Institutional Adaption in the Context of Cross-Border Health Care

Cross-border health care is a topic of rising importance, in particular for reasons of costsavings and combining treatment and vacation. In this respect, an increasing number of Germans have been crossing the German-Polish border in order to make use of in- and outpatient spa and rehabilitation treatments in Polish sanatoria and spa hotels. Since Poland'saccession to the European Union in 2004 German insurants have even been entitled to bepartly reimbursed from their health funds for the expenses of their treatments in Poland. It is assumed that due to expenditure of travelling Germans prefer being treated in Polish sanatoria and spa hotels near the German-Polish border and hardly travel to spa resorts located at greater distances to the German-Polish border. Consequently, on the basis of sociological neoinstitutionalism it is hypothesized that Polish spa facilities located near the German-Polish border tried to adapt to the increasing number of German clients by adjusting their institutions defined as standards and standardized patterns of behavior which in this case mainly refer to organizational structures and procedures. In order to test this hypothesis, the managers of spa facilities in the three spa resorts Swinoujście, Kołobrzeg and Sopot which are located at different distances to the German-Polish border will be requested to fill in a questionnaire on the institutional adaptation of their organization. In addition, German patients of the three spa resorts will be asked to complete a questionnaire on their perception of these adjustments.

References

DiMaggio, P. J. & Powell, W. W. (1983). The iron cage revisited: Institutional isomorphism and collective rationality in organizational fields. *American Sociological Review, 48*

(2), 147-160.

Meyer, J. W. & Rowan, B. (1977). Formal structure as myth and ceremony. *American Journal of Sociology*, 83 (2), 340-363.

Newman, D. (2006). Borders and bordering. Towards an interdisciplinary dialogue. *European Journal of Social Theory*, *9* (2), 171-186.

Newman, D. & Paasi, A. (1998). Fences and neighbours in the postmodern world: Boundary narratives in political geography. *Progress in Human Geography, 22* (2), 186-207.

Rosenmöller, M., McKee, M. & Baeten, R. (eds.) (2006). Patient mobility in the European

Union. Learning from experience. Copenhagen: WHO Regional Office for Europe.

Scott, W. R. (1995). Institutions and organizations. Thousand Oaks, CA: Sage.

Wismar, M., Palm, W., Figueras, J., Ernst, K. & Ginneken, E. v. (eds.) (2011). Cross-border

health care in the European Union. Mapping and analysing practices and policies.European Observatory on Health Systems and Policies, Observatory Study Series 22.Copenhagen: WHO Regional Office for Europe.Zucker, L. G. (1977). The role of institutionalization in cultural persistence. American

Sociological Review, 42 (5), 726-743.