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Innovative Work Behavior in Healthcare Institutions: Drivers, Barriers, And Organisational Outcomes – A Thematic Literature Review

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Abstract: This paper presents a thematic emulsion of over thirty empirical studies (2020 – 2025) examining Innovative Work Behaviour (IWB) in healthcare. It integrates the tone-determination proposition and job institutional issues. The review identifies harmonious drivers, including transformational and green transformational leadership, structural commission, diversity climate, job casting, and supportive invention climates, which together promote idea generation, creation, and consummation. Pivotal walls are also synthesized resource constraints, hierarchical societies, shy leadership support, limited invention knowledge, staff resistance, and lack of forums for hand-driven invention — challenges that are amplified in low-resource surroundings. Empirical validation suggests that IWB improves care quality, process effectiveness, organizational rigidity, demand productivity, and staff engagement when supported by enabling structures and incentives. Notwithstanding, most primary studies are cross-sectional and concentrated in high- and middle-income countries, which limits their transferability to settings like Nigeria, where high case-to-staff ratios and fragile structures prevail. Thematic emulsion is shown to be a rigorous system for integrating behavioural invention validation and exposing methodological gaps. Practical recommendations include fostering inclusive, low-bureaucracy societies, leadership training, commissioning resources and decision-making authority, invention forums, and policy initiatives. Future research should prioritize longitudinal and mixed-style studies in low-resource settings to unpack terrain-specific mechanisms and issues. By sticking IWB within an integrated theoretical lens, the paper offers a practical roadmap for directors, policymakers, and researchers seeking to translate hand-led invention into advancements in patient care, safety, and institutional sustainability.

Keywords: Innovative Work behaviour; Transformational Leadership; Structural commission; Job Demands - resources; Employee-Driven Innovation; Healthcare Quality.

I. Introduction

It is the capability to generate innovative ideas and pick and apply the most promising ones that predetermines the positive consequences, growth and development of health institutions in the modern large and well-developed healthcare knowledge environment. The healthcare sector around the world is radically evolving due to increasing pressures in systems by ageing populations and chronic, degenerative, and other non-communicable diseases (Nolte, 2018; Schiavone & Ferretti, 2021; WHO, 2021). Considering this, the professionals and decision-makers are becoming more aware of the fact that with the assistance of innovation, these problems can be resolved, and safe, effective, and high-quality treatment can be encouraged. Although the benefits of the innovations in the healthcare workplace are strongly supported, the innovations are not widely accepted (Greenhalgh and Papoutsi, 2019; Haring et al., 2022; Saidi et al., 2020). The underlying cause of this healthcare implementation failure is the conflicts between the conflicting parts of the systems, workplace cultures, beliefs, and the organisational and regulatory background (Greenhalgh and Papoutsi, 2019; Haring et al., 2022). Thus, it is vital to ensure that innovative working practises are required so that health organisations could succeed and thrive.

To investigate the nature of IWB in healthcare settings in general, the present paper conducts a thematic synthesis of over 30 empirical studies (2020-2025) based on such frameworks as Self-Determination Theory (SDT), Job Demands-Resources (JD-R) model, Social Cognitive Theory (SCT), and Social Exchange Theory (SET). The synthesis aims to map the greatest causes, obstacles and the consequences of IWB in integrated fashion through aggregation of evidence across a number of systems.

According to Dixit and Upadhyay (2021), employees are viewed as a valuable resource in organisations and they are supposed to contribute innovatively in all activities due to the ease of innovations. The overall term which is applied when speaking about how the employees are able to do their job resourcefully is referred to as innovative work behaviour or IWB in short. IWB involves the pursuit, building, sharing, and implementation of new ideas in organisation practises (Jong and Hartog, 2020). According to AMO (2018), staff innovation behaviour can encompass such aspects as simplifying work, serving end-users better, or having the capability to make new offers to the end-user to change the processes or put innovative solutions into effect. People have long considered that successful performances within organisations rely on the creativity and originality of each specific employee (Yasir & Majid, 2019).

Although past studies have identified elements of IWB in healthcare, limited studies use the integrative approach to the methodology that tracks the interaction of the leadership, empowerment, workplace culture, and systemic challenges. In addition, there are still gaps in comprehending how structural limitations, including strong hierarchies, high staff-patient ratios, and insufficient innovation

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support, contribute specifically to IWB in low-resource countries such as Nigeria. This paper fills that gap by putting the innovation capacity in context of the structural and environmental constraints.

