



PAZOE ACADEMIC CHAIR : PROVINCE OF ANTWERP CARE PROFESSIONS IN EVOLUTION

**LEARNING TO COLLABORATE DIFFERENTLY  
FOR TOMORROW'S CARE**

21 Oct 2025

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**Provincie  
Antwerpen**



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# COLOFON

Learning to collaborate differently for tomorrow's care - PAZOE

A publication of the Gouverneur Kinsbergencentrum- Doornstraat 331 - 2610 Antwerp, Belgium

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# SUMMARY

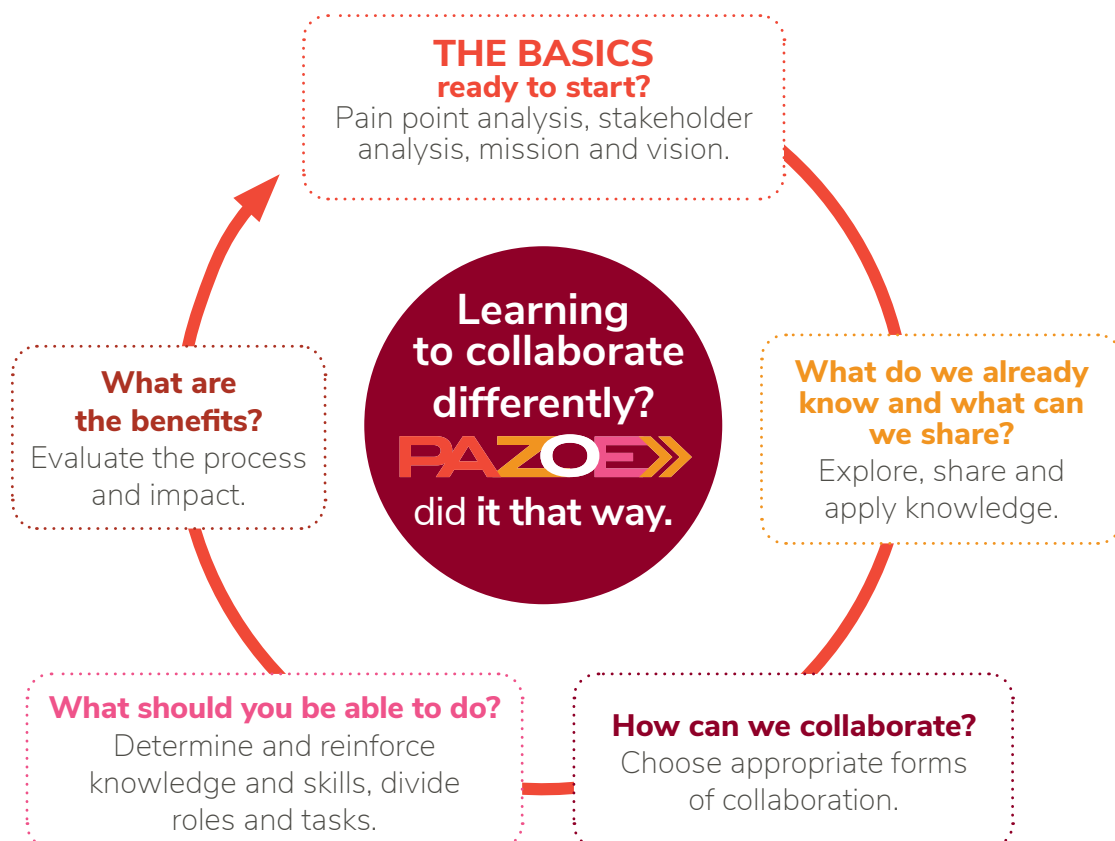
The healthcare sector is under significant pressure. Care demands are increasing and becoming more complex. Care organisations also struggle with staff shortages, high turnover, and declining recruitment. The healthcare landscape is changing rapidly: digitisation, evolving care needs and the necessity for interprofessional collaboration are forcing us to reconsider the approach to care professions differently. That is the essence of “care professions in evolution.”

The PAZOE Academic Chair (Province of Antwerp Care Professions in Evolution) investigated how learning and working differently can be achieved, focusing on service delivery processes, work organisation and technological developments. In a context of structural scarcity of people and resources, the challenge is how to maintain efficiency, accessibility, and quality of care. Additionally, how can we ensure that healthcare professions and professional roles remain attractive? At the same time, it is essential to strengthen and empower healthcare professionals so that they can face the challenges of the future with confidence.

This white paper shares the insights and results from the PAZOE project. Central to this is the **PAZOE cycle**: a five-part framework with tools and guidelines for working and learning differently within care organisations. It demonstrates how care professionals, local governments, and educational institutions can achieve increased **capacity**, better **collaboration** and **knowledge sharing** in the Antwerp care sector, or in short, how they can learn to **work together** differently.

This white paper is intended for anyone who wants to work on sustainable care innovation: from HR and innovation managers, directors, team leaders, and staff members, policymakers to individual healthcare and wellbeing professionals and teams, higher education institutions and informal caregivers.

**Get inspired, discover how the PAZOE cycle works and take your own steps towards tomorrow's care.**



# FOREWORD

## THE HEALTHCARE INDUSTRY IS AT A TIPPING POINT

Increasing and more complex care needs, staff shortages and high workload are putting pressure on the system. At the same time, this reality forces us to reorganise care and care professions. The PAZOE (Province of Antwerp Care Professions in Evolution) Academic Chair was established to investigate how efficiency, accessibility, and quality of care can be maintained in this context of scarcity of personnel and resources. Additionally, it aimed to ensure that a profession or professional role in healthcare remains attractive. In doing so, it is crucial to strengthen and empower care professionals so that they are prepared for the challenges of the future.

The research team, consisting of a chairholder (visiting prof. Dr. Giannoula Tsakitzidis) and a junior researcher (Julie Daes MSc.), partnered with care professionals, education programmes and local authorities to explore innovative ways to approach collaboration and learning in healthcare. This was made possible with the support and expertise of the steering committee (Prof. Dr. Peter Van Bogaert, Prof. Dr. Paul Van Royen, Prof. Dr. Erik Franck, Prof. Dr. Eva Goossens, Prof. Dr. Josefien Van Olmen, Prof. Dr. Caroline Masquillier, Scarlett Deurinck, Gouverneur Kinsbergencentrum director and Joris Verwaest, labour market policy advisor).

Within PAZOE, learning networks operating at the micro, meso, and macro levels facilitated knowledge exchange between implementation projects and their translation into policy. Learning networks are structured collaborations in which stakeholders exchange knowledge and experiences to jointly foster insight, improvement, and innovation. Step by step, these networks have led to the development of the PAZOE cycle, a five-part framework that supports concrete and sustainable change within care organisations. As one participant in the learning networks aptly put it:

**“The programme is like going to the gym on a Monday evening: at first, you don’t feel like it, but afterward, you feel satisfied”**

**That is the power of learning and taking action.**

This white paper consolidates the insights gained from the project and provides direction and inspiration, including policy recommendations, practical tools, and concrete guidelines to apply in your own context. We hope you find elements here that both support and motivate you to help shape the future of care.

**Finally, we would like to thank our partners:** the Province of Antwerp, Gouverneur Kinsbergencentrum, University of Antwerp, primary care zones RupeLaar and Middenkempen, municipality of Hulshout, University Fund UAntwerp and all participants in the learning networks. The collaboration between the province and the university enabled meaningful support for organisations such as primary care zones. At the same time, this collaboration provided valuable insights into the needs and realities of the field. This mutual exchange was enriching and a major strength within the process. The cooperation and trust of all partners made PAZOE possible and allowed it to grow into a shared movement towards resilient, future-oriented care.

**Get inspired. Discover the PAZOE cycle and help shape the care of tomorrow.**

**Enjoy your reading,**

Julie Daes & Giannoula Tsakitzidis

# INTRODUCTION

Healthcare is changing and care professions are continuously evolving along with it. At the same time, the sector faces staff shortages due to low recruitment and high turnover.

## EVOLVING CARE PROFESSIONS: WHAT DOES IT MEAN?

The literature identifies **five themes** that frame **evolving care professions**:

5

THEMES IN EVOLVING  
CARE PROFESSIONS

- 1 | **Changing care needs,**
- 2 | **Increasing specialisations and interprofessional collaboration,**
- 3 | **Digitalisation and technological integration,**
- 4 | **Training and professional development tailored to your own work context,**
- 5 | **Change in roles and tasks of care professionals and informal caregivers.**

A first theme, **changing care needs**, is characterised by demographic shifts (including the aging population (Kingston, Comas-Herrera & Jagger, 2018; Busetto et al., 2017a) and changes in disease patterns (e.g., the rising prevalence of chronic conditions such as diabetes and cardiovascular disease (Van Oostrom et al., 2017)). These developments affect how care professionals carry out their work (Tops et al., 2024; Hunter & Bengoa, 2018). Care is becoming increasingly complex due to aging and multimorbidity resulting in more challenging care situations (Tran et al., 2024). In the past, the focus was on a single patient with one condition being treated by one care professional. Today, patients often have multiple conditions as well as psychosocial challenges (Tran et al., 2024; Busetto et al., 2017b). Consequently, this evolution requires enhanced coordination, systems thinking and the ability to operate across multiple levels of care (Tops et al., 2024; Struckmann et al., 2018).

