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Innovation in persons. An analysis of two prominent academic narratives

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Abstract

Background: The concept of innovation is increasingly employed in policy papers in Norway and internationally. While the meaning of the concept is scarcely reflected on in those documents, its use mostly implies positive connotations with regard to possible benefits for healthcare and other welfare areas.

Aim: The aim of this article is to investigate the use and possible consequences of the concept of innovation in relation to older people's care in recent policy papers, with special attention to one particular paper.

Methods: A qualitative document analysis inspired by narrative theory is employed, exploring how the concept of innovation is used and contextualised in a recent influential academic narrative by Kåre Hagen and co-workers, highlighting prominent traits of the narrative by contrasting it with an older and different academic narrative by Michel Foucault.

Findings: The Hagen narrative, which became part and parcel of a dominant Norwegian political narrative and also echoes prominent messages of recent European Union documents, features terms that signal positive aspects and promises of innovation in general, and technology in health and care in particular. To the extent that possible negative outcomes are dealt with, they appear as result of unfortunate contextual factors such as a lack of planning, insufficient organisational frames and fragmented systems of financing. Foucault's narrative, by contrast, more than hints at possible darker sides of processes and products of innovation. While the first narrative mainly offers answers, the latter to a larger extent pose questions.

Conclusion: The intended and potential audiences of the two narratives are very different: academics and students for the older one, and politicians, decision makers and the general public for the recent one. However, both narratives are as much about what they omit as what they select, and about words and concepts chosen or not chosen. In both, a constructed past and future imbues the present with meaning and an invitation to act. While Hagen mainly appears to invite people to act now, Foucault seems to invite the audience to pause and to reflect – a different type of action.

Implications for practice:
Decision makers and practitioners in older people's care should:

- Pay attention to dominant academic and policy narratives dealing with their own practice
- Reflect on the prevailing concept of innovation and on justifications for processes of innovation
- Reflect on predominant ideas of innovation in health and care, including technological innovation, and its possible implications for care work

- Reflect on how present narratives of innovation may influence their ideas of what is important in care work
- Hasten slowly or pause when invited to engage in processes where the explicit aim is innovation
- Realise that facilitation skills must include the ability to value team experiences, recognise learning needs, provide feedback and participate in finding solutions in the moment
- View flexibility as important in terms of how new knowledge can be used in person-centred ways, notably in attempts to reduce the use of restraint in dementia care

Keywords: Innovation, technology, older people, academic narratives, policy papers

Introduction

Innovation is a concept increasingly employed in European policy papers on public services in general and care services in particular, although its meaning and its historical roots are rarely dealt with in explicit terms. Still, the concept can do its work as a metaphor by illuminating some aspects of care and care services, and shrouding other aspects. Assuming that the concepts we employ and live by have real-life consequences, it is important to consider what innovation may mean for caring, carers and persons cared for.

A view pursued in this article is that academic writings can be seen as narratives, sharing traits with traditional narratives but with concepts, theories and hypotheses taking the place of characters and plots (Czarniawska 1997; 1999). Academics, like people in general, are engaged in exchanging stories and making sense of their experiences in narrative forms. So however different academics may be in terms of scientific traditions, they are all storytellers (Bruner 1990, 1997; Czarniawska 1997, 1999).

Like all narratives, academic narratives are characterised by what they state and omit and by what they highlight and what they obscure. Likewise, they are characterised by meaning of words and by wording of meaning (Clark, 2011). And like narratives in general, academic narratives may be viewed as constructing a past history, a present state of affairs and a future scenario in a way that imbues the present with meaning and creates certain expectations about the future (Jacobsen, 2015). How history is constructed in narratives in general and those dealt with in this article in particular, may imbue the stories with a persuasive or 'perlocutionary' force, to use a concept proposed by the philosopher John Austin (1962).

