THIRD EDITION

Leadership for Evidence-Based Innovation

in Nursing and Health Professions

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Cover Image (Title Page, Section Opener, Chapter Opener): © Andriy Onufriyenko/Moment/Getty Images
Printing and Binding: PA Hutchinson

Library of Congress Cataloging-in-Publication Data

Names: Davidson, Sandra, 1973- editor. | Weberg, Daniel Robert, editor.
Title: Leadership for evidence-based innovation in nursing and health professions / [edited by] Sandra Davidson, Dan Weberg.
Description: Third edition. | Burlington, MA : Jones & Bartlett Learning, [2025] | Includes bibliographical references and index.
Identifiers: LCCN 2024013391 | ISBN 9781284296655 (paperback)
Subjects: MESH: Nurse Administrators--organization & administration | Evidence-Based Nursing | Organizational Innovation | BISAC: MEDICAL / Nursing / Management & Leadership
Classification: LCC RT89 | NLM WY 105 | DDC 362.17/3068--dc23/eng/20240626
LC record available at https://lccn.loc.gov/2024013391

6048

Printed in the United States of America
28 27 26 25 24 10 9 8 7 6 5 4 3 2 1

Brief Contents

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Foreword

The third edition of *Leadership for Evidence-Based Innovation in Nursing and Health Professions* recognizes and embraces health care from a postpandemic perspective. The foundational philosophy of this textbook, *the recognition and demonstration of the continuum of innovation to evidence for safe practice and quality care*, has never been more important. Driving innovation at this time is the realization that much of what has been in place in health care is nonsustainable and now requires significant levels of new thought and reconfiguration.

The authors recognize and describe numerous lessons learned during the pandemic from their unique perspectives. These scholars demonstrate that the historical evidence for many current practices is now inadequate, and such practices are no longer sustainable. In so many ways, long-held dogma has now been dispelled and replaced with new evidence reinforcing the need for a truly health-driven enterprise. Specifically, the significance of advancing the health of individuals and ensuring the health of the community now needs to be the driver of service and reinforced as the prevailing core of all health-related activities.

The lack of adequate resources, the paucity of systems support, and the failure of effective leadership challenged clinical nurses and their colleagues to develop unplanned innovations in nursing structures, practices, and processes to address serious gaps in health care during the pandemic. More importantly, the untapped potential of professional nursing was surprisingly unleashed, accelerating nursing innovations and transformation and providing strong evidence for new approaches to safe and quality patient care.

Leadership for Evidence-Based Innovation in Nursing and Health Professions delivers a relevant, critical resource for all nurses to engage in the validation of evidence-based care and new thinking related to the development and application of innovative health care, closing the historical and still-existing gap along the evidence–innovation continuum. Health care will not be the same, nor should it.

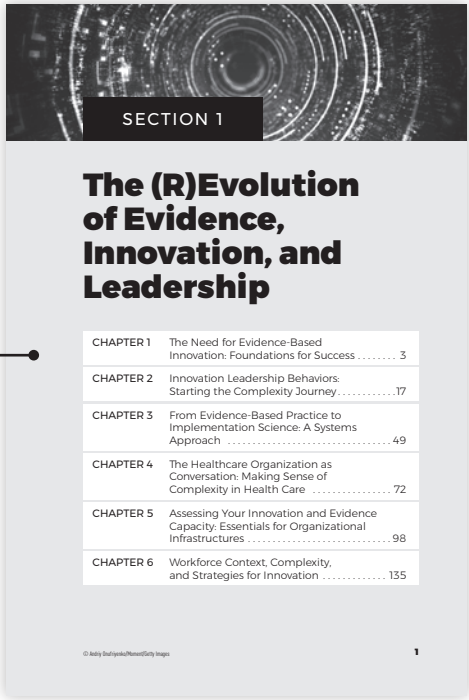
Kathy Malloch
Tim Porter-O'Grady

Walkthrough

New to the *Third Edition*

The exponential growth of available research, advancing healthcare and information technology, and the pressing need to prepare current and future leaders to navigate the dynamic contexts of health care were key drivers in the development of the *Third Edition* of this text. There are major revisions to reflect the changes and innovations in the healthcare system.