Changing care needs are driving care professions towards increasingly **specialised roles and functions**, often focused on specific diseases, treatment modalities or patient groups (Aeyels, 2025; National Academy of Medicine, 2022). Examples include the nurse specialist, practice assistant and nurse practitioner in general practices, “Bewegen Op Verwijzing” (prescribed exercise) coach, palliative reference physician, and primary care psychologist (Aeyels, 2025; Flemish Institute for Healthy Living, 2025; Unsworth et al., 2024; Roobaert & Art, 2022; Vrancken & Matthys, 2021; Verdonck, 2018; Wallyn et al., 2017; Martinez-Gonzalez et al., 2015; Cohen et al., 2014). At the same time, there is an increasing emphasis on **enabling interprofessional collaboration**, in which different care professionals (such as physicians, nurses, social workers, etc.) work together with the patient and their family to provide the highest quality of care tailored to their needs (World Health Organization [WHO], 2010). The current healthcare context further reinforces collaboration in all its forms: within organisations (intraorganisational), between organisations (interorganisational) and/or across sectors (intersectoral) (Kenis & Cambré, 2019; Nuño-Solinis, 2013; WHO, 2010; D’Amour et al., 2008).

In addition, the care sector continues to evolve due to the **integration of digital health technologies** (Cuff, 2023; Marques & Ferreira, 2020; WHO, 2016a), such as electronic patient records, telehealth (Beheshti et al., 2022), wearables (Mattison et al., 2022), artificial intelligence-driven applications (Ma et al., 2023) and robotic surgery (Bhandari, Zeffiro & Reddiboina, 2020).

These shifts have a significant impact. On the one hand, care organisations experience increased productivity (Bae & Encinosa, 2016) and a reduction in administrative burden (Lindenberg, Nieuwenhuis & van Gemert-Pijnen, 2022). On the other hand, care professionals must adapt to these new technologies in order to improve the efficiency of care, acquire new competencies and simultaneously maintain the human aspect of care (Ali et al., 2022; Honey & Wright, 2018).

All of this requires **continuous training and professional development, tailored to and embedded in one's work context** (Wattsley et al., 2024; WHO, 2016b). The education of current and future care professionals is evolving, with an emphasis on lifelong learning (Pilgrim et al., 2022; Moore, 2020; Berkhout et al., 2018; Billet, 2018), interprofessional education (Tsakitzidis, 2018; Reeves et al., 2016; WHO, 2010) and flexibility in acquiring new skills (Bleijenbergh et al., 2023). Alongside technical, traditional profession-specific knowledge and tasks, there is increasing attention to competences such as teamwork, communication and leadership, both in initial training and in continuing education programmes (Tsakitzidis, 2018; Reeves et al., 2016; WHO, 2010). In this context, the profile of the T-shaped professional is gaining importance: a healthcare provider with deep expertise in their own field, complemented by broad, generalist skills that enable effective collaboration across disciplines (Conley et al., 2015; Frenk, Hunter & Lapp, 2015; Donofrio et al., 2010).

The role of **care professionals** evolves over time, influenced by changes in care needs (Tran et al., 2024), new forms of collaboration (WHO, 2022; Nuño-Solinis, 2013; D'Amour et al., 2008) technological developments and shifting societal expectations (Endalamaw et al., 2024). The increasing emphasis on patient empowerment and self-management also plays a key role. Care professionals are progressively becoming guides or partners in the care process, rather than mere implementers (Vainauskienė, & Vaitkienė, 2021; Cooper-Stanton, 2019; Karazivan et al., 2015).

The growing pressure on the formal care system also necessitates a rethinking of the way care is organised, explicitly acknowledging the role of **informal caregivers**. Informal caregivers provide an estimated 80% of care and support to people with care needs in Europe (Hoffman & Rodrigues, 2010). Despite often being invisible, they are an indispensable part of the care landscape. More than 50 million adults in the EU regularly provide informal long-term care, representing about 15% of the adult population (Ecorys, 2021). This group includes partners, family members, friends and volunteers, accounting for approximately 90% of all long-term care providers. They are therefore considerably more numerous than formal professionals. Informal and formal care complement each other: where formal care is available, informal care remains supplementary (De Wispelaere, 2022). A comprehensive perspective on the evolution of care professions therefore also requires attention to the position of informal caregivers. Sustainable integration and recognition of their role within care policy is crucial, including institutional acknowledgment and strengthened collaboration (Vlaams Expertisepunt Mantelsorg and VIVEL, 2022; Ecorys, 2021; Lambotte et al., 2021; Hoffmann and Rodrigues, 2010).

In summary, the context in which the care professions operate is evolving, and this evolution drives the development of the professions, which is also reflected in education and professional profiling in practice. Understanding what is meant by 'care professions in evolution' requires insight into changing societal, technological, socioeconomic and demographic developments, both in society and within the care sector, and into how these professions are able to adapt to these changes with resilience, flexibility and agility.

# AIM

The goal of PAZOE is to strengthen the attractiveness and resilience of Antwerp's healthcare sector. This is achieved by focusing on 'working differently', specifically through innovations in service delivery processes, work organisation, and technological developments. (see Figure 1)

This focus is crucial in a context where care is increasingly shifting from treatment to prevention. As the population continues to age, fewer people are choosing to enter the care sector as professionals. The growing and changing demand for care, along with other complex challenges requires effective collaboration in all forms (interprofessional, transmural, transdisciplinary, intersectoral). It is clear that care professions are evolving alongside these changes, and that greater emphasis must be placed on connecting and coordinating efforts. Key questions include: how do we better identify needs? And how can we jointly develop solutions to address them?

## PAZOE ACADEMIC CHAIR: PROVINCE OF ANTWERP CARE PROFESSIONS IN EVOLUTION

**strengthen the attractiveness and resilience  
of the Antwerp care sector**

**SERVICE DELIVERY  
PROCESSES**

**WORK  
ORGANISATION**

**TECHNOLOGY  
DEVELOPMENTS**

Figure 1: Objective PAZOE Academic Chair

In this white paper, we present the insights and results of PAZOE. At the core is the **PAZOE cycle**: a five-part framework with tools and practical guidance for working and learning differently within care organisations. We demonstrate how care professionals, local administrations and education programmes can apply this framework, to increase capacity, better collaboration and promote knowledge sharing across the Antwerp care sector.

This white paper is intended for anyone interested in advancing sustainable healthcare and wellbeing innovation, from HR and innovation managers, boards of directors, team leaders, staff and policymakers to individual care professionals and teams, higher education programmes and informal caregivers and anyone else who wishes to take action in this area.



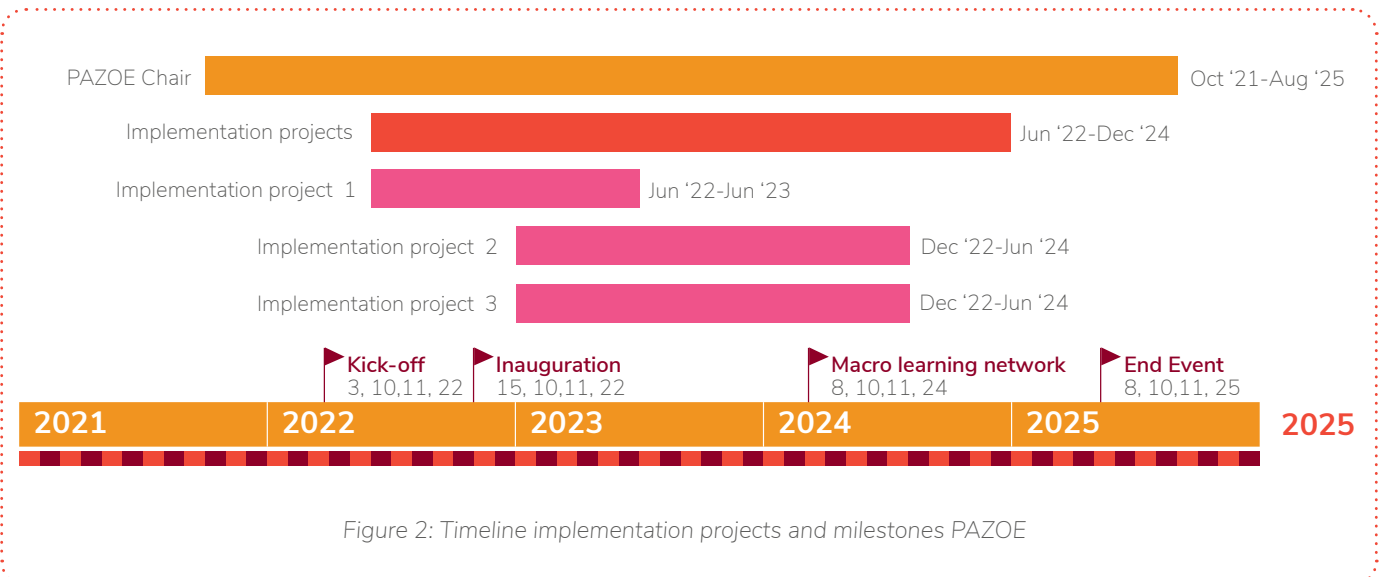
# METHODOLOGY

Based on scientific literature, the outcomes of the learning networks and the advice of relevant stakeholders, the researchers of PAZOE formulated policy recommendations for the future evolution of care professions and organisations (see p. 25.)