Aim

The aim of this article is to investigate the use and possible consequences of the concept of innovation in relation to older people's care in recent policy papers. Special attention will be paid to one influential policy paper involving a particular academic narrative which, it will be argued, is an example of a predominant way of narrating innovation in Norway and beyond, in recent European Union and World Health Organization policy documents. This investigation will be undertaken in the light of an older and very different academic narrative, providing a thought-provoking theoretical perspective. This will enable discussion of the possible implications of the current focus on innovation in care, and how ways of employing the concept in policy papers and elsewhere may have consequences for practice development. It will be argued that these consequences may be realised by influencing how persons caring and cared for are constructed and conceived, and by influencing how politicians and other policymakers, leaders and care service staff set their priorities.

The main narrative is that of present-day Norwegian researcher Kåre Hagen, who happens to have the ear of politicians and practitioners alike. He has for years had a profound influence on how politicians and decision makers at state level and municipal government level present ideas of innovation in care and plan for what are frequently labelled 'the care services of tomorrow'. The narrative of an earlier academic, the French philosopher and historian of ideas Michel Foucault, will serve to question dominant present-day narratives such as Hagen's.

Methods

A qualitative document analysis inspired by narrative theory has been applied, paying attention to both the potential meaning of words and wording of meaning (Clark, 2011). The choice of narrative analysis was made to gain insight into how expert opinions – in this case about innovation – are 'storied' in policy documents and made part of a narrative that directs the gaze of readers and highlights particular aspects of innovation while leaving other potentially important dimensions in the shadows. In other words, a narrative analysis can further an understanding of how particular statements gain persuasive force. Use of the concept of innovation is investigated, with regard to the immediate context of policy documents, and the wider contexts of real and potential audiences and of culture and society. For policy documents, the most frequently co-occurring concepts, like capital and technology, have been identified by this article's author, and their relationships to the concept of innovation are explored, in close cooperation with colleagues working on document analysis. The findings have also been presented at international conferences.

The written sources dealt with in regard to Hagen are primarily the green paper 'Innovation in the Care Services' (Ministry of Health and Care Services, 2011) and, to a lesser extent, the white paper 'Future Care' (Ministry of Health and Care Services, 2012-13), the latter being included since the former is the proposal on which it is founded. Other recent Norwegian, EU and WHO policy papers are briefly dealt with to demonstrate the similarity of their narratives to that in 'Innovation in the Care Services'. The written source of Foucault's narrative is the book *The Birth of Biopolitics. Lectures at Collège de France* (Foucault, 2008 [1978-79]).

Reference to Foucault will serve twin purposes – to analysed his narrative in its own right and to illuminate particular traits of Hagen's narrative by comparison. This comparative approach has three main strands:

- How a past, present and future are interrelated in the two narratives
- Which concepts co-occur with the concept of innovation in the two narratives
- How matters are presented, whether as absolute truths or as matters open for discussion

Foucault's work is also interesting because it is a very early academic narrative of innovation from a time when this concept was not in common use except among economists. Moreover, his narrative explicitly relates to the so-called father of the innovation concept, as employed in present-day policy documents, the economist Joseph Schumpeter (1942). Last but not least, Foucault's narrative is interesting and useful for the analysis in this article because it involves a way of inquiring that situates a phenomenon like innovation within wider discourses. It will be argued that there are benefits for practice development in posing similar questions to present-day narratives of innovation.

Investing in human capital: Foucault's narrative of innovation

The two narratives, although stories with a personal point of view, like narration in general, also exemplify narratives as co-creation, where a real and imagined public contributes to shaping the stories. In his book based on university lectures, Foucault (2008 [1978-79]) arrives at the concept of innovation via several detours. He starts by discussing the development of various forms of neoliberalism following so-called classical economic theories.

Such detours are typical of Foucault's writings and way of working. The questions he asks relate to specific historical epochs, for example in relation to development of prisons in a particular period. Why did it happen and why then? What did this development depend on? How did it relate to prevailing systems of terms and forms of thought? Foucault described this method as a type of 'archaeology', digging through several layers of understanding and achieving historically specific contextualisation. Foucault poses similar questions with regard to the concept of innovation. Why did it occur in his own time? How did the concept relate to a wider discourse and hence to other co-occurring concepts?

