

**Change makers: Creativity and Value
Creation**

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Introduction

Creativity is termed as the ability of generating original and useful ideas that help in solving problems and improving existing practices (Green *et al.*, 2024). In Health and Social care, creativity supports the innovative solutions that enhance patient outcomes.

The portfolio will focus on the problem of “Digital Exclusion” for the analysis. It will include the definition of various key concepts inclusive of mind map, reflection and innovation in the health care areas.

Task 1: Key Concepts

Innovation is the successful deployment of new ideas, processes or technologies that enhance the contribution to the quality, efficiency or effectiveness of the services (Sousa *et al.*, 2024). In health and social care, innovation is key to fulfilling the rising demand of patients, minimize health care costs, and increase clinical outcomes. In NHS, for instance, virtual wards are a recent initiative, in which patients get hospitable care at home under a digital therapy, thereby decreasing pointless hospitalisations (NHS, 2026).

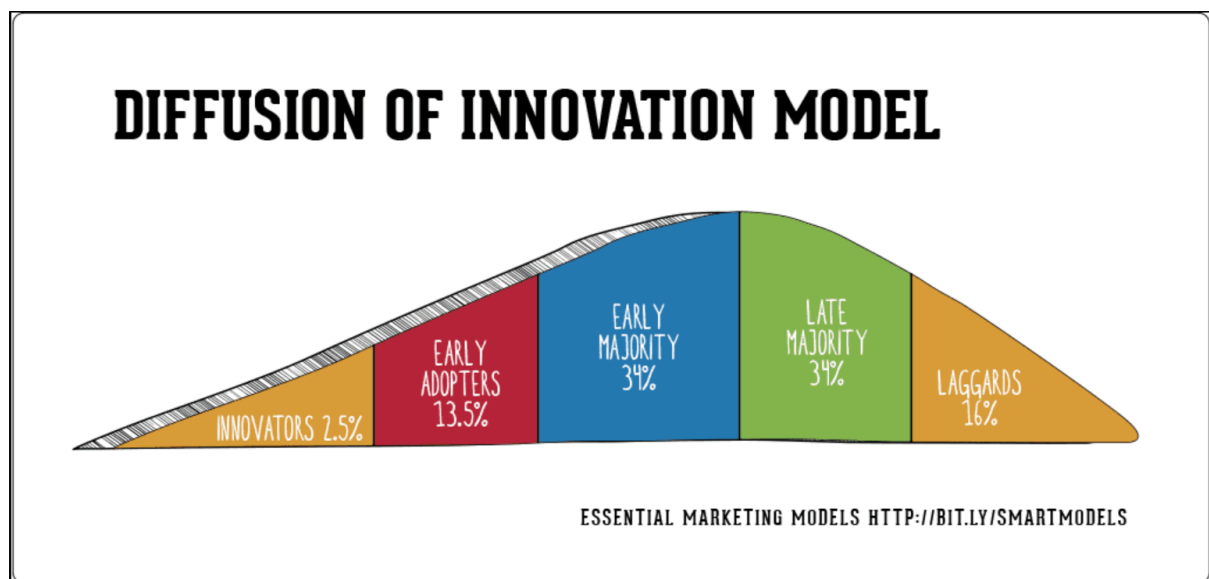


Figure 1: Visual of Rogers' Diffusion of Innovation (DOI) Theory

(Source: Hanlon, 2026)

Rogers' Diffusion of Innovation (DOI) Theory aims to clarify the process by which new technologies and practices eventually become adopted by organisations and healthcare practitioners, thereby ensuring ongoing service enhancement, as stated in above image (Hanlon, 2026).

Creativity is the capacity to think of new ideas that are fresh and practical and can solve problems or make existing practices more efficient (Puccio *et al.*, 2023). Creativity in health

and social care allows workers to think outside the box and provide person-centred care that will improve the experiences patients have and how they meet complex health and social needs. For example, multidisciplinary team designs personalised care plans for individual patients, leading to increased satisfaction and enhanced treatment results.

