

Questions and Guidelines for Assessment Component 1



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 demonstrates my learning throughout the Changemakers: Creativity and Value Creation module. It explores how creativity, innovation, leadership and value creation contribute to improving health and social care practice through theory, reflection, case studies and digital innovation. The portfolio also shows how these concepts can be applied to support safe, evidence-based and person-centred care.

Task 1. Defining Key Concepts in Practice

Innovation

According to Rogers (2003), innovation is an idea, practice or object that is perceived as new by an individual or organisation. Through his Diffusion of Innovations Theory, Rogers explains that innovations spread gradually as people and organisations decide whether to adopt them. Innovation is important in health and social care because services must respond to changing needs, limited resources and emerging challenges. A clear example is telehealth, which enables patients to consult healthcare professionals remotely and improves access to care for individuals who experience difficulties travelling.

Creativity

Amabile (1996) defines creativity as the production of ideas that are both novel and useful. Her Componential Theory of Creativity suggests that creative performance develops through the interaction of domain-relevant knowledge, creativity-relevant skills and intrinsic motivation. In health and social care, creativity enables professionals to move beyond routine approaches and develop personalised solutions that meet individual needs. For example, a care worker may use pictures, colour-coded prompts and an individualised daily routine to support a person with dementia who has difficulty remembering verbal instructions.

Value Creation

According to Porter (2010), value in healthcare is created by achieving the best possible health outcomes relative to the cost of delivering care. This means that successful innovation should not simply introduce something new but should produce measurable benefits for patients, service users and healthcare organisations. For example, an electronic medication reminder can promote independence, reduce missed doses and decrease the likelihood of avoidable hospital admissions.

Change

Burnes (2004) explains Lewin's three-stage model of change, describing change as a planned process involving unfreezing existing practices, implementing new ways of working and refreezing these practices so they become embedded within the organisation. Change is essential in health and social care because innovation can only improve services if new approaches are accepted, implemented consistently and sustained over time. For example,

introducing electronic health records requires staff training, effective communication and continuous support. Without these measures, staff may continue relying on previous systems, leading to duplication of work and gaps in patient information.

Together, innovation, creativity, value creation and change provide the foundation for developing effective, sustainable and person-centred improvements in health and social care practice.

Task 2. Mind Map

Domestic violence against women is a significant public health and social care issue because it affects physical health, mental wellbeing and long-term quality of life. The group mind map identifies several interconnected factors contributing to this problem in Redbridge, including financial stress, cultural pressures, language barriers and immigration concerns. It also highlights the impacts on women, such as anxiety, depression and social isolation, together with the importance of local support services, including GPs, the NHS, refuges and safe accommodation. According to Meadows (2008), a Systems Thinking approach recognises that complex health and social care problems arise from interconnected factors rather than a single cause. This perspective demonstrates that effective responses require collaboration between health professionals, social care services and community organisations to improve safety, wellbeing and access to appropriate support for women experiencing domestic abuse.

