

A MULTI-CASE STUDY TO UNDERSTAND THE WAYS IN  
WHICH SOCIOCULTURAL FACTORS INFLUENCE  
EVERYDAY CREATIVE CONTRIBUTIONS IN HEALTHCARE  
AND HIGHER EDUCATION BY STUDENT MIDWIVES

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## Table of acronyms used

AI	Artificial Intelligence
BERA	British Educational Research Association
CAQDAS	Computer Assisted Qualitative Data Analysis Software
CASP	Critical Appraisal Skills Programme
CoP	Community of Practice
CQC	Care Quality Commission
DfE	Department for Education
DSIT	Department for Science, Innovation and Technology
Edd	Educational Doctorate
EQUATOR	Enhancing the QUALity and Transparency Of health Research
HE	Higher Education
HEE	Health Education England
IQ	Intelligence Quotient
IT	Information Technology
JB	Johanna Briggs Institute
MA	Master of Art
	Mothers and Babies: Reducing Risk through Audit and
MBRRACE	Confidential Enquires
MMAT	Mixed- Method Appraisal Tool
NHS	National Health Service
NMC	Nursing and Midwifery Council
PAT	Perspective-Affordance Theory
PTSD	Post-Traumatic Stress Disorder
QAA	Quality Assurance Agency
RCM	Royal College of Midwives
RQ	Research Question
RTA	Reflexive Thematic Analysis
UK	United Kingdom

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## Abstract

Student midwives and midwives work in highly demanding, unpredictable and ever-changing environments which require significant emotional involvement and investment in the lives of women, their families and babies. Midwives face constant demand to meet emerging and developing health service needs that require them and the healthcare organisations where they work to be innovative, creatively agile, and responsive. Creativity is imperative for addressing current challenges in maternity care and is strongly associated with individual psychological wellbeing. Existing literature suggests creativity is influenced by sociocultural factors; however, the area remains understudied, particularly in specific contexts, such as in midwifery practice or healthcare education. This matters because understanding factors that motivate, enable or constrain creativity among midwifery students can enable ideas and action that contributes towards or causes change that improves maternity care. This constructivist, qualitative multi-case study explores student midwife perspectives about sociocultural factors that motivate, enable, or constrain everyday creative ideas and contributions in HE or midwifery practice. The purpose of the study is to understand the ways in which the social and cultural context influences student midwife creative contributions to inform midwifery pedagogical practice.

Eight Participants from an undergraduate midwifery programme provided detail about creative ideas shared in university or a healthcare setting during the post-pandemic period in 2023. Case study methodology informed cross-case analysis from four data sources related to each participant, including contextual document sources, diary entries that detailed the creative contributions, follow up questions via email and participant-observer sources.

Data was analysed using Braun and Clarke's (2021) Reflexive Thematic Analysis and findings were grouped into four themes. The themes are summarised as; the social position of a student midwife influences their sensitivity and courage to act creatively, political and micro-political awareness influences student midwife creative contributions, social connectedness during the pandemic continues to influence

student midwife creative contributions and, diversity of opportunity and a holistic focus in HE influences student midwife creative contributions.

The study concludes by outlining the highly contextual nature of sociocultural factors that influence student midwife creative contributions and makes two practice recommendations. Firstly, midwifery teachers should be supported in their personal-professional creative development. Secondly, the study supports specific creative pedagogical practices that include opportunities for sharing ideas, diverse networking and social opportunities in midwifery education, classroom tasks that create uncertainty to prompt and motivate ideas and, facilitation of supportive environments for student midwife creative expression.

# Chapter 1: Introduction

Chapter 1 introduces the researcher's personal position and understanding about creativity in education and midwifery practice. It provides a brief overview of existing literature which is explored further in Chapter 2 and introduces the research design, key terms, and research questions.

## 1.1 Personal-professional position on creativity

I believe that creativity is an essential part of bringing positive change. This doctoral study is a creatively crafted and a nurtured expression of the way I view of the world. I view myself as a creative person in my everyday work as an Associate Professor in Midwifery at a UK university. The ways in which I view the world has shaped my study, the perspectives I have adopted, and the interpretations I have made. I believe that my life experiences, professional experiences and education have built my understanding of the world from early childhood to the present day. I am from a large family and none of my family attended university, nor considered it necessary. Instead, my family value success in small business, real-world hands-on learning, and enterprise which was modelled to me from an early age. This role modelling influenced my creativity because family business ideas and products were valued from an early age. My stepfather owns a small business where he has created unique products. As a young child, I took interest as he developed differing prototypes in the family home. My parents encouraged me to think and plan for owning a business. However, I diverged from the family norm by pursuing an academic career.

In terms of my educational experiences, I have taken interest in creative subjects, science subjects, midwifery and healthcare innovation. These educational experiences enabled me to recognise creative pursuits as valuable to self and others. My educational history is outlined in Table 1.1.

**TABLE 1.1 EDUCATIONAL HISTORY**

Education	Institution	Year
A level – Fine Art, Biology, Applied IT, Psychology. (Music studies, non-A level)	Sixth form college	2005
BSc (Hons) Midwifery	Birmingham City University	2008

Dissertation topic on professional development and identity		
PgCert Leading Healthcare Improvements, topics covered programme design, problem solving, improving services for women, writing and analysing health policy.	The Open University	2016
PgCert Professional and Higher Education, focus on effective interprofessional learning for health students.	University of Staffordshire	2017
MA Education, quasi-experimental study that compared student created resources vs teacher created resourced and measured student engagement and learning.	University of Staffordshire	2018
EdD	University of Staffordshire	2019-present

Combined, my early life experiences and educational experiences led me to value divergence and creativity in learning simply for the richness, fulfilling nature, and sense of wellbeing it brings. I also recognise and value the professional advantages creativity brings. In my current role in Higher Education (HE), I view individuals who engage and learn in differing ways as possessing distinct kinds of potential that collectively add to the learning of others. I can relate to non-typical engagement in education, and I am interested in how education is changing with Artificial Intelligence (AI) and other technologies. I can associate with the student who enjoys exploring with technological advances to enable new ways of self-learning. I believe that individuals who can adapt and utilise technological advances or other resources available to them, such as AI, will be able to resourcefully share creative ideas which are enhanced by harnessing technological affordance. I believe this is an important aspect of contemporary learning in HE and is essential for societal progress, academic progress, and individual wellbeing. In addition to educational and early childhood experiences, my professional experiences are important because I consider myself to be an 'insider' in this study. This means I am part of the professional community I am studying and that I have a teacher-researcher relationship with participants. This issue is explored further in sections 3.3 and 4.6. My position as a teacher-researcher means the ideas developed are constructed from my own experiences, understanding and interpretations. Table 1.2 outlines some professional experiences and employed positions that have shaped my perspectives.

**TABLE 1. 2 PROFESSIONAL EXPERIENCES AND EMPLOYMENT**

Speciality	Position	Year
Interior design. Designing home spaces for personal enjoyment and expression	Part-time assistant	2003-2006
Healthcare, healthcare-based education and policy writing. Challenging and writing new evidence-based policy to improve choice for birthing women, including place of planned birth, maternal obesity, and informed choice. Clinical education for emergency care in maternity.	Midwife	2008-2020
Education. Achieved teaching excellence award for creative approaches to teaching. Project lead for improving cross department organisational culture and team cohesion.	Lecturer, senior lecturer in Midwifery	2015-2019
Education and leadership. Designed a new midwifery programme and developed innovative solutions to clinical placement problems. Invited speaker at Health Education England national conference (HEE, 2023) to showcase new teaching approaches on the new programme.	Co-programme lead and programme lead for Midwifery	2019-2023
Education and leadership. Led new route into midwifery that enables existing healthcare assistants to access education and build skills to become registered midwives. This is the UK's only provision of online apprenticeship midwifery training.	Associate Professor, Programme lead for new route into Midwifery via Degree Apprenticeship	2023-current

This doctoral journey has required an enormous amount of individual creativity, as with all doctoral projects. There has been a demand to find a problem or question, think differently about a problem, create new ways of doing, new knowledge, new ideas and new combinations of study which build upon, what collectively has already been *created by others*. I believe creativity in midwifery practice and education is important because it challenges moving beyond thinking critically by thinking differently. My motivation to study the creative contributions of student midwives in HE comes from a genuine interest in the subject of enabling creativity and its potential benefits for student midwives, women and their babies receiving care and healthcare improvements.

## 1.2 Current understanding about creativity and defining its warrant for inquiry.

Creativity is a complex concept with varying definitions across culture and groups (Kara, 2020). Lucas (2001, pg.38) describes creativity as 'a state of mind in which all our intelligences are working together', involving 'seeing, thinking and innovating'. Ordinary people are creative daily in education and in midwifery practice, through resourcefulness and individual agency that enables expansive innovation and action (Roberts, 2006; Csíkszentmihályi, 1996; Szabo et al., 2021). Craft (2005) and Elkjaer (2018) describe creativity as an essential and inseparable key component of the process of learning considered important for the future success and wellbeing of society, the economy, and individuals (Szabo et al., 2021; Brown and Luzmore, 2021; Runco, 2023; Lemmetty et al., 2021). Student midwives face a constant demand to meet emerging and developing health service needs that require them and healthcare organisations to be creatively agile, innovative and responsive (Denhardt et al., 2018; Cheraghi et al., 2021). Therefore, individuals working in healthcare systems require the creative cognitive skills to meet the changing and highly demanding healthcare needs in the course of their everyday professional work (Cheraghi et al., 2021).

In midwifery education, opportunities to act creatively with curiosity can expand creativity and enable learning, however, if too many obstacles exist in creative exploration or there is too much risk involved, the motivation to creatively engage and learn may be extinguished (Elkjaer, 2018; Csíkszentmihályi, 1996; Runco, 2023). The concept of creativity in UK HE is politically mediated and challenged because Forrester and Garratt (2016) outline UK educational policy and culture as reflecting long-standing neoliberalist priorities. Neoliberalist priorities assign value to acts of creativity when they produce economic benefit, but little focus is given to the role that everyday creativity plays in the process of learning, the process and development of innovation, and other benefits offered through acts of creativity, such as individual wellbeing (Beghetto and Zhao, 2022; Szabo et al., 2021). Moreover, midwives face additional challenges in acting creatively because they work in highly demanding and often under resourced environments with unsustainable, challenging workloads and working conditions (Carvagat et al., 2024). Therefore, a key challenge that midwives and other health professionals face in developing and making creative contributions in healthcare may centre

around the confidence and resilience required to practice creatively while overcoming situations of constant change, stress, pressure, fatigue and anxiety in everyday workplace adversity (McDonald and Jackson, 2013; Carvagat et al., 2024). Creativity matters among student midwives because while creativity revolves around idea generation which can be an iterative process, creative ideas have potential to inform and transition into innovative practice where there is successful implementation of ideas (Reitzchel et al., 2024). Therefore, creativity can contribute towards solving challenges in maternity care and towards improving healthcare. There is current need to better understand how creativity can be enabled among student midwives because recent literature by Li and He (2023) found that midwives scored lower in individual creative professional traits of challenge, imagination, risk taking, and curiosity compared to other health professionals. In addition, Andina-Diaz et al. (2024) found that the prevalence of midwives experiencing work-related burnout varied by study but is thought to be experienced by between 38-70% of midwives. The consequences and risks associated with psychological burnout in midwifery include high rates of staff turnover, a reduction in the quality and safety of care provided by midwives, and reduced individual self-confidence, empowerment and autonomy (Anadina-Diaz et al., 2024). Creativity research suggests that creativity is both developmental and humanistic, meaning it begins in some small, everyday ways and develops over time and is associated with human intrinsic purpose, higher order needs and wellbeing (Maslow, 1971; Barbot and Heuser, 2017; Luria and Kaufman, 2017). This is important both for the wellbeing of midwives, but also for finding creative and innovative solutions for current challenges in maternity care.

