Innovation and the creative process

Site: Reppu: LAB ammattikorkeakoulun verkko-opetusympäristö
Course: Innovation and change management 10 ECTS
Book: Innovation and the creative process
Printed by: Janyne Afseth
Date: Friday, 17 January 2020, 1:22 PM

Table of contents

1. Change, creativity and innovation

The terms 'Change', 'Creativity' and 'Innovation' are often (incorrectly) used synonymously.

> Change is always with us. There is nothing in existance that doesn't change with time, and organisationally it is a true-ism to say that the only thing that stays the same is that everything changes. In a setting like health or social care where there are professional, financial and technological drivers (not to mention the politics of health), change is never-ending.
>
> Creativity is about coming up with ideas - for example an advertising executive trying to come up with a slogan for a new product, or a professional trying to find a range of solutions to a particular client or patient problem.
>
> Innovation, on the other hand is discrete (ie it happens discontinuously) and is about bringing ideas to life. Hence to use our examples above, the advertising executive uses her creativity to come up with several slogans, but then chooses the best one, and introduces it. The nurse uses her creativity to 'think out the box' for the problem, and uses her clinical judgement, experience and expertise to put it into action

In this unit we will explore what is meant by innovation - with particular reference to innovation in the health and social care professions. There are many definitions of innovation and the two which follow perhaps highlight why this is so:

> Innovation is '...the specific instrument of entrepreneurship... the act that endows resources with a new capacity to create wealth.' (Peter Drucker)
>
> Innovation is '..the intentional introduction and application within a role, group, or organisation, of ideas, processes, products or procedures, new to the relevant unit of adoption, designed to significantly benefit the individual, the group, or wider society' (West, 1990, p. 309).

Reference: West, M. A. (1990). The social psychology of innovation in groups. In M. A. West. & J. L. Farr (Eds.), Innovation and creativity at work: Psychological and organizational strategies. Chichester, UK: Wiley.

2. Innovation in the social and health care spheres

Attitudes toward innovation in the health and social care sectors, as in industry, are in general, positive - but this often depends on which level of the organisation is being asked. Health and social-care innovations seem to represent a unique and rather complex case. Some researchers have suggested that it is difficult to change the behaviors of professionals, current medical practices, and health and social care organizations.

Do you agree and if so, why do you think this is the case?

Innovations in patient/client care, treatment, practices and procedures may include significant risks related to health, financial, social, and ethical issues. The adoption of care innovations is often regulated by laws, making changes more laborious. Moreover, in social and health-care organizations performance gaps - which are typical starting points of an innovation process, may lead to death, dis-empowerment, disability, or increased vulnerability. This, together with the professions' tendency to protect autonomy and reputation, can promote a culture of blame and secrecy that inhibits organizational learning and the generation of innovations.

In medicine for example, new practices in patient care are traditionally examined thoroughly in their early development phases, so that potentially harmful innovations are not adopted. Clinicians are, thus, familiar with experimental research methods feasible for clinical research.

Evaluation of organizational practice or structure innovations, in turn, requires research methods derived from social studies which, in turn, do not provide quantified answers to research questions and therefore may lack credibility in the eyes of many practitioners.This represents another aspect that inhibits the adoption of other types of innovations.

There exists a need for innovation in health and social-care organizations, but the generation of innovations and their adoption is therefore often complicated.

3. Encouraging Innovation

Factors which encourage innovation include:

- An open climate or **culture**
- **Participation** is encouraged
- Change is **managed** positively
- **Rules are kept to a minimum** with policies and guidelines instead
- **Respect** is given to all colleagues (and is earned by management)
- Managers are highly **motivated**
- **Teamwork** can transcend functional boundaries

Ask yourself these questions in the context of your own role...

- What does it mean when we discuss the **'climate'** or **'culture'** of an organisation?
- Does your organisation encourage innovation?
- Should care providers be innovative?
- Does it matter if they are not?
- What would an innovative care environment look like?
- Do you think there will a difference between innovation in private and public health-care?

Try the activity on the next page to explore this further ...

