

Recruiting foreign nurses for Dutch nursing homes

How can 'Zuster in Huis' introduce East-European nurses in Dutch nursing homes to contribute to the continuation of these nursing homes?



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Executive Summary

The care sector in the Netherlands is currently in a difficult position. From 2015 on, the law 'Long-term care' will be reformed, the law 'Separation living and care' is implemented and local authorities need to take over the responsibilities for the care of its inhabitants. This causes a lot of shifts in the care system and in the position of elderly in nursing homes. This thesis researches the possibility for the organization 'Zuster in Huis' to introduce foreign nurses in nursing homes for a lower price than the care is offered at this moment.

The situation described above opens an opportunity for the organization 'Zuster in Huis'. This research shows that 'Zuster in Huis' has the capabilities to accommodate these foreign nurses in Dutch nursing homes on certain conditions. One of the conditions is that they should start facilitating accommodations in a nursing home for their nurses who provide 24-hour care for residents of a nursing home. More research is needed if the organization takes over a nursing home. Furthermore, it is advised that partnerships with nursing homes are to be set up.

Since the current legislation will possibly only be implemented in 2015, the outcome of the questionnaires may not have an impact on the total outcome of this thesis.

The conditions for the East-European nurses need to be taken into account and should not work under conditions that violate the Dutch law. 'Zuster in Huis' has experience in international recruiting and has multiple agencies that provide them suitable nurses.

At this moment, 'Zuster in Huis' is working extramurally and accommodate East-European nurses in the homes of clients that need 24-hour care. This thesis tries to find an answer to the question if 'Zuster in Huis' can also provide intramural care. Therefore, partnerships with nursing homes and real estate agents that manage nursing homes will have an effect on the introduction of 'Zuster in Huis' in nursing homes.

The financing is another aspect that needs to be taken into account. This research shows that the total financing requires more detailed research.

This thesis is useful for the organization 'Zuster in Huis' and for care institutions, because it can contribute to the continuation of nursing homes. Overall, it shows the conditions that need to be taken into account to introduce foreign nurses in nursing homes.

Contents

Executive Summary	2
Preface	5
List of Abbreviations	6
Introduction	7
1 Foreign nurse at home	8
1.1 'Global Care Capacity'	8
1.2 'Zuster in Huis'	9
2.1 <i>Expectations of the nurses</i>	10
2.1.1 Housing	10
2.1.2 Income	10
2.1.3 Language	11
2.1.4 Education	11
2.1.5 Immigration & Naturalization Service (IND)	11
2.2 <i>Cooperation with nursing homes</i>	12
2.2.1 Real estate	12
2.2.2 Rental price	12
2.3 <i>Financial feasibilities</i>	13
2.3.1 AWBZ and indications home care in the Netherlands	13
3. Conceptual model and methodology	14
3.1 <i>Conceptual model</i>	14
3.2 <i>Methodology</i>	15
4 Analysis 'Zuster in Huis'	16
4.1 <i>Organization analysis</i>	16
4.1.1 Mission and vision	17
4.1.2 Strategy	17
4.1.3 Structure	17
4.2 <i>Internal analysis</i>	18
4.2.1 Primary activities	18
4.2.2 Support Activities	20
4.3 <i>External analysis</i>	21
4.3.1 Demographics	21

4.3.2 Economy	22
4.3.3 Social.....	22
4.3.4 Technology.....	22
4.3.5 Ecology.....	23
4.3.6 Political	23
4.4 Porter five forces analysis	23
4.5 SWOT analysis	25
4.5.1 Goal-driven analysis	25
5 Strategies for recruiting nurses in nursing homes	27
6 Results	30
Conclusion	32
Recommendations	34
References	36
Appendices	40
Appendix 1: Questionnaire	40
Appendix 2: Student Ethics Form	43
Appendix 3: Average costs to the AWBZ over a lifetime	45

Preface

My bachelor thesis is the result of six months of research for the organization 'Zuster in Huis'.

I started the research in February 2014 and wanted to finish in June 2014. It took me two months before I started to realize that it is a full-time job to write a thesis. Furthermore, the organization had only launched the brand 'Zuster in Huis' in March 2014.

From September 2013 till January 2014, I worked as an intern at the sister organization 'Smiling Faces'. 'Smiling Faces' is an au pair agency that provides au pairs to families in the Netherlands. Shortly after my internship at this organization had started, I gained interest in their other organization 'Global Care Capacity', which is the umbrella organization of 'Zuster in Huis'. The directors of these companies asked me if I would like to stay working at their organization and at the same time complete my final project for their new product. I would like to thank both of these directors: Sandra Beukers and Jolanda Oeij for giving me this opportunity and for their help during my final project.

At the end of this research, I needed to make quick progress to meet the deadline in June. There is one person that helped me a lot with several aspects at this stage, which is Mitchel van Lieshout. Thank you for helping me to finish this report on time and for your mental support during this whole period.

The cover page of this thesis shows a picture of me posing for the organization 'Zuster in Huis'. I am also thankful for the privilege that the directors of 'Zuster in Huis' chose me as a model to portray a foreign nurse. I am of Dutch origin, however, they found that I would be a good representative for promoting this brand. And because of this opportunity, I was able to get the perfect picture for the cover page for my thesis.

Furthermore, I would like to thank Mr. Veldman, my mentor at The Hague University, for helping me with the start of writing my thesis. We made the structure of this report together and he gave me feedback during the whole process.

I hope you will enjoy reading my thesis.

List of Abbreviations

	Dutch	English
AWBZ	Algemene Wet Bijzondere Ziektekosten	Exceptional Medical Expenses Act
CIZ	Centrum indicatiestelling zorg	Centre for Care Indications
GCC	Global Care Capacity B.V.	-
IND	Immigratie & Naturalisatie Dienst	Immigration & Naturalization Service
NBBU	Nederlandse Bond van Bemiddelings- en Uitzendondernemingen	Dutch Federation of Recruitment Organizations
SVB	Sociale verzekeringsbank	Social Insurance Bank
WMO	Wet Maatschappelijke Ondersteuning	Law Social Support
ZZP	Zorgzwaartepakket	Level of care package

Introduction

The changes in the Dutch healthcare system started in 2012. It began with the new legislation 'Separation living and care', which affected elderly people in nursing homes. The government decided to change the law 'Long-term care', which changed the position for people with a lower ZZP. These people were no longer placed in a nursing home, because of the change in care assessments. This caused a lot of anxiety among the sick and elderly people in the Netherlands and their families, because they had to arrange their own care within the family and the community.

The organization 'Zuster in Huis' wants to compete in the care industry in the Netherlands by offering a less expensive service. The East-European nurses of 'Zuster in Huis' are willing to live in the homes of their clients and provide 24-hour care. 'Zuster in Huis' is experienced in recruiting suitable nurses for clients with their umbrella organization 'Global Care Capacity'. They have provided clients with a residential nurse from different European countries. This thesis will investigate if 'Zuster in Huis' is also capable of placing these foreign nurses in Dutch nursing homes. Therefore, the central question is as following: How can 'Zuster in Huis' introduce East-European nurses in Dutch nursing homes to contribute to the continuation of these nursing homes?

To explore the central question, several sub-questions are:

1. What are the working conditions of the East-European nurses of 'Zuster in Huis'?
2. Can 'Zuster in Huis' become successful in placing foreign nurses in nursing homes?
3. How should 'Zuster in Huis' recruit East-European nurses in nursing homes?
4. How is 'Zuster in Huis' received by Dutch nursing homes?

The sub-questions will be answered chronologically in the following chapters and conclusion.

