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# Nurse leaders and the innovation competence gap

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ABSTRACT

*Background:* Nurses are well-positioned for innovation in health care delivery, although innovation is not generally learned in formal educational programs.
*Purpose:* The purpose of this study was to assess critical competencies for innovation success among nurse leaders in academia and practice, the perceived gaps on those competencies, and teaching methods that would be helpful in developing competencies related to innovation.
*Method:* A Web-enabled descriptive survey design was used to capture nurse leaders' perceptions of important innovation competencies and how they assess their level of competence in the particular innovation domain. Preferred approaches for innovation pedagogy were also queried.
*Discussion:* Respondents indicated significant gaps in 18 of 19 innovation competencies. Implications are for inclusion of innovation competencies in formal and continuing nursing education. The most preferred innovation pedagogical approaches are case studies of failures and successes and project- and field-based approaches. Traditional lectures are the least preferred way to address innovation competency gaps.
*Conclusions:* There is a significant gap in innovation competencies among nurse leaders in practice and academia. The way we teach innovation needs to involve closer collaboration between academia and practice.

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## Introduction

The health care sector in the United States continues to be plagued with high costs and variable access, uneven quality, and health care outcomes among the lowest of developed countries (The Commonwealth Fund, 2014). Two identified ways to turn around these negative numbers are to increase the pace of innovation and to include innovation education in the curricula for health care administrators and leaders (Herzlinger, Ramaswamy, & Schulman, 2014).

Nurses have a history of being innovative—doing what it takes to serve their patients, often under dire circumstances and in remote places (Kirchgessner & Keeling, 2015). Given that nurse leaders in practice and academia have tremendous responsibility for shaping professional nursing and impacting change at

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the frontlines of caregiving, innovation competencies among leaders are essential for reducing costs and improving access and quality (Malloch, 2010). The purpose of this research was to assess competencies that nurse leaders view are most critical for innovation, their self-perceived gaps of those competencies, and teaching methods that would be helpful in learning more about innovation.

## Background

Drucker (1985) described innovation as a discipline that methodically analyzes areas of opportunity and strives "to create purposeful, focused change in an enterprise's economic or social potential." In 2010, the Patient Protection and Affordable Care Act drastically changed the landscape of health policy. Several aspects of the law not only encourage innovation but make provisions for incentivizing innovation. For example, the creation of the Centers for Medicare and Medicaid Services Innovation Center is charged with pioneering novel patient care delivery and financing models (Centers for Medicare and Medicaid Services [CMS], 2015).

Innovations are disruptive because they challenge the status quo. Individuals who do not understand or do not value the innovation are unlikely to be supportive which may create open criticism, which in turn is a deterrent to innovation (Giddens, 2015). Christensen (1997) describes innovations as disruptive because they involve a process by which a product or service takes root initially in simple applications at the bottom of a market and then relentlessly moves up market, eventually displacing established competitors. Health care leaders are charged with balancing the cost and quality conundrum: providing the best health care services to satisfy the triple aim of affordable cost, excellent quality, and access for all. Disruptive innovations are needed at the frontlines of care delivery and in the education of future health care leaders to successfully implement changes necessary to achieve these aims.

Herzlinger (2006) posits that innovation could make health care better and less expensive by changing the way consumers buy and use health care, using technology to develop new ways to improve care, and generating new business models to integrate health care services. She asks the question, "Why is innovation in health care so hard?" To answer the question, Herzlinger (2006) explains that the innovation barriers include multiple stakeholders with differing agendas, lack of access to venture capital due to the complex nature of sources of reimbursement, a highly regulated environment that may not be "innovator friendly," knowing when to invest in medical technology, lack of acknowledgment of growing consumer empowerment, and the requirement of consumers and payers for improved organizational accountability. To explain barriers to innovation, other researchers have applied the concept of "dominant logic" or organizational mindset, to the nursing profession (Begun & White, 1999) and to hospitals and health systems (White, Thompson, & Griffith, 2011) because they often hold deeply institutionalized organizational cultures. Why is it that organizations may know the best practices, although there are barriers to implementing large-scale changes? Challenging the dominant logic is difficult for several reasons. The translation of data to information is influenced by the organization's history, culture, and "reinforcers" of the dominant logic. The reinforcers—policies, procedures, accreditation standards, licensure laws, and others—are ingrained in the way that health care professionals are educated and socialized. Health care professionals are trained to see the world through the lens of their particular profession which has its own way of transmitting tradition, ritual, and interpretation of data. Reinforcers of the dominant logic stifle innovation.

To examine a way that education and socialization of health care professionals could be modified, Herzlinger et al. (2014) convened an international workshop of health care management academics and top executives of health care industry organizations to discuss opportunities for innovation to be included in a modern curriculum for aspiring health care executives. The research of Herzlinger (2013) pointed to the divergent knowledge, skill-set goals, and curricula of health care management programs and what senior executives are looking for in knowledge and skills in hiring managers and leaders. The conclusion from this research is that more innovation education should be included in curricula, and the preferred method of teaching is with case studies (successes and failures).

O'Brien, Polit, & Fitzpatrick (2011) used the Scale for the Measurement of Innovativeness (Rogers, 2003) in a study of 106 chief nursing officer respondents in New York State. This study found that chief nursing officers who completed more leadership courses had implemented significantly more types of innovations and had higher innovativeness scale scores. Although nurses may be good at generating practice ideas through research or creative problem-solving, the adoption of good ideas and the diffusion of innovation are the challenges (Berwick, 2003; Rogers, 2003).

Although researchers have devoted considerable effort in identifying traits, characteristics, values, affective states, and cognitive styles that are associated with innovation in nursing (Malloch & Melnyk, 2013; O'Brien et al., 2011) and how innovation led to entrepreneurial success (Roggenkamp & White, 1998), the particular competencies that support innovation remain elusive. Determining such competencies is further complicated by a failure among scholars to distinguish business skills from innovation skills. That is, both the academic literature and educational programs in innovation have tended to emphasize the need for competence at such general business