3.1. Does MY organisation encourage Innovation?

Have a look at the statements in the table below. It was designed to look at the needs of commercial firms rather than social/health care and is worded as such, but try to think of it in terms of the organisation you work within and answer the questions 'yes' or 'no'. If there are more than 8 boxes are 'no', then innovation and change may be challenging!

Question	Yes/No
Is senior management in my organisation committed to innovation?	
Does senior management clearly express this?	
Is the organisation generally good at teamwork and project work?	
Are mistakes and failures tolerated as part of risk taking?	
Do creative people come and stay with the organisation?	
Are resources given to new ideas?	
Is it fun to work in my organisation?	
Is the structure flexible?	
Does the organisation clearly express its views including an emphasis on innovation?	
Is the person in charge overall, openly up for change?	
Is innovation rewarded?	
Do teams allocate time to ideas?	
Is there a staff suggestion scheme that works?	
Are mutual stimulation, feedback and constructive criticism at all levels in the organisation?	
Are lateral communications (eg between professions) good?	
Does the organisation take a long term view of innovation?	

Adapted from the John Adair Handbook of Management and Leadership (2006) Thorogood

4. A model of innovation (Rogers)

Everett Rogers has written on many occasions on introduction and acceptance of innovation. This paper (from Duke University) is very helpful in summarising his work.

One of the key areas he explores- and one accepted widely - is that of the 'Adopter Categories'...see where you think you may be in this continuum, when sometime introduces a new practice or policy into your clinical area.

Adopter categories are “the classifications of members of a social system on the basis of innovativeness”. This includes innovators, early adopters, early majority, late majority, and laggards. A person’s ‘innovativeness is described as “a relatively-stable, socially-constructed, innovation-dependent characteristic that indicates an individual’s willingness to change his or her familiar practices”. This means that a person may be an early adopter for one type of innovation, and a later adopter for another. It is not an ‘innovativeness’ personality trait.

Innovators

Innovators are willing to experience new ideas and cope with the uncertainty and consequences of innovations. Innovators are gatekeepers who bring innovations in from outside of the system. They may not be respected or trusted by other members of the social system because of their venturesomeness and relationships outside the social system.

Early Adopters

Early adopters tend to hold leadership roles in the system, others look to them for advice or information. They play a central role at every stage of the process, particularly in deploying the resources needed to implement. As role models, early adopters’ attitudes toward innovations are important. Their opinions reach others and influence their decisions. Early adopters reduce uncertainty and put their stamp of approval on the innovation by adopting it.

Early Majority

Early majority tend to have a good interaction with other members of the social system, but may not have the leadership role that early adopters have. However, their interpersonal networks are still important in the innovation-diffusion process. They are more deliberate in adopting an innovation and are neither the first nor the last to adopt it.

