

Navigating Innovation: User Perceptions in a Non-Profit Healthcare System

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ABSTRACT

BACKGROUND

Innovation in healthcare is essential for improving patient outcomes, operational efficiency, and long-term system sustainability, yet over 90% of healthcare innovations fail to scale due to fragmented processes and unclear pathways¹. Addressing these barriers requires structured frameworks to make innovation more accessible, scalable, and impactful.

OBJECTIVE

The purpose of this qualitative, Constructivist grounded theory (CGT)⁵ research study was to explore and develop a theory grounded in the experiences of users of the innovation management system within a large, non-profit healthcare system [Mayo Clinic], identifying key themes and relationships within the innovation management process. By capturing participant insights, this research aimed to inform potential structural improvements and leadership strategies to enhance innovation efforts. This study also fills a gap in existing literature, by examining how healthcare professionals interact with innovation systems within an established institutional culture, influencing adoption and scalability.

METHODS

Guided by institutional theory^{2,3} and *Diffusion of Innovation* theory⁴, this qualitative study addressed two research questions: (1) *What are the perceptions experienced by users navigating the current innovation management system (processes) within a non-profit healthcare system?* And (2) *What factors facilitate or hinder users' ability to engage with and advance innovation within the current innovation management system?*

Mayo Clinic team members, identified through a pre-qualification survey, were interviewed. The semi-structured interview transcripts were coded inductively using Atlas.ti, with a second coder validating analysis for trustworthiness⁵. The study emphasized co-construction of meaning, recognizing both researcher reflexivity and participant experience.

RESULTS

Findings reveal perceptions of the innovation system as fragmented, bureaucratic, and unclear. Participants cited barriers including siloed departments, resource constraints, and lack of communication. At the same time, enabling factors – such as leadership support, collaboration networks, and recognition of contributions – were seen as critical to sustaining engagement. Themes mapped across research questions demonstrate alignment between barriers (unclear pathways) and facilitators (structured submission processes), suggesting that solutions already exist informally but require formalization. A synthesized definition of innovation also emerged, emphasizing creativity, collaboration, clinical relevance, and patient-centered outcomes.

CONCLUSIONS

This study explored how employees within a non-profit healthcare system perceive and navigate innovation processes. Findings reveal a paradox: while participants view innovation as essential to improving patient care, operational efficiency, and organizational learning, systemic barriers, such as unclear processes, fragmented structures, and cultural resistance, impede consistent engagement. These barriers reflect long-standing institutional challenges that inhibit innovation in complex healthcare system.

OBJECTIVES

PROCEDURAL FACTORS

The study employed a qualitative design using semi-structured interviews with key stakeholders across the healthcare system to explore barriers and facilitators to innovation⁵. A purposive sampling strategy ensured representation from diverse roles and geography. Interviews were conducted virtually via secure platforms, recorded with participant consent, and transcribed verbatim for thematic analysis⁷. Data was coded using an iterative process to identify patterns related to organizational structures, communication pathways, and resource allocation impacting innovation engagement.

METHODS

A qualitative design was used to examine barriers and facilitators to innovation within a large, non-profit healthcare system. Participants were recruited through purposive sampling to include clinical, administrative, and educational stakeholders. Semi-structured interviews were conducted via secure virtual platforms, recorded with consent, and transcribed verbatim. Data was analyzed using thematic analysis with an iterative coding process to identify patterns related to organizational structures, communication pathways, and resource allocation. Credibility was enhanced through investigator triangulation and member checking. Institutional Review Board approval was obtained, and all participants provided written informed consent^{5,6}.

RESULTS

Shared Definition of Innovation Emerged

Across interviews, participants described innovation as a process grounded in solving complex problems that directly impact patient care, operational efficiency, and system readiness. The collective definition that emerged emphasized collaboration, adaptability, and value creation:

“Innovation is a dynamic, intentional, and collaborative process that integrates creativity, technology, and strategy with patient-centered goals. It involves generating and applying new or improved ideas, while fostering resilience, inclusivity, and organizational alignment to drive meaningful and sustainable improvements in healthcare.”

RQ1 RESULTS | BARRIERS

- **Process & Bureaucracy:** Lengthy approval timelines, unclear ownership, and redundant documentation slow progress.
- **Resource & Support Limitations:** Lack of dedicated time, funding, and mentorship; innovation often pursued “off the side of the desk.”
- **Communication & Clarity Gaps:** Uncertainty around idea submission, guidance, and process transparency.
- **Cultural & Motivational Resistance:** Competing priorities and fear of failure discourage experimentation.
- **Strategic Misalignment:** Limited visibility into institutional priorities fragments engagement.
- **Access & Pathway Challenges:** Fragmented structures and unclear pathways impede participation.

