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Healthcare professionals as change agents: Factors influencing bottom-up, personal initiatives on appropriate care, a qualitative study in the Netherlands

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ABSTRACT

Introduction: Healthcare organisations face multiple challenges, often conceptualised as appropriate care. It requires change on different levels: healthcare systems (macro), healthcare organisations (*meso*), and healthcare professionals (micro). This study focuses on bottom-up changes initiated by healthcare professionals. The aim is to investigate hindering and stimulating factors healthcare professionals experience.
Materials and methods: The study used a qualitative design with purposive sampling of eight Dutch healthcare professionals who initiated changes. We conducted online interviews and used Atlas TI with a combination of open, axial, and selective coding for data analysis.
Results: The results indicate that professionals are often mission-driven when they initiate change, support from clients and peers may help them overcome barriers. Conversely, peers who feel threatened in their autonomy hinder initiatives of professionals, especially when their changes have financial consequences for their organization.
Conclusion: Aligning and integrating macro- and micro-level initiatives is crucial to advancing the movement towards appropriate care and stimulating bottom-up initiatives of healthcare professionals. More research remained needed, in particular studies on the hindering or stimulating role of employers and healthcare professionals' representatives, and the adoption of the concept of appropriate care by patients.

1. Introduction

Healthcare organisations worldwide face multiple interconnected challenges. Rising healthcare costs, epidemiological challenges and growing health inequality are putting pressure on healthcare systems, organisations, and professionals [1], forcing us to rethink the organisation and provision of healthcare. These challenges are often approached as a question of appropriate care. Although conceptualisations differ, Robertson-Preidler et al. [2] found five main categories in their integrative review: evidence-based care, clinical expertise, patient-centredness, resource use, and equity. The Dutch vision on appropriate care (*"Passende zorg"*) partially aligns with these categories and is based on four principles: value-driven, organised with and around the patient, given in the right place, and a focus on health instead of disease (Appendix A). An example of appropriate care based on these principles is cataract surgery. In some hospitals, older patients now receive cataract surgery for both eyes in one operation rather than operating one eye at a time, as is common. A randomized controlled trial shows the outcomes were similar. For older patients, operating both eyes in one operation means fewer hospital visits, less long drip schedule, faster recovery time, and less functional impairment. Consequently, there is a shorter recovery period with less long use of home care and informal care [3].

Appropriate care requires change at different levels: healthcare systems (macro-level), healthcare organisations (meso-level), and healthcare professionals (micro-level). Change processes in the public sector often follow top-down processes, meaning that changes are initiated and decided upon by the top of the organisation [4]. Bodolica

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et al. [5] found in existing studies that macro- and micro- initiatives in healthcare are developed independently rather than interactively. The Dutch approach to appropriate care is initiated by the Dutch Healthcare Authority (NZa), together with the National Healthcare Institute; thus, it is a macro-governance initiative. It would be interesting to investigate whether the initiative of appropriate care at the macro-level reflects healthcare professionals' experiences in their initiatives to change at the micro-level. Therefore, we focuses on changes initiated in a bottom-up process through personal initiative of healthcare professionals. An important reason for this approach is the essential role that professionals play in the early phases of the transformation to appropriate care. Healthcare professionals interact with patients daily and are thus closest to patients' situations and resultant needs. Subsequently, they were amongst the first to see where changes focusing on appropriate care were possible and necessary, and can thus take up a role as change agent: '*an internal or external individual or team responsible for initiating, sponsoring, directing, managing, or implementing a specific change initiative, project, or complete change program*' [6]. This leads to the following research questions:

Why and how do healthcare professionals initiate and implement changes in the context of appropriate care?

What are - on a micro-, meso-, and micro-level - the hindering and stimulating factors in the process of the initiation and implementation of the initiative?