## THE PAZOE ACADEMIC CHAIR: A TIMELINE

PAZOE was established on October 1, 2021. The kick-off took place during the event 'Care at Z' on May 3, 2022, followed by the official inauguration on November 15, 2022 in Antwerp.

Three implementation projects were launched within PAZOE to enable data collection. These implementation projects ran from June 2022 to June 2024. (see Figure 2)



## SCIENTIFIC APPROACH: PARTICIPATORY ACTION RESEARCH (PAR)

Within PAZOE, work was conducted according to the method of Participatory Action Research (PAR). This practice-based research approach combines action and research, aiming to generate new knowledge while simultaneously improving practice (Van der Zouwen, 2022).

PAR is based on the principle that every action counts: each action within practice is considered an intervention that initiates change. In this process, all activities are valuable material. Observations, interactions and experiences constitute meaningful data that form the basis for joint reflection. By deliberately recording and sharing, careful decisions are made about what is documented and how it is shared, to enhance engagement and ownership among all participants (Van der Zouwen, 2022).

The process develops in a cyclical and spiral manner. Through repeated phases of preparation, implementation and reflection, circles of commitment and understanding expand step by step. This creates a movement from action towards sustainable strengthening of practice, enabling deeper and directional learning, always starting from the practice itself (Van der Zouwen, 2022). (see Figure 3)

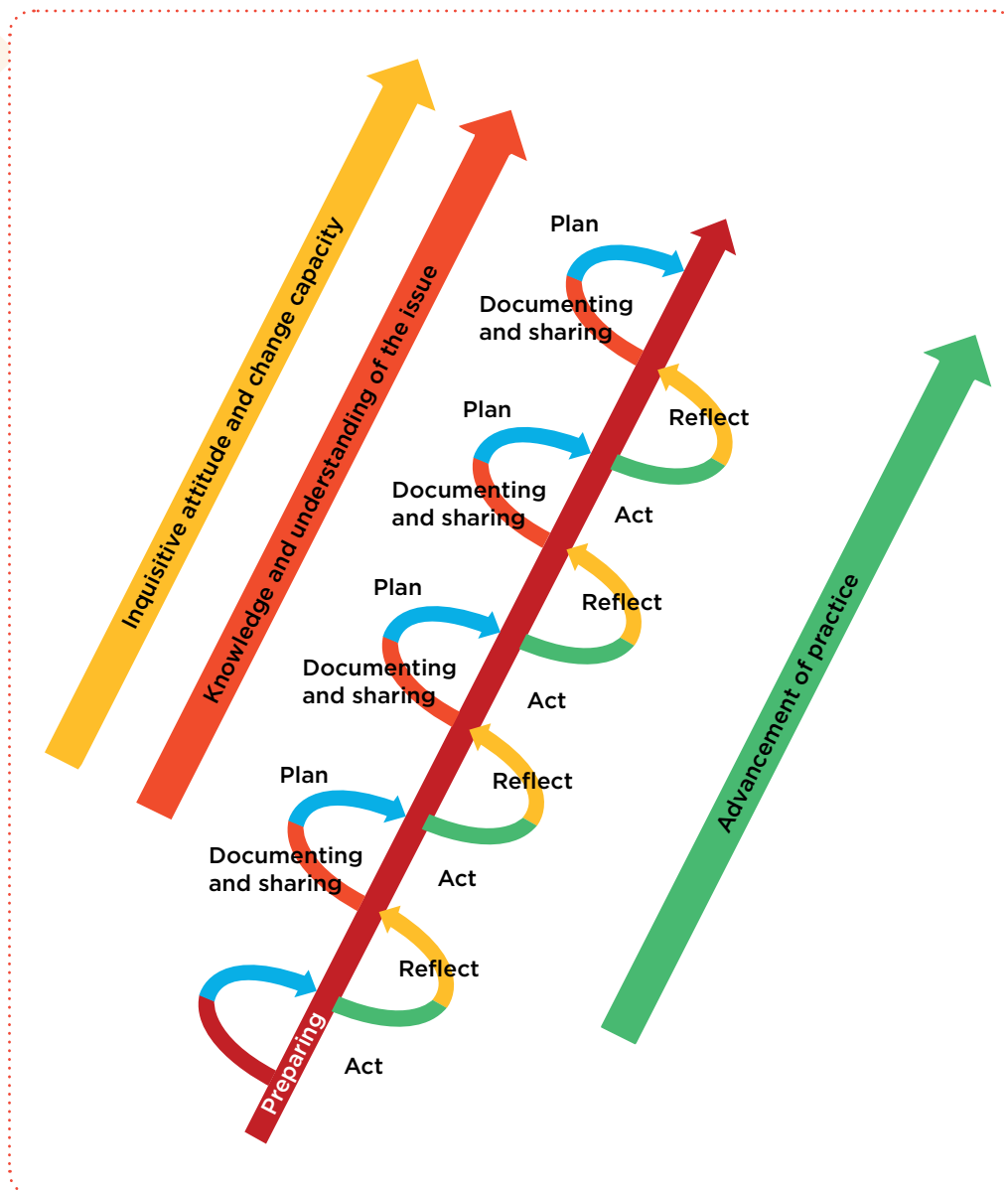


Figure 3: Steps and effects of Action Research according to van der Zouwen (2022).

## DATA COLLECTION THROUGH LEARNING NETWORKS

PAZOE chose to collect data through learning network sessions. These network sessions closely align with the principles of PAR: they make it possible to systematically gather practical experiences, reflect collectively, and gradually deepen insights. In this way, the networks actively contributed to the cyclical learning process and strengthened ownership and embedding in practice.

The learning networks were organised on three levels: micro, meso, and macro across the three implementation projects. (see Figure 4 and Figure 5)

- 1 | **Micro learning networks:** focus on the implementation level and address one specific theme selected based on pain point analysis. (orange)
- 2 | **Meso learning networks:** connect the implementation projects to share insights and learn from, with and about each other. (pink)
- 3 | **Macro learning networks:** collaborate with policymakers from education, health and wellbeing and local governments, to develop recommendations informed by the challenges revealed by micro- and meso learning networks. (red)

The approach of working with learning networks at multiple levels enabled for mutual learning and exchange of knowledge and experiences between the implementation projects while also facilitating dissemination to the wider audience.

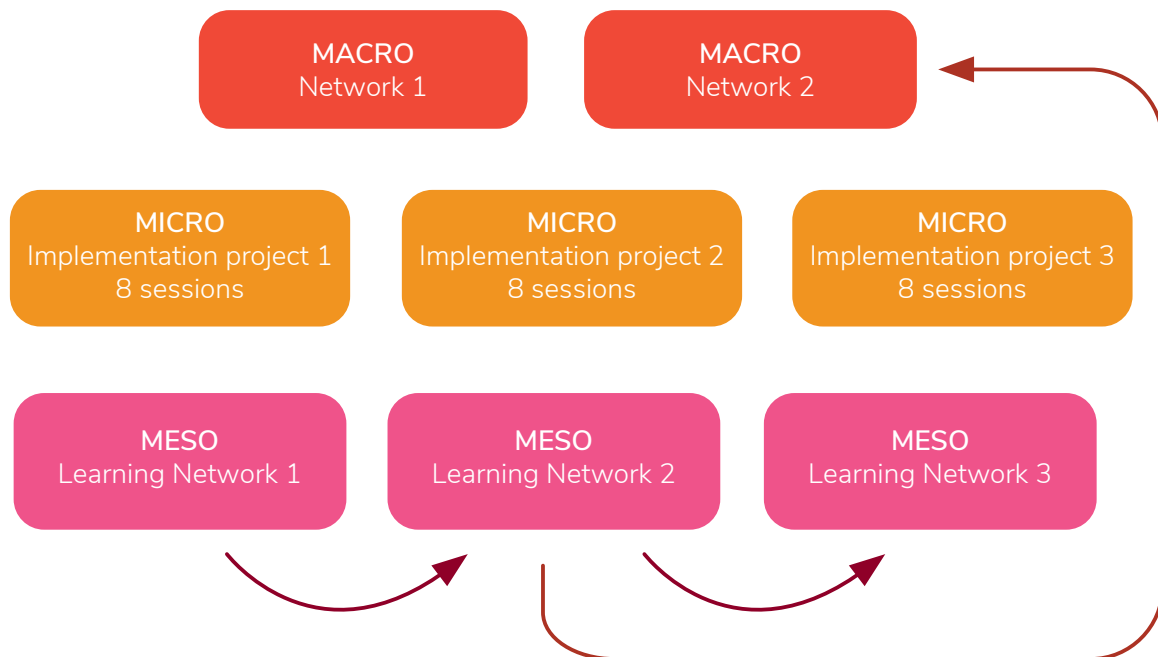


Figure 4: PAZOE learning networks overview (micro, meso, macro level)

