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Inclusive businesses in the healthcare sector

Word of thanks

This thesis is the result of my graduation project for the degree Master of Science in Equine Medicine at Utrecht University. This research was conducted from December 2021 to July 2022 in collaboration with The Next Organization, a strategic consultancy firm in the Netherlands. This project would not have been successful without the contribution and support of a number of people, who I would like to thank next.

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Acronyms

BIF (2011)	Business Innovation Facility, BIF provides support to develop and replicate business models that make markets more inclusive, resulting in greater opportunities for the poor and disadvantaged
BoP	Bottom of the Pyramid
CSR	Corporate Social Responsibility
G20 (2015)	The G20 is a strategic multilateral platform connecting 19 of the world's biggest economies and the EU
IB	Inclusive Business
IBM	Inclusive Business Model
MDG (2000)	Millennium Development Goals, developed by the United Nations
SDG (2015)	Sustainable Development Goals, developed by the United Nations
UNDP (2008)	United Nations Development Programme
WBCSD (2011)	World Business Council for Sustainable Development

1. Introduction

An important topic when it comes to sustainable business models is inclusivity and the associated inclusive business model (IBM). Inclusivity and IBMs are part of the social layer, which, alongside an economic layer and an ecologic layer, is one of the three layers that make up a sustainable business model (Joyce and Paquin, 2016), as illustrated in Figure 1. This model will be explained in more detail further on in the introduction.
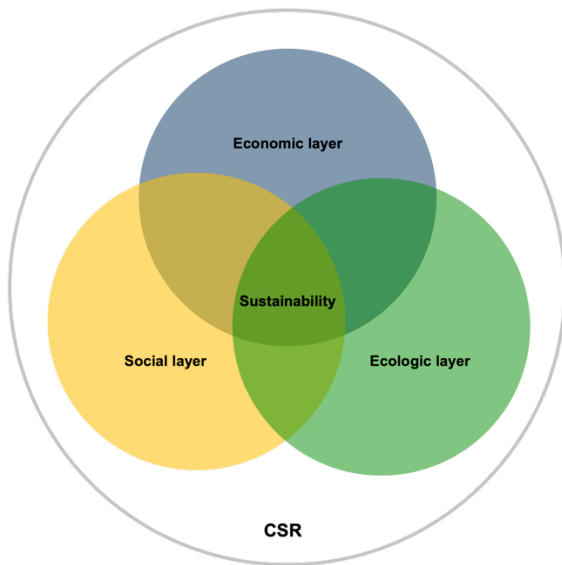
Figure 1: The Triple Business Model Canvas has three layers that make up a sustainable business model. CSR aims to make a positive contribution to some, or all, of these three layers.

The increased demand for sustainable business models is a result of the growing focus on sustainability and corporate social responsibility (CSR) (Dembek et al., 2018). Corporate social responsibility is a concept in which companies voluntarily integrate social and environmental concerns into their business operations and in their interaction with their stakeholders (Commission of the European Communities, 2001).

Corporate Social Responsibility was first officially coined in 1953 by Howard Bowen (Acquier, 2001). The concept emerged due to an increased awareness of the delicate nature of the planet's ecology and increased concern about human rights (Khan et al., 2012). As a result, society, including organisations' stakeholders, increasingly expected organisations to make a positive contribution to these ecological and social areas. This demand from society has led to a growing awareness among organisations of the socio-economic, ethical and ecologic impact of their activities on the world around them (Khan et al., 2012). Therefore, corporate social responsibility has received widespread attention from various researchers, from different backgrounds, over the past decades (Ismael, 2011). On the one hand, the widespread attention by researchers has led to an increase in the number of organisations recognising the value and necessity of CSR, and on the other hand, this is due to the increased demand for CSR from shareholders, governments, employees and customers (Khan et al.,

2012). As a result, many companies are making increasingly serious efforts to integrate CSR into all aspects of their operations (Zu, Song, 2008).

Another contribution to the awareness of the importance of CSR is the emergence of the Sustainable Development Goals (SDG). The Sustainable Development Goals are a follow-up to the Millennium Goals. The Millennium Development Goals (MDGs), established in 2000 as a result of the United Nations Millennium Summit, obliged the United Nations members to achieve certain goals in eight priority areas of social and economic development, by 2015. After 2015, this gave rise to the post-2015 Development Agenda. The post-2015 Development Agenda considers governments, civil society, organisations and businesses as equally responsible for continuing a more sustainable path. From this agenda, the SDG were developed, seventeen goals directed towards sustainable and inclusive development (Scheyvens et al.,2016). To achieve these SDGs by 2030, the United Nation member states, who have agreed to these SDG, are gradually changing their governance and legislation.

The goal to shift towards sustainable and inclusive development, as a society worldwide, is also reflected in change in business models of organisations. Previously, the "Growth of the firm" theory used to be a common view, which means that the sole purpose of an organisation is to make profit for its shareholders (Penrose 1959). Nowadays, the increased attention for CSR resulted in a shift from conventional business models to more sustainable business models (Dembek et al., 2018). According to Bergmans (2006) sustainable businesses have a broader perspective on creating value than conventional business models. To support sustainable business model innovation Joyce and Paquin (2016) developed the Triple Business Model Canvas. This business model can be divided into three layers; a social layer, ecologic layer and an economic layer, as demonstrated in figure 1. This is also referred to as the people-, planet- and profit-layer (Bergmans, 2006).
The social layer refers to the social welfare of communities and societies, the ecologic layer to ecological quality and economic layer to the prosperity of an organisation. When put together, the business model canvas makes it clear how an organisation creates multiple kinds of value – economic, ecologic and social (Joyce and Paquin, 2016). A balance must be found between these three layers (Bergman, 2006).

This sustainable transition and the renewal of business models, in which profit is not the only goal (Schoneveld, 2020), is partly due to the intrinsic motivation of organisations and partly out of necessity due to changing legislation by governments. An increasing number of organisations have already made a sustainable transition and have changed their business model and their objectives to a more society-oriented business model, in which value is created for a wider range of people within society. These organisations are followed by a growing number of organisations that are currently making this step (Schoneveld, 2020).
In summary, it is almost impossible nowadays to imagine an organisation without CSR as a component of the organisation and inclusivity is getting higher and higher on the managerial agenda.

1.1 Knowledge gap

One way to achieve value creation for the society is through an IBM (Schoneveld, 2020). However, although inclusivity and IBMs are gaining in popularity, currently inclusive organisations are still the exception rather than the norm (Jenkins, 2010). This is particularly true within the healthcare sector, in which research into inclusivity has been scarce (Ramirez, 2011). Nevertheless, a sustainable and inclusive transition will also have to take place within the healthcare sector. Unfortunately, due to the lack of research, there is a knowledge gap pertaining to practical guidelines on how to make this transition (Ramirez, 2011).

This study contributes to filling the knowledge gap in the existing literature on inclusivity in the healthcare sector by answering three complementary research questions on the status of inclusivity in this sector, further explained in the research questions.

1.2 Research questions

The aim of this study is to establish an inclusivity benchmark for the healthcare sector. A better understanding of inclusivity in this sector will help to define action points to move towards a more sustainable and inclusive healthcare system. To do so, three main research questions have been formulated.

Since there are multiple definitions of inclusivity varying within sectors, which will be explained in the theoretical framework, it is important to have a clear understanding what inclusivity means in the healthcare sector. This leads to the first research question;

1) What is understood by inclusivity in the pharmaceutical industry, medical laboratories, hospitals, and other paramedical organisations?

As mentioned in the introduction, a shift is taking place towards more sustainable, inclusive business models. One element of benchmarking, after determining what is meant by inclusivity, is to determine to what extent this transition is also taking place in this sector. This leads to the second research question;

2) To what extend is the transition towards an inclusive organisation, with an inclusive business model as a core, taking place in this specific area?

Finally, to complement the second research question we examine the main motivators, success factors and barriers in the transition to an inclusive business model. Leading to the third and final research question.

3) What are motivators, barriers and success factors for this transition towards an inclusive business model?

In this thesis the theoretical background regarding inclusivity and IBM will be discussed first, before going into the research design, the analyses used and the results. Based on the results, the findings will be discussed, after which final conclusions will be drawn.

2. Theoretical Framework

The introduction of this study discussed the emergence of and transition to an IBM in organisations. This theoretical framework further elaborates on current literature concerning the remaining two research questions, mentioned in the research goals. First, we look at the existing definitions of inclusivity, additionally we look at the differences between these definitions and the meaning of these differences. Second, we look at the various motives, possible barriers and success factors for a transition to an IBM.