1.1. Research objective

The objective of this study is to gain insight into professionals' motivations to initiate change and exploring the factors that stimulate or hinder appropriate care are crucial to understand the factors that may influence the implementation and institutionalisation of appropriate care. It is important to consider that changes initiated through a bottom-up approach will also impact organisational and system levels and vice versa [7,8]. Consequently, professional-initiated changes can lead to necessary adjustments at both the organizational and system levels. Therefore, we adopt a multilevel approach to outline hindering and stimulating factors that can be identified at the macro-, *meso*, and micro levels [9]. This allows us to make more concrete recommendations to provide appropriate care. In addition, our research contributes to understanding bottom-up changes in the public environment. Most studies in the public sector context have focused on top-down change, leading to a lack of insight into how bottom-up change unfolds [10].

1.2. Bottom-up change by healthcare professionals

Change is particularly difficult when it is aimed at diverging from the status quo, that is, initiating new ways of working that break the norms of their institutional environment [11]. The plans for appropriate care can be seen as diverging from the status quo, as they rely on different principles compared to how healthcare is currently organised and governed in the Netherlands.

In these circumstances, professionals can take personal initiative to initiate change [12]. These involve self-starting and proactive work behaviour that overcomes barriers to achieving a goal [13]. This view aligns with the change management literature that has described such personal initiatives as adopting a change agent role.

Studies on change agents and personal initiatives in healthcare have shown that bottom-up change initiatives can be approached from various perspectives. Many healthcare studies have focused on rebel professionals, particularly rebel nurses [14], and have often concentrated on how professionals can use "positive deviance" to improve the organisation [15]. In addition, studies on healthcare and public administration have focused on changes in healthcare. Such studies often focus on 'policy entrepreneurship' [16–18] meaning that the emphasis is on how, why, and when professionals take up the role of initiating new policies within their organisation. Rather than entrepreneurship in the sense of starting businesses, this can be understood as a form of intrapreneurship*: "agentic and strategic workbehavior aimed at organisational self-renewal and business venturing performed by public service workers within the boundaries of their paid job"* [19]. While this literature often focuses on similar phenomena, that is, professionals who engage in a personal initiative to change their organisation, it seldom interacts. Furthermore, studies on change agents, rebel professionals, policy entrepreneurs, and intrapreneurs often do not include different levels of analysis and mainly focus on individual behaviour at the micro-level and stimulating or hindering factors at the meso-level rather than analysing them together. Notably, the macro-level is often absent in studies that explain (the success of) bottom-up change.

Studies have shown that professionals can play an essential role in different phases of change processes by (1) initiating change, (2) motivating others to adapt, and (3) contributing to the implementation and institutionalisation of change [20–22]. Research shows that in sectors (such as healthcare) where professionals have a high degree of autonomy and relative freedom, there is potential for them to initiate and direct changes [23] and thus act as change agents. Both individual and organisational factors have been said to affect the extent to which professionals can play the role of change agents.

At the individual level, different factors impact whether healthcare professionals take up the role of change agents. The first factor is confidence. Research by Sreeramoju et al. [24] shows that confidence in speaking up is an important starting point for sharing insights and ideas to improve the quality of care. Wallenburg et al. [15] found that this confidence is needed as what is considered as "good" quality of care and how this should be organised has a strong normative element to it. This confidence is crucial to getting others on board. The second factor necessary for creating bottom-up changes is individual networking skills. Several studies have highlighted the importance of building and sustaining a network when initiating change [15,25,26]. Often, change agents connect different networks of professionals.

Amongst the organisational factors studied, psychological safety and management support are amongst the most frequently discussed. Psychological safety is an essential predictor of voice behaviour amongst healthcare professionals.[27,28] Smith and Plunkett [29] showed that professionals who feel safe are more comfortable asking for help, proposing new ideas, or taking risks. De Kok et al. [14] argued that especially the more normative conversations amongst rebel professionals benefit from a psychologically safe environment. This environment is also linked to the role of management. Even when changes are initiated bottom-up, managers play an essential role in creating rooms, such as giving employees time to think about changes that may improve care, granting them room to experiment, or at least voicing that they will support professionals in their change endeavours. Lindberg and Schneider [30], show that managers play a role not only in promoting change initiatives but also in spreading good practices.

