

Roadmap to Drive Innovativeness in Health Care

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Innovativeness in health care is synonymous with nurse leaders using principles and tools of design thinking to drive innovations. A supportive culture, plus providing actionable thinking designs to drive new ways of being, seeing, and doing, will mitigate barriers to problem solving and allow intentional processes to enable change and develop new solutions or innovations. The Conceptual Framework for Healthcare Innovativeness is a design thinking method that is intentional and requires the influence of the workplace culture to drive behavior for innovations. This article reviews the leader's role in enabling innovativeness using a design thinking method.

What does a nurse do with a pesky problem that impedes effective and efficient patient care? When something *must* be done, too often the spark of innovation is used to create a workaround, which is part of the invisible cognitive work of nurses. A workaround is created to bypass a barrier or block in a care process or system by employing an alternative action.^{1,2} Often, the action may be a shortcut or a breach of policy or procedures. The problem with a workaround is that a short-term fix designed to immediately solve a problem related to poor systems or practices may compromise patient safety and be a set-up for recurring problems.²

To encourage the fixing and reporting approach of solving system-based failures or broken processes with more precise and permanent fixes, promoting a culture of innovativeness can help. Innovation is seen as a solution to pressing problems in a complex health care environment.³ Innovation is needed because it involves modifying existing approaches or creating new ones.⁴ Methods for innovation and change leadership are one of the essential general principles and competencies for nurse executives.⁵ Nursing innovation has been defined as a new mindset triggered by a different context to enable new, useful, creative, and unexpected linkages that will generate a solution or adaptation to a practice, scientific, teaching, or research problem that adds value to the university or to health care.⁶ Innovativeness takes the spark of innovation that manifests as a new idea and goes further to focus on the subsequent implementation process. Joseph⁷ defined innovativeness as social interactions within the clinical

practice and nursing education environments for the generation, acceptance, and implementation of new processes, products, or services within an organizational setting.

Bagheri and Akbari⁸ use the term *innovation work behavior* to describe the merging of the generation of new ideas with intentional efforts to implement those ideas in ongoing efforts to create and foster innovation. Clearly, it is important in health care to extend the notion of innovation to the realm of specific strategies to accomplish testing and embedding those innovative new ideas in a systematic way. There is a lack of focus in the research literature on nurses and their innovation behavior.⁸

ENABLING INNOVATION BY NURSE LEADERS

Innovation is widely valued and touted as the answer to many issues in health care. There is a need to better understand nurse innovativeness to better institute and refine structures and processes that result in high

KEY POINTS

- **A culture of innovativeness can solve system-based failures or broken processes with more precise and permanent fixes.**
- **The Conceptual Framework for Healthcare Innovativeness is a design thinking method.**
- **All levels of nursing leadership must be intentional, with innovations to achieve outcomes at the project level, department level, and organizational level.**



Figure 1. Conceptual Model of Innovativeness.

quality care. For example, the shortcuts, quick fixes, and improvised solutions used by nurses may result in policies, procedures, or work rules being violated or circumvented. Nurses consider workarounds as being essential to getting the job done. However, Berlinger⁹ asked whether clinical innovation workarounds are ethical. Nurses face an ethical dilemma when they choose to bypass an established protocol in order to in-the-moment reduce or eliminate a barrier that prevents them from accomplishing a task. Although it is unclear whether any deviation is equal to wrongdoing, a major organizational issue occurs when nurses fail to inform their manager about the barrier or problem that triggered a workaround. Failure to inform inhibits systematic problem solving, hides the creativity of nurses, and may be unsafe. Examples of workarounds occur in medication administration, informatics applications, supply shortages, bullying, and conflicting directives.⁹ Supporting quality improvement research and developing a culture of innovativeness that recognizes nurses' cognitive strengths in analyzing problems and developing and implementing solutions are preferred strategies to systematically evaluate innovations and possible workarounds. These strategies also promote a culture of flexibility, trust, and cohesiveness that leads to better patient outcomes.¹⁰

A ROADMAP TO ENABLE INNOVATIVENESS

To navigate the complex planning needed to nurture innovativeness, a model (*Figure 1*) was developed to communicate a clear representation of core dimensions and lead to measurement of progress and impact. The Conceptual Model of Innovativeness⁷ was derived from research into nursing innovativeness⁷ and DNP students' innovation field experiences.¹¹ It visually depicts the antecedents for innovativeness and the 10 dimensions that enable health care innovativeness. The ultimate outcome is innovation: the new mindset focused on enabling new, useful, creative, and unexpected linkages to generate a solution or adaptation to a health care problem.

