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DOI: <https://doi.org/10.34172/ijhpm.8612>



### Article History:

Received Date: May 30, 2024

Accepted Date: August 24, 2024

epublished Author Accepted Version: August 27, 2024

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**Please cite this article as:** Steele Gray C. Activating mechanisms through employee-driven innovation; Comment on "Employee-driven innovation in health organizations: insights from a scoping review". *Int J Health Policy Manag.* 2024;x(x):x-x. doi: 10.34172/ijhpm.8612

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Manuscript Type: Commentary

## **Activating Mechanisms Through Employee-Driven Innovation; Comment on “Employee-Driven Innovation in Health Organizations: Insights From a Scoping Review”**

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### **Abstract**

Cadeddu et al’s paper “Employee-Driven Innovation in Health Organizations: Insights From a Scoping Review”, presents findings regarding the state of the literature around Employee-Driven Innovation (referred to as EDI in the paper). In uncovering the who, what, and how of EDI in healthcare organizations the authors suggest that embracing EDI at an organizational level may be a key to supporting larger system transformation efforts. This commentary builds on this contention suggesting that to help realize that broader vision, attention should be paid to the overlapping implementation mechanisms around empowerment, adaptability, learning, and meaning and value that drive both processes. Finally, it is suggested that what may be most powerful about EDI is its ability to bring joy and vitality back to a health care workforce that is currently in crisis.

**Keywords:** Innovation; Front-Line Staff; System Transformation; Implementation Mechanisms

The recently published paper, “Employee-Driven Innovation in Health Organizations: Insights From a Scoping Review”, attends to this important and growing activity within health care organizations [1]. The scoping review seeks to better understand Employee-Driven Innovation (termed EDI by the authors) through an exploration of four questions: 1) What is EDI in health organizations and which frontline actors are involved?; 2) what are the characteristics of the EDI process?; 3) what contextual factors enable or impede EDI?; and, 4) what benefits does EDI bring to health organizations? The review offers definitional clarity on the subject, defining it was either a participatory process, a learning process or an innovation outcome,

all of which point the importance of empowering frontline workers to have more control over the activities, processes and outcomes of innovation in their organization.

In responding to the last three questions of the review the authors generate a very useful diagram which outlines the processes, enablers, and benefits of EDI. Important in these findings is where innovation is generated (from either top-down, bottom-up or via hybrid of these two), the micro, meso and macro level contextual enablers to EDI processes, and the benefits that can be realized and individual, organizational, and system levels. The authors note an important knowledge gap around macro-level factors, however miss an opportunity to engage in the space between organizations and macro environment, as interorganizational learning and isomorphic pressures that may play a role in EDI adoption [NEW REF 1].

An inspection of these factors that are identified in this review brings to mind learning from realist theory and implementation science around the notion of mechanisms that drive change. Cadeddu et al. suggest that embracing EDI may be a method through which larger system transformation may occur, which could be well realized by noting the important overlaps between the mechanisms that underpin the framework presented in their paper, and the mechanisms that have been found to drive large-system transformation [2, 3]. This commentary draws on the implementation science and realist literatures to suggest how the transformative power of EDI could be realized by activating change mechanisms.

### ***Understanding mechanisms***

The notion of mechanisms, from realist and implementation science literatures, can be defined as “processes or events through which implementation strategies operate to affect one or more implementation outcomes; or how or why strategies work” ([4] p.2). Importantly, mechanisms need to be seen as distinct from determinants (factors that hinder or enable a strategies impact) and strategies, activities or methods which are deployed actions. To help think about these components together, *strategies target determinants by activating related mechanisms* [4, 5]. Mechanisms can often get overlooked and are understudied [6] as they can operate under the surface through individual beliefs and attitudes, institutionalized processes, and organizational cultures. However, these mechanisms have been noted in the implementation science literature as crucial for any type of transformation or implementation effort [5], including the work of innovation building and embedding [7].

Early in Cadeddu et al’s review they suggest that EDI is driven by being “frontline staff-led” and being “open and collaborative.” The authors suggest these are the two mechanisms that are needed to put EDI into practice, however, from my view, this review uncovers three

important mechanisms that have the potential to drive wider efforts at large-system transformation as well.

