlechter ist als in niederländischen Krankenhäusern</p>
27	TRU2	Moliner (2009)	<p><b>I think the degree of reliability of medical specialist is</b></p> <p><input type="radio"/> much better in ‘my hospital’ than in Dutch hospitals  <input type="radio"/> better in ‘my hospital’ than in Dutch hospitals  <input type="radio"/> the same in ‘my hospital’ than in Dutch hospitals  <input type="radio"/> worse in ‘my hospital’ than in Dutch hospitals  <input type="radio"/> much worse in ‘my hospital’ than in Dutch hospitals</p> <p><i>Ich denke, dass das Maß an Zuverlässigkeit der medizinischen Fachkräften in ‚meinem Krankenhaus‘</i></p> <p><input type="radio"/> viel besser ist als in niederländischen Krankenhäusern  <input type="radio"/> besser ist als in niederländischen Krankenhäusern  <input type="radio"/> gleich ist wie in niederländischen Krankenhäusern  <input type="radio"/> schlechter ist als in niederländischen Krankenhäusern  <input type="radio"/> viel schlechter ist als in niederländischen Krankenhäusern</p>

#	Label	Based on	Item
28	TRU3	Moliner (2009)	<p><b>I think the speed of medical specialist when informing me is</b></p> <p><input type="radio"/> much better in ‘my hospital’ than in Dutch hospitals  <input type="radio"/> better ‘my hospital’ than in Dutch hospitals  <input type="radio"/> the same in ‘my hospital’ than in Dutch hospitals  <input type="radio"/> worse in ‘my hospital’ than in Dutch hospitals  <input type="radio"/> much worse in ‘my hospital’ than in Dutch hospitals</p> <p><b><i>Ich denke, dass die Schnelligkeit womit medizinische Fachkräfte mich informieren in ‚meinem Krankenhaus‘</i></b></p> <p><input type="radio"/> viel besser ist als in niederländischen Krankenhäusern  <input type="radio"/> besser ist als in niederländischen Krankenhäusern  <input type="radio"/> gleich ist wie in niederländischen Krankenhäusern  <input type="radio"/> schlechter ist als in niederländischen Krankenhäusern  <input type="radio"/> viel schlechter ist als in niederländischen Krankenhäusern</p>
29	TRU4	CQ-index	<p><b>I think that the degree of reliability in general is</b></p> <p><input type="radio"/> much better in ‘my hospital’ than in Dutch hospitals  <input type="radio"/> better ‘my hospital’ than in Dutch hospitals  <input type="radio"/> the same in ‘my hospital’ than in Dutch hospitals  <input type="radio"/> worse in ‘my hospital’ than in Dutch hospitals  <input type="radio"/> much worse in ‘my hospital’ than in Dutch hospitals</p> <p><b><i>Ich denke, dass die Zuverlässigkeit eines Krankenhauses im Allgemeinen in ‚meinem Krankenhaus‘</i></b></p> <p><input type="radio"/> viel besser ist als in niederländischen Krankenhäusern  <input type="radio"/> besser ist als in niederländischen Krankenhäusern  <input type="radio"/> gleich ist wie in niederländischen Krankenhäusern  <input type="radio"/> schlechter ist als in niederländischen Krankenhäusern  <input type="radio"/> viel schlechter ist als in niederländischen Krankenhäusern</p>
30	COM1	Bloemer et al. (2013)	<p><b>I think that Dutch hospitals want to invest a lot of time in getting to know German patients</b></p> <p><input type="radio"/> Completely disagree  <input type="radio"/> Disagree  <input type="radio"/> Neutral  <input type="radio"/> Agree  <input type="radio"/> Completely agree</p> <p><b><i>Ich denke, dass ein niederländisches Krankenhaus viel Zeit investiert in das Kennenlernen deutscher Patienten</i></b></p> <p><input type="radio"/> Lehne vollständig ab  <input type="radio"/> Lehne eher ab  <input type="radio"/> Neutral  <input type="radio"/> Stimme eher zu  <input type="radio"/> Stimme vollständig zu</p>
31	COM2	Bloemer et al. (2013)	<p><b>I think that Dutch hospitals want to dedicate whatever resources are necessary to develop a good relationship with German patients</b></p> <p><input type="radio"/> Completely disagree  <input type="radio"/> Disagree  <input type="radio"/> Neutral  <input type="radio"/> Agree  <input type="radio"/> Completely agree</p> <p><b><i>Ich denke, dass ein niederländisches Krankenhaus gute Beziehungen aufbauen möchte mit deutschen Patienten</i></b></p> <p><input type="radio"/> Lehne vollständig ab  <input type="radio"/> Lehne eher ab  <input type="radio"/> Neutral  <input type="radio"/> Stimme eher zu  <input type="radio"/> Stimme vollständig zu</p>

#	Label	Based on	Item
32	CUL1	Bloemer et al. (2013)	<p><b>I think that Dutch hospitals are aware of the differences in dealing with German patients</b></p> <p><input type="radio"/> Completely disagree  <input type="radio"/> Disagree  <input type="radio"/> Neutral  <input type="radio"/> Agree  <input type="radio"/> Completely agree</p> <p><i>Ich denke, dass niederländische Krankenhäuser sich der Unterschiede im Umgang mit deutschen Patienten bewusst sind</i></p> <p><input type="radio"/> Lehne vollständig ab  <input type="radio"/> Lehne eher ab  <input type="radio"/> Neutral  <input type="radio"/> Stimme eher zu  <input type="radio"/> Stimme vollständig zu</p>
33	CUL2	Bloemert et al. (2013)	<p><b>I think that Dutch hospitals are aware that norms of communication are different in the German and Dutch culture</b></p> <p><input type="radio"/> Completely disagree  <input type="radio"/> Disagree  <input type="radio"/> Neutral  <input type="radio"/> Agree  <input type="radio"/> Completely agree</p> <p><i>Ich denke, dass ein niederländisches Krankenhaus sich den unterschiedlichen Normen die bezüglich der Kommunikation existieren zwischen Deutschland und den Niederlanden bewusst ist</i></p> <p><input type="radio"/> Lehne vollständig ab  <input type="radio"/> Lehne eher ab  <input type="radio"/> Neutral  <input type="radio"/> Stimme eher zu  <input type="radio"/> Stimme vollständig zu</p>
34	CUL3	Bloemer et al. (2013)	<p><b>I think Dutch hospitals want to adapt to the German way of working</b></p> <p><input type="radio"/> Completely disagree  <input type="radio"/> Disagree  <input type="radio"/> Neutral  <input type="radio"/> Agree  <input type="radio"/> Completely agree</p> <p><i>Ich denke, dass ein niederländisches Krankenhaus dazu bereit ist, sich der deutschen Arbeitsweise an zu passen</i></p> <p><input type="radio"/> Lehne vollständig ab  <input type="radio"/> Lehne eher ab  <input type="radio"/> Neutral  <input type="radio"/> Stimme eher zu  <input type="radio"/> Stimme vollständig zu</p>

#	Label	Based on	Item
35	CUL4	Bloemer et al. (2013)	<p><b>I think Dutch hospitals know a lot about the German culture</b></p> <p><input type="radio"/> Completely disagree  <input type="radio"/> Disagree  <input type="radio"/> Neutral  <input type="radio"/> Agree  <input type="radio"/> Completely agree</p> <p><b><i>Ich denke, dass ein niederländisches Krankenhaus viel weiß von der Kultur des deutschen Patienten</i></b></p> <p><input type="radio"/> Lehne vollständig ab  <input type="radio"/> Lehne eher ab  <input type="radio"/> Neutral  <input type="radio"/> Stimme eher zu  <input type="radio"/> Stimme vollständig zu</p>
36	INS1	Own-developed	<p><b>I think that my insurance will reimburse a planned appointment or treatment in a Dutch hospital</b></p> <p><input type="radio"/> Completely disagree  <input type="radio"/> Disagree  <input type="radio"/> Neutral  <input type="radio"/> Agree  <input type="radio"/> Completely agree</p> <p><b><i>Ich denke, dass meine Versicherung einen geplanten Termin in einem niederländischen Krankenhaus erstattet</i></b></p> <p><input type="radio"/> Lehne vollständig ab  <input type="radio"/> Lehne eher ab  <input type="radio"/> Neutral  <input type="radio"/> Stimme eher zu  <input type="radio"/> Stimme vollständig zu</p>
37	INS2	Own-developed	<p><b>If my insurance reimburses a planned appointment or treatment in a Dutch hospitals, I would make use of it</b></p> <p><input type="radio"/> Completely disagree  <input type="radio"/> Disagree  <input type="radio"/> Neutral  <input type="radio"/> Agree  <input type="radio"/> Completely agree</p> <p><b><i>Wenn meine Versicherung einen geplanten Termin erstatten sollte, würde ich hiervon Gebrauch machen</i></b></p> <p><input type="radio"/> Lehne vollständig ab  <input type="radio"/> Lehne eher ab  <input type="radio"/> Neutral  <input type="radio"/> Stimme eher zu  <input type="radio"/> Stimme vollständig zu</p>