1 Foreign nurse at home

1.1 'Global Care Capacity'

The company 'Global Care Capacity' (from now on referred to as GCC) recruits foreign nurses from Europe and selects them for people in the Netherlands who need care at home. Healthcare in the Netherlands is becoming more expensive every year, and 24-hour home care is not affordable for everyone. GCC is an innovative company that offers resident nurses for homes of people who suffer illnesses like: Parkinson, Alzheimer's disease, MS (multiple sclerosis), or who are just too old to take care of themselves. Nowadays, many people want to become old in their own house, however are not always capable of totally living on their own. Most people at certain age need support on getting to the toilet or bathroom, or support with their daily housekeeping activities. GCC wants to give those people the opportunity to stay at home by providing them with a home care nurse instead of being obliged to stay in a nursing home.

'Global Care Services' is the umbrella mediation agency of 'Zuster in Huis' and GCC and is also a member of the NBBU (Dutch Federation of Recruitment Organizations). As an mediation agency, they provide the possibility for their clients to hire nurses by themselves with limited control of the agency.

GCC works with several agencies and partners in Poland, Greece, Czech republic and Hungary to obtain the right employees for their clients. These nurses do not need a residence permit because the countries are members of the European Union. Whether a person is considered a qualified nurse or not, depends on his/her experience, education and personality.

Since many clients in the Netherlands are registered at Dutch healthcare institutions, GCC works together with a select few to provide care and all round assistance for their clients with their nurses. Together with the healthcare institution, GCC follows an extensive recruitment process to match the right nurse with the right client.

Care is not the same in every country and therefore GCC only recruits nurses that meet the criteria of a level three or four nurse in the Netherlands. The client can choose either to pay the nurse by him- or herself or to put him/her on the pay-roll of GCC.

1.2 'Zuster in Huis'

GCC launched their new concept in March 2014, named 'Zuster in Huis' (Nurse at Home), which creates the financial possibility for elderly and/or sick people to remain home, even when they are in need of all round care. The service is the same as what GCC did before, but it is more broadened due to branding and a different and simpler name. The organization still works with GCC as a brand to business partners, but for the clients they feel this is a more understandable name. Therefore the Dutch brand 'Zuster in Huis' should sound more reliable and approachable to clients.

On the 13, 14 and 15 March 2014, GCC launched 'Zuster in Huis' at the 'Liever thuis beurs' ('Prefer at Home' fair) at the 'RAI' in Amsterdam and created the possibility to get in contact with potential new clients or partners.

The motto of 'Zuster in Huis' is: 'Stay where you are and who you are', and explains that people that need 24-hour care can stay in their own home and live life the way they wish with the help of a foreign nurse (Zuster in Huis, 2014). The goal of 'Zuster in Huis' is to let the clients stay who they are due to the fact that the nurse will not only take care of a clients' health, but also participate in activities the client enjoys doing. Creating a pleasant home for both the client and the nurse is one of the goals of Zuster in Huis.

The concept is specialised in the home care branch and operates according to the 'HKZ' norms (Harmonisation Quality judging in the Healthcare industry). 'HKZ' monitors companies to make sure they comply with the law and are allowed to award reviewed companies a certificate of good practise that is valid in several branches, including of course the home care branch. 'Zuster in Huis' is not solely recruiting their nurses, but also introducing them into the Dutch culture. Due to the sister organization 'Smiling Faces', they are experienced with cultural programs. 'Smiling Faces' selects and recruits au pairs for a cultural exchange to the Netherlands. The foreign nurses are also eager to learn about the Dutch culture and that is why they are motivated to work and live here (Stoffelen, 2013). Furthermore, the average salary of a nurse in the Eastern part of Europe is approximately 400 euros per month, whereas the nurses recruited by 'Zuster in Huis' earn 1,500 euros per month, costs of room and living are free of charge (Stoffelen, 2013). According to these facts, it can be concluded that the East-European nurses could be the solution for 24-hour home care.

2 Literature research

2.1 Expectations of the nurses

There is a difference between receiving care from an East-European nurse or a Dutch nurse. According to the website of 'Zuster in Huis', the East-European nurses like to live and work in the Netherlands, because of the experience itself (Zuster in huis, 2014). Another reason that the nurses want to come to the Netherlands is that they will earn more money in here than in their home country and that the labour market in that specific country is less attractive (Roosblad, 2005, p. 51).

2.1.1 Housing

Seen as the nurses want to come to the Netherlands to work here and experience the Dutch culture, the clients of 'Zuster in Huis' are willing to offer them a place to sleep at their homes. At the moment 'Zuster in Huis' only offers caregiver programs that are extramural, which means: live-in care at the homes of the clients. Therefore, the client has to be able provide the candidate of a bedroom, which has to be minimum 12m², with a heating system, a window that can be opened and come equipped with curtains. However, in a nursing home the accommodation should also contain a bathroom and a small kitchen. The type of care program that 'Zuster in Huis' now wants to implement into the nursing homes is called 'intramural'.

2.1.2 Income

According to the Social Insurance Bank (SVB), it is stated that the minimum salary of a Dutch nurse older than 23 years is €1,485.60 per month excluding vacation fee (SVB, 2014). This amount is similar to the salary of an East-European nurse working for 'Zuster in Huis' which is €1,500 per month including housing. Although the foreign nurses know that the average salary in the Netherlands for a nurse lies above the €1,500 per month, according to the article of Stoffelen, they are willing to work for Zuster in Huis, because of the certainty of 40 hours workweek (Stoffelen, 2013). They are aware of the limitation of working hours if they would work for a Dutch home care organization.

2.1.3 Language

The nurses of 'Zuster in Huis' need to be able to speak Dutch, English or German. 'Zuster in Huis' and its sister organization 'Smiling Faces' offer their caregivers and au pairs a weekly (and compulsory) Dutch course. The agencies are responsible for only accepting candidates whom meet the mandatory language skill requirement.

2.1.4 Education

The nurses that are presented to the clients by 'Zuster in Huis' are thoroughly screened during the recruitment process. They exclusively hire nurses that are in possession of the same certificate as a nurse in the Netherlands, to ensure that the client will receive the expected quality of care (Zuster in Huis, 2014). The nurses can apply for the job if they have nursing degree of level three or four. The care manager of 'Zuster in Huis' makes sure that the nurses receive the right information and guidance when they arrive in the Netherlands and they are taught to work in accordance to a provided care plan (Zuster in huis, 2014). This way the nurses will also gain the experience that will make them eligible to apply for a job in a Dutch nursing home at a later time.

2.1.5 Immigration & Naturalization Service (IND)

The nurses of 'Zuster in Huis' are from foreign countries within the European Union. Therefore, they are not required to have a residence and/or work permit. Furthermore, 'Global Care Services' is a member of the NBBU and this ensures that the company works in accordance to the CLA (Collective Labour Agreements). According to the IND it is legal to hire East-European nurses and therefore there are no limitations. The agency is obligated by the CLA to make sure that the nurses are not forced to work more hours per day than the Dutch law states. This is monitored by the NBBU and the agency is accountable for any mishaps. If there is more care needed than can be provided by a single nurse, the agency is required to hire a second nurse for the client. The nurses, clients and 'Zuster in Huis' should take into account that they follow the Dutch regulations on labor at all times (Inwonende zorg, 2012).

2.2 Cooperation with nursing homes

2.2.1 Real estate

Since 2013, there is a change in the care policy in the Netherlands, which is called 'Separation living and care' (Kenniscentrum Wonen-Zorg, 2013). This means that the nursing homes need to market or private lease their buildings. This subsection will examine how 'Zuster in Huis' can take advantage of this policy.

Care providers can either choose to market the nursing homes by themselves or to hire a specialized corporation. Of course, that decision depends on the ownership percentage of the care provider. Some care providers do not own any percentage of the real estate they are working with. In that case, the real estate company is in charge and can decide what will happen with the houses of the nursing homes.