A central concept to his discussion is 'human capital', which he saw at that time as central to (in particular US) neoliberal economists' ideas of capitalism. Those economists tend to criticise works by earlier 'classical' economists for paying insufficient attention to labour. Although the earlier theories

took all the factors of land, capital and labour into consideration, neoliberal economists proposed that so-called human capital should be dealt with and analysed more seriously and diligently. Instead of thinking only in a quantitative manner related to time and size of workforce, one ought to understand the worker in terms of motivation and 'how the person who works uses the means available to him', and, as far as possible, 'put oneself into the position of the person who works' (Foucault, 2008 [1978-79], p 223).

Rather than conceiving workers as producers, or as partners in exchange, as classical economic theories did, the neoliberal version of the economic man (*homo aeconomicus*) is 'an entrepreneur, an entrepreneur of himself' (Foucault, 2008 [1978-79]), p 226). Furthermore, the entrepreneur is 'a man of consumption', 'producing his own satisfaction' (ibid). The early neoliberals, in their own view, finally gave agency to workers, instead of making an abstraction of work, workers and the products of work, as they accused Karl Marx, for example, of doing.

Only when understanding the goals and the meaning of work for workers, and therefore understanding the workers, does investing in human capital become possible. But what is human capital? Foucault makes a division based on neoliberal theory, which he analyses critically, between acquired and innate human capital and human genes. Acquired human capital is most focused on in neoliberal theory, paying attention to possible ways of more or less voluntary formation of human capital.

The most relevant question posed by proponents of neoliberal theory, is, according to Foucault, how to create the best possible 'abilities-machines'? Here, different types of investment are important, not the least parents investing in their children:

> *'The neoliberals lay stress on the fact that what should be called educational investment is much broader than simple schooling or professional training and that many more elements than these enter into the formation of human capital […] Time spent, care given, as well as the parents' education because we know quite precisely that for an equal time spent with their children, more educated parents will form a higher human capital than parents with less education – in short, the set of cultural stimuli received by the child will all contribute to the formation of those elements that can make up a human capital. This means that we thus arrive at a whole environmental analysis […] of the child's life which it will be possible to calculate, and to a certain extent quantify, or at any rate measure, in terms of the possibilities of investment in human capital'* (Foucault, 2008 [1978-79]), pp 229-230)

After making his point about the broader view of neoliberal thinkers on what is education and how education represent an investment in human capital, he goes on to discuss health care activities as a form of investment in humans:

> *'In the same way, we can analyse medical care and, generally speaking, all activities concerning the health of individuals, which will thus appear as so many elements which enable us, first, to improve human capital, and second, to preserve and employ it for as long as possible. Thus, all the problems of health care and public hygiene must, or at any rate, can be rethought as elements which may or may not improve human capital'* (Foucault, 2008 [1978-79]), p 230).

After going through the forms of investment to increase acquired human capital, Foucault goes into the results of such investment, which are conceived, by neoliberal thinkers and others, as leading to economic growth and so-called added value to society. An example of such a result that Foucault specifically mentions is mobility, the ability to move around, to migrate and hence to relate flexibly to changing contexts:

> *'Because migration obviously represents a material cost […] Migration is an investment, the migrant is an investor. He is an entrepreneur of himself who incurs expenses by investing to obtain some kind of improvement. The mobility of a population and its ability to make choices of mobility for improving income enable the phenomena of migration to be brought back into economic analysis, not as pure and simple effects of economic mechanisms which extend beyond individuals and which, as it were, bind them to an immense machine which they do not control, but as behaviour in terms individual enterprise, of enterprise of oneself with investments and incomes'* (pp 230-231).

In dealing with the concept of innate human capital, Foucault hints at cultivating genes that carry less risk as one type of scarce goods to circulate in the economy. From a rational choice theory point of view, economy is mainly 'the flow of scarce goods'. Hence, there is no logic that could bar more risk-free genes from entering this flow of scarce commodities and goods. At least, governments could make policies that facilitate the predominance of more 'risk-free genes'.