#	Label	Based on	Item
38	INS3	Own-developed	<p><b>When visiting a Dutch hospital, you need a free European insurance card (eGCI-card), requesting such a card is an impediment for me</b></p> <p><input type="radio"/> Completely agree  <input type="radio"/> Agree  <input type="radio"/> Neutral  <input type="radio"/> Disagree  <input type="radio"/> Completely disagree</p> <p><i>Um in einem niederländischen Krankenhaus behandelt werden zu können, wird ein gratis europäischer Versicherungspass (eGCI-Pass) benötigt. Das Beantragen eines solchen Passes finde ich hinderlich</i></p> <p><input type="radio"/> Lehne vollständig ab  <input type="radio"/> Lehne eher ab  <input type="radio"/> Neutral  <input type="radio"/> Stimme eher zu  <input type="radio"/> Stimme vollständig zu</p>
39	MRSA1	Own-developed	<p><b>Extra precautionary measures for MRSA and BRMO are an impediment for me when visiting a Dutch hospital</b></p> <p><input type="radio"/> Completely disagree  <input type="radio"/> Disagree  <input type="radio"/> Neutral  <input type="radio"/> Agree  <input type="radio"/> Completely agree</p> <p><i>Extra Vorsorgemaßnahmen bezüglich MRSA und BRMO wären für mich hinderlich</i></p> <p><input type="radio"/> Lehne vollständig ab  <input type="radio"/> Lehne eher ab  <input type="radio"/> Neutral  <input type="radio"/> Stimme eher zu  <input type="radio"/> Stimme vollständig zu</p>
40	MRSA2	Own-developed	<p><b>Strict protocols for MRSA and BRMO are good</b></p> <p><input type="radio"/> Completely disagree  <input type="radio"/> Disagree  <input type="radio"/> Neutral  <input type="radio"/> Agree  <input type="radio"/> Completely agree</p> <p><i>Strenge Regeln bezüglich MRSA und BRMO sind eine gute Angelegenheit</i></p> <p><input type="radio"/> Lehne vollständig ab  <input type="radio"/> Lehne eher ab  <input type="radio"/> Neutral  <input type="radio"/> Stimme eher zu  <input type="radio"/> Stimme vollständig zu</p>
41	MRSA3	Own-developed	<p><b>I think that, MRSA/BRMO protocols are</b></p> <p><input type="radio"/> much better in ‘my hospital’ than in Dutch hospitals  <input type="radio"/> better ‘my hospital’ than in Dutch hospitals  <input type="radio"/> the same in ‘my hospital’ than in Dutch hospitals  <input type="radio"/> worse in ‘my hospital’ than in Dutch hospitals  <input type="radio"/> much worse in ‘my hospital’ than in Dutch hospitals</p> <p><i>Ich denke dass, MRSA/BRMO Protokolle in „meinem Krankenhaus“</i></p> <p><i>O viel besser sind als in niederländischen Krankenhäusern</i>  <i>O besser sind als in niederländischen Krankenhäusern</i>  <i>O gleich sind wie in niederländischen Krankenhäusern</i>  <i>O schlechter sind als in niederländischen Krankenhäusern</i>  <i>O viel schlechter sind als in niederländischen Krankenhäusern</i></p>

#	Label	Based on	Item
41	WIL1	Wertenbroch & Skiera (2002)	<p><b>I would visit a Dutch hospital, for example VieCuri, due to medical reasons</b></p> <p><input type="radio"/> Completely disagree  <input type="radio"/> Disagree  <input type="radio"/> Neutral  <input type="radio"/> Agree  <input type="radio"/> Completely agree</p> <p><i>Ich würde ein niederländisches Krankenhaus, beispielsweise VieCuri besuchen aus medizinischen Gründen</i></p> <p><i>O Lehne vollständig ab</i>  <i>O Lehne eher ab</i>  <i>O Neutral</i>  <i>O Stimme eher zu</i>  <i>O Stimme vollständig zu</i></p>
42	WIL2	Wertenbroch & Skiera (2002)	<p><b>I would recommend a Dutch hospital, for example VieCuri, to my family and friends</b></p> <p><input type="radio"/> Completely disagree  <input type="radio"/> Disagree  <input type="radio"/> Neutral  <input type="radio"/> Agree  <input type="radio"/> Completely agree</p> <p><i>Ich würde ein niederländisches Krankenhaus, beispielsweise VieCuri, meiner Familie, Freunden und Bekannten empfehlen</i></p> <p><i>O Lehne vollständig ab</i>  <i>O Lehne eher ab</i>  <i>O Neutral</i>  <i>O Stimme eher zu</i>  <i>O Stimme vollständig zu</i></p>

The items above are based on Dutch hospitals in general, the items in the other survey are based on VieCuri, an example of such an item is:

1	QOH1	Moliner (2009)	<p><b>I think that organisation of care is</b></p> <p><input type="radio"/> much better in ‘my hospital’ than in VieCuri  <input type="radio"/> better in ‘my hospital’ than in VieCuri  <input type="radio"/> the same in ‘my hospital’ than in VieCuri  <input type="radio"/> worse in ‘my hospital’ than in VieCuri  <input type="radio"/> much worse in ‘my hospital’ than in VieCuri</p> <p><i>Ich denke, dass die Organisation der Pflege in „meinem Krankenhaus“</i></p> <p><i>O viel besser ist in Vergleich zu VieCuri</i>  <i>O besser ist in Vergleich zu VieCuri</i>  <i>O gleich ist in Vergleich zu VieCuri</i>  <i>O schlechter ist in Vergleich zu VieCuri</i>  <i>O viel schlechter ist in Vergleich zu VieCuri</i></p>
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## Appendix 3: Survey Dutch hospitals

Sehr geehrte, liebe Umfrageteilnehmer,

herzlichen Dank für ihre Teilnahme an dieser Studie. Die Studie wird im Namen des VieCuri Medisch Centrum und des Städtischen Krankenhauses Nettetal, in Zusammenarbeit mit der Radboud Universität durchgeführt und von der Masterstudentin Janine Faassen betreut.

Es ist bekannt, dass Deutsche und Niederländer, vor allem in der Grenzregion, gegenseitig jeweils auch die Dienste und Dienstleistungen des Nachbarlandes nutzen. Das Gesundheitswesen bleibt hierbei jedoch zurück. Nichtsdestotrotz sehen das Städtische Krankenhaus Nettetal und VieCuri eine Perspektive für mögliche Zusammenarbeit.

Das Ziel dieser Umfrage ist es herauszufinden, welche Vorstellung Deutsche Patienten von niederländischen Krankenhäusern, wie beispielsweise dem VieCuri Medisch Centrum, haben.

Die Teilnahme an dieser Umfrage ist vollkommen anonym, was bedeutet, dass niemand Ihre Antworten personenbezogen ermitteln kann. Außerdem werden Ihre Daten ausschließlich für diese Studie genutzt und Ihre Teilnahme ist absolut freiwillig und kann zu jedem Zeitpunkt beendet werden. Das Ausfüllen der Umfrage wird ungefähr 10 Minuten in Anspruch nehmen.



**Radboud  
Universiteit**

**1. Wann haben Sie zuletzt ein Krankenhaus besucht?**

- Vor weniger als 6 Monaten
- Vor 7 bis 12 Monaten
- Vor mehr als 12 Monaten

**2. Bei welchem Krankenhaus sind Sie in der Regel in Behandlung?**

(in den weiteren Fragen wird auf dieses Krankenhaus hingewiesen mit ‚mein Krankenhaus‘)

- Städtisches Krankenhaus Nettetal
- Klinik Düsseldorf
- Städtische Kliniken Mönchengladbach
- Helios Klinikum Krefeld
- Anders, nämlich \_\_\_\_\_

**3. Sind Sie mit dem VieCuri Medisch Centrum bekannt?**

- Ja
- Nein

Sie haben angegeben nicht mit VieCuri bekannt zu sein. Die nächsten Fragen beziehen sich deshalb auf Ihren Eindruck der niederländischen Krankenhäuser im Allgemeinen, im Vergleich mit Ihrem eigenen Krankenhaus.

Die folgenden Thesen beziehen sich auf Ihren Eindruck der Qualität der Krankenhäuser. Können Sie die folgenden Thesen beantworten?

Qualität der Pflege

**4. Ich denke, dass die Organisation der Pflege in ‚meinem Krankenhaus‘**

- Viel besser ist als in niederländischen Krankenhäusern
- Besser ist als in niederländischen Krankenhäusern
- Gleich ist wie in niederländischen Krankenhäusern
- Schlechter ist als in niederländischen Krankenhäusern
- Viel schlechter ist als in niederländischen Krankenhäusern

**5. Ich denke, dass die Qualität der Pflege in ‚meinem Krankenhaus‘**

- Viel besser ist als in niederländischen Krankenhäusern
- Besser ist als in niederländischen Krankenhäusern
- Gleich ist wie in niederländischen Krankenhäusern
- Schlechter ist als in niederländischen Krankenhäusern
- Viel schlechter ist als in niederländischen Krankenhäusern

**6. Ich denke, dass das Maß an Sachkenntnis in ‚meinem Krankenhaus‘**

- Viel besser ist als in niederländischen Krankenhäusern
- Besser ist als in niederländischen Krankenhäusern
- Gleich ist wie in niederländischen Krankenhäusern
- Schlechter ist als in niederländischen Krankenhäusern
- Viel schlechter ist als in niederländischen Krankenhäusern

Qualität des Personals

**7. Ich denke, dass die Kenntnisse des Personals von ihrer Arbeit in ‚meinem Krankenhaus‘**

- Viel besser ist als in niederländischen Krankenhäusern
- Besser ist als in niederländischen Krankenhäusern
- Gleich ist wie in niederländischen Krankenhäusern
- Schlechter ist als in niederländischen Krankenhäusern
- Viel schlechter ist als in niederländischen Krankenhäusern

**8. Ich denke, dass das Maß an up to date Kenntnissen des Personals in ‚meinem Krankenhaus‘**

- Viel besser ist als in niederländischen Krankenhäusern
- Besser ist als in niederländischen Krankenhäusern
- Gleich ist wie in niederländischen Krankenhäusern
- Schlechter ist als in niederländischen Krankenhäusern
- Viel schlechter ist als in niederländischen Krankenhäusern

**9. Ich denke, dass das Maß an Freundlichkeit des Personals in ‚meinem Krankenhaus‘**

- Viel besser ist als in niederländischen Krankenhäusern
- Besser ist als in niederländischen Krankenhäusern
- Gleich ist wie in niederländischen Krankenhäusern
- Schlechter ist als in niederländischen Krankenhäusern
- Viel schlechter ist als in niederländischen Krankenhäusern

Qualität der Unterbringung

**10. Ich denke, dass die Atmosphäre in ‚meinem Krankenhaus‘**

- Viel besser ist als in niederländischen Krankenhäusern
- Besser ist als in niederländischen Krankenhäusern
- Gleich ist wie in niederländischen Krankenhäusern
- Schlechter ist als in niederländischen Krankenhäusern
- Viel schlechter ist als in niederländischen Krankenhäusern