Many nursing homes will need to close their doors due to this new policy, which opens the possibility for 'Zuster in Huis' to either take over a nursing home and provide their care with the foreign nurses, or to cooperate with real estate owners and only provide the care. By interviewing the directors of 'Zuster in Huis', the details of their new initiative can be presented in this report. They are working on establishing their own real estate agency, so they can rent out accommodations to clients and nurses themselves. This can be useful, if they choose to take over rooms in a nursing home instead of solely provide care. In June 2014, they hope to launch this supporting project.

2.2.2 Rental price

For determining a rental price for the rooms of the nursing homes, precise work is needed. If 'Zuster in Huis' wants to take over a nursing home that is facing problems due to the altered policy, they need to have a start-up-capital and make agreements with the residents on how much the rent will cost. Furthermore, it is important that the agency has influence in the determination to whom the rooms will be hired to (Sanders & Nouws, 2013). The Dutch government has created a point system that 'Zuster in Huis' could use as well for determining a rental price (Puntensysteem voor kamers, 2014).

2.3 Financial feasibilities

2.3.1 AWBZ and indications home care in the Netherlands

The Dutch care for its citizens is paid by the tax system that pays most of the care by the AWBZ (Exceptional Medical Expenses Act). The AWBZ has been made for elderly people that face illness, have a physical restriction or face aging (children below 18 get sponsored by bureau youth care) (AWBZ-ZORG, n.d.). The AWBZ makes personal budgets that are based on assessments of the CIZ (Centre for Indications) and with that budget, people in the Netherlands can afford to use the following types of care: personal care, nursing, accompaniment, residence and short residence (AWBZ-ZORG, n.d.). In every situation that a Dutch person applies for the AWBZ, there is also a personal contribution fee that will be determined based on the persons' income and the CIZ determines this as well. This results in; people with a higher income have to pay more themselves than people with a lower income.

'Zuster in Huis' is made for clients that have an indication of the CIZ that contains of a ZZP five or higher. The Dutch government works with care packages (ZZP), which explains the level of care the client needs and how much it will cost. ZZP are specifically made for the sectors Nursing & Caring, Disabled care and Mental health care (AWBZ-ZORG, n.d.). According to the report that has been made by the 'Dutch care authority', ZZP's are made through looking at the clients profile, requirements, amount of hours of care needed to provide from the caregiver and the residence features (Zorgzwaartepakketten Sector V&V, 2013). For example, the client profile for ZZP five describes the following features: 'This client group is, due to heavy dementia problems, in need of intensive treatment and intensive care, in a protective environment. The clients within this group are (almost) entirely dependent on care (Zorgzwaartepakketten Sector V&V, 2013).' This feature determines that the client is in need of a nurse 24-hours a day and 'Zuster in Huis' is therefore a solution to provide those clients the right services.

'Zuster in Huis' can be paid with a personal budget, unless clients have an indication that does not correspond to ZZP five or higher. However, the client is ensured of a safe environment to spend the remainder of his/her time with a nurse who provides 24-hour home care.

3. Conceptual model and methodology

The structure of this thesis is based around the central question. In this chapter, the conceptual model and the methodology for this research will be defined. Therefore, this chapter is clarifying the overall research and provides a better understanding of the problem.

3.1 Conceptual model

The motive of the problem stated in this thesis is that the laws are changing in such a way, that the Dutch nursing homes face difficulties in providing care at the same conditions as they did before. The main reason behind this problem is that the budget for the healthcare system in the Netherlands is shrinking and forcing the residents of nursing homes to find housing elsewhere. This is also described in the independent variables in the conceptual model which is shown in figure 1.

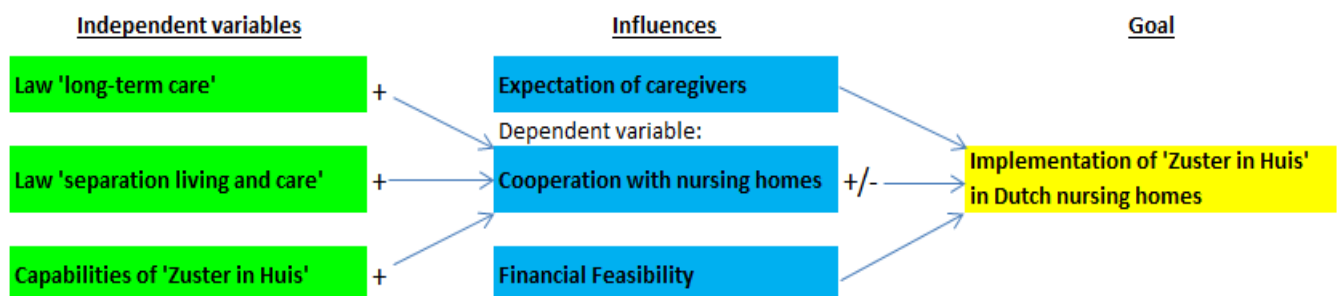


Figure 1. Conceptual model

+: A positive effect on the dependent variable

+/-: This effect will be examined in the research

The conceptual model in figure 1 is made with three independent variables, which have a positive effect on the dependent variable. The laws 'Long-term care' and 'Separation living and care' have a positive effect on the cooperation with nursing homes, because nursing homes are forced to reorganize their organization due to these laws. The laws that have been explained in chapter 1 and the effects of it will be further examined in the questionnaire that was held among nursing homes (appendix 1). The capabilities of 'Zuster in Huis' will be further examined in the internal and external analysis (chapter 4).

The capabilities of 'Zuster in Huis' have a positive effect, because they show that they are ready for the cooperation with nursing homes.

The influences of the expectations of the nurses, cooperation with nursing homes and financial feasibilities are important for the goal of this thesis. The expectations of the nurses and the financial feasibilities are explained in chapter 2. The meaning of the financial feasibilities is that clients are able to pay 'Zuster in Huis'. Therefore, in chapter 2 the AWBZ and indications are described. The dependent variable 'cooperation with nursing homes' is affecting the goal, but is not yet examined on the basis of literature. Therefore, this is examined in the questionnaire among real estate managers of nursing homes (chapter 5).

3.2 Methodology

In order to gain an answer on the central question of this thesis if 'Zuster in Huis' can introduce foreign nurses in Dutch nursing homes, desk and field research had to be done. The desk research is outlined in chapter 1 and 2 of this thesis. The field research contains of a questionnaire which had to be made for determining the opinions of Dutch nursing homes.

The questionnaire is attached in appendix 1 of this report and is written in Dutch, because that is the used language of nursing homes in the Netherlands. The goal of the questionnaire is to determine whether nursing homes are willing to cooperate with 'Zuster in Huis'. Because it was within the scope of this thesis, the questionnaire was send to 24 nursing homes. These were randomly chosen by choosing two nursing homes in every province of the Netherlands and on what real estate they have. The choice of two nursing homes in every province of the Netherlands, made the amount of 24 and was determined for this thesis, because it gives a small overview of the whole country.

4 Analysis 'Zuster in Huis'

The main question in this chapter that needs to be answered is: 'Can 'Zuster in Huis' become successful in placing foreign nurses in nursing homes?' This section will show an analysis of the following aspects: organization, internal, external and SWOT.

4.1 Organization analysis

'Zuster in Huis' is a product of 'GCC' and this is a recruitment agency that has been recruiting and selecting foreign nurses for over four years. Therefore, they are specialized in fulfilling the wishes of their customers. Together with their sister company 'Smiling Faces' they offer the following services:

- Au pair
- Flex nanny
- Resident nurse
- Babysitting

'Zuster in Huis' works with several agencies in Europe that recruit and select nurses. 'Zuster in Huis' matches their candidates with suitable clients. Based on a personalized care plan, 'Zuster in Huis' proposes several candidates to the client that are willing and capable to follow the given care plan. Candidates are not presented to the clients until the agency has fully screened the candidate on educational and experience requirements. After this step has been completed, the candidate will be proposed to the client to see if the personality of the candidate is also a suitable match with the client. It is now up to the client to make the final choice.