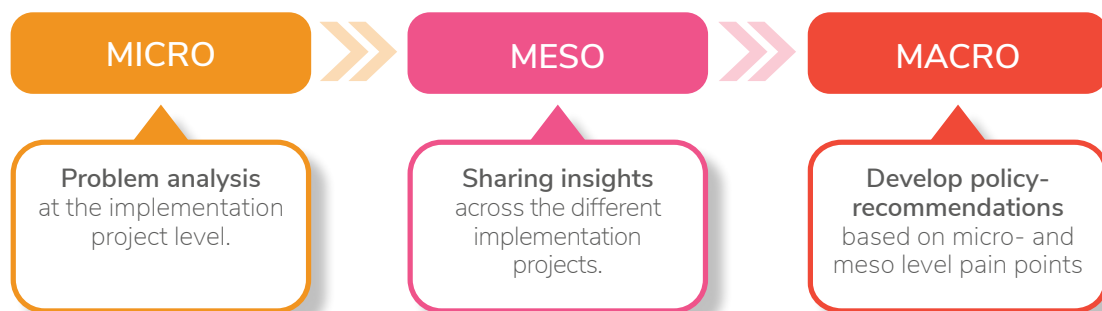


Figure 5: Objective/mission learning networks at micro, meso, macro level within PAZOE

For the PAZOE Academic Chair (Province of Antwerp Care Professions in Evolution), ethical approval was obtained from the Ethical Advisory Committee Social and Human Sciences (EA SHW) of the University of Antwerp under the reference number SHW\_2023\_175\_1. This approval allows for the results to be shared and published.

All participants in the learning network sessions and the final event were informed both orally and in writing (via an information letter) about the project's objectives, methodology and content. Participants were given the opportunity to ask questions.

Participation was voluntary, and participants could withdraw at any time. Data were collected only after informed consent was obtained. All collected data were coded and analysed in accordance with privacy regulations.

# THE RESULT: THE PAZOE CYCLE

A total of 19 micro-level learning network sessions were organised across the three implementation projects, along with three meso-level and two macro-level sessions (see Figures 4 and 6).

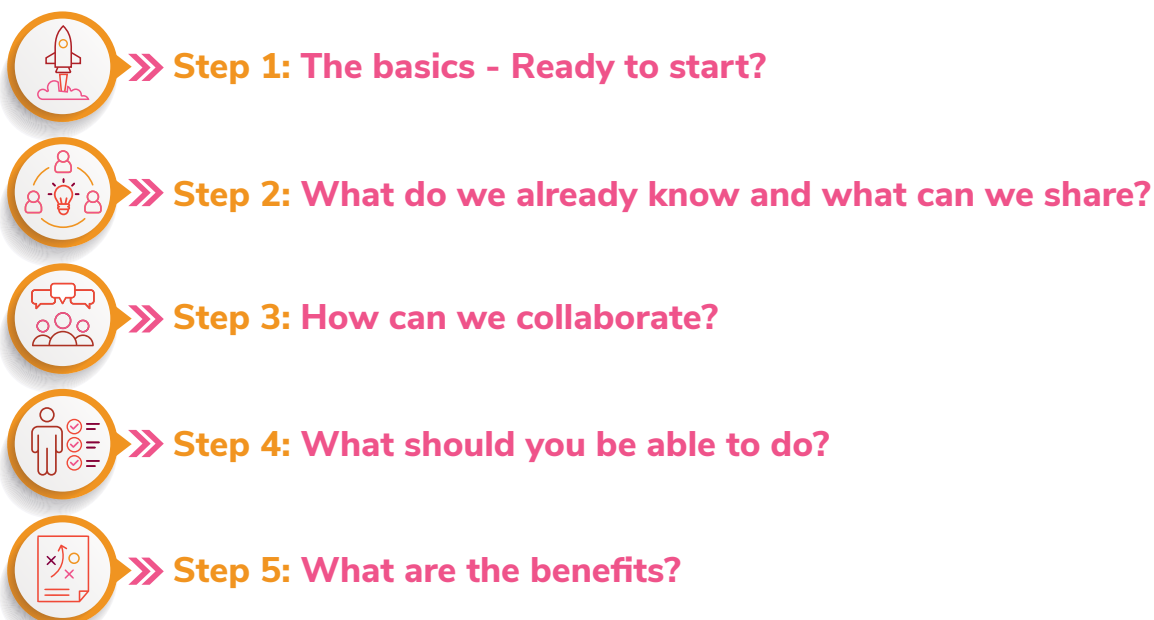
These learning networks followed a structured approach inspired by the methodology of participatory action research (PAR). Within the micro-level networks, sessions began with a joint exploration and analysis of problems and challenges in daily practice (acquaintance).

These challenges were then further explored, structured and made concrete using existing tools or tools developed by PAZOE. Depending on the needs of each implementation project, relevant good practices from practice, education and research were sought to guide potential solution strategies.

Each implementation project concluded with a reflection and evaluation session. After each learning network session, the findings were compiled and recommendations were formulated based on the insights gained. These recommendations were subsequently subjected to thematic analysis. By connecting the recurring themes and insights, the cyclical learning process began to take shape.

This systematic process of learning and reflection across micro-, meso- and macro-level networks resulted in the **PAZOE cycle**. (See Figure 7) The cycle consists of five steps that provides care organisations or teams with a structured framework to progressively implement learning to collaborate differently and make these practices sustainable.

## THE FIVE STEPS IN THE PAZOE CYCLE



The following chapters explain each step of the PAZOE cycle in detail. For each step, the content and purpose are described, complemented by practical tools and working methods. In addition, practical tips are provided and inspiring case studies from implementation projects are presented.

### 3 IMPLEMENTATION PROJECTS with a focus on:



Figure 6: Three implementation projects PAZOE with focus on one pillar

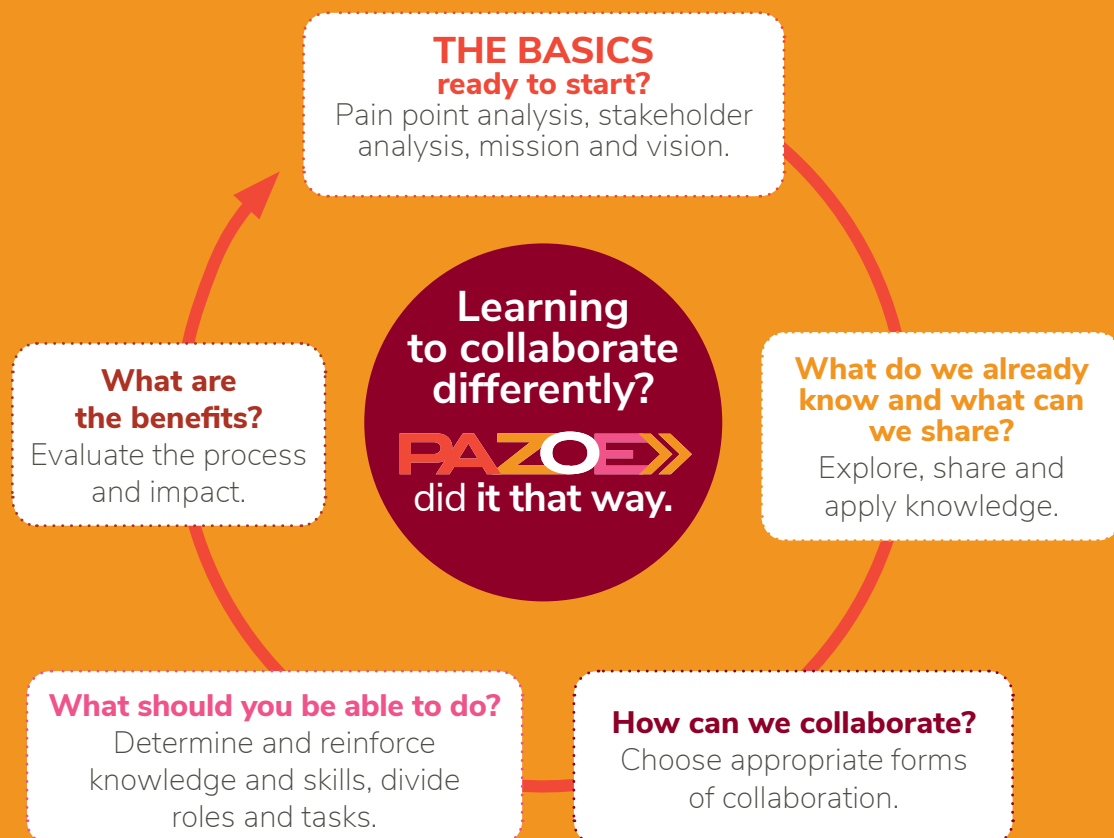


Figure 7: PAZOE cycle: Learning to collaborate differently - PAZOE did it THAT WAY



## STEP 1

# The basics - Ready to start?

Successful collaboration starts from the beginning. The analysis shows that it is crucial to take time for a thorough introduction, even if you have been working together for some time.