The experiences of student midwives in HE may influence their later confidence to practice creatively as midwives. Whether individuals see creative opportunities in the temporal, how they make sense of their world, and whether they believe they can overcome obstacles or risks in making creative contributions is thought to be influenced by individual historical life experiences and position (Kaufman and Beghetto, 2023; Runco, 2023; Beghetto and Karwowski, 2023). This means that groups with differing life experiences are likely to have differing perceptions about where creative opportunities exist, beliefs about their position in the world, and confidence or creative courage (self-belief, creative identity) in bringing creative contributions (Hanchett Hanson and Jorge-Artigau, 2021; Kerwer et al., 2021). Glăveanu et al. (2020) states that creativity is a culturally mediated action, supporting the need for a study which can holistically consider a range of sociocultural influences on creative

contributions among student midwives. Studying everyday creativity from a sociocultural perspective requires researchers to understand much more about the person and the context, including the motives and goals, the meaning they give to their own work, the cultural norms upheld or challenged in the process, and the constraints and possibilities afforded by the environment or position (Glăveanu, 2020).

This thesis brings together and presents a study which aims to address a lack of understanding about enabling practices and factors for everyday creativity among student midwives. It presents a distinctive and situated understanding about the ways in which the bringing of ideas may be influenced by specific contextual factors relating to the student's position, understanding, social connectedness, opportunities in HE, policy and micro-politics. This study took place in Spring 2023 during the post-pandemic period and a period of increased pressure in healthcare that may have presented additional challenges for those who participated.

### 1.3 An introduction to the research design and structure of the thesis

This study adopts a multi-case study methodology utilising a case study protocol based on the work of Yin (2018) and Halkias (2023). It is centred around specific creative ideas or acts (contributions) by student midwives which are either shared (socially) or physically enacted in HE or a healthcare setting. The cases examined student midwife creative contributions in context by analysing four data sources, including contextual document sources, diary entries, follow-up questioning and participant-observer sources. The aim was to understand the ways in which sociocultural factors motivate, enable or constrain creative contributions by student midwives. Eight Participants from one undergraduate midwifery programme, where the researcher is a teacher, were invited and volunteered to take part in a series of qualitative diary entries that self-identified and documented creative contributions. Diary entries were followed up with written questioning via email. Relevant contextual documents (Appendix 5) and participant-observer sources (Appendix 6) were critically analysed and informed interpretations made across cases. Contextual data and diary entries and follow-up questions were grouped by participant and cross-case analysis was undertaken by Reflexive Thematic



Analysis (RTA) (Braun and Clarke, 2021). Conclusions were drawn in answer to the following research questions (RQs):

RQ1: In what ways do social and cultural positions enable development of individual creative sensitivity and courage for midwifery students?

RQ2: In what ways does political and micro-political awareness motivate and influence creative conditions for midwifery students?

RQ3: In what ways does loss of social connectedness during the pandemic continue to constrain creative contributions for midwifery students?

RQ4: In what ways can HE provide diverse and holistic opportunities that support creative culture within teaching and learning for the midwifery sector?

The following Chapters systemically and critically explain what is currently known and understood about creativity in HE and in midwifery practice, and what is uncertain (Chapter 2), the research design decisions, approach, and justifications (Chapter 3), the research findings (Chapter 4), a contextual discussion of findings in relation to existing understanding (Chapter 5) and the distinctive contributions, practice recommendations and possible areas of further enquiry and research (Chapter 6). The thesis consistently draws on several key concepts which are defined under their respective key terms in Table 1.3.

**TABLE 1.3 KEY TERMS**

Key term	Definition
Creativity	Creativity refers to both the process of seeing and thinking of an idea, idea generation, and implementing it (Anderson et al., 2014; Craft, 2005; Lucas, 2001)
Creative contributions	Creativity which is shared with others and may or may not be recognised as valuable by the community/socially (Kaufman and Beghetto, 2009)
Post-pandemic	The period following the Coronavirus pandemic.
Sociocultural factors	Interactions between the individual, the social community, and the broader cultural environment (Csíkszentmihályi, 1996)

## Chapter 2: Literature Review

### 2.1 Introduction

Chapter 2 presents the literature review which contextualises the study and discusses where creativity is situated in midwifery education and practice, global and UK understanding, policy, and in terms of tensions, controversies, and multiple theoretical and empirical perspectives. The Chapter is divided into two parts.

Part one, focuses on the search strategy and appraisal approach and describes the specific context of the study including, midwifery context, policy context, global context and recent developments in creative pedagogy.

Part two of the Chapter focuses on a detailed and critical discussion of what is understood about social theories and perspectives of creativity, developmental theories of creativity, individualist and discourse-based perspectives of creativity, the role of individual purpose, identity, motivation, position, and power in acts of creativity and the humanistic, holistic, post-humanist and emerging sociocultural theories of creativity. Part two aims to critically discuss the diverse ways in which creativity has been studied.

The overall aim of the Chapter is to provide context, to critically explore what is currently understood including the theoretical assumptions that can aid understanding of creativity in and to highlight where limitations in existing knowledge provides justification for this study.

### 2.2 Part one: The approach to reviewing the literature and the study context

#### 2.2.1 Undertaking the literature review: search strategy and approach to evidence synthesis

There are varied approaches to reviewing literature. Dixon-Woods et al. (2006) states that approaches are either aggregative or interpretative in nature. Aggregative reviews are primarily concerned with summarising and categorising what is known about a phenomenon, whereas interpretative approaches, by contrast, synthesise by means of interpretation and induction (Dixon-Woods et al., 2006). Formal methodologies for reviewing literature are numerous and each have strengths and limitations (Grant and Booth, 2006). In a health

context, systematic reviews are considered superior because the methodology ensures an exhaustive, comprehensive search is undertaken with inclusion and exclusion criteria that is based upon the assessment of quality of the evidence (Cooper et al., 2018). While systematic reviews include robust methodological principles, they are typically well suited to studies where there is an objective to achieve aggregation and do not include engaging with literature in interpretative, inductive ways as with interpretative approaches. Interpretative approaches, such as narrative reviews intend to only draw on literature that supports a particular viewpoint of the researcher and (typically) do not use a formal assessment of the quality of literature and do not intend to generalise from what is found (Paré et al., 2015). The primary focus of interpretative reviews is to present what is understood about the literature from the position and viewpoint of the researcher and these approaches receive criticism for creating bias through uncomprehensive search strategies, biased methods of paper selection, and lack of structured critical appraisal (Kuziemy and Lau, 2017). However, interpretative-based review approaches enable researchers to identify gaps in knowledge and understanding through exploring their own understanding and viewpoints in inductive ways that can highlight gaps or inconsistencies in literature (Kitsiou et al., 2017). Therefore, while unstructured search strategies can limit the comprehensiveness in interpretative review approaches, they can present an inductive, interpretive-based narrative that informs research design and focus from the specific standpoint. In a qualitative study that is aligned with the constructivist paradigm, interpretations made by the researcher during the review of literature form an integral part of the construction of understanding which relates to the position of the researcher.

For this project, a critical interpretative approach was adopted. This is a type of interpretative review, but unlike typical narrative reviews, effort is made to extensively consider what the literature says through adoption of a systematic search strategy, selection of papers for critical evaluation and then interpretative analysis to constructively inform the study design and focus. A clear aim of the literature review was defined to assist in development of the search strategy, selection of suitable papers, critical appraisal of papers, and interpretation. The literature search aim was to critically consider what is known about creativity in higher education among health students, the sociocultural influences and factors that can enable or

constrain creativity. The search strategy, inclusion criteria and exclusion criteria and screening approach are outlined in Table 2.1.

**TABLE 2.1 SEARCH SELECTION AND STRATEGY**

Search strategy	
Databases and sources	<p>OVID (PsycINFO, MEDLINE)</p> <p>EBSCO (ERIC, British Education Index, Education abstracts, Education administration abstracts, CINAHL)</p> <p>ProQuest (Education database)</p> <p>eBooks</p> <p>Grey Literature (subject to inclusion/exclusion criteria)</p> <p>Reference chaining from papers on academic databases and/or books</p>
Search terms	<p><u>Search 1</u>  Creativ* OR idea* OR innovat*  AND  ‘Higher Education’ OR universit* OR degree OR ‘adult education’ OR ‘adult learning’ OR HEI OR ‘learning approach*’ OR ‘educational approach*’ OR ‘creativ* pedagog*’  AND  Sociocultural OR social OR peer* OR cultur* OR communit*  AND  Wellbeing OR well-being OR resilience OR psychosocial* OR ‘mental health’ OR ‘mental well*’</p> <p><u>Search 2</u>  Search 1  AND  Pandemic OR covid* OR ‘post-pandemic’ OR ‘post pandemic’ OR coronavirus</p> <p><u>Search 3</u>  Search 1  AND  Health* OR midwi* OR ‘health professional*’</p>

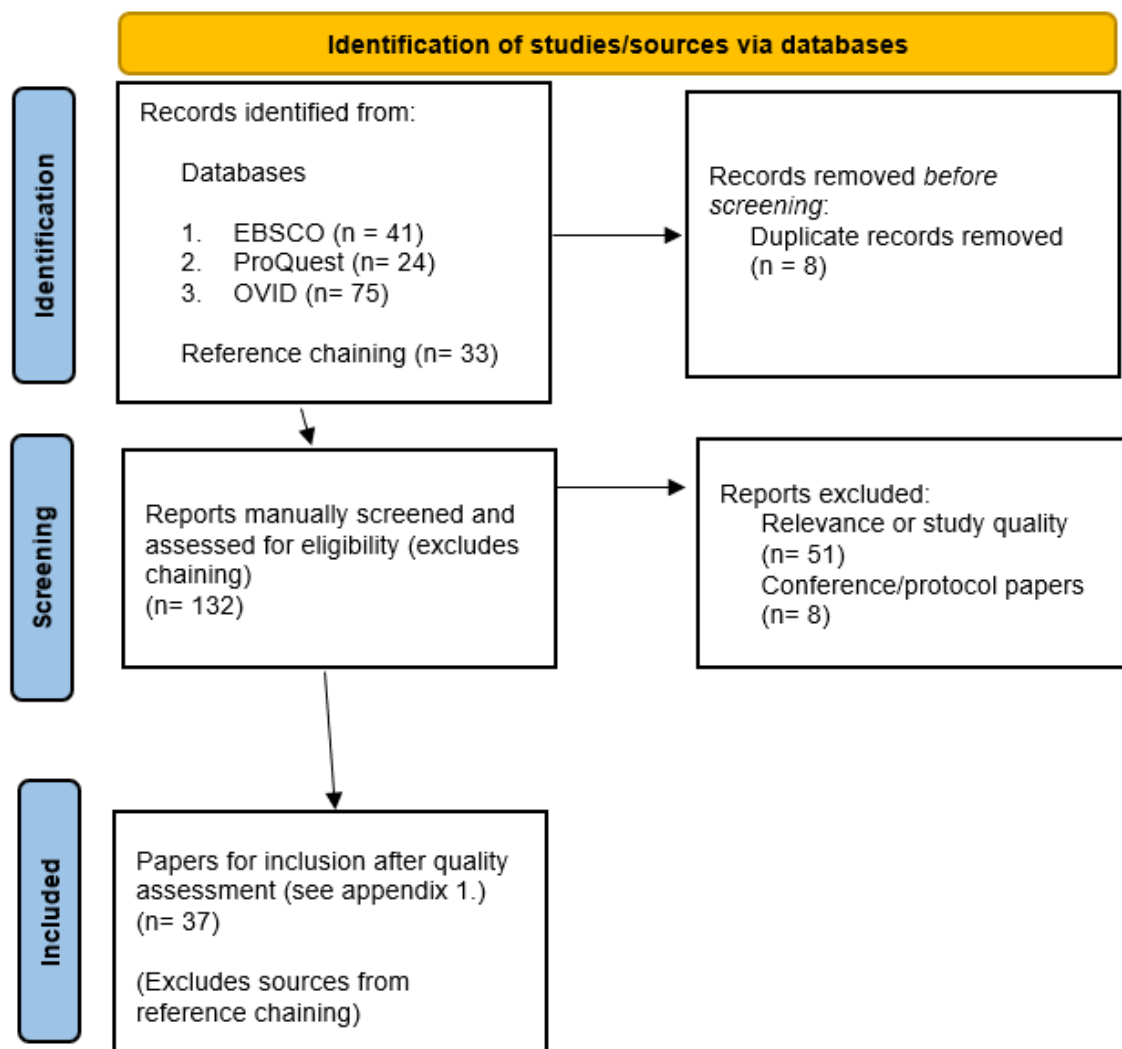
<p>Inclusion/Exclusion criteria applied</p> <p>Screening for inclusion</p>	<p><b>Inclusion criteria</b></p> <ul style="list-style-type: none"> <li>• Date range applied 2019-2024</li> <li>• Search applied to title and abstracts</li> <li>• Abstracts and titles screened: for relevance and contribution</li> <li>• Reference chaining based on associated paper relevance and contribution and subject to exclusion criteria</li> </ul> <p><b>Exclusion criteria</b></p> <ul style="list-style-type: none"> <li>• Grey literature: except sources which add contextual value and subject to critical appraisal.</li> <li>• Reference chaining from Grey Literature excluded.</li> <li>• Literature older than 5 years critically appraised before inclusion</li> </ul> <p><b>Screening</b></p> <ol style="list-style-type: none"> <li>1. Relevance</li> <li>2. Mixed Methods Appraisal Tool [MMAT] (Hong et al., 2018)</li> </ol> <p>S1. Are there clear research questions?</p> <p>S2. Do the collected data allow to address the research questions?</p>
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In keeping with literature review aim and critical interpretative approach taken, conceptual interpretations are presented in the literature review chapter through critical appraisal and evaluation of the selected literature (Grant and Booth, 2009). The process of selecting literature utilised an inclusion and exclusion criteria and screening process that considered the paper's relevance, screening questions and then full critical appraisal for quality if screening was acceptable. A formal assessment of quality before inclusion was not undertaken because Grant and Booth (2009) suggest that a critical interpretative review places emphasis on conceptual contributions of literature and not on formal quality assessment. However, all papers included initially met the screening questions (see Table 2.1) and a full critical appraisal of quality was undertaken as shown in Appendix 1. This approach aided the researcher's interpretative synthesis and Templier and Paré (2017) recommend that scholars ensure reporting about the nature and extent of quality assessment they performed and/or if they decided to emphasise study relevance over study quality. Paré et al. (2016) recommend scholars be mindful that including studies of poor quality may impact their synthesising

argument and should therefore use appropriate processes to search, screen, analyse, and interpret relevant information.