This study focuses on *why* and *how* healthcare professionals – in the role change agents - initiate and implemenentate changes [31], and what hinders and stimulates them in the process of implementing the initiative on micro-, meso-, and macro-levels.

2. Materials and methods

2.1. Design

This study used a qualitative research design. From a sample of 28 healthcare change projects, 17 projects met the eligibility criteria. After reaching out to these initiatives, 8 projects participated in the research project and were interviewed. By conducting interviews, we studied how healthcare professionals initiate bottom-up change and which macro-, meso-, and micro-level factors stimulate or hinder these initiatives.

2.2. Sampling and data collection

We used a purposive sampling strategy involving Dutch healthcare professionals who initiated change initiatives in the context of appropriate care. We identified these projects and initiatives in various ways. First, we drew from healthcare professionals who made their initiatives known to the NZa. Second, we identified potential projects through a list of current healthcare experiments. Healthcare organisations in the Netherlands can apply for an experimental status for their novel care, meaning they can pilot this novel care where policy is yet to be made. Third, we called upon healthcare professionals to inform us about their appropriate care projects through social media, such as LinkedIn. The result was a list of 27 projects.

Before approaching potential candidates, we performed an initial screening based on public information. Two independent researchers conducted this screening and assigned all potential cases scores based on the four principles of appropriate care. Potential cases must score at least three of the four principles to properly identify those initiatives that really relate to the basic principles of appropriate care. Furthermore, we assessed the extent to which changes were initiated by professionals rather than by, for example, the board of a healthcare organisation. In addition, we focused specifically on changes initiated in the context of appropriate care and therefore decided only to include projects that started after 2020, the year the concept of appropriate care was first introduced. Finally, we included professionals who performed appropriate care and excluded those who intended to provide it, but were patients had not yet received it. Based on this screening, 17 projects remained. The excluded initiatives were often not initiated by individual healthcare professionals but rather by the board of the organisation.

When consensus was reached, the 17 eligible projects were asked to provide a description of their appropriate care practices. This description must include patient type, (aimed) care outcomes, provision of care (content and volume), professional input, and other context-related aspects. When this description confirmed our score on the initiative, candidates were approached for an interview. Two initiators reported not being willing to participate in this research, and seven did not respond to repeated requests. Therefore, healthcare professionals from eight initiatives on appropriate care participated in this study.

Interviews were conducted online by the first author and one of the other authors. Semi-structured, in-depth individual interviews comprised a topic list that was used as a framework for the open questions (Appendix B). All interviews were recorded.

2.3. Data analysis

Interviews were transcribed verbatim and coded using AtlasTI. We used a combination of open, axial, and selective coding. First, we openly coded stimulating and hindering factors for professionals to initiate and implement appropriate care initiatives. Second, we coded all factors using a multi-level approach, meaning that we identified what factors on what level (healthcare system, healthcare organisation, healthcare professional) stimulated or hinderded the initiation or implementation of change. Third, we differentiated between initiating and implementing change, thus being able to show what factors stimulate or hinder change in what phase. In so doing, we provide a nuanced and detailed picture of how appropriate care practices take shape.

2.4. The participants

Table 1 provides an overview of the participants and their projects.

2.5. Ethical considerations

This study was approved by the ethical committee. All interviewees signed an informed consent form.

Table 1
A summary of respondents by target group and profession.

Nr.	Target Group Initiative	Profession of the Initiator
1	Patients with musculoskeletal problems	Physician[a]
2	Older vulnerable patients in primary care	Physician
3	Patients with sexually transmitted diseases	Physician
4	Patient in mental healthcare	Physician
5	Older patients with cognitive problems in nursing home	Physician
6	Patients with migraine	Physician
7	Children and young people with intensive care needs	Ortho pedagogue
8	Mentally disabled care	Nurse and project manager

[a] *To assure anonymity, we do not specify the physician to the level of specialism.*

3. Results

We investigated why and how healthcare professionals initiate and implement changes in the context of appropriate care and the hindering and stimulating factors they met at the micro, *meso*, and macro-levels. The study shows that participants are motivated by an urgency of change in their field and strongly believe in their mission-driven mission. This drive also made them determine to make the initiative succeed despite the barriers they experienced. In the process of realisation, they meet both stimulating and hindering factors at all levels.