'Global Care Services' is the umbrella agency of 'Zuster in Huis' and 'GCC' and is a member of the NBBU. This umbrella agency provides the possibility for clients to hire nurses by themselves with less control of either 'Zuster in Huis' or 'GCC'. Furthermore, 'Zuster in Huis' works with Dutch home care agents that are responsible for determining the 'CIZ assessment' for clients that apply for the personal bounded budget. This personal bounded budget is used to pay for home care. The home care agents are also responsible for personalizing the care plan to the needs and wishes of the client and evaluating the nurses periodically.

4.1.1 Mission and vision

The mission of the organization is important for describing the identity of the organization. The mission of 'Zuster in Huis' is to create win-win situations for nursing homes and clients by providing them with an innovative home care service offered at an affordable price. Furthermore, they have to continue to be able to predict the supply and demand of their (future) clients to be able to stay ahead of the competition.

The vision of 'Zuster in Huis' is to make their business well known on the care market within the next two years and to broaden their network due to forming partnerships with prominent care institutions. Furthermore, they want to set up their own real estate organization within the next few months to be able to rent accommodations in nursing homes to clients. This vision is also related to the central question of this thesis, because due to forming partnerships with nursing homes, they can introduce their nurses over there.

4.1.2 Strategy

The goal of the organization is to provide care to as many clients as possible. To achieve this goal 'Zuster in Huis' wants to form partnerships with nursing homes. Creating partnerships with nursing homes will provide them the possibility to solve this problem. It will become more and more frequent that sick elderly people will be forced to leave the nursing home due to the increased costs that were caused by the revision of two laws. The recruitment of the employees of 'Zuster in Huis' is extremely important for them to be able to achieve their goals. This will make 'Zuster in Huis' a strong competitor against the other Dutch home care institutions. The personnel of 'Zuster in Huis' can offer the same quality of care, but at a lower price. The strategies that can be used for achieving this goal will be further explained in chapter 5 of this thesis.

4.1.3 Structure

'Zuster in Huis' is a small organization that works with two directors and six employees. The two directors of the company have different responsibilities that will be shown in the organizational chart below (figure 2). The office is situated in Rotterdam, but they have clients throughout the whole country.

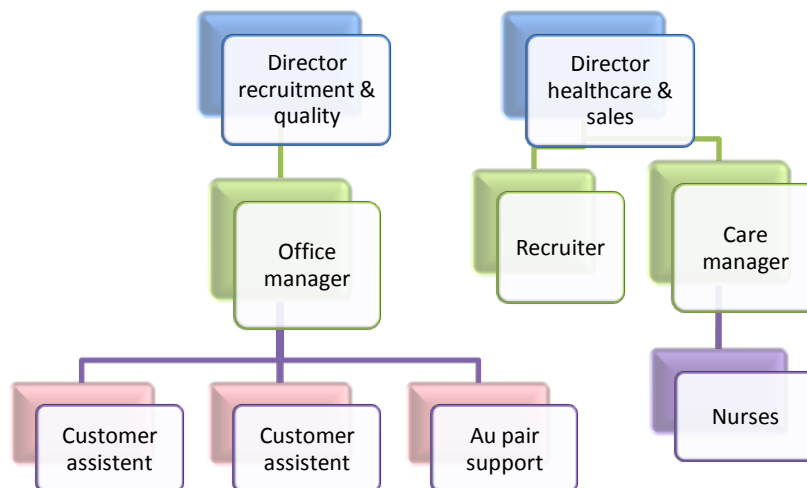


Figure 2. Organizational chart 'Zuster in Huis'

As shown in figure 2, the two directors control different processes within the company. In a small company it is important that there is effective internal communication between the several departments. For providing the best service to the clients, the internal communication style is informal and the information flows in short lines of communication. Therefore the problems that occur in the organization will be quickly notified and solved.

In the following sections the internal and external analysis will be shown. The numbers in parentheses relate to the following SWOT analysis. The SWOT analysis is based on the internal and external analysis and is therefore only illustrated in figure 3.

4.2 Internal analysis

This section of the report is prepared with the help of the value chain of Porter (Porter's Value Chain, 2014). The value chain is used to see which primary and support activities create value to the service of 'Zuster in Huis'.

4.2.1 Primary activities

- *Inbound logistics:* The suppliers of 'Zuster in Huis' are agencies in: Poland, Greece, Czech Republic and Hungary. Nurses are screened by these agencies and a second time by the recruiter of 'Zuster in Huis'. Due to the experience of

'Zuster in Huis' (2), they have created loyal partnerships with their foreign agencies (1), and therefore they have created a reliable way of recruiting the nurses.

- *Operations:* In the screening process of the nurses, the recruiter of 'Zuster in Huis' makes a candidate profile that contains of all the necessary information for potential clients (3). Once this has been completed, they are ready to be introduced to clients. For the recruitment in nursing homes, there will be one nurse taking care of multiple clients, and therefore it could be more efficient if 'Zuster in Huis' selects a small number of nurses to take care of multiple clients, instead of one client per nurse.
- *Outbound logistics:* The care manager and director of 'Zuster in Huis' discuss the candidate profiles with the client during a visit at their home. Value is added here by paying attention to find the right match between the client and nurse.
The new business concept has not yet been introduced to the market. At this time, the focus is on making sure the agency places nurses who are able to rapidly get familiar with the rules and regulations within the company (4). This is important to maintain the quality level the agency aims for. 'Zuster in Huis' will take measures when infringement of the regulations occurs.
- *Marketing and sales:* 'Zuster in Huis' creates a competitive advantage due to offering personal and exclusive care and for a competitive price. 'Zuster in Huis' has been successful at this for many years, but it is not certain that they will be able to provide the same care, for the same price, in nursing homes (2). There will be a large amount of extra overhead costs that will need to be covered. The nurses of 'Zuster in Huis' do not only offer care, but also take the time to join/assist the client with their hobbies and daily activities. It is the job of the nurses to not only take care of the clients medical needs, but also their personal needs. Due to the small size of the company the marketing and sales need to be specifically targeted. Therefore, nursing homes should always be approached in a professional way.
- *Service:* The care manager of 'Zuster in Huis' evaluates the activities of the nurse periodically together with the client. The nurse is also instructed to keep a daily logbook. This results in a stronger relationship between the nurse and the family of

the client, due to the fact that the family is able to see daily updates about their loved one.

4.2.2 Support Activities

The following activities support the primary activities mentioned above (Porter's Value Chain, 2014).

- *Procurement:* 'Zuster in Huis' works together with agencies and is setting up a real estate agency that is able to rent out accommodations in nursing homes. The resources that they retrieve from these partners add value in their final product. Furthermore, 'Zuster in Huis' is searching for new vendors (nursing homes) that will attract more clients. They hope to gain a strong advantage, by offering nursing homes attractive prices. This should result in more vendors.
- *Human resource management:* 'Zuster in Huis' is a small organization with six employees and two directors. They keep motivating their employees by frequently starting up new projects and giving each employee a lot of responsibilities. The two directors are continuously searching for new opportunities to grow and involve their employees in this process as well. The rewards they receive are self-development and salary. They work also with trainees that work within the organization as a full-employee. Therefore, the organization keeps focussed with new input of young adults.

