Linking Institutional Voids with Blind Spots Through Counter-Knowledge in the Spanish National Healthcare System

Juan-Gabriel Cegarra-Navarro[1], Aurora Martínez-Martínez[1], Raghda El Ebrashi[2] and Anthony Wensley[3]
[1]Universidad Politécnica de Cartagena, Spain
[2]German University in Cairo, Egypt
[3]University of Toronto Mississauga, Canada

juan.cegarra@upct.es
aurora.martinez@upct.es
raghda.elebrashi@guc.edu.eg
akpwensley@gmail.com

Abstract: The current study suggests the presence of counter-knowledge to spread misperceptions or misunderstandings arising from the existence of institutional voids. Blind spots may be partly caused by such counter-knowledge that triggers the knowledge gaps of the actors in the face of the new information and knowledge society. Find or instance, when we talk about blind spots in the Spanish National Healthcare System (SNHS), we refer to the presence of incorrect stereotypes among the different actors, the feminisation of the profession even though the elderly population they serve continues to associate the figure of the doctor with the masculine role, the lack of awareness about the importance of data protection or cyberattacks. This study suggests that counter-knowledge is likely to result in the lack of clear vision after suffering from blind spots. Such counter-knowledge hinders people from things that most of us take for granted, which creates difficulties for engagement among multifaceted stakeholders with diverse expertise and specialities to overcome blind spots.

Keywords: Institutional voids, Blind spots, Counter-knowledge, The Spanish National healthcare system

1. Introduction

Blind spots refer to things that people in general and knowledge workers, in particular, fail to perceive, even though they may appear obvious to others (Meissner et al., 2017). Such failures may lead to misperceptions or misinterpretations of what is perceived (Wiegand, 1999; Zajac & Bazerman, 1991). This concept of blind spots is related to the idea of "institutional voids" incorporated by Ebrashi and Darrag (2017), in which the lack of institutional agreements can prevent community actors from participating in market activities. Like "institutional voids", blind spots describe the absence of knowledge structures, for instance, institutions or intermediaries, which should generally facilitate economic transactions (Palepu & Khanna, 1998).

Even though Spain is the third largest beneficiary of European funds, expenditure dedicated to healthcare in Spain during 2022 fell by 9.88% compared to 2021. For the citizen, this means institutional voids of out-of-pocket spending and access to different quality benefits depending on the coverage type and geographic location. This study identifies in the literature three major institutional voids of the Spanish healthcare sector: the lack of a clear and shared vision between the educational and health authorities about health necessities which prevents a national education policy and medical training; the ageing of the population and moderate economic growth are issues expected to add pressure to the form of public financing of the SNHS; and political and social inequalities that exist in society partly due to the delegation of powers to the autonomous communities. Identifying and actioning on institutional voids in the healthcare sector can contribute to mitigating or correcting their negative effects on the system. For example, it can contribute to being more efficient in the allocation and use of public resources and increase the positive effect of these public resources on end users.

It is well known that the healthcare sector presents misinformation that can have serious consequences for public healthcare. It is important to understand the relationship between institutional voids and counter-knowledge. In this vein, the knowledge management literature maintains that when human beings do not have access to adequate knowledge structures, counter-knowledge is generated that manifests itself in the form of misinformation, misunderstandings, ignorance, the presence of obsolete knowledge, or hiding knowledge (Bolisani et al., 2019; Bolisani & Cegarra-Navarro, 2021; Cegarra-Navarro et al., 2021; Martelo-Landroguez et al., 2019; Thompson, 2008). Previous studies suggest that there is no positive counter-knowledge; in fact, any counter-knowledge has a negative effect on the relationships between the different actors (Bolisani & Cegarra-Navarro, 2021).

Besides, in this context, we are studying the creation of counter-knowledge to three forms of learning myopia: spatial myopia, temporal myopia, and myopia to errors with the purpose of finding blind spots between the

