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Interview

From strict guidelines to rules of thumb:

reflexivity as a key
competence to blend
innovations into
everyday practice



In our research we try to develop new perspectives on the way new innovations or new ways of working blend with incumbent practice. I invited Anne Marie Weggelaar and Júlia Valls Pérez for an interview because of their expertise on this topic. Anne Marie is professor Innovation and Transformation in Healthcare at Tilburg University and Júlia just finished a master's thesis in which she explored the concept of absorptive capacity in healthcare organizations. The findings in her research challenge traditional, linear models of absorptive capacity and emphasize a more flexible and multidimensional nature of the innovation processes. During an online meeting, the three of us had an interesting conversation, and this article offers a glimpse into it.

Interview with Anne Marie Weggelaar and Júlia Valls Pérez by Suzanne Verdonschot

How do you recognize the importance of the subject of blending new innovations with existing practice from your own experience as a researcher and as a practitioner in the context of healthcare?

Anne Marie: "Over the past five years, I've learned that implementing innovations is not the way to go. In healthcare, implementation was long seen as the key to success. Professors Michel Wensing and Richard Grol tried to open the black box of implementation and wrote a thick Dutch book on the subject. The publication was mandatory reading for all nurses, doctors, and therapists during their studies. It describes five implementation strategies, such as education and patient-centred methods. Healthcare usually creates guidelines based on research, expecting new treatments or approaches to be adopted smoothly. But studies showed that healthcare professionals often don't follow these evidence-based guidelines. So every time when studies were done on the implementation of these guidelines, we ended up being disappointed, sighing 'oh, those stupid healthcare professionals, they don't know the guideline, they don't adhere to them'. And then automatically the problem becomes: how can we implement better. We even developed evidence-based guidelines on how to implement guidelines."

Evidence-based guidelines on how to implement guidelines. This sounds like a box inside a box—and not very helpful, does it?

Anne Marie: "Well, I used to believe this way of thinking too. But several years ago researchers studied the uptake of breast cancer clinical guidelines. They looked at electronic patient records to see if patients received the treatments promised in the guidelines. They found a surprising result: 83% of patients did not get the treatments recommended by the guidelines. Normally, you might think, 'Those doctors don't know the guidelines or they just do what they want.' But in this study, a PhD-student carefully checked each patient record and investigated why the guidelines were not followed. This researcher discovered four main reasons for this: 1) Guidelines are designed for general patients, but in reality, there

In healthcare, implementation was long considered the key to success, but simply implementing innovations is not the way to go.



Júlia Vallés Pérez is from Barcelona, and in this city she studied International Business. She obtained her master's degree in Healthcare Management at Erasmus University Rotterdam. For her bachelor's thesis, she researched the impact of a new technology on the efficiency of emergency services in a hospital in Barcelona. This research, along with her family background, motivated her to learn more about healthcare and the management of the sector.



Anne Marie Weggelaar. Trained as a nurse, she has been working for years now to improve healthcare. She has supervised a large number of projects in healthcare institutions, both as a researcher and as a consultant. She is Professor of Healthcare Innovation and Transformation at Tilburg University and Trainer of the Engineering Doctorate in Clinical Informatics at TU/Eindhoven. She also works as an interim manager.

is never a general patient in front of the physician. 2) It's very important that patients have a say in the care they receive. Shared decision-making is key in healthcare, which sometimes means purposely deviating from the guidelines. 3) Those who don't follow the guidelines often face organizational constraints. For example, if a dietitian is on maternity leave or unavailable, alternative decisions must be made to prevent a waitinglist for the dietitian. 4) Guidelines always lag behind scientific knowledge. Developing and approving guidelines takes years, and new insights emerge in the meantime. So, not following guidelines doesn't necessarily mean you're doing something wrong."

You told me, Anne Marie, that your current interest is in better understanding how to blend novel processes and services into current practices. How does the idea of blending relate to what you previously called implementing?

Anne Marie: "In implementation, we've often believed that if something works in one place, you can 'capture' it and take that 'picture' to another place, and simply say, 'Do it this way'. One CEO of a hospital in the Netherlands used to ask me, 'Anne Marie, what are the four things everyone must do to improve patient safety?' That question sums up the traditional paradigm behind implementation. However, there are over 80 scientific models showing that many different factors play a role in spreading and uptake of best practices. Each new study adds even more elements and actors to consider in these models. I don't think this growing complexity helps us forward. Instead, we should focus on practical rules of thumb that encourage reflection and transferability. Innovation happens within a specific context. Júlia's research confirms that understanding your own context is essential to knowing how best to blend new ideas into your practice."



Does that mean implementation frameworks are no longer useful?

Anne Marie: “No, however I do feel we need to use them differently. They are neither prescriptive nor predictive — it’s not a case of ‘if you do this, this, and this, it will work.’ Instead, we should use them as a synthesizing concepts tool to understand what’s happening, and then figure out what to do in each specific context. It’s more about helping you to reflect on the situation than about following a fixed formula believing that it will be implemented.”

Do you recognize this from your empirical research, Júlia?