**11. Ich denke, dass die Modernität in ‚meinem Krankenhaus‘**

- Viel besser ist als in niederländischen Krankenhäusern
- Besser ist als in niederländischen Krankenhäusern
- Gleich ist wie in niederländischen Krankenhäusern
- Schlechter ist als in niederländischen Krankenhäusern
- Viel schlechter ist als in niederländischen Krankenhäusern

**12. Ich denke, dass das Maß an Wohlbefinden in ‚meinem Krankenhaus‘**

- Viel besser ist als in niederländischen Krankenhäusern
- Besser ist als in niederländischen Krankenhäusern
- Gleich ist wie in niederländischen Krankenhäusern
- Schlechter ist als in niederländischen Krankenhäusern
- Viel schlechter ist als in niederländischen Krankenhäusern

**13. Ich denke, dass Gastfreundlichkeit in ‚meinem Krankenhaus‘**

- Viel besser ist als in niederländischen Krankenhäusern
- Besser ist als in niederländischen Krankenhäusern
- Gleich ist wie in niederländischen Krankenhäusern
- Schlechter ist als in niederländischen Krankenhäusern
- Viel schlechter ist als in niederländischen Krankenhäusern

**14. Ich denke, dass das Angebot der Einrichtungen, beispielsweise Parkplätze und Restaurants in ‚meinem Krankenhaus‘**

- Viel besser ist als in niederländischen Krankenhäusern
- Besser ist als in niederländischen Krankenhäusern
- Gleich ist wie in niederländischen Krankenhäusern
- Schlechter ist als in niederländischen Krankenhäusern
- Viel schlechter ist als in niederländischen Krankenhäusern

Die folgenden Thesen beziehen sich auf Ihren Eindruck vom Angebot der Krankenhäuser. Können Sie die folgenden Thesen beantworten?

**15. Ich denke, dass das Angebot an Fachärzten/Fachrichtungen in ‚meinem Krankenhaus‘**

- Viel besser ist als in niederländischen Krankenhäusern
- Besser ist als in niederländischen Krankenhäusern
- Gleich ist wie in niederländischen Krankenhäusern
- Schlechter ist als in niederländischen Krankenhäusern
- Viel schlechter ist als in niederländischen Krankenhäusern

**16. Wenn ‚mein Krankenhaus‘ nicht über die benötigte Versorgung verfügt, hingegen ein niederländisches Krankenhaus sehr wohl, ist es für mich kein Problem in einem niederländischen Krankenhaus zu gehen.**

- Lehne vollständig ab
- Lehne eher ab
- Neutral
- Stimme eher zu
- Stimme vollständig zu

Die folgenden Thesen beziehen sich auf Ihren Eindruck von Zugangszeiten und Wartezeiten bei Krankenhäusern. Können Sie die folgenden Thesen beantworten?

**17. Ich denke, dass die Zugangszeiten (zeit bis zum ersten Termin) in ‘meinem Krankenhaus’**

- Viel kürzer sind als in niederländischen Krankenhäusern
- Kürzer sind als in niederländischen Krankenhäusern
- Gleich sind wie in niederländischen Krankenhäusern
- Länger sind als in niederländischen Krankenhäusern
- Viel länger sind als in niederländischen Krankenhäusern

**18. Ich denke, dass die Wartezeiten (zeit bis zur Behandlung) in ,meinem Krankenhaus‘**

- Viel kürzer sind als in niederländischen Krankenhäusern
- Kürzer sind als in niederländischen Krankenhäusern
- Gleich sind wie in niederländischen Krankenhäusern
- Länger sind als in niederländischen Krankenhäusern
- Viel länger sind als in niederländischen Krankenhäusern

**19. Ich denke, dass meine Bereitschaft zu warten auf einen Termin oder Behandlung bei ,meinem Krankenhaus‘**

- Viel größer ist als bei niederländischen Krankenhäusern
- Größer ist als bei niederländischen Krankenhäusern
- Gleich ist wie bei niederländischen Krankenhäusern
- Kleiner ist als bei niederländischen Krankenhäusern
- Viel kleiner ist als bei niederländischen Krankenhäusern

**20. Bei gleichen Zugangs- und Wartezeiten, bevorzuge ich ,mein Krankenhaus‘ gegenüber einem niederländischen Krankenhaus**

- Lehne vollständig ab
- Lehne eher ab
- Neutral
- Stimme eher zu
- Stimme vollständig zu

**21. Bei kürzeren Zugangs- und Wartezeiten bei einem niederländischen Krankenhaus, bevorzuge ich ,mein Krankenhaus‘ gegenüber einem niederländischen Krankenhaus**

- Lehne vollständig ab
- Lehne eher ab
- Neutral
- Stimme eher zu
- Stimme vollständig zu

Die folgenden Fragen beziehen sich auf Ihren Eindruck von dem Abstand zu den Krankenhäusern. Können Sie die nächsten Thesen beantworten?

**22. Ich denke, dass der Abstand von meinem Wohnort zu ,meinem Krankenhaus‘**

- Viel kürzer ist als zu einem niederländischen Krankenhaus
- Kürzer ist als zu einem niederländischen Krankenhaus
- Gleich ist wie zu einem niederländischen Krankenhaus
- Länger ist als zu einem niederländischen Krankenhaus
- Viel länger ist als zu einem niederländischen Krankenhaus

**23. Ich denke, dass die Erreichbarkeit ‚meines Krankenhauses‘ von meinem Wohnort aus**

- Viel besser ist als bei niederländischen Krankenhäusern
- Besser ist als bei niederländischen Krankenhäusern
- Gleich ist wie bei niederländischen Krankenhäusern
- Schlechter ist als bei niederländischen Krankenhäusern
- Viel schlechter ist als bei niederländischen Krankenhäusern

**24. Bei gleichem Abstand, bevorzuge ich ‚mein Krankenhaus‘ gegenüber einem niederländischen Krankenhaus.**

- Lehne vollständig ab
- Lehne eher ab
- Neutral
- Stimme eher zu
- Stimme vollständig zu

**25. Wenn ich wohnungsnah behandelt werden kann, bin ich bereit länger zu warten.**

- Lehne vollständig ab
- Lehne eher ab
- Neutral
- Stimme eher zu
- Stimme vollständig zu

**26. Was ist der maximale Abstand den Sie bereit sind zurückzulegen um ein Krankenhaus zu besuchen?**

- < 20 km
- 20-50 km
- 51-80 km
- > 80 km

Die folgenden Thesen beziehen sich auf Ihren Eindruck von den deutschen Sprachkenntnissen in niederländischen Krankenhäusern. Können Sie die folgenden Thesen beantworten?

**27. Ich denke, dass das Personal eines niederländischen Krankenhauses Deutsch spricht oder Deutsch versucht zu lernen.**

- Lehne vollständig ab
- Lehne eher ab
- Neutral
- Stimme eher zu
- Stimme vollständig zu

**28. Ich denke, dass ein niederländisches Krankenhaus über eine Deutsche Internetseite verfügt**

- Lehne vollständig ab
- Lehne eher ab
- Neutral
- Stimme eher zu
- Stimme vollständig zu

**29. Ich denke, dass ein niederländisches Krankenhaus über andere Materialien auf Deutsch verfügt, wie beispielsweise Flyer und Broschüren**

- Lehne vollständig ab
- Lehne eher ab
- Neutral
- Stimme eher zu
- Stimme vollständig zu

Die folgenden Thesen beziehen sich auf Ihren Eindruck vom Vertrauen in Krankenhäusern. Können Sie die folgenden Thesen beantworten?

**30. Ich denke, dass der Umgang mit vertraulichen und persönlichen Daten in ‚meinem Krankenhaus‘**

- Viel besser ist als in niederländischen Krankenhäusern
- Besser ist als in niederländischen Krankenhäusern
- Gleich ist wie in niederländischen Krankenhäusern
- Schlechter ist als in niederländischen Krankenhäusern
- Viel Schlechter ist als in niederländischen Krankenhäusern

**31. Ich denke, dass das Maß an Zuverlässigkeit der medizinischen Fachkräften in ‚meinem Krankenhaus‘**

- Viel besser ist als in niederländischen Krankenhäusern
- Besser ist als in niederländischen Krankenhäusern
- Gleich ist wie in niederländischen Krankenhäusern
- Schlechter ist als in niederländischen Krankenhäusern
- Viel Schlechter ist als in niederländischen Krankenhäusern

**32. Ich denke, dass die Schnelligkeit womit medizinische Fachkräfte mich informieren in ‚meinem Krankenhaus‘**

- Viel besser ist als in niederländischen Krankenhäusern
- Besser ist als in niederländischen Krankenhäusern
- Gleich ist wie in niederländischen Krankenhäusern
- Schlechter ist als in niederländischen Krankenhäusern
- Viel Schlechter ist als in niederländischen Krankenhäusern

**33. Ich denke, dass die Zuverlässigkeit eines Krankenhauses im Allgemeinen in ‚meinem Krankenhaus‘**

- Viel besser ist als in niederländischen Krankenhäusern
- Besser ist als in niederländischen Krankenhäusern
- Gleich ist wie in niederländischen Krankenhäusern
- Schlechter ist als in niederländischen Krankenhäusern
- Viel Schlechter ist als in niederländischen Krankenhäusern

Die folgenden Thesen beziehen sich auf Ihren Eindruck von dem Interesse von niederländischen Krankenhäusern und ihr Krankenhaus. Können Sie die folgenden Thesen beantworten?

**34. Ich denke, dass ein niederländisches Krankenhaus viel Zeit investiert in das Kennenlernen deutscher Patienten.**

- Lehne vollständig ab
- Lehne eher ab
- Neutral
- Stimme eher zu
- Stimme vollständig zu

**35. Ich denke, dass ein niederländisches Krankenhaus gute Beziehungen aufbauen möchte mit deutschen Patienten.**

- Lehne vollständig ab
- Lehne eher ab
- Neutral
- Stimme eher zu
- Stimme vollständig zu

Die folgenden Thesen handeln von Ihrem Eindruck der kulturellen Kenntnisse von niederländischen Krankenhäusern. Können Sie die folgenden Thesen beantworten.

