

Innovating in healthcare: perspective from a dual role

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Yesterday I walked across the grounds of my local hospital twice. The first time was my regular route to the radiotherapy department. I've been coming here every working day for a few weeks now. I have to, because the triple-negative breast cancer that I was diagnosed with 8 months ago is aggressive and needs to be treated. After two courses of chemotherapy and a breast amputation, I hope that these radiation treatments will also stop the remaining cancer cells. Over my left shoulder I carried a bag with a water bottle and a shawl, items that prove useful when undergoing radiotherapy.

My second walk was from the radiotherapy department to a consulting room of a medical manager, a physician, in the same hospital. I had made an appointment with her to discuss my work as a healthcare designer, my ongoing research and my ideas for improving clinical pathways. I was on my way to her to talk about my passion, innovating for healthcare. Over my right shoulder I carried my laptop bag and under my right arm a drawing tube with designs in it. If anyone had seen me walk both routes that day, the firmer step and big smile on my face on the second route had probably been noticed. It felt immensely good not to feel like a patient whose body I brought because it had to be treated by healthcare professionals. I felt like a person again, with expertise and ideas that could be of value to those same healthcare professionals. It made me realise how much more I prefer to be a person rather than a patient.

The conversation with the medical manager was interesting and meaningful. She knew about my cancer but also about my work and research. She had no qualms about combining both in the conversation and simply concluded that my experiences as a patient add to my work and research. And it does. She gave me plenty of space to indicate what I can and want to do for her hospital. She had already looked into available solutions and realised that more is needed. She is interested in innovation and design and how it can help her and her colleagues to deliver better care. I grew back into my old self during the conversation.

Being open to innovation is not easy at all. In my work I have often come across healthcare professionals who, quite understandably, struggle with it, and I can identify at least three types of attitudes to innovation. First, I sometimes speak to healthcare professionals who like to see changes in their work because they themselves feel that their performance is lagging behind that of their peers. This may be because they have just finished their training or, for example, because the inspectorate

has criticised their department or healthcare institution. I can often help these people, by not innovating but by showing them how they can copy their smart way of working by cooperating with others. They appear to benefit from learning how others achieve better performance and how they can implement the same working methods in their own practice as quickly as possible.

Second, I also often come across healthcare professionals who do an excellent job and are aware of this. They are well trained and keep up to date with the medical literature. When I speak to them, our conversation shows that they are hesitant of changes and prefer to adapt innovations that are scientifically proven and fully accepted by their professional associations. This can be a healthy critical attitude, worrying about hasty adoption and patient safety. However, by the time innovations have been scientifically proven and accepted, they can seldom be called 'innovative' anymore to designers like me.

Finally, very occasionally, I come across healthcare professionals who are looking for ways to improve their work. Not because they have yet to learn the trade or have had a slap on the nose from inspectorate, but because they are the very best in their field. In their practice they often see patients suffering and dying and they cannot accept that. They seem to be looking for ways to improve their work almost inexhaustibly. These are the people who seem to see opportunities to learn in everything and from everyone. Even if I would meet them at a lace-making course, salsa dancing or cutting bonsai trees, no doubt these people are sure to learn life lessons that they know how to weave into their medical practice. For them, waiting for the publication of scientific results and discussion rounds in professional associations takes too long because they are concerned about the disease course of their patients today. Yesterday, I sat opposite of such a person. Someone who saw in me more than a patient; she saw someone she wanted to learn from. And I was much more vocal than I usually am as a patient in a doctor's office.

As I walked from her room, full of renewed energy, down the hospital lobby, I took another good look at the other patients. What people were hiding behind those patient numbers? Perhaps someone who loves to cook delicious meals, even for patients with cancer. Or a super handy handyperson. Perhaps people who just want to be occupied with their illness and treatment, but who can also indicate that that's what they want, if you would just ask them. Walking up to the revolving door looking at people instead of



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patients, I suddenly thought “What a wealth, what a yet untapped potential!”

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the Netherlands. She works as a design researcher, pursuing her PhD on what service design can do to improve shared decision-making (see <https://metromapping.org/en/>), at Delft University of Technology and Leiden University Medical Center.

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