Section Dividers: Each of the three sections is marked clearly with an opener page to make it easier to navigate through the text and find what you are looking for.


SECTION 1

The (R)Evolution of Evidence, Innovation, and Leadership

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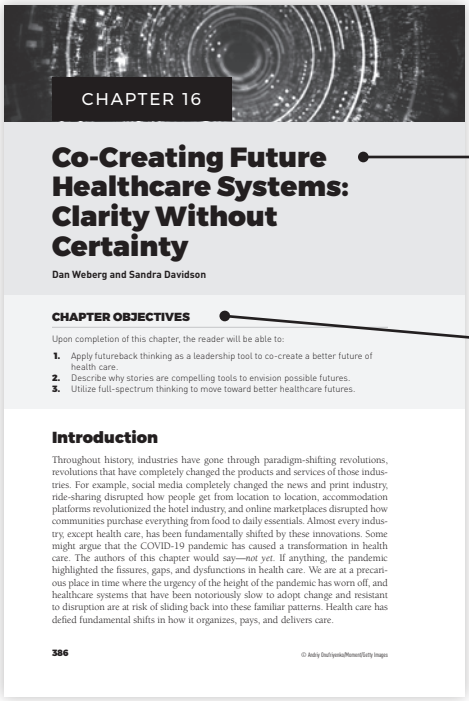

CHAPTER 16

Co-Creating Future Healthcare Systems: Clarity Without Certainty

Dan Weberg and Sandra Davidson

CHAPTER OBJECTIVES

Upon completion of this chapter, the reader will be able to:

1. Apply futureback thinking as a leadership tool to co-create a better future of health care.
2. Describe why stories are compelling tools to envision possible futures.
3. Utilize full-spectrum thinking to move toward better healthcare futures.

Introduction

Throughout history, industries have gone through paradigm-shifting revolutions, revolutions that have completely changed the products and services of those industries. For example, social media completely changed the news and print industry, ride-sharing disrupted how people get from location to location, accommodation platforms revolutionized the hotel industry, and online marketplaces disrupted how communities purchase everything from food to daily essentials. Almost every industry, except health care, has been fundamentally shifted by these innovations. Some might argue that the COVID-19 pandemic has caused a transformation in health care. The authors of this chapter would say—*not yet*. If anything, the pandemic highlighted the fissures, gaps, and dysfunctions in health care. We are at a precarious place in time where the urgency of the height of the pandemic has worn off, and healthcare systems that have been notoriously slow to adopt change and resistant to disruption are at risk of sliding back into these familiar patterns. Health care has defied fundamental shifts in how it organizes, pays, and delivers care.

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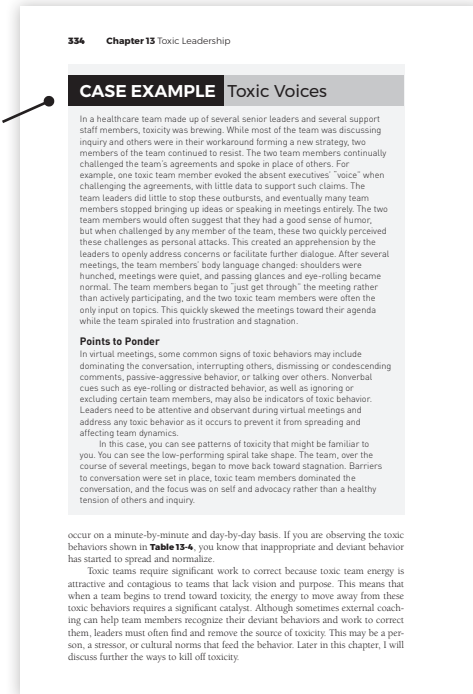
Reformatting of Chapters 1 and 16, respectively, as an *introduction* to the book and concepts and a provocative *conclusion* to the text with a focus on a futuristic view of what healthcare systems will become.