Critical appraisal of quality was undertaken using three tools, namely Hong et al. (2018) Mixed Methods Appraisal Tool [MMAT] (Hong et al., 2018), Joanna Briggs Institute [JBI] (JBI, 2020; Aromataris, 2015) or Critical Appraisal Skills Programme [CASP] (CASP, 2024). Appendix 1. summarises the appraisal of quality and all literature which scored below 50% were excluded to ensure rigour. Figure 2.1 summarises the search results, screening and identification of papers.

FIGURE 2.1 LITERATURE SEARCH AND SELECTION OF PAPERS



### 2.2.2 The approach to evidence synthesis: Critical Interpretative Synthesis (CIS)

The method of data synthesis ensured that a robust approach was undertaken in the synthesis of arguments based on qualitative, quantitative and mixed methods literature. Barnett-Page and Thomas (2009) suggest that the approach to evidence synthesis should align with epistemological assumptions held by the researcher to inform a coherent and logical approach in synthesised arguments and subsequent research design. For this study, a belief is held that primary studies are constructions of understandings and therefore a review of the literature deals with what is viewed as 'constructions of constructions' (Paterson et al., 2001, pg.7). Critical interpretive synthesis was chosen because it is highly interpretative, seeks to place literature within its context, to question assumptions in the construction of knowledge, and to synthesise and organise understanding according to interpretations made (Dixon-Woods et al., 2006). This means that the review of literature is highly contextual and may not be reproducible by different research teams at alternative points in time (Barnett-Page and Thomas, 2009). However, the approach offers significant strengths in articulating the position and beliefs of the researcher with focus given to a constructivist orientation whereby interpretations clearly problematise the literature and explore conceptual and theoretical understandings (Barnett-Page and Thomas, 2009).

### 2.2.3 Global perspectives of creativity in the post-pandemic context

A definition of creativity was introduced in Table 1.3 as both the process of seeing and thinking of an idea, idea generation, and implementing it (Craft, 2005; Anderson et al., 2014; Lucas, 2001). The definition aligns with earlier work by theorist, Guilford (1967), an American psychologist who defined creativity as *divergent thought* (a thinking process). In contrast, some definitions focus on the product or outcome of creative *action* rather than a *thinking* process. For example, Anderson et al. (2014) who include a group of multi-national researchers define creativity by its novel *implementation and enactment*.

Varied definitions appreciate that creativity is complex, multi-faceted and interpreted, valued, and studied differently across cultures. This is partly because it is a value laden concept holding a moral dimension which is culturally, socially, or individually assigned (Glăveanu, 2020). Vlad Glăveanu (2020), an Associate Professor of Psychology in Norway, suggests the complexity of studying creativity, as a value laden concept, is complicated by

multiple sociocultural, interconnected, and interdependent factors thought to influence its development and enactment. In support of Glăveanu's (2020) perspective, Beghetto (2022), an American professor of education psychology, supports that creativity encompasses value laden concepts, but further suggests that defining what constitutes creativity also includes creative experience of engaging with the unfamiliar (uncertain) and a willingness to approach the familiar in unfamiliar ways on an individual level (Glăveanu and Beghetto, 2021).

Individual willingness to be creative is described as a highly humanistic trait, linked to human potential and psychological health by Dr Ruth Richards (2018), an American Psychiatrist. Humanist-based definitions contrast with definitions that focus on characteristics of creative products or outputs. Regardless, conceptual conflicts between varied definitions from European and American regions share a commonality that centres around understanding that creativity encompasses a humanistic willingness, diversity of idea and thought, and application or enactment. In contrast to European American conceptions, other global cultures place higher emphasis on individual adaptability as the defining feature of creativity or focus on the personal, bodily connection necessary for creative enactment. Seminal work by Russian biologist Dobzhansky (1962), describes creativity as a biological adaptation termed *phenotypic plasticity*, suggesting plasticity is the essential component of creativity (ability to adapt to the environment and express oneself in relation to the environment/culture).

In Japanese culture, creativity is viewed as a natural, personal, intimate connection with oneself (Runco, 2023). *Satori* is a word in Japanese culture reserved for personal devotion, constant practice, persistent concentration, and whole mind-body absorption which leads to *creative enlightenment and understanding* (Fouts, 2004). The concept of creative absorption is supported and associated with higher levels of creativity in some arts-based literature (Wendler and Schubert, 2019) but limited recent focus on *creative absorption* related to other subjects in HE is possibly due to a lack of culturally assigned value.

A somewhat interesting point of convergence across cultural definitions of creativity is the agreement and connection between creativity and learning, whether that be learning about oneself, one's expression of self, or learning that precedes innovative application or enactment of creative work. Lemmetty et al. (2021) support that creativity is a key pre-



requisite to innovation and learning. Craft (2005) goes as far as claiming that creativity and learning are intertwined and inseparable.

Differences in global culture and understanding of creativity affect the value assigned to it and the focus given to it in research. In UK culture, individualism, individual liberty, and freedom are promoted and valued and the political landscape promotes a culture of self-interest (Department for Education (DfE), 2014; Lamb et al., 2020). These factors are associated with promoting and enabling individualist creative expression (Goncalo and Staw, 2006). In the UK HE context, high value is placed on rationality in creativity and the ability to present contradictory and non-contradictory evidence in support of a rational creative idea (Fouts, 2004). A rationalised and individualist culture is reflected in recent UK HE policy (DfE, 2023c) which is further discussed in section 2.2.6 and is associated with promoting logically justifiable creativity over creativity solely connected to oneself and wellbeing. Simonton (2021) suggests rationality is more likely to promote recombination types of creativity, whereby creative contributions are simply a recombination of existing information or ideas that can be broken down and justified. Therefore, UK culture could influence the type of creativity and constrain creative enactment through cultural norms and expectations of rational conformity.

The pandemic brought about tension and disruption to UK culture through demanding new collectivist cultural norms for the benefit of broader society. The Coronavirus Act (2020) required compliance with new legal restrictions that altered the 'tightness' of societal norms and regulation of social behaviour as reflected in all aspects of society, including education which became more conformist with regulated expectations. In midwifery care, the pandemic affected midwives mental and physical health worldwide (Hasheminejad et al., 2022; Jasiński et al., 2021; Li et al., 2021). Studies highlighted an increased risk of burnout among midwives, increased likelihood of leaving the profession and high levels of compassion fatigue (Woeber et al., 2022; Aydin Dogan et al., 2023; Ahmadi and Maleki, 2022). More broadly, pandemic related changes introduced a sharp contrast to the established cultural norms of individual liberty and freedom in the UK. Pre-pandemic literature suggest disruptions to cultural norms may influence creative behaviour providing justification for its focus in post-pandemic research. Gelfand (2018), a US Professor in Psychology and Culture, theorises that historical

cultural 'tightness' or 'looseness' (demand for conformity) brings associated social control, order and alters tolerance of diversity, creativity, and innovation. Gelfand's (2018) theory in the post-pandemic context may suggest that changes in cultural priorities during the pandemic may have impacted individual behaviour and agency (how individuals act) post-pandemic. Gelfand's (2018) theory supports that increased requirements for conformity and collectivist policies during the pandemic theoretically reduce creativity and innovation. However, questions remain about how pandemic related changes affected different groups and their creative behaviour, including how midwives and student midwives were affected.

#### 2.2.4 The benefits of enabling creativity in midwifery education

Midwifery education in the UK occurs in university and involves the successful completion of an undergraduate degree or master's level degree. The UK's Nursing and Midwifery Council [NMC] (2019) govern midwifery standards for education and professional registration. The NMC require that students on preregistration midwifery programmes complete at least 4600 hours of training with an even split between hours assigned to clinical practice placements and theory learning in university (NMC, 2019). To ensure NMC regulatory standards are met, student midwives typically enter clinical areas such as hospital wards and community care within weeks of beginning their midwifery education. Therefore, student midwives quickly experience the high demands and unpredictability of clinical placements and maternity care.

In a midwifery education, individual wellbeing and resilience is considered increasingly important because midwives commonly face challenges and difficulties in the course of their everyday professional work. Midwives are at high-risk of developing mental health problems including, post-traumatic stress disorder (PTSD) and/or depression and anxiety related to exposures at work, and midwives are at increased risk of experiencing burnout syndrome (Amir and Reid, 2020; O'Riordan et al., 2020). Burnout syndrome is characterised by feeling emotional exhaustion, feelings of depersonalisation and low personal fulfilment (Maslach et al., 1997). A recent systematic review by Andina-Diaz et al., (2024) found that the prevalence of midwives experiencing *work-related* burnout varied by study but is thought to be experienced by between 38-70% of midwives. The consequences and risks associated with burnout in midwifery include high rates of staff turnover, a reduction in the quality and safety of care provided by midwives, and reduced individual self-confidence, empowerment and

autonomy (Anadina-Diaz et al., 2024). Midwives work in highly demanding, unpredictable and ever-changing environments which require significant emotional involvement and investment in the lives of women, their families and babies (Anadina-Diaz et al., 2024). As with other areas of healthcare, midwives face constant demand to meet emerging and developing health service needs that require them and the healthcare organisations where they work to be innovative, creatively agile, and responsive (Denhardt et al., 2018; Cheraghi et al., 2021). Individuals working in healthcare systems require creative cognitive skills to meet changing and highly demanding healthcare needs in the course of their everyday professional work (Cheraghi et al., 2021). Creative cognitive skills include the creative thinking (imagination) required to form ideas for new ways or approaches to doing things with curiosity, the reasoning and risk-taking in bringing ideas. It also includes critical thinking and problem-solving abilities that lead to solutions and the overcoming of problems (challenging problems) experienced in everyday work (Li and He, 2023). Creative responses to healthcare system challenges logically rely on the creativity (ideas) of the people working within the healthcare system, suggesting it is an important priority in healthcare education to overcome current challenges and uncertainties and to lower the risk of burnout associated with working as a midwife (Cheraghi et al., 2021; Anadina-Diaz et al., 2024).

Creative cognitive skills are considered developmental or psychological traits and attributes (see sections 2.3.1 and 2.3.2). However, few studies have focussed on creativity, as a developmental and professional attribute, among midwives. A recent cross-sectional study by Li and He (2023) found that midwives scored lower in individual creative professional traits of challenge, imagination, risk taking, and curiosity compared to nurses and medical staff. This matters because literature suggests creative cognitive abilities are associated with midwives ability to challenge clinical decisions, practice autonomously, advocate for women and challenge policies and practices, including poor workplace culture. However, Li and He's (2023) study may be limited in application to the UK setting because it was undertaken in China (where a differing model of midwifery exists), but the lack of a comparable UK study illuminates limited existing evidence and value assigned to understanding how creativity can contribute towards midwives wellbeing, midwifery service improvements and innovation.