**36. Ich denke, dass niederländische Krankenhäuser sich der Unterschiede im Umgang mit deutschen Patienten bewusst sind.**

- Lehne vollständig ab
- Lehne eher ab
- Neutral
- Stimme eher zu
- Stimme vollständig zu

**37. Ich denke, dass ein niederländisches Krankenhaus dazu bereit ist, sich der deutschen Arbeitsweise an zu passen.**

- Lehne vollständig ab
- Lehne eher ab
- Neutral
- Stimme eher zu
- Stimme vollständig zu

**38. Ich denke, dass ein niederländisches Krankenhaus sich den unterschiedlichen Normen die bezüglich der Kommunikation existieren zwischen Deutschland und den Niederlanden bewusst ist.**

- Lehne vollständig ab
- Lehne eher ab
- Neutral
- Stimme eher zu
- Stimme vollständig zu

**39. Ich denke, dass ein niederländisches Krankenhaus viel weiß von der Kultur des deutschen Patienten.**

- Lehne vollständig ab
- Lehne eher ab
- Neutral
- Stimme eher zu
- Stimme vollständig zu

Die folgenden Thesen handeln von Krankenversicherungen. Können Sie die folgenden Thesen beantworten?

**40. Ich denke, dass meine Versicherung einen geplanten Termin in einem niederländischen Krankenhaus erstattet.**

- Lehne vollständig ab
- Lehne eher ab
- Neutral
- Stimme eher zu
- Stimme vollständig zu

**41. Wenn meine Versicherung einen geplanten Termin erstatten sollte, würde ich hiervon Gebrauch machen.**

- Lehne vollständig ab
- Lehne eher ab
- Neutral
- Stimme eher zu
- Stimme vollständig zu

**42. Um in einem niederländischen Krankenhaus behandelt werden zu können, wird ein gratis europäischer Versicherungspass (eGCI-Pass) benötigt. Das Beantragen eines solchen Passes finde ich hinderlich.**

- Lehne vollständig ab
- Lehne eher ab
- Neutral
- Stimme eher zu
- Stimme vollständig zu

Die folgenden Fragen und Thesen handeln von MRSA und BRMO, beziehungsweise die Krankenhausbakterien. Es sind resistente Bakterien, was bedeutet dass diese nicht oder nur sehr schwierig mit Antibiotika zu behandeln sind. Träger dieser Bakterien zu sein, stellt keine Gefahr dar. Das Problem entsteht erst wenn MRSA oder BRMO eine Infektion verursacht. Menschen mit einem erhöhten Risiko für eine MRSA oder BRMO-Trägerschaft:

- Haben in den letzten 2 Monaten im Ausland in einem Krankenhaus gelegen oder waren in einer Pflegeeinrichtung eingewiesen ;
- Sind mit lebenden Schweinen, Zuchtkälbern oder Zuchtküken in Berührung kommen;
- Wohnen auf dem Gelände eines Landbaubetriebes, wo Schweine, Zuchtkälber oder Zuchtküken gezüchtet werden

Im Falle eines erhöhten Risikos auf MRSA oder BRMO müssen bei einer Aufnahme in ein niederländischen Krankenhaus extra Vorsorgemaßnahmen getroffen werden. Können Sie die nächsten Thesen beantworten?

**43. Extra Vorsorgemaßnahmen bezüglich MRSA und BRMO wären für mich hinderlich**

- Lehne vollständig ab
- Lehne eher ab
- Neutral
- Stimme eher zu
- Stimme vollständig zu

**44. Strenge Regeln bezüglich MRSA und BRMO sind eine gute Angelegenheit.**

- Lehne vollständig ab
- Lehne eher ab
- Neutral
- Stimme eher zu
- Stimme vollständig zu

**45. Ich denke dass, MRSA und BRMO Protokolle in „meinem Krankenhaus“**

- viel besser sind als in niederländischen Krankenhäusern
- besser sind als in niederländischen Krankenhäusern
- gleich sind wie in niederländischen Krankenhäusern
- schlechter sind als in niederländischen Krankenhäusern
- viel schlechter sind als in niederländischen Krankenhäusern

**46. Können Sie die 10 obengenannten Faktoren rangordnen (1 das Wichtigste – 10 das Unwichtigste)**

- |   |   |
|---|---|
| <input type="checkbox"/> Qualität des Krankenhauses | <input type="checkbox"/> Vertrauen                  |
| <input type="checkbox"/> Fachangebot                | <input type="checkbox"/> Interesse                  |
| <input type="checkbox"/> Wartezeit                  | <input type="checkbox"/> Kulturelle Empfindlichkeit |
| <input type="checkbox"/> Abstand                    | <input type="checkbox"/> Versicherungen             |
| <input type="checkbox"/> Sprachkenntnisse           | <input type="checkbox"/> MRSA/BRMO Protokolle       |

Die folgenden Thesen handeln von Ihrer Bereitschaft ein niederländisches Krankenhaus zu besuchen. Können Sie die folgenden Thesen beantworten?

**47. Ich würde ein niederländisches Krankenhaus, beispielsweise VieCuri besuchen aus medizinischen Gründen.**

- Lehne vollständig ab  
 Lehne eher ab  
 Neutral  
 Stimme eher zu  
 Stimme vollständig zu

**48. Ich würde ein niederländisches Krankenhaus, beispielsweise VieCuri, meiner Familie, Freunden und Bekannten empfehlen.**

- Lehne vollständig ab  
 Lehne eher ab  
 Neutral  
 Stimme eher zu  
 Stimme vollständig zu

**49. Können Sie einen Grund nennen, weshalb Sie sich für oder gegen ein niederländisches Krankenhaus entscheiden würden?**

- Für, weil \_\_\_\_\_  
 Gegen, weil \_\_\_\_\_  
 Kein Grund

**50. Haben Sie noch Bemerkungen oder Anmerkungen bezüglich dieser Umfrage?**

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**51. Was ist ihr Geschlecht?**

- Männlich
- Weiblich

**52. In welchem Alter sind Sie?**

- 18-25
- 26-35
- 36-45
- 46-55
- 56-65
- 66-75
- 76-85
- Älter als 85

**53. Was ist ihr Bildungsabschluss?**

- Grundschulabschluss
- Realschule
- Gymnasium
- Abgeschlossene Ausbildung
- Fachhochschulabschluss
- Hochschulabschluss
- Bachelor an der Universität
- Master an der Universität

**54. Was ist ihr Wohnort?**

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**55. Wo haben Sie den Fragebogen ausgefüllt?**

- Facebook
- Im Krankenhaus
- Auf der Straße
- Intranet für Mitarbeiter

## Appendix 4: Survey VieCuri

Sehr geehrte, liebe Umfrageteilnehmer,

herzlichen Dank für ihre Teilnahme an dieser Studie. Die Studie wird im Namen des VieCuri Medisch Centrum und des Städtischen Krankenhauses Nettetal, in Zusammenarbeit mit der Radboud Universität durchgeführt und von der Masterstudentin Janine Faassen betreut.

Es ist bekannt, dass Deutsche und Niederländer, vor allem in der Grenzregion, gegenseitig jeweils auch die Dienste und Dienstleistungen des Nachbarlandes nutzen. Das Gesundheitswesen bleibt hierbei jedoch zurück. Nichtsdestotrotz sehen das Städtische Krankenhaus Nettetal und VieCuri eine Perspektive für mögliche Zusammenarbeit.

Das Ziel dieser Umfrage ist es herauszufinden, welche Vorstellung Deutsche Patienten von niederländischen Krankenhäusern, wie beispielsweise dem VieCuri Medisch Centrum, haben.

Die Teilnahme an dieser Umfrage ist vollkommen anonym, was bedeutet, dass niemand Ihre Antworten personenbezogen ermitteln kann. Außerdem werden Ihre Daten ausschließlich für diese Studie genutzt und Ihre Teilnahme ist absolut freiwillig und kann zu jedem Zeitpunkt beendet werden. Das Ausfüllen der Umfrage wird ungefähr 10 Minuten in Anspruch nehmen.



**1. Wann haben Sie zuletzt ein Krankenhaus besucht?**

- Vor weniger als 6 Monaten
- Vor 7 bis 12 Monaten
- Vor mehr als 12 Monaten

**2. Bei welchem Krankenhaus sind Sie in der Regel in Behandlung?**

- (in den weiteren Fragen wird auf dieses Krankenhaus hingewiesen mit „mein Krankenhaus“)
- Städtisches Krankenhaus Nettetal
  - Klinik Düsseldorf
  - Städtische Kliniken Mönchengladbach
  - Helios Klinikum Krefeld
  - Anders, nämlich \_\_\_\_\_

**3. Sind Sie mit dem VieCuri Medisch Centrum bekannt?**

- Ja
- Nein

**4. Woher kennen Sie VieCuri?**

- Internet
- Freunde, Familie, Bekannte
- Behandlung
- Besuch in Venlo
- Anders, nämlich \_\_\_\_\_

Sie haben angegeben, dass Sie mit dem 'VieCuri Medisch Centrum' bekannt sind. Die nächsten Fragen beziehen sich deshalb auf Ihren Eindruck von VieCuri im Vergleich zu ihrem eigenen Krankenhaus.

Die folgenden Thesen beziehen sich auf Ihren Eindruck der Qualität der Krankenhäuser. Können Sie die folgenden Thesen beantworten?

