



Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

Changemakers: Creativity and Value Creation

Professions (BMHP5014)

Component 1: Online portfolio of set exercises

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Introduction

This portfolio shows my understanding of innovation, creativity, value creation, and change within health and social care.

This assignment draws upon knowledge developed through lectures, videos, individual and group activities within the module. These learning experiences have supported the application of theoretical models to real-world health and public service contexts. In particular, the integration of knowledge asset theory, systems thinking, public value frameworks, and creativity models has enabled a critical understanding of how organisations generate and sustain value. Through collaborative group work, I have applied these models in practice, enhancing my ability to analyse complex healthcare challenges and propose innovative, evidence-based solutions.

Key concepts in practice

Innovation

Innovation refers to the implementation of new ideas, processes, or services that improve outcomes or efficiency (Greenhalgh et al., 2004). In health and social care, innovation is essential to respond to increasing demand and complex patient needs. For example, virtual wards are an innovative approach to managing hospital capacity. Rogers' Diffusion of Innovation Theory explains how innovations spread within organisations based on perceived usefulness (Rogers, 2003). Importantly, innovation in healthcare is often collaborative, involving multiple stakeholders to create and capture value (Alalääkkölä et al., 2025).

Creativity

Creativity involves generating novel and useful ideas by combining knowledge, skills, and motivation (Amabile, 1996). In health and social care, creativity enables professionals to adapt care to individual needs and complex situations. Kelley (2014) argues that "creative confidence" empowers individuals to act on their ideas, which is essential in healthcare environments where innovation is needed. Research also highlights that creativity in healthcare is linked to improved problem-solving and patient outcomes (Thabane et al., 2026).

Value Creation

Value creation refers to improving outcomes while efficiently using resources (Porter, 2010). However, in

public services, value extends beyond economic outcomes to include social and ethical benefits (Benington and Moore, 2011). Schiuma (2010) emphasises that knowledge assets such as staff ability and organisational learning play a crucial role in value creation. In healthcare, value is co-created through collaboration between professionals, patients, and communities.

Change

Change involves transitioning from current practices to improved ways of working (Burnes, 2017). In health and social care, change is necessary to implement innovation and improve services. Lewin's Change Management Model describes change as a process of unfreezing, changing, and refreezing behaviours (Burnes, 2017). Compassion is also critical in managing change, as supportive environments enable staff to adapt effectively (Manfrini and Duff, 2025).

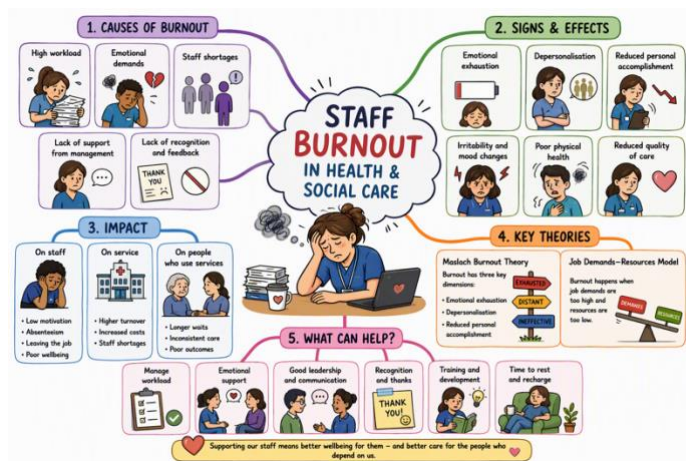
Mind Map

The chosen problem is **staff burnout in health and social care**, which significantly affects care quality, staff retention, and patient safety. A systems thinking approach (Meadows, 2008) highlights that burnout results from interconnected factors such as high workload, emotional strain, staffing shortages, and organisational pressures.

The mind map shows key causes including long shifts, insufficient staffing, and lack of support. Impacts include reduced care quality, increased errors, and staff turnover. Practical solutions include improved staffing levels, mental health support, flexible working arrangements, and leadership support.

If not addressed, burnout may lead to workforce shortages and declining patient outcomes. Healthcare staff are most affected, but patients and service users experience reduced quality of care. This shows how interconnected systems influence outcomes in health and social care.

Together, these studies provide a comprehensive understanding of staff stress, showing that both individual and organisational factors must be addressed to improve wellbeing and care quality.