Curiosity as a creative attribute explored in Li and He's (2023) study is associated with improved nursing performance and safety. Kedge and Appleby (2010) suggest that a culture

of curiosity is a key requirement for development of competency among nurses. Curiosity enables a questioning attitude which is associated with understanding own identity and position as midwife. Sonmezer (2021) suggests that understanding own professional midwifery position through sociological imagination enables individuals to advocate for women and practice autonomously within systems. The autonomy to be creative is a principle that can enable ideas and positive change to flourish. Theories of creativity and existing evidence highlights the importance of autonomy as a motivational source of creativity and innovative behaviour (Baum and Baumann, 2019). In addition, increased autonomy is associated with reduced burnout and improved safety and quality of care in midwifery (Anadina-Diaz et al., 2024). Innovation differs from creativity because while innovation focuses on the output, that is the end action that results in new practice that is improved in some way, creativity focusses on the generation of ideas that come before a new practice is established. Reitzchel et al. (2024) suggest creativity revolves around idea generation, whereas innovation centres more around transition to successful implementation including identifying the most promising ideas for further development and implementation. Reitzchel et al. (2024) claim that innovation most likely begins with creative ideas that iteratively develop.

There are a broad range of current and critical issues in maternity care that demand creative thought and innovative solutions. A major current concern surrounds a critical shortage of workforce leading to unsustainable, challenging workloads and working conditions (Carvagal et al., 2024). This is compounded and is associated with numerous concerns regarding the safety and quality of maternity care which has recently been the focus of several independent investigations at specific NHS trusts. Recent reports include the Independent Maternity Review of maternity services at the Shrewsbury and Telford Hospital NHS Trust (Ockenden, 2022) and the report into Maternity and neonatal services in East Kent (Kirkup, 2022). Ongoing investigations continue to highlight problems and shortfalls in maternity services and the governing quality body, the Care Quality Commission (CQC, 2021) found that 38% of maternity units required improvement for safety in 2021. In addition to staffing, workload and culture concerns there are significant concerns about the safety and disparity that is evident between ethnic groups of women. In 2021, the national MBRRACE-UK (Mothers and Babies: Reducing Risk through Audit and Confidential Enquires) report found that Black women were almost

four times more likely to die during childbearing compared to White women. Several service improvement efforts are underway that aim to address quality and safety concerns in maternity care. These include the NHS long-term plan (2019) and the 3-year delivery plan for maternity services (NHS England, 2023). However, new ideas to address concerns from frontline midwives and student midwives and responsive creative contributions are important to improve and accelerate efforts. Currently, little focus is given to midwives' creativity as well as to how HE may play a role in fostering personal-professional creativity among midwives and student midwives that may precede maternity care innovation. This matters because in closely related professional literature, nursing research highlights an association between creativity in nursing practice and improved quality of care for patients. A concept analysis of creativity in nursing care revealed that creative motivation, creative sensitivity and ability to think diversely was associated with increased effectiveness and quality of care by nurses (Cheraghi et al., 2021). A concept analysis aims to focus and understand the scope of a concept (Walker and Avant, 2019). Cheragi et al's (2021) analysis drew on 37 studies to understand the concept of creativity in nursing practice. Two researchers who are experienced with concept analysis independently reviewed the papers for methodological coherence and quality. While they did not use an identified critical appraisal tool, the researchers followed Walker and Avant's (2019) model for concept analysis strengthening the credibility of conclusions. The findings draw clear and applicable conclusions with the concept of creativity in nursing being defined as including three parts. Firstly, creativity is defined as the recombination of old ideas or new ways of providing patient care that has more advantages than the usual method. Secondly, it is the selection of simple, useful, affordable, efficient, and safe ideas and thirdly, it encompasses the relationship between ideas and successful decision-making in clinical practice. In conclusion, Cheragi et al. (2021) advocate for creativity to be promoted in nursing education and claim that it aids clinical decision making contributing towards advancing healthcare practice, policies and improving quality of care for patients. They suggest further research is required to understand the best ways to support creative development in nursing.

A key challenge that midwives and other health professionals may face in developing and making creative contributions in healthcare may centre around the confidence and resilience required to practice creatively while overcoming situations of constant change in healthcare, stress, pressure, fatigue and anxiety in everyday workplace adversity (McDonald and Jackson,

2013). To overcome everyday stressors while practising creatively, midwives and other health professionals must be resilient professionals. McDonald and Jackson (2013) found that resilience and creativity are connected concepts. They conducted a collective case study and explored how educational interventions in the form of 6 workshops and a mentoring programme could improve individual resilience in nursing and midwifery practice. They found that resilience and creativity were connected concepts because experiential learning that included opportunities for creative self-expression and exposure to diverse and new ideas improved confidence, resilience, self-awareness and assertiveness in clinical practice. The study included a small sample of 14 participants practicing in Australia and three phases where participants were asked about workplace adversity and perceptions surrounding gains from the workshop intervention. The case study design considered personal cases in depth which provided insight into how individual creative expression is associated with confidence and resilience. Case studies are richly context dependent but may be criticised for lacking generalisability (Bryman, 2008). In addition, in this study it was unclear how many participants were midwives limiting application to midwifery educational interventions. The study used pre and post intervention questioning and while this approach is logical, it was unusual that the pre and post intervention questioning were different and how answers were compared at each stage was not transparent. For this reason, the credibility of findings that the authors claimed were due to interventions can be questioned. Despite this, the study's findings align with findings from other literature which suggests that supporting creativity through pedagogical approaches is associated with increased practitioner resilience and creativity among social work practice (Jordan, 2023). Jordan (2023) utilised a visual methodology to understand the relationship between creative pedagogies, resilience and creativity and found there is a relationship between the concepts. The study concluded that further research is needed to improve understanding about the value of creative pedagogy in teaching and learning and its contributions towards the wellbeing of students.

Midwifery workforce resilience and creativity can be critically considered through published literature that focuses on how midwives adapted and responded to the Coronavirus pandemic. A recent scoping review by Uchimura et al., (2024) included studies from a search strategy that included midwife (midwives or midwifery) as the target population, mental health and related concepts (stress, burnout, and work engagement) and, COVID-19 pandemic

as the context. After screening papers using a method that was clearly identified and relevant, they selected and analysed the findings from 14 relevant published studies. A robust approach to assessing the quality of the studies was adopted strengthening the credibility of conclusions. However, the studies did not include student midwives and focussed largely on negative outcomes, such as intention to leave the profession, professional burnout or mental health problems. This identifies a clear gap in understanding how midwives resilience, creativity and wellbeing was expressed, enabled or supported through the COVID-19 pandemic. The study drew several conclusions which describe how the pandemic affected midwives mental and physical health worldwide (Hasheminejad et al., 2022; Jasiński et al., 2021; Li et al., 2021). Studies highlighted an increased risk of burnout among midwives, increased likelihood of leaving the profession and high levels of compassion fatigue (Woeber et al., 2022; Aydin Dogan et al., 2023; Ahmadi and Maleki, 2022).

Numerous studies emphasize the need to provide recovery support for midwives mental health (Ahmadi & Maleki, 2022; Aydin Dogan et al., 2023; Hasheminejad et al., 2022; Jasiński et al., 2021; Li et al., 2021; Woeber et al., 2022). Some studies specifically propose building resilience as a concept-based approach for recovery (Ahmadi and Maleki, 2022; Capitani et al., 2022; Li et al., 2021). However, these leave questions about how best resilience can be improved among midwives. Encouraging or enabling engagement with creative activities is associated with building resilience and wellbeing among midwives because regardless of the type of creative activity, participation with creative activity is strongly associated with positive mental health and wellbeing (Jean-Berluche, 2024; Wilson et al., 2017). Jean-Berluche (2024) undertook a review of literature and identified that activities that enabled creative self-expression were connected to improved emotional processing and regulation associated with better mental health and wellbeing. In addition, Jean-Berluche (2024) found that creative expression was associated with increased cognitive flexibility which encompasses adaptable thinking, resilience and problem-solving. Health research has found that engagement with creative activity as an intervention improves healthcare professional resilience (Reed et al., 2020). Reed et al. (2020) found that creative expression, which can take many forms and includes confronting challenging experiences and reflecting upon them can aid healthcare professionals in the processing of traumatic experiences, in making contributions towards better practice, and in building social, supportive relationships at work. Jean-Berluche (2024)

also found that collaborative creative endeavours build community ties, interpersonal skills and social connectedness.

In summary, evidence suggests that enabling creativity in midwifery education has potential benefits that include addressing current midwifery challenges, positive development and innovation in midwifery practice, improvements in the safety and quality of care provided by midwives and improving individual midwife wellbeing and resilience.

#### 2.2.5 Current approaches to creative pedagogy in HE and recent developments

Creative pedagogical practice is supported by standpoints of constructivism (Pande and Bharathi, 2020), experiential learning (Kolb and Kolb, 2017) and embodied cognition. Pande and Bharathi (2020) suggest that engagement with creative activities challenges individuals with partial information (or opportunity) to express themselves and make sense of their world through construction of their own models of knowledge enabling learning. In addition, creative activities challenge individuals to experiment with understanding and learning in their world, known as experiential learning, according to Kolb and Kolb (2017). Experiential learning occurs through concrete experiences, reflection on experiences, abstract conceptualisations of experiences and further active experimentation in different contexts. The type of trial-and-error opportunities afforded by engagement in creative activities becomes part of the learning process and a core aspect of creative pedagogy.

Aktas (2022) and Brown and Luzmore (2021) suggest that creativity and creative pedagogy increasingly features in education policy and practice because there is an increased demand for creative solutions globally. Aktas (2022) suggests there is current movement from a knowledge-based economy towards a creative-based economy. Creative ideas and the ability to act and think in creative ways is broadly recognised as important for the future success of businesses and the economy, but it is also associated with improved individual and societal wellbeing (Moula 2021; Aktas 2022). Aktas (2022) suggests that universities place increasing emphasis on creativity from many perspectives which reflects the changing priorities and value of creativity in HE. Aktas (2022) evaluated 45 programmes across 32 global universities that were not arts related programmes but included a significant focus on creativity. Aktas (2022) concluded that university programmes are emphasising creative skills as a desirable graduate skill because of its broad application to solve problems in an increasingly complex



and changing world. He suggests that creativity and its varied conceptualisations are associated with personal and professional development, professional leadership, and holistic, sustainable approaches to education.

HE organisations and HE policy and leadership play a role in providing opportunities to develop students creative skills by supporting teachers in creative pedagogical practices and activities (Moseley, 2015). Moula (2021) conducted a cross-sectional study with academics from the UK and China to understand how creative pedagogy and activities can be supported by organisations. She undertook semi-structured interviews to understand the barriers and facilitators of creative pedagogy in everyday teacher practice. She found that teachers felt uncertain about what constitutes creative pedagogy, and they were concerned about their lack of confidence in facilitating creative tasks. Teachers felt they needed to receive adequate training about creative approaches in teaching and they described fear about risking their reputation if creative efforts were not well received or failed to engage students. Moula (2021) suggests teacher training such as building creativity skills through developing self-directed or 'flipped' learning resources, creativity-inspiring learning environments, or using teaching and learning resources creatively can support teacher creativity and creative pedagogy. However, a recent meta-analysis of 169 creativity studies across 5 decades by Sio et al. (2024) found that published studies do not robustly support that creativity training makes a measurable difference to teachers creativity when analysed as a performance-based measure. Sio et al. (2024) adopted a methodologically robust approach to their meta-analysis (Appendix 1.) and concluded that while many studies focussed on measuring the effects of creativity training on pedagogical practice, they did not include a pre-test, control group, had low statistical power, or would be difficult to replicate meaning many studies could not reliably confirm that the training changed pedagogical practice. In examining the primary study data presented by Sio et al. (2024) there is clear uncertainty about whether creativity training has potential to make a difference to pedagogical practice because large confidence intervals were common across study data demonstrating the disparate spread and limited conclusions that can be drawn.