2.1 Distinction between diversity and inclusivity

Before defining inclusivity, it is important to clarify the difference between inclusivity and diversity. The terms diversity and inclusivity are sometimes used interchangeably but are essentially different. More generally, diversity is understood as merely having differences and demographic compositions in groups and organisations (Robertson, 2006). However, inclusivity is having diversity in an organisation and utilising this diversity by actively involving every stakeholder in the organisation, and thereby boosting the organisation's impact and performance. So, diversity can be seen as an essential component for inclusivity, but not the same as inclusivity.

2.2 Definitions

2.2.1 Varying definitions of inclusivity

The term inclusivity emerged in the 1990s (Likoko, 2017) and many different definitions of inclusivity and inclusive business models have been formulated over the years. In order to call an organisation inclusive, and to distinguish it from a non-inclusive company, it is important to know how inclusivity is defined.

Table 1 presents an overview of definitions of inclusivity. A striking similarity between the definitions is the description of how an inclusive business can provide value to the Bottom of the Pyramid (BoP) poor or low-income groups, by making them part of the value chain.

When comparing definitions, several differences can be identified. Some definitions focus specifically on the business model, others describe an inclusive company in its totality. The difference between the definitions lies mainly in naming the target group. For example, the definitions of Likoko (2017) and G20 Development Working Group (2015) refer to Bottom of The Pyramid (BoP) when they talk about the target group of an IBM. BoP refers to a specific segment of the society, which will be further explained in section 2.3.1. Other definitions refer to the target group more generally as poor or low-income. The definition of these terms, and the associated pitfalls, will be discussed in more detail below. Another difference in the definitions from table 1 is the effect that an IBM has on the target group. The G20, for example, states that inclusive businesses should provide goods, services

and livelihoods, while Wach (2012) defines in a less specific manner in mentioning having a positive effect. Finally, a clear difference is that according to some definitions an inclusive business must be based on an economically viable basis, while other definitions do not mention this specifically.

Table 1: Representation of the variation in definitions of inclusive businesses, used in prominent organisations and research papers.

Source	Definition
Schoneveld, 2020	A type of sustainable business model that seeks to productively engage income-constrained groups in the value chain by providing solutions to neglected problems
Likoko, 2017	Inclusive businesses aim at sustainable livelihoods for the businesses and the BoP communities while feasibly integrating businesses, consumers and civil society as drivers of inclusive business
Wach, 2012	Inclusive Businesses have economically viable business models that result in positive impacts for poor people and/or the environment through the integration of poor people into value chains and/or environmentally sustainable practices
United Nations Development Programm (UNDP), 2008	Inclusive business models include the poor on the demand side as clients and customers, and on the supply side as employees, producers and business owners at various points in the value chain
G20 Development working group, 2015	Inclusive businesses provide goods, services and livelihoods on a commercially viable basis, either at scale or scalable, to people living at the base of the economic pyramid (BoP) making them part of the value chain of companies
World Business Council for Sustainable Development (WBCSD), 2011	An economically profitable, environmentally and socially responsible entrepreneurial initiative, which integrates low-income communities in its value chain for the mutual benefit of both the company and the community

2.2.2 Explanation of the differences between definitions

In the previous paragraph, the six different definitions of inclusivity used in literature and by the most prominent organisations have been mentioned, along with the differences between the definitions used. In the following 3 paragraphs these differences and the agreement within the definitions will be explained in more detail.

2.2.2.a Ambiguity in the naming of the target group

Active involvement of income-constrained populations in the value chain is central to inclusive business models, alongside development and growth of the target group (George et al., 2012). Looking at the different definitions, we see inconsistencies in the terms used regarding whom inclusive businesses should serve. Considering the definitions listed in Table 1, the target group is described using the terms BoP, poor, income-restricted and low-income. All these terms have different meanings, creating inconsistent perspectives on who an inclusive business targets and who it ncludees (Schoneveld, 2020). Most of the terms that are used in the definitions appear to be subjectively defined. Often in economic terms that can vary between, and sometimes even within, countries. The use of these ill-defined terms for the target group in the definitions of inclusivity will therefore lead to different outcomes about who should be served by IBM, creating even more confusion about inclusivity and the purpose of inclusivity (Schoneveld, 2020).

A closer look at Table 1 shows that the term "Bottom of the Pyramid" (BoP) is used in two definitions for the target group, by Likoko (2017) and G20 (2015). According to Prahalad (2005), the BoP is the population that lives on less than 2$US a day. The concept of the BoP divides the world into an economic pyramid, where the most privileged are at the top of the pyramid and the least fortunate group is at the bottom (Subhan et al, 2016). The BoP population is said to include more than 4 trillion people worldwide and is therefore a significant part of the world's population (Prahalad, 2005; 2006; 2012).

In contrast with BoP, which is clearly defined, Wach (2012) and the UNDP (2008) state that "poor" is not specific and therefore can be interpreted in different ways. Poverty is understood by several researchers as living on 1$US to 2$US a day (Chien & Ravallion, 2001; Ravallion, Datt, & Walle, 1991). However, defining poverty based solely on daily spending capacity would be too narrow, as the value of 2$US can vary from one region to another (Karnani, 2007a). Therefore, a general term for poverty, independently of the country or region, can prevent confusion. For this reason, the Living Income Community of Practice (2022) has proposed the term living income. Living income is defined as "the net annual income required by a household in a particular location to provide a decent standard of living for all members of that household" (Living Income Community of Practice, 2022). If individuals of households are not able to cover school fees, medical bills and unexpected expenses in addition to the absolute basic needs, they face a gap between their income and expenses and thus do not have a living income. Therefore, redefining an IBM's target group as those with an income gap could be a feasible and practical compromise that is less prone to conflicting geographical interpretations and methods, as the terms poor or low-income are. The elements for a living income, including food, water, education, healthcare and unforeseen occurrences, closely align with the SDG of an adequate standard of living (Schoneveld, 2020).

To avoid confusion about an IBM's target group in this study, hereafter the target group of an IBM will be assumed to be those with a living income-gap and will be referred to as income-constrained people.

2.2.2.b Profitability as a requirement for IBM

The core characteristic of an inclusive business model is that an organisation does not focus exclusively on profit maximisation, but also creates added value or development opportunities for society. Contributing to social development is part of the business model and therefore belongs to the core of the organisation. Instead of contributing to social development being a separate, non-essential, part of the organisation that is dependent on separate funding arising from the profitability of the organisation, see figure 2 (Schoneveld, 2020).
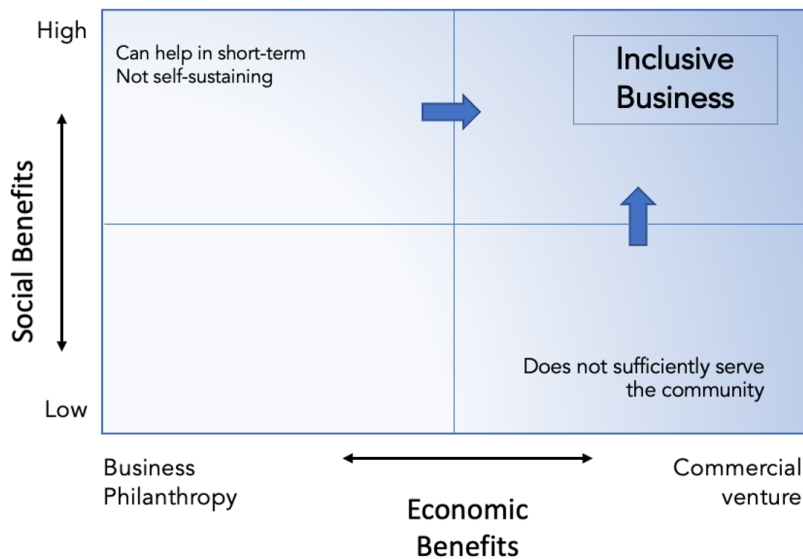
Figure 2: Illustration of how social and economic benefits come together in an inclusive business. Source: WBCSD (2011)

With this essential characteristic in mind, when looking at the definitions listed in Table 1, another recurring element is noticeable. Several definitions state that an inclusive organisation must be commercially viable, which is usually equivalent to profitability. But the question is whether profitability is the appropriate characteristic to distinguish an IB as an organisation that stands *for* social development from philanthropic organisations, that depend on external funding to sustain operations (Schoneveld, 2020).