The nurses of 'Zuster in Huis' work under the responsibility of the care managers and they can take part in several activities the organization organises. Those activities are: outings related to the Dutch culture, Dutch language course and workshops. However, the nurses have different cultural backgrounds that also need to be taken into account when accommodating them in nursing homes (4).

- *Technological development:* The information of the organization is stored in a database per client. They use a CRM-system (customer relationship management) that was made by Hireserve (Hireserve, 2014). They could also improve their technological activities by making an easy system for clients and nurses to store their work progress and comments. It is important that they introduce an information system within each nursing home, so that communication between all parties will be fluent (3).

- *Infrastructure:* There are only two companies that lend their expertise to support 'Zuster in Huis' in their daily activities. Firstly, there is 'Quality Accounting' which handles the payroll process (Quality Accounting, 2014). And there is also cooperation with 'Hireserve' which is responsible for the information technology within the company.

4.3 External analysis

To create a clear overview of the external environment of 'Zuster in Huis', the DESTEP-analysis will be used. According to the website of Intemarketing, DESTEP stands for: Demography, Economic, Social, Technology, Ecology and Political situations where the organization needs to deal with (Mulwijk, 2014).

4.3.1 Demographics

According to the National Elderly Foundation, the Netherlands counts approximately 17 million inhabitants of whom 150,000 people live in a nursing home. About 1,700 nursing homes (1) are situated in the Netherlands, which are the primary target audience of this thesis (Nationaal ouderen fonds, 2014). According to the CBS in 2011, the average age of a client in a nursing home is 82 years old for men and for women 86 years old (Garssen & Harmsen, 2011). These numbers are valuable for the central question of this thesis, because they also define the target audience for the concept of 'Zuster in Huis'.

In appendix 3 the average costs are shown that a Dutch resident approximately pays during their lifetime to the AWBZ. This table shows that the average Dutch resident spends the most money on intramurally care, rather than extramurally care (Ewijk, Horst, & Besseling, 2013, p. 193). Elderly residents in the Netherlands are expected to move to nursing homes when they are no longer able to take care of themselves. Furthermore, according to the 'Central Plan Bureau', the term solidarity is important within the Dutch elderly-care, because a part of the care system in the Netherlands is paid through the tax system. The ageing among the Dutch inhabitants is expected to increase during the coming decennia and this can result in higher demand for nursing homes (Ewijk, Horst, & Besseling, 2013, p. 194). Because the AWBZ is paid partially from the Dutch tax system, there are two basic options to finance this demand. The first option is that the budget for

nursing homes will increase due to a raise in taxes. The second option is to find a way to provide the same level and amount of care, but at a lower price.

4.3.2 Economy

According to the 'National institute for public health and environment', fifteen percent of the gross domestic product in the Netherlands during 2012 was spent on healthcare (Zorguitgaven en bruto binnenlands product, 2013). Due to the economic crisis in Europe since 2008, the Dutch government has had to decrease the funding for the healthcare sector. The concept of 'Zuster in Huis' provides an opportunity for their clients to receive live-in homecare for a lower price than the market competition offers.

4.3.3 Social

The Netherlands is known as a welfare state. Every resident of the Netherlands realizes how important it is to have his or her healthcare issues in order. It has been procedure that when an elderly has reached a certain age, they move to a nursing home to receive the assistance that they need. Therefore, it is inconvenient for the patient and family that a large amount of nursing homes are now closing their doors. In general, Dutch people only live and take care their immediate family and do not have the time and/or room for their grandparents in their home. 'Zuster in Huis' can respond to this aspect as a strategy to clients.

Another aspect that needs to be taken into consideration is the level of English or German language skills of the clients. Dutch elderly are not used to communicating in English or German. When this occurs, it makes the search for a suitable nurse even harder.

4.3.4 Technology

The internet is usually used for the marketing of 'Zuster in Huis' to other care institutions and companies. But seen as the company's main target group is 75 years and older, it is important that they also use others ways of marketing. This could be done through television and/or newspaper (Akkermans, 2013). However, the children of the elderly are usually the ones that contact homecare organizations to find solutions for their parents. This means that the internet is still an important marketing tool. Another aspect that 'Zuster in Huis' must take into consideration is the fact the reorganization of nursing

homes could negatively affect the current communication methods. It is a risk to change a process that is currently working. Therefore, 'Zuster in Huis' must always try to implement the current communication methods of the nursing home within their own way of working. 'Zuster in Huis' should try not to have a high influence in the current communication system, even though this means that the newly placed nurses will need to be incorporated with the work method. 'Zuster in Huis' is an external organization and needs to be able to work with currently situated organizations (2).

4.3.5 Ecology

From this point of view, 'Zuster in Huis' does not have to take into account any ecological factors.

4.3.6 Political

The Dutch government has the authority to provide funds to 'Zuster in Huis' if the organization can show that their service provides a solution for the two changing laws. The Dutch society could find it unfair that foreign nurses are taking the jobs of Dutch nurses for a lower price. Therefore, the Dutch government can see this as an issue and could possibly take measures to even out the unfair competition (3).

Another important aspect is the fact that the foundation of the European Union is trying to stimulate the European citizens to cooperate with each other. 'Zuster in Huis' is an organization that anticipates on this cooperation (4).

The Dutch government can choose to save costs in the healthcare system, which means that the subsidies decrease for the people who are in need of care. This can result in an increased demand for home care possibilities that are less expensive than the Dutch home care options. 'Zuster in Huis' is in the position to answer this demand.

4.4 Porter five forces analysis

In this section, the competitive position will shortly be discussed on the basis of the 'five forces analysis' of Porter.

Supplier power: The suppliers of 'Zuster in Huis' are the agents that screen and present the nurses to 'Zuster in Huis'. These agents do not have a huge influence on the business situation, because the demand for a job in these countries is high.

Buyer power: The nursing homes and clients are the buyers of 'Zuster in Huis'. Their influence is crucial for the success of the organization. The nursing homes have got a lot of substitutes for the services of 'Zuster in Huis' and need to trust 'Zuster in Huis' that they offer a suitable service for their clients (5). However, there are 1,700 nursing homes in the Netherlands, which makes this aspect less dangerous (Nationaal ouderen fonds, 2014) and the fact that 'Zuster in Huis' is one of the cheapest homecare organizations in the branch is beneficial. The clients have limited influence in this situation, because they only have the option to leave the nursing home and find relatives to take care of them or pay a higher price for live-in nurses.

Competitive Rivalry: At this time, there are only a few small and medium-sized organizations that offer the same service as 'Zuster in Huis'. This is a definite strength of 'Zuster in Huis', because this makes them stand out in comparison to the others. However, the competition of home care institutions that offer Dutch nurses is much higher. The nursing homes are not used to foreign nurses who do not often speak Dutch and therefore will prefer working with native speaking nurses.

Threat of Substitution: The substitution for 'Zuster in Huis' is that the nursing homes can also find financial solutions themselves without the interference of a third partner. Furthermore, they can also choose for relatives to take care of the clients. However, this has been previously discussed in the external analysis in the section 'Social' and concluded that Dutch people are not capable and willing to take care of their relatives. Therefore, this threat has no huge influence in the business situation of 'Zuster in Huis'.

Threat of New Entry: This factor does have a major influence on the situation of 'Zuster in Huis', because they do not yet have partnerships with any Dutch nursing homes. In the meantime, it is possible that other agencies will be able to set up such cooperation. However, 'Zuster in Huis' does already have experience, clientele and knowledge that will be needed to protect their position within the market.

4.5 SWOT analysis

The following SWOT analysis will provide an overview of the strengths, weaknesses, opportunities and threats of 'Zuster in Huis'. The SWOT analysis is based upon the internal and external analysis above and is already explained with the numbers in the internal and external analysis.