Innovation cannot occur without people, who can be the creators of new ideas, as well as the implementers, a phenomenon that is called innovative work behaviour (IWB) Slatten et al. (2020). IWB is advocated by companies and can be described as intentional activities that can be beneficial to individuals and organisations (Shih and Susanto, 2017). Despite the fact that IWB has been researched in several areas, even in management and education, its impact in healthcare industry remains unclear, with the phenomenon being a key in the growth of the industry. It has been testified that IWB enhances operational performance, patient safety and quality of service as it acts as a motivator to the professionals to transform in accordance with the new technology and warrant the processes. Hence, support of IWB is the most crucial step to achieving innovation and ensuring quality of care despite the growing healthcare needs.

Research shows that these drivers and limitations are in the innovative practise in healthcare organisations. In the case of Carlucci, Mura, and Schiuma (2019), innovation openness is a partial mediator of the organisational climate and innovative work behaviour (IWB) that depends heavily on the latter. This implies that a positive climate increases employee involvement in creative processes, which is facilitated by a friendly culture, and with the innovative culture, it is further enhanced. Besides, Baig, Azeem, and Paracha (2022) emphasise the role of leadership in creating an innovative culture that is vital in stimulating IWB among physicians. With the exploration of similar motivators, inhibitions and outcomes of innovative work behaviour (IWB) in the healthcare industry, this paper attempts to perform a comprehensive thematic literature review on the topic. It explores the motivation of IWB in healthcare providers in particular, the main obstacles to IWB on the systemic and organisational levels that are the most significant, and the effects of those behaviours on healthcare organisations. Relevant theoretical frameworks explaining the underlying mechanisms of IWB are also included in the study and provide solutions and setting-specific observations of enhancing the capacity to innovate in low-resource healthcare environments, such as Nigeria. The review offers a more authoritative insight into the interactions of individual, organisational, and system factors in the formation of IWB via thematic synthesis procedure which can inform scholarly literature, as well as practical healthcare innovation policy.

Conceptual Review

This theoretical review is a comprehensive study of the theoretical backgrounds that define the relationship between the primary independent variable, which is Innovative Work Behaviour (IWB), and the dependent variable, which is the organisational outcomes, in healthcare institutions. The association is also tested with the help of three critical proxy variables, including (1) leadership and supportive factors that encourage IWB, (2) the healthcare institutional environment and diversity, and (3) barriers to innovation. All these dimensions form the conceptual foundation of exploring the role of innovation-focused behaviours among medical personnel on institutional efficacy, service quality, and overall healthcare delivery performance.

Dependent Variable: Organisational Outcomes in Healthcare Institutions.

The results that are related to the healthcare organisations are complex and point to the measurable performance improvements, quality of services, and institutional efficiency. A five-dimensional framework introduced by Maltz, Shenhar and Merino (2003) is that of Financial, Market, Process, People and Future orientations. These dimensions play a critical role in measuring the effects of innovation on the results of the different operations within an organisation.

According to Wright (2015), the behaviours of the competitors are not the only external factors that affect organisational outcomes. In the field of healthcare literature, the outcomes are often characterised by perceived quality of the provided services, institutional effectiveness and quality of care which are all vital measures in the public and private health sectors.

According to Schuster et al. (2018), high-quality healthcare refers to the provision of high-quality services by trained specialists that make use of good communication, shared decision-making, and culture-sensitive care. Lohr (2011) defines quality as the intersection of healthcare provision with the current state of professional knowledge in order to create the greatest opportunities of positive health results. These definitions emphasise the multifaceted and situational definitions of healthcare quality.

According to Rahman and Alam (2022), institutional quality improvement is especially essential to increase the quality of healthcare services in different groups of people, such as older adults, children, and pregnant women. This will require enhancement in availability of basic medicines, health care centres and skilled labour as represented by doctors and nurses. These are the improvements that form the basis of good healthcare systems even when there are threats of corruption and misallocation of resources, which are actually detrimental to results, as stated by Bayati (2013). Bowra et al. (2022) demonstrates that these issues can be solved through increased transparency and accountability in organisations to improve the performance of organisations. Therefore, the dependent variable of the study is an assortment of connected results in line with the objectives of institutions and the development of the society.

Independent Variable: Innovative Work Behaviour (IWB) in Healthcare.

The innovative Work Behaviour (IWB) is the intentional invention, endorsement and the actualization of novel concepts with a view of enhancing performance at workplace. As a way of enhancing innovativeness in complex settings, e.g., the healthcare sector, IWB is a set of activities that involve the generation, marketing, and adoption of ideas (Afsar et al., 2020).

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Individual Work Behaviour (IWB) within the healthcare sector involves seeking alternative ways of enhancing patient care, service delivery and service effectiveness. According to Jankelova et al. (2021), IWB is a collection of spontaneous processes that helps to develop and implement a new idea, technology, or process within a company.