In addition to teacher training to increase teacher's creative approaches to practice, Moula (2021) suggests other main facilitators for teacher engagement with creative pedagogy are related to the educational environment which can encourage risk-taking, experiential learning, curiosity and confidence or passion among teachers. Moula (2021) found that

teachers needed to feel they could safely take risks in creative approaches to teaching. Moula (2021) suggests that when teachers receive support from supervisors in taking risks and experimenting with new methods, they can become more skilled in creative approaches through learning from their own mistakes. Nørgårda et al. (2017) refers to this as supporting positive constructions of failure and they acknowledge that academics are co-learners in their teaching practice. A systematic review by Cremin and Chappell (2019) found that encouraging autonomy, agency and risk-taking among teachers and students is crucial for facilitating and enabling creativity. They found that 17 studies supported that learner autonomy, facilitating learner independence, and agency, was associated with increased bringing of ideas and a further 7 studies supported that risk-taking is a crucial element of creative pedagogy. In this literature review chapter, substantial attention is given to theoretical understanding of uncertainty, risk taking, courage, autonomous action, and creative development through factors in the social and cultural learning environments (section 2.3).

In considering other creativity enabling factors, Cremin and Chappell's (2019) systematic review found there are seven interrelated features that characterise teacher's creative pedagogical practice. The seven features include teachers generating and exploring ideas in the classroom, encouraging autonomy and agency among learners, encouraging playfulness, problem-solving, risk-taking and co-constructing and collaborating with peers and teachers. The systematic review followed a rigorous and transparent methodology for searching, paper selection, appraisal, and synthesis which improves the credibility of the qualitatively reported thematic findings where each theme draws on numerous sources of high-quality evidence. Key findings from the systematic review summarise 22 studies found that the degree of exploring and generating ideas which includes openness towards ideas and provision of opportunities to be open and to creatively explore enabled creativity. However, the authors also report that some studies suggest balance needs to be reached between openness and structure in pedagogical practice to improve student creativity. While openness to new ideas, to explore new ideas, and freedom to express ideas is valued as enabling, too much freedom was found to result in anxiety among students suggesting a balance is needed between freedom and structure to enable creativity (Gardiner, 2017; Gardiner and Anderson, 2018). The combination of freedom and structure (new restrictions) brought about by pandemic related changes has offered a means by which creative responses in education can be

observed and researched to better understand how creativity can be enabled. While the pandemic presented a complex landscape of social and educational changes, several research studies demonstrated both an increase in anxiety and engagement with creative activities (Carr et al., 2021). Kings College London conducted a survey that identified increasing levels of depression, anxiety and alcohol use among university staff and students at the early stage of the pandemic suggesting social changes had a negative impact on wellbeing (Carr et al., 2021). Changes in wellbeing were attributed to various limitations imposed by law on people's freedom in their everyday social lives and education (Carr et al., 2021). However, increased freedom was also associated with a rise in engagement with creative activities as evidenced by increased sales of arts and creativities materials and increased engagement in creative expression through singing, dancing, written literature, and engagement with other creative tasks (Wilson et al., 2022). Such engagement was viewed by some researchers as playing an important role in processing and responding to new everyday stressors experienced during the pandemic, enabling individuals to create a sense of wellbeing through creativity and a means by which they could connect through creative activity with others (Wilson et al., 2022).

A qualitative study by Bungay et al., (2023) explored how and why staff and students in one UK university engaged with arts, cultural and creative activities, and the perceived impact of their engagement on mental wellbeing during UK lockdowns. They conducted a two-stage study which included an online survey and 14 interviews with staff and students. Each participant who was interviewed chose to share a creative output and they were asked what drew them to the creative activity, what they got out of the creative activity and, whether their engagement with the activity changed over the course of the pandemic or will change moving forwards. The focus of the interview questioning aligned well with the aim of the study and the methodology was appropriate for understanding how, why and what impact creative activity had on the wellbeing of participants. However, the sampling strategy meant the study only included those who volunteered to take part meaning it reflects the responses of those who had chosen to engage in creative activity and had the time to engage in the research. The interview transcripts were analysed using Reflexive Thematic Analysis (Braun and Clarke, 2021) and findings aligned with other literature suggesting that creative activities improve mental wellbeing and improve the ability for individuals to cope with negative emotions (Wilson et al., 2022). In addition to the overarching themes identified, the study also found

that mental wellbeing was improved because creative activity provided an opportunity for a sense of achievement, enjoyment, distraction, absorption and a means by which connections to others was established or strengthened. Creative activity as a means of meaning making, processing of negative experiences and expressing oneself was also found to explain how creative activities help in the management of negative emotions or experiences. The study concludes that access to creative activities in education are important to ensure the wellbeing of staff and students and that enabling access to creative opportunities may be facilitated through supporting creative pedagogical practices.

Cremin and Chappel's (2019) systematic review found that co-construction in creativity and individual teacher's creative traits are important aspects that influence creative pedagogy. Co-construction of creative outputs and collaboration between teachers and students was evidenced as enabling in 19 studies. This finding suggests that a teacher's position and perspective on creativity may influence the creative skill development of students. Szabo et al. (2021) support that teacher practice can influence student creativity and wider literature suggests specific approaches to teaching and the creative traits of teachers are associated with enabling student creativity. A study by Henriksen et al. (2015) conducted in-depth interviews with highly accomplished teachers who had achieved national awards. They found that excellent teachers cultivate creativity in their own personal and professional lives and mindset. Teachers who enable creativity in their practice were likely to engage in personal creative pursuits themselves and to transfer a creative skillset to their teaching environment. Henriksen et al. (2015) found this translated into teachers providing more opportunities for students to take creative risks, undertake cross-discipline learning, and to adopt real-world learning approaches. Bereczki and Karpati (2018) and Huang et al. (2019) agree that the success of fostering of creativity in education is largely dependent on the teacher and although educational institutions may place value on creativity and share a desire to develop creative students, limited attention is given to the creative personality or development of creative practice among individual teachers. Huang et al. (2015) suggests that many teachers do not practice in ways that bring creative elements to the classroom and curriculum.

Studies demonstrate that individual traits of teachers may increase creative pedagogical practice. Chen and Yuan (2021) found that the creative imagination of teachers is associated with their creative teaching and students creativity. Creative teaching is the teacher's

independent ability to conceive novel ideas or adapt the ideas of others into their context. Creative teaching encourages creative participation from others in accordance with a plan instigated by the teacher and involves the use of external resources (Chen and Yuan, 2021). Chen and Yuan (2021) measured teacher's imagination using self-scored measures in two areas, namely, reproductive imagination and creative imagination. Following this, teachers self-scored in aspects of creative teaching by considering how much interactive discussion and open-mindedness their teaching approaches adopted, the diversity of teaching methods they adopted, and how far they facilitated autonomous learning and presented challenges to students. The study's instruments were based on existing validated tools and were critically reviewed by eight academics in the field strengthening the validity and credibility of findings. Resulting scores were analysed using regression analysis to determine what factors were associated with creative teaching methods. They found that every aspect of an individual teacher's imagination was associated with increased creative teaching practice. This is closely related to other literature which suggests that imagination and the generation of ideas that may enable innovation are closely related (Rietzchel et al., 2024). Chen and Yuan (2021) conclude that teacher's involvement with activities and tasks that require them to build their imagination can improve creative teaching practices and effectiveness of student learning and creativity. Chen and Yuan (2021), Henriksen et al. (2015) Bereczki and Karpáti (2018) and Huang et al. (2019) all agree that a teacher's participation in creative activity in or outside work appears to be associated with improved creative teaching practices and improved effectiveness of learning and creativity among students. However, a common finding in existing literature also suggests that the educational environment, norms or social and cultural contexts where teachers practice (their employing organisation and usual expectations in the organisation) can provide opportunity for teacher's creative engagement that may enable creative teaching practice or equally can constrain creative practice. For this reason, significant focus is given to the position, beliefs and creative engagement of the teacher-researcher in this study in, as well as theoretical understanding about how contextual sociocultural factors can constrain or enable creativity.

This section has explored what is currently known about creative pedagogy and the factors thought to influence it. Evidence suggests that individual teachers and their beliefs about and

engagement with creativity influences facilitation of opportunities for students to be creative or to develop creatively.

#### 2.2.6 UK policy and the post-pandemic context.

In this section, the formation of historical and post-pandemic UK policy is examined in relation to creativity and creativity research in HE. Political discourse, the purpose of HE in the UK, political instability, and disruptions throughout and following the pandemic will be critically discussed providing context for the study.

For some time, it has been acknowledged that politics and the political context influence societal creativity (Simonton, 1990). Despite this, politics remains the most overlooked aspect in creativity studies (Runco, 2023). The pandemic disrupted political and policy norms in the UK with ramifications seen in disrupted social, economic, and educational norms. Education in the UK moved online during the pandemic bringing about a significant shift towards technological focus and advancement, increased use of AI, and increased global connectedness (The Coronavirus Act, 2020; Brown and Luzmore, 2021). In doing so, the pandemic exposed vulnerabilities in the current UK HE system through highlighting the narrow focus in education policy which rarely sits outside keeping the economy growing and profitable (Brown and Luzmore, 2021). From the 1970s to the time of the pandemic, UK education policy presented a long history of neo-liberalism, coupled with what Forrester and Garratt (2016) term as *'traditional shades of neo-Conservatism'* (pg. 131). The purpose of education during the pre-pandemic period focused on economic performance and growth, development of the nation's skills to sustain economic growth, global competitive advantage, and individualism (Forrester and Garratt, 2016). This history is important to contextualise the research because understanding about the origin and history of politics improves understanding about where the research is situated, current debates, cultural and discourse practices relevant to inform interpretations and decisions. Appendix 2 provides an overview of relevant UK policy from 1963-2023 that provides insight into the political focus and priorities which historically contextualise the study of creativity in UK HE. Recent policy papers span UK Departments for Education and Science, Innovation and Technology. A breadth of policies is considered relevant because Gillmore and Comunian (2015) suggest that policy related to the stimulation and development of creativity sits at a crossroads of different policy

fields. Gillmore and Comunian (2015, pg.1) summarise creativity policy as residing at an intersection between,

*...cultural policy (involving the explicit support and development of the creative and cultural sector), Higher Education policy (including skills and curriculum development, but also fees structures and widening participation) and work and economic development policies (concerning, for example, employment regulation and business support).*

Recent policy change has coincided with social behaviour change and policy direction. Social disruptions and change brought about by The Coronavirus Act (2020) limited in-person social interactions during the pandemic coincided with increased political focus on inequalities on social media platforms. Social media commonly reported increased inequalities in education, health, and work throughout the pandemic (Machin et al., 2020) which intersect in various ways with creativity. Viewing creativity as plurally situated in policy draws attention to ongoing debate and discussion surrounding the purpose of HE in contributing towards culture, society, quality of life and wellbeing which includes creativity vs neoliberalist focus (Brown and Luzmore, 2021). Surridge (2016) supports that it is important for HE to make measurable and significantly beneficial contributions to the socialisation and culturalisation of UK society through building society, establishing, and perpetuating norms and values, disrupting, and challenging unacceptable behaviour, and building understanding of the world in opposition to a neoliberalist focus. To some extent, creative purpose in HE is acknowledged in recent changes to UK policy. In 2019, a process of HE policy change began with an independent panel Review of Post-18 Education and Funding (Wolf et al., 2019; DfE, 2022). The Review of Post-18 Education and Funding made recommendations about strengthening education based on future anticipated challenges. While the review advocated for HE to play more of a civic role in society that includes enriching society through knowledge, ideas, culture, and creativity, the focus was undermined because a key driver for commission of the report was to address an increasingly unsustainable student finance debt problem (Whiteley, 2022). Following the review (Wolf et al., 2019) the government published the Higher Education Policy Statement and Reform Consultation (DfE, 2022), which set out key priorities for the reform of HE. The Quality Assurance Agency (QAA), the UK's Higher Education sector's independent expert

quality body and, Universities UK (2023), an organisation who aim to represent the collective voice of universities in the UK, raised concerns about aspects of the consultation and reform. The introduction of student number controls, minimum qualifications to enter HE, and student funding changes which affect the most disadvantaged students were challenged because they affect social mobility and accessibility to HE (QAA, 2023; Whiteley, 2022). Other education policy, such as the introduction of T levels (DfE, 2023a) and increased focus on Higher Technical Qualifications (HTQs) and Degree Apprenticeships (DfE, 2023b) suggest the return of a system where fewer students attend traditional degree-level study at university and reflect priorities to provide alternative routes to occupation. This matters for several reasons, firstly, from a social mobility perspective it could mean the return to universities becoming places for a select social elite, but it also undermines the role HE plays besides preparing for occupation, such as fostering creativity.