3.1. How healthcare professionals define appropriate care

Before examining the hindering and helping factors, we asked the participants about their definition of appropriate care and what drove them to develop their initiative. These definitions focus on various topics. Some healthcare professionals directly related their definitions to their work or their patients.

'It must meet the needs of the carer.' (respondent 8)

'Appropriate [care] also says something about doing and doing nothing.' (respondent 1)

'For me, appropriate care……meets society's needs and has a sustainability aspect.' (respondent 2)

Other topics were according healthcare professionals were drivers of appropriate care, such as saving healthcare costs. Others defined appropriate care more broadly as *'better healthcare outcomes.'* One participant explicitly focused on collaboration with the patient and the place where care should be provided. For this respondent, appropriate care means to: '*do it together, understand together, and look for solutions together, and then you come up with alternative scenarios much more often than deploying care.'*

Responses showed that a wide variety of elements can be connected to appropriate care. In other words, because appropriate care is somewhat of a 'magic concept' [32], it has a different meaning for different people; subsequently, how and why professionals adopt appropriate care initiatives will also differ considerably.

3.2. What drives healthcare professionals' change initiatives?

The interviews revealed different motivations for professionals to take personal initiative and initiate change. One recurring theme was what we termed a fundamental consideration and belief in the urgency of change in their field and, thus, a very mission-driven motivation. As one respondent argued, the urgency of change lies in the fact that we can always develop new things, but not actually leave anything.

'You name it, and we can make it, but only a few things go away. For some things, we actually secretly already know they are not that effective.' (respondent 1)

Mission-driven motivation is also reflected by one of the healthcare professionals, who strongly felt that his initiative was more future-proof than current healthcare practices.

'It is a piece of life purpose because I just feel this is the care of the future. I have a core value, justice, and this initiative touches upon my feelings of justice. So if I knew I could be a better doctor but would not propagate it, I could not get that over my heart.' (respondent 6)

These principal considerations and beliefs also make initiators stand firm. Words such as persevere, hold on, and carry on were occasionally used in the interviews, showing how the initiatives were very close to the heart and related to their core values as people and professionals. In all these cases, there was a sense of dissatisfaction with current healthcare practices. It is important to note that healthcare professionals did not (always) feel that existing practices were hurting patients or lacking quality of care; instead, they supposed that other methods would be more effective in terms of care quality and financially.

After coding, it was noticeable that respondents appointed more stimulating factors than hindering factors in relation to their initiative at the micro-level, and that this perception tilts at the macro-level (Appendix C).

We describe the results from the perspective of healthcare professionals, starting with the hindering and stimulating factors they encountered at the micro-level, followed by those encountered at the meso- and macro-levels.

3.3. Hindering and stimulating/helping factors on the micro-level

Positive reactions from patients, colleagues, peers, or collaboration partners stimulated healthcare professionals to persever.

'What happened there in conversation with the patient was magic.' (respondent 4)

'The general practitioners were pleased with it.'

(respondent 3)

Another vital factor is the importance of a good network, particularly during the early phases of an initiative. As one respondent stated:

'An essential factor in that phase was someone higher up who helped navigate the landscape a little bit and gave just the tips and heads up on what I needed to watch out for.' (respondent 3)

In addition to connecting to others within the organisations, respondents also mentioned the importance of networking and collaborating with other stakeholders, mainly clients or patients. One initiative is aimed at young people who are generally digitally skilled. An initiative in line with the skills of the target group, according to the respondent, *'we thought this initiative checks all the boxes to digitise' (respondent 3)* stimulates the successful implementation of an appropriate care initiative.