According to Jaruwanakul and Vongurai (2021), innovative work behaviour (IWB) in the healthcare sector is usually an initiative of frontline employees and administrators that discover systemic inefficiencies and propose new solutions and encourage their implementation in the clinical or administrative practise. In the case of healthcare, Bawuro et al. (2019) study advocates a three-phases IWB model:

1. Idea generation: finding areas of inefficiency or new treatment methods.

2. Idea Promotion: marketing ideas based on formal organisation or collaboration.

3. Idea Realisation: commercialising the innovations into reality.

Such proactive and reactive measures are critical in the realisation of performance sustainability in the healthcare organisations, considering the limitations imposed on the resources, the complexity of the regulatory mandate and the high pace at which the expectations of patients change.

According to the research by Janssen (2000), the innovative work behaviour (IWB) refers to activities initiated by staff and is intended to implement innovation in fixing issues. These practises are replicated in clinical practise such as infection control and triage and technologies development such as telemedicine and electronic patient record-keeping systems. It has been proved by experimental research that innovative work behaviour (IWB) is positively correlated with organisational resilience, adaptability, and quality of care improvements. The leadership and Supportive Antecedents of IWB is identified as the independent variable.

Independent Variable – Proxy One: Leadership and Supportive Antecedents of IWB

It is a fact that leadership has been determined as one of the major needs of creative behaviour in the work place. According to Lee et al. (2020) and Akinci et al. (2022), leaders influence job design, resource allocation, and organisational climate substantially that has a long-term impact on the innovation capabilities of an organisation. To be more specific, when the workers are engaged and their creativity is fostered, the transformational leadership will create a favourable climate in which the innovative work behaviour (IWB) will thrive.

Innovative human resource (HR) practises are also essential besides leadership. Diversity management and job crafting have been demonstrated to support innovative work behaviour (IWB) by HR practises. Under the given model, diversity entails demographic differences, work-related attitudes, culture, and religion (Hofhuis et al., 2016). These differences can bring about innovativeness when managed well.

A diversity climate (DC), or a feeling by employees that they are all treated equally, is a strong facilitator of promotion of innovative practises at the individual level. DC encourages innovation on any organisational level, in addition to creating inclusivity, as reported by Hofhuis et al. (2016).

The case under study (Tan & Sim, 2022; Al-Dewik, 2022) demonstrates that bottom-up innovation is becoming increasingly important, where employees of various ranks are involved in the process of solving the problem and developing ideas. Such strategies are vital to the organisational competitiveness and must have proactive empowered employees who are aligned with the objectives of the institution as indicated by Tampi et al. (2022).

Independent Variable - Proxy Two: Institutional Environment and Empowerment.

The healthcare business is all about human well-being hence the role of employee empowerment is to ensure that the level of job satisfaction and productivity is maximised. According to Al-Saleem and Aldakheel (2024), empowered employees would be more engaged in innovative projects and provide professional views. The methods of empowerment normally involve provision of required resources, skill development and appreciation programmes.

Further, the potential and disposition of employees to be innovated is directly influenced by the institutional context, which comprises the cultural, structural, and technological aspects of the institutional context. Healthy work environment encourages innovative work behaviour (IWB) by adopting policies that allow innovation, bureaucratic resistance, and expansion of professional collaboration.

Independent Variable - Proxy Three: Barriers to Innovative Work Behaviour.

Although its importance is great, the innovation in the healthcare industry is typically challenging due to the presence of organisational and systemic barriers. The innovation should be accessible to all tiers of the workforce (Van den Hoed et al. 2022). Nevertheless, a significant obstacle is still disempowerment. Cadeddu, Dare, and Denis (2023) have indicated that the loss of empowerment is a grave threat of losing loyal employees.

Kash et al. (2014) identify the type of innovation the company is seeking, a shortage of resources and experience, as significant obstacles to workplace innovation. In the same manner, Renkema et al. (2022) reveal a lack of organisational knowledge,

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insufficient recognition, and prioritisation, among other problems. In low-resource healthcare systems, the problem of financial constraints and clinical needs impedes the creation of new ideas most of the times.

According to Oludapo et al. (2024), another old-running barrier to innovation is resistance by employees. In a similar manner, the frequency and pace of organisational change can also cause resistance, as Flessa and Huebner (2021) also said that they introduce a sense of uncertainty, breakdown of communication, or absence of participation in decision-making. But at the same time, it is also worth keeping in mind that not every reaction is negative. Besides, Su et al. (2021) attributed resistance to innovation to the failure of human resource practises, including poor training and technology systems that do not match.

There are empirical data that show more systemic limitations that include inadequate leadership support, underdeveloped innovation model, and rigid hierarchy as the main preventive factors to introducing IWB in healthcare institutions, particularly in low-resource institutions, in addition to resistance through individual levels and lack of resources.