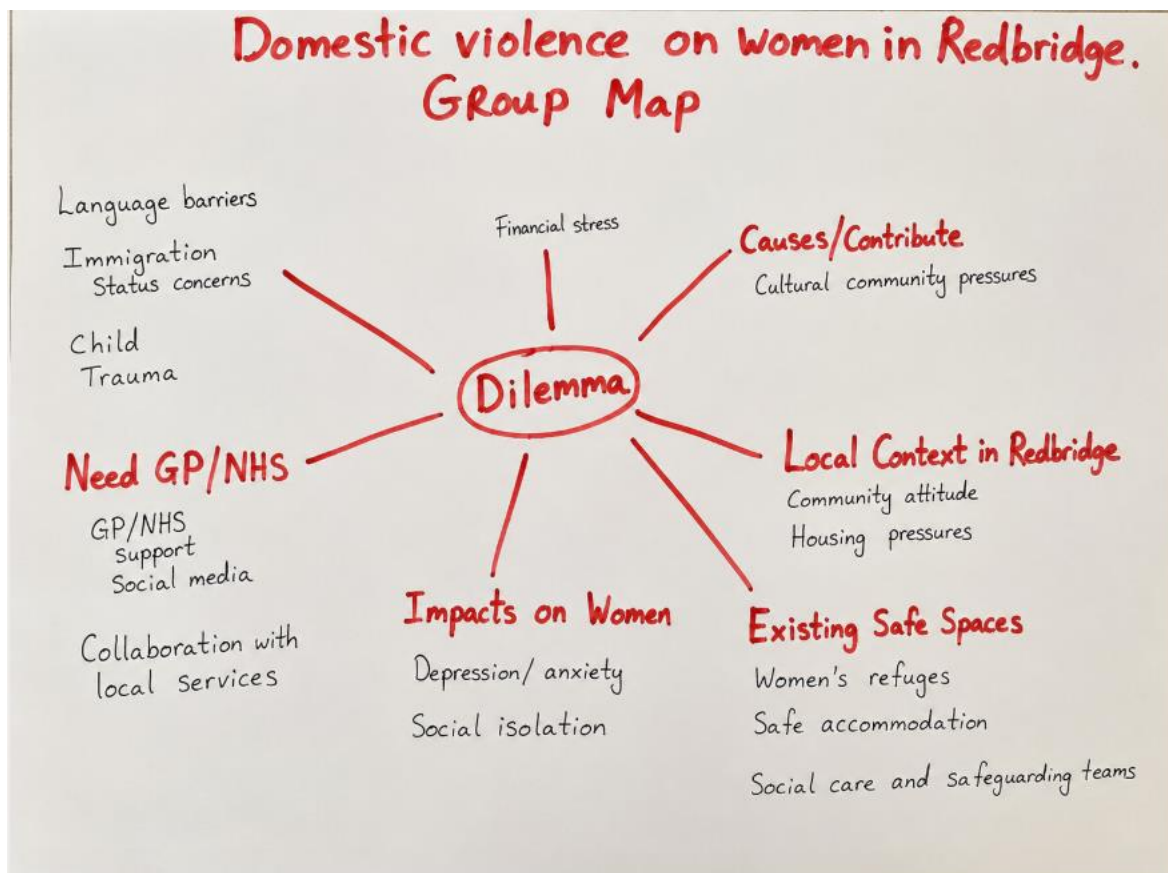


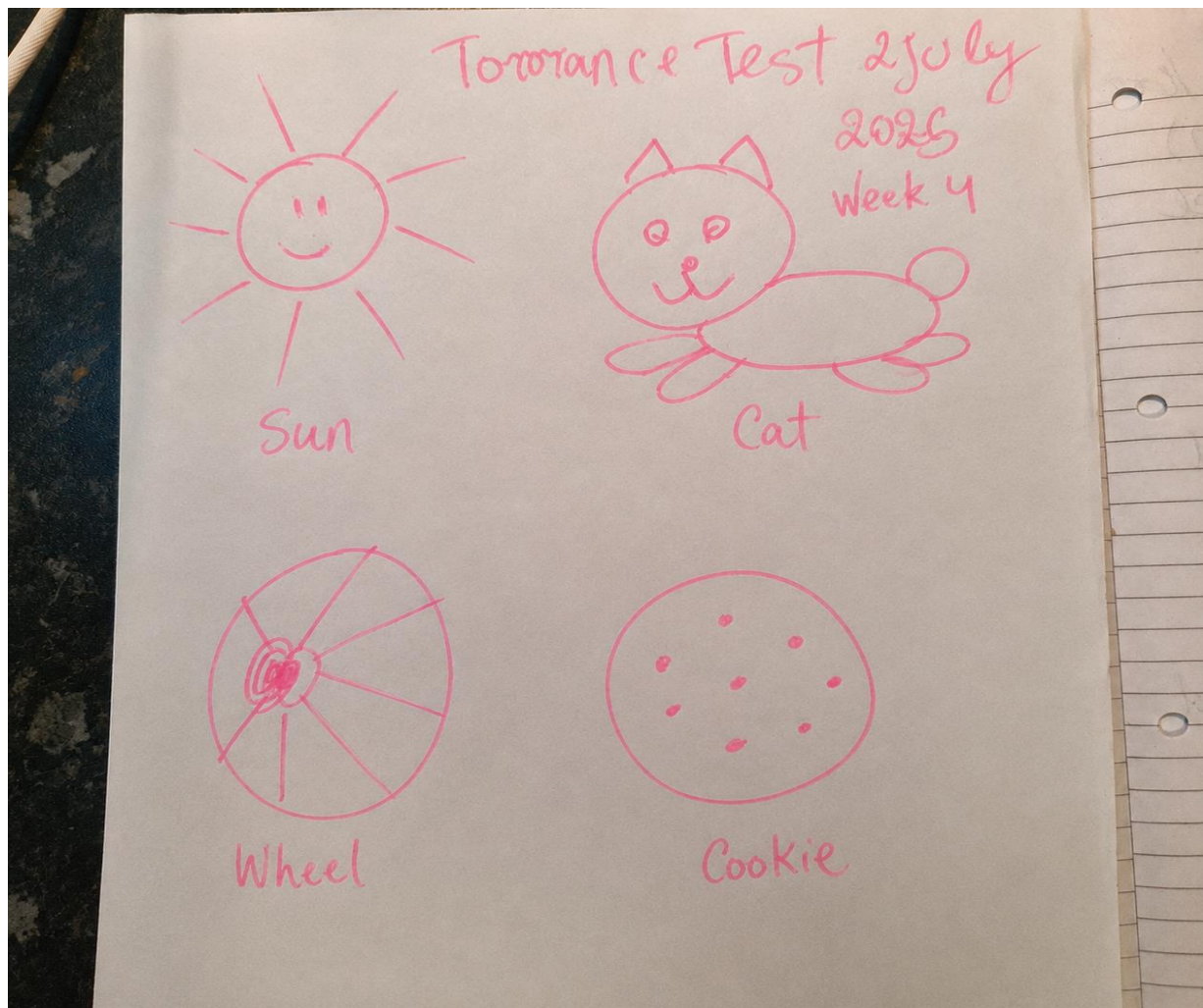
Figure 2. Group mind map illustrating the causes, impacts and support services relating to domestic violence against women in Redbridge.