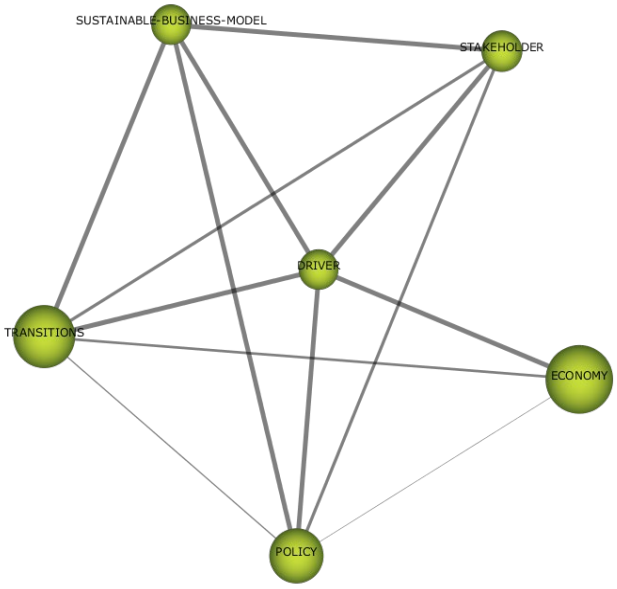
different actors involved. This study focuses on those cases where counter-knowledge prevails over knowledge, giving rise to the so-called blind spots (Wiegand, 1999). SNHS blind spots would be those manifestations of counter-knowledge at the actor level in such a way that, although users do not observe them directly, they can perceive them informally and indirectly. It is important to point out that blind spots can endanger not only the actors that generate them but also those whom they can influence. This study identified the most significant blind spots which form the basis of the SNHS and which should be followed very closely by healthcare authorities, from three perspectives: users, doctors and nurses, and administrators.

The main purpose of this study is to link institutional voids with blind spots through counter-knowledge in the Spanish Healthcare System. The structure of this work to achieve this objective is as follows: the proposed theoretical framework is presented in the 2 and 3 sections. Section 4 is the concluding remarks and the conclusions, managerial implications, and limitations are discussed in section 5. This study has theoretical and managerial implications.

2. Finding Institutional Voids in the SNHS

The concept of institutional voids is associated with the absence of suitable intermediaries in emerging markets and the transaction costs and operational challenges that this entails (Palepu & Khanna, 1998). According to(Palepu & Khanna, 1998), there are three causes for institutional voids: 1) the lack of information needed to connect consumers and producers; 2) political entities that place their political interests above economic efficiency; and 3) an inefficient judicial system. Under the influence of institutional voids, product markets, capital markets and labour markets are affected by the lack of intermediaries (Ebrashi & Darrag, 2017; Luiz et al., 2021).

Figure 1 shows the drivers related to institutional voids for analysing the most frequently treated themes from 2000 to 2023. The drivers are associated with circles, and the size of the circles is related to the number of citations connected with them. In other words, it was modelled using the centrality and density measures. Centrality estimates the degree of network interaction by analysing the links between keywords inside and outside the network. Density considers internal thematic coherence by examining the links between keywords inside the network. As can be seen in Figure 1, there are five research themes related to drivers within an operating context of institutional voids during this period.



Note: [Density=85.66; Densisty range=0.92; Centrality=209.03; Centrality range=0.46]
Source: SciMAT analysis of institutional voids from 2000 to 2023

Figure 1: Drivers Related to Institutional Voids

As a result of institutional voids, there are many ways that the SNHS can fail or not work effectively. Based on this preliminary study of 293 papers published in the Web of Science (WoS) Core Collection database, we can conclude that the three most analysed aspects involve transactions between institutions, economic issues, and political aspects. Considering this SciMAT classification and attending to the work of Sánchez-Polo et al. (2019), this study proposes three major institutional voids of the Spanish healthcare sector: 1) the lack of a clear and

shared vision between the educational and health authorities about health necessities which prevents a national education policy and medical training; 2); the ageing of the population and moderate economic growth are issues expected to add pressure to the form of public financing of the SNHS; and 3), political and social inequalities that exist in society partly due to the delegation of powers to the autonomous communities.

3. Linking Institutional Voids With Counter-knowledge

Considering the peculiarity of the health sector where misinformation can have serious consequences for public health. It is important to understand the relationship between institutional voids and counter-knowledge. In this vein, the knowledge management literature maintains that when human beings do not have access to adequate knowledge structures, counter-knowledge is generated that manifests itself in the form of misinformation, misunderstandings, ignorance, and the presence of obsolete knowledge (Bolisani et al., 2019; Bolisani & Cegarra-Navarro, 2021; Martelo-Landroguez et al., 2019; Sánchez-Casado et al., 2015; Thompson, 2008). Previous studies suggest that there is no positive counter-knowledge; in fact, any counter-knowledge has a negative effect on the relationships between the different actors (Bolisani & Cegarra-Navarro, 2021).