The outermost ring contains the antecedents for innovativeness: trust, relational leadership, and the contextual environment of culture and climate. Trust is derived from leadership skills and competence. Culture and climate include aspects such as overall human-human interactions and reduction of barriers to innovation.

The second ring in highlights the crucial aspect of support in peer-to-peer, mentor-to-mentee, leader-to-leader, and leader-to-nurse dynamic interactions. These first 2 outer rings envelop the core inner wheel of 10 dimensions: new context, inquire, create links, new idea, take risks, evidence, evaluate, execute,

Table 1. Model Dimensions to Drive Innovativeness by Nurse Leaders

Dimension	Reflective Question
<i>New context</i>	How do I enable trust and model a relational type of leadership between leaders and direct care nurses for innovativeness?
<i>Inquire</i>	How do I frame a question to enable leaders and direct care nurses to ask “Why” multiple times?
<i>Create links</i>	How do we make connections across seemingly unrelated things, people, and places?
<i>New idea</i>	How do we create vision and identify solutions to barriers and problems?
<i>Take risks</i>	How do we encourage the taking of risks?
<i>Evidence</i>	Did the team draft a needs statement, PICO question, or discuss the idea with others from different backgrounds?
<i>Evaluate</i>	Are the measures at the project level, department level, and/or organizational level?
<i>Execute</i>	Is the innovation creating value, and is there a plan to protect the innovation?
<i>Learning</i>	What were the barriers at the micro, meso, and macro system levels?
<i>Outcome</i>	Is the outcome tangible, intangible, or have we gained market share?

PICO: patient/population, intervention/indicator, compare/control, outcome.

learning, and outcome. The arrows indicate the cyclical and continuous nature of the innovativeness process. For each dimension, there are critical questions that can be posed to guide movement through all dimensions (*Table 1*). Direct action steps and forward movement form the basis of this model as a roadmap. Nurse empowerment, promoted by leader and peer support and environment engineering, sets the context for innovativeness that leads to desired outcomes. It is clear from the model that nurse executives can use leadership skills and principles to create a climate and culture that is predicated on established leadership competencies such as vision, trust, and empathy, and leads to useful nurse innovativeness results. This activity makes the clever and inventive human capital value of nursing more visible and open to recognition. The field of design thinking does inform the process of innovativeness to develop innovations.¹²

DESIGN THINKING AND INNOVATIVENESS

According to researchers at Stanford, to create meaningful innovations, nurse leaders need to know their users and care about their lives.¹² In this instance, the users are the workers, whether they are direct care workers or nurse leaders. This philosophy supports the outer ring of the Conceptual Framework of Innovativeness, which is about having a supportive culture with positive human-to-human interactions that foster trust to enable actions for innovations.⁷ Using observations, a leader can capture the physical and psychological manifestations of the workers’ experiences and bring

meaning to those experiences. Leaders need to use a fresh set of eyes about the realities of the work environment. This new understanding and meaning is translated into empathy to reduce the physical or psychological burdens of direct care workers and nurse leaders. This realization requires that the leader provide workers with tools such as thinking design frameworks to re-think and reframe workarounds and pesky problems.

TRANSFORMING WORKAROUNDS INTO ORGANIZATIONAL INNOVATION

According to Joseph et al.,¹³ innovations are vital in health care as circumstances force a delicate balance of patient care needs with lack of resources (including time). Nurses evaluate where they put their energy in solving work-related problems, especially if they are not empowered to fix a system. If nurse leaders make sure that innovativeness is embedded within a system, then creative energy can be unlocked and leveraged in a way that necessary work behavior to improve a process or system is out in the open. Nurse leaders can then systematically and rigorously evaluate and test a new idea or strategy for use to benefit all nurses facing a similar problem. The individual nurse benefits through recognition of creativity, knowledge from group thinking, and the potential of a better permanent solution. The organization benefits from continued enhancement and improvement when faulty systems are fixed or improved. Liability and ethical dilemmas can be reduced by open and more thorough vetting and evaluation when innovativeness is embedded within the

system. This allows “best practices” to bubble up internally and have a greater chance of being best fitted to local circumstances. Perhaps a few of the best ideas also can be monetized and return funds to nursing.

CONCLUSION

Leadership behaviors, trust, organizational culture, and design thinking methods are valuable strategies to enable innovativeness in a complex and demanding work environment. The Conceptual Framework for Health Care Innovativeness is designed to serve as a roadmap to drive innovativeness for innovations done by direct care nurses or nurse leaders.

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