### ***Mechanism #1: Empowerment***

This review found that to support EDI in health care organizations there needs to be a shift in power towards the employees. A shift in power like this is akin to the concept of “employee empowerment” which “involves the workforce being provided with a greater degree of flexibility and more freedom to make decisions relating to work” [NEW REF 1, p. 40]. Importantly empowerment has both a structural dimension (providing support, resources and responsibility), as well as a psychological dimension (employees perceptions and beliefs regarding the power they have) [NEW REF2]. Cadeddu et al suggest that empowerment requires a more cooperative style of leadership, which resonates strongly with a *distributed leadership* approach which sees leadership spread amongst multiple individuals [8]; although the authors don’t go all the way to suggest these more distributed power approaches. Distributive leadership fundamentally requires a shift in power to allow multiple individuals to lead from different places within an organization[9]. The empirical literature has found that large-system transformation efforts similarly require a shift in power and autonomy. In their realist review of health system transformation, Best et al. suggest the first “simple rule” of large system transformation to that these efforts are best “ignited” through distributed leadership[2]. Francis-Auton et al confirm that simple rule in their realist evaluation of large-system transformation, finding distributed leadership to be a critical enabler to efforts in New South Wales, Australia. In this evaluation, distributed leadership triggered a sense of ownership and control, and shared responsibility [3]. As such, putting in processes and structures that activate employee empowerment, as well as supporting the perception by employees that they have shared responsibility, found to drive EDI adoption at the organizational level, could potentially act as a catalyst for broader transformation efforts as well.

### ***Mechanisms #s 2 & 3: Adaptability and learning***

Cadeddu et al. identify adaptation and learning as key enablers of EDI, both of which have been identified as key mechanisms in the wider implementation and innovation literatures. From these literatures adapting mechanisms can be defined as “achieving a better fit between the innovation and a given local context” [7]( p. 239). Theoretical frameworks like the Dynamic Sustainability Framework [10], highlight the importance of innovation adaptation to

local needs and contexts to ensure ongoing use and implementation success. Beyond the adaptation of an innovation itself, the organization needs to be able to receive and implement the innovation which can require adaptive capacity; an organizations “underlying ability of a system, team, or organization to perform adaptations”[11]. In their review of adaptation and innovation Lyng et al found that long-term adaptation of an organization (like that required for large-system transformations) requires, among other things, openness to learning, yet another enabler found in Cadeddu et al’s review.

Complex Adaptive Systems theory approaches to large-system transformation suggest that continuous monitoring and feedback occurring with a supportive learning environment are key mechanisms [2]. Some more recent efforts towards adopting a Learning Health Systems approach to care delivery go a step further to purposefully embed knowledge generation and learning into their continuous process of growth and adaptation to meet local needs [12]. Based on Cadeddu et al’s review a concerted effort towards embracing EDI would require an organization to embrace adaptability and learning, which are also mechanisms linked to large-system transformation efforts. Enabling EDI thus can help to create an enabling environment for transformation.

#### ***Mechanism #4: Meaningfulness and value***

Cadeddu et al’s found that being “front-line staff led” and “open and collaborative” are critical mechanisms to EDI. Bottom-up and hybrid models of EDI align with the aims of co-design and co-creation in which “end users” work with designers and system leaders to develop new models of care [13]. Work in the areas of participatory co-design and co-creation has shown how involving end-users in the design and development of a new process or model can help individuals feel heard and valued, and helps to derive a sense of shared meaning amongst those engaging with the intervention [14]. Deeply involving those who will ultimately be asked to change behaviours and actions when an innovation is put into practice, effectively embeds what is most meaningful and valuable to those individuals into the foundational fabric of the innovation. Bottom-up and hybrid approaches in which employees are part of the identification of the problem and solution are more closely aligned to these co-design methods, whereas top-down models, where the problem to be solved is identified by organizational leaders first, may focus on challenges that do not resonate with lived experiences of employees.

Large system transformations similarly required alignment around what is perceived as meaningful and valuable to all those involved in the change, potentially requiring a “shared mental model” around the purpose and benefits of a change [3]. Furthermore, connecting

new innovations to what is meaningful and valuable to those who will need to adopt the innovation can be important to ensure implementation success as meaningfulness and perceived value are mechanisms that can drive behaviour [15]. In these ways, the hybrid approach to EDI, in which employees at the front line work together with leadership to identify important problems to solve and devise solutions that make sense to everyone involved in the transformation may be most successful for not just EDI, but for larger system transformation.