Women experiencing financial dependence, language barriers or insecure immigration status may be particularly affected because these factors can make it harder to seek help. If the problem is not addressed, abuse may continue, causing worsening physical and mental health, social isolation and increased risks for children.

Task 3. Reflection on Convergent and Divergent Thinking

During Week 4, students explored creativity and problem-solving through practical activities, including the Torrance Test of Creative Thinking, cognitive bias, and convergent and divergent thinking. These activities demonstrated how creativity can support innovation and decision-making in health and social care. The Torrance Test encouraged the generation of different ideas from simple visual stimuli. Figure 3 shows my completed activity.

Figure 3. Torrance Test of Creative Thinking



Convergent and divergent thinking are different but complementary approaches to problem-solving. Divergent thinking generates a range of possible ideas without immediately judging them, whereas convergent thinking evaluates those ideas to select the most appropriate solution. Guilford (1967) explains that divergent thinking produces multiple possible responses, while convergent thinking focuses on identifying one suitable answer.

Using Gibbs' Reflective Cycle (1988), I reflected on this learning experience. Although I was unable to participate in the classroom discussion, reviewing the learning materials and completing the Torrance activity independently helped me understand both approaches. I realised that although I naturally prefer convergent thinking, considering different possibilities first can improve decision-making.

This activity showed that health and social care professionals need both approaches. Divergent thinking encourages alternative ideas, while convergent thinking helps select the safest evidence-based solution. In future group activities, I will contribute ideas before evaluating them collaboratively. This experience strengthened my professional decision-making skills.

Task 4 Case Study Analysis of a UK Innovation Hybrid Closed-Loop System for Type 1 Diabetes

Type 1 diabetes requires continuous monitoring of blood glucose levels and frequent insulin adjustments. Managing the condition can be physically and mentally demanding, while poor glucose control increases the risk of hypoglycaemia, long-term complications and hospital admissions. To address this need, the NHS has introduced Hybrid Closed-Loop (HCL) systems, which combine a continuous glucose monitor, an insulin pump and a computer algorithm to automate insulin delivery (NICE, 2023).