However, by drawing on profitability, some philanthropic organisations that do have a focus on value creation but not necessarily on profitability will not be seen as inclusive, while they do have a positive social and/or environmental impact. For example, social organisations who are usually financially self-sustainable but not profitable (Yunus, 2010). Financially self-sustainability implies that investors can recoup their investment and that costs are fully covered. Some profit-maximising organisations have profits as means but have a social mission as their goal, or establish separate self-sustainable business entities, with an emphasis on value creation (Schoneveld, 2020, Lüdeke-Freund et al., 2016). If we leave aside the notion that an inclusive business must, by definition, be profitable or profit-oriented, as many definitions do, an inclusive business can take any organisational form (Schoneveld, 2020).

2.2.2.c Involving the target group into the value chain

While the differences between the definitions in Table 1 have been discussed in the above sections, there is also a clear similarity; the way in which value is created for the target group. All six definitions describe the value creation of an IBM through active involvement of income constrained group(s) into the value chain. Meaning that income-constrained groups should not only be a beneficiary, but also participate and actively contribute to economic development (Klasen, 2010). The inclusion of target groups in the value chain suggests the involvement of income-constrained groups in the various activities that take place to bring a product from concept to end use (Gereffi and Lee, 2012). Based on these interpretations, merely targeting end consumers with income limitations is not considered involvement in the value chain(s) and therefore not considered inclusive. An inclusive business model creates value for income-constrained groups by creating the opportunity to actively carry out activities that contribute to the production of a final product or service, along all the different elements in the value chain (Schoneveld, 2020).

2.2.2.d Criteria for an inclusive business

Taking these two differences and the similarity between the definitions together, Schoneveld (2020) not only formed a definition as shown in table 1, but also proposed four criteria for an IB (table 2). According to Schoneveld (2020) an organization should meet these four criteria, in order to be considered an IB. These four criteria attempt to resolve the ambiguity about inclusivity and IBM that arises due to the differences between definitions used. Moreover, these criteria are a step in crystallising the purpose of an IBM and the requirements that an organisation must meet in order to be called inclusive.

Table 2: Four criteria for an inclusive business proposed by Schoneveld (2020)

1) Its value creating activities and partnerships are fully captured and informed by its IBM.
(2) The net value that is created for income-constrained groups is not offset against the value destroyed along the path to value creation.
(3) The value that is captured by the business enables it to sustain operations without charitable contributions.
4) The majority of economic surplus is reinvested into broadening and/or deepening value creation.

2.3 Motivators, barriers and success factors

In addition to the concept of an inclusive organisation and the transition towards an IBM within the healthcare sector, this study also looks at the various motivators, barriers and success factors for

making a shift to an IBM. Such a shift requires tackling various barriers and possibly identifying specific success factors. These three aspects will now be discussed in more detail.

2.3.1 Motivators for an inclusive business

To make a transition from a conventional business model to an inclusive business model, motivation is needed, which can either be internal or external (Smit, 2021). For example, it may be due to the market in which an organisation operates, to external pressure or to the (internal) motivation of the owner/manager of the organisation (Smit, 2021). Three common mentioned motivators for the transition to an IBM will be addressed in this paragraph.

Firstly, the focus of an inclusive business to include income-constrained groups and markets in their value chain can create new revenue streams through penetration into new, untapped, markets. Creating a new revenue stream by being inclusive is therefore an internal, economic, motivator (Golja, 2012).. With almost 4 billion people living at the bottom of the pyramid, there is great potential to include these people as customers, suppliers or in any other part of the value chain. It is therefore interesting for companies to tap into the BoP segment as it is worth trillions of dollars (Subhan et al., 2016). For this, new products, services and forms of employment need to be developed. To develop this, organisations will need to be innovative (Golja, 2012). This is in line with the economic motive to increase revenue since innovation drives economic growth and has the potential to tip the scales of competitive advantage positively even in more established markets (Baptista et. Al., 2011)

Secondly, in addition to economic motivations, social or environmental considerations can drive the internal motivation to switch to an IBM. The inclusion of income constrained groups into the value chain can provide a higher income and/or more access to good goods and services for this group, which in turn can result in the positive development of the society (Wach, 2012). This is also in line with the Sustainable Development Goals.

Finally, the shift to an IBM can be the result of external pressure from customers and stakeholders (Khan et al., 2012), with the objective to retain the current customers and stakeholder. In a world where CSR is becoming more important, customers and stakeholders will also look at the CSR of an organisation. Shifting to an inclusive business model can be part of a CSR strategy, in order to meet the changing demands of both stakeholders and end consumers (Khan et al., 2012.

2.3.2 Critical success factors and barriers for an inclusive business

Finally, this study examines factors that contribute to a successful transition to an inclusive business model, the so-called success factors. In addition, this study looks at the barriers organisations face that prevent them from making this transition successfully.

Companies and sectors differ in the way they adopt an IBM and the social and financial returns they seek, each with its own specific challenges, threats, opportunities, and success factors (Jenkins, 2010). The pioneers of inclusive business were the first to identify the barriers and success factors of an inclusive transition (Jenkins., 2010).

Looking at possible barriers for a transition to an IBM, organisations working with income-restricted groups may face several systemic constraints. These constraints can range from the lack of infrastructure, specific knowledge or skills to the financial capacity of the consumers or producers (UNDP, 2008). According to Jenkins (2010), the main challenges for the transition to an inclusive business model include lack of essential market information, lack of funding and difficulty in finding the right staff with both business and development expertise.

Looking at recurring success factors in inclusive organisations that continue to expand successfully, three emerge. Firstly, these organisations orient themselves to the entire economic pyramid. The top of the pyramid has more margin and will enable the organisation to cross-subsidise or recoup investments and thus expand services to a segment with lower margins. Secondly, these organisations use an extensive network, providing access to various producers, suppliers, traders and consumers. Finally, collaborations and the use of technology appear to be essential in order to work more efficiently and reach more people (Jenkins., 2010).

2.5 Healthcare sector

We end the theoretical framework with providing a background of the research group of this study, the healthcare sector.

The healthcare sector is diverse and consists of businesses that provide medical goods or services, manufacture equipment, develop drugs or facilitate healthcare to patients in other ways (Khadija, 2021). Besides the variety in businesses, this sector is both private as well as publicly financed (Central Bureau of Statistics, 2022). Most of the healthcare expenditure in the Netherlands is publicly financed (Besseling, Shestalova, 2011). The share of publicly funded care and welfare (government and compulsory insurance together) amounted to 85 percent of all expenditure on care and welfare in 2020 in the Netherlands (Central Bureau of Statistics, 2021). Whether an organisation is private or publicly financed might play a part in changing towards a more inclusive business model. Since changing the fundamentals of a business model can introduce a higher risk or higher transaction costs, compared to changing specific departments within an organisation, this might influence commercial returns. Organizations surviving on profitability might see this as a barrier for such a change. Examples for these risks are new markets to get to know, new technologies or systems to develop or costs and time to transition (BIF, 2011). However, this can be viewed differently by publicly funded organisations.

In summary, the healthcare sector is diverse. There are many different sub-sectors within the health sector, both private and public with different types of financing and different motives and objectives.

3. Methodology

3.1 Study design

This research focuses on inclusivity among Dutch medium-sized companies within the pharmaceutical industry, medical laboratories, hospitals and other paramedical organisations, both privately and publicly funded. In the theoretical framework referred to as the healthcare sector. Medium-sized companies are defined by the European Commission as organisations with 50 to 249 employees (European Union, 2004).

The intrinsic motivation of the manager or owner of an organisation plays a more important role in smaller organisations as opposed to external pressure, which is often of greater influence in large organisations (Smit J.J.H., 2021). Because this research focuses on the drivers for an inclusive transition in medium-sized organisations, this research focuses on the managerial branch of the organisation (Smit J.J.H., 2021).

3.2 Sample size

Determining the sample size in qualitative research a priori is challenging (Julius et al., 2018). According to Mason (2010), the most important factor to sample size decision is the concept of saturation. Thematic saturation is defined as the point where no new or relevant data is achieved. While there is variability in what is suggested to be a minimal sample size, anywhere from 5 to 50 participants is suggested as adequate (Dworkin, 2012). The number of medium-sized organisations active in the health care sector (pharmaceutical industry, hospitals, laboratories and other paramedical care) with 50 to 249 employees totals 305 organisations in the Netherlands. Within this study and the given time span, the aim was to reach 30 respondents from different organisations, being 10% of the target group. The respondents were selected using convenience sampling, based on their position within an organisation in the healthcare sector.