One of capitalism's main problems has been a tendency towards falling return on investment. The history of capitalism therefore consists of a series of attempts to correct this. According to Foucault, this continuous self-correction of capitalism was a central conception of Joseph Schumpeter, the aforementioned 'father' of innovation theories. Schumpeter related such self-correction measures to the concept of innovation, where a key effect of innovation is repair work to counter falling profit.

In Foucault's view, various forms of investment in human capital should be seen as attempts to counteract capitalism's inbuilt tendency to falling profit, the introduction of division of labour being an early example. The concept of innovation in this regard means investing income in human capital, where the income takes the form of developing new types of productivity and technological innovations. In the words of Foucault, innovation is *'the set of investment […] made at the level of man himself'* (2008 [1978-79], p 231), a point inspiring the title of this article, innovation in persons. By linking innovation to development of human capital, innovation may literally come to mean innovation in persons.

In typical style, Foucault in passing briefly and vaguely hints at a darker side regarding possible future opportunities, not least,when discussing innate human capital. In his outline of the abilities-machine, he merely states that future scenarios related to cultivation of the two forms of human capital may be 'interesting or disturbing, according to your point of view' (Foucault, 2008 [1978-79], p 227).

Foucault's narrative constructs the contemporary preoccupation with investing in persons in the capacity of workers, involving a return to a somewhat distant belief in the free market, but in a new form, where an economic rationality enters into domains previously thought to have nothing to do with economy. Moreover, a continuous effort of mending an inbuilt weakness of the market economy is still going on, but taking a new direction.

The future holds promises of innovations in forms that can be imagined from present practices of investing in human capital. To what extent they should be wished for or feared, is not an explicit concern of Foucault. His narrative, although evocative in many ways, is a narrative from a distance. His narrative answers the question or request of no one. And it should not be forgotten that his audience was university students.

Kåre Hagen's narrative of innovation

The narrative of Kåre Hagen, another academic, in the green paper 'Innovation in the Care Services' (Ministry of Health and Care Services, 2011), was written in response to a request by the Norwegian government, engaged and holding promises of a future to be wanted rather than feared. While Foucault's narrative was aimed at an audience of students and academics and was broad in scope, Hagen concentrates on innovation in health and care. More specifically, the focus in this green paper (a government document containing policy proposals) a the Norwegian municipal health and care

services, particularly long-term care. This positive tone of his narrative seems typical of several other European policy papers, where innovation primarily implies a wishlist of outcomes such as more creativity, better solutions, increased quality at less cost, and so on. The policy paper is introduced as follows:

> *'Society is facing demanding challenges in the care services in the coming decades related to an increasing number of elderly, new user groups and a shortage of health and social services personnel and volunteer care providers […] There is … both a tremendous need and a vast potential to take innovative steps and find new solutions for meeting future challenges in the care services. The municipal care services have gross operational expenses of roughly NOK 70 billion, divided more or less equally between about 40 000 nursing home residents and some 160 000 recipients of home care services. Despite its size, this sector has been the subject of very little systematic research and development activity […] The municipal care services have great potential to implement innovative, creative measures'* (p 5).

The intended audience is politicians and other decision makers, and the general public. In Hagen's narrative, which has other experts as co-narrators, innovation means both a break with the past and a future bringing solutions to numerous present-day challenges. Published five years after 'Care Plan 2015' (Ministry of Health and Care Services, 2005-6), it shares several concerns with that report: decentralisation and minimum standards of care; positive ageing; users' own resources and participation; and the involvement of family, volunteers and voluntary organisations. The document advocates investigating new types of opportunities in health and care services and deals with a broad range of possible innovations, including telehealth and telecare, which it deals with at length. The development of elderly care institutions is referred to as an important form of innovation, including innovation to a address a capacity and skills crisis in elderly care.