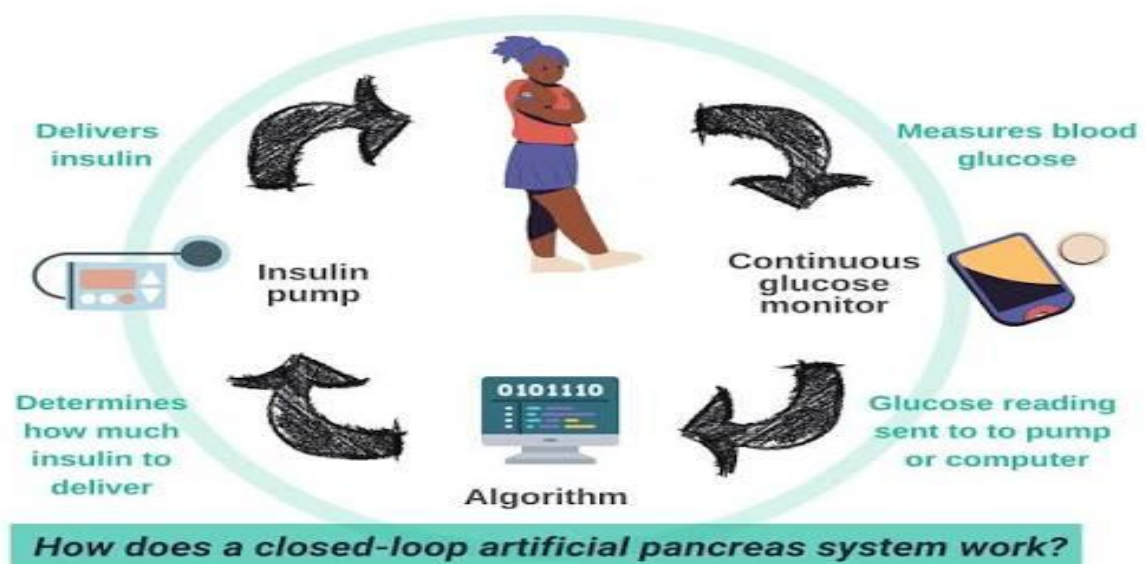


Figure 4. How a closed-loop artificial pancreas system works.
Source: Tizzard (2021), Patient Safety Learning.

The creativity of this innovation lies in integrating existing digital technologies into one intelligent system that continuously responds to changes in blood glucose levels. This reduces the burden of self-management while supporting safer and more personalised care. The innovation creates value for patients by improving quality of life and reducing daily decision-making. It also benefits healthcare professionals and the NHS by improving diabetes management and helping to reduce avoidable complications and hospital admissions (NHS England, 2024).

Reported outcomes include improved HbA1c levels, increased time within the target glucose range and fewer episodes of hypoglycaemia (NHS England, 2024). According to Rogers' Diffusion of Innovation Theory, healthcare innovations are more likely to be adopted when users recognise a clear advantage and observe positive results (Rogers, 2003). As NHS implementation continues, the principles of continuous monitoring and automated personalised responses could also inform the development of digital technologies for managing other long-term conditions.

Task 5 Current Issue: Staff Stress and Burnout in Health and Social Care

Staff stress and burnout continue to affect health and social care services by reducing staff wellbeing and the quality of care. To understand this issue, I reviewed two peer-reviewed journal articles. O'Connor, Neff and Pitman (2018) found that burnout is mainly caused by heavy workloads, emotional demands and limited organisational support. Their review also highlights that professional autonomy, fair treatment and regular clinical supervision can help protect staff from burnout. This article helped me understand that burnout develops gradually when work-related stress is not effectively managed.

Baker, Chishty-Collins and Gore (2025) reached similar conclusions but placed greater emphasis on the working environment. Their systematic review suggests that supportive leadership, positive workplace culture and adequate resources improve staff wellbeing and contribute to better quality care for people receiving services. These findings can be linked to Maslach's model of burnout, which explains burnout through emotional exhaustion, depersonalisation and reduced personal accomplishment.

Both articles agree that burnout is influenced mainly by organisational and workplace factors rather than individual weakness. However, the second study focuses more specifically on services for adults with intellectual and developmental disabilities, while the first examines mental health professionals across different settings. In real health and social care environments, burnout may lead to sickness absence, reduced motivation and poorer care outcomes. Based on these findings, I believe that employers should also encourage regular breaks, adequate rest and manageable workloads, as these measures may reduce stress and help staff maintain safe, high-quality care.