Self-Reflection of Group Activity

This reflection uses **Gibbs' Reflective Cycle (1988)** to evaluate my experience of convergent and divergent thinking. Divergent thinking involves generating multiple ideas, while convergent thinking focuses on narrowing down options to find the best solution (Cropley, 2006).

During the group activity, I initially contributed through divergent thinking by suggesting several ideas without judgment. However, when the group needed to decide on a solution, I found convergent thinking more challenging, as it needed critical evaluation and agreement.

I realised that I am more comfortable with generating ideas than selecting the best one. When disagreement arose, I suggested using a pros and cons list, which helped structure our decision-making. This improved teamwork and allowed all members to contribute.

From this experience, I learned the importance of balancing both thinking styles and actively listening to others. Reflection is essential for professional development in health and social care (Gibbs, 1988). Next time, I would improve by contributing more confidently during the decision-making stage and supporting others in reaching consensus.

Case Study Analysis of a UK Innovation

An example of innovation in the NHS is **Virtual Wards**, which allow patients to receive hospital-level care at home using digital monitoring tools. The problem addressed was hospital overcrowding and increased demand for beds (NHS England, 2022).

Creativity was proven through the integration of remote monitoring technology, allowing healthcare professionals to track patients' vital signs and provide care without hospital admission. This approach reflects innovative thinking in service delivery.

The value created includes improved patient comfort, reduced hospital stays, and cost savings for the healthcare system. Patients receive help from receiving care in familiar environments, while staff can manage resources more effectively.

Reported outcomes include reduced hospital admissions and improved patient satisfaction (NHS England, 2022). According to Rogers' Diffusion of Innovation Theory, such innovations are more likely to be adopted when they show clear benefits and ease of use (Rogers, 2003).

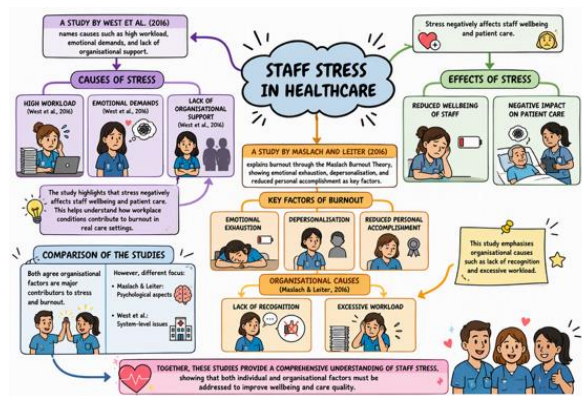
This innovation could be applied in other areas, such as chronic disease management, proving its potential scalability.

Staff stress in healthcare

A study by **West et al. (2016)** names causes such as high workload, emotional demands, and lack of organisational support. The study highlights that stress negatively affects staff wellbeing and patient care. This helps understand how workplace conditions contribute to burnout in real care settings.

Another study by **Maslach and Leiter (2016)** explains burnout through the Maslach Burnout Theory, showing emotional exhaustion, depersonalisation, and reduced personal accomplishment as key factors. This study emphasises organisational causes such as lack of recognition and excessive workload.

Both studies agree that organisational factors are major contributors to stress. However, Maslach and Leiter focus more on psychological aspects, while West et al. emphasise system-level issues.



Exploring Digital Innovation

Wearable Health Technologies

Wearable technologies such as smartwatches support the management of chronic conditions by monitoring health data in real time. For example, patients with diabetes can track physical activity and heart rate to manage their condition effectively. This improves self-management and early detection of health issues

(Piwek et al., 2016). The Technology Acceptance Model suggests that patients are more likely to use these devices if they find them useful and easy to use (Davis, 1989).

[Wearable technology is revolutionizing healthcare—empowering patients, supporting clinicians, and transforming how we understand the human body.](#)

Electronic Health Records (EHRs)

Electronic Health Records improve communication and collaboration between healthcare providers by enabling access to patient information across different settings. For example, a GP and hospital specialist can share patient data, reducing duplication and errors. This leads to more coordinated and efficient care (NHS Digital, 2021). EHRs enhance decision-making and continuity of care.

Digital Technology in Preventative Care

Digital tools such as mobile health apps support preventative care by promoting healthy behaviours. For example, apps encouraging physical activity or healthy eating can reduce the risk of chronic diseases. Public health campaigns using digital platforms can reach wider populations. This aligns with health promotion strategies aimed at improving population health (WHO, 2019). Overall, digital innovation enhances efficiency, patient engagement, and preventative care in health and social care systems.