Júlia: “Yes, when introducing changes, we hope for a clear roadmap because uncertainty is uncomfortable. But my research uncovers that innovation processes involve many factors and people from diverse backgrounds—especially important in healthcare—which means multiple perspectives are at play. This makes it difficult to define simple, universal steps. In a previous study I did on the implementation of a new technology in an emergency department, I worked mainly with numbers. These data helped reveal the impact of change, but they only capture part of the picture. In my master’s thesis, I conducted in-depth interviews with 20 people, which uncovered other layers of complexity in how innovations are experienced and absorbed. For example, you might say this technology reduces emergency room wait times by five minutes—but what does that mean for the staff? How does it actually affect their routines? There are always multiple layers to consider.”

Not following guidelines doesn’t necessarily mean you’re doing something wrong.

Research on absorptive capacity

Key findings from Júlia’s research (Valls Pérez, 2025) on absorbing innovations in healthcare organizations:

- The **acquisition** phase is about the identification and acquisition of external knowledge. Júlia’s study showed that acquisition also includes an exploratory dimension that involves learning, dialoguing with others and exploring possibilities.
- In the **assimilation** phase comprehension and interpretation are central elements. Júlia’s study revealed that assimilation in healthcare is closely embedded in social interactions. Effective assimilation depends on shared communication, alignment, and collaboration between healthcare professionals.
- During the **transformation** phase, new routines are refined by combining new and existing knowledge. This process involves elimination, modification, and integration. Júlia’s study highlights the importance of an active role for both healthcare professionals and the organization. Without this, there is a risk that innovations become redundant rather than fully integrated.
- In the **exploitation** phase, the focus is on applying new knowledge within existing routines. This can happen informally and spontaneously, without relying on rigid processes. Júlia’s study highlights the importance of organizing ongoing evaluations of the impact, along with ensuring adequate (financial) resources to support sustainability.

Absorbing innovations involves several phases, and it's important to give time to each. .

Does the concept of absorptive capacity that you investigated help to reveal those layers?

Júlia: “The concept of absorptive capacity has been used mainly in commercial and industrial organizations. I’m also applying it in healthcare because, at its core, it’s about understanding how external knowledge—be it an idea, or an innovation— is absorbed. The model of absorptive capacity consists of four phases: acquisition, assimilation, transformation, and exploitation (see the boxed text). A key finding in my research is that the process of absorbing innovation isn’t something that happens on its own. It needs active involvement from both healthcare professionals and management. That means setting up the right environment for collaboration, open communication, and shared learning. Social interactions, especially informal ones, play a big role in helping innovations stick and keeping everyone motivated and engaged. At the same time, having solid organizational support and funding in place is really important to make sure new ideas get properly integrated and sustained. Without appropriate incentives and funding, absorbing innovations in healthcare proves difficult.”

Is there a specific order in which these four phases should be followed?

Júlia: “There is no fixed order for these phases; rather, they form a flow back and forth. Assimilation and transformation are key stages in blending the new with the old. Assimilation involves how we interpret the new, especially by the people who will use it. This was highlighted as very important by the people I interviewed. Ultimately, it is our perceptions

of something new that influence whether and how we accept and use it. Transformation refers to how we integrate the innovation and adjust how we use it over time.”

From your stories, I gather that reflection is important, and rules of thumb are more valuable than formal guidelines. How could that look like in practice?

Anne Marie: “Reflexivity is central to the work of Trish Greenhalgh, a researcher from England. She focuses on how to spread innovations and has developed a new model. It’s more like a set of rules of thumb. She works in an inductive way, inviting other researchers to use her rules of thumb in their own studies. She encourages researchers to first gather their data, then apply her rules to help reflect on what’s really happening. This reflection includes understanding the context, the people involved, and the innovation itself. In short, she offers a lense to look at the whole picture.”

Can you give an example of a rule of thumb like that?

Anne Marie: “One rule, for instance, is to be alert to power dynamics. The idea is that power sharing in partnerships must take subtle dynamics into account. Critical analysis can help reveal imbalances and ensure all voices are heard without reducing them to empowered categories. It’s still complex, though. Greenhalgh isn’t saying there are clear power differences you must pinpoint, but rather that you should be aware of them and consider how they show up in your data set. Another rule of thumb from Greenhalgh is to engage with conflicts positively. In complex projects, it is inevitable that conflicts arise and by reflection on this may lead to deeper understanding. Conflict should be embraced rather than avoided. Greenhalgh encourages us to describe which conflicts were present and which values, norms and routines were in contradiction.”

To conclude our interview, what would you say is the most important lesson you've learned and can share with others?

Anne Marie: "First, Absorbing innovations involves several phases, and it's important to give time to each. Second: It's essential to involve people outside your organization who can look at interesting and relevant examples that might help you. When facing a problem, ask if someone else —like a researcher or another healthcare organization—already working on it. Instead of focusing only on your own challenges, look at existing solutions. Understanding the outside examples helps you know what to do inside."

Júlia: "Innovation is a process of reflection, curiosity, and engaging with people who have different perspectives. You need to be open, talk with others, and ask yourself whether to stick with your views or reconsider them. Having an open mind and curiosity is important, but it's also key to accept that this process isn't straightforward and doesn't happen overnight."

Literatuurverwijzing

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*Don't start with the old.
Start with the new.
You need to be out
there to understand
what the new is.*