3.3 Questionnaire design

In order to find the answers to the posed research questions, a cross-sectional questionnaire was developed with open ended questions and multiple-choice questions. The content of the questionnaire was developed based on current literature.

The questionnaire contained 14 closed questions which could be answered on a Likert-scale with the choices; totally disagree (1), disagree (2), neutral (3), agree (4) and totally agree (5). In addition to the 14 closed questions, there were another 4 open questions. The questions were classified per topic; (1) definition of inclusivity, (2) transition towards an inclusive business model (3) motivators, barriers and success factors for a transition towards an IBM and finally (4) a section with general demographic questions about the organisation.

In the first section of the questionnaire four definitions, of Schoneveld (2020), WBCSD (2011), G20 (2015) and UNDP (2008) from table 1, were shown. The respondents could indicate to what extent they agreed with these definitions. In addition to the definitions, four statements about IBM were tested. These statements were based on the characteristics of an IBM that are indicated in the literature. Finally, an open question was posed as to what inclusivity meant in the eyes of the respondent. This question was asked in order to gain additional insight into what is meant by inclusivity in this sector, which may fall outside the given definitions and propositions.

The second part of the questionnaire started with three closed Lickert-scale questions. These questions asked about the organisation's degree of inclusivity, the extent to which inclusivity is an objective and the transition to an IBM. After these three questions an open question about the motivation to transition towards an IBM followed, to examine the various motivations from organisations. Next, three closed questions asked to what extent the steps that need to be taken for a transition to an IBM are clear and whether barriers and success factors can be identified. Unless the last two questions were answered with a 1/5 (totally disagree), these questions were followed by an open question asking what the perceived barriers and success factors are.

Finally, the questionnaire concludes with a series of demographic questions about the organisation. The full questionnaire was taken in Dutch and can be found in appendix 1. The gathered data from the questionnaires is analyzed qualitatively.

The results of the multiple choice questions were analysed using Microsoft Excel version 15.14.0. Qualitative data from the open-ended questions was analysed with a qualitative analysis. Categories were created and patterns and relationships between the categories analysed (Dworkin, 2012).

3.4 Distribution
The questionnaire was sent by email and via Linked-In to persons within the board of the organisations in the target group in the Netherlands. The questionnaire was opened on 10 May 2022 and was open until 10 July 2022.

4. Results

4.1 Respondents
There were 40 respondents, of which 28 respondents completed the questionnaire. Of the 28 respondents, 1 completed survey was not included in the analysis of the data, as the given sub-sector was answered with "consultant'. The 27 respondents work in four sub-sectors (figure 3). Paramedical care is the most common sub-sector in this survey. Table 3 shows more detailed demographic information by sub-sector.
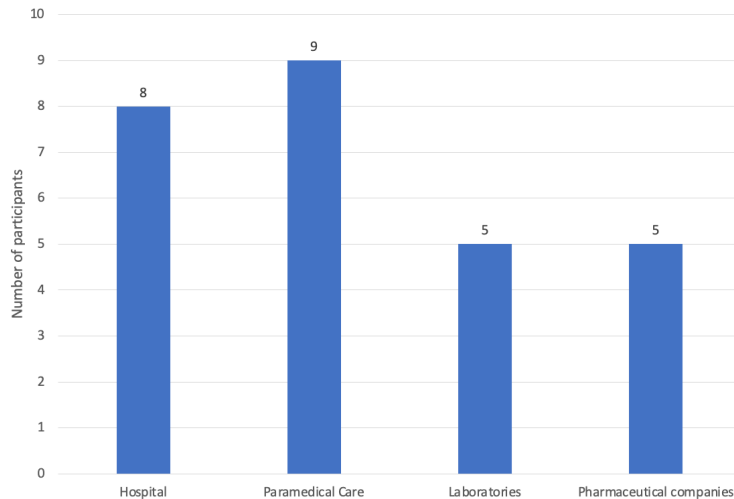
Figure 3: Number of respondents, grouped per sub-sector

Table 3: Demographic information of the participating organisation, grouped by sub-sector

Demographic information		Number of employees		Commercial objective		Main objective		Sector		Market	
Sub-Sector		50-100	101-250	Yes	No	Optimum Care	Maximisation	Public	Private	Netherlands	Europe
Total N=27		8	19	10	17	21	6	20	7	23	4
Hospital N=8		0	8	2	6	8	0	6	1	8	0
Paramedical Care N=9		4	5	6	3	8	1	4	5	9	0
Laboratories N=5		3	2	5	0	1	4	0	5	3	2
Pharmaceutical companies N=5		1	4	4	1	1	4	1	5	3	2

4.2 Understanding of inclusivity in the pharmaceutical industry, medical laboratories, hospitals, and other paramedical organisations

4.2.1 Agreement with definitions regarding inclusivity

The majority of participants "agreed" of "totally agreed" to the proposed definitions, as shown in table 4. A total of 33% of the respondents answered "totally agree" to the definition "An economically profitable, environmentally and socially responsible entrepreneurial initiative, which integrates low-income communities in its value chain for the mutual benefit of both the company and the community" from WBCSD (2011). A total of 9/27 (34%) respondents answered "agree" or "totally agree" to the definition by Schoneveld (2020). This means that there is the least agreement with this definition out of the four shown in the questionnaire. None of the definitions were rated with a 1 out of 5 (totally disagree).

Table 4: Agreement with the four proposed definition

Definition		1	2	3	4	5	Total
Schoneveld (2020)		0 (0%)	1 (4%)	17 (63%)	5 (19%)	4 (15%)	27
WBCSD (2011)		0 (0%)	0 (0%)	5 (19%)	13 (48%)	9 (33%)	27
G20 (2015)		0 (0%)	2 (7%)	11 (41%)	14 (52%)	0 (0%)	27
UNDP (2008)		0 (0%)	2 (7%)	9 (33%)	9 (33%)	7 (26%)	27
1=Totally disagree 5=Totally agree							

4.2.2 Agreement with statements regarding inclusivity

The first statement of the questionnaire asked whether an inclusive organisation involves all layers of society in the production process/delivery of the required care, see table 5. A total of 82% (22/27) of the respondents "agreed" or "totally agreed" with this statement. The second statement had the second highest score, with a total of 41% scoring this statement a 4 out of 5 and 30% scored a 5 out of 5.

For statement 3 and 4 the "neutral" score was the dominant answer, 52% and 63% respectively. Furthermore, statement three had the highest proportion of participants disagreeing, a total of 30% of the respondents scored a 2 out of 5 on this statement.

Table 5: Perceived importance of four statement related to inclusivity

Statement	1	2	3	4	5	Total
Productionprocess	0 (0%)	0 (0%)	5 (19%)	11 (41%)	11 (41%)	27
Consumer	1 (4%)	4 (15%)	3 (11%)	11 (41%)	8 (30%)	27
Profitability	0 (0%)	8 (30%)	14 (52%)	4 (15%)	1 (4%)	27
Ecologic	0 (0%)	1 (4%)	17 (63%)	6 (22%)	3 (11%)	27
1=Totally disagree 5=Totally agree						

4.2.3 Personal definitions of inclusivity

In total, 26 answers were given to the open question. Based on qualitative analysis, three recurring themes can be identified. The theme that recurs the most in the given answers is the emphasis on involving everyone. In 9 responses, the word "everyone" is mentioned literally, that is over one third of the respondents. Of these 9 times, two times it is specifically aimed at everyone within the organisation. The other 7 times, it is aimed at society, or not further specified. In total, this theme appears in 14 answers.

The other two themes that recur the most are "making a positive impact as an organisation" and "cooperation between different parties and people". These themes recur 5 and 3 times, respectively, among the respondents. An overview of all the given answers can be found in appendix 2.

4.3 Extent of transition towards an inclusive organisation

4.3.1 Degree of inclusivity in the organisation and the transition towards an IBM

Of the respondents, over 70% indicate that inclusivity is an objective of the organisation, see table 6. Of these, 59% scored this question with a 4 out of 5 and 11% with a 5 out of 5. The answers to this question are grouped by sub-sector to see variation within the sub-sectors. The sub-sector paramedical care and pharmaceutical companies seem to consider inclusivity as an objective more frequently than the other sub-sectors. Almost 90% of the sub-sector paramedical care consider inclusivity as an objective, with 67% scoring a 4 out of 5 and 22% scoring a 5 out of 5. A 100% of the pharmaceutical companies consider inclusivity an objective with a score of 4 out of 5.