SWOT

Strengths		Weaknesses		Opportunities		Threats	
1	Strong relationships with foreign agencies	1	No experience in nursing homes	1	Large scope of nursing homes	1	Language barrier
2	Experience with nursing	2	Unknown if the strategy is really less expensive than the current method	2	Economic crisis provides the demand for care at lower costs	2	Communication problems with current organizations
3	Experience with matching nurses with clients	3	Connect information systems of 'Zuster in Huis' and the nursing homes	3	Healthcare system can remain in the nursing homes	3	Measures of the Dutch government in case of unfair competition
4	Good conditions for the nurses	4	Cultural differences of the nurses	4	The European Law stimulates this concept	4	New entries
5		5		5		5	Trust of the nursing homes

Figure 3. SWOT analysis

4.5.1 Goal-driven analysis

The main strength of the organization 'Zuster in Huis' is the fact that they are experienced in recruiting and placing foreign nurses within Dutch households. During the past four years they have build strong and trustworthy relationships with their international agencies. The agencies know what type of candidates 'Zuster in Huis' is looking for, which causes the whole process to excel. They started building strong relationships with foreign agencies with their sister organization 'Smiling Faces', although these are only agencies that are located outside of the European Union. They came up with the idea of the recruitment into nursing homes, because they want the residents to be able to stay in the nursing homes if they wish and hopefully help keep the nursing homes open and active. Due to the economic crisis, the demand for care at lower costs became larger.

They should also take into account that not every candidate has experience working in a nursing home. Therefore, it is crucial that this thesis is used to gain knowledge about creating a good and lasting cooperation with nursing homes. It is also important that they implement clear procedures concerning the work method of the agency, the nursing home and for the nurses. As shown in the SWOT analysis, the organization is controlling this factor by creating excellent working conditions for the nurses. For example, they offer the nurses of 'Zuster in Huis' a Dutch course and multiple cultural trips that will improve the language barrier and make the foreign nurse feel more at home in the Netherlands. Following the Dutch course is mandatory, even if it is only to learn a few basic Dutch words or sentences.

The expectation of the less expensive care that 'Zuster in Huis' can offer, is dependent on the salary of the nurses. However, the overall costs can increase by inefficiency within the procedures of the company. For example, it is important that the organizational framework works as efficiently and effectively as possible, otherwise this can cause delays in progress and extra costs.

If the Dutch government takes measures to make it less profitable for foreign nurses to work in the Netherlands, the strategy and business concept of 'Zuster in Huis' can no longer exist.

'Zuster in Huis' is a starting organization that's main focus is providing care that meets the Dutch healthcare requirements. If they succeed in this, and also keep the costs low, they will not give their competitors a chance to surpass them. However, 'Zuster in Huis' has earned their lead in their branch due to their excessive experience with clients and foreign agencies. Concluding: it is important that they know internally how they can achieve a thriving partnership with Dutch nursing homes. In chapter 6 this will be further examined.

5 Strategies for recruiting nurses in nursing homes

There are several strategies that can be used for the recruitment of the nurses for 'Zuster in Huis' within the nursing homes. In this chapter those strategies will be examined according to the SWOT analysis.

'Market Development' is the term that can describe the strategy of 'Zuster in Huis'. They are willing to recruit their nurses in Dutch nursing homes instead of only having them as private home care nurses. This strategy is based on making new customers (nursing homes and their clientele) for their current service (How to Identify Strategic Alternatives in Marketing 2014).

The strategies that support the 'Market Development' will be shown in figure 4.

Criteria:	Strategy:			
	1	2	3	4
Feasibility	++	+	+/-	++
Opinion of real estate managers	-	--	++	?
Measurable	++	+	-	++
Reorganization of information systems	+	+/-	--	++
Communication with current organizations	--	-	+	++

++: Highly positive
 +: Positive
 +/-: In the middle
 -: Negative
 --: Highly negative

Figure 4. Measuring the strategies

The following example can be used to create an impression of how the recruitment process could look like: 'Three nurses of 'Zuster in Huis' are capable of taking care of 12 clients with a ZZP in between one and four. These three nurses will be living in a small accommodation that is located within the nursing home. They will have their own room and space, but still be able to provide all round care for their clients.

Figure 4 shows the criteria for measuring four strategies. Those possible strategies are:

1. Hiring three accommodations in the nursing home for the nurses of 'Zuster in Huis' and they will provide care for approximately 12 clients. The real estate and other

activities concerning the client remain the responsibility of the nursing home and the nursing home invoices the care to the client. The nursing home only hires the nurses from 'Zuster in Huis' to provide care to the clients as this will be a cheaper solution for the nursing home.

2. Hiring three accommodations in the nursing home for the nurses of 'Zuster in Huis' and they will provide care for approximately 12 clients. However, the difference compared to the first strategy is the fact that 'Zuster in Huis' will still be responsible for the care and administration of the client. 'Zuster in Huis' will directly invoice the client.
3. Hiring 15 accommodations (three for nurses and 12 for clients) and 'Zuster in Huis' takes full responsibility of that department of the nursing home. With their own real estate agency, they will be able to rent out accommodations to their clients and nurses.
4. 'Zuster in Huis' could also choose not to form a cooperation with nursing homes and continue providing a cheaper option for live-in home care for their clients.

The four strategies are examined in the questionnaire that was answered by real estate managers of nursing homes. It is obvious that choosing strategy four is the most suitable one that meets the criteria mentioned in figure 4. However, strategy 4 has not been surveyed among the real estate managers, but is a more logical option if the other strategies are not possible. The criteria that were mentioned in figure 4, are based on the SWOT analysis and the results of the questionnaire. As a result, figure 4 shows that strategy 1 is the most appropriate for the introduction of the nurses in nursing homes. Strategy 1 is easily achievable, because the nursing home only hires the nurses from 'Zuster in Huis' and no other adaptations are needed for 'Zuster in Huis'. The accommodations can be hired through the nursing home; however, the nursing home must adapt to the change in the law 'Separation living and care'. The presumption is that the real estate managers that answered the questionnaire do not want to be responsible for this transition to 'Separation living and care'. Furthermore, strategy 1 is measurable, because the nursing homes can be approached. The reorganization of the information systems do not need to be extremely adapted, because the accommodations remain the responsibility of the nursing homes. Therefore, the organization stays the same; however,

with different nurses. The communication with the current organization can be an obstacle, because of language barrier.

6 Results

The strategies in chapter 5 were proposed in a questionnaire (appendix 1) to real estate managers of Dutch nursing homes. The response was not as high as expected; only 25% responded to the questionnaire. The results will be analyzed in this section.

The total amount of care organizations that were surveyed counts 61 nursing homes. Due to the change in the Dutch legislation, 10 of the surveyed nursing homes are closing down. Some of them mentioned that this will possibly happen in the next few months.

The percentage of residents with a ZZP five or higher, scored much higher than the residents with a ZZP one till four. The reason for this could be that people with a lower ZZP can stay longer at home with the necessary home care.

The answers to question 9 till 12 of the questionnaire were divided and broadly described by the respondents.