In July 2023, the Government's response to the HE reform consultation was published (DfE, 2023c). Promisingly, the introductory paragraph of the response highlighted the vital role universities play in *'the higher-level skills, knowledge and creativity our economy needs, now and for future growth'* (DfE, 2023c, p.11). This response came following additional promising priorities outlined through assurance of increased investment in creative and innovative research and development funding detailed in the policy paper entitled, the UK Research and Development Roadmap (Department for Science, Innovation and Technology (DSIT), 2021). However, investments remain motivated by a desire to improve the economy and to be competitive. The response to the HE reform consultation (DfE, 2023c) continues to suggest the best measure of high quality HE education is economic success. In 2023, the QAA raised concerns about measuring the quality of education by economic means, supporting a more holistic view of the purpose of HE in the UK and reflecting current tensions and debate surrounding the purpose of HE and ways to measure the quality of UK HE (QAA, 2023).

Together, the consultation for HE reform in the UK, the government response, and the UK Research and Development Roadmap (DfE, 2022; DfE, 2023c; DSIT, 2021) reflect priorities of a Conservative government who frame HE's purpose as to ensure students are equipped with the skills and knowledge they need to succeed, be competitive, and for economic growth. Runco (2023) suggests this is problematic for supporting creativity because Conservatism is



related to traits associated with a need for structure, cognitive closure, tendency to follow rules, competitiveness, and intolerance of uncertainty or ambiguity. Runco (2011) and Jost et al. (2003) support that it would be difficult to be both highly conservative and creative given that creativity often comes about through the breaking of rules, challenging of rules and uncertainty or ambiguity.

The purpose, political role, and position of HE relative to educational priorities that include creativity adds to debate about issues of equity and social mobility through conflicting scenarios of hyper-capitalism and proto socialism as described by Jackson and Victor (2021). Jackson and Victor (2021) present a position where the post-pandemic context provides potential for change in policy measures to reduce inequality and to open possibilities in achieving a *sustainable post-pandemic society*. This frames research focused on creativity in the UK, as a politically challenged priority. This matters for understanding what might enable or constrain creativity in UK HE because Magyari-Beck, (1991) suggests universities play a political role locally and nationally.

Brown and Luzmore (2021) support the view that an overfocus on the economy, competitiveness, competency, and knowledge presents conflict and contrast with HE that focuses on human wellbeing, community, morals, values, or creative ideas. Jackson and Victor (2021) suggest conditions of proto-socialism could provide a robust basis for a post-pandemic recovery under conditions of low economic growth that supports labour sectors, including creativity, and community-based recreation and leisure which are likely to flourish under these conditions. Pre-pandemic literature supports that social-cultural focused policy can improve the sharing and rewards that creativity and innovation bring while better considering the interests of workers (Ferrera, 2017; Varoufakis, 2016). Brown and Luzmore (2021) suggest measures of individual wellbeing indicators, such as leisure time and life satisfaction are better suited to prepare individuals for future success when compared with approaches aimed at improving productivity and employability. Brown and Luzmore (2021) suggest that the future of work is uncertain, but will, most likely, rely on increased technology and AI with creativity and collective creativity central to success.

Overall, the policy context of UK HE suggests creativity research is challenged by a long history of neoliberalist norms, policy featuring strong economic focus, significant periods of uncertainty and social change brought by the pandemic, and uncertain futures. Creativity sits at an intersection of policy between education, culture, and economics.

### 2.2.7 Part one summary

This section has critically considered the specific context of the study including a summary of the systematic approach taken in searching for supporting literature, global perspectives of creativity, the specific midwifery context, UK policy and recent developments in creative pedagogical approaches. Each section has highlighted the numerous benefits of supporting creativity in HE, as well as the specific benefits to midwifery care and safety and individual wellbeing. Part two of the literature review critically considers the approaches to studying creativity in existing literature and the theoretical underpinning. Part two highlights where limitations and gaps in understanding creativity in specific contexts exists to inform the study design.

## 2.3 Part two: current approaches to studying creativity and associated theory

### 2.3.1 Individualistic and social theory based approaches to studying creativity

Creativity can be studied through a variety of lenses. Approaches and discourses in the study of creativity matter because how creativity is understood can help determine the opportunities and challenges for enabling creativity (Lemmetty et al., 2021). Historically, discourse in creativity research has focused on individualism and either the intrinsic ability of Individual's or the creative products of individuals (Guilford, 1967; Taylor, 1975; Lemmetty et al., 2021; Runco, 2023). Individualistic perspectives, whether focused on intrinsic creative abilities, talent, creative thinking, or the product of such, support the idea that individuals have a creative ability which can be quantified, objectively and accurately measured using specifically developed tests. Tests either provide scores for divergent thinking ability or scores for the evaluation of products of creativity in keeping with values of the education system (Lemmetty et al., 2021). Guilford's (1967) test of divergent thinking and Torrance Test of Creativity (Torrance, 1966) aim to be objective standardised tests to assess individuals' fluency, flexibility, originality, and elaboration skills in relation to problems producing a creativity score like an IQ score. However, this excludes the role played by the broader

sociocultural context (Zanden et al., 2020). Individually focused scoring methods place the individual as a container of creative potential decontextualised from the environment (Zanden et al., 2020) and may only capture a small part of creativity (Sternberg and Karami, 2021).

Alternative approaches to studying creativity may include a social perspective by considering learning as a situated and a participatory process happening within *Communities of Practice (CoP)* (Lave and Wenger, 1991). Approaches from social-based theory perspectives may enable researchers to consider complex social factors in local learning communities that influence creativity. Lave and Wenger (1991) studied midwives during creative endeavours to inform their theory about participation and learning which is particularly relevant to consider in studies focussing on creativity and student midwives in HE. Lave and Wenger (1991) claim that meaning is given in local communities of learning by *experienced others* and the sociocultural environment in CoP is what sustains and informs meaning, identity, and learning. Recent studies aiming to understand social influences on creative contributions continue to be informed by Lave and Wenger's (1991) theory. Mavri et al. (2021) conducted a quasi-experiment in Cyprus where the principles of learning in a CoP were adopted to investigate how industry communities affected student creative contributions. The study included 38 young adult Graphic Arts students split between a control and intervention group. The intervention group received feedback from a range of industry experts to develop a webpage while the control group did not. Creative outcomes were measured by quantitative scores assigned by industry experts and by interviews with the students. Comparisons between outcomes, demonstrated that engagement with the industry CoP improved creativity scores and enabled new perspectives, altered personal values and identity. However, the study design meant validity and credibility of findings may be questioned because higher scores could have been attributed to a *collective* effort between the student and industry experts. Hanchett Hansen and Jorge-Artigau (2021) suggest that creativity is always participatory (not individualist) and always a combination of our own ideas and those around us. They suggest that the *individuality* of several individuals coming together can fuel, shape, or constrain creative work, suggesting that creative self-identity and its expression is important. Moula et al. (2021) conducted a study with 648 medical students from 52 countries to examine creative written reflective pieces about professional identity and how this has changed through the

events of the pandemic. They found that students re-examined their individuality and identity as well as their pre-existing epistemic and sociocultural assumptions. In addition, medical students creatively explored their professional role and individual personal needs. However, they also reflected on tensions brought about by the pandemic between their sense of duty and sense of wellbeing. The study concluded that time and space in education for medical students to creatively explore their emerging identities post-pandemic would be beneficial. Medical students in the study engaged in creative emotion coping strategies such as engagement with arts and problem-solving activities. Moula et al. (2021) suggested engagement in creative activities illustrated how students adjusted psychologically and developed agency at a disorientating time and, that is essential to provide avenues for creative expression moving forwards for groups to reflect upon their identity formation.

A challenge to studying creativity by observing practice within a group is the *boundaries and norms* the community itself creates. Lave and Wenger (1991) describe how learners become and move towards full participation in a CoP, as shaped by the sociocultural practices of a community in which they learn. This requires conformity with norms of the community which means that student midwives learn from, and act creatively based on what is expected of them by experienced midwives and others within the community of practice. Runco (2023) suggests creative acts may challenge the norms in a community. Mavri et al's (2021) study was limited by the boundaries of the community because quantitative measures of creativity were assigned as valued by industry experts. Expert scoring tools may overfocus on expert community meaning while excluding broader social and contextual aspects of creativity that may diverge from the norms within the CoP (Kanli, 2020). The study could have been strengthened if qualitative sociocultural perspectives, value, reasoning and meaning ascribed from industry experts was explored.

Roberts (2006) supports that a CoP is important to enable learning but highlights that its success depends on the sociocultural environment in the group, including the power dynamics within a community. Power refers to an ability or capacity to achieve something, whether by influence or control and Roberts (2006) criticises Lave and Wenger's theory (1991) for excluding consideration of power difference between individuals versus the community. To engage in creativity, power, or the belief that one holds power is necessary to author creative acts (Hanchett Hanson, 2013). Individual members of a community may have more or less

power in the negotiation of meaning and value by means of their perceived position (Holmes, 2020) or life experience. Student midwives for example may feel they hold less power in the negotiation of bringing ideas and acting upon them compared to experienced midwives in the field. Bringing a creative idea as a student midwife to an established CoP of experienced midwives and other health professionals requires some level of risk or uncertainty and therefore requires self-belief and autonomy (Beghetto, 2016). Whether individuals bring an idea can be influenced by whether they feel able to act autonomously (Rinne et al., 2013) and bringing an everyday creative idea is a temporal act which happens in the (timely) moment that can influence perceptions about confidence or power about what and when to bring an idea (Kaufman and Beghetto, 2023). Beghetto (2016) suggests power/deterministic forces can deter students from making creative contributions and therefore, students should be equipped to understand power/deterministic forces in their world to challenge or oppose them through creative acts. Bringing creative ideas in social contexts requires creative courage which disrupts, challenges, and overcomes existing tensions and norms (Runco, 2023).

Hyrkkö and Kajamaa (2021) studied multi-dimensional tensions and power relations where individuals act within a social context bringing creative contributions. They conducted a qualitative case study with Finnish in-service teachers on collaborative creativity through the co-design of pedagogical activities using an innovative methodology that included change laboratories. The study conceptualised creativity as a multidimensional, co-design process involving self, social, and material dimensions. Twelve teachers engaged in four, 2.5-hour workshops and collectively produced a storyboard. Participants were video recorded (transcribed) with analysis adopting a reflexive iterative inquiry approach. This enabled researchers to gain insights into the participants' situated co-design process, how individuals negotiated the value of their ideas in a tension-laden social context, and how a consensus was negotiated and reached about the value of ideas and on the final design.

Findings from Hyrkkö and Kajamaa's (2021) study are supported by Wong et al. (2021) who both support that collective creativity is tension-laden and can enable or constrain *individual* participants' creativity. Individuals in social contexts have different experiences in collective creativity dependent on the powers and tensions within the group. For student midwives, this means the bringing of ideas may be influenced by their perceptions about tensions and powers within healthcare groups. Wong et al. (2021) found that co-design tools (material tools

to aid collective creativity) can disrupt negotiation and in doing so, may transcend constraints. There are many examples in a healthcare context and midwifery context of where tools are used a method of *disruption* to prompt thought about decision across differing levels of power (hierarchy) and profession. For example, ‘teach or treat?’ is a communication strategy which encourages discussion about clinical decisions in midwifery and obstetric practice so that different members of the team gain understanding from each other about decisions made and have an opportunity to challenge decisions made (Royal College of Obstetricians and Gynaecologists, n.d). It involves individuals asking the simple question of ‘teach or treat?’ to understand the treatment decisions made by others and enable learning from each other. However, such tools require a level of courage to ask the challenging question. There is limited exploration into individual creative identity, what individuals, particularly student midwives believe about themselves in collective creative activity (what power they believed they possessed) and how these influence tensions perceived. *Individuality* in collective creativity may be beneficial to understand in future research because Hanchett Hanson et al. (2021) suggests participatory creativity is *individually* contextually dependent. Hanchett Hanson et al. (2021) suggests that individual historical experiences can bring collective richness to creative ideas that are expressed through social environments and actions. Tanggaard and Glăveanu (2014) support that individuality is important in creativity because creative self-identity, what individuals believe about themselves, and the meaning they give to creativity, is influenced by social interactions with others and socially formed shared meaning of creative ideas. In addition, Tanggaard and Glăveanu (2014) suggest that what individuals believe about themselves can be influenced by broader societal discourses.