Table 6: The extent to which inclusivity is an objective, grouped by sub-sector

Objective sub-sector		1	2	3	4	5	Total
Total		0 (0%)	2 (7%)	6 (22%)	16 (59%)	3 (11%)	27
Hospitals		0 (0%)	2 (25%)	4 (50%)	0 (0%)	2 (25%)	8
Paramedical Care		0 (0%)	0 (0%)	1 (11%)	6 (67%)	2 (22%)	9
Laboratories		1 (20%)	0 (0%)	1 (20%)	3 (60%)	0 (0%)	5
Pharmaceutical companies		0 (0%)	0 (0%)	0 (0%)	5 (100%)	0 (0%)	5
1= Totally disagree 5= Totally agree							

4.3.2 Status of inclusivity in organisations

The majority of the respondents give a score of 3 out of 5 or 4 out of 5 as to whether their organisation can already be considered inclusive, 41 % and 26% respectively. Over 10% of respondents "disagreed" or "totally disagreed". Table 7 shows that the one respondent in the hospital and one in het laboratories sub-sector answered "totally disagree". Half of the respondents of the hospital sub-sector indicate that they are currently not an inclusive organisation. Sixty percent of the laboratory respondents indicate that inclusivity is an objective, as shown in table 6, and 40% (2 out of 5) of the respondents indicate that the organisation has an inclusive business operation. This means that this sub-sector has the smallest difference in answers between the two questions.

Table 7: The extent to which the organisations already have an inclusive business model, grouped by sub-sector

Degree of inclusivity sub-sector		1	2	3	4	5	Total
Total		1 (4%)	7 (7%)	11 (41%)	7 (26%)	1 (4%)	27
Hospitals		1 (12%)	3 (38%)	2 (25%)	2 (25%)	0 (0%)	8
Paramedical Care		0 (0%)	2 (22%)	5 (56%)	2 (22%)	0 (0%)	9
Laboratories		1 (20%)	0 (0%)	2 (40%)	2 (40%)	0 (0%)	5
Pharmaceutical companies		0 (0%)	2 (40%)	2 (40%)	1 (20%)	0 (0%)	5
1= Totally disagree 5= Totally agree							

4.3.3 State of transition to an IBM

Over 40% of the respondents (11/27) answered "neutral" to this question. The majority does not agree, nor disagrees with weather a transition to an IBM is being made. Five out of five (100%) of the respondents from pharmaceutical companies say to "agree" to this question (table 8). Hospitals score the lowest of all sub-sectors with 75% answering neutral an 13% saying to "disagree".

Table 8: To what extent a transition to an IBM is being made, grouped by sub-sector

Transition sub-sector		1	2	3	4	5	Total
Total		1 (4%)	7 (7%)	11 (41%)	7 (26%)	1 (4%)	27
Hospitals		0 (0%)	1 (13%)	6 (75%)	1 (12%)	0 (0%)	8
Paramedical Care		0 (0%)	1 (11%)	2 (22%)	6 (67%)	0 (0%)	9
Laboratories		1 (20%)	1 (20%)	2 (40%)	1 (20%)	0 (0%)	5
Pharmaceutical companies		0 (0%)	0 (0%)	0 (0%)	5 (100%)	0 (0%)	5
1= Totally disagree 5= Totally agree							

4.4 Motivators, barriers and success factors for the transition towards an inclusive business model

4.4.1 Motivators

Five themes were identified from the open-ended question about motivators. The most recurring theme, and driver for a transition to inclusive business practices, that was mentioned was that having an IBM better suits the current zeitgeist. CSR is the second most frequently mentioned, which is given as an answer five times in total. Increasing market share is mentioned four times. Contributing and image are both mentioned three times. Both image and increasing market share are mainly in the interest of the organisation itself, while contributing to society is in the interest of the entire society, not just the organisation.

4.4.2 Perception of the next steps to take towards an inclusive organisation

The majority of respondents say they are "neutral" in knowing what steps to take to shift to a more inclusive organisation (table 9). Over 70% (19/27) respondents gave it a score of 3 out of 5. None of the respondents say they "totally agree", 22% (6/27) agree. Two of the respondents say they "disagree" with this question.
Looking at the sub-sectors, it is notable that of all sub-sectors respondents from the paramedical care and pharmaceutical companies gave a score of 4 out of 5 the most, with 33% and 40% of respondents respectively giving the answer "agree" to knowing what next steps to take in a transition to a more inclusive organisation.

Table 9: Awareness of next steps, grouped by sub-sector

Next steps sub-sector			1	2	3	4	5	Total
Total			0 (0%)	2 (7%)	19 (70%)	6 (22%)	0 (0%)	27
Hospitals			0 (0%)	1 (12%)	7 (88%)	0 (0%)	0 (0%)	8
Paramedical Care			0 (0%)	0 (0%)	6 (67%)	3 (33%)	0 (0%)	9
Laboratories			0 (0%)	1 (20%)	3 (60%)	1 (20%)	0 (0%)	5
Pharmaceutical companies			0 (0%)	0 (0%)	3 (60%)	2 (40%)	0 (0%)	5
1= Totally disagree 5= Totally agree								

4.4.3 Experienced barriers

Almost 80% of the respondents indicated that they "agree" or "strongly agree" with the question of whether there are any barriers (table 10). A total of 18/27 and 3/27 of the respondents respectively scored 4 out of 5 and 5 out of 5 on this question. In addition, 22% (6/27) of respondents said they were "neutral" in this respect. None of the respondents indicated that they did not experience any barriers.
The sub-sector hospitals score least, percentagewise, on this question with "agree" or "totally agree". Despite still accounting for the majority of responses in this sub-sector, only 75% (6/8) of the respondents answer "agree" to this question and none of the answers were "totally agree". Whereas in the other sub-sectors this percentage is higher.

Table 10: Experienced barriers, grouped by sub-sector

Barriers sub-sector		1	2	3	4	5	Total
Total		0 (0%)	0 (0%)	6 (22%)	18 (67)	3 (11%)	27
Hospitals		0 (0%)	0 (0%)	2 (25%)	6 (75%)	0 (0%)	8
Paramedical Care		0 (0%)	0 (0%)	2 (22%)	6 (67%)	1 (11%)	9
Laboratories		0 (0%)	0 (0%)	1 (20%)	3 (60%)	1 (20%)	5
Pharmaceutical companies		0 (0%)	0 (0%)	1 (20%)	3 (60%)	1 (20%)	5
1= Totally disagree 5= Totally agree							

4.4.4 Open answers to experienced barriers

Looking at the open question regarding experienced barriers to a transition to an IBM four themes recur. These are: lack of knowledge about how to make this transition, lack of sufficient budget for a transition, insufficient capacity within the organisation to make the transition and finally, that changing to a more inclusive organisation is operationally complex.
Not knowing how to make the transition, and thus the lack of a roadmap with the next steps, occurs in 9 answers. The lack of capacity and budget were mentioned 8 and 7 times respectively. The last frequently mentioned barrier is that the complexity of the organisation is an obstacle to making a change and switching to an IBM. This was mentioned 6 times.

4.4.5 Experienced success factors

A total of 26% (7/27) of respondents "agree" with being able to name success factors. More than half of the respondents remain "neutral" with a score of 3 out of 5. In contrast to the ability to name barriers, several respondents answered lower than 3 out of 5 when it came to naming success factors. According to 11% and 7% respectively, the respondents "disagree" or "completely disagree" with this question.

Table 11: The ability to identify success factors for the transition to an IBM, grouped by sub-sector

Success factors sub-sector		1	2	3	4	5	Total
Total		2 (7%)	3 (11%)	15 (56%)	7 (26%)	0 (0%)	27
Hospitals		2 (25%)	1 (12%)	3 (38%)	2 (25%)	0 (0%)	8
Paramedical Care		0 (0%)	0 (0%)	7 (78%)	2 (22%)	0 (0%)	9
Laboratories		0 (0%)	0 (0%)	2 (40%)	3 (60%)	0 (0%)	5
Pharmaceutical companies		0 (0%)	2 (40%)	3 (60%)	0 (0%)	0 (0%)	5
1= Totally disagree 5= Totally agree							

4.4.6 Open answers to experienced success factors

There were 24 answers given to this open question. That makes this the open question with the fewest answers of the four open questions in the survey. Qualitative analysis of the 24 responses revealed that there are three recurring themes. The most prevalent theme indicates that the commitment of the employees is the most important success factor, which is mentioned in almost 30% (7/24) of the answers. In addition, having the same vision is found in over 20% (5/24) of the answers given. Finally, monitoring the steps taken towards an IBM is third most frequently mentioned

theme, almost 17% (4/24) indicated that monitoring was a success factor for the transition towards an IBM. Three respondents indicated that there were no clear success factors. Appendix 2 gives an overview of all the given answers to this question.