Chapter Objectives: Every chapter opens with a list of *Chapter Objectives* that allow readers to review the important concepts they will encounter in the chapter.

Case Examples: These show how concepts might present in the real world and enhance critical thinking skills. They provide insights to help leaders to build capacity for transformation.



CASE EXAMPLE Toxic Voices

In a healthcare team made up of several senior leaders and several support staff members, toxicity was brewing. While most of the team was discussing inquiry and others were in their workaround forming a new strategy, two members of the team continued to resist. The two team members continually challenged the team's agreements and spoke in place of others. For example, one toxic team member evoked the absent executives' "voice" when challenging the agreements, with little data to support such claims. The team leaders did little to stop these outbursts, and eventually many team members stopped bringing up ideas or speaking in meetings entirely. The two team members would often suggest that they had a good sense of humor, but when challenged by any member of the team, these two quickly perceived these challenges as personal attacks. This created an apprehension by the leaders to openly address concerns or facilitate further dialogue. After several meetings, the team members' body language changed: shoulders were hunched, meetings were quiet, and passing glances and eye-rolling became normal. The team members began to "just get through" the meeting rather than actively participating, and the two toxic team members were often the only input on topics. This quickly skewed the meetings toward their agenda while the team spiraled into frustration and stagnation.

Points to Ponder

In virtual meetings, some common signs of toxic behaviors may include dominating the conversation, interrupting others, dismissing or condescending comments, passive-aggressive behavior, or talking over others. Nonverbal cues such as eye-rolling or distracted behavior, as well as ignoring or excluding certain team members, may also be indicators of toxic behavior. Leaders need to be attentive and observant during virtual meetings and address any toxic behavior as it occurs to prevent it from spreading and affecting team dynamics.

In this case, you can see patterns of toxicity that might be familiar to you. You can see the low-performing spiral take shape. The team, over the course of several meetings, began to move back toward stagnation. Barriers to conversation were set in place, toxic team members dominated the conversation, and the focus was on self and advocacy rather than a healthy tension of others and inquiry.

occur on a minute-by-minute and day-by-day basis. If you are observing the toxic behaviors shown in **Table 13-4**, you know that inappropriate and deviant behavior has started to spread and normalize.

Toxic teams require significant work to correct because toxic team energy is attractive and contagious to teams that lack vision and purpose. This means that when a team begins to trend toward toxicity, the energy to move away from these toxic behaviors requires a significant catalyst. Although sometimes external coaching can help team members recognize their deviant behaviors and work to correct them, leaders must often find and remove the source of toxicity. This may be a person, a stressor, or cultural norms that feed the behavior. Later in this chapter, I will discuss further the ways to kill off toxicity.

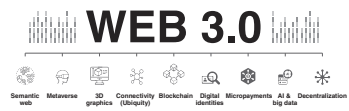


Figure 11-5 Web 3.0 spectrum.
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Table 11-6 2023 Trends in Health Care and Education

Healthcare Trends	Education Trends	Healthcare Education Trends
Artificial intelligence	Artificial intelligence	Artificial intelligence and big data
Personalized health care	Personalized learning	Immersive technologies
Wearable medical devices	Gamification	Simulation
Remote health care—virtual hospitals, healthcare communities, and telehealth	Nano-learning	E-training

Likewise, advances in technology and the ubiquity of technology in our everyday lives are worthy of consideration in terms of how they are transforming how we think about teaching and learning in nursing. How we educate and to what end are shifting. **Table 11-6** highlights the top trends emerging in 2023 across the healthcare system (including education). How are we as nursing educators prepared (or not) to teach future nursing professionals *with* this technology and for future practice *with it*?

The knowledge era has presented us with a new dynamic between information and learning, and we must overcome long-held assumptions about how we think about information, knowledge, and learning. The life span of relevant knowledge has greatly diminished. For instance, prior to the COVID-19 pandemic, futurists estimated that the volume of healthcare knowledge was doubling every 6 to 8 years. They now estimate it to be doubling every 78 days and accelerating. The shortening half-life of information further suggests that focusing on covering content is less useful than using content to learn how to learn. This also means that nursing education programs must prepare students to engage in lifelong learning and ongoing professional development to remain competent.