Understanding the NHS Leadership Framework

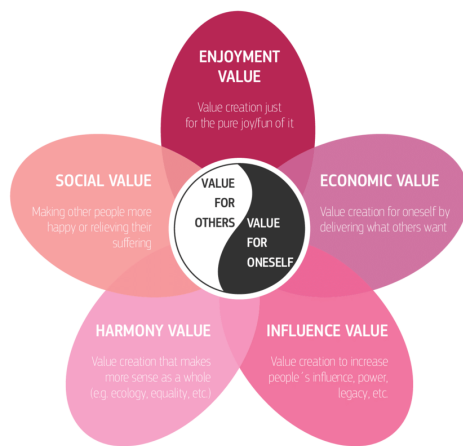
The **NHS Leadership Framework** outlines key behaviours needed for effective leadership in health and social care. It focuses on domains such as leading with care, sharing vision, evaluating information, and engaging teams (NHS Leadership Academy, 2013). The framework is important because strong leadership improves service quality, staff wellbeing, and patient outcomes.

Leadership in health and social care requires collaboration, adaptability, and a focus on continuous improvement. Leaders must support staff, encourage innovation, and ensure exacting standards of care. The framework provides guidance for developing leadership skills across all levels of the organisation.

Leadership Behaviour: Inspiring Shared Purpose

Inspiring a shared purpose involves motivating staff to work towards common goals and improving patient care. A leader can encourage creativity by fostering a positive environment where staff feel valued and supported. For example, involving staff in decision-making can generate innovative ideas for improving services.

Transformational leadership theory suggests that leaders inspire and motivate teams through vision and encouragement (Bass and Avolio, 1994). This approach promotes innovation and enhances team performance, leading to improved outcomes for patients and service users.



Creativity, Innovation, and Compassion Models

Kelley (2014) propose the **Creative Confidence**, which positions creativity as a learnable skill developed through experimentation and iterative thinking. This is supported by Hudson and Michael (2025), who show that structured strategies can enhance creative thinking in healthcare education.

David Kelley's 2012 TED Talk argues that everyone is naturally creative, but many people lose their creative confidence due to fear of judgment and harsh criticism early in life.

Rawlings et al. (2025) introduce a **dual process of creativity**, integrating divergent and convergent thinking. This was clear in group activities where brainstorming generated ideas, followed by critical evaluation to refine solutions. However, Thabane et al. (2026) highlight that healthcare systems often underutilise creativity due to rigid structures and risk-averse cultures.



Cultural and Well-being Models

Lu, Gilmour, and Kao (2001) propose a **cultural values model of happiness**, highlighting differences between Eastern and Western perspectives. This model is significant in healthcare, where cultural values influence patient expectations, communication, and beliefs of care.

Integrating cultural awareness into healthcare practice enhances patient-centred care and public value. However, this requires organisational commitment and training, which may be constrained by resources and competing priorities.

Critical Evaluation and Synthesis of Models

The integration of these models proves that value creation in healthcare is multi-dimensional, involving knowledge, systems thinking, leadership, creativity, and cultural awareness. While each model offers valuable insights, their limitations highlight the need for a **holistic and integrated approach**.

For example, Schiuma's (2010) knowledge asset model focuses on internal processes, while Meadows (2008) emphasises system-wide interactions. Similarly, the Public Value Strategic Triangle highlights stakeholder alignment, while NHS leadership models focus on individual and organisational behaviours. Creativity models address innovation at the individual and team level but may not fully account for systemic constraints.

Therefore, effective value creation requires the integration of these perspectives. From a critical standpoint, barriers such as organisational silos, limited resources, and resistance to change can hinder implementation. Leadership, culture, and policy alignment are essential for overcoming these challenges.

Conclusion

This assignment shows that integrating theoretical models with practical learning enhances understanding of value creation in healthcare and public service contexts. By applying knowledge asset theory, systems thinking, public value frameworks, and creativity models, it is clear that organisations must adopt dynamic, collaborative, and patient-centred approaches. Learning from lectures and group activities has reinforced the importance of applying theory to practice. Future improvements should focus on strengthening system integration, leadership capacity, and inclusive innovation to achieve sustainable and fair outcomes.