In summary, Tanggaard and Glăveanu (2014), Lave and Wenger (1991) and Hanchett Hansen and Jorge-Artigau (2021) suggest that what an individual believes about their ability or power to make a difference is influenced by meaning and value assigned in the social and broader sociocultural environment. Wong et al. (2021) suggest this may be influenced by social factors and tensions in communities, individual position within a group, and ability to negotiate which may be aided by material tools. This suggests studies of creativity in the post-pandemic context should consider how individuals value their own ideas, understanding of value and meaning given in social contexts, and the tensions they perceive as influencing creative contributions and the tools they use to overcome tensions and power differences. This may

enable better understanding about ways that different factors influence creative contributions.

### 2.3.2 Humanistic and developmental theories of creativity.

Developmental theories of creativity suggest social, cultural, and individual factors and experiences intersect and enable progressive creative development along a creative trajectory in social and educational contexts. Developmental theories of creativity commonly categorise creativity according to measure of social and cultural impact (Kaufman and Beghetto, 2023).

Kaufman and Beghetto (2009) proposed the Four-C Model of creative development and classification of creativity, and Cohen (2009) proposed the Continuum of Adaptive Creative Behaviours Model. Both models begin by claiming that individuals will develop along a creative trajectory aligned with developmental psychology theories, such as those of Piaget (1951; 1962) and Vygotsky (1967). Developmental psychology theory and the models by Cohen (2009) and Kaufman and Beghetto (2009) suggest individuals move from low-level creativity involving personal creative realisations, new understanding or perspectives, towards medium levels of creativity that include influencing others within their community and field of practice. Thereafter, high levels of creativity in both models include creative contributions where the impact may be considered transformational for culture and society.

Traditionally, Csíkszentmihályi (1998) split creativity into two categories of either little-c (everyday creativity) and Big-C (creative genius). Kaufman and Beghetto (2009) added the concepts of mini-c (creativity that is meaningful to self, but not necessarily others) and pro-c (being creative in a way that can be appreciated by a wider audience). This distinction has been criticised by Runco (2014) for categorising continuous variables of which Cohen's (2009) model addresses. Cohen (2009) suggests that development of creativity spans from childhood through to adulthood following seven discontinuous levels. He suggests individuals may work creatively at levels which represent principles of adapting, developing purpose and value (initially to self, then to others, then more broadly to the world) and extending and transforming the domains in which they work by networks of enterprise and making their own creative contributions. For midwifery practice, this would suggest that depending on where

an individual is in terms of personal creative development, creative contributions may be focused on self, others or more broadly to maternity care. More recently, developmental models of creativity have been criticised by Tromp and Sternberg (2022) for neglecting the dynamics of timing in creativity (temporal aspects of creativity which can affect how creative acts are viewed over time, in differing sociocultural contexts, at differing points in time) and propulsion (how, and the rate at which creative acts change the thinking of others), (Sternberg and Karami, 2021). Runco (2014) criticises developmental theories for their reliance on social and cultural impact as a measure of creativity.

While there is agreement that creativity develops or has potential to develop over time (Kaufman and Beghetto, 2023; Cohen, 2009; Hui et al., 2019), a point of tension lies in the purpose of creative development, and its measurement including how one creative act can be deemed as more developed than another. There are numerous examples of when an individual's early creative work receives tremendous creative acclaim, but their later efforts were received with muted enthusiasm by a range of audiences (Kaufman and Beghetto, 2023). While developmental theories, such as Cohen's (2009) and Kaufman and Beghetto's (2009) place emphasis on social and cultural measure of impact to mark the *level* of creativity, others place emphasis on the degree of humanistic purpose in creativity, as part of the pursuit for individual higher-order needs such as belonging, esteem, identity and fulfilling one's potential (Maslow, 1971; Barbot and Heuser, 2017). Bardot and Heuser (2017) place particular emphasis on the significance of individual development of creative identity, creative self-esteem, and self-concept during young adult years. They suggest this is anchored in the field of social cognition and psychology where creativity is a domain of self and identity.

Development of creative identity, as well as perspectives suggesting individuals have creative needs, have typically been studied from perspectives of intrinsic and extrinsic motivating factors (Luria and Kaufman, 2017). Luria and Kaufman (2017) suggest intrinsic motivating factors include enjoyment, personal reasons, and meaning to oneself, whereas extrinsic factors include receiving praise, recognition in a social environment, or rewards. Understanding of intrinsic motivating factors share similarities with early humanistic research and theory, such as that of Maslow (1968; 1971). Maslow (1968; 1971) distinguished special talent creativity from what he termed as *self-actualising everyday creativity* and supported



that intrinsic motivation was the most influential factor in creative expression. Simonton (2017) supports that intrinsic factors in creativity and self-actualisation are the creator's single most important product. Maslow (1971) suggested that creativity and self-actualisation are functionally interdependent in the ordinary affairs of everyday life as an expression of the humanistic aspects of psychological health and wellbeing. This aligns with literature discussed in section 2.2.4 and 2.2.5 that states encouraging or enabling engagement with creative activities is associated with building resilience and wellbeing among midwives because regardless of the type of creative activity, participation with creative activity is strongly associated with positive mental health and wellbeing (Jean-Berluche, 2024; Wilson et al., 2017). In addition, increased engagement in creative expression through singing, dancing, written literature, and engagement with other creative tasks is viewed by some researchers as playing an important role in processing and responding to new everyday stressors, enabling individuals to create a sense of wellbeing through creativity and a means by which they could connect through creative activity with others (Wilson et al., 2022).

Despite this, Bardot and Hauser (2017) and Karwowski and Bardot (2016) criticise humanistic, intrinsically focused theories of creativity, including Maslow's (1968; 1971) theory for neglecting sociocognitive aspects of creativity. They suggest that self-beliefs and psychosocial development are influenced by engagement in the world that affects creative thinking, self-definition, and expression. In contrast, Maslow's (1968; 1971) theory views society as an inhibitor of self-actualising creativity that creative individuals must overcome to express oneself creatively. This aligns with some perspectives about extrinsic influencing factors by Beghetto (2016), Runco (2023) and Tanggaard and Glăveanu (2014). Extrinsic factors related to social power, identity, position, and communities are discussed as influencing (constraining or enabling) creative contributions. Simonton (2017) and Maslow (1971) agree that perceived personal freedom allows capacity for a highly creative person to generate a wide range of potential, governed by the individual's mental and emotional state (psychological wellbeing).

Debate about the influence of intrinsic and extrinsic motivating factors on creative development, purpose, identity, and expression continues, and the possibility that a combination of both affect creativity is considered as important by some researchers. Kerwer et al. (2021) hold the belief that both intrinsic and extrinsic factors are intertwined in an

individual's development through their position and experiences in the world, which build intrinsic epistemic position and security (intrinsic beliefs which subsequently influence behaviour). They suggest that a person develops through a network of sources of information and development depends on how many sources of information a person has access to, how independent those sources are from each other, how reliable the sources are, and how diverse the viewpoints of the sources are (Kerwer et al., 2021). This is founded on beliefs that align with theory by Wallace and Gruber (1989) who suggest development happens through social experimentation where individuals explore how they can impact their world developing sense of understanding and purpose termed as, experimental epistemology.

Hanchett Hanson et al. (2021) also support that intrinsic and extrinsic factors influence creativity. They summarise how mediation of purpose and power portrays theoretical tensions as existing between an individual and society which influences creative contributions. On one level, personal, intrinsic motivation to make a creative contribution (humanistic factors- desires, habits, traits) exist which may be influenced by, but also may counterinfluence a mediating purpose linked to societal meaning, understanding and systems of power on another level. Societal meaning, understanding and systems includes the influencing historical, cultural, and institutional power dynamics which may facilitate, contribute towards, or constrain a personal and purpose mediated creative act (Hanchett Hanson et al., 2021). What external factors in society, and intrinsic historical, individual experiences come together to influence creative agency in a midwifery specific context warrants further consideration. Collectively, these perspectives are termed as historical materialist perspectives and systems thinking theory in existing literature.

### 2.3.3 Historical materialist and systems theories of creativity.

Wallace and Gruber (1989) recognised creativity begins with the individual, but the community or network influences creative development, direction, and action. Wallace and Gruber's (1989) network of enterprise mapped the outline of a person's creative development suggesting creativity is a process which is developed over time, through building new perspectives (a new point of view) in networked (social) positions, within systems.

Wallace and Gruber (1989) conducted a series of case studies focussed on eminent creativity. One such case study focussed on the work of Darwin. Wallace and Gruber (1989) explain how Darwin's ideas took time, space, and input from his social network to develop and that ideas were refined through error and divergence. They theorised about several factors as enabling or restrictive in creative thought and action. In Darwin's case emphasis was placed on how Darwin did not initially share his work for *fear of public rejection*. Anderson and Cropley (1966) suggest fear of public rejection exists due to social and cultural norms (expectations) and they describe how cultural disapproval can alter behaviour and instil fear by acting as a *cultural stop*. Quarles and Bozworth (2022) recently studied fear related to socially supported political terminology and norms. They found that tasks related to politically debated terms reduced the quality of diverse input and creative output. Quarles and Bozworth's (2022) study support aspects of Wallace and Gruber's (1989) findings whereby contextual factors, including social and cultural norms and fear about acceptability of creative ideas, as well as where an individual is positioned within a network, may be important to consider in creativity research.

Hanchett Hanson et al. (2021) recently revisited the work of Wallace and Gruber (1989) and summarised that findings were inspired by two conflicting views of social change. The first relates to historical materialism whereby complex and powerful social and economic events influence society. The second relates to individual morality and agency. More recently, tensions between individual agency and historical materialist views have been studied under what is termed as distributed or participatory views of creativity (Hanchett Hanson et al., 2021). These views support that creative activity can be enabled through the education of students as active Participants in their world. Gruber and Wallace's (1999) later work focussed on the exercising of individual agency, as part of a historical and societal system with evolving systems theory perspective viewing the individual as an evolving system with loosely coupled subsystems of affect, purpose, and knowledge that are part of larger interconnecting systems. They suggest creativity is a developmental achievement which happens through individuals experimenting socially with how they can impact their world developing a sense of understanding and purpose, termed as *experimental epistemology*. To experiment socially, individuals, such as student midwives need the autonomy to be creative. In section 2.2.4 and 2.2.5 Baum and Baumann's (2019) work highlighted the importance of autonomy as a motivational source of creativity and innovative behaviour. In addition, Anadina-Diaz et al.

(2024) found that autonomy reduces midwife burnout and improves safety and quality of care in midwifery. Gruber and Wallace (1999) concluded that creativity is a developmental achievement but affect (emotion), and purpose are key concepts to enable creative development through position in and engagement with the world.

Other systems theories, such as Bronfenbrenner's ecological systems theory (EST) (1979) theorise that learning (and creativity) happens because of many interacting parts of a system, including individual, cultural, and social aspects (Csíkszentmihályi, 1996). Systems theory can help to explain what system factors influence individual behaviour, affect and purpose. Bronfenbrenner (1979) defined four levels of interacting systems which combine and impact individual learning and creativity. Microsystems relate to people/events in immediate environment, mesosystems interconnect microsystems, exosystems include the immediate external environment to the individual and macrosystems include the societal, cultural, and economic factors. Bronfenbrenner (1979) suggested that all the systems interact with the individual and support developmental theories of creativity. Approaches to research underpinned by Bronfenbrenner's (1979) EST support the cultivation of creativity in education through creative pedagogy and teacher practice and approaches which enable development of distinctive, well-educated points of view discussed further in section 2.9. This includes students gaining knowledge and distinctive, well-educated points of view about how change emerges and can be influenced by existing complex systems and actively participating in connecting facts to the bigger questions and systems to which the facts address (Hanchett Hanson-Jorge-Artigau, 2021). However, while systems thinking approaches place emphasis on sociological and developmental factors, they neglect some humanistic factors that may influence behaviour as discussed in section 2.3.2.

In summary, historical materialist and systems perspectives of creativity, collectively, suggest that an individual's life experiences, opportunities to understand and engage in the world, and understanding of complex, interconnected, broad and local systems can enable creative development, engagement, and agency. However, the perspectives neglect emphasis on the value of psychological and humanistic factors that may interact and influence creativity and how these factors are entangled with systems. One rationale for developing or enabling creativity is to contribute towards informing holistic education, situated individual and societal wellbeing, and improvements in healthcare, midwifery practice and progress of

society (in its broadest sense as a system) Therefore, approaches to studying creativity which consider factors about how situated creativity among student midwives can be enabled are beneficial.