Qualität der Unterbringung

**5. Ich denke, dass die Organisation der Pflege in ,meinem Krankenhaus‘**

- O Viel besser ist in Vergleich zu VieCuri
- O Besser ist in Vergleich zu VieCuri
- O Gleich ist in Vergleich zu VieCuri
- O Schlechter ist in Vergleich zu VieCuri
- O Viel schlechter ist in Vergleich zu VieCuri

**6. Ich denke, dass die Qualität der Pflege in ,meinem Krankenhaus‘**

- O Viel besser ist in Vergleich zu VieCuri
- O Besser ist in Vergleich zu VieCuri
- O Gleich ist in Vergleich zu VieCuri
- O Schlechter ist in Vergleich zu VieCuri
- O Viel schlechter ist in Vergleich zu VieCuri

**7. Ich denke, dass das Maß an Sachkenntnis in ,meinem Krankenhaus‘**

- O Viel besser ist in Vergleich zu VieCuri
- O Besser ist in Vergleich zu VieCuri
- O Gleich ist in Vergleich zu VieCuri
- O Schlechter ist in Vergleich zu VieCuri
- O Viel schlechter ist in Vergleich zu VieCuri

Qualität des Personals

**8. Ich denke, dass die Kenntnisse des Personals von ihrer Arbeit in ,meinem Krankenhaus‘**

- O Viel besser ist in Vergleich zu VieCuri
- O Besser ist in Vergleich zu VieCuri
- O Gleich ist in Vergleich zu VieCuri
- O Schlechter ist in Vergleich zu VieCuri
- O Viel schlechter ist in Vergleich zu VieCuri

**9. Ich denke, dass das Maß an up to date Kenntnissen des Personals in ,meinem Krankenhaus‘**

- O Viel besser ist in Vergleich zu VieCuri
- O Besser ist in Vergleich zu VieCuri
- O Gleich ist in Vergleich zu VieCuri
- O Schlechter ist in Vergleich zu VieCuri
- O Viel schlechter ist in Vergleich zu VieCuri

**10. Ich denke, dass das Maß an Freundlichkeit des Personals in ,meinem Krankenhaus‘**

- O Viel besser ist in Vergleich zu VieCuri
- O Besser ist in Vergleich zu VieCuri
- O Gleich ist in Vergleich zu VieCuri
- O Schlechter ist in Vergleich zu VieCuri
- O Viel schlechter ist in Vergleich zu VieCuri

**11. Ich denke, dass die Atmosphäre in , meinem Krankenhaus‘**

- Viel besser ist in Vergleich zu VieCuri
- Besser ist in Vergleich zu VieCuri
- Gleich ist in Vergleich zu VieCuri
- Schlechter ist in Vergleich zu VieCuri
- Viel schlechter ist in Vergleich zu VieCuri

**12. Ich denke, dass die Modernität in ,meinem Krankenhaus‘**

- Viel besser ist in Vergleich zu VieCuri
- Besser ist in Vergleich zu VieCuri
- Gleich ist in Vergleich zu VieCuri
- Schlechter ist in Vergleich zu VieCuri
- Viel schlechter ist in Vergleich zu VieCuri

**13. Ich denke, dass das Maß an Wohlbefinden in , meinem Krankenhaus‘**

- Viel besser ist in Vergleich zu VieCuri
- Besser ist in Vergleich zu VieCuri
- Gleich ist in Vergleich zu VieCuri
- Schlechter ist in Vergleich zu VieCuri
- Viel schlechter ist in Vergleich zu VieCuri

**14. Ich denke, dass Gastfreundlichkeit in ,meinem Krankenhaus‘**

- Viel besser ist in Vergleich zu VieCuri
- Besser ist in Vergleich zu VieCuri
- Gleich ist in Vergleich zu VieCuri
- Schlechter ist in Vergleich zu VieCuri
- Viel schlechter ist in Vergleich zu VieCuri

**15. Ich denke, dass das Angebot der Einrichtungen, beispielsweise Parkplätze und Restaurants in ,meinem Krankenhaus‘**

- Viel besser ist in Vergleich zu VieCuri
- Besser ist in Vergleich zu VieCuri
- Gleich ist in Vergleich zu VieCuri
- Schlechter ist in Vergleich zu VieCuri
- Viel schlechter ist in Vergleich zu VieCuri

Die folgenden Thesen beziehen sich auf Ihren Eindruck vom Angebot der Krankenhäuser. Können Sie die folgenden Thesen beantworten?

**16. Ich denke, dass das Angebot an Fachärzten/Fachrichtungen in ,meinem Krankenhaus‘**

- Viel besser ist in Vergleich zu VieCuri
- Besser ist in Vergleich zu VieCuri
- Gleich ist in Vergleich zu VieCuri
- Schlechter ist in Vergleich zu VieCuri
- Viel schlechter ist in Vergleich zu VieCuri

**17. Wenn ,mein Krankenhaus‘ nicht über die benötigte Versorgung verfügt, hingegen VieCuri sehr wohl, ist es für mich kein Problem zu VieCuri zu gehen**

- Lehne vollständig ab
- Lehne eher ab
- Neutral
- Stimme eher zu
- Stimme vollständig zu

Die folgenden Thesen beziehen sich auf Ihren Eindruck von Zugangszeiten und Wartezeiten bei Krankenhäusern. Können Sie die folgenden Thesen beantworten?

**18. Ich denke, dass die Zugangszeiten (zeit bis zum ersten Termin) in ‘meinem Krankenhaus’**

- Viel kürzer sind in Vergleich zu VieCuri
- Kürzer sind in Vergleich zu VieCuri
- Gleich sind in Vergleich zu VieCuri
- Länger sind in Vergleich zu VieCuri
- Viel länger sind in Vergleich zu VieCuri

**19. Ich denke, dass die Wartezeiten (zeit bis zur Behandlung) in ,meinem Krankenhaus‘**

- Viel kürzer sind in Vergleich zu VieCuri
- Kürzer sind in Vergleich zu VieCuri
- Gleich sind in Vergleich zu VieCuri
- Länger sind in Vergleich zu VieCuri
- Viel länger sind in Vergleich zu VieCuri

**20. Ich denke, dass meine Bereitschaft zu warten auf einen Termin oder Behandlung bei ,meinem Krankenhaus‘**

- Viel größer ist in Vergleich zu VieCuri
- Größer ist in Vergleich zu VieCuri
- Gleich ist in Vergleich zu VieCuri
- Kleiner ist in Vergleich zu VieCuri
- Viel kleiner ist in Vergleich zu VieCuri

**21. Bei gleichen Zugangs- und Wartezeiten, bevorzuge ich ,mein Krankenhaus‘ gegenüber VieCuri**

- Lehne vollständig ab
- Lehne eher ab
- Neutral
- Stimme eher zu
- Stimme vollständig zu

**22. Bei kürzeren Zugangs- und Wartezeiten beim VieCuri, bevorzuge ich ,mein Krankenhaus‘ gegenüber VieCuri**

- Lehne vollständig ab
- Lehne eher ab
- Neutral
- Stimme eher zu
- Stimme vollständig zu

Die folgenden Fragen beziehen sich auf Ihren Eindruck von dem Abstand zu den Krankenhäusern. Können Sie die nächsten Thesen beantworten?

**23. Ich denke, dass der Abstand von meinem Wohnort zu ,meinem Krankenhaus‘**

- Viel kürzer ist in Vergleich zu VieCuri
- Kürzer ist in Vergleich zu VieCuri
- Gleich ist in Vergleich zu VieCuri
- Länger ist in Vergleich zu VieCuri
- Viel länger ist in Vergleich zu VieCuri

**24. Ich denke, dass die Erreichbarkeit ‚meines Krankenhauses‘ von meinem Wohnort aus**

- Viel besser ist in Vergleich zu VieCuri
- Besser ist in Vergleich zu VieCuri
- Gleich ist in Vergleich zu VieCuri
- Schlechter ist in Vergleich zu VieCuri
- Viel schlechter ist in Vergleich zu VieCuri

**25. Bei gleichem Abstand, bevorzuge ich ‚mein Krankenhaus‘ gegenüber VieCuri**

- Lehne vollständig ab
- Lehne eher ab
- Neutral
- Stimme eher zu
- Stimme vollständig zu

**26. Wenn ich wohnungsnah behandelt werden kann, bin ich bereit länger zu warten**

- Lehne vollständig ab
- Lehne eher ab
- Neutral
- Stimme eher zu
- Stimme vollständig zu

**27. Was ist der maximale Abstand den Sie bereit sind zurückzulegen um ein Krankenhaus zu besuchen?**

- < 20 km
- 20-50 km
- 51-80 km
- > 80 km

Die folgenden Thesen beziehen sich auf Ihren Eindruck von den deutschen Sprachkenntnissen in niederländischen Krankenhäusern. Können Sie die folgenden Thesen beantworten?

**28. Ich denke, dass das Personal von VieCuri, Deutsch spricht oder Deutsch versucht zu lernen**

- Lehne vollständig ab
- Lehne eher ab
- Neutral
- Stimme eher zu
- Stimme vollständig zu

**29. Ich denke, dass VieCuri über eine Deutsche Internetseite verfügt**

- Lehne vollständig ab
- Lehne eher ab
- Neutral
- Stimme eher zu
- Stimme vollständig zu

**30. Ich denke, dass VieCuri über andere Materialien auf Deutsch verfügt, wie beispielsweise Flyer und Broschüren**

- Lehne vollständig ab
- Lehne eher ab
- Neutral
- Stimme eher zu
- Stimme vollständig zu

Die folgenden Thesen beziehen sich auf Ihren Eindruck vom Vertrauen in Krankenhäusern. Können Sie die folgenden Thesen beantworten?