Several researchers refer to counter-knowledge as the result of weak signals perceivable when people look beyond their core knowledge base and day-to-day business activities (Cegarra-Sanchez et al., 2017; Day & Schoemaker, 2004, 2006; Haeckel, 2004; Pina e Cunha & Chia, 2007; Thompson, 2008). For example, information against vaccination, the so-called "miracle cures", "magic cures", or "superfoods", among other elements in which many of us are not experts, are sources of misinformation that can lead us to counterproductive decisions (i.e. counter-knowledge). From this point of view, institutional voids could be considered sources of weak signals among the actors that have access to them. It is important to point out that while counter-knowledge occurs at the individual level among the affected actors, institutional voids occur at the institutional level.

The existing literature has pointed to weak signals as somewhat negative in that can pose a threat to our comfort zone (Ansoff, 1975; Day & Schoemaker, 2004b, 2006a; Ilmola & Kuusi, 2006; van Veen & Ortt, 2021). In the following paragraphs, we consider some examples of how institutional voids detected in the previous section end up manifesting as weak signals at the user level:

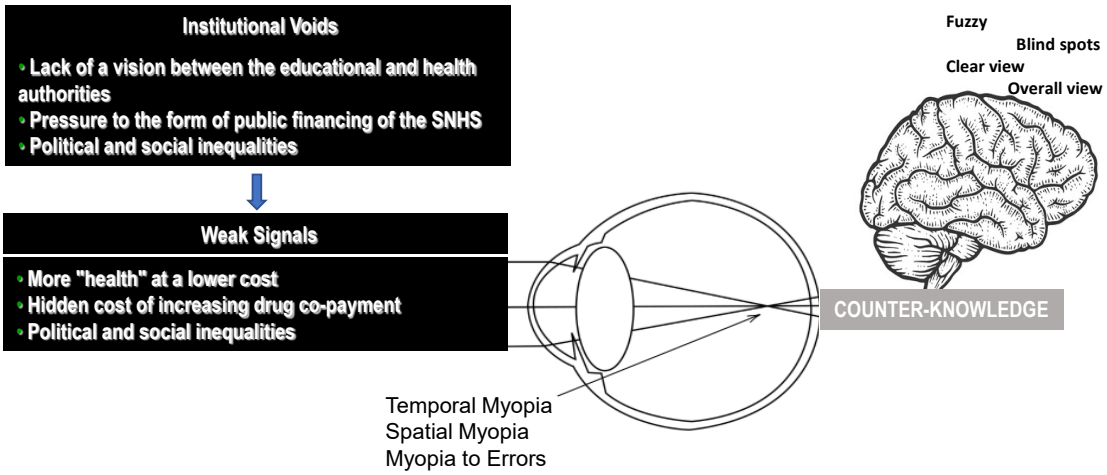
- Regarding the possible differences between educational and health authorities, they may give a weak signal or wrong impression to the different actors (e.g., students, physicians, health managers, etc.) that the only important thing for such authorities is to determine who and in what circumstances is possible to produce more "health" at a lower cost(Pedrero-Garcia, 2017), which promotes unfounded rumours (i.e., counter-knowledge) about the options available for either education or healthcare (public/private).
- The deficit of the SNS and the economic crisis have prompted healthcare institutions to gravitate toward patients (beyond their direct and indirect taxes, now even more charged) part of the payment for medical care through the co-payment of medicines (Gallo & Gené-Badia, 2013; Ortuzar et al., 2021; Prieto-Herraez et al., 2020), which again it sends confusing signals about the final price of the drug, whom to claim the difference in price, etc. (Ortuzar et al., 2021).
- Although article 43 of the Spanish Constitution recognises the right to health protection, there are health differences depending on the community in which one resides (Prieto-Herraez et al., 2020). For example, the Autonomous Communities dedicate 46.1% of their budget to health, with a difference that oscillates between 35.7% in Catalonia and 58.8% in Aragon(Ortuzar et al., 2021). Once again, the wrong message transmitted with these differences between communities is that political and economic interests prevail over social and civil ones(Cegarra-Navarro et al., 2021).