FIGURE 1

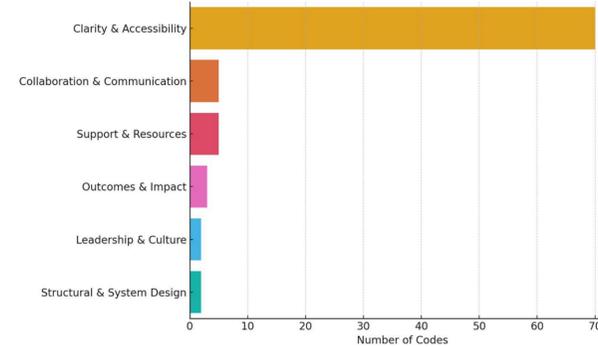
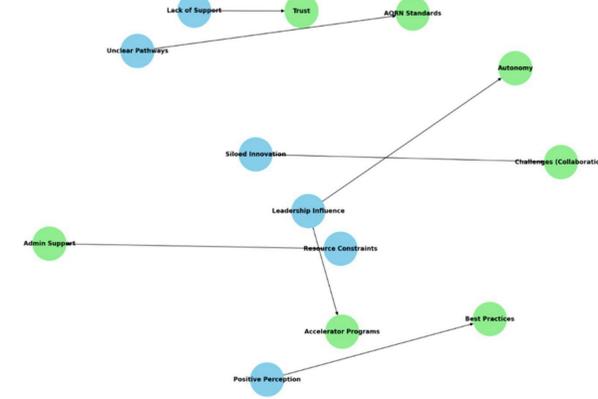


FIGURE 3



Mapping how adaptive behaviors and facilitators directly address structural and cultural barriers to innovation.

RQ2 RESULTS | FACILITATORS

- **Leadership Support:** Visible, consistent engagement from leaders boosts motivation and legitimacy.
- **Mentorship:** Structured mentorship networks provide guidance and equity in access.
- **Collaboration:** Cross-departmental collaboration and informal networks help overcome barriers.
- **Recognition:** Formal acknowledgment of innovation efforts incentivizes participation.
- **Risk Tolerance:** Cultures that support experimentation and psychological safety enable innovation.

FIGURE 2

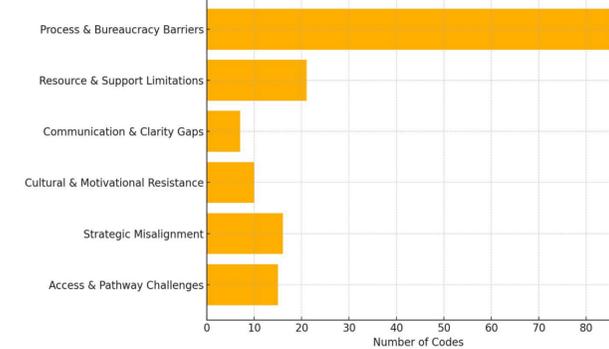
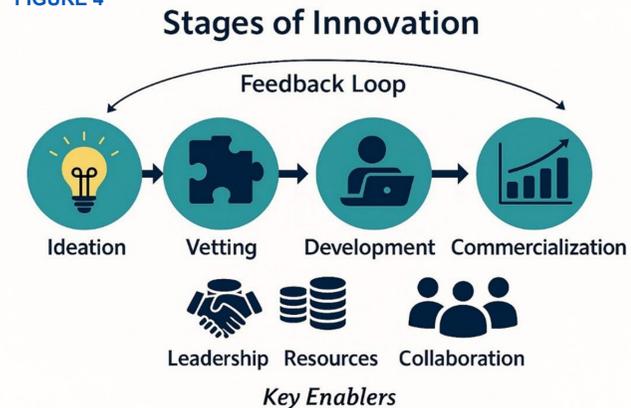


FIGURE 4



A four-stage model (Ideation, Vetting, Development, Commercialization) showing how leadership, resources, and collaboration enable innovation in a non-profit healthcare system, with feedback loops for continuous improvement.

DISCUSSION

- Innovation success depends on both structural and cultural factors within healthcare systems.
- Barriers include fragmented processes, siloed communication, and limited resource visibility.
- Facilitators include leadership support, mentorship, and collaborative networks.
- Psychological safety is essential for encouraging idea-sharing and engagement.
- Transparent frameworks and aligned organizational priorities can accelerate innovation adoption.

CONCLUSIONS

- Innovation in healthcare requires intentional strategies to overcome structural and cultural barriers.
- Leadership support, mentorship, and collaboration are critical drivers of success.
- Establishing transparent frameworks and fostering psychological safety can accelerate idea implementation.
- Aligning organizational priorities with innovation goals enhances sustainability and impact.

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