**31. Ich denke, dass der Umgang mit vertraulichen und persönlichen Daten in „meinem Krankenhaus“**

- Viel besser ist in Vergleich zu VieCuri
- Besser ist in Vergleich zu VieCuri
- Gleich ist in Vergleich zu VieCuri
- Schlechter ist in Vergleich zu VieCuri
- Viel schlechter ist in Vergleich zu VieCuri

**32. Ich denke, dass das Maß an Zuverlässigkeit der medizinischen Fachkräften in „meinem Krankenhaus“**

- Viel besser ist in Vergleich zu VieCuri
- Besser ist in Vergleich zu VieCuri
- Gleich ist in Vergleich zu VieCuri
- Schlechter ist in Vergleich zu VieCuri
- Viel schlechter ist in Vergleich zu VieCuri

**33. Ich denke, dass die Schnelligkeit womit medizinische Fachkräfte mich informieren in „meinem Krankenhaus“**

- Viel besser ist in Vergleich zu VieCuri
- Besser ist in Vergleich zu VieCuri
- Gleich ist in Vergleich zu VieCuri
- Schlechter ist in Vergleich zu VieCuri
- Viel schlechter ist in Vergleich zu VieCuri

**34. Ich denke, dass die Zuverlässigkeit eines Krankenhauses im Allgemeinen in „meinem Krankenhaus“**

- Viel besser ist in Vergleich zu VieCuri
- Besser ist in Vergleich zu VieCuri
- Gleich ist in Vergleich zu VieCuri
- Schlechter ist in Vergleich zu VieCuri
- Viel schlechter ist in Vergleich zu VieCuri

Die folgenden Thesen beziehen sich auf Ihren Eindruck von dem Interesse von niederländischen Krankenhäusern und ihr Krankenhaus. Können Sie die folgenden Thesen beantworten?

**35. Ich denke, dass VieCuri viel Zeit investiert in das Kennenlernen deutscher Patienten**

- Lehne vollständig ab
- Lehne eher ab
- Neutral
- Stimme eher zu
- Stimme vollständig zu

**36. Ich denke, dass VieCuri gute Beziehungen aufbauen möchte mit deutschen Patienten**

- Lehne vollständig ab
- Lehne eher ab
- Neutral
- Stimme eher zu
- Stimme vollständig zu

Die folgenden Thesen handeln von Ihrem Eindruck der kulturellen Kenntnisse von niederländischen Krankenhäusern. Können Sie die folgenden Thesen beantworten.

**37. Ich denke, dass VieCuri sich der Unterschiede im Umgang mit deutschen Patienten bewusst sind**

- Lehne vollständig ab
- Lehne eher ab
- Neutral
- Stimme eher zu
- Stimme vollständig zu

**38. Ich denke, dass VieCuri dazu bereit ist, sich der deutschen Arbeitsweise an zu passen**

- Lehne vollständig ab
- Lehne eher ab
- Neutral
- Stimme eher zu
- Stimme vollständig zu

**39. Ich denke, dass VieCuri sich den unterschiedlichen Normen die bezüglich der Kommunikation existieren zwischen Deutschland und den Niederlanden bewusst ist**

- Lehne vollständig ab
- Lehne eher ab
- Neutral
- Stimme eher zu
- Stimme vollständig zu

**40. Ich denke, dass VieCuri viel weiß von der Kultur des deutschen Patienten**

- Lehne vollständig ab
- Lehne eher ab
- Neutral
- Stimme eher zu
- Stimme vollständig zu

Die folgenden Thesen handeln von Krankenversicherungen. Können Sie die folgenden Thesen beantworten?

**41. Ich denke, dass meine Versicherung einen geplanten Termin in einem niederländischen Krankenhaus, beispielsweise VieCuri, erstattet**

- Lehne vollständig ab
- Lehne eher ab
- Neutral
- Stimme eher zu
- Stimme vollständig zu

**42. Wenn meine Versicherung einen geplanten Termin erstatten sollte, würde ich hiervon Gebrauch machen**

- Lehne vollständig ab
- Lehne eher ab
- Neutral
- Stimme eher zu
- Stimme vollständig zu

**43. Um in einem niederländischen Krankenhaus, beispielsweise VieCuri, behandelt werden zu können, wird ein gratis europäischer Versicherungspass (eGCI-Pass) benötigt. Das Beantragen eines solchen Passes finde ich hinderlich**

- Lehne vollständig ab
- Lehne eher ab
- Neutral
- Stimme eher zu
- Stimme vollständig zu

Die folgenden Fragen und Thesen handeln von MRSA und BRMO, beziehungsweise die Krankenhausbakterien. Es sind resistente Bakterien, was bedeutet dass diese nicht oder nur sehr schwierig mit Antibiotika zu behandeln sind. Träger dieser Bakterien zu sein, stellt keine Gefahr dar. Das Problem entsteht erst wenn MRSA oder BRMO eine Infektion verursacht. Menschen mit einem erhöhten Risiko für eine MRSA oder BRMO-Trägerschaft:

- Haben in den letzten 2 Monaten im Ausland in einem Krankenhaus gelegen oder waren in einer Pflegeeinrichtung eingewiesen ;
- Sind mit lebenden Schweinen, Zuchtkälbern oder Zuchtküken in Berührung kommen;
- Wohnen auf dem Gelände eines Landbaubetriebes, wo Schweine, Zuchtkälber oder Zuchtküken gezüchtet werden

Im Falle eines erhöhten Risikos auf MRSA oder BRMO müssen bei einer Aufnahme in ein niederländischen Krankenhaus extra Vorsorgemaßnahmen getroffen werden. Können Sie die nächsten Thesen beantworten?

**44. Extra Vorsorgemaßnahmen bezüglich MRSA und BRMO wären für mich hinderlich**

- Lehne vollständig ab
- Lehne eher ab
- Neutral
- Stimme eher zu
- Stimme vollständig zu

**45. Strenge Regeln bezüglich MRSA und BRMO sind eine gute Angelegenheit**

- Lehne vollständig ab
- Lehne eher ab
- Neutral
- Stimme eher zu
- Stimme vollständig zu

**46. Ich denke dass, MRSA und BRMO Protokolle in „meinem Krankenhaus“**

- viel besser sind in Vergleich zu VieCuri
- besser sind in Vergleich zu VieCuri
- gleich sind in Vergleich zu VieCuri
- schlechter sind in Vergleich zu VieCuri
- viel schlechter sind in Vergleich zu VieCuri

**47. Können Sie die 10 obengenannten Faktoren rangordnen (1 das Wichtigste – 10 das Unwichtigste)**

- |   |   |
|---|---|
| <input type="checkbox"/> Qualität des Krankenhauses | <input type="checkbox"/> Vertrauen                  |
| <input type="checkbox"/> Fachangebot                | <input type="checkbox"/> Interesse                  |
| <input type="checkbox"/> Wartezeit                  | <input type="checkbox"/> Kulturelle Empfindlichkeit |
| <input type="checkbox"/> Abstand                    | <input type="checkbox"/> Versicherungen             |
| <input type="checkbox"/> Sprachkenntnisse           | <input type="checkbox"/> MRSA/BRMO Protokolle       |

Die folgenden Thesen handeln von Ihrer Bereitschaft ein niederländisches Krankenhaus zu besuchen.  
Können Sie die folgenden Thesen beantworten?

**48. Ich würde VieCuri besuchen aus medizinischen Gründen**

- Lehne vollständig ab  
 Lehne eher ab  
 Neutral  
 Stimme eher zu  
 Stimme vollständig zu

**49. Ich würde VieCuri, meiner Familie, Freunden und Bekannten empfehlen**

- Lehne vollständig ab  
 Lehne eher ab  
 Neutral  
 Stimme eher zu  
 Stimme vollständig zu

**50. Können Sie einen Grund nennen, weshalb Sie sich für oder gegen VieCuri entscheiden würden?**

- Für, weil \_\_\_\_\_  
 Gegen, weil \_\_\_\_\_  
 Kein Grund

**51. Haben Sie noch Bemerkungen oder Anmerkungen bezüglich dieser Umfrage?**

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**52. Was ist ihr Geschlecht?**

- Männlich
- Weiblich

**53. In welchem Alter sind Sie?**

- 18-25
- 26-35
- 36-45
- 46-55
- 56-65
- 66-75
- 76-85
- Älter als 85

**54. Was ist ihr Bildungsabschluss?**

- Grundschulabschluss
- Realschule
- Gymnasium
- Abgeschlossene Ausbildung
- Fachhochschulabschluss
- Hochschulabschluss
- Bachelor an der Universität
- Master an der Universität