In the research article by Haring et al. (2022), the complexity of the health care system (characterised by heterogeneous work culture and non-standard regulatory regimes) has been identified as the most common cause of failures in innovation. These issues notwithstanding, they are solvable. These challenges can be counterbalanced through the adoption of organisational learning and strategic policy interventions and provide avenues of innovation over the long run.

II. Theoretical Review

Theory One: Self-Determination Theory.

The Self-Determination Theory (SDT) has appeared in the late 1970s as a result of the work of two American psychologists, Edward Deci and Richard Ryan, who aimed to create a way of conducting research in the dynamics of motivation of human behaviour. SDT explains the directions that affect the individual motivation depending on the impact the environmental factors external to an individual have on intrinsic motivation and the internalisation processes. Empirical studies within SDT framework within an interdisciplinary setting would always prove that when an individual believes that the social world offers him a sense of support and that he fulfils his intrinsic needs of autonomy, competence, and relatedness, not only does this person feel so highly motivated, but also increases in vitality, health-promoting behaviour, and goal-seeking behaviour in life, which are also contributors to well-being. Therefore, it is increasingly becoming evident that SDT is a solid and comprehensive model of explaining human motivation, especially in the modern world which is becoming more dynamic.

The given notion has become even more salient in recent years with respect to the urgent necessity to promote the innovative work behaviour (IWB) among both clinical and non-clinical employees under the pretext of the limited resources, organisational challenges, and a rapid technological progress. When the healthcare workers are allowed to make their own decisions, have positive relationships with patients and colleagues, and feel capable of performing their duties, chances of high-quality motivation are likely to be present. This intrinsic motivation is required in order to encourage discretionary action like problem-solving, knowledge exchange, and active usage of new ideas all the distinguishing features of IWB (Sheldon and Prentice, 2019; Gillison et al., 2019).

Moreover, in the context of health care where these psychological needs are prioritised, there are great organisational benefits such as better patient care, less burnout, and staff motivation (Ryan and Deci, 2020; Gillison et al., 2019). Besides improving worker well-being, the SDT-consistent practises including team work, decision making, and sponsorship of leadership have been shown to increase productivity and creativity potential of a system-wide health care environment. Indicatively, organisational cultures where physicians and nurses are permitted to participate in the process improvement decisions or lead innovation in care delivery are the ones that foster the feeling of efficacy and ownership that eventually result to more responsive and malleable health facilities.

On the whole, SDT is a comprehensive approach that would allow healthcare executives to perceive and influence the behaviour of employees better to encourage personal growth and contribute to the positive organisational performance. Incorporating the SDT concepts in the organisational policy, leadership training and job design can ensure that it becomes easier to build up improved innovative skills that are required to be sustainable and successful in the ever-complicated industry.

Theory Two: Job Demands-Resources (JD-R) model.

According to Bakker and Demerouti (2017), the job demands-resources (JD-R) model is widely applied to research the predictors of employee well-being and results on an individual and organisational level. The model defines job characteristics into job demands and job resources; the former require effort to cope with the demands, whereas the latter assist in reaching the goals and personal development. Job demands are associated with the impairment in health (exhaustion) whereas job resources promote motivation (engagement). Moreover, resources help to alleviate the negative impact of demands on burnout and are particularly essential in the situation when demands are high, improving work engagement. Job strain therefore has a detriment effect on performance as opposed to motivation, which enhances performance. The theory also examines the loss cycle of job demands and exhaustion and gain cycle of job resources and engagement (Bakker, 2015).

Job crafting improves the work conditions of employees who already participate actively and are guaranteed more resources and motivation. Stressed employees on the other hand may resort to self-undermining, which helps increase job demands and subsequent stress (Bakker and Demerouti, 2017). Hence, reducing job requirements and providing sufficient resources are relevant to the organisations, workers, and customers. Based on the JD-R model, home health care nurses were examined and it was found that

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job resources were related to lower rates of burnout and higher levels of engagement whereas job demands were related to high burnout. JD-R model is widely applied, such as in the professional sphere, where researchers have found out that job resources may enhance the level of engagement among employees and decrease high demands. Moreover, other studies have revealed that JD-R model forces employees to be innovative in their work.