### ***Why we need EDI for people as well as transformation***

This commentary has focused on the potential power of EDI to support large-system transformation through activation of mechanisms discovered in Cadeddu et al's review. It is important to note, however that the business of large-system transformation is a complex one that requires ongoing communication and coordination processes, and interrelated drivers to help systems continue to move forward [2,3]. Even with applying EDI approaches that can improve shared understanding and value (shown to enable large-transformation efforts [2]), it is unlikely to offer a transformation silver bullet. However, in the current climate of a widespread health human-resource crisis in which multiple global health systems are struggling to sufficiently staff their organizations [16], EDI may play an even more important role in supporting staff satisfaction and well-being. Cadeddu et al. find that EDI contributes to an increase in "vitality, satisfaction, and empowerment" amongst front-line staff. What is often heard in times of resource constraint is there simply is no time to engage in innovation activities or support staff's ability to participate in innovation work. While this approach can be prudent, and ensure work as usual can get done, it generally assumes the time needed for innovation will only add burden. However, Cadeddu et al.'s review shows that creating a supportive organizational environment for EDI can not only improve organizational processes but can also build a sense of meaning and resiliency for employees. This finding will hopefully encourage organizational leaders to see EDI not as taking time "away" from work, but as time that advances the organization and helps to create a culture of creativity and liveliness that not only improves outcomes, but may also spark joy.

**NEW REF 1.** De Simone S. Isomorphic pressures and innovation trends in Italian health care organizations. *International Journal of Business and Management*. 2017;12(6):26-32.

**NEW REF 2.** Greasley, K., Bryman, A., Dainty, A., Price, A., Naismith, N., & Soetanto, R. (2008). Understanding empowerment from an employee perspective: What does it mean and

do they want it? *Team Performance Management*, 14(1), 39-55.  
doi:<https://doi.org/10.1108/13527590810860195>

## References

1. Cadeddu, S.B.M., L.O. Dare, and J.-L. Denis, *Employee-Driven Innovation in Health Organizations: Insights From a Scoping Review*. *International Journal of Health Policy and Management*, 2023. 12(Issue 1): p. 1-14.
2. Best, A., et al., *Large-system transformation in health care: a realist review*. *Milbank Q*, 2012. 90(3): p. 421-56.
3. Francis-Auton, E., et al., *Four System Enablers of Large-System Transformation in Health Care: A Mixed Methods Realist Evaluation*. *Milbank Q*, 2024. 102(1): p. 183-211.
4. Vejnaska, S.F., K. Mettert, and C.C. Lewis, *Mechanisms of implementation: An appraisal of causal pathways presented at the 5th biennial Society for Implementation Research Collaboration (SIRC) conference*. *Implement Res Pract*, 2022. 3: p. 26334895221086271.
5. Lewis, C.C., et al., *A systematic review of empirical studies examining mechanisms of implementation in health*. *Implementation Science*, 2020. 15(1): p. 21.
6. Lewis, C.C., et al., *The mechanics of implementation strategies and measures: advancing the study of implementation mechanisms*. *Implementation Science Communications*, 2022. 3(1): p. 114.
7. Scarbrough, H. and Y. Kyratsis, *From spreading to embedding innovation in health care: Implications for theory and practice*. *Health Care Manage Rev*, 2022. 47(3): p. 236-244.
8. Denis, J.-L., A. Langley, and V. Sergi, *Leadership in the plural*. *The Academy of Management Annals*, 2012. 6(1): p. 211-283.
9. Gutberg, J., et al., *Implementing Coordinated Care Networks: The Interplay of Individual and Distributed Leadership Practices*. *Medical Care Research and Review*, 2021. 79(5): p. 650-662.
10. Chambers, D.A., R.E. Glasgow, and K.C. Stange, *The dynamic sustainability framework: addressing the paradox of sustainment amid ongoing change*. *Implementation Science*, 2013. 8(1): p. 117.
11. Lyng, H.B., et al., *Balancing adaptation and innovation for resilience in healthcare – a metasynthesis of narratives*. *BMC Health Services Research*, 2021. 21(1): p. 759.
12. Reid RJ, et al., *A learning health system adoption engine that integrates research and health systems*. , in *Institute for Better Health brief 1*. 2023, Institute for Better Health, Trillium Health Partners: Ontario, Canada.

13. Sanders, L. and P.J. Stappers, *From designing to co-designing to collective dreaming: three slices in time*. *interactions*, 2014. 21(6): p. 24–33.
14. Palmer, V.J., et al., *The Participatory Zeitgeist: an explanatory theoretical model of change in an era of coproduction and codesign in healthcare improvement*. *Medical Humanities*, 2019. 45(3): p. 247.
15. Steele Gray, C., *Seeking Meaningful Innovation: Lessons Learned Developing, Evaluating, and Implementing the Electronic Patient-Reported Outcome Tool*. *J Med Internet Res*, 2020. 22(7): p. e17987.
16. World Health Organization. *The human resources for health crisis*. 2024 [cited 2024 May 30 2024]; Available from: <https://www.who.int/teams/health-workforce/PHEworkforce/the-human-resources-for-health-crisis>.