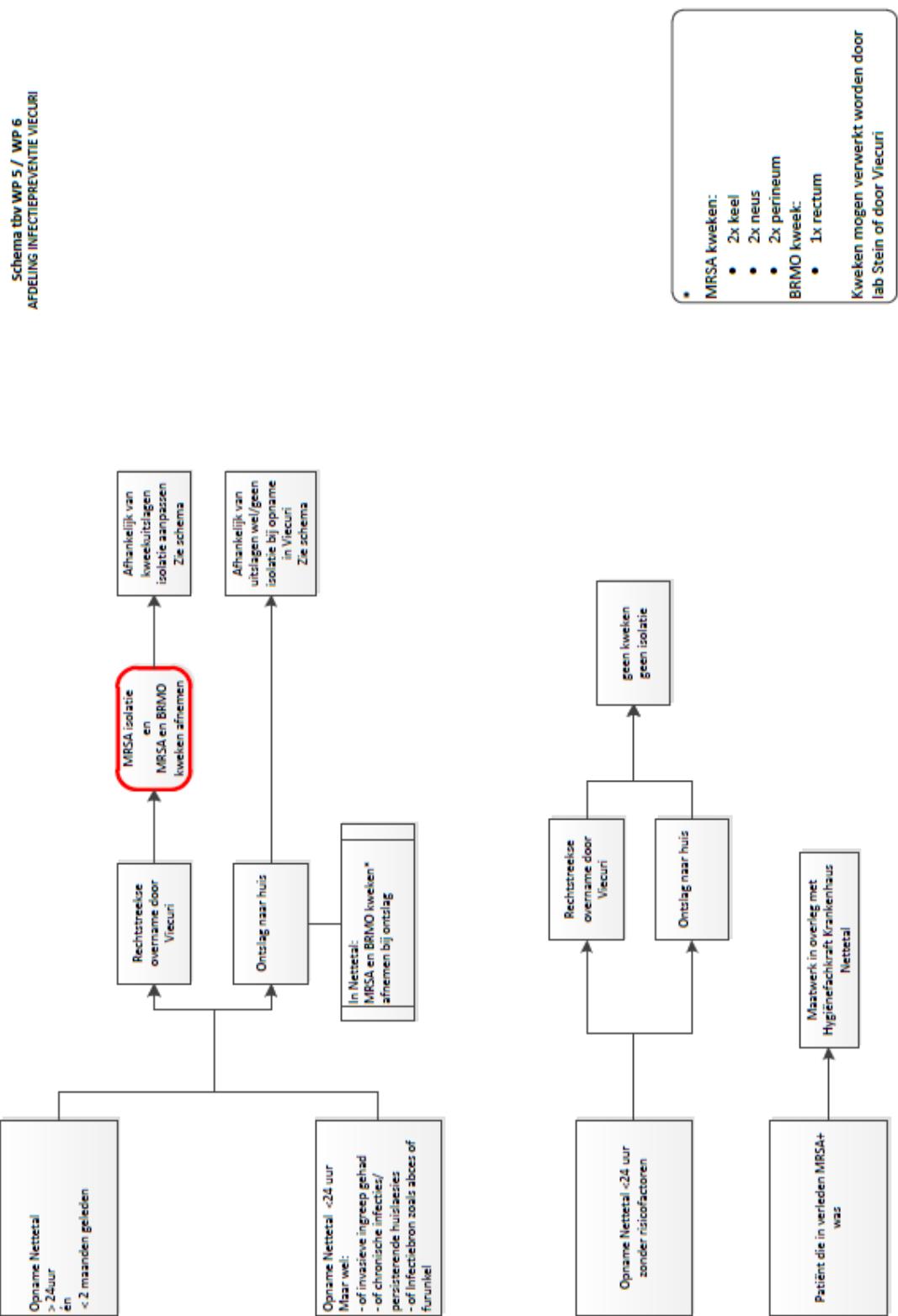
**55. Was ist ihr Wohnort?**

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**56. Wo haben Sie den Fragenbogen ausgefüllt?**

- Facebook
- Im Krankenhaus
- Auf der Straße
- Intranet für Mitarbeiter

## Appendix 5: MRSA/BRMO timeline



(Source: Caroline Teeuwen VieCuri)

## Appendix 6: SPSS Output

### SPSS Sample description

	Gender	Age	Education level
<b>N</b>	157	157	157
<b>Mean</b>	1,572	3,503	4,529
<b>Median</b>	2	4	4
<b>Mode</b>	2	4	4
<b>Skewness</b>	-0,299	0,192	0,229
<b>Std. Error Skewness</b>	0,194	0,194	0,194
<b>Kurtosis</b>	-1,935	-0,562	-0,511
<b>Std. Error Kurtosis</b>	0,385	0,385	0,385
<b>Minimum</b>	1	1	1
<b>Maximum</b>	2	7	8

(Table 1.1.1: Descriptive statics gender age and education level)

### SPSS Factor analysis

Factor	1	2	3	4	5	6	7	8
<b>1</b>	1,000	0,184	0,119	0,169	0,132	0,368	-0,005	0,325
<b>2</b>	0,184	1,000	0,188	0,120	0,315	0,201	-0,039	0,110
<b>3</b>	0,199	0,188	1,000	0,121	0,197	0,085	0,024	0,190
<b>4</b>	0,169	0,120	0,121	1,000	0,056	0,158	-0,066	0,199
<b>5</b>	0,132	0,315	0,197	0,056	1,000	0,139	0,002	-0,055
<b>6</b>	0,368	0,201	0,085	0,158	0,139	1,000	0,037	0,277
<b>7</b>	-0,005	-0,039	0,024	-0,066	0,002	0,037	1,000	-0,083
<b>8</b>	0,325	0,110	0,190	0,199	-0,055	0,227	-0,083	1,000

(Table 1.2.1 Factor correlation matrix)

Factor	Eigenvalue	% of variance	Cumulative %
<b>1</b>	8,538	35,873	25,873
<b>2</b>	3,391	10,275	36,148
<b>3</b>	2,141	6,489	42,637
<b>4</b>	1,805	5,470	48,107
<b>5</b>	1,747	5,294	53,401
<b>6</b>	1,486	4,504	57,905
<b>7</b>	1,262	3,825	61,730
<b>8</b>	1,116	3,382	65,112
<b>9</b>	1,053	3,192	68,304
<b>10</b>	1,016	3,030	71,384
<b>11</b>	0,898	2,720	74,105
<b>12</b>	0,876	2,653	76,758

(Table 1.2.2 total variance explained)

	<b>Extraction</b>
<b>QOH1</b>	0,628
<b>QOH2</b>	0,765
<b>QOH3</b>	0,626
<b>QOH4</b>	0,526
<b>QOH5</b>	0,537
<b>QOH6</b>	0,610
<b>QOH7</b>	0,717
<b>QOH8</b>	0,364
<b>QOH9</b>	0,708
<b>QOH10</b>	0,725
<b>QOH11</b>	0,275
<b>OMS1</b>	0,459
<b>WAIT1</b>	0,785
<b>WAIT2</b>	0,714
<b>DIS1</b>	0,962
<b>DIS2</b>	0,603
<b>LC1</b>	0,475
<b>LC2</b>	0,578
<b>LC3</b>	0,366
<b>TRU1</b>	0,567
<b>TRU2</b>	0,505
<b>TRU3</b>	0,482
<b>TRU4</b>	0,702
<b>COM1</b>	0,537
<b>COM2</b>	0,503
<b>CUL1</b>	0,464
<b>CUL2</b>	0,369
<b>CUL3</b>	0,340
<b>CUL4</b>	0,542
<b>INS1</b>	0,190
<b>MRSA3</b>	0,132
<b>WIL1</b>	0,816
<b>WIL2</b>	0,660

(Table 1.2.3 communalities)

	Factor							
	1	2	3	4	5	6	7	8
<b>QOH1</b>	0,468					0,314		
<b>QOH2</b>	0,445					0,472		
<b>QOH3</b>	0,240					0,584		
<b>QOH4</b>	0,427						0,269	
<b>QOH5</b>	0,392						0,321	
<b>QOH6</b>	0,685							
<b>QOH7</b>	0,786							
<b>QOH8</b>	0,265							
<b>QOH9</b>	0,741							
<b>QOH10</b>	0,715							
<b>QOH11</b>						0,369		
<b>OMS1</b>						0,591		
<b>WAIT1</b>			0,821					
<b>WAIT2</b>			0,746					
<b>DIS1</b>				0,997				
<b>DIS2</b>				0,762				
<b>LC1</b>	0,457							
<b>LC2</b>	0,618							
<b>LC3</b>	0,491							
<b>TRU1</b>							0,691	
<b>TRU2</b>							0,559	
<b>TRU3</b>							0,540	
<b>TRU4</b>							0,774	
<b>COM1</b>	0,623							
<b>COM2</b>	0,577							
<b>CUL1</b>	0,606							
<b>CUL2</b>	0,610							
<b>CUL3</b>	0,487							
<b>CUL4</b>	0,572							
<b>INS1</b>					0,372			
<b>MRSA3</b>					0,212			
<b>WIL1</b>					0,869			
<b>WIL2</b>					0,760			

(Table 1.2.4: Pattern mix 1)

	Factor					
	1	2	3	4	5	6
<b>QOH1</b>	0,606					
<b>QOH2</b>	0,624					
<b>QOH3</b>	0,462		0,345			
<b>QOH4</b>	0,512					
<b>QOH5</b>	0,488					
<b>QOH6</b>	0,726					
<b>QOH7</b>	0,857					
<b>QOH8</b>	0,439					
<b>QOH9</b>	0,798					
<b>QOH10</b>	0,758					
<b>OMS1</b>		0,469				
<b>WAIT1</b>					-0,705	
<b>WAIT2</b>					-0,574	
<b>DIS1</b>			0,968			
<b>DIS2</b>			0,754			
<b>LC1</b>		0,503				
<b>LC2</b>		0,671				
<b>LC3</b>		0,533				
<b>TRU1</b>			0,683			
<b>TRU2</b>			0,546			
<b>TRU3</b>			0,583			
<b>TRU4</b>			0,766			
<b>COM1</b>		0,643				
<b>COM2</b>		0,574				
<b>CUL1</b>		0,614				
<b>CUL2</b>		0,616				
<b>CUL3</b>		0,484				
<b>CUL4</b>		0,590				
<b>INS1</b>				0,320		
<b>MRSA3</b>				0,241		
<b>WIL1</b>				0,852		
<b>WIL2</b>				0,710		

(Table 1.2.5: Pattern mix 2 after removing QOH11)

	Factor					
	1	2	3	4	5	6
<b>QOH1</b>	0,620					
<b>QOH2</b>	0,639					
<b>QOH4</b>	0,528					
<b>QOH5</b>	0,502					
<b>QOH6</b>	0,721					
<b>QOH7</b>	0,839					
<b>QOH8</b>	0,456					
<b>QOH9</b>	0,787					
<b>QOH10</b>	0,744					
<b>OMS1</b>		0,410				
<b>WAIT1</b>					-0,797	
<b>WAIT2</b>					-0,634	
<b>DIS1</b>			0,963			
<b>DIS2</b>			0,757			
<b>LC1</b>		0,504				
<b>LC2</b>		0,675				
<b>LC3</b>		0,536				
<b>TRU1</b>			0,681			
<b>TRU2</b>			0,538			
<b>TRU3</b>			0,587			
<b>TRU4</b>			0,803			
<b>COM1</b>		0,640				
<b>COM2</b>		0,569				
<b>CUL1</b>		0,607				
<b>CUL2</b>		0,614				
<b>CUL3</b>		0,475				
<b>CUL4</b>		0,585				
<b>INS1</b>				0,316		
<b>MRSA3</b>				0,224		
<b>WIL1</b>				0,882		
<b>WIL2</b>				0,702		

(Table 1.2.5: Pattern mix 2 after removing QOH11)

## SPSS Reliability

	N of items	Cronbach's Alpha	If item deleted
<b>QOH</b>	11	0,895	-
<b>OMS</b>	1	-	-
<b>WAIT</b>	2	0,851	-
<b>DIS</b>	2	0,865	-
<b>LC</b>	3	0,781	-
<b>TRU</b>	4	0,801	-
<b>COM</b>	2	0,753	-
<b>CUL</b>	4	0,722	-
<b>INS</b>	1	-	-
<b>MRSA</b>	1	-	-
<b>WIL</b>	2	0,852	-