Professionals have also invested time and money in stimulating appropriate care initiatives. Knowledge is amongst the crucial factors for individuals to create and expand their initiatives. One respondent argued, *'I did another internship myself to really get a feel for it'. (respondent 3)* On a more practical note, someone indicated that being salaried gives room to experiment: *'We are, of course, salaried, so my time is paid, let me put it this way, I get my money, I just do my thing'. (respondent 1)* Doing an experiment when employed makes it easier, according to this respondent, because the risks are much lower compared to setting up a business of initiative outside their work.

Hindering factors at the micro-level mostly seem related to resistance to change, which can lead to far-reaching consequences, as one respondent stated:

'I do not know if I could even finish my [postgraduate] studies with these headwinds. At the very least, that is how violently I experienced it.' (respondent 6)

An important reason for resistance to change was the feeling amongst healthcare professionals, who were supposed to collaborate in the novel care initiative, that their autonomy would be violated. As some respondents argued:

'To some, it felt like someone comes and tells me what to do, even though I am well educated myself.' (respondent 8)

Alternatively, a respondent who wanted to provide care more in a multidisciplinary setting:

'Managers and professionals who still wanted to provide one-to-one care and were not at all willing to start working together this way.' (respondent 4)

Our analysis revealed that most of the resistance came from direct colleagues according to the respondents. They feared that changes would affect how they wanted to do their work, and questioned the necessity of change.

3.4. Hindering and stimulating factors on meso-level

An important factor that stimulates the process of implementing appropriate care initiatives is disseminating knowledge and information about the initiative. Various methods have been used to accomplish this goal.

'We organised a really good in-service training,' (respondent 1)

'I give many talks', (respondent 1)

'I started with a post on LinkedIn […] I want to build this, and can someone help me? Well, that went completely viral. My whole inbox ran over: 'I want to help, I love it, can I sign up as a patient?' (respondent 6)

Creating alliances and soliciting inputs helped, particularly, those who initiated appropriate care projects encompassing different medical disciplines. In these cases, calling upon others' craftmanship helped projects develop from an idea to an actual healthcare practice. In some cases, the organisation where the professionals worked had a genuine interest in the developments, which helped create the right environment to experiment with and do things differently. As one respondent argued:

'That the hospital also has a certain interest, so in itself, there was also a driving force from the organisation, I must say.' (respondent 1)

Hindering factors at meso-level were mainly interests that, at least in the eyes of some, clashed with the goals of the initiative. Financial interests are frequently mentioned. For example, one initiative had a rate that was below the conventional treatment rate. This has led to discussions with other healthcare providers.

'Our rates are far below others, so that is not always appreciated either'.

(respondent 3)

'So, what we are mainly experiencing is that health insurers and care offices are very much searching and that the barriers in financing care makes it difficult to get a breakthrough here, right? What it (the initiative) shows is a deferral to nursing home admission…..You have to invest at the front to get something in return at the back' (respondent 2)

Other arguments relate to the financial interests of the organisation. For example, different respondents mentioned that *"bring home the bacon",* meaning enough money has to be earned.

What also hinders the process is the lack of support from the Board of Directors, as stated by one of the participants:

'In the process, the support of the Board of Directors was/is sorely missed. They have not really shown any interest.' (respondent 5)

3.5. Hindering and stimulating factors on the macro-level

A sense of urgency is an important factor that stimulates initiatives concerning appropriate care. In this regard, the timing is essential.

'It is also a momentum you get at some point.' (respondent 4)

'So people actually all saw that there is something to be done here; we are really missing a piece here.' (respondent 8)

Without a sense of urgency, it is more difficult for other professionals to achieve changes. As one respondent exemplified:

'Professionals themselves still feel very little from the waiting lists.' (respondent 4)

However, major hindering factors remain in healthcare systems, laws, and regulations. To experiment and start a new initiative, *'you must jump through a lot of hoops'* and *'the whole funding issue a very important one.'* As discussed earlier, financial interests that may hinder the implementation of appropriate care are also based on how the current healthcare system is organised. Healthcare professionals are incentivised to perform as many treatments as possible when paid for performance. Appropriate care, however, sometimes means not performing any treatment. This directly conflicts with the incentive structure of, for example, some hospitals.