Knowledge is no longer a commodity, but it has become an application to be accessed and used as needed and purged when no longer useful (Brown, 2005). Brown used the term *navigationism* to frame how we might educate students to thrive in the knowledge economy. He described information navigation as a new

Tables, Boxes, and Figures: The chapters include tables, boxes, and figures to illustrate and substantiate the topics being discussed. They make difficult material more manageable and easily understood.

Box 11-1 Resources for Creating More Inclusive Environments

1. **The Micropedia of Microaggressions** is a comprehensive tool to learn about the different microaggressions people experience and unlearn those behaviors to create more inclusive environments. (https://www.themicropedia.org/)
2. **A Progressive's Style Guide** is a multivoiced document aimed at combating discriminatory language, as well as a source for advice or more information when we are unsure. (https://s3.amazonaws.com/s3.sumofus.org/images/SUMOFUS_PROGRESSIVE-STYLEGUIDE.pdf)
3. **Deconstructing Karen** is a provocative documentary where white women experience radical honesty about racism and their daily role in upholding it, their conditioning to ignore it, and the essential part they can play in tearing down racist systems. (https://www.deconstructingkaren.com/)

CASN Promoting Anti-Racism in Nursing Education in Canada was developed by the CASN's antiracism in nursing education working group, which included faculty members, students, and individuals working in health care from across Canada. Members engaged in critical conversations essential to developing these recommendations for schools of nursing. Although this is a Canadian document, the recommendations and strategies will be helpful to all nursing schools seeking direction to implement antiracist practices. (https://www.casn.ca/wp-content/uploads/2023/05/CASN-Promoting-Anti-Racism-in-Nursing-Education-in-Canada_FINAL.pdf)

Teaching and Learning in the Technology Tsunami

Since the 1990s, we have been living in the knowledge era. In nursing practice and education, we have experienced an unprecedented explosion in the generation and availability of research and information in general. The exponential growth of knowledge and the ubiquitous access to it have been enabled by amazing advancements in technology. Access to an ocean of information is literally at our fingertips through our mobile devices (e.g., drug guides, clinical practice guidelines, clinical decision support tools, and artificial intelligence [AI]-enabled search engines). Research databases and access to experts and networks of peers are as close as our pocket. Knowledge is accelerating at an exponential rate, and the rise of Web 3.0 (see Figure 11-3) technologies is transforming how we interact with knowledge, technology, and each other. Web 2.0 technologies focus on reading and writing content, whereas Web 3.0 focuses on creating content (semantic web). Web 3.0 utilizes technology to facilitate information interchange among users while simultaneously enhancing cybersecurity. Whereas Web 2.0 aims to connect people, Web 3.0 combines data with increasing trust enabled by such technologies as blockchain and the use of a decentralized structure (Nath, 2022). Although at present (2023), we are experiencing Web 2.5 with elements of both 2.0 and emerging 3.0 functionality, it is worth considering what this means for the future of how we engage in navigating and utilizing the web.

16 **Chapter 1** Evidence-Based Innovation: Foundations for Success

organizations operate, yet we still have legacy systems, legacy, leaders, and very slow change. Health care must undergo metamorphosis now in order to care for our aging population and stop the destruction of our professions resulting from burnout and broken systems. Will you pick up the call?

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References: *References* provide a list of additional resources to help readers gain a deeper understanding of the material. New references have been included to reflect the current research in the field.

Instructor Resources

- *NEW!* Slides in PowerPoint format
- Instructor Manual
- *NEW!* Podcasts

Student Resources

- NEW! Podcasts included the Navigate eBook

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Reviewer Acknowledgments

The author and publisher also wish to thank the reviewers, whose valuable feedback contributed greatly to the preparation of this new edition.

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