The literature on the myopia of learning maintains that when managers perceive the weak signals described above, they tend to interpret them influenced by three different scenarios: a) the wrong contexts: b) at inconvenient times; and c), under previous prejudices that prevent them from seeing reality (Czakon, 2022; Larwood & Whitaker, 1997; Levinthal & March, 1993; Seo et al., 2020; Smith et al., 2010). Extrapolating these three scenarios to the case that affects us, the present study relates the creation of counter-knowledge to three forms of learning myopia:

1. “Spatial Myopia” happens when looking into an empty visual field without frames of reference. In this case, the youngest people are the most vulnerable. Let us think about the case of people without previous experience exposed to weak signals in a new context for them. When faced with weak signals, they will respond with more credulity and innocence in the face of misinformation or fake news.

2. "Temporal Myopia" is something like what happens when we have been using near vision for a long time, and we look up, we need some time to adapt our vision. In this case, counter knowledge would be influenced by a lack of flexibility or adaptation of the user to the above weak signals. Although older people are especially affected by this issue, the good news is that it is temporary.
3. "Myopia to Errors" is associated with a previous anomaly that prevents us from seeing correctly from a distance. For example, people suffering from glaucoma or colour blindness see different colours from those an emmetrope perceives. Something similar will happen to people with religious, political, ethnic or social prejudices; they will interpret the signals conditioned by their beliefs and experiences.

Figure 2 shows the summary of the process described above. It is important to emphasise that one thing is what the eye perceives, and another very different thing is how the brain processes these images. Indeed, the eye receives the image vertically and horizontally inverted, with total symmetry, unlike a mirror, to the light that falls on it. In other words, it is the brain that finally processes the counter-knowledge and decides to act accordingly.



Source: Own elaboration.

Figure 2: Effect of Weak Signals on Counter-Knowledge

4. Finding Blind Spots Between the Different Actors Involved

The brain controls voluntary movements, speech, intelligence, memory, and emotions and processes the information from the rest of the senses and the images it receives through the eyes. That is, the counter-knowledge can be totally or partially counteracted through the attention and intuitive cognitive process that the brain develops(Damasio, 2010; Tulving, 2002). Given the presence of weak signals when processing the counter-knowledge that comes to it, the brain interprets or rather tries to overcome it with the knowledge that comes from the intuitive cognitive process surrounding it (Castelfranchi & Miceli, 2009; Schwenk, 1984). It is important to note that not only rational knowledge intervenes in this cognitive process, as (Bratianu, 2017) suggests, emotional and spiritual knowledge can also help to create "awareness" and "understanding" in the learning process.

Having said that, this study focuses on those cases where counter-knowledge prevails over knowledge, giving rise to the so-called blind spots (Wiegand, 1999a). SNHS blind spots would be those manifestations of counter-knowledge at the actor level in such a way that, although users do not observe them directly, they can perceive them informally and indirectly. It is important to point out that blind spots can endanger not only the actors that generate them but also those whom they can influence. For example, let's take the case of a driver who does not see a car coming from behind when he is about to overtake. When that happens, not only will he(she) be in danger but also the occupants of the vehicle that is about to overtake and the one coming from behind.

One important thing about a blind spot is that just because it is blind to one actor doesn't mean it is blind to another. For example, the fact that I do not see the car ahead does not mean that the other driver does not see me. Based on these ideas, the only way to understand blind spots is to see them as a whole and from a different perspective. To understand and overcome them, it is necessary to listen and empathise with those individuals who have suffered them before. Given that blind spots would have different manifestations for each actor (e.g., users, doctors, nurses, administrators, etc.), Table 1 collects the most significant blind spots which form the basis

of the Spanish National Healthcare System (SNHS) and which should be followed very closely by healthcare authorities.

Table 1: Blind Spots in The Spanish National Healthcare System

Users	Doctors and Nurses	Administrators
Waiting lists that exceed two weeks. A lack of doctors in primary and hospital care due to political decisions in the selection processes. Collapsed emergencies and drug co-payment systems. increasingly abusive. Low data privacy awareness	Due to the low wages received, there is great simultaneity of work in the public and private sectors. Despite the approaching retirement age of many senior doctors, the youngest have temporary contracts, promoting a high rate of staff turnover. Low data privacy awareness	The duplication of medical records and files promotes a lack of coordination between primary and specialised care. Public hospitals managed through foundations with less external bureaucratic control appear. The need for cybersecurity training

Source: Own elaboration.