5. Discussion

The aim of this study was to determine the meaning of inclusivity in the healthcare sector and to determine the extent to which this transition is taking place, thereby identifying the main motivators, barriers and success factors for this transition. This section will answer each research question based on the results of the questionnaire. Moreover, the limitations of this research will be discussed.

5.1 Answers to the research questions

<u>What is understood by inclusivity in the pharmaceutical industry, medical laboratories, hospitals, and other paramedical organisations</u>

Based on the results, the definition "An inclusive organisation has an economically profitable, environmentally and socially responsible business initiative that integrates low-income communities into the value chain for the mutual benefit of both the company and the community" of WBCSD (2011) is seen as the best definition of inclusivity. The definition "An inclusive organisation provides goods, services and livelihoods on a commercially viable basis, at scale or scope, to people living at the base of the economic pyramid (BoP), making them part of the corporate value chain" from G20 (2015) corresponds least to what respondents understand by inclusivity.

The scores on the different definitions are relatively close to each other, which may be explained by the fact that the definitions are very similar. Partly for this reason, additional statements have been posed in this questionnaire, which address the differences between the definitions. The first two statement which state that an IB involves all layers of society in the production process and as consumers/patient, was agreed upon the most. The last two statements, stating that an IB must be profitable and make a positive contribution in ecological terms seem to be less important regarding inclusivity. Of the four statements, statement three was disagreed to the most. Together, this means that the profitability of an organisation and its ecological footprint are less important for an organisation's level of inclusivity, according to the respondents. Involving all layers of society in the production process/providing the required care and including all layers of the society as consumers/ patients is, on the other hand, seen as very important when it comes to inclusivity.

Looking at the results from the first open question, based on the answers it seems to be that within the healthcare sector involving everyone as an organisation is the most important element of inclusivity. The emphasis here is on involving everyone in society rather than on employees within the organisation. This is very similar to the inclusion of all social layers in society, that is mentioned in various definitions in the literature.

The results show that in 70% of the respondents answers inclusivity is part of the organisations' objectives, or at least is a focus of attention. Particularly in the sub-sector of pharmaceutical companies and paramedical care, inclusivity is an important objective. This may be because inclusivity is a way to increase market share and can have a positive effect on the image of the organisation and pharmaceutical companies are mainly private and profit-oriented. However, the last aspect is not clearly reflected in the sub-sector paramedical care.

There is a clear difference between the objective of inclusivity as an organisation and the number of organisations that can already be considered inclusive. As just mentioned, inclusivity is an objective for most organisations, while the actual implementation of an IBM has not yet been realised by many of the organisations questioned. Only one respondent out of the 27 fully agreed with the statement that the organisation is already inclusive. This shows that inclusive business models are far from the norm in the healthcare sector, based on these answers.

Not having an IBM but assigning it as an objective could mean that a transition does or will happen at organisations in this sector. This also appears to be the case, again, with sub-sector pharmaceutical organisations and paramedical care. In addition to indicating that inclusivity is a clear objective, 100% and 67% of the sub-sectors, respectively, indicate that they are in the process of transitioning to a more inclusive organisation. The other two sub-sectors clearly indicate considerably less of such a transition. This brings the total of the sub-sectors to less than 30% that indicate to be working on a transition.

These three questions together show that although inclusivity is an important objective as shown in the results and the majority of respondents indicated that the organisation does not yet have an IBM, there is as yet no clear transition towards an IBM.

The lack of a clear transition in this sector may possibly be due to lack of knowledge about what next steps can be taken. In general, the answer to the question whether it is clear what steps can be taken within the organisations to shift towards an IBM is very neutral. Only 22% "agree" to know what the next steps are. This result indicates that it is not completely unknown what steps can be taken to improve the inclusivity of the organisation. But on the other hand, it does not seem very clear and concrete for organisations either.

A lack of clarity or understanding about the steps to be taken towards inclusivity and an IBM can be a reason why it turned out that, although inclusivity is an objective, the actual transition is not yet clearly taking place.

What are motivators, barriers and success factors for this transition towards an inclusive business model

The changing zeitgeist and CSR were the most cited motivators for an organisation to move towards an inclusive business model. This is interesting because this is mentioned in the literature around inclusivity as well. Although the changing zeitgeist is not specifically mentioned in the literature, it is mentioned that the demands and expectation of society, including consumers and stakeholders of

organisations, changed over the years. This can be seen as a changing zeitgeist (Khan et al., 2012). Increasing market share and image are the other two most frequently mentioned motivators for a transition towards an IB and IBM. Laboratories and pharmaceutical companies are the two sub-sectors that indicate profit maximisation as main drive of the organisation as a whole. Although it might be expected that these sub-sectors would then also name market share or image as the primary motivator, there is no clear indication in the results that these two motivators are linked to the organisation's main drive.

Following on with the barriers, the results show that there are perceived barriers to the transition towards an IB and IBM. Almost 80% of the respondents indicated that there are barriers with the transition to an IB, the lack of knowledge on how to make a transition being the most frequently mentioned barrier. Over a third of the respondents said that this was their main barrier. This corresponds to the section mentioned above. In the last paragraph of the previous section, a clear lack of understanding about the next steps for a transition to an IB was already mentioned. It can therefore be concluded that these results indicate that the lack of knowledge is the most important barrier to making a transition to an IB and IBM.

Finally, looking at the success factors only one fourth of the respondents indicated to be able to name a success factor for a transition towards an IB. This was also the question with the least number of answers given. This relatively low number of responses may be because, as indicated earlier, the transition to an IBM is still limited. Which could mean that success factors are not yet evident.
The low score by sub-sector hospitals in being able to name success factors can possibly be explained by the fact that this sub-sector also scores low on the previous two questions. The respondents from this sub-sector also indicated that inclusivity is not clearly an objective and that there is also a limited transition to an IB and IBM. When there is only limited inclusivity in that sub-sector or a transition is not yet being made, naming success factors can be difficult because these possibly have not yet been experienced, yet.
Looking at the success factors that are mentioned most frequently, a clear vision within the organisation and to which everyone is committed seem to be the most important success factors for making the transition to an IB and IBM. This is an interesting result since this success factor is not very clearly mentioned in the literature. The literature does mention that cooperation between different parties is an important success factor for an IB, but this is not the same as the success factor that results from the questionnaire. Although a clear vision may be an obvious basis for a successful transition to an IB, this is not mentioned as such in the literature but is in the results from this study.

5.2 Limitations of the study
The first and main limitation of this study is that the number of respondents to the survey is limited. In addition, it was decided to focus on 4 sub-sectors in this study given the time span of the research. The whole health care sector is more extensive than only these 4 sub-sectors. Therefore, the outcome of this study does not provide a complete representation of the entire health care sector.

The second limitation possibly is the structure of the questionnaire. A choice had to be made in the structure of the questionnaire. In this study, we chose to start with a series of definitions and then ask an open question about what the definition of inclusivity is in the eyes of the respondent. This order may have had a steering effect on the respondents. In this case, this order was chosen because otherwise respondents may have had a too limited idea of the term inclusivity to give a complete answer. This order, however, required the respondent to think about the concept of inclusivity. For this reason, the questionnaire was constructed in this way.

6. Conclusion

To conclude this Master Thesis, we will answer the research questions that formed the base for this study.

Based on the result from the questionnaire WBSCD's (2011) definition "An economically profitable, environmentally and socially responsible entrepreneurial initiative, which integrates low-income communities in its value chain for the mutual benefit of both the company and the community" seems to corresponds most closely to what is meant by inclusivity in the healthcare sector. Focusing on everyone within society, working together and making a positive impact are the main components of inclusivity according to the respondents.