Finally, a hindering factor for some initiatives is the extent to which scientific evidence is already present. This is particularly true in an environment characterised by evidence-based policymaking.

'If you have another initiative of your own.You must first be able to prove it.' (respondent 7)

The results shows that the respondents encountered hindering and stimulating factors during the transition from initiative to implementation. which can be plotted along the micro-, meso-, and macro-level axes, as well as on an axis based on the phase of change, that is, the initiation or implementation of change. The results are summerized in Table 3

4. Discussion

This study shows how healthcare professionals initiate appropriate care practices due to their core belief in the urgency of change. For most respondents, initiating changes and implementing appropriate care practices was their mission. The respondents met hindering and stimulating factors along the micro-, meso-, and macro-level axes, but also on an axis based on the phase of change, that is, the initiation or implementation phase.

At the micro-level, professionals encounter both stimulating and hindering factors during the initiation of change, although the micro-level seems to include more stimulating factors. Macro-level factors mainly hinder the implementation of appropriate care practices. They do not necessarily stand in the way of initiating change but may become a hindering factor when initiatives need to be developed from plans to standard practice. Such resisting behaviour may have to do with uncertainty, as was shown in a study on healthcare transformation in Canada [33] or a lack of understanding of the necessity of change [34]. The meso-level plays a role in both the initiation and implementation phases. Healthcare professionals need support from their organisations to begin developing and experimenting with new working methods. Yet, they also require support and help to scale up their efforts within and potentially beyond their organisation. It was striking that the respondents were mostly physicians, rather than (for example) nurses. This confirms the view that it is still often the case that not all healthcare professionals are equally represented and heard when it comes to innovating and changing healthcare [35]. That respondents were mostly physicians confirms the view that initiatives are often initiated by more autonomous professionals [23] who also tend to be more self-assured [24]. This implies that some professionals should be empowered to initiate and implement ideas based on their own initiative. The number of hindering factors identified in this study seems to confirm the findings of Bodolica et al. [5] that macro-level initiatives are often insufficiently integrated with micro-level initiatives. Important to take into account, is that the context that healthcare professionals operate in is often dynamic. Cardinaal et al.[36] show how academic hospitals in a large number of countries are facing significant external pressures related to financial sustainability and staff shortages yet have difficulty responding effectively to change. Moreover, regardless of the value of professionals initiatives, sudden crises may put a hold on changes. Khorram-Manesh

Table 3
In summary: the stimulating and hindering factors for initiating and implementing change.

Level Phase	Micro		Meso		Macro	
	Hindering	*Stimulating*	*Hindering*	*Stimulating*	*Hindering*	*Stimulating*
Initiation	- Change is seen as a threat to professional autonomy by peers - Lack of urgency for the change amongst peers	- Mission-drive motivation - Enthusiasm amongst patients or clients - Enthusiasm amongst peers - Enthusiasm amongst other healthcare professionals - Personal autonomy and time to propose changes	- Urgency of change unclear to the organisation and its management - Support from the board of directors to experiment is missing - The conventional practices are cheaper than the proposed alternative	- Networking and sharing preliminary results of change - Psychological safe environment to experiment with new ways of working	- Lack of scientific evidence when experimenting with new ways of working - Changes are seen as incompatible with financial incentives	- Initiative aligns with momentum in society for change - Room for experimentation within healthcare regulation
Implementation	- Patients who are hesitant about new initiatives vis-à-vis existing treatments	- Having a 'sponsor' with the right connections within and outside the organisations - Being able to thrive and engage others in change - Resilience and ability to adapt after setbacks	- Lack of support from directors in sharing good practices within the organisation	- Aligning the goals of the initiative with the organisational goals - Ability to show preliminary results or quick wins from the initiative to others within the organisation	- Healthcare regulation needs to be changed to be able to institutionalise changes	- Sharing good practices by organisations responsible for the healthcare system - Ability to show preliminary results or quick wins from the initiative outside the organisation