The main consequences of the change in 'Long-term care' were (question 9):

- Reduction of personnel
- Reduction of incoming people with a ZZP one till three
- Reorganization
- More help is expected from relatives and/or volunteers
- Less time for daily care and therapy

The main consequences of introducing the law 'Separation living and care' were as followed (question 10):

- Closure of nursing homes
- Implementation of new administrative processes

The main solutions for the consequences of the change in 'Long-term care' were (question 11):

- Changing the daily care plans
- Recruiting and inducting more volunteers
- Organizing partnerships with care institutions that provide care at a lower price

The main solutions for the consequences of the introduction of the law on 'Separation living and care' were (question 12):

- Organizing real estate agencies to rent accommodations
- Consult with the local government about prices of real estate
- Rental of accommodations to people with extramural care
- Research the possibilities for renting accommodations to people with disabilities

Questions 14, 15, 16 of the questionnaire are based on strategies 1, 2 and 3 in chapter 5 of this thesis and the averages of each answer are as follows:

Question:	Average score (1 = low - 5 = high)
14	2.3
15	2.1
16	4.1

Figure 5. Averages of the answers of the six respondents on questions 14, 15, 16 of the questionnaire

Figure 5 shows that the situation described in question 16, was the most suitable for the six respondents. It described that 'Zuster in Huis' hires 15 accommodations in a nursing home and delivers care to 12 clients. The other three accommodations will be the homes for the nurses of 'Zuster in Huis'. The nursing home receives rental income and 'Zuster in Huis' partly takes over the nursing home.

Conclusion

'Zuster in Huis' is an organization that could be a solution for many nursing homes in the Netherlands as a result of the reformation of two laws: 'Long-term care' and 'Separation living and care'. These two laws have an effect on the living situation of residents of nursing homes.

The organization 'Zuster in Huis' is a new brand and works under the umbrella organization 'Global Care Capacity'. They recruit and select foreign nurses for Dutch clients at home, and this thesis tried to find an answer to the question: How can 'Zuster in Huis' introduce East-European nurses in Dutch nursing homes to contribute to the continuation of these nursing homes?

The working conditions of East-European nurses in nursing homes should include a salary that meets the Dutch legislation. Also an accommodation according to the criteria of 'Zuster in Huis' and a compulsory Dutch language course. Furthermore, foreign nurses can apply for the job if they have a nursing degree three or four.

It can be concluded that 'Zuster in Huis' has the experience in international recruiting to become successful with the concept of introducing foreign nurses in Dutch nursing homes. However, they should consider the cultural backgrounds of their nurses.

'Zuster in Huis' should be aware that they need to invest in a partnership with nursing homes, since they do not have any experience within nursing homes. The organizational framework of both nursing homes and 'Zuster in Huis' should collaborate and this needs input from both sides and a business plan.

In a way, the European Union supports this concept by opening their borders, as a result of which European citizens are able to work in every member state. Overall, it cannot be concluded yet that the recruitment of foreign nurses in Dutch nursing homes will become a success, because of the above-mentioned reasons.

If 'Zuster in Huis' develops their own real estate agency, they are capable of renting out accommodations to their clients and provide accommodations for their nurses as well in nursing homes. However, the most appropriate strategy for 'Zuster in Huis' that is examined in this thesis is that they should start with hiring rooms in a nursing home for their nurses and only provide care for clients. This means that the real estate should stay

the responsibility of the nursing home itself. 'Zuster in Huis' can continue recruiting and selecting their East-European nurses; however, the responsibility of the costs for clients stays with the nursing home.

Several nursing homes were approached for this thesis, but only six real estate managers answered the questionnaire (appendix 1). One of the solutions that they mentioned for the consequences of the reformation of the law 'Long-term care' did meet the solution of 'Zuster in Huis', namely: *'Organizing partnerships with care institutions that provide care at a lower price'*. However, the respondents of the questionnaire also preferred strategy 3 of chapter 5, but this was not the only criterion that determined the outcome of the review of the strategies. Overall, the six respondents found 'Zuster in Huis' a concept that can be introduced in nursing homes if they take over a department of a nursing home and consider the criteria that they need to follow. This is in contradiction with the outcome of the measured strategies in chapter 5 which determined strategy 1 to be the most appropriate.

According to the conceptual model in chapter 3 the central question can be answered. The research in this thesis tried to find the answer on the question if the cooperation with nursing homes has an effect on recruitment of foreign nurses in Dutch nursing homes. The answer to that is 'yes', 'Zuster in Huis' needs cooperation with nursing homes in order to be able to introduce their nurses into nursing homes. The two laws 'Long-term care' and 'Separation living and care' have a positive influence on the cooperation with nursing homes, because these laws allow the private sector to compete with other care organizations. In addition, the demand for less expensive care has increased. 'Zuster in Huis' could have a contribution to the continuation of these nursing homes by introducing their East-European nurses in nursing homes. If they choose strategy 1 and invest in partnerships with nursing homes by making appropriate procedures, it could be a successful cooperation for nursing homes, clients and nurses.

Recommendations

A few variables were not taken into account in this thesis for the recruitment of foreign nurses of 'Zuster in Huis' in nursing homes. Therefore, this chapter will recommend several aspects that need further research.

In this thesis no comprehensive research has been done on the finances of the introduction of foreign nurses in nursing homes. Therefore, the total concept of placing foreign nurses in Dutch nursing homes needs more research on the financial side before it can be introduced. The nurses of 'Zuster in Huis' do provide care at lower costs; however, the total costs need to be considered as well.

The demographics of the Netherlands play an important role in determining if the demand for nursing homes will increase as well.

The questionnaire that has been used for the opinions of the real estate managers of nursing homes was sent to 24 Dutch nursing homes. There were only six respondents whereby 'Zuster in Huis' should contact more nursing homes to receive a more reliable overview assessment.

If 'Zuster in Huis' will be working at nursing homes they have to deal with other organizations within the nursing home as well. Therefore, procedures should be made and how the information will flow should be examined as well.

In total, five criteria were used to determine that strategy 1 of chapter 5 is most appropriate for 'Zuster in Huis'. These five criteria were based on the SWOT analysis and need to be further examined and measured with other criteria: financial, larger scope of opinions of nursing homes and clients, opinion of the foreign nurses and real estate. The accommodations that will become the homes of the nurses should be in good condition.

The section on demographics in chapter 4 could be broadened by researching the level of ageing in the Netherlands which is a link to the demand of care. Furthermore, the level of English and German-speaking elderly could be an important factor as well.

In this thesis it has not been founded that the Dutch government could be a threat for 'Zuster in Huis'. Instead, it can be an opportunity for 'Zuster in Huis' to contribute to the continuation of the care system in nursing homes. Many people that live in Dutch nursing

homes are afraid of being obliged to leave the nursing home, because of restrictions of the Dutch government. However, 'Zuster in Huis' can contribute to the continuation of these nursing homes, if they can research that their concept is less expensive and at the same level of care. It is recommended that the organization should first start with hiring rooms in a nursing home for their nurses and only provide care for clients. For a total take-over of a nursing home, further research is highly recommended.

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Appendices

Appendix 1: Questionnaire

Vragenlijst afstudeerscriptie voor Zuster in Huis

Hartelijk dank dat u mee wilt werken aan mijn afstudeerscriptie voor het bedrijf 'Zuster in Huis'.

Ik ben Lotte de Koster, studente aan de Haagse Hogeschool voor de opleiding 'European Studies'.

Zuster in Huis biedt inwonende (thuis)zorg. De (één op één) zorg is voor iedereen betaalbaar die intensieve zorg nodig heeft.

De zorg van een inwonende verpleegkundige is efficiënt en slim georganiseerd. Hierdoor wordt de zorg niet alleen betaalbaar, maar geeft het ook veel meer levensplezier aan de cliënt.

Door de grote veranderingen in de wetgeving van de zorg: de wet 'langdurige zorg' en de invoering van de wetgeving 'scheiden wonen en zorg' die per 1 januari 2015 ingaan, verandert er veel.

Door het invullen van onderstaande vragenlijst helpt u mij om de volgende doelstelling te kunnen bereiken:

Doelstelling:

Inwonende verpleegkundigen plaatsen in verzorgingshuizen waar nu bewoners verblijven met een ZZP 1-4 indicatie. Deze bewoners kunnen dan blijven wonen in het tehuis met de zorg die zij nodig hebben.

