

Navigating the innovation highway in health higher education

Introduction

The landscape for health professional education continues to face challenges to ensure graduates are cognitively equipped with the critical know-how and personal constitution to deal with the heavy emotional demands that will arise from the high quality care they are expected to deliver in the healthcare system. This is also during a period of time when the higher education establishment is managing its own period of financial constraint and increased emphasis on the student as a consumer. The move to degree-only nursing awakened fresh expectations from a health sector that is increasingly recognising both the inter-dependency between the quality of health care and the quality of education and training. Headlines such as “too posh to wash” sit uneasily alongside accusations of nurses lacking in compassion or failing to deliver dignified care. This should be a matter of grave concern to all of us with anything to do with the profession. Whether or not these criticisms are justified, the public perception of nursing is being shaped by these reports. The criticism of nursing is often targeted at nurse education as if to educate nurses was somehow to reduce their ability, or desire, to deliver compassionate and dignified care. Nurse education and the quality of its “product” continues to be the subject of public and professional comment leading to enquiries that have questioned the calibre of nurses with the final question being asked about how they have been educated. For this editorial the perspectives of innovation relating to nurse education in health care higher education will be briefly explored focussing on the challenges faced by an innovator.

“Our wretched species is so made that those who walk on the well-trodden path always throw stones at those who are showing a new road.”
Voltaire (1971)

It is well-recognised that ‘innovation’ is difficult to define and there is a lack of consensus around the meaning of the term in the healthcare higher education literature. However, the wider literature supports the definition used by Dearnley et.al (2013) that innovation is “a new, sustainable approach that has led to an overall improvement in the student experience, and which is supported by evidence”.

The concept of ‘new’ In the Lewitt et.al (2014) review showed that very few of the presented “innovations” were deemed completely original and that the term innovation is popping up as a tag on to every new project. To highlight its prevalence, inserting ‘innovation in higher education’ into a search engine will present around 164 thousand hits. The search for the next improvement has led to a relentless overuse of the term ‘innovation’ and the word is fast becoming an empty cliché. To guard against an ‘innovation fatigue’ spreading over a workforce, clear use of the term needs to be properly understood so that higher education establishments can embrace and foster the culture needed to explore and disseminate improvements. Lindsay et.al (2009)

The demand in health care education for innovation has become a fashionable term with external pressures to adapt, improvise and prove that health care education is up to the job of teaching students. Formulating an idea which inspires learning in students is to be credited, written up and encouraged to scale it up while also letting the inner scientist loose to set about creating a small measurable pilot. If this goes well, it can leave an individual feeling elated and that you are truly on to something. Voltaire states us that moving forward with an innovation is not so simple a process and we need to be reminded that the journey is full of figurative ‘stone throwers’. There are numerous ‘rocks’ badged as ‘barriers to innovation’ ready to hail down on an idea which will be recognisably painful when they impact on an innovators freshly formed concept. Stichler et.al (2011) categorises the types of stones that could be thrown into four categories:

The organisation which throws multiple blocks onto the road

An essential constituent in any journey of innovation is the culture in which an organisation provides to facilitate the blossoming of ideas. The leadership in every establishment has influence over providing a culture which according to Oke (2004) should look to generate, screen, analyse, evaluate, develop, test and commercialise any suggested ideas. Operating in a climate of austerity however, organisations can often promote short term thinking which leads to demands on innovations having an immediate impact. If found to be under the pressure to deliver quick returns, inadequate research and processes which are

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hurried lead inevitably to an unrefined product and the idea being untimely ditched. (Munshi et.al 2005)

The innovation itself is pummelled by bricks

Every inventor including James Dyson and Clive Sinclair have spoken of the trial and error of their work. It can be a difficult truth to hear if wedded so closely to an idea but told categorically that it is not going to work and knowing when to withdraw resources is equally as important as having the certainty to persevere. It isn't a personal reflection on an individual if an innovation has failings. A problem exists if personal belief trumps clear warning signs such as the evaluations reveal conflicting or uncertain results. Nesta (2013a) explains the process of 'prototyping' to develop, test and improve ideas at an early stage before large-scale resources are committed to implementation. The successful prototype strengthens a case to accept or reject an idea which can lead to further experimentation, refinement and adaptations.

Communication about the innovation is pebble dashed

When opening up a discussion about an innovation, Munshi et.al (2005) states that peers have an invaluable role to play. Informed individuals will offer a rounded critique and can instigate the idea moving in exciting and different directions. Uninformed individuals who wish to share their views can make for exasperating listening and form up in the group of the 'wretched species' that Voltaire eluded to.

The innovator throws rocks at themselves

The innovator can be their own worst enemy allowing internal battles to rage within them as they grapple to overcome their own fear or buckle due to a propensity to quickly belittling themselves. (Stichler et al. 2011)

To combat the battle with yourself and articulating the innovation to others, the key word emerging from literature is 'clarity'. If you can demonstrate that you have a well understood concept and clearly defined the goal then this will replace the inner demons with a sense of self-belief. This conviction will assist making the case to even the most cynical audience. When making a case for an innovation NESTA (2013b) shows what preparations can equip an innovator to build a shelter from the bricks:

Stage	Specialist skills required	Example activity	Risk level and handling	Finance required	Kinds of evidence generated	Goal
Making the case	Business development and evaluation	Market sizing, development and testing. Business case analysis. Identifying cashable savings.	Prepare for some adaptation to implementation	Grant funding or funding out of investment.	A strong case with cost and benefit projections developed through practical trials and experiments involving users.	Clarity about what warrants implementation and funding.

With a mountain of blockades on the road is it a wonder why anyone would wish to enter into the bear pit of innovation. Unsurprisingly Lindsay et.al (2009) states that a workforce can become numbed by a cry for innovative solutions when the shorthand definition for innovation becomes interpreted as "We are looking for something new with demonstrable and immediate impact but without guidance, resources or support". Why then does anyone tread down this seemingly miserable and impossible road? It is because what Voltaire's quote does not illuminate is that innovation is a joyous process filled with meaning-making and being part of creating something better. Findlow (2008) states that the basic building block of getting anything done is the individual. Establishments, subdivisions, teams, etc. are all things that anthropologists describe but they are all units built from individual people. Individuals can create the sparks that make active and inspiration learning happen, but in most cases, it cannot be done solely by the lone worker. Innovation requires multiple skill sets and this can bring the great pleasure of working with others. Most often the development of skill sets will require an investment in training and a shared understanding of a process that everyone in the team can work with. Involving a team in the creative and innovation process increases the probability that the innovation will see the light of day.

Conclusions

A paradox exists where health care higher education institutions recognise the value of innovation and its benefits for sustaining long term growth. On the other hand workplace cultures that are driven by short term results compounded by announcements about layoffs/cutbacks/restructuring stifle creativity and inventions begin to dry up or fade away. Austerity measures in the work place mean that people play it safe and stop putting resource at risk.

Going forward, innovation requires more than just an idea. It needs to be supported by the kind of organisational culture that is conducive to innovation. A culture that invests resources and makes innovation an integral part of an organisations structure. The managerial policies, leadership behaviours and executive messages must all align to generate the stories of work that create the culture. In short, if health higher education establishments are committed for the long haul then a constant and honest review needs to frequently look at how to develop and sustain a culture of innovation within the sector.

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