5. Concluding Remarks

The present study suggests that the presence of institutional voids stimulates the presence of weak signals, which in turn manifest in counter-knowledge and blind spots. To counteract the deleterious effects of blind spots and increase the probability of achieving a balance between the different actors, it is necessary to develop knowledge structures that favour empathy and trust between the different actors involved in the healthcare sector. From the view of KM, a blind spot could be defined as that knowledge gap that an individual has and that his(her) brain has filled with counter-knowledge in response to the weak signals it perceives. For this reason, it is necessary to define knowledge structures that stimulate trust and mutual adaptation between different interest groups. Only this way will they be able to deal with the tensions that may arise due to what an actor believes he(she) knows but, in reality, does not know.

In the research literature relating to blind spots, a substantial amount of theorising has been presented dealing with the ways to overcome them (Kühl, 2020; Meissner et al., 2017; Wiegand, 1999b; Zajac & Bazerman, 1991). Although the overall idea is that knowledge workers need to ask themselves and others tough questions, in this logical way of overcoming blind spots, they need to consider three additional issues: 1) the presence of institutional voids, 2) the presence of counter-knowledge, and 3), blind-spots or knowledge gaps created as a result of counter-knowledge.

In the case of blind spots among SNHS actors, as with binocular vision, where the eyes compensate each other, healthcare authorities should establish the appropriate knowledge structures that limit singular and sectarian points of view about the received weak signals from institutional voids. Among these knowledge structures, we should include not only the decentralisation of the most important decisions according to healthcare needs but also request immediate feedback on the decisions adopted to correct inequalities between different national, regional or local institutions as soon as possible. Another knowledge structure could be avoiding unspecialised and political advice when making healthcare decisions, such as placing ministers or councillors attached to a political party but with healthcare training in responsible positions. This is a fat Spaniards suffered during the years of the pandemic, where a health minister with a degree in Philosophy and political ambitions made inefficient and harmful decisions for everyone (Cegarra-Navarro et al., 2021).

Another structure of knowledge to be considered by healthcare authorities would be to avoid group thinking and sectarianism that affect the incompatibility of public and private health (Couzin et al., 2011; Hart, 1991; Janis & Hart, 1991). For this, the first step would be to assess whether these harmful elements exist in the face of certain emergencies that require the compatibility of both forms of health management. Collaboration between public and private healthcare institutions can help correct formal defects and avoid the spread of confusing messages that encourage the spread of counter-knowledge (Cegarra-Navarro et al., 2021). This collaboration can be used specially to reduce the blind spots of end users. For example, to reduce the waiting lists of patients. This way, costly and inefficient decisions such as hiring non-EU doctors by public healthcare institutions without the required knowledge could be avoided (e.g., language proficiency or qualifications that cannot be recognised).

This study makes another valuable contribution as it postulates "weak signals" either as a result of institutional voids or as a trigger to counter-knowledge. In fact, weak signals are perceived by actors and therefore, what happens at the user level is a mismatch between the provided information and needed information, which lead healthcare actors to misinformation or lack of information. This situation led to the spread of misinformation by healthcare actors, spreading rumours and creating situations where healthcare actors believe and propagate fake news (i.e., counter-knowledge). To avoid this situation, users should check the veracity of the information before disseminating it. In doing so, health institutions should enable tools such as free contact telephone numbers.

6. Conclusions

The main purpose of this study is to link institutional voids with blind spots through counter-knowledge in the Spanish Healthcare System. Our research highlights some of the key factors that help create a competitive advantage through the incorporation of practices related to counter-knowledge. The contributions made by this study present both theoretical and practical findings.

From a theoretical point of view, the research has shown the linking between institutional voids, blind spots, and counter-knowledge in the Spanish national healthcare system. From the view of KM, counteracting the detrimental effects of blind spots, institutional voids, and counter-knowledge presents opportunities to achieve a balance between the different interest groups and it is a theoretical contribution but also a managerial implication to implement in healthcare systems.

The main practical implication is for the users, doctors and nurses, and administrators they can develop knowledge structures that favour empathy and trust between the different actors involved in the healthcare sector. From a KM perspective, it is necessary to define knowledge structures that stimulate trust and mutual adaptation between different interest groups. Another practical implication of this study is that it can contribute to the better use of public funds. It is necessary in a crisis situation, such as the current pandemic context, wars, high unemployment, and weak economies, for the efficiency of public resources (for instance, European funds).

Despite its valuable insights, the research is limited because it study is only from a theoretical perspective and only analyses the case of one country. Future research could also be an opportunity to do quantitative research. Finally in future research, more countries should be included in the study.