Getting to know each other (or getting reacquainted) goes beyond exchanging names and roles: it is about understanding who you are, what you stand for and understanding the same of others. This mutual insight forms the foundation for shared understanding and is essential for constructive collaboration.

During the first phase of the learning network sessions the emphasis was on getting to know one another and building connections. The following questions served as a starting point: Who is at the table? What are the roles and responsibilities of each person or organisation? What can you approach them for? What are the mission and vision of the involved organisations? And what does the overall network look like?

Using established methodologies (such as an introduction sheet, pain point analyses, a SWOT analyses, prioritisation exercises and network analyses), this exploration was conducted in a structured way. It also helped further shape the shared mission and vision of each implementation project.

## EXAMPLE FROM PRACTICE

### AN IN-DEPTH INTRODUCTION

During a micro-level learning network project in a Flemish primary care zone, the involved partners met for an initial session to get to know each other. Although many participants were already familiar with each other from the field, a visual exercise in which each partner mapped out their role, expertise and expectations, revealed unexpected insights. "We knew each other, but not in this way," one participant noted.

The exercise uncovered new connections between organisations, highlighted blind spots and created space for mutual curiosity. This first step led to a deeper understanding of each other's position and strengthened trust within the collaboration.

A later session focused on the mission and vision. Although these formally existed, they were not known or fully embraced by all participants. The trust base built up during earlier sessions enabled an open discussion. By reviewing the mission and vision together, shared ownership grew. At a subsequent networking session, the mission was spontaneously used as a guide to consider possible actions.

Participants were clearly proud, engaged and consciously aligned with the shared direction. What began with genuine introductions laid the foundation for lasting collaboration.

## TOOLS

### Introduction sheet

Get to know each other on a deeper level.

### SWOT analysis

Reflect together about the collaboration and evaluate it. Identify bottlenecks by systematically examining the strengths, weaknesses, opportunities and threats within a project or organisation.

### Dare to dream

Ask the question “What do you dream of?” to determine the first step towards realising that dream.

### Partnership Analysis Tool

Map your network and existing collaborations to gain insight into opportunities for further collaboration.

### From mission and vision to action plan

Document how your (policy) team will collaborate and translate your mission and vision into concrete actions within your policy. This tool guides you step by step in developing a clear mission and vision, and helps to translate them into practical actions through targeted exercises, enabling your team to effectively steer towards achieving organisational goals.



## TIPS

- Always start with a genuine introduction. You can never know each other too well to collaborate effectively.
- Develop your mission and vision together with your team or partners. This creates shared ownership and ensures they don't remain empty words. A good mission statement is short and clear: what do we do, for whom and why? A vision outlines the direction you are working towards together: what is your goal on the horizon?
- Involve multiple team members in your SWOT or pain point analysis to get a broad perspective. Make sure the actions you define are specific, measurable and achievable.
- Prioritise the key opportunities and threats from your analysis and focus your efforts on the actions that will have the greatest impact.
- Mapping your network helps you see who can support you and whom you can support. This enables more effective collaborations.



## STEP 2

# What do we already know and what can we share?

2



Building on solutions that address your own challenges is often more effective than starting from scratch. Many challenges are not unique to a single organisation but recur across the broader healthcare landscape. Valuable knowledge, however, is often scattered or unknown. Consider themes such as shared leadership, managing psychosocial vulnerability or the (in)visibility of informal caregivers.

By actively seeking out existing projects and initiatives relevant to your own situation, you avoid having to reinvent the wheel every time.

Looking at what works elsewhere requires more than just reviewing documentation. It is worthwhile to get in touch with the leaders of these initiatives. Their insights, approaches and lessons learned can help translate solutions to your own context. Within organisations, various projects have been tried, some more successful than others. What counts is that the knowledge gained is shared, including lessons learned from what didn't work. Open communication about what was learned allows others to build on it and prevents unnecessary repetition of mistakes. In this way, shared knowledge grows, strengthening collaboration.

PAZOE itself also actively sought good practices in education, research and practice to address existing challenges within implementation projects. It quickly became clear that it is not necessary to have all the knowledge in-house, as long as you are willing to purposefully seek out expertise and apply it effectively. Yet, this search proved to be less straightforward than expected.



To arrive at meaningful insights, the pain point must first be clearly identified. Subsequently, you examine what already exists, and which projects might be relevant to your own context. This search proved to be a process in itself and resulted in **the Project Compass Care**, an inspirational document presenting innovative and relevant good practices around the evolution of care professions, with a focus on technology, service delivery process and work organisation. It is intended for anyone engaged in healthcare and wellbeing innovation, from care providers to educators, seeking to learn from initiatives developed elsewhere.

For the selection of projects in the Project Compass Care, eight researchers evaluated each initiative against seven pre-defined criteria (see Figure 8a), designed to guide the identification for relevant and useful good practices. A total of **48 examples were retained** (see Figure 8b). Initiatives that did not meet the established criteria or provided insufficient information were excluded. In particular, public accessibility of outputs (criterion 5) and the degree to which results are concrete and immediately implementable (criterion 4) often proved challenging. These findings underscore the importance of ensuring early-phase documentation, open access and practical applicability of results.



At the same time, it is important to emphasise that these criteria are not universal.

**Project Compass Care aims primarily to provide inspiration, not a blueprint.**

#### The 7 evaluation criteria are:

- 1 | The initiative is located in the Province of Antwerp.
- 2 | The goal is to help care professions improve their work.
- 3 | The initiative is not a bachelor or master's thesis.
- 4 | The output is concrete and immediately implementable.
- 5 | The output is publicly accessible.
- 6 | The output is transferable to other settings.
- 7 | The output is can be integrated into care practice.

Figure 8a: Project Compass Care - assessment criteria

#### Project Compass Care

- |    |   |
|----|---|
| 8  | Independent reviewers applied the criteria. |
| 48 | Projects met the criteria                   |
| 30 | Themes emerged                              |
| €0 | Available <b>For Free</b>                   |

Figure 8b: Project Compass Care - results

The **48 projects** in the inspiration document cover **30 themes**, including health literacy, recruitment, mental wellbeing and informal care. This wide thematic range reflects the diversity of challenges within care professions in evolution and provides users with a rich set of insights, approaches and tools to work with.

**Project Compass Care** is therefore more than a collection of examples. It encourages critical reflection: look beyond the first best project that catches your eye, clarify your own priorities, and test what works in your own context. The good practices were also shared during learning network sessions, fostering new collaborations and generating practical, applicable insights.

## EXAMPLE FROM PRACTICE

### A DIGITAL TOOL IN RESPONSE TO SHARED NEEDS

The power of connecting existing solutions with local needs and practical experiences was demonstrated during a learning network session on work organisation and health literacy. The digital self-triage tool *Should I go to the doctor?* was introduced-an evidence-based tool that provides care recipients with accessible guidance on the steps they should take when experiencing certain symptoms.

What made this session particularly impactful was the presence of the developers, who presented the tool themselves. They not only explained how it works and the research underpinning it, but also engaged participants in discussions about specific questions, concerns, and potential applications.

This direct interaction fostered trust and recognition. Participants in the primary care zone were able to immediately relate the tool's added value to their own context and needs. The outcome? Several primary care zone partners decided to implement the tool and integrate it into their local operations.

This direct interaction provided confidence and recognition. Those involved in the front-line zone could immediately relate the added value of the tool to their own context and needs. The result: a number of frontline zone partners have decided to effectively implement the tool and incorporate it into their local operations. This case shows how powerful it can be to not only present solutions, but also to connect with people behind them. Bringing developers and users together creates mutual understanding, trust and action. This perfectly illustrates the goal of step 2 in the PAZOE cycle: connecting existing answers with local needs to enable sustainable change.

## TOOL

### Chat box for informal care

Through statements and questions, engage in conversations with colleagues about informal care and individual experiences.

### Navigating care and health

This game provides insight into the healthcare system, teaches users about their rights and helps them discover where to turn with questions.

### Should I go to the doctor?

This digital self-triage tool gives care recipients with immediate guidance on the appropriate actions to take for their symptoms.

## 2. Good practices from practice:

### Blueprint 'a script for an interprofessional care campus'

A script developed by health centre PIOEN in Vorselaar, to organise an interprofessional care campus.