Theory Three: Social Cognitive Theory (SCT)

Social Cognitive Theory (SCT) is a theory that explains human behaviour as an interaction between people and their environments (Baumol 1997). According to Social Cognitive Theory (SCT), human behaviour could be attributed to both external and internal causes (Bandura, 1986). According to Hoang et al. (2022), internal drivers are the innovational capacity and innovative aspects and factors of an individual and external drivers are environment and leadership influence, as a driver of an employee. Considering the SCT, this research aims at studying the issue of leadership as an environmental factor that can influence the innovative behaviour of employees working in the public sector of the developing country. According to the Social Cognitive Theory (SCT), the environment, experience, behaviour of others, and other aspects influence the way a person behaves in health. SCT provides the opportunities of social support through the planting of expectations, the self-efficacy and the introduction of behaviour change by the application of observational learning and other reinforcements. An empirical study by Rural Health Information Hub (2025) was applied as a small-group intervention of patients of HIV/AIDS in Cempa Community Care. The programme, according to the Social Cognitive Theory, implements skill-building interventions to make the participants more self-reliant and build healthy habits. SCT is a theoretical model, which may be applied to every population and every setting. Most commonly it is used to guide interventions on behaviour modification. It could be particularly useful in the rural settings in examining how individuals interact with the environment. It is possible to use the SCT to value how social determinants of health and the history of an individual influence the change of behaviour.

Theory Four: Social Exchange Theory (SET)

Reciprocity is an abstract human interaction principle, as postulated by the Social Exchange Theory (SET). It states that people demand their efforts to be rewarded as well as social relations are supported by continuing interaction of material and immaterial resources. The given theoretical framework is particularly relevant to the healthcare organisations because the long-term interaction and innovative behaviour can be treated by the two-way respect, identification, and confidence between the staff and the organisational leaders. Sulistiyani (2022) had assumed that SET suggests that health workers would become more willing to react with devotion and innovation to clinical and administrative practise in case they feel supported by the organisation, e.g. are given proper resources, supportive leadership and attention to their wellbeing. Cropanzano, Anthony, Daniels and Hall (2017) raise the giver-receiver dimension of relationships within SET by stating that individuals base their value on their relationship with and perceived organisational benefits.

Creativity inputs and emotional support are intangible elements that are considered in the theory (Faiza et al., 2019). This is observed in policy field improvement, crisis management and medical information exchange in the health sector. Highly valued employees are also likely to perform better particularly when they are under pressure and this underlines the significance of social exchange theory in explaining the working creative habits. It demonstrates how two-way rewarding communication establishes a climate of psychologically safe environment that fosters creativity, effectiveness, and resilience. Moreover, empowered employees show positive reaction associated with creative behaviour.

Theoretical Framework

In health context, innovative work behaviour (IWB) is a result of interplay between external and internal determinants that are dynamic. Self-Determination Theory (SDT) pays attention to psychological needs internally, including autonomy, competence, and relatedness that is essential to evoke intrinsic motivation to innovate, which is critical when Ryan and Deci (2020). According to Kanapathipillai, the social cognitive theory (SCT) focuses on the importance of setting goals and self-efficacy in which workers who believe in themselves will initiate and maintain innovative projects (Kanapathipillai, 2021). Resting on the external sources, Lee and Jo (2023) state Job Demands-Resources (JD-R) model theorises that manageable demands and adequate job resources (e.g., autonomy and social support) are the main blocks of employee engagement that is a prerequisite to innovation. Also, there is a Social Exchange Theory (SET) which states that employees are expected to come back to the organisation through discretional acts like innovation as long as they are trusted and looked after by the organisation.

The integrated model revealed that, the interaction of the relational, psychological, and motivational forces is coordinated to support, sustain, and reinforce IWB among medical practitioners. The integrated approach of this mixed model in understanding the complex factors of Innovative Work Behaviour (IWB) in a healthcare environment sets its application as desirable. The model comprises of a dynamic synthesis of intrinsic motivators (autonomy, competence, and self-efficacy) and extrinsic enablers (job resources, positive leadership, and relational trust) through the production of Social Cognitive Theory (SCT), Social Exchange Theory (SET), Job Demands-Resources (JD-R) model, and Self-Determination Theory (SDT). The chord takes into account the dynamic health care realities of innovation being framed by organisational design, social networks, and individual capability and intrinsic motivation. This paper bridges a gap in the literature on methodology by bringing all the four theories together under one thematic umbrella to reflect the complex inter dynamic factors that bring about IWB in contrast with the literature that used the theories

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individually. By acting thus, the framework will represent a robust, evidence-based platform to the realisation and enhancement of IWB to bring about maximum patient outcomes, service quality, and flexibility.