Het invullen van deze vragenlijst duurt ongeveer 15 minuten en ik wil u alvast hartelijk bedanken voor uw medewerking.

1. Op hoeveel locaties heeft u bewoners met een indicatie van ZZP 1-4?
.....
2. Hoeveel locaties moeten sluiten om de bovengenoemde wetgevingen?
.....
3. Hoeveel bewoners zijn dit totaal?
.....
4. Welk percentage van de bewoners heeft een indicatie ZZP 1?
.....
5. Welk percentage van de bewoners heeft een indicatie ZZP 2?
.....
6. Welk percentage van de bewoners heeft een indicatie ZZP 3?
.....

7. Welk percentage van de bewoners heeft een indicatie ZZP 4?
.....
8. Welk percentage van de bewoners heeft u met een indicatie ZZP 5 en hoger?
.....
9. Welke gevolgen heeft de wet 'hervorming langdurige zorg' voor uw organisatie?
.....
.....
.....
.....
10. Welke gevolgen heeft de wet 'scheiding wonen en zorg' voor uw organisatie?
.....
.....
.....
.....
11. Welke oplossingen heeft uw organisatie bedacht voor de gevolgen van de wet 'hervorming langdurige zorg'?
.....
.....
.....
.....
12. Welke oplossingen heeft uw organisatie bedacht voor de gevolgen van de wet 'scheiding wonen en zorg'?
.....
.....
.....
.....

Op dit moment is 'Zuster in Huis' alleen extramuraal werkzaam. Door alle wetswijzigingen onderzoek ik of het mogelijk is om de zorg van 'Zuster in Huis' ook intramuraal aan te bieden. Een oplossing voor cliënten met een ZZP1-4 indicatie kan zijn: bijvoorbeeld 3 kamers vrij maken voor 3 verpleegkundigen van Zuster in Huis. Zij kunnen voor ca. 12 cliënten inzetbaar zijn.

Door middel van inwonende zorgverleners kan de zorg 30 tot 50% goedkoper worden aangeboden. Hierdoor ontstaan er meer mogelijkheden om de bewoners te laten wonen in de huidige verzorgingshuizen.

13. Welk van uw cliënten past het beste bij bovenstaand concept?

- A. Alzheimer
- B. Parkinson
- C. MS/ALS
- D. Palliatieve zorg
- E. Anders:.....

Wat vindt u van de volgende opties?

(1= zeer slecht, 2 = slecht, 3 = voldoende, 4 = goed en 5= zeer goed)

14. Stel: u maakt 3 kamers vrij in uw verzorgingshuis en 'Zuster in Huis' levert de inwonende verpleegkundigen op 12 cliënten. U huurt onze verpleegkundigen in en factureert dit aan de cliënt.

1 2 3 4 5

15. Stel: 'Zuster in Huis' huurt bij u 3 kamers en levert de zorg direct aan de cliënt waarbij 'Zuster in Huis' ook factureert aan de cliënt. Dit betekent dat 'Zuster in Huis' alleen de kamers van de verpleegkundigen huurt en u die van de cliënten verhuurt.

1 2 3 4 5

16. Stel: 'Zuster in Huis' huurt 15 kamers bij u (3 voor verpleegkundigen en 12 voor de cliënten) en levert de zorg direct aan 12 cliënten. U heeft huurinkomsten en 'Zuster in Huis' neemt een gedeelte van het verzorgingshuis over.

1 2 3 4 5

17. Eventuele opmerkingen:

.....
.....

Heeft u nog vragen of opmerkingen, dan hoor ik het graag van u.

U kunt mij bereiken op: 06-13207092 of via lottedekoster@live.nl

Bedankt voor uw medewerking.

Lotte de Koster

Appendix 2: Student Ethics Form**Appendix 2: Student Ethics Form**

European Studies
Student Ethics Form

Your name: Lotte de Koster, student-number: 10045287

Supervisor: Mr. Veldman

Instructions/checklist

Before completing this form you should read the APA Ethics Code (<http://www.apa.org/ethics/code/index.aspx>). If you are planning research with human subjects you should also look at the sample consent form available in the Final Project and Dissertation Guide.

- a. ☐ Read section 3 that your supervisor will have to sign. Make sure that you cover all these issues in section 1.
- b. ☐ Complete sections 1 and, if you are using human subjects, section 2, of this form, and sign it.
- c. ☐ Ask your project supervisor to read these sections (and the draft consent form if you have one) and sign the form.
- d. ☐ Append this signed form as an appendix to your dissertation.

Section 1. Project Outline (to be completed by student)

(i) **Title of Project:** 'The implementation of foreign nurses into nursing homes'

(ii) **Aims of project:** Getting an answer on the question: 'How can 'Zuster in Huis' implement East-European nurses into Dutch nursing homes in order to contribute the maintenance of these nursing homes?'

(iii) Will you involve other people in your project – e.g. via formal or informal interviews, group discussions, questionnaires, internet surveys etc. (Note: if you are using data that has already been collected by another researcher – e.g. recordings or transcripts of conversations given to you by your supervisor, you should answer 'NO' to this question.)

YES

If no: you should now sign the statement below and return the form to your supervisor. You have completed this form.

This project is not designed to include research with human subjects . I understand that I do not have ethical clearance to interview people (formally or informally) about the topic of my

research, to carry out internet research (e.g. on chat rooms or discussion boards) or in any other way to use people as subjects in my research.

Student's signature _____ - date _____

If yes: you should complete the rest of this form.

Section 2 Complete this section only if you answered YES to question (iii) above.

(i) What will the participants have to do? (v. brief outline of procedure):

The participants need to fill in a questionnaire that was made for my thesis. I sent the questionnaire by e-mail to 24 nursing homes and received 6 responses. The questionnaire contained of 17 questions and are both multiple choice and open questions.

(ii) What sort of people will the participants be and how will they be recruited?

The participants will be real estate managers that work in a nursing home in the Netherlands. They will be randomly choosed and will be recruited via e-mail and telephone.

(iii) What sort stimuli or materials will your participants be exposed to, tick the appropriate boxes and then state what they are in the space below?

Questionnaires[X]; Pictures[]; Sounds []; Words[X]; Other[].

The questionnaire is made out of words, and they can fill in the questionnaire by typing the answers on a computer and send it back via e-mail.

(iv) Consent: Informed consent must be obtained for all participants before they take part in your project. Either verbally or by means of an informed consent form you should state what participants will be doing, drawing attention to anything they could conceivably object to subsequently. You should also state how they can withdraw from the study at any time and the measures you are taking to ensure the confidentiality of data. A standard informed consent form is available in the Dissertation Manual.

(vi) What procedures will you follow in order to guarantee the confidentiality of participants' data? Personal data (name, addresses etc.) should not be stored in such a way that they can be associated with the participant's data.

The participants do not need to give their names and I mentioned to them that their name will not be used if they gave them to me. Furthermore, the company's name stays unknown as well.

Student's signature: _____ date: 2-06-2014

Supervisor's signature (if satisfied with the proposed procedures): _____ date: 20-6-2014

Appendix 3: Average costs to the AWBZ over a lifetime

	Extramuraal	Intramuraal	Totaal
euro			
Mannen (levensverwachting 78,0 jaar)			
Kosten over levensloop	12.800	31.300	44.100
Gemiddelde kosten per jaar	150	380	530
Vrouwen (levensverwachting 82,8 jaar)			
Kosten over levensloop	32.600	79.800	112.400
Gemiddelde kosten per jaar	370	900	1260
Bron: Eigen berekeningen op basis van Wong (2012), geschaald naar uitgavenniveau 2012.			

Reference: (Ewijk, Horst, & Besseling, 2013, p. 193)