## TIPS

- Dare to seek help. Actively explore what is available. Approach the right experts or projects to quickly find the best- fitting and highest-quality solutions and act efficiently.
- Define clear criteria to focus your search. This allows you to specifically target for the most relevant projects and solutions for your particular situation.
- Provide a contact person, even after a project ends, who can answer questions and ensure that knowledge remains accessible.
- Don't reinvent the wheel. Use existing solutions whenever possible. Engage with those who have already implemented these solutions and learn from their experience.

## STEP 3

# How can we collaborate?

Responding to the changing healthcare context requires working together differently. Effective collaboration requires more than simply bringing people together: it requires structure. Whether it involves monodisciplinary, multidisciplinary, interprofessional or interorganisational collaborations, shared goals, clear agreements and mutual understanding are essential. This may sound obvious, but practice shows otherwise. Collaboration often breaks down around two basic principles: people do not know each other well enough and do not speak the same language (Tsakitzidis et al., 2017).

To address this, PAZOE applied **the model of the five building bricks of interprofessional collaboration** (see Figure 9): acquaintance, making a (care) plan, reflection and evaluation, acting ethically and communication (Tsakitzidis & Kool, 2022; Tsakitzidis, 2018). This model was developed at the University of Antwerp by Prof. Dr. Giannoula Tsakitzidis and Prof. Dr. Paul Van Royen and has been applied in interprofessional education and practice for over two decades (Tsakitzidis & Van Royen, 2022).

The strength of this model lies in its simplicity and comprehensiveness: it provides guidance across various contexts and makes collaboration concrete and discussable. After all, working together requires more than good will. It takes time, a shared language and appropriate tools. The five building bricks of collaboration offer a framework to guide this process. They support reflection on what is needed to achieve genuine collaboration that is not only efficient, but also sustainable.

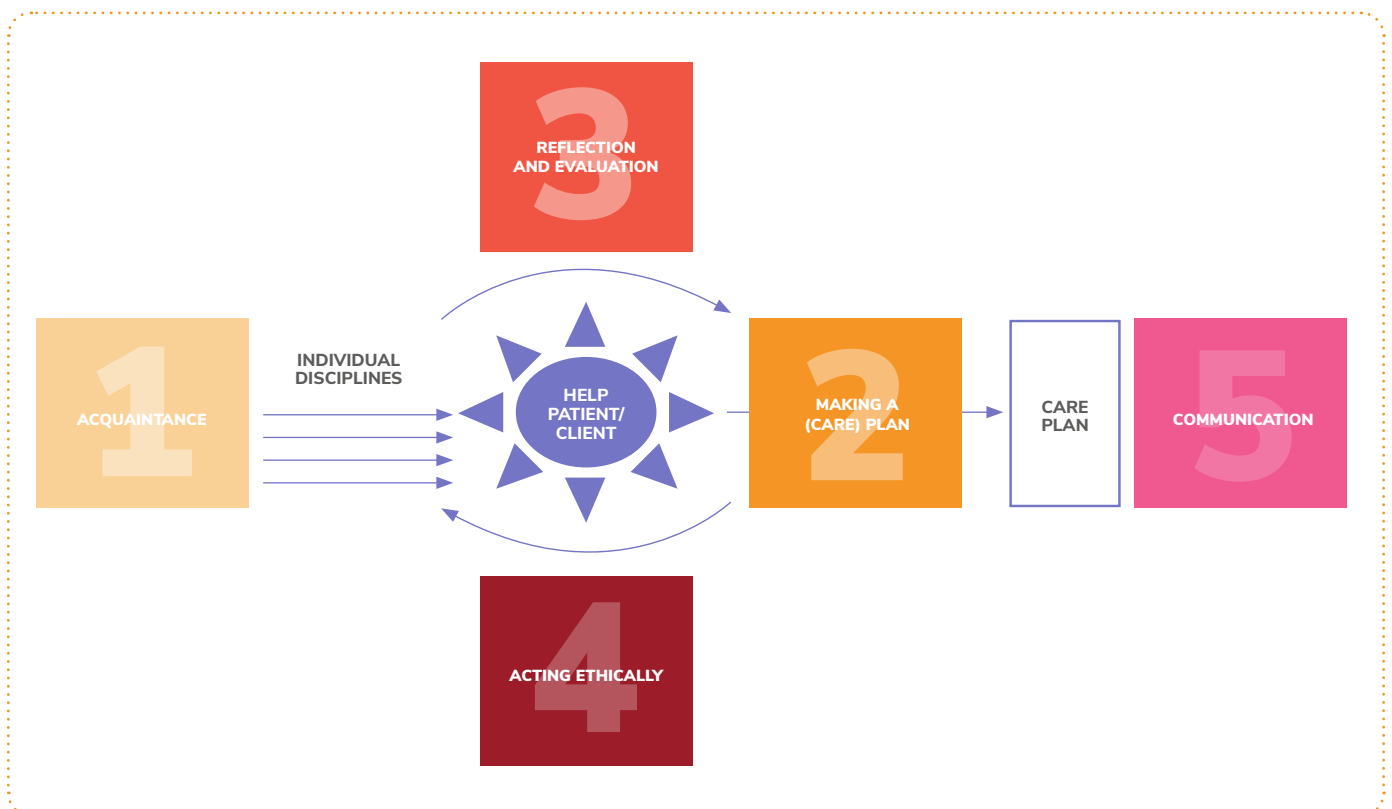


Figure 9: Five building bricks of interprofessional collaboration in health and wellness care (Tsakitzidis & Van Royen, 2018)

## EXAMPLE FROM PRACTICE

### TOGETHER WORKS?! - A GAME AS A STARTING POINT FOR SUSTAINABLE COLLABORATION

Within the learning network projects, the theoretical model of the five building bricks of collaboration served as a guide. Each session started with introductions, even if the participants already knew each other, and ended with reflection and evaluation. This created space to better understand each other's perspectives, expertise and expectations.

During one of the implementation projects, the board game **Samen Werkt?! ("Together Works?!")** was used as an accessible way to engage with the five building bricks. Participants were pleasantly surprised at how effectively it helped them really to get to know each other. One of them put it this way:

“ I have been working with this group for a long time, but I am only now truly getting to know them. The tips from the board game are clear and immediately applicable. ”

## TOOL

### Samen Werkt?! – the board game

As a team, explore **the five building bricks of interprofessional collaboration** by collecting practical tips and testing your knowledge about them. As a team, explore the five building bricks of interprofessional collaboration by collecting practical tips and testing your knowledge about them.



## TIPS

- Use a shared framework, such as the five building bricks of interprofessional collaboration, to make collaboration concrete, open for discussion and guiding.
- Explore collaborative ways of working playfully using the Samen Werkt?! board game
- Make collaborative agreements explicit and regularly check that all participants share the same expectations and goals.
- Recognise that collaboration does not happen automatically: structure meetings, clarify roles and actively work towards shared ownership.
- Be mindful of language and perspective differences. Ensure everyone feels heard and interprets the discussion in the same way.
- Actively seek collaboration with organisations outside your own sector. After all, complex challenges require shared insights and combined strengths.
- Look beyond the boundaries of your organisation. New perspectives and innovative solutions emerge there, increasing the overall impact.
- Involve external partners from the start of a project to foster shared ownership and sustainable collaboration.
- Interorganisational collaboration enables the pooling of resources, knowledge and networks. Don't leave that potential untapped.

## STEP 4

# What should you be able to do?

Effective collaboration requires more than mere involvement: it demands a shared understanding of who takes on what role, in what way and for what purpose.

In a constantly changing sector, it is essential to make the competences of teams and individuals explicit. This begins with identifying existing and missing knowledge and skills, delineating roles, and establishing clear working arrangements. Only when these elements are clear can tasks be purposefully distributed and responsibilities upheld. After all, a shared understanding of competences provides the basis for task allocation, collaboration and targeted professionalisation (Fry et al, 1981).

In the PAZOE implementation projects, this was not always straightforward. Collaboration frequently faltered due to unclear roles or lack of coordination. Leadership was not formally assigned, resulting in a lack of direction. Sometimes no one assumed ownership; in other cases, it was unclear who was responsible. This became particularly evident in projects involving shared infrastructure, such as the launch of an interprofessional healthcare campus. There, collaboration lagged, and parallel initiatives emerged without a common direction.

What stands out in this regard is that cooperation is stronger when four key elements are clarified: the common goal, the division of tasks, mutual agreements and the manner of interaction (Fry et al, 1981). When these foundations were missing, friction or stagnation quickly arose. Where they were clarified together, mutual trust grew and cooperation was effectively sustained.

This phase is not only about individual development, but about strengthening the functioning of the team as a whole. Clear goals, agreed-upon roles, transparent procedures and respectful interaction form the foundation for sustainable collaboration (Fry et al, 1981).