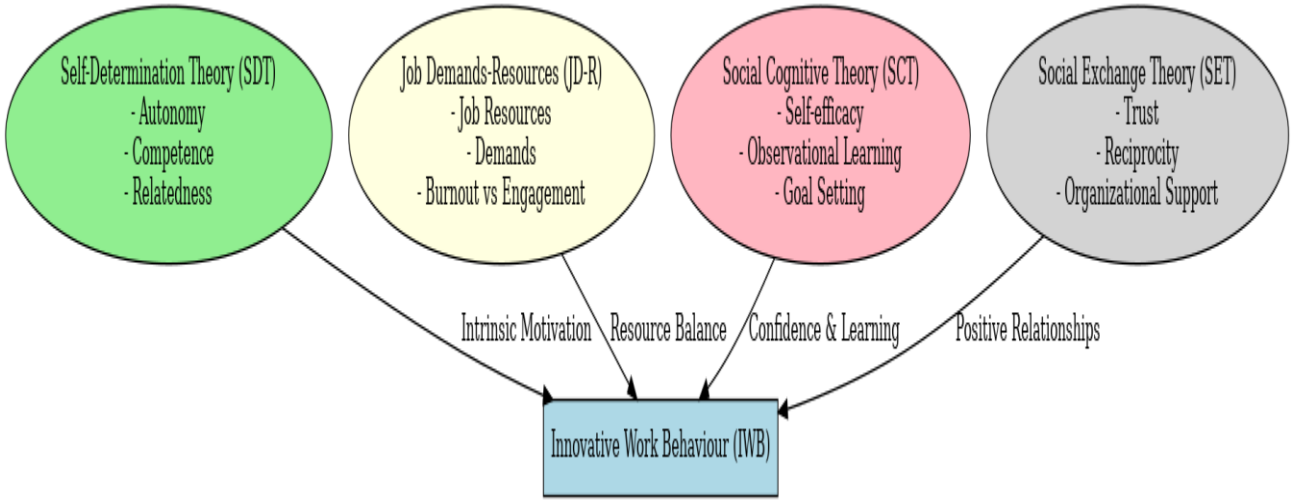

Figure 1: Integrative Framework

Source: Author, 2025

Empirical Review

Drivers of Innovative Work Behaviour.

Watts et al. (2020) performed a meta-analysis study that revealed that there is a positive relationship between transformational leadership and group and individual innovation. Secondly, a meta-analysis study conducted by Lee et al. in 2021 indicated that transformational leadership and creativity and innovation are positively correlated. Also, Mohamed et al., (2025) research results revealed that nursing green transformational leadership had a significant impact on green creativity and green behavioural intentions of the nurses. This was moderated by the presence of favourable green work climate which also transformed intention into actual green behaviour moderation. Although, Moreno Cunha, Marques, and Santos (2022) used the Job Demands-Resources (JD-R) model to explore how personal and organisational variables impacted innovation behaviour and outputs of innovative behaviour of nurses during the COVID-19 pandemic. As a research design, quantitative methodology was used to gather the data of 738 nurses in Portuguese medical facilities with a structured measurement tool. The results indicated that individual factors had strong and positive impacts on the innovative behaviour and innovation outputs, with innovative behaviour having the greatest effect on innovation outputs. The implications of the resource availability and job demands on innovation were also tested through the research and it was noted that the psychological states of both organisations and individuals are vital in the innovation facilitation in the medical field when faced with emergency situations.

Knutsson and Lurie (2021) observe that by enabling the pharmacy staff to start an outpatient pharmacy Kaizen project, waiting times for patients were reduced by four to six minutes to four or at most 60 minutes at a government hospital in Abu Dhabi. This implies how the performance of organisations can be enhanced by empowering employees. In addition, Baig, Azeem, and Paracha (2022) have mentioned that the diversity climate was moderating the innovative work behaviour (IWB) of the nurses. By analysing the data of 283 nurses by use of structured questionnaires, they were able to conclude that active job crafting and a good diversity climate positively contribute to innovation which improves innovative behaviour. The authors propose the use of diversity management and job crafting strategies in healthcare systems as a motivation strategy of IWB among nursing personnel.

Zhang et al.'s 2024 is a cross-sectional study that evaluated variables influencing innovative practises of 1,002 nurses in the ophthalmic specialty of 82 hospitals in China. It has discovered that innovative behaviour had a strong positive correlation with structural empowerment that is characterised by access to resources, organisational support, and decision making authorities. This implies that empowered nurses would be more inclined to develop clinical procedures and come up with new ideas. The paper highlights the need to empower the organisational systems to foster innovation within the healthcare sector. Specifically, the more empowered the healthcare professionals are, the more they have access to resources and support offered by positive leadership and inspire creative ideas. In past studies, Wang et al. (2021) have demonstrated that higher levels of organisational support and resources enhance empowerment of nurses and generate beneficial outcomes on their innovating behaviour.