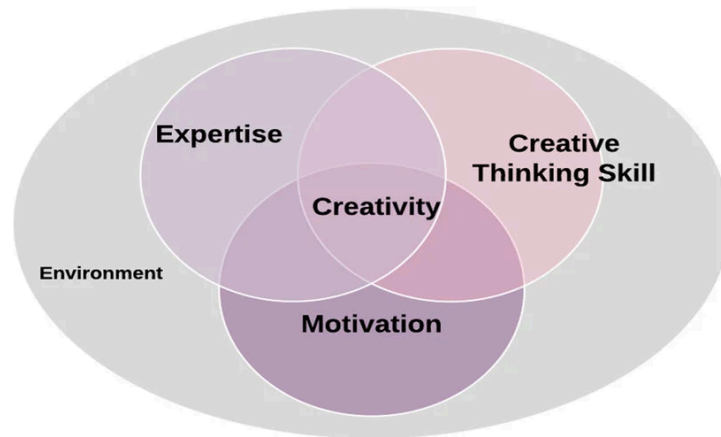


Figure 2: Creativity Theory of Amabile's Componential

(Source: McCardle, 2026)

Amabile's Componential Theory of Creativity emphasizes embedding in one's experience and passion the ability to build expertise and effective creative-thinking skills so as to culminate in "creative practice, according to above picture (McCardle, 2026).

Value creation is about reducing the cost and losing out on the quality of the patient's outcome (Grindell *et al.*, 2022). To ensure that prices of services do not exceed the value that can be put in place, keeping health and social care 'patient centred, cost-effective and sustainable' relies on value creation. An example is the coordinated delivery of care, via the concept of integrated care; where care providers can work together so that care provision is not duplicated and further improves continuity of care.

Change is the deliberate process of implementing new strategies, actions or structure to enhance the performance of the organisation (Burke, 2023). Change is essential in health and social care settings to accommodate changing requirements due to technological developments, policy changes or the changing needs of the patient.

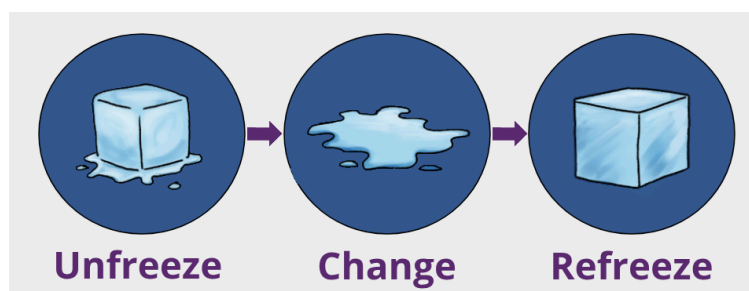


Figure 3: Lewin's Change Model

(Source: Majka, 2024)

Lewin's Change Management Model is a theory that says change is successful when the old ways of doing things are broken free, new ways are implemented, and then the new behaviours are refrozen as shown in above picture (Majka, 2024).

Task 2: Mind Map

Digital exclusion is a major health and social care problem as there are some people who are unable or unable to use digital services due to financial, low digital literacy, limited internet connection or disability (Mubarak and Suomi, 2022). It can result in further inequalities of access to healthcare services, delayed access to services and worse health outcomes for older people, those with low incomes and those living in rural communities. In the mind map, these causes, impacts and solutions are linked, such as providing online skills training, availability of cheap internet, or alternative services that aren't digital.

Task 3: Self-Reflection

I have used the Kolb's reflective model to reflect on my experience as a convergent and divergent thinking group activity. Divergent thinking is focused on coming up with many ideas and convergent thinking is focused on the most practical idea (Rawlings *et al.*, 2025).

Under **concrete experience**, I discovered the divergent thinking was more natural during the activity as I liked to propose several ideas. When the group could not agree, however, on the best solution, I proposed developing a very easy pros and cons list, which enabled us to utilise convergent thinking to come to a group decision. Through **reflective observation**, I gained a better understanding of how to communicate, listen actively and collaborate with others as I realised that it was crucial to respect others' points of view when making decisions. Under **abstract conceptualisation**, I found Kolb's model to be a useful tool to reflect on my abilities and ways in which I could evolve, which allowed me to be constantly bettering myself. **For active experimentation**, it will be prudent to exercise more attention soon to help quiet participants within a group begin to participate earlier in the group. I can also help them to develop their decisions through more structured forms of reasoning so that everyone's voice always gets heard and group goals are effectively achieved together.

Task 4: Case Study Analysis of UK innovation

The initiative of virtual wards in the NHS works as the key innovation allowing the patients to be eligible on receiving proper care and monitoring from the home itself (NHS, 2026). This innovation is important as it can help in growing the potential of hospital under the rising pressure of healthcare services. Innovation was expressed in the way digital

technology, wearable technology, and crossing disciplines into a cohesive team were used in an effort to provide safe care outside of the hospital environment. Improved patient satisfaction, reduced emergency admissions and increased hospital capacity for intensive care patients have all been reported. Rogers' Diffusion of Innovation Theory suggests that Virtual Wards are being implemented because they offer clear benefits, they are practical to implement and they are helping to improve healthcare delivery (Van Houtven *et al.*, 2023). The innovation has had a positive impact on patients, staff and the wider NHS system and could be rolled out in other clinical services to enhance access, saving services and contribute to more sustainable services.