In contrast to several other Norwegian policy documents, Hagen and his co-authors make several attempts to define the concept of innovation, starting by stating that 'innovation is a term that designates change and creation with relevance to all areas of life and society' (p 10). Later, in a bid to pre-empt critique for combining the concepts of care and of innovation, the authors acknowledge that speaking about innovation in care may seem to readers like 'combining water and fire', since 'innovation is the new and unknown, the risky and the experimental. Care is the predictable, the safe and the habitual (p 35, author translation). They defend the position, stating: 'Innovation does not need to be based on new research or new technological knowledge. It may equally relate to knowledge that is applied in a new context or employed in a new manner. This is frequently the case for innovation in public service provision' (p 35, author translation).

Even though the word 'risky' is used when defining and describing what is innovation, most of the adjectives employed – 'new', 'modern', 'active', 'future-oriented', 'co-creation' and 'joint responsibility', – mainly have positive connotations. The potential costs of innovation processes, such as increased absenteeism and staff turnover (Hoendervanger et al., 2018), are not dealt with in this policy paper.

Hagen and his co-narrators reject what they identify as 'five myths about care services', – myths that belong to a less innovative past, including the so-called 'myth of necessary nursing home coverage'. In their view, too much attention has been paid to increasing the number of nursing-home bed, and too little to enabling frail older people and people with long-term conditions to stay longer in their own communities and their own homes. A present is portrayed in which there is a 'tremendous need' and lack of resources, and a future envisaged with a 'vast potential' for innovation (p 5). This manner of contrasting a perceived present-day state in health and care services with an envisaged future is very much in line with dominant academic expert narratives in EU and WHO documents (European Commission, 2006; World Health Organization, 2015).

The myths are portrayed as popular misunderstandings of previous white papers. Innovations, in this narrative, mean a broad range of technological and organisational measures. Moreover, the myths are typical of a past to be left behind, a past to be rejected; there is more to be learned from exploring future possibilities than from looking at past experiences. Innovation means smarter solutions for more people, better quality and lower costs. Change is primarily a positive word. Burnout and loss of competence in a flexible and malleable workforce continuously seeking new solutions are not even mentioned as possible outcomes.

Hagen and co-authors' work paved way for the white paper 'Future Care' (Ministry of Health and Care Services, 2012-13), which begins with a quote from Hagen: 'The care services crisis is not created by the elderly boom, but by the notion that care cannot be provided in a different way than it is today' (p 7). As already mentioned, according to Hagen and co-authors, avoiding a so-called care crisis means pursuing smarter solutions. Promoting technical solutions like 'smart calendars', 'smart telephones', smart-house technology (including 'smart nursing homes' and 'smart supportive housing'), they repeatedly stress that public service innovations involve working smarter, using 'smart organisation' and 'smart coordination' ('*smart samhandling*').

'Wording of meaning' – the choice of words to convey meaning – matters as well as the meaning of words. 'Smart solutions' may be considered a metaphor for efficient or cost-cutting solutions. Like all metaphors, those portraying solutions as more or less smart highlight certain aspects and obscure others (Lakoff and Johnson, 2003). When portraying work, work organisation and coordination as more or less smart, less attention is directed towards dimensions like competence, training and staff coverage and their associated costs.

Likewise, the narrative frequently links the words 'smart' and 'smartness' to efficiency, saving time and money. The dangers of social isolation and unmet needs for human contact are scarcely dealt with.

Hagen's narrative of innovation is presented against a historical backdrop where development of primary care and long-term care is portrayed as consisting of four stages (pp 35-38). The first is labelled 'Poor relief and economic reconstruction' ('*Fattigforsorg og gjenreisning*'), the early post WWII-period up to 1965, characterised by growing government involvement and spending in the care services, increased engagement of voluntary organisations in the care of older people, and an increase in long-term care facilities. Next came the 'The public sector revolution' ('*Den offentlige revolusjon*', 1965-80), of which an important hallmark was a substantial growth in all welfare services, including health and care services for older people.