In addition to this, a qualitative study carried out by Samuelson et al. (2024) in a Swedish primary care environment looked at employee-driven innovation (EDI) as an upward innovation when the change began among the frontline employees. The analysis established that EDI facilitates organisational innovation, provides individuals and groups with power, enhances flexibility and

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facilitates individual and group learning using focus group interviews and inductive content analysis. Due to these forces, workers were in a position to adjust their day to day living to respond to the evolving needs both internally and externally. The newcomers had a hard time understanding the concept and benefits but nonetheless, the cumbersome weight and a lack of external assistance posed a problem in ensuring the innovative culture remained alive.

Barriers to Innovative Work Behaviour.

In the Knutsson and Lurie (2021) study, the authors have referenced key barriers to healthcare innovation, which have to do with the type of innovations pursued. Difficulties such as lack of knowledge and resources were also present and most areas in Sweden were not supported financially. Renkema et al. (2022) presented the obstacles to employee-driven innovation such as lack of resources, recognition, and knowledge in the organisation. The management also expected idea generation but many employees believed that there was limited innovation opportunities. According to Kelly and Young (2017), new ways of doing things are often sacrificed due to the lack of finances and increased clinical demands. It is also critical to welcome failure during the innovation process because there are no punishments on the existing practises.

In addition, a study by Drejeris and Drejeraine (2022) found that the employee resistance to innovation is often mentioned as one of the main barriers to the innovative change and a negative feature of work relations in healthcare institutions. The offered methodology is premised on quantitative modelling techniques. The application of a modelling approach can help healthcare organisation administrators to remove the causes of staff resistance to change, and therefore hasten the process of innovation development. Nevertheless, an article by Mansour and Nogues (2022) portrayed a situation where nurses were active and hopeful regarding innovation and acceptance of job crafting in enhancing efficiency, sustainability, well-being, virtual collaboration, communication, and information exchange. The inhibiting factors towards using job crafting were associated with numerous organisational issues.

Knutsson and Lurie (2021) pointed out that inadequate leadership and lack of innovation knowledge result in unwillingness of the employees to participate in the improvement programmes because of the lack of time and expertise. This does not allow the employees to develop their ideas. More so, most organisations do not establish forums in which innovation can be discussed and in most cases, healthcare systems find it difficult to be open minded, owing to the conservative hierarchies. Contrarily, Bardach et al. (2023) claimed that innovation success requires the presence of a good information technology, active leader engagement, and good communication. Flexible support has the potential to improve accountability and motivation and satisfy the changing projects requirements.

Organisational Outcome of Innovative Work Behaviour

Fu, et al., (2025) conducted research on how innovation climate can improve the quality of care and innovation in the field of oncology among nurse practitioners in China. The finding made it clear that the achievement motivation and creative self-efficacy of nurses were demonstrated to be heightened by a favourable organisational innovation climate which in turn results in increased innovative behaviour. The authors propose that such a cascade has an effect on enhancing care process, protocols, and quality of the nursing services in general. Also, the effects of head nurse empowerment on the innovative behaviour of clinical nurses: a large survey study indicated that with head nurses empowered, their clinical nurses demonstrated greater innovative behaviour: organisational climate, and professional autonomy played an intermediary role between head nurses empowerment and clinical nurses innovative behaviour. This empowerment-innovation relationship enhances the workflow innovation, clinical protocol adjustment, and efficiency in care delivery.

Moreover, Li et al. (2025) examine the innovative behaviour profile of clinical nurses, and found out that clinical nurses who possessed high-level innovative behaviour (HIB) engaged more in scholarly activities, won science and technology awards, and involved themselves in research contributions. This implies that the promotion of IWB has the potential to improve the productivity of science and institutional image in healthcare. The review suggests that IWB is motivated by transformational leadership, empowerment, organisational climate, diversity, and job crafting that positively influence creativeness and motivation of the healthcare workforce that enhances the quality of care and productivity of research. On the other hand, innovation is hampered by such barriers as weak leadership and limited resources. The works underline the need to have supportive frameworks and robust work conditions that facilitate sustainable innovation, even though more critical examination and comparative analyses based on the context are required.

Research Gap

Although the available global literature highlights the most critical drivers and inhibitors of innovative work behaviour (IWB) in healthcare including transformational leadership, empowerment, diversity climate, and employee-driven innovation there is a glaring information gap in the available empirical work as it relates to the Nigerian healthcare context. Majority of the studies done are found in either high or middle-income nations such as Sweden, China, Portugal as well as the UAE where the organisation structure, cultural norms, and resources available have a significant difference with Nigeria. Although these studies may have provided useful information on how leadership, empowerment, and enabling climates can enhance innovation, the studies fail to consider the peculiar systemic limitations of Nigeria such as high ratio of patients to staff, hierarchal communication channels, low levels of funding, and poor infrastructure to support innovations. Also, even though the obstacles like resistance to change, lack of

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resources, and ineffective leadership have been well recorded, very little has been said on how these issues particularly impact on the capacity to innovate within the healthcare institutions in Nigeria. Regarding the methodology, there are also no integrative reviews that consider IWB in healthcare through the prism of holism. Although many studies have examined the individual antecedents or inhibitors, a few have used thematic literature review approach to track the relationship drivers, inhibitors, and organisational outcomes of IWB. The paper fills this gap in methodology through a thematic approach to the synthesis of empirical evidence, theoretical views, and methodological trends, offering a more sensitive approach to IWB in healthcare.