#### 2.3.4 Holistic and post-humanist perspectives of creativity

Developing or enabling creativity to contribute towards informing holistic education, wellbeing, and progress of maternity care and society has a moral dimension. Creative contributions are influenced by society and culture, and the value is assigned by such (Glăveanu, 2019).

Section 2.3.3 highlighted the complexity and interconnected influencing factors and systems in creativity, as well as the need for an approach which can holistically consider factors to understand how it might be enabled. This section critically considers what is known about teacher creativity practices and systems that influence creativity.

Aleinikov (2013), Billet (2001; 2009), Beghetto (2022) and Szabo et al. (2021) all agree that creativity research can inform education practice (creative pedagogy) to support and cultivate creativity. Aleinikov (2013) suggests that individuals can be taught *how to learn creatively and be creative* and that creative pedagogy is naturally opposed to critical pedagogy because creative thinking moves beyond critical thinking towards creating something new. Creative pedagogy aims to provide the necessary knowledge and experiences to improve understanding of philosophy, theory, and methodology to develop constructively and creatively an individual and society (Aleinikov, 2013). Hanchett Hanson-Jorge-Artigau, (2021) apply the concept of creative pedagogy as explained by Aleinikov (2013) in contemporary contexts by suggesting creativity can be enabled through teachers enabling students to learn about norms, policies, the conventional way in which things are done, the controversies, and questions which exist, so that students may understand the issues, values, affordances, and challenges that relate to different social contexts and types of problems. Hanchett Hanson and Jorge-Artigau (2021) suggest this knowledge leads to creative participation through the student actively participating in connecting facts and the bigger picture. Similarly, Beghetto (2022) suggests that teachers play a role in disrupting the usual way of thinking, the norms, and by doing so create uncertainty, which enables creativity. Aleynikov (2013), Beghetto

(2016) and Hanchett Hanson and Jorge-Artigau (2021) support that teachers can influence creative development through their pedagogical approach; however, Szabo et al. (2021) suggest that broader factors also influence creativity. Szabo et al. (2021) suggest that creativity is influenced by the culture of organisations and systems acting in *ecological and sustainable* education. They suggest that education should be moving beyond neoliberal notions of workplace readiness, towards an environmental, ecological, and sustainable education that contributes to individual and societal lives worth living. They advocate for holistic education which promotes wellbeing in self and society contributing to debate about the purpose of education discussed in section 2.2.6.

Szabo et al. (2021) created a theoretical framework summarising the macro-meso creative *ecologies* and micro pluralism of diverse creativities. The framework appreciates and incorporates a diversity of creativity in support of a post-humanism perspective and conceptual understanding that multiple creative ecologies are influential and enabling in diverse and distributed creativity. Specifically, Szabo et al. (2021) suggest pedagogical innovation, curriculum, and teacher practice all play a crucial role in enabling creativity, as does broader collaborative multi-stakeholder activity. This perspective supports that individuals learn to act creatively through understanding of the social and cultural conventions or norms, questions, and controversies which they may wish to challenge, through dual aspects of creative ecologies (environments, partnerships, policies/processes) and multiple creativities (diverse ways). The framework supports a post-humanist perspective enabling a detailed consideration of varied factors which might facilitate creative contribution through growing creative culture and communities.

Specific teacher practices or traits are associated with enabling student creativity. This issue has been discussed in section 2.2.5 as including both the individual creative traits of teachers and the affordances they bring to the classroom that can enable creativity among students. However, the finding also suggests that the environment or social and cultural contexts in which teachers practice must provide opportunity for creative engagement and support creative teaching practice.

Billett (2001) and Livermore (2016) emphasise the importance of diverse opportunities (cultural and material affordances) and engagement with diverse perspectives and opportunities as enabling diverse creativity. However, Billett (2001) emphasises the individual engagement with what is afforded to them as limited by individual ontological development (their developed and current beliefs, morals, and values). This is rooted in developmental perspectives of personal ontological and epistemological beliefs which includes the belief that individuals develop epistemologically over time from believing that knowledge is certain, to a belief that knowledge is relative, and then to a belief that knowledge is more complex and contextualised (Bendixen and Rule 2004). Billett (2009) suggests that diverse experiences and activities for both teachers and students lead to changes in what individuals know, can do and value (i.e. learning and development of personal position and understanding). A diversity of tasks supported by creative ecologies can provide encounters where individuals refine, reinforce, and extend what they know, can do, and value enabling creativity (Billett, 2009). This aligns with the views of Kerwer et al. (2021) who suggests that a diversity of information and perspective is important in establishing epistemic position to develop creativity. However, Livermore (2016) places more emphasis on trusting relationships as an essential aspect of enabling creativity. Livermore's (2016) perspective highlights some limitations of post-humanist perspectives by challenging its overfocus on the environment, pedagogical approach or ecologies and suggesting that trusting relationships are the *make-or-break* factor in enabling creativity regardless of other factors. Livermore (2016), like Wallace and Gruber (1989) and Maslow (1968) discussed in section 2.3.2-2.3.3, suggests that bringing creative ideas requires courage and social risk and that it's unlikely individuals will make themselves susceptible to risk unless there's a climate of trust.

**Post**-humanist approaches may be criticised for neglecting individual psychology and the autonomous, intentional, meaningful relational, and rational creative action which receives some focus in other approaches. The post-humanist perspective may be summarised as assuming that creative action is distributed through dynamic forces in which an individual participates but does not act completely autonomously within. Ecologies (environments, teachers, curriculum, policies, and processes) are likely to affect creativity, but not exclusively determine it and therefore approaches in creativity research may consider these factors but also include a balanced aspect of individual and social psychology (interpretations,

experiences, intentionality, purpose, relational factors, and rationality). Sociocultural theories of creativity consider individual psychological, social, and cultural factors.

### 2.3.5 Sociocultural approaches and perspectives to studying creativity in the post-pandemic context.

Individual experiences, interpretations, and re-construction of experiences by actors (individuals) in education during the pandemic shaped discussions, preferences, findings in research and prospective reform of HE post-pandemic (Kerres and Buchner, 2022). The interpretations of individual Participants in research are influenced by the broader sociocultural context. The pandemic was a global event, however, interactions of individuals with differing national, cultural, social, and socio-economic conditions means that aggregation of findings from pandemic focussed educational research is challenging for researchers. For example, studies focussing on specific types of educational creative technology cannot be easily aggregated because they must consider the institutional, national, and cultural conditions of how the educational system reacted to the pandemic (Kerres and Buchner, 2022). Much of the pandemic and post-pandemic literature has focussed on a broad overview of approaches taken to education during or following the pandemic, the use of different technologies, emergency transfer to teaching remotely, perspectives of students or teachers in response to changes or teaching approaches during the pandemic. However, Kerres and Buchner (2022) argue that given the complexity of the chain of effects of the pandemic, researchers should be cautious not to simplify interrelations between the pandemic and causes and effects within the realm of education. The pandemic impacted numerous aspects of society which is entangled with education and assumptions that the pandemic might explain changes in behaviour, learning and education must be justified either through a control comparison or through consideration of how the sociocultural conditions have influenced a change (Kerres and Buchner, 2022). This presents methodological challenges for post-pandemic researchers because control comparisons are not possible and sociocultural research is complex.

Focus and justification on the sociocultural psychology of creativity in education means theories such as, Glăveanu's (2020) Perspective-Affordance Theory of creativity (PAT theory),



a sociocultural theory of creativity, may be well suited to support a specific approach to creativity research post-pandemic. Glăveanu's (2020) PAT theory suggests notions of difference, position, affordance, and dialogue are important aspects of the creative process. Glăveanu's PAT theory(2020) draws on his earlier work where he challenged existing seminal theory and research largely influenced by conceptualisations of creativity by Mel Rhodes (1961). Early definitions of creativity and concluded that creativity theory reflects four strands, namely, person (cognitive and personality factors), process (methodologies for creative generation), product (the idea communicated) and press (the environment). Glăveanu (2014) suggests that studying creativity in this way often means each of the four strands is studied in isolation, but Glăveanu (2014) recognises that this limits how these strands can be studied interactively and studying each aspect in isolation decontextualises creativity. Glăveanu (2014) proposed the five A's model as better reflecting the developments in understanding about the psychology of creative action. The five A's includes Actor, Action, Artifact, Audience and Affordances and suggests that creativity cannot be decontextualised because it is both situated (socially) and distributed (co-constructed). As such, Glăveanu's (2014) five A's model reflects connections between the person and context. The model suggests that a person becomes an actor by internalising the rules and norms within a group before being able to act creatively in that domain. This draws similarities to earlier theory where Lave and Wenger's (1991) theory suggests that individuals undergo a process of becoming like the community in which they are part of, but Glăveanu's (2014) theory suggests that this psychological internalisation is a precursor to recognising where creative contributions can be made. In addition, Glăveanu (2014) draws attention to the multiple audiences (colleagues, peers and others who may accept or reject a creative idea) and the affordances (material potentials in the environment) that may lead to action and new artifacts (conceptual or physical creations). Glăveanu's (2020) PAT theory places further emphasis on sociocultural influences of creativity supporting the interdependent nature between individual and society, psychology, and enactment of creativity. He suggests that creative participation relies on the bringing together of social, material, and psychological factors and that a lack of research exists focussing on individual-level outcomes and the interdependent social and cultural contexts. Sociocultural approaches to studying creativity pay particular attention to *how creative action is made possible* through living in a socially connected, material and cultural world. This contrasts with approaches which study the product of

creativity from individual cognitive and motivational aspects alone, from social approaches which focus on the immediate social environment and post-humanist approaches which focus on environments, processes and distributed factors influencing creativity. Lemmetty et al. (2021) agrees that sociocultural understanding is both lacking and beneficial to understand factors which affect creativity emerging from individuals and their interaction in sociocultural contexts.

Glăveanu's (2020, pg. 342) theory incorporates the creative process within a wider conceptual framework which includes,

*'Perspectives [which] are intentional and meaningful (psychological), interactive and deeply related to the perspectives of others (social), as well as reflective of our embodied positions in the world (material). Affordances [which] represent the meeting point between what is physically possible (material) and what the person perceives as possible (psychological), both shaped to a great extent by cultural norms and expectations (social).'*

Perspectives form a crucial part of Glăveanu's (2020) PAT theory which have been emphasised when compared to Glăveanu's (2014) earlier five A's framework. Perspectives are an important aspect to improve understanding about how creative action is possible because a creative thought or action emerges from a perspective of uncertainty, disruption, dissonance, or tension which prompts the need for creativity or a creative solution (Beghetto, 2016; Glăveanu, 2020). Exposure to different perspectives or positions can enable creativity (Runco, 2023). Research by Gocłowska (2013) suggested that presenting people with conflicting perspectives can help them to think more creatively about the problem and more creatively in general. In addition, research by Estes and Ward (2002) suggests that surprising concept combinations presented to individuals increased their ability to think divergently. Studying a specific group of individuals in a specific context, such as young adults in the post-pandemic context considers that some homogenous factors exist, but this does not mean that intrinsic positional differences will not be present. Whether a study focuses on heterogenous or homogenous groups, the emergence of creativity is thought to rely on some ability to adopt a different perspectival dialogue (to overcome our tendency for similarity and towards difference and divergence) (Runco, 2023). Studying student midwives' creative action in the

post-pandemic, may uncover how their positioning and repositioning during and following the pandemic has influenced their creativity. The research by Gocłowska (2013) and Estes and Ward (2002) actively infuse new perspectives by presenting people with surprising or conflicting stimulus and in the process prompt perspectival dialogue leading to creativity. The pandemic has arguably presented perspectival changes in a similar way. Intertwined with the perspectival dialogue process itself, is the perceived and potential new affordances (material/actual resource) necessary for creative action. Creative action requires an understanding of the embodied material or action potentials in our environment (both material and symbolic), and these can be made known to individuals through position and perspective (Glăveanu, 2020). Evidence suggests that post-pandemic, sociocultural influenced perspectives and positions are important to understand factors that might enable or constrain creativity.

Studying creativity from a sociocultural perspective acknowledges the importance of culturally assigned meaning and how creativity is made possible through sociocultural relations and interactions (Glăveanu, 2020). It