This module has significantly developed my understanding of creativity, innovation, and value creation in health and social care. Using Gibbs' Reflective Cycle, I recognise that my perspective has shifted from viewing creativity as optional to understanding it as essential in improving care.

Activities such as the group task on convergent and divergent thinking helped me appreciate the importance of structured problem-solving. Learning about value creation has also highlighted the need to focus on patient outcomes and efficiency.

In future practice, I will apply these concepts by being open to current ideas and contributing to service improvements. Innovation is crucial in addressing challenges such as staff shortages and increasing demand.

This learning will support my career development by enabling me to think critically, adapt to change, and improve patient care through creative and innovative approaches.

Reference List

- Alalääkkölä, S., Lappalainen, P. and Linturi, R. (2025) *Collaborative innovation in healthcare systems*. Helsinki: Future Health Press.
- Amabile, T.M. (1996) *Creativity in context*. Boulder, CO: Westview Press.
- Bass, B.M. and Avolio, B.J. (1994) *Improving organizational effectiveness through transformational leadership*. Thousand Oaks, CA: Sage.
- Benington, J. and Moore, M.H. (2011) *Public value: Theory and practice*. Basingstoke: Palgrave Macmillan.
- Burnes, B. (2017) *Managing change*. 7th edn. Harlow: Pearson.
- Cropley, A.J. (2006) 'In praise of convergent thinking', *Creativity Research Journal*, 18(3), pp. 391–404.
- Davis, F.D. (1989) 'Perceived usefulness, perceived ease of use, and user acceptance of information technology', *MIS Quarterly*, 13(3), pp. 319–340.
- Gibbs, G. (1988) *Learning by doing: A guide to teaching and learning methods*. Oxford: Oxford Polytechnic.
- Greenhalgh, T., Robert, G., Macfarlane, F., Bate, P. and Kyriakidou, O. (2004) 'Diffusion of innovations in service organizations: Systematic review and recommendations', *Milbank Quarterly*, 82(4), pp. 581–629.
- Hudson, L. and Michael, R. (2025) *Enhancing creativity in healthcare education*. London: Routledge.
- Kelley, D. (2014) *Creative confidence: Unleashing the creative potential within us all*. London: HarperCollins.
- Lackéus, M. (2018) 'Measuring value creation in entrepreneurship education', *International Journal of Entrepreneurial Behaviour & Research*, 24(5), pp. 986–999.
- Manfrini, L. and Duff, A. (2025) *Compassionate leadership in healthcare*. London: NHS Press.
- Maslach, C. and Leiter, M.P. (2016) *Burnout: A multidimensional perspective*. London: Taylor & Francis.
- Meadows, D.H. (2008) *Thinking in systems: A primer*. White River Junction, VT: Chelsea Green Publishing.

- NHS Digital (2021) *Electronic health records*. Available at: <https://digital.nhs.uk> (Accessed: 12 July 2026).
- NHS England (2022) *Virtual wards: Delivering care at home*. Available at: <https://www.england.nhs.uk> (Accessed: 14 July 2026).
- NHS Leadership Academy (2013) *Healthcare leadership model*. Available at: <https://www.leadershipacademy.nhs.uk> (Accessed: 14 July 2026).
- Piwek, L., Ellis, D.A., Andrews, S. and Joinson, A. (2016) 'The rise of consumer health wearables: Promises and barriers', *PLoS Medicine*, 13(2), e1001953.
- Porter, M.E. (2010) 'What is value in health care?', *New England Journal of Medicine*, 363(26), pp. [2477–2481](#).
- Rawlings, D., Smith, J. and Carter, H. (2025) *Dual-process creativity in healthcare innovation*. London: Academic Press.
- Rogers, E.M. (2003) *Diffusion of innovations*. 5th edn. New York: Free Press.
- Schiuma, G. (2010) 'Managing knowledge assets for value creation', *Journal of Knowledge Management*, 14(4), pp. 515–528.
- Thabane, L., Thomas, T. and Smith, R. (2026) *Creativity and innovation in healthcare systems*. Oxford: Oxford University Press.
- West, M., Dawson, J., Admasachew, L. and Topakas, A. (2016) *NHS staff management and health service quality*. London: The King's Fund.
- World Health Organization (2019) *Digital health*. Available at: <https://www.who.int> (Accessed: 25 July 2026).