The next 15 years (1980-95), 'Consolidation and reorganisation' ('*Konsolidering og reorganisering*'), was characterised by decentralisation of services, with increased responsibility moving to the municipal level, and greater efforts to coordinate different types of healthcare and social care services. The latest phase, 'Renewal and improved efficiency' ('*Fornyelse og effektivisering*'; c1995-present) is said to stress 'more efficient services of better quality' (p 37). Despite a major increase in the proportion of people aged 80 years and over, there has not been a corresponding increase in use of health and care services of this group. Still, this is expected to change in near future, with an increasing need for health and care services envisaged as going hand in hand with a scarcity of staff.

The past is portrayed, through various stages of complexity and organisational development, as a history of increases in public spending, in the number and volume of welfare services, and in staff numbers. The largest and most pronounced change emerging from the narrative is the transition to the present phase of renewal and improved efficiency. While the earlier stages appear increasingly costly in terms of tax-based funding and professional staff, this stage is depicted in the following way:

> *'Since 1995, the [care] sector has been characterised by growth, renewal, efficiency improvement and work on achieving quality improvement. In order to expand the capacity [of the sector], extraordinary state means have been employed' (p 37, author translation).*

Words like 'renewal' and 'efficiency' are not employed for describing any of the imagined previous stages but only the perceived present stage, as is also the case with words like 'smart' and 'innovative'. Hagen and his co-narrators appear to build on a widespread and fashionable conception, frequently described in Norwegian and European policy papers as involving a 'left shift' relative to the so-called 'ladder of care' (Fleming et al., 2010). The ladder of care is often illustrated in two-dimensional drawings as going from the bottom left to the top right, where the most intensive and expensive care exists at the top right of the ladder, involving advanced institution-based care. Home-based and less expensive care takes place at the bottom left. 'Ageing in place', understood as living in one's own home longer, is a goal that needs no justification. Furthermore, it goes without saying that innovation is the means to achieve both better and more cost-efficient care. Foucault might have asked questions like: How does one innovate in care (in Norway, in Europe) now? Why does one innovate in the manner done today in health and care work? How does innovation relate to systems of terms in daily use and to prevailing forms of thought? What does the way we innovate do? Or, alternatively, what are the consequences of the way we do innovation?

The two different narratives of innovation

The two narratives detailed above share some traits. Both provide a historical backdrop for their narratives. Foucault's gaze seems to be directed towards the origin and development of the concept of innovation, and, at the same time, towards historical trends in liberal and neoliberal economic thought. The latter includes his attempts at revealing underlying logics of those trends. For Hagen and co-authors, the historical sketch relates to developments in welfare services, notably health and care services for older people. Foucault's historical account appears detached in its form, not taking a stance on what is to be desired or feared, or what is a positive development in an evaluative sense. Hagen, though, at least to some extent, takes a stance on what are promising aims and on the means to pursue them.

Foucault's narrative is filled with so-called irrealis (Lewis, 1973), words such as 'maybe', 'if' and 'I think' that open up different possible worlds. In this manner, he invites his audience to reflect together with him. Such inviting words, encouraging people to think from more than one perspective, are noticeably less present in Hagen's narrative.

While Foucault explicitly and implicitly poses questions in his narrative, Hagen to a larger extent seeks to provide answers. Foucault hints at outcomes of innovative processes that are not necessarily attractive to his listeners and readers; the narrative of Hagen seems dominated by terms that signal positive aspects, in an evaluative sense. In this narrative, concepts like 'smart', 'efficient', 'renewal', 'improvement' and 'new technology' frequently occur alongside the concept of innovation. To the extent that Hagen deals with possible negative outcomes, they appear as result of unfortunate contextual factors like deficiencies in planning, organisation and financing (p 112). The envisaged promises of innovation all relate to services and their organisation. Hagen uses the word 'smart' in several combined concepts like 'smart organisation', 'smart environments' and 'smart solutions', yet there is no mention of 'smart practices' – or of practices or practice development at all. Moreover, there is hardly any mention of persons involved in the care practices or the persons cared for. In short, none of the abundance of positive words about the benefits of innovation acknowledge or characterise persons or practices in which they are involved.