Even though inclusivity seems to be an objective among the organisations that participated in the survey, especially in paramedical organisations, none of the surveyed organisations describe themselves as inclusive and the actual transition is still very limited.
The primary motivator for the transition to an IBM in the healthcare sector is the changing zeitgeist, in which being non-inclusive as an organisation is no longer seen as contemporary. CSR is the next most frequently mentioned reason for a transition to an IBM.
There are various barriers encountered in making the transition towards an IB and IBM, whereby it clearly emerges that the lack of knowledge about which steps can be taken or a step-by-step plan is a limiting factor. In addition, the lack of budget, capacity and complexity of the organisations were identified as the main obstacles.
In addition to the barriers, we also looked at the success factors for a transition to an IBM. Although the extent of the transition is limited, it has become evident that having a clear vision as an organization regarding inclusivity and thereby the involvement and commitment of all employees contributes to organization the transition.

7. Further recommendations

Further research on inclusivity within this sector is needed to get a completer and more detailed picture of the whole sector. To complement this study, future studies using a larger sample size from a wider variation of sub-sectors are recommended to confirm the generalizability of our findings.

To further encourage and facilitate the transition to a more inclusive organisation, the development of a roadmap could help determine the next steps in inclusivity for organisations in the care sector. This also requires further investigation of barriers and success factors. When it is clear what success factors and barriers organisations experience, it can then be examined how this can lead to a practical action plan to facilitate the transition to an IBM.

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Appendix 1 Questionnaire

Enquête Inclusiviteit in de gezondheidszorg

Q1 **Doel**
Deze enquête maakt onderdeel uit van een onderzoek naar inclusiviteit in de gezondheidszorg.
Opbouw
De enquête bestaat uit 3 onderdelen: stellingen over inclusiviteit, de implementatie van inclusieve veranderingen en korte informatie over uw organisatie. Tijdsduur: 10 minuten.
Gegevens
Alle antwoorden blijven volledig anoniem.

Mocht u nog vragen hebben dan kunt u op het einde uw e-mailadres achterlaten of contact opnemen via **jnuijt@tnxto.com**.

Q Hierna volgt een reeks **definities** die in de literatuur worden gehanteerd met betrekking tot inclusiviteit. U kunt daarbij aangeven in hoeverre u het eens bent met de stelling

Q3 Ik zie een organisatie als inclusief indien:

deze een duurzaam bedrijfsmodel hanteert, dat als doel heeft om inkomensbeperkte groepen productief bij de waardeketen te betrekken door oplossingen te bieden voor verwaarloosde problemen.

	Helemaal mee oneens (1)	Oneens (2)	Neutraal (3)	Eens (4)	Helemaal mee eens (5)
Antwoord (1)	○	○	○	○	○

Q4 Ik zie een organisatie als inclusief indien:

deze een economisch winstgevend, ecologisch en sociaal verantwoord ondernemersinitiatief heeft,

dat gemeenschappen met lage inkomens integreert in de waardeketen, tot wederzijds voordeel van zowel het bedrijf als de gemeenschap.

	Helemaal mee oneens (1)	Oneens (2)	Neutraal (3)	Eens (4)	Helemaal mee eens (5)
Antwoord (1)	○	○	○	○	○

Page Break

Q5 Ik zie een organisatie als inclusief indien:

deze goederen, diensten en levensonderhoud levert op een commercieel levensvatbare basis, op schaal of schaalbaar, aan mensen die aan de basis van de economische piramide (BOP) leven, waardoor ze deel uitmaken van de waardeketen van bedrijven.

	Helemaal mee oneens (1)	Oneens (2)	Neutraal (3)	Eens (4)	Helemaal mee eens (5)
Antwoord (1)	○	○	○	○	○

Page Break

Q6 Ik zie een organisatie als inclusief indien:

deze de armen aan de vraagzijde als klanten en cliënten omvat. En aan de aanbodzijde als werknemers, producenten en ondernemers, op verschillende punten in de waardeketen.

	Helemaal mee oneens (1)	Oneens (2)	Neutraal (3)	Eens (4)	Helemaal mee eens (5)
Antwoord (1)	○	○	○	○	○

Page Break

Q7 U heeft nu een aantal definities over inclusiviteit doorlopen. Wat betekent het begrip inclusiviteit **in uw ogen**?

_____

Page Break

Q8 Hierna volgen een reeks **stellingen** over een inclusieve organisatie.

Q9 Een inclusieve organisatie betrekt alle lagen van de samenleving in het **productieproces** / het leveren van de behoefde zorg. Met alle lagen van de samenleving wordt van arm tot rijk bedoeld.

	Helemaal mee oneens (1)	Oneens (2)	Neutraal (3)	Eens (4)	Helemaal mee eens (5)
Antwoord (1)	○	○	○	○	○

Q10 Een inclusieve organisatie bereikt alle lagen van de samenleving als **consument / patiënt**.

	Helemaal mee oneens (1)	Oneens (2)	Neutraal (3)	Eens (4)	Helemaal mee eens (5)
Antwoord (1)	○	○	○	○	○

Q11 Een inclusieve organisatie moet per definitie **winstgevend** zijn.

	Helemaal mee oneens (1)	Oneens (2)	Neutraal (3)	Eens (4)	Helemaal mee eens (5)
Antwoord (1)	○	○	○	○	○

Q12 Een inclusieve organisatie levert altijd een positieve bijdrage op **ecologisch** gebied.

	Helemaal mee oneens (1)	Oneens (2)	Neutraal (3)	Eens (4)	Helemaal mee eens (5)
Antwoord (1)	○	○	○	○	○

End of Block: Definitie van inclusiviteit

Start of Block: Implementatie

Q13 Hierna volgen een reeks stellingen met betrekking tot de **transitie** naar een inclusieve bedrijfsvoering.

Q14 Inclusiviteit is een belangrijk **streven** binnen uw organisatie.

	Helemaal mee oneens (1)	Oneens (2)	Neutraal (3)	Eens (4)	Helemaal mee eens (5)
Antwoord (1)	○	○	○	○	○

Q15 Uw organisatie heeft een inclusieve bedrijfsvoering.

	Helemaal mee oneens (1)	Oneens (2)	Neutraal (3)	Eens (4)	Helemaal mee eens (5)
Antwoord (1)	○	○	○	○	○

Skip To: Q17 If Uw organisatie heeft een inclusieve bedrijfsvoering. = Helemaal mee eens

Page Break

Q16 Uw organisatie maakt de **transitie** naar een inclusieve(re) bedrijfsvoering.

	Helemaal mee oneens (1)	Oneens (2)	Neutraal (3)	Eens (4)	Helemaal mee eens (5)
Antwoord (1)	○	○	○	○	○

Skip To: Q18 If Uw organisatie maakt de transitie naar een inclusieve(re) bedrijfsvoering. = Helemaal mee oneens

Q17 Wat is de voornaamste **drijfveer** voor deze (transitie naar een) inclusieve bedrijfsvoering? Bijvoorbeeld: imago, corporate social responsibility, vergroten marktaandeel.

_____

Q18 Uw organisatie heeft duidelijk voor ogen welke **stappen** kunnen worden gezet voor het verbeteren van de inclusiviteit.

	Helemaal mee oneens (1)	Oneens (2)	Neutraal (3)	Eens (4)	Helemaal mee eens (5)
Antwoord (1)	○	○	○	○	○

Q19 Uw organisatie ervaart **obstakels** om de transitie naar een inclusief bedrijfsmodel te maken.

	Helemaal mee oneens (1)	Oneens (2)	Neutraal (3)	Eens (4)	Helemaal mee eens (5)
Antwoord (1)	○	○	○	○	○

Skip To: Q21 If Uw organisatie ervaart obstakels om de transitie naar een inclusief bedrijfsmodel te maken. = Helemaal mee oneens

Q20 Wat zijn de voornaamste obstakels? Bijvoorbeeld: investeringsbudget, ontbreken van stappenplan, te weinig personeel.

_____

Q21 Het is mogelijk om de **succesfactoren** voor uw organisatie, met betrekking tot inclusiviteit, te benoemen.

	Helemaal mee oneens (1)	Oneens (2)	Neutraal (3)	Eens (4)	Helemaal mee eens (5)
Antwoord (1)	○	○	○	○	○

Skip To: End of Block If Het is mogelijk om de succesfactoren voor uw organisatie, met betrekking tot inclusiviteit, te be... = Helemaal mee oneens

Q22 Wat zijn de succesfactoren waardoor uw organisatie de transitie naar inclusiviteit kan maken? (bv. betrokkenheid van medewerkers, inzichtelijkheid in stand van zake, duidelijke monitoring van behaalde resultaten)

_____

Q23 Hierna volgt een reeks **algemene** vragen over uw organisatie.

Q24 Onder welke subcategorie valt uw organisatie?

