guest editorial

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Where Have All the Innovations Gone?

In the mid-1970s, many major schools of nursing had extensive adult education programs. Many of us worked in such programs and focused on adult learning principles such as experiential learning. Back then, nurse practitioner programs were housed in continuing education. They were still an experiment. In my school, which also started the first pediatric nurse practitioner program, we had programs to prepare school nurse practitioners, women’s health nurse practitioners, adult nurse practitioners, and geriatric nurse practitioners. The curriculum in the women’s health nurse practitioner program was developed in modules so that rural nurses could study in Denver for 6 weeks, return to work in their rural setting, and then come back to Denver for the next module. Six modules were developed and 18 months were required to complete them. This allowed rural nurses to decrease the consecutive amounts of time they were absent from their clinics and patients.

There was innovation not only in building these nurse practitioner programs but also in delivering them. Eight years passed before nurse practitioner education was moved to the master’s level. In this era, the continuing education faculty thought of themselves as the research and development arm of the nursing school. We were continually experimenting with alternative approaches and ideas. For example, in maternal–child health, we developed a semiannual city-wide orientation program for all nurses newly hired for neonatal units. Caring for tiny neonates is quite different from other types of nursing, and the five major neonatal units in the city needed help teaching theory and skills to nurses who had never worked in this specialty area.

If professional development, staff development, or continuing education in schools and hospitals is to live up to its historical foundation, significant thought must be given to innovation and creativity for the profession and for health care. At a recent National League for Nursing educators’ conference, Jason Hwang, MD, discussed disruptive innovation and health care. Disruptive innovation is defined as innovation that helps create a new market, based on value that eventually goes on to disrupt an existing market and displaces an earlier technology (Christensen, Grossman, & Hwang, 2009). The term is used in business and technology literature to describe innovations that improve a product or service in ways the market does not expect, first typically by designing for a different set of consumers in the new market and later by lowering prices in the existing market.

Dr. Hwang described four major issues affecting health care today:

1. The growth in health care spending is regularly outpacing the growth of the overall economy. This makes health care inaccessible on a convenient and timely basis even for patients who can pay for it.

2. If Medicare spending remains a constant proportion of federal spending, it will crowd out all other spending except that on defense.

3. The costs of health care for employees and their families are forcing American companies to become uncompetitive in the world market.

4. If state, county, and city governments were forced to report the liabilities they face resulting from the commitments made to retired employees, nearly every one of these governments would be bankrupt.

Clearly, something in health care must change. Dr. Hwang is suggesting we use disruptive innovation as a methodology for changing health care. The elements he...
suggests include regulations and standards that facilitate change; sophisticated technology that simplifies care; low-cost innovative business models; and economically coherent value networks (i.e., networks that continuously innovate and improve delivery modes while becoming less and less expensive).

Enter nurse practitioners, electronic health records that travel with patients, and appropriately prepared nurses who manage populations of patients with chronic diseases such as diabetes or congestive heart failure. Nurses would probably provide this care in more effective ways costing significantly less because they like forming relationships with patients and families and are not necessarily focused on diagnosis, treatment, or cure. Continuing education for nurses can support the development of skill sets that will enable them to provide the care needed both today and tomorrow.

As we provide adult learning and further develop nurses, let us focus on what is needed for health care during the next decade rather than remain immersed in competencies and orientation to new equipment.

REFERENCE