et al. [37], for example, show how emergencies and disasters challenge the ability of healthcare professionals to provide person-centred care. While this study shows the importance of focusing on hindering and stimulating factors for organizational change on different levels, academics and practioners alike should take external pressures into account when studying the initiation and implementation of bottom-up change.

5. Conclusion

Initiating bottom-up change requires tenacious and mission-driven professionals who will not be swayed by setbacks or opposition. On microlevel it would be helpful to create a sense of urgency and bringing others ideas. Clear communication should convince peers and collegues that initiatives are not a threat and do not detract from another person's professionalism. A support network that connects an initiator with relevant stakeholders is helpful at meso-level. Resistance to change lies also in factors stemming from government policies. At the macro level, this requires the government to be aware of their role in the system that prevent change. An example is financial incentives, where conducting a treatment generates money and doing nothing does not. This may affect an organisation's continued existence which can lead to reluctance from a financial point of view. Similarly, the requirement for scientific evidence sometimes conflicts with the new initiatives.

Although appropriate care is conceptualised by governmental organisations, there are hindering factors in policies that delay or frustrate bottom-up initiatives. Further alignment and integration of macro- and micro-level initiatives is essential. In this process, the government is responsible for decimating the hindering factors that arise from public policy.

5.1. Limitations

The most important condition for participation in this study was the willingness of the participants to give their views on their experiences in establishing appropriate care initiatives. Anonymity and confidentiality is very important in this. To ensure that, we did not include further demographic characteristics. We interviewed healthcare professionals of eight inititives which were mainly implemented in the cure stage and less so in the care stage. However, owing to strict inclusion criteria, we were assured that the selected initiatives were appropriate care initiatives. These initiatives cover various areas of healthcare, such as hospital care, mental healthcare, and disability care, and thus, affect very different patient groups. Some have argued for the use of online interviews. Practically, by interviewing respondents online, it was much easier to reach an appointment. More importantly, there was no distraction during the interviews because the focus was on each other on the screen. Thereby, in the process, both video and conversations were recorded, making it qualitatively better cause of the possibility to recall the entire conversation, including the video.

5.2. Future agenda

Governmental policy is addressed in this study as an important hindering factor in implementing initiatives that contribute to appropriate care. During interviews, several important factors emerged that were not addressed in this study. The first is the role of the patient. A patient visit a professional and is expecting treatment. However, this may not always be the case from the perspective of appropriate care. This calls for research into how patients view their role regarding the movement towards appropriate care and, based on the outcome, how this topic can be brought into public debate. Secondly is the roles of the representatives of employers and healthcare professionals. Representatives serve the interests of specific groups of professionals or employers. This interest could conflict with the novel care initiatives. Insights into these conflicts can offer guidance on how to position these representatives.

Classification

Public Health, Health Policy and Administration, Qualitative, System Level, Innovation, Health Politics, Governance.

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CRediT authorship contribution statement

Marcel Krijgsheld: Writing – original draft, Project administration, Methodology, Investigation, Formal analysis, Data curation, Conceptualization. **Eduard (J.E.T.) Schmidt:** Writing – review & editing, Validation, Supervision, Methodology, Investigation, Formal analysis, Conceptualization. **Edwin Levels:** Writing – review & editing, Methodology, Investigation, Conceptualization. **Marieke (M.J.) Schuurmans:** Writing – review & editing, Supervision, Methodology, Investigation, Conceptualization.

Declaration of competing interest

None.

Supplementary materials

Supplementary material associated with this article can be found, in the online version, at doi:10.1016/j.healthpol.2024.105120.

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