## EXAMPLE FROM PRACTICE

### LEADERSHIP TAKES PRACTICE: GROWING TOGETHER IN COORDINATION AND VISION

During a process aimed at improving service delivery within an interprofessional healthcare campus, it became clear that coordination, leadership, and a shared vision were lacking. Although policy officers, management, and project leaders were working on the same project, it often missed a clear point of contact or common direction. A SWOT and pain point analysis highlighted these structural gaps.

To address this, an interactive webinar was organised with Prof. Dr. Erik Franck on (self-)leadership. He focused on four key transformations: self-knowledge, self-awareness, self-control and self-compassion. In a subsequent application workshop, participants translated these insights into their own practice. They reflected on the meaning of leadership within the project, emphasising concepts such as coordination, leading by example, SPOC (Single Point of Contact), and responsibility.

By practicing together and exchanging experiences within the joint project, participants strengthened their competencies as drivers of change. This process demonstrated that leadership does not emerge spontaneously, but must be actively cultivated, with space for reflection, practical application, and collective growth.

## TOOL

### Knowledge clips on psychosocial vulnerability

Short video clips explain what psychosocial vulnerability is, how to recognise it and how to make it open for discussion. They help ensure appropriate referrals and ethically create a care plan.

### Application exercises on (self) leadership

Application exercises on (self-)leadership from the book "If you don't change anything, nothing will change" by Prof. Dr. Erik Franck. The exercises can be adapted to your own context.



## TIPS

- Always designate a coordinator or point of contact, both for internal colleagues and external partners. This ensures that everyone knows whom to approach for questions, coordination, or decisions, promoting clarity, efficiency, and supported leadership.
- Actively identify the knowledge and skills present within the team. This allows you to target reinforcement and development.
- Make roles and responsibilities open for discussion so that everyone understands who is responsible for what and where each task lies.
- Divide tasks based on strengths and needs, ensuring coordination and follow-up are carried out effectively.
- Support leadership at different levels through targeted training and by providing space for team members to assume these roles.
- Do not hesitate to bring in external expertise when internal knowledge or skills are insufficiently present.
- Schedule regular moments of reflection to evaluate, learn and adjust roles and agreements as needed.



## STEP 5



## What are the benefits?

Making regular time for reflection and evaluation is essential to understanding the process and effectiveness of one's own (collaborative) work. Critically examining what is going well and challenges provides a clear picture of opportunities for improvement while acknowledging successes achieved.

This continuous feedback forms the basis for adjusting actions and optimising collaboration. A structured evaluation process helps to safeguard quality and achieve sustainable impact within the healthcare context.

In our approach, we apply Kirkpatrick's (1994) evaluation methodology, which allows for impact assessment at four levels: satisfaction with the project, knowledge and insights gained, behaviour and actions adapted from what was learned, and impact on project outcomes. Through this systematic evaluation, stakeholders link concrete improvements to their experiences, thereby promoting sustainable quality development and effective decision-making.

### EXAMPLE FROM PRACTICE

#### EVALUATION AS A LEVER FOR INSIGHT AND PROGRESS

Each implementation project in PAZOE concluded with a reflection and evaluation moment during the final learning network session. For this purpose, **the tool Project Evaluation: The Learning Effect and Impact of My Project** was used, structured around three components: impact, reflection, and feedback. The impact component followed Kirkpatrick's (1994) methodology, assessing four levels: satisfaction, insights gained, behaviour, and the ultimate impact on the project.

One participant who could not attend every session indicated: "Thanks to the evaluation, I still gained a clear view of the trajectory. Peer reflections helped me understand what we had accomplished and what still needed to be done."

Other participants highlighted the importance of looking back together: "At the beginning, I didn't know what to expect. I am now very satisfied: new insights, new dynamics, and a clearer vision of upcoming challenges." Another remarked: "Even small successes are successes, and it doesn't always have to be grand."

This systematic approach fostered ownership, joint reflection, and concrete starting points for next steps.

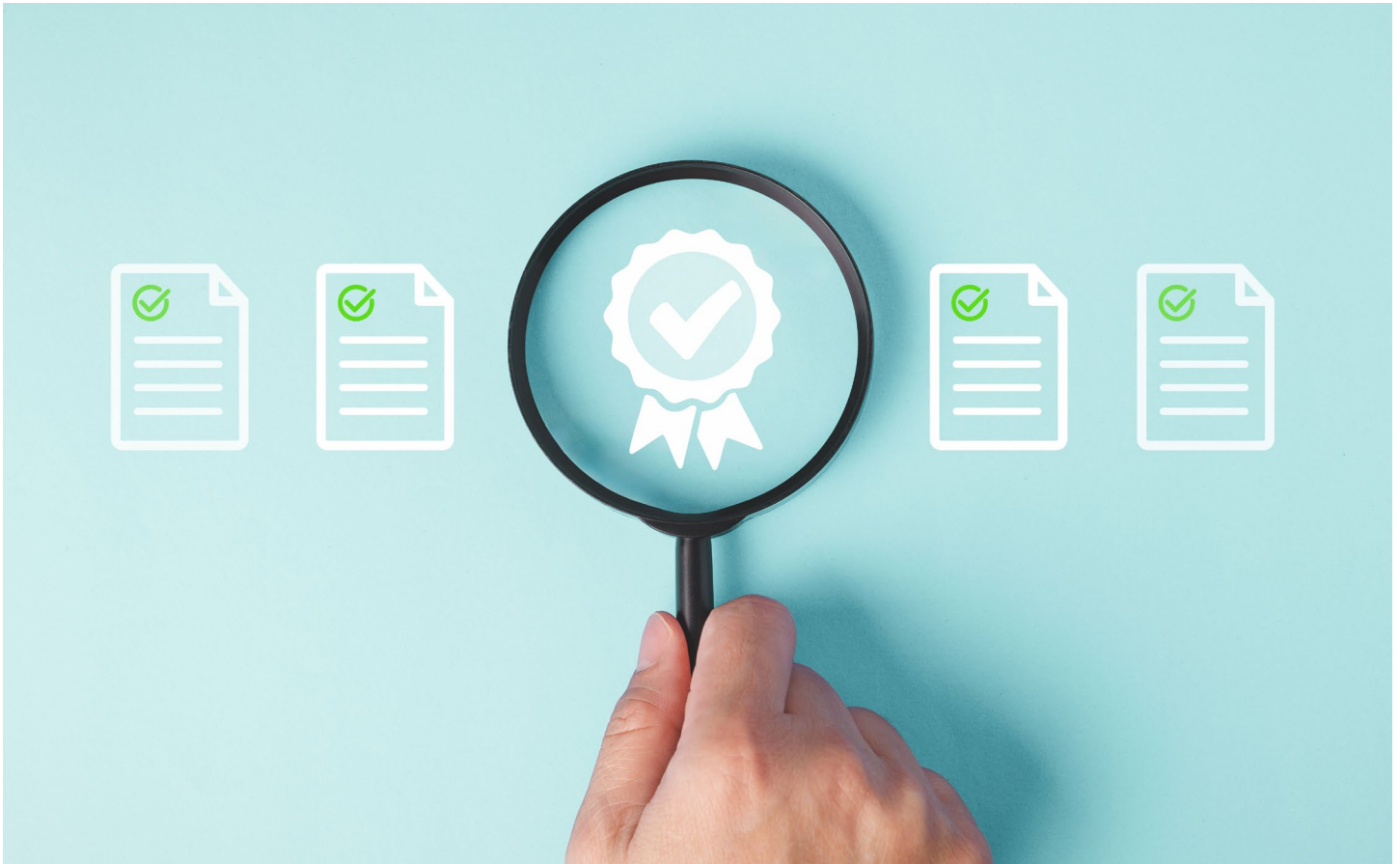
In this way evaluation did not serve as an endpoint, but as a catalyst for sustainable development.

## TOOL

### Project evaluation: the learning effect and impact of my project

Evaluate a training or course using this methodology.

What impact do you achieve with your project and what is the learning effect?



## TIPS

- Reflect regularly and don't hesitate to adjust your approach. Growth starts with recognising areas for improvement and making actionable changes.
- Plan evaluation and reflection moments systematically, both mid-term and at the end of a project, to allow timely adjustments and make progress visible.
- Involve diverse perspectives in the evaluation. Shared experiences lead to richer insights and supported decision-making.
- Use a clear evaluation framework such as the four levels of evaluation (satisfaction, insights gained, behaviour change, impact) to make reflection concrete and purposeful.
- Evaluate both the results, and the process. How did the team collaborate, what worked well, and where did it go wrong?
- Actively collect and discuss feedback. Celebrate successes and use critical input to foster growth.
- Let reflection lead to action. Determine what should be maintained, what should change, and who will take responsibility.
- Use evaluation to engage new stakeholders. Shared insights create connection and clarity.



# RECOMMENDATIONS & CONCLUSION

## RECOMMENDATIONS

Throughout this white paper, each step of the PAZOE cycle was accompanied by practical tips and tools to make learning to collaborate differently more tangible. Building on the insights gained from PAZOE, we now present six key recommendations. These offer guidance for everyone striving to create a healthcare sector that remains attractive to current and future professionals, while remaining resilient in the face of ongoing change.