(Table 1.3.1: Cronbach's Alpha)

## SPSS Frequencies

MRSA						
	Score 1	Score 2	Score 3	Score 4	Score 5	Total
MRSA3	0	2	54	75	26	157
<b>Total</b>		<b>2</b>	<b>54</b>		<b>101</b>	<b>157</b>
Percentage		1,3	34,4		64,3	100%

(Table 1.4.1: Frequency MRSA)

Linguistic competence						
	Score 1	Score 2	Score 3	Score 4	Score 5	Total
LC1	0	10	34	95	18	157
LC2	2	10	38	95	12	157
LC3	2	15	58	73	9	157
<b>Total</b>		<b>39</b>	<b>130</b>		<b>302</b>	<b>471</b>
Percentage		8,3 %	27,6%		64,1%	100%

(Table 1.4.2: Frequency LC)

Affective commitment						
	Score 1	Score 2	Score 3	Score 4	Score 5	Total
COM1	2	16	87	46	6	157
COM2	2	12	67	65	11	157
<b>Total</b>		<b>32</b>	<b>154</b>		<b>127</b>	<b>314</b>
Percentage		10,2%	49,0%		40,8%	100%

(Table 1.4.3: frequency COM)

Cultural sensitivity						
	Score 1	Score 2	Score 3	Score 4	Score 5	Total
CUL1	1	10	63	80	3	157
CUL2	8	45	67	36	1	157
CUL3	1	12	69	67	8	157
CUL4	4	15	72	61	5	157
<b>Total</b>	<b>96</b>	<b>271</b>		<b>261</b>	<b>628</b>	
Percentage	15,3%		43,1%		41,6%	100%

(Table 1.4.4: frequency CUL)

Quality of the hospital						
	Score 1	Score 2	Score 3	Score 4	Score 5	Total
QOH1	3	17	105	30	2	157
QOH2	4	21	104	26	2	157
QOH4	5	8	126	17	1	157
QOH5	3	11	117	24	2	157
QOH6	3	26	104	20	4	157
QOH7	4	30	91	28	4	157
QOH8	4	6	79	62	6	157
QOH9	3	34	92	24	4	157
QOH10	4	20	101	30	2	157
<b>Total</b>	<b>206</b>	<b>919</b>		<b>288</b>	<b>1413</b>	
Percentage	14,6 %		65,0%		20,4%	100%

(Table 1.4.5: frequency QOH)

Offer of medical (sub-)specialisms						
	Score 1	Score 2	Score 3	Score 4	Score 5	Total
OMS1	3	22	101	31	0	157
<b>Total</b>	<b>25</b>	<b>101</b>		<b>31</b>	<b>157</b>	
Percentage	15,9%		64,4%		19,7%	100%

(Table 1.4.6: frequency OMS)

Trust						
	Score 1	Score 2	Score 3	Score 4	Score 5	Total
TRU1	5	5	140	7	0	157
TRU2	2	13	132	10	0	157
TRU3	5	26	115	11	0	157
TRU4	5	15	130	7	0	157
<b>Total</b>	<b>76</b>	<b>517</b>		<b>35</b>	<b>628</b>	
Percentage	12,1%		82,3%		5,6%	100%

(Table 1.4.7: frequency TRU)

Insurances						
	Score 1	Score 2	Score 3	Score 4	Score 5	Total
INS1 (L)	13	46	58	34	6	157
<b>Total</b>	<b>59</b>	<b>58</b>		<b>40</b>	<b>157</b>	
Percentage	37,6%		36,9%		25,5%	100%

(Table 1.4.8: frequency INS)

	Waiting time					
	Score 1	Score 2	Score 3	Score 4	Score 5	Total
WAIT1	14	59	66	17	1	157
WAIT2	13	51	68	24	1	157
<b>Total</b>	<b>137</b>	<b>134</b>	<b>134</b>	<b>43</b>	<b>314</b>	
Percentage	43,6%		42,7%		13,7%	100%

(Table 1.4.9: frequency WAIT)

	Distance					
	Score 1	Score 2	Score 3	Score 4	Score 5	Total
DIS1	54	49	44	7	3	157
DIS2	55	44	48	10	0	157
<b>Total</b>	<b>202</b>	<b>92</b>	<b>92</b>	<b>20</b>	<b>314</b>	
Percentage	64, 3%		29,3%		6,4%	100%

(Table 1.4.10: frequency DIS)

### SPSS Multiple Regression

Model 1	Unstandardized Coefficients		Standardized Coefficients		Collinearity Statistics	
	B	Std. Error			Beta	Sig.
Constant	-0,701	0,702		0,319		
QOH	0,264	0,154	0,151	0,088	0,609	1,641
OMS	0,188	0,105	0,139	0,075	0,784	1,275
WAIT	0,157	0,088	0,141	0,077	0,750	1,333
DIS	0,023	0,069	0,024	0,740	0,914	1,094
LC	0,284	0,115	0,207	0,014	0,673	1,485
TRU	-0,205	0,194	-0,093	0,291	0,617	1,622
COM	-0,030	0,117	-0,024	0,798	0,562	1,780
CUL	0,150	0,139	0,097	0,282	0,584	1,711
INS	0,191	0,066	0,216	0,004	0,850	1,176
MRSA	0,221	0,085	0,183	0,011	0,948	1,055

(Table 1.5.1: Coefficients)

## Appendix 7: Open answers survey

The next table shows all the open answers that were giving to the question: Können Sie einen Grund nennen, weshalb Sie sich für oder gegen VieCuri entscheiden würden? Obviously not all the respondents answered this question, but it gives still some valuable information. (fam) means that this respondent was familiar with VieCuri.

<b>Respondent</b>	<b>Answer to question: reason why you would go/would not go to VieCuri</b>
<b>1</b>	Für weil, höhere Fachkompetenz, vor allem bei langwierigen Erkrankungen/Notfällen
<b>2 (fam)</b>	Gegen weil, Aufwand Kostenerstattung, Sprachbarriere
<b>3 (fam)</b>	Gegen weil, Die Übernahme der Krankenhauskosten nicht immer abschließend geklärt ist und im Nachhinein oftmals Probleme mit der Abrechnung bestehen.
<b>4 (fam)</b>	Für weil, sehr gute Ausstattung, sehr guter Personalschlüssel
<b>8 (fam)</b>	Gegen weil, die deutsche Versicherung mir eine deutsche Behandlung empfehlen würde
<b>9</b>	Gegen weil, ich keins kenne
<b>15</b>	Für weil, gute Versorgung
<b>17</b>	Gegen weil, gewohntes Umfeld füllt man sich wohler
<b>19</b>	Für weil, besondere Fachkenntnisse über meine Krankheit vorliegen
<b>20</b>	Gegen weil, ich die tägliche Gespräche nicht versteh
<b>22</b>	Für weil, es Fachärzten gibt
<b>23</b>	Für weil, Fachkompetenz
<b>26</b>	Gegen weil, es ist zu weit weg für Angehörigen
<b>33</b>	Für weil, menschliche Pflege, Herzblut, Mensch keine Maschine
<b>41</b>	Gegen weil, ich noch nicht im Niederländischen Krankenhaus war
<b>45</b>	Gegen weil, Es ist unbekannt, man weiß nicht was auf einen zukommt. Ein Krankenhausaufenthalt ist in der Regel immer eine Unbekannte. In einem ``fremdem'' Land mit anderen Strukturen ist dies ein weiterer Faktor. Bei mir liegt es viel an der unbekannten Erwartung. Es ist eine nicht alltägliche Situation der man entgegen sieht.
<b>46 (fam)</b>	Für weil, Notfalls Versorgung
<b>48</b>	Gegen weil, Sprache, Ausland. Ich habe noch nie in den Niederlanden im Krankenhaus gelegen bzw. ein Krankenhaus besucht
<b>51</b>	Gegen weil, eignes Krankenhaus ist sehr wohnortnah
<b>54 (fam)</b>	Für weil, VieCuri ein schönes Krankenhaus ist
<b>64</b>	Für weil, gute Fachärzte
<b>69</b>	Für weil, wegen alles würde ich nach Holland ins Krankenhaus gehen
<b>71 (fam)</b>	Für weil, Fachangebot
<b>75</b>	Für weil, ich keine Vorurteile habe, ich bin sehr offen, gute Ausbildung in Holland. Sehr wichtig ist Freundlichkeit, Menschlichkeit, und Pünktlichkeit.
<b>84</b>	Gegen weil, Sprache und Autostrecke

<b>85</b>	Für weil, Fachabteilung
<b>90</b>	Für weil, nur wenn nötig
<b>92</b>	Für weil, bessere Behandlung
<b>93</b>	Für weil, wenn es besser ist, ist Umfeld mir egal, und Sterbehilfe ist besser in Holland
<b>94</b>	Gegen weil, ich damit nicht bekannt bin. Mehr Werbung machen
<b>97</b>	Für weil, gut MRSA Protokolle
<b>102</b>	Für weil, wenn nötig
<b>103</b>	Für weil, wenn Bedingungen stimmen
<b>109</b>	Für weil, hängt ab von Situation
<b>126</b>	Gegen weil, lieber in ein Haus in den mein Muttersprache gesprochen wird. Ich kenne das deutsche System, lehne eher ab in den Niederlanden zu gehen
<b>132</b>	Für weil, bessere Ausbildung des Personals
<b>133</b>	Für weil, wenn die Qualität der Behandlung hier besser als in einen deutschen Krankenhaus
<b>136</b>	Für weil, bessere MRSA/BRMO Screening vor der Aufnahme. Nur in grenznahen Gebieten stimme ich eher zu, dann in weitere entfernten Niederlande
<b>138</b>	Für weil, z.b. ein zeitnahe Facharzt Angebot vorhanden ist, und gegen weil ich das Krankenhaus nicht kenne
<b>140</b>	Für weil, MRSA Vorsorge
<b>157</b>	Für weil, wenn ich schneller ein Termin bekomme

(Table 7.1: answers to open ended question)