Task 5: Research Task

A current issue within health and social care is 'stress' of the staff members, impacting upon their wellbeing and the quality of the care that is being given to patients. Excessive workloads, staff capacity shortage and long hours are identified as key stressors creating burnout and low level of job satisfaction by one academic study. This research identifies the extent to which an organization's pressures can have a detrimental impact on healthcare employees and patient outcomes. Insufficient qualifications, the lack of management and emotional demands were found as factors of stress within the workplace. The research defines the four phases of Maslach's Burnout Theory, which shows that the question of where and why emotional depletion becomes a problem and why people feel depersonalised by the situation (Edú-Valsania *et al.*, 2022). Both studies show there is a correlation between high workload and high stress, by putting more emphasis on the importance of organisational support in the stress response. Real-life health care environments can cause stress-related absenteeism and reduced morale among employees and fewer quality health care services among patients.

Task 6: Digital Innovation in Social and Health Care

Benefit of Wearable Health Technologies:

Usage of wearable devices, like Smart watches and fitness tracker can help in assisting people in monitoring their essential life data inclusive of physical activities, sleep and other internal factors. These devices allow individuals to make health changes by identifying them and making required medical interventions by lessening the likelihood of complications (Adeghe *et al.*, 2024). While some patients might have hypertension or diabetes, for instance, IoT devices will make it possible for them to monitor their health and feed the information back into their care providers, thereby enabling personalisation. The TAM proposes the

adoption of wearable technologies for enhancing perceived usefulness and ease. These devices are used in the health and social care for empowering individuals for managing a healthy lifestyle.

Electronic Health Records (EHRs) and Communication:

Communication and collaboration can be enhanced by delivering the healthcare providers with complete and accurate data of patient that used across healthcare settings to make required alterations. This decrease repeat testing, is a way of preventing medication mistakes and facilitates collaboration among multi-disciplinary teams in making decisions. Continuity of care is achieved because a patient's medical history, prescriptions and treatment plans can be accessed by clinicians immediately when the patient is transferred from hospital to community care (Khatri *et al.*, 2023). As the technology acceptance model, health care providers can be more inclined for adopting the EHR systems in case they believe on the systems that are easy to be used. Adopting the EHRs effectively can enhance the patient's safety by boosting the efficiency and promoting the inter-professional collaboration.

Digital technology for preventative care and health promotion:

Digital technology has a significant role in the delivery of a preventative health care service and in health promotion, where individuals can keep a track of their health, access personalised information and implement healthier habits to prevent diseases. With mobile health applications and wearable devices, these all tools can remind individuals to get vaccinated by staying active and scheduling the routine check-ups. For example, the NHS application let individuals to book appointments, view health information and get health advice by making them active in health management (NHS, 2026). The Technology Acceptance Model (TAM) poses people are likely to accepting the digital technologies in believing the usefulness and convenience of use. These technologies promote healthy habits, foster public awareness, and help prevent health risks from occurring. This means preventative digital solutions help to alleviate pressure on health and care services and enhance the health, wellbeing and health outcomes of a population over the long term.

Task 7: NHS Leadership Framework

Leadership Framework of NHS highlights the knowledge, skills and behaviours that the good leaders in this field can manage on. This create on the opportunities for leaders to collaborate, lead and manage common goals by sharing information to achieve the objective by ensuring quality. These behaviours are important in terms of maintaining high quality and person-centred care on the basis of changing requirements in the health-care sector. Leaders

also build a positive culture in the work place, whereby employees feel appreciated, engaged and supported to make a difference in patient care (NHS, 2026). The framework thus provides the backing to effective leadership practices and better organisation service quality and performance.

There is very important leadership behaviour, leading with care. Empathy, support and respect can be presented by the leaders to make things easy for the staff members. This can help them to share their ideas and make more suggestions for improving internal conditions. Transformation leadership theory can indicate that the leaders can easily motivate team-mates on innovating and committing on encouraging and communicating vision. For instance, empowering leaders can encourage staff to drive the adoption of digital solutions that enhance patient safety, communication and general quality of care.

As I've worked on this module, I have built up a wider understanding of creativity and value creation in health and social care. Innovation, digital technologies and reflection has given me an understanding that creating must be more than thinking ahead; it requires finding practical solutions and options which will increase patient quality of life.