The central question remains: How can we strengthen both the attractiveness and resilience of Antwerp's healthcare sector? The answer lies in collaborating differently, through innovations in service delivery processes, work organisation and technology. To realise this transition sustainably and collectively, care organisations, educational institutions and policymakers can build on the following six recommendations.

### Continue to invest in collaboration

1

The collaboration between the Province of Antwerp and the University of Antwerp demonstrates the significant impact that can be achieved when policy, research and practice reinforce one another. This partnership enabled us to provide targeted support to organisations such as primary care zones while gaining valuable insights into their needs and operations. Ongoing investment in linking knowledge with practice is key to fostering sustainable and impactful healthcare innovation.

### Invest in sustainable implementation with lasting impact

2

Projects only provide real added value when their results do not remain stuck in the pilot phase, but are effectively integrated into daily operations. Implementation is critical and requires time, resources and commitment. From the outset, design projects so that they can be embedded into practice after completion, ensuring continuity in both personnel and resources. This way, we avoid reinventing the wheel and progressively build sustainable ways of working that have a lasting impact on the field.

### Deploy co-creation and positive experience as drivers of change

3

The appeal of care lies in the power of connection, in opening doors to each other both literally and figuratively. A positive atmosphere where people enjoy working together is not only desirable, but essential for sustainable change. Actively involve stakeholders (from healthcare professionals to clients) right from the start of the change process. Co-creation not only builds a stronger support base but also enables the valorisation and wide dissemination of results. Meaningful change happens when people feel seen, heard and jointly responsible.

#### **Encourage interprofessional collaboration and a step-by-step approach for increased resilience**

4

To effectively address complex care challenges, strong interprofessional collaboration and clear, improved referral processes are essential. By working together and leveraging each other's expertise, healthcare providers can better meet diverse needs.

Additionally, it is useful to break complex issues into smaller, achievable actions implemented incrementally. This allows for focused, sustainable solutions that strengthen the resilience of the healthcare network.

#### **Break down silos through interprofessional and context-based training**

5

To truly collaborate, care professionals must learn from, with and about each other from the very start of their training. Interprofessional training, both inside and outside the classroom and in practice is essential to break down silos and make collaboration natural. Therefore, align training and continuing education with real healthcare needs, work context and shared learning goals. Training healthcare teams in the context in which they collaborate fosters not only mutual understanding but also effectiveness and trust within and across disciplines.

#### **Recognise and embed the role of informal caregivers**

6

Informal caregivers form a fundamental pillar of care. Yet their contributions are often overlooked or insufficiently supported. Recognition and institutionalisation of their role is essential, both in policy and in everyday practice. This can be achieved through structural collaboration, training, support and policy integration. In doing so, we not only strengthen the capacity of formal care, but also ensure continuity of care for the patient.

## CONCLUSION

The challenges in the healthcare sector require more than innovative ideas. They call for a fundamental redesign of how we collaborate, learn and deliver care. The PAZOE Academic Chair demonstrates that sustainable change is possible when we start from practice, build trust, make space for co-creation and take steps that are aligned with the specific context.

There is no ready-made solution to the complexity of evolving care professions. What works is an approach that starts from practice and harnesses the power of connection. In the PAZOE Academic Chair, nothing entirely new was invented, instead existing knowledge, initiatives, networks and practical experiences were deliberately brought together, deepened, and connected resulting in a supported and effective approach. This practice-oriented method focused on collaboration, embedding and collective learning enables sustainable change.

That is why it is important to keep investing in building connections, strengthen both care professionals and the contexts in which they work, and use the PAZOE cycle as a lever for further development. In this way, we collectively create space for accessible, resilient and future-oriented care. It is precisely through this collective movement, from care professional to policymakers, from local authorities to training institutions, that the future of healthcare takes shape.

### **PAZOE Academic Chair - Province of Antwerp Care Professions in Evolution:**

this is about learning to collaborate differently, to increase capacity in healthcare while developing and sharing knowledge.



ACADEMIC CHAIR : PROVINCE OF ANTWERP CARE PROFESSIONS IN EVOLUTION

**THAT IS LEARNING TO COLLABORATE DIFFERENTLY**

**TO INCREASE CAPACITY IN HEALTHCARE AND WELBEING AND  
TO DEVELOP AND SHARE KNOWLEDGE TOGETHER.**

# OVERVIEW PAZOE TOOLS

## STEP 1: THE BASICS - READY TO START?

NAME	EXPLANATION TOOL	LINK
Introduction sheet	A tool that facilitates deeper introductions and expands your network. More than just learning each other's names and roles.	<a href="#">PAZOE - Introduction sheet - print network version</a> <a href="#">PAZOE - Introduction sheet</a>
SWOT analysis	Think together about the collaboration and evaluate it. Identify pain points by systematically examining the strengths, weaknesses, opportunities and threats within a project or organisation.	<a href="#">PAZOE - SWOT</a>
Dare to dream	Ask the question "What do you dream of?" to determine the first step towards realising that dream.	<a href="#">PAZOE – Dare to dream</a>
Partnership Analysis Tool	Map your network and existing collaborations to gain insight into opportunities for further collaboration.	<a href="#">PAZOE – Partnership Analysis Tool</a>
From mission and vision to action plan	Document how your (policy) team will collaborate and translate your mission and vision into concrete actions within your policy. This tool guides you step by step in developing a clear mission and vision, and helps to translate them into practical actions through targeted exercises enabling your team to effectively steer towards achieving organisational goals.	<a href="#">PAZOE – from mission and vision to action plan</a> <a href="#">PAZOE – From mission and vision to action plan - appendix 1</a> <a href="#">PAZOE – from mission and vision to action plan - presentation</a>

## STEP 2: WHAT DO WE ALREADY KNOW AND WHAT CAN WE SHARE?

NAME	EXPLANATION TOOL	LINK
Chat box for informal care	Open and continuous communication raises awareness around informal caregiving. Through statements and questions, colleagues engage in conversations about their experiences, fostering greater understanding and engagement in the workplace.	You can order the chat box through <a href="#">this link</a> .
Navigating Care and Health (cfr. Wegwijs in zorg en gezondheid)	This game provides insight into the healthcare system, teaches users about their rights and helps them discover where to turn with questions.	<a href="#">You can borrow this game for free</a> at your local District Health Center. <a href="#">PAZOE - Navigating care and health - the way forward for your organisation</a>
Should I go to the doctor?	This digital self-triage tool gives care recipients immediate guidance on the appropriate actions to take for their symptoms	<a href="#">This link</a> will take you to the Flanders tool.
Blueprint 'a script for an interprofessional care campus	A script developed by health centre PIOEN in Vorselaar, to organise an interprofessional care campus.	For <a href="#">more information</a> you can visit health centre PIOEN. <a href="#">PAZOE - PIOEN</a>

# OVERVIEW

## PAZOE TOOLS

<b>Project Compass Care</b>	Project Compass Care is the inspirational document developed by PAZOE to collect insights from innovative and relevant good practices, offering practical tools and valuable connections to experts and developers.	<a href="#">PAZOE – Project Compass Care</a>
<b>STEP 3: HOW CAN WE COLLABORATE?</b>		
<b>NAME</b>	<b>EXPLANATION TOOL</b>	<b>LINK</b>
Samen Werkt?! (Together Works?!) - the board game	As a team, explore the five building bricks of interprofessional collaboration by collecting practical tips and testing your knowledge about them	For more information visit <a href="#">website of Samen Werkt?! website</a>
<b>STEP 4: WHAT SHOULD YOU BE ABLE TO DO?</b>		
<b>NAME</b>	<b>EXPLANATION TOOL</b>	<b>LINK</b>
Knowledge clips psycho-social vulnerability	Short video clips explain what psychosocial vulnerability is, how to recognise it and how to make it discussable. They help to make appropriate referrals and ethically create a care plan.	<a href="#">PAZOE - Knowledge clip: What is psychosocial vulnerability?</a> <a href="#">PAZOE - Knowledge clip: How psychosocial vulnerability to be recognised and discussed ?</a>
Application Exercises (self) leadership	These exercises build on the workshops delivered during the implementation projects of PAZOE. Specifically, they relate to the webinar on (self) leadership, led by Prof. Dr. Erik Franck, and his book <i>If You Don't Change Anything, Nothing Will Change</i> (2021). This collection includes a number of application exercises that you can adapt to your own context. The exercises are inspired by the webinar and the Design Thinking training provided by the Argonauts (2023).	<a href="#">PAZOE - Leadership - application exercises</a>
<b>STEP 5: WHAT ARE THE BENEFITS?</b>		
<b>NAME</b>	<b>EXPLANATION TOOL</b>	<b>LINK</b>
Project evaluation: the learning effect and impact of my project	Evaluate a training or course using this methodology. What impact do you achieve with your project and what is the learning effect?	<a href="#">PAZOE - Project Evaluation - the learning effect and impact of my project</a>

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