○ Farmaceutische industrie (1)

○ Ziekenhuizen (2)

○ Laboratoria (3)

○ Tandheelkundige praktijk (4)

○ Paramedische praktijk (5)

○ Anders nl. (6) _____

Q25 Uit hoeveel medewerkers bestaat uw organisatie?

○ 50-100 werknemers (1)

○ 101-250 werknemers (2)

Q26 Heeft uw organisatie een commercieel oogpunt?

○ Ja (1)

○ Nee (2)

Q27 Wat is het <u>primaire</u> doel van uw organisatie?

○ Winstmaximalisatie (1)

○ Faciliteren van optimale zorg (2)

○ Maatschappelijke bijdrage (3)

○ Anders nl. (4) _____

Q28 Onder welke sector valt uw organisatie?

○ Publiek (1)

○ Privaat (2)

Q29 Wat is de afzetmarkt van uw organisatie?

○ Nederland (1)

○ Europa (2)

○ Wereldwijd (3)

Q30 **Bedankt voor uw tijd.** Uw antwoorden leveren een belangrijke bijdrage aan het onderzoek! Mocht u naar aanleiding van de enquête nog vragen hebben of geïnteresseerd zijn in het eindverslag, dan kunt u uw contactgegevens achterlaten. De onderzoeker neemt dan contact met u op via jnuijt@tnxto.com.

_____

End of Block: Korte informatie over uw organisatie

Appendix 2 Open answers

Overview of the answers on the four open questions of the survey in Dutch. The answers that are marked red were the answers from the respondent that fell out of scope. Therefore these answers were not included in the results.

Q7 U heeft nu een aantal definities over inclusiviteit doorlopen. Wat betekent het begrip inclusiviteit in uw ogen?	Q17 Wat is de voornaamste drijfveer voor deze (transitie naar een) inclusieve bedrijfsvoering? Bijvoorbeeld: imago, corporate social responsibility, vergroten marktaandeel.	Q20 Wat zijn de voornaamste obstakels? Bijvoorbeeld: investeringsbudget, ontbreken van stappenplan, te weinig personeel.	Q22 Wat zijn de succesfactoren waardoor uw organisatie de transitie naar inclusiviteit kan maken? (bv. betrokkenheid van medewerkers, inzichtelijkheid in stand van zake, duidelijke monitoring)
Het openstaan voor, samenbrengen en/of betrekken van personen met een verschillende maatschappelijke achtergronden, inkomen, intelligentie niveau, uiterlijke kenmerken etc	Toekomstbestendige organisatie creëren die financieel gezond is	investering en ook de winstgevendheid op lange termijn	werken aan teambuilding en cultuur en een duidelijke visie
"All in one"	Imago	Investeringsbudget, te weinig personeel	Inzichtelijk in stand van zaken u
Dat iedereen mee kan doen in onze samenleving	Basisdoelstelling kleur geven aan het leven van mensen!	Al vele grote veranderingen op dit moment, wij kunnen niet alles tegelijkertijd!	?
Dat iedereen erbij hoort of erbij betrokken wordt, dus ook de mensen met een lager inkomen.	Ik denk imago en vergroten marktaandeel	Dat weet ik niet. Er is wel een personeelstekort.	De organisatie probeert de werknemers overal bij te betrekken en deelt resultaten.
Betrekken van iedereen, ongeacht socioeconomische status, huidskleur, geaardheid etc.	Niet duidelijk merkbaar binnen bedrijf, met name sociale verantwoordelijkheid.	Onduidelijk, ik werk niet op dit niveau mee in het bedrijf nf	Inzicht in punten waar ongewild toch discriminatie zich voordoet (aannemen van werknemers, bieden van zorg aan niet Nederlandstalige patiënten)

Maken van een positieve impact door alle sociale lagen een kans te geven door ze in de waardeketen te betrekken	Marktaandeel	Duidelijke en haalbare stappen	Dezelfde visie
Dat iedereen optimaal kan presteren en waarde kan leveren	CSR	Personeel / budget om te veranderen. erg complex	nog niet duidelik
niemand buitensluiten	Streven binnen ons bedrijf, bijdrage leveren aan de samenleving	Budget, processveranderingen	Planning wat en wanneer (doelen)
Iedereen telt even veel mee binnen een bedrijf	Geen concreet speerpunt	Tijd, budget	
Inclusiviteit gaat verder dan integreren. Het gaat om gelijkwaardigheid en open staan voor verschillende perspectieven op een uitdaging en opzoek gaan naar een gemeenschappelijke doel. Niet alleen vanuit menselijke perspectieven, ook vanuit natuur, technologie, economie, politiek etc.,	Duurzame (sociale) innovatie.	De zorgverzekeraars en inspecties zijn nog erg gefocust op ziekte en (kwaliteit) van zorg en minder op kwaliteit van leven (leefplezier, zingeving, welzijn).	Er zijn nu mensen werkzaam als "Aanjagers sociale innovatie" om inclusiviteit te waarborgen en het betrekken of eigenlijk op te zetten van de werkvloer en bewoners bij initiatieven en innovatie.
Iedereen betrekken in je organisatie ongeacht achtergrond of functie	nieuwe manier van werken in de huidige tijd	Geen duidelijke richtlijnen	Wel een duidelijke streven, dus keuzes worden hier op afgesteld
kansen bieden voor iedereen en zorgen voor ontwikkelingsmogelijkheden	Nieuwe visies op bedrijfsvoering	Geen duidelijke richtlijnen	Niet duidelijk
Zorgen voor het betrekken en ontwikkelen personeel	Imago	kosten baten afweging	bijhouden behaalde stappen

Een goede bijdrage leveren als bedrijf zijnde aan de wereld	Bijdrage aan een betere wereld	Tijd, veranderen van processen	Samenwerkingen
Samenwerking met verschillende partijen en mensen	Oude manier niet meer van deze tijd	Investering om te veranderen	Inzicht in het productieproces
Samenwerken en een plek bieden met verschillende partijen	Onderscheiden	Complexiteit van de organisatie	Duidelijke doelstellingen
Samenwerken van verschillende onderdelen en mensen in een bedrijf	Toekomstbestendigheid	Geen duidelijk management	Samenwerking
Een bedrijf dat bewust bezig is met wat die doet en de gevolgen ervan	Vergroten winst	Operationeel complex	Kernwaarden en de visie
Positieve ontwikkelingen van je personeel en klanten	Bijdrage leveren	Geen specifieke eisen	Werkcultuur
Iedereen de juiste plek bieden	Veranderende maatschappij en verwachtingen	Inzicht in wat het belangrijkste is om te doen	Weten waar we naartoe willen
Iedere stap in de gehele keten is van belang en iedereen die daar aan bijdraagt is van belang.		te weinig personeel	Meer tijd ruimte en personeel zou ruimte kunnen creëren om überhaupt naar een inclusiviteit transitie te gaan kijken
ethisch verantwoord en duurzaamheid hoog in het vaandel	vergroten marktaandeel	ontbreken van stappenplan	
dat bedrijven alle doelgroepen in de maatschappij betrekken en zorg dragen voor de 'mindere' doelgroep	social responsibility	ontbreken van stappenplan, te weinig kennis	betrokkenheid van de medewerkers
dat bedrijven alle doelgroepen in de maatschappij betrekken	Meegaan in de tijdsgeest	omvangrijk om te doen	Inzet van medewerkers

Als je een positieve bijdrage levert op meerdere aspecten als bedrijf, dus voor de sameleving maar ook het milieu/klimaat	Zie het als een verantwoordelijkheid als bedrijf	Plan van aanpak, concrete werkende stappen	Niet specifiek aanwezig
Iets kunnen betekenen voor alle verschillende lagen in de samenleving	voor meer mensen iets kunnen betekenen, nieuwe denkwijze	Gaat ook goed zoals het nu is	Geen onderscheid in de patiënt
Open staan en hebben van een grote variatie klanten/werknemers, geen onderscheid maken	Voor iedere klant een oplossing kunnen bieden	Capaciteit/prioriteit	-
Een bedrijf waarin gelijkwaardigheid en diversiteit belangrijk zijn en waar iemands gender, sekse, etniciteit, kleur, afkomst, geaardheid en of je wel of geen beperking hebt, rijk of arm bent niet uitmaakt.Een divers bedrijf met een cultuur waar medewerkers zichzelf kunnen zijn.	Sociale verantwoordelijkheid	Te weinig personeel, budget	Betrokkenheid
/	/	/	betrokkenheid, transparantie