Also, drivers, barriers, and the results of IWB are frequently isolated constructs in the previous studies. Through thematic synthesis, this study makes inferences of relational inferences between these constructs providing a holistic approach, especially when it comes to the provision of a framework that can be used in the study of healthcare innovation in Nigeria.

III. Materials and Method

This is a systemic thematic literature review study that examines the innovative work behaviour (IWB) in healthcare facilities by three themes of analysis namely antecedents, barriers and organisational outcomes. MeSH terms as well as the keywords were used in PubMed, Science-Direct, and Google Scholar to conduct an exhaustive search of materials on innovative work behaviour, employee innovation, barriers to innovation, and transformational leadership. Empirical studies and systematic reviews of IWB use in healthcare; studies of innovation antecedents (leadership, culture, training), obstacles (resource limitations, resistance) or outcomes (care quality, performance); English language literature with human subjects. Whereas, grey literature, non-peer-reviewed documents, research with technological innovation but no behavioural aspects, and research outside healthcare setting are not taken into consideration. The thematic synthesis research approach allows recognising patterns, identifying contradictions, and analysing gaps in knowledge, which will give a thorough understanding of the effects of IWB on the dynamics of healthcare organisations.

IV. Conclusion

The paper presents a thematic synthesis of the existing empirical research on the topic of Innovative Work Behaviour (IWB) within a healthcare setting demonstrating that transformational leadership, psychological empowerment, and favourable organisational climate are essential facilitators, whereas resistance to change, insufficient resources, and hierarchies continue to be the major obstacles. These findings directly respond to the primary objectives of the research by identifying, categorising and critically reviewing the reasons, obstacles and organisational outcomes of IWB. They play a major role in healthcare innovation scholarship in that they bring about behavioural, psychological, and organisational aspects under a single framework. Theoretically, the paper combines four complementary theories Self-Determination Theory, Job Demands-Resources (JD-R), Social Cognitive Theory, and Social Exchange Theory- presents a new, multi-level approach to the study of IWB in healthcare. This combination pushes the contemporary thinking having contextualised innovation as the dynamism in the interaction between intrinsic motivation and extrinsic structures in particular in resource-constrained environments. Thematic synthesis can be considered a valuable methodologic approach to evidence aggregation due to the rigour, transparency, and flexibility of the methodological approach adopted in the review. It both brings out gaps in the empirical data available in low-resource settings like in Nigeria, and it also brings out the limitation of the current methodologies, such as excessive use of cross-sectional designs and the underuse of mixed methods.

In practise, the results provide practical information to the hospital administrators and policymakers: leadership empowerment, job crafting, and inclusive innovation forums can spur employee-led measures to improve the quality and efficiency of care. Nevertheless, there are work pressures and poor innovation infrastructure among other challenges that demand systemic policy interventions. Limitations Limitations are geographical concentration of studies in countries with high and middle income and lack of grey literature. These restrict the extrapolation to low-income healthcare situations. The future study needs to examine context-aliated obstacles as well as facilitators of IWB in the healthcare system of Nigeria through longitudinal, mixed-method designs. On my part, this research enhanced my theoretical fluency, critical synthesis skill and the methodological reflexivity-setting a sound groundwork to doctoral research and contribution of knowledge in the field of healthcare innovation.

To summarise, leadership and motivation are not the only aspects that can be employed to promote innovative work behaviour within healthcare institutions. It requires strategic organisational plans that respond to structural and contextual obstructions-especially in low resource settings. The results provide a theoretical concept as well as a practical idea to build sustainable innovation in healthcare. According to the thematic synthesis, the concise recommendations include the following:

For Healthcare Managers:

- Promote an innovative culture through openness, trust and creativity.
- Minister train leaders using transformational and supportive leadership styles.
- Less bureaucracy which restricts autonomy of employees.
- Give time, tools and resources to frontline innovation.

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For Policymakers:

- Introduce some incentives of innovation into health policies and institutional structures.
- Incorporate innovation measures in performance appraisal and KPIs.

For Researchers:

- Research unexplained psychological, cultural and system factors that lead to IWB.
- Research on more comprehensive outcomes such as patient satisfaction and staff retention.
- Use a wide variety of context-sensitive methodologies, particularly in low resource places.

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