Thinking outside the box: lessons from reverse innovation

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For nurses, Covid-19 has radically challenged how they deliver care, with existing resources continually being stretched well beyond normal usage. The result is that innovative approaches are essential to redress shortages, support the continuance of services and maintain patient safety. As nurses who have had the opportunity of working with various Low Middle Income Countries (LMIC), we believe nursing has been adversely affected by a missed opportunity, to recognise the knowledge and expertise seen and learned by nurses who have worked internationally. There is little evidence of how the lessons learnt have been transferred and adapted for application in a high income country (HIC) at any time never mind during the pandemic.

LMICs work permanently with a limited workforce, financial and resource constraints and have learned approaches to care delivery and equipment use, which may be appropriate for our current overstretched, and reduced workforce with its increasingly limited resources. We acknowledge and accept that this nursing is extremely difficult and exhausting, in these times of great need, but the role of the nurse remains to deliver care and safeguard patients in the best possible manner, within available and accessible resources (Ullman & Davidson, 2021). We must stress this is about working to meet the challenges brought about by the pandemic, by recognising and taking our colleagues best experiences and adapting them to fit within the healthcare system.

We argue that we need to look more closely at this 'reverse innovation', giving formal recognition to evidence, which ironically, prior to the pandemic, revealed that working internationally has a long-lasting positive impact on the practice of those who travel (Simms, 2016. Carter et al., 2019). Health Education England (HEE) (2017) point out, NHS staff with international experiences bring fresh perspectives, new skills, ideas and approaches that can be used by all clinicians to respond rapidly to identified need. Studies to date have shown improved clinical and leadership skills, resourcefulness, cultural competence and resilience (HEE, 2017. Haines, 2016. Crisp, 2007. Bould et al., 2015). However, while such positive feedback on individual benefits is useful, the wider impact on established services is missing. For many of these nurses, effective and efficient use of resources has become an integral element of their practice, often have taken for granted. Had this been formalised

and their expertise acknowledged we may have had readily accessible practice based solutions for use in these unprecedented and challenging situations.

We must not forget that this is only possible because of the generosity of peers in other countries, who welcome us in and have the courage to allow us to see the realities of their lives, the delivery of healthcare and the struggle of life. This challenges the usual perception of knowledge transfer and knowledge exchange, which is traditionally seen as sharing of expertise from a HIC to health systems in LMICs with benefits for the receiving country stressed and little comment on the outcomes for those partnering with the LMIC. Nevertheless, nurses need to recognise that the gains for the HICs from working with LMICs are immense and could help us deliver safe care in a time when usual and accepted practice is challenged by the global situation we all face.

However, the key lessons learnt from our LMIC peers also taught us the necessity of continually checking that innovative activities do not adversely impact on the ever increasing demands for healthcare, or further burden our colleagues. Particularly as at the time of writing the number of the Covid-19 infections in the UK which was reducing through the vaccination programme is starting to rise again. As we reflect on the changed 'new' norm in which we live**,** we are left with the question of how do we gather together the wealth of experience and expertise nurses hold, and channel it to the greater good. If we do not find a way to do so, then we have lost a unique opportunity to maintain and enhance care, and it is the patient who is the loser.

Reference List

Bould MD, Clarkin CL, Boet S, Pigford AA, Ismailova F, Measures E, McCarthy AE, Kinnear JA. (2015). Faculty experiences regarding a global partnership for anesthesia postgraduate training: a qualitative study. Can J Anaesth. 62. 1. 11-21. doi: 10.1007/s12630-014-0252-4.

Carter C. Howard-Hunt B. Mukonka PS. Viveash S. Notter J. Toner L. (2019). 'I'll never be the same': the impact of an international elective. British Journal of Nursing. 28. 3. 186-193

Crisp N. (2007). Global Health Partnerships: The UK contribution to health in developing countries. http://www.thet.org/health-partnership-scheme/resources/publications-old/lord-crisp-report-2007-1

Haines A. (2016). Why health partnerships are good for global health. BMJ Blogs, 11 July. http://tinyurl.com/j9evpkl

Health Education England. (2017). Health Education England guidance for trainees planning to volunteer or work overseas. www.hee.nhs.uk

Simms B. (2016). Sending our professionals overseas is one of the best things the NHS can do. Health Service Journal 24 June. http://tinyurl.com/h9z9xz4

Ullman AJ. Davidson PM. (2020). Patient safety: the value of the nurse. Lancet. 397. 10288. P1861-1863. Doi.org/10.1016/S0140-6736(21)00981-8

World Health Organization. (2020). WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020. https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020