Foucault, by contrast, puts persons and their development at the core of his narrative. What is happening to them though, in the name of innovation, is not necessarily positive, and 'investing in humans' is not necessarily producing something to be wished for. While his narrative does not seek to be authoritative, his 'wording of meaning' invites his audience – academics and others – to question the history of innovation, current innovative practices and their future consequences.

Hagen and his co-authors may prompt readers to ask questions like: How can innovation be achieved, in public service provision and beyond? How can technological and other innovations be effective rather than being harmful or having unintended consequences? Foucault, by contrast, may inspire readers to ask very different questions: Why is innovation made relevant for us here and now, in policy

papers and beyond? What are the possible costs for individuals, groups and society of the processes of innovation? What does innovation do to persons and to practices of care? Does innovation, as currently narrated by academics and experts, benefit caregivers, those being cared for, or practice development in professional care?

The comparative narrative analysis sought by this article could be a useful tool for professionals and non-professionals dealing with technological and other types of so-called innovation in their care of others, giving pause for reflection in their daily work practice on taken-for-granted wisdom in regard to innovation in care work.

This article does not seek to belittle any effort towards new ways of working and organising in health and care work or in other welfare services. Neither is the aim portray policy papers as of lesser value than other publications, including academic work, or to portray the work of academics contributing to policy papers as less serious and less valuable than their other work. Rather, the aim is to present a highly influential policy narrative, with similarities to prevailing EU and WHO narratives (European Commission, 2006; World Health Organization, 2015), in the context of Foucault's narrative. This is done for two main reasons. First, Foucault's narrative, by asking questions that are rare in present-day academic and political texts, might be helpful in establishing more space for reflection for decision-makers and practitioners alike when considering modes of practice development. In some instances, this could make actors in the health and care sector hasten more slowly and strive to achieve a better knowledge base for their decisions and actions. Second, being informed by Foucault's 'archaeology of knowledge', readers and listeners to present-day narratives of innovation may achieve a richer understanding of those narratives by placing them within additional frames of understanding.

Concluding thoughts

While both of the stories considered open up several possible future worlds, Foucault's dark undertone and distant form of narrative stands in stark contrast to Hagen and co-narrators, who envisage a future of opportunities and turn their backs on the past. By constructing a past, present and future in two very different ways, the two narrators direct the gaze of their audience – policymakers, leaders, practitioners and the general public – in two different directions. For Foucault, persons are the main focus while Hagen and co-authors leave persons, their development and practices in the shadows while highlighting possible improvements in service provision. Foucault's narrative throws a spotlight on the absence of focus on persons in the present-day policy narrative on innovation. Professionals engaged in care practices may use the older narrative to counteract the dominant focus in policy documents on smartness and efficiency of services and redirect their gaze towards the persons served and practice of persons providing the services.

Foucault's style, using words like 'maybe' and 'I think' does not seek to be authoritative but to encourage the reader to ask questions. By contrast, most statements in the Hagen narrative have a more authoritative tone. If, inspired by Foucault, professional practitioners and other carers start to question such authoritative statements in current policy documents, more room for ethical reflection may be achieved. By including consideration of the potential dangers that various forms of innovation might entail, current expert narratives might lose some of their persuasive force but become more relevant as tools for reflection in practice development.

The different intended and potential audiences of the narratives implies different modes of access and hence different forms of co-narration; Foucault had students and academics listening to his lecture, while Hagen had policymakers, practitioners and the general public reading the document. However, both narratives are as much about what they omit as what they include, such as Hagen's emphasis on smartness of solution and omission of possible downsides like burnout and loss of competence, and about words and concepts chosen and not chosen. In both stories, a constructed past and future imbues the present with meaning and an invitation to act. Foucault's thought-provoking consideration of investment at the level of persons might enhance readers processes of reflection and self-reflection

and prompt them to treat present-day policy documents on innovation as narratives to be questioned rather as guidance on priority-setting. Reflection on the implications of the concept of innovation may benefit healthcare practitioners, decision makers and people they serve. Foucault's way of questioning of Foucault may, as argued in this article, lead to more reflexivity of healthcare staff in care practices by encouraging continuous questioning of the concepts we live by and care by.

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