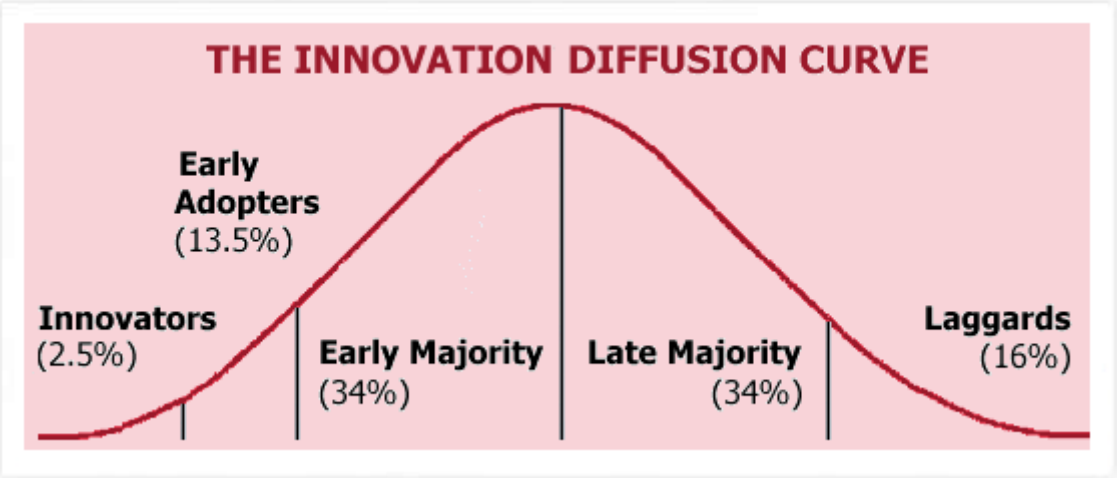
Late Majority

The late majority includes 1/3 of all members of the social system who wait until most of their peers adopt the innovation. Although they are skeptical about the innovation and its outcomes, economic necessity and peer pressure may lead them the adoption. To reduce uncertainty and convince of the safety and effectiveness of an innovation, interpersonal networks of close peers can be persuasive of the late majority to adopt.

'Laggards'

Laggards have a more traditional view about change and are more skeptical about innovations. They are a more localized group and are not in leadership roles -their relationships are mostly contained within a small peer group. They

are conservative and want to be sure an innovation works before they adopt it. Laggards tend to adopt after seeing others use the innovation.



5. Managing and leading innovation

Team Working

To manage innovation and draw the best out of people, managers need to be able to create the conditions to allow people to generate ideas, they need to be able to harvest the crops of the ideas and to implement them. This in turn means recruiting creative people, encouraging them to work well together in a team respectful of the fact that we are all different types of contributors and communicating well.

There are a number of different techniques and methods used to identify the best way of developing and utilising a creative team. One of the best recognised is Belbin's Team Roles. This theory and it's tools, have been around for over 40 years and is widely used in industry and anywhere where effective team working is important. There are 9 different roles according to Belbin, and these can be identified by utilising a straight-forward psychometric-style test.

Risk

In business, managers who are creative and who value innovation are most likely to accept risk, work with half-formed ideas, bend the rules, respond quickly and be enthusiastic thereby encouraging others to risk coming forward with ideas. Peter Drucker suggests managing innovation is a challenge to management, especially top management, and a test of its competency. Chief executives and senior managers must value innovation and new ideas and participate actively to ensure all know of their commitment to positive and useful change.

It is surprising to know that, the average founder of a high-tech startup company in business in the United States for example isn't a whiz-kid graduate, but a mature 40-year-old engineer or business type with a spouse and children. What's more, older entrepreneurs have higher success rates when they start companies. That's because they have accumulated expertise in their technological fields, have deep knowledge of their customers' needs, and have years of developing a network of supporters. Now consider the application of this principle to nursing...

Organisational Culture

The culture of an organisation is often key to how successful it is in terms of innovation and adoption of new ideas. We will deal with this in more detail in a separate section.

The care context

Consider what we have looked at above - and try to put it into context in the Healthcare environment. Perhaps ask yourself some of the following questions:

- Do I work in a well-organised, creative and motivated team?
- Are there ways in which Belbin (or any other team-development tools) could help my team become better at what we do?
- If 'yes' what are the challenges and benefits of undertaking such a move?
- Do I have any preconceptions around WHO introduces innovative practice in care? (Does it need to be a care 'professional' for example?

- Risks in business can be big, but risks in care can be fatal. How can a positive risk-taking culture be utilised to the patients benefit?
- Have we thought of all the possible approaches to the issue, or are there areas we haven't explored yet?
- What would **success** look like here and what is the best way to get there?
- What are the **risks** involved?
- How do I start to **convince** others that this idea will work?
- What are the **challenges** in implementing an innovation in the context of my working environment?
- How would I **measure** success?

6. Obstacles to creativity and innovation

Creativity is the production of new ideas. Innovation however takes the new ideas and transforms them into output.

There are generally regarded to be seven main obstacles to creativity and these are:

1. Negativity
2. Fear of Failure
3. Lack of quality thinking time
4. Over-conformance to rules and regulations
5. Making assumptions
6. Applying too much logic
7. Thinking you are not creative

You can see these most clearly if you look to yourself and colleagues and can identify the person who can never think positively about anything, is too busy or stressed to think objectively, is very self-critical, fears ridicule and so won't put forward their views, is prone to logic as a first and last resort, who are unable to think laterally and uninspired even when confronted with a new idea.

How can we as care professionals embrace creativity (and change) in our workplaces and avoid the above?