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|--------------------------|--------------------------|----------------------------|
| 1. <b>Communications</b> | Low context              | High context               |
| 2. <b>Evaluating</b>     | Direct negative feedback | Indirect negative feedback |
| 3. <b>Persuading</b>     | Principles-first         | Applications-first         |
| 4. <b>Leading</b>        | Egalitarian              | Hierarchical               |
| 5. <b>Deciding</b>       | Consensual               | Top-down                   |
| 6. <b>Trusting</b>       | Task-based               | Relationship-based         |
| 7. <b>Disagreeing</b>    | Confrontational          | Avoids confrontation       |
| 8. <b>Scheduling</b>     | Linear-time              | Flexible time              |

Figure 1. The eight scales on which national cultures can be assessed according to the culture map theory

negative feedback is provided softly, subtly and diplomatically. Positive messages are used to wrap negative ones, qualifying descriptions are often used e.g., sort of inappropriate, slightly unprofessional) and criticism is given only in private. Consequently, when Dutch people (givers of direct negative feedback) receive feedback on papers by Ugandan colleagues (givers of indirect negative feedback), it may appear to them that Ugandans feel very positive about the article and only have a minor issue that may need to be addressed. However, this issue might actually be a lot more important than it seems to the Dutch. This difference in feedback style can also have impact on the design and evaluation of a simulation-based team training program that has been implemented in Uganda, based on Dutch expertise. Part of successful learning within these training programs lies in feedback participants receive from the trainers and their peers. To the Dutch involved in the training program in Uganda, it may appear as if not enough feedback is given by the Ugandan trainers and participants or not enough emphasis on what to improve. For the Ugandan participants, the feedback may be clear on how to improve their performances.

### Trusting

According to 'the Culture Map', trust can be based either more on tasks or on relationships in business. In task-based cultures, trust is built through business-related activities and work relationships are built and dropped easily, based on the practicality of the situation. In relationship-based cultures, trust is built through sharing personal time and work relationships build up slowly over the long term. Staying in a highly relationship-based society like China for some time without completing any of the intended tasks might therefore seem like a failure for someone from the Netherlands (a task-based society). However, the success is actually in building relationships during this time, and that is essential before being able to start any tasks.

### Conclusion and recommendations

National cultures can differ significantly from another, which has important consequences when working internationally. It is important to be aware of your own culture, how it might differ from others and what consequences this can have for your technology or study design. The eight scales of 'the Culture Map' can be used as a basis for reflecting on these differences.

To avoid mishaps and to smoothen implementation in other countries, it is essential to involve local staff and to remain flexible and curious.

## PIONEERING MEDICAL PROGRESS: A HEALTH COMPANY'S JOURNEY WITH HOSPITAL IMPLEMENTATION

*Will Ickenroth, CEO of Nemo Healthcare*

Developing and successfully launching a new medical product in the market is a fantastic challenge and experience, but it is usually underestimated how much time, effort and investments it takes. A continuous drive, passion and determination is needed from everyone in the company to make it happen. But the bare truth is that most startups fail.

There are many areas to consider simultaneously when developing a new product. When analyzing the root causes why most startups fail, technology push is often mentioned. There is a sincere belief of many entrepreneurs that the market will (easily) adopt a new product and is willing to pay a lot of money for it. And this is where things often go wrong, especially when the launch of a new product requires a change in ways of working, training, education, clinical evidence, budget increase and cost reduction. Let's also not forget that there is great diversity in how healthcare systems work in different countries. Who is the customer? Who are the decision makers? Who are the informal decision makers? All these factors need to be considered from the start of a development of a new product.

Another root cause is the relatively late response and feedback on a new product of potential users in the market. Clinical studies to investigate clinical outcomes and economical benefits take a lot of time. Of course, approval from a Medical Ethical Committee (METC) is required and the product needs to be safe. But the question, however, is whether it is possible to collect feedback from the market much earlier in the development process of a new product and how to set up shorter

clinical studies, covered by the approval of a METC. Could a minimum viable product be defined and approved in close collaboration with potential customers that make it possible to carry out clinical studies and collect feedback from the market much faster? This is certainly an area where close collaboration between industry, hospitals and universities is needed.

Both technology push and late market feedback make it difficult for companies to raise sufficient funding for market implementation. Many companies have limited budget when launching a new product and hope sales will increase revenue quickly. But this rarely happens and companies get in trouble. Proof of concept, clinical and economical evidence and market acceptance are required to get new sources of funding that support the company in growing the business. The earlier a company can mitigate the risks as described above, the higher the chance of getting funding and creating success.

The initiative of e/MTIC is a good example of a close collaboration between industry, hospitals and university and forms a perfect base for discussing, searching and experimenting with new ways of working.