References

Ansoff, H. I. (1975). Managing Strategic Surprise by Response to Weak Signals. *California Management Review*, *18*(2), 21–33. https://doi.org/10.2307/41164635

Bolisani, E., & Cegarra-Navarro, J.-G. (2021). *Bad Counter Knowledge: Case Studies and Countermeasures* (pp. 1–13). https://doi.org/10.1007/978-3-030-59972-0_1

Bolisani, E., Cegarra-Sánchez, J., Cegarra-Navarro, J.-G., & Caro, E. M. (2019). Imperfect knowledge, fake knowledge, counter knowledge: Case studies and institutional countermeasures. *Proceedings of the European Conference on Knowledge Management, ECKM*, *1*. https://doi.org/10.34190/KM.19.025

Bratianu, C. (2017). Emotional and Spiritual Knowledge. *Knowledge Management and Organizational Learning*, *5*(October), 69–91. https://doi.org/10.1007/978-3-319-51067-5_4

Castelfranchi, C., & Miceli, M. (2009). The cognitive-motivational compound of emotional experience. *Emotion Review*, *1*(3), 223–231. https://doi.org/10.1177/1754073909103590

Cegarra-Navarro, J.-G., Vătămănescu, E.-M., & Martínez-Martínez, A. (2021). A context-driven approach on coping with COVID-19: From hiding knowledge toward citizen engagement. *Knowledge and Process Management*, *28*(2), 134–140. https://doi.org/https://doi.org/10.1002/kpm.1662

Cegarra-Sanchez, J., Cegarra-Navarro, J.-G., Wensley, A., & Diaz Manzano, J. (2017). Overcoming counter-knowledge through telemedicine communication technologies. *Journal of Health, Organisation and Management*, *31*(7–8). https://doi.org/10.1108/JHOM-06-2017-0148

Couzin, I. D., Ioannou, C. C., Demirel, G., Gross, T., Torney, C. J., Hartnett, A., Conradt, L., Levin, S. A., & Leonard, N. E. (2011). Uninformed individuals promote democratic consensus in animal groups. *Science*, *334*(6062), 1578–1580. https://doi.org/10.1126/science.1210280

Czakon, W. (2022). Strategic Management and Myopia : Challenges and Implications. *Strategic Management and Myopia*. https://doi.org/10.4324/9781003199151

Damasio, A. (2010). Self comes to mind: Constructing the conscious brain. In *Self comes to mind: Constructing the conscious brain.* Pantheon/Random House.

Day, G. S., & Schoemaker, P. (2004). Peripheral vision: Sensing and acting on weak signals. *Long Range Planning*, *37*(2), 117–121.

Day, G. S., & Schoemaker, P. (2006). *Peripheral Vision: Detecting the Weak Signals That Will Make or Break Your Company*. Harvard Business School.

Ebrashi, R. el, & Darrag, M. (2017). Social entrepreneurs' strategies for addressing institutional voids in developing markets. In *European J. International Management* (Vol. 11, Issue 3).

Gallo, P., & Gené-Badia, J. (2013). Cuts drive health system reforms in Spain. *Health Policy*, *113*(1), 1–7. https://doi.org/https://doi.org/10.1016/j.healthpol.2013.06.016

Haeckel, S. H. (2004). Peripheral vision: Sensing and acting on weak signals making meaning out of apparent noise: The need for a new managerial framework. *Long Range Planning*, *37*(2), 181–189. https://doi.org/10.1016/j.lrp.2004.01.006

Hart, P. (1991). Irving L. Janis' Victims of Groupthink. *Political Psychology*, *12*(2), 247–278. https://doi.org/10.2307/3791464

Ilmola, L., & Kuusi, O. (2006). Filters of weak signals hinder foresight: Monitoring weak signals efficiently in corporate decision-making. *Futures*, *38*(8), 908–924. https://doi.org/https://doi.org/10.1016/j.futures.2005.12.019

Janis ', I. L., & Hart, P. (1991). Classics in Political Psychology Victims of Groupthink. *Political Psychology*.

Kühl, S. (2020). The Blind Spots in Theory U: The Reconstruction of a (Change-) Management Fashion. *Journal of Change Management*, *20*(4), 314–321. https://doi.org/10.1080/14697017.2020.1744883

Larwood, L., & Whitaker, W. (1997). Managerial myopia: Self-serving biases in organizational planning. *Journal of Applied Psychology*, *62*(2), 194–198.