Task 8: Self-Reflection Journal Entry

Using Kolb's Reflective Cycle can increase knowledge around creativity, innovation and value creation to benefit Health and Social care (Cheng *et al.*, 2025). Under **Concrete-experience**, I saw innovation as simply offering new technology, but I now believe that it's also ways of improving process, collaboration and patient centred care. My **reflective observation** shows that the case study on NHS Virtual Wards, and the mind map exercise on digital exclusion, helped to broaden my thinking about innovative approaches to complex health service challenges. With **abstract conceptualisation**, these activities made clear the significance of using evidence of a problem to guide decisions towards providing effective services, as well as the need to work collaboratively. In **active experimentation** for future, I will use my creativity, reflective practice and continuous improvement skills to set up new ideas and innovative solutions that create patient improvements and quality care.

Conclusion

Conclusively, this portfolio has highlighted that creativity, innovations, value creation and effective leadership has enhanced problem solving in health and social care. It has focused on the importance of innovative use of digital resources, reflective practice and evidence-based approaches, which have helped patient-centred, working, service excellence and ongoing professional learning.

References

- Adeghe, E.P., Okolo, C.A. and Ojeyinka, O.T., (2024). A review of wearable technology in healthcare: Monitoring patient health and enhancing outcomes. *OARJ of Multidisciplinary Studies*, 7(01), pp.142-148.
- Burke, W.W., (2023). *Organization change: Theory and practice*. Sage publications.
- Cheng, J., Wu, Y., Huang, L., Wu, Y. and Guan, Y., (2025). Integrating Kolb's experiential learning theory into nursing education: a four-stage intervention with case analysis, mind maps, reflective journals, and peer simulations for advanced health assessment. *Frontiers in Medicine*, 12, p.1616392.
- Edú-Valsania, S., Laguía, A. and Moriano, J.A., (2022). Burnout: A review of theory and measurement. *International journal of environmental research and public health*, 19(3), p.1780.
- Green, A.E., Beaty, R.E., Kenett, Y.N. and Kaufman, J.C., (2024). The process definition of creativity. *Creativity Research Journal*, 36(3), pp.544-572.
- Grindell, C., Coates, E., Croot, L. and O'Cathain, A., (2022). The use of co-production, co-design and co-creation to mobilise knowledge in the management of health conditions: a systematic review. *BMC Health Services Research*, 22(1), p.877.
- Hanlon, A., (2026). *Visual of Rogers' Diffusion of Innovation (DOI) Theory*. [Online] Available through <<https://shorturl.at/UsFVO>> [Accessed on 16 July 2026]
- Khatri, R., Endalamaw, A., Erku, D., Wolka, E., Nigatu, F., Zewdie, A. and Assefa, Y., (2023). Continuity and care coordination of primary health care: a scoping review. *BMC Health Services Research*, 23(1), p.750.
- Majka, M., (2024). *Lewin's Change Model*. [Online] Available through <<https://shorturl.at/VhphR>> [Accessed on 18 July 2026]
- McCardle, J., (2026). *Creativity Theory of Amabile's Componential*. [Online] Available through <<https://shorturl.at/kkh5J>> [Accessed on 17 July 2026]
- Mubarak, F. and Suomi, R., (2022). Elderly forgotten? Digital exclusion in the information age and the rising grey digital divide. *INQUIRY: The Journal of Health Care Organization, Provision, and Financing*, 59, p.00469580221096272.
- NHS, (2026). *About us*. [Online] Available through <<https://shorturl.at/aRiHG>> [Accessed on 15 July 2026]

Puccio, G.J., Klarman, B. and Szalay, P.A., (2023). Creative problem-solving. In *The Palgrave encyclopedia of the possible* (pp. 298-313). Cham: Springer International Publishing.

Rawlings, B.S., Chetwynd-Talbot, D., Husband, E., Nuttall, A., Quinn, E., Taggart, R. and Roome, H.E., (2025). Divergent thinking is linked with convergent thinking; implications for models of creativity. *Thinking & Reasoning*, 31(4), pp.586-608.

Sousa, M.J., Pani, S., Dal Mas, F. and Sousa, S. eds., (2024). *Incorporating AI technology in the service sector: innovations in creating knowledge, improving efficiency, and elevating quality of life*. CRC Press.

Van Houtven, C.H., Drake, C., Malo, T.L., Decosimo, K., Tucker, M., Sullivan, C., D'Adolf, J., Hughes, J.M., Christensen, L., Grubber, J.M. and Coffman, C.J., (2023). Ready, set, go! The role of organizational readiness to predict adoption of a family caregiver training program using the Rogers' diffusion of innovation theory. *Implementation science communications*, 4(1), p.69.