Task 6. Exploring Digital Innovation in Health and Social Care

Benefit of wearable health technologies

Wearable health technologies, such as smartwatches and fitness trackers, can help people manage chronic health conditions by monitoring important health information in real time. For example, many smartwatches can measure heart rate, physical activity and sleep patterns, allowing users to identify changes that may require medical attention. This encourages people to become more involved in managing their own health and may help detect problems at an earlier stage. The Technology Acceptance Model suggests that people are more likely to use digital health technologies when they believe they are useful and easy to use (Davis, 1989). For example, a person with a heart condition may receive alerts about an unusually high or low heart rate and contact a healthcare professional before the condition worsens. As a result, wearable technology can improve self-management, increase confidence and support better long-term health outcomes.

Electronic Health Records (EHRs)

Electronic Health Records (EHRs) improve communication and collaboration by allowing authorised healthcare professionals to access the same patient information quickly and securely. Instead of relying on paper records or repeated telephone calls, GPs, hospital doctors, nurses and pharmacists can review medical history, medications, allergies and test results through one digital system. This reduces duplication, improves continuity of care and lowers the risk of medical errors. For example, if a patient is admitted to hospital, clinicians can review current medications and previous diagnoses before making treatment decisions. Sharing accurate information also supports better teamwork between different healthcare providers and helps patients receive coordinated care. Digital records save time, improve decision-making and ensure that important clinical information is available whenever it is needed, leading to safer and more efficient healthcare services.

Digital technology for prevention and health promotion

Digital technology plays an important role in preventing illness and promoting healthy lifestyles. One example is the NHS App, which allows people to book appointments, order repeat prescriptions, view parts of their medical record and receive health information. The app also sends reminders that encourage people to attend screening programmes, vaccinations or routine health checks. For example, a person who receives a reminder to attend a blood pressure check may discover hypertension at an early stage and begin treatment before serious complications develop. Digital technologies also provide reliable health advice that encourages healthier behaviours, such as increasing physical activity or stopping smoking. By supporting early intervention and improving access to health information, digital technology helps individuals take greater responsibility for their health while reducing avoidable illness and pressure on healthcare services.

Figure 5. Functions available through the NHS App.
Source: Spinney Hill Medical Centre (n.d.).



Task 7. Understanding the NHS Leadership Framework

Overview of the NHS Healthcare Leadership Model

The NHS Healthcare Leadership Model helps clinical and non-clinical staff develop effective leadership behaviours. It includes nine dimensions that support evidence-based decision-making, teamwork, compassionate leadership and service improvement (NHS Leadership Academy, n.d.). The model is relevant to all healthcare professionals because it promotes reflection, continuous development and high-quality care.

Leadership Behaviour: Evaluating Information

I selected evaluating information because it can encourage creativity while also protecting patient safety. A leader can collect service-user feedback, staff observations, performance data and research evidence, and then invite the team to consider possible improvements. For example, if appointment non-attendance increases, a leader could analyse the reasons and involve staff and patients in designing reminder systems or more flexible booking options. This approach encourages creative thinking but also ensures that proposed changes are realistic, evidence-based and focused on improving access and quality of care.

Short Reflective Journal Entry

This module changed my understanding of leadership by showing that creativity is not simply producing unusual ideas; it must create useful value for patients, staff or services. The Hybrid Closed-Loop case study showed how existing technologies can be combined to improve care,

while the digital innovation task demonstrated that usefulness and ease of use influence adoption. I now understand that leaders create conditions in which staff feel safe to suggest and evaluate improvements. This links with transformational leadership, which emphasises vision, encouragement and support when introducing new ways of working (Bass and Avolio, 1994). In future practice, I will listen to different perspectives, examine evidence and support realistic ideas that improve service-user outcomes.

Task 8. Self-Reflection Journal Entry

Using Gibbs' Reflective Cycle (1988), I reflected on how my understanding of creativity, innovation and value creation developed throughout this module. I now understand that creativity in health and social care means developing practical solutions that improve outcomes for patients and services. The Hybrid Closed-Loop case study and burnout research showed that successful innovation should improve both quality of care and staff wellbeing. In future practice, I will use evidence, reflection and collaboration to develop safe, person-centred improvements.

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