Levinthal, D. A., & March, J. G. (1993). The myopia of learning. *Strategic Management Journal*. https://doi.org/10.1002/smj.4250141009

Luiz, J. M., Magada, T., & Mukumbuzi, R. (2021). Strategic Responses to Institutional Voids (Rationalization, Aggression, and Defensiveness): Institutional Complementarity and Why the Home Country Matters. *Management International Review*, *61*(5), 681–711. https://doi.org/10.1007/s11575-021-00457-8

Martelo-Landroguez, S., Navarro, J.-G. C., & Cepeda-Carrión, G. (2019). Uncontrolled counter-knowledge: its effects on knowledge management corridors. *Knowledge Management Research and Practice*, *17*(2). https://doi.org/10.1080/14778238.2019.1599497

Meissner, P., Brands, C., & Wulf, T. (2017). Quantifiying blind spots and weak signals in executive judgment: A structured integration of expert judgment into the scenario development process. *International Journal of Forecasting*, *33*(1), 244–253. https://doi.org/10.1016/j.ijforecast.2015.08.002

Ortuzar, I., Renart, G., & Xabadia, A. (2021). Effects of Public Healthcare Budget Cuts on Life Satisfaction in Spain. *Social Indicators Research*, *156*(1), 311–337. https://doi.org/10.1007/s11205-021-02624-8

Palepu, K. G., & Khanna, T. (1998). Institutional Voids and Policy Challenges in Emerging Markets. *The Brown Journal of World Affairs*, *5*(1), 71–78. http://www.jstor.org/stable/24589954

Pedrero-Garcia Encarnación. (2017). Health education in the Spanish education system. *SHS Web Conf.*, *37*, 1066. https://doi.org/10.1051/shsconf/20173701066

Pina e Cunha, M., & Chia, R. (2007). Using Teams to Avoid Peripheral Blindness. *Long Range Planning*, *40*(6), 559–573. https://doi.org/10.1016/j.lrp.2007.08.004

Prieto-Herraez, S., González-Arteaga, T., & Calle, R. de A. (2020). Public Healthcare: Citizen's Preferences in Spain. *Healthcare*, *8*(4). https://doi.org/10.3390/healthcare8040467

Sánchez-Casado, N., Cegarra-Navarro, J. G., & Tomaseti-Solano, E. (2015). Linking social networks to utilitarian benefits through counter-knowledge. *Online Information Review*, *39*(2). https://doi.org/10.1108/OIR-12-2014-0307

Sánchez-Polo, M.-T., Cegarra-Navarro, J.-G., Cillo, V., & Wensley, A. (2019). Overcoming knowledge barriers to health care through continuous learning. *Journal of Knowledge Management*, *23*(3), 508–526. https://doi.org/10.1108/JKM-10-2018-0636

Schwenk, C. R. (1984). Cognitive simplification processes in strategic decision-making. *Strategic Management Journal*. https://doi.org/10.1002/smj.4250050203

Seo, H. J., Kang, S. J., & Baek, Y. J. (2020). Managerial myopia and short-termism of innovation strategy: Financialisation of Korean firms. *Cambridge Journal of Economics*, *44*(6), 1197–1220. https://doi.org/10.1093/cje/beaa023

Smith, N. C., Drumwright, M. E., & Gentile, M. C. (2010). The New Marketing Myopia. *Journal of Public Policy & Marketing*, *29*(1), 4–11. https://doi.org/10.1509/jppm.29.1.4

Thompson, D. (2008). *Counter-knowledge*. Atlantic Books.

Tulving, E. (2002). Episodic Memory: From Mind to Brain. *Annual Review of Psychology*. https://doi.org/10.1146/annurev.psych.53.100901.135114

van Veen, B. L., & Ortt, J. R. (2021). Unifying weak signals definitions to improve construct understanding. *Futures*, *134*, 102837. https://doi.org/https://doi.org/10.1016/j.futures.2021.102837

Wiegand, W. A. (1999). Tunnel Vision and Blind Spots. *The Library Quarterly*, *69*(1), 1–32.

Zajac, E. J., & Bazerman, M. H. (1991). Blind Spots in Industry and Competitor Analysis: Implications of Interfirm (Mis)Perceptions for Strategic Decisions. *The Academy of Management Review*, *16*(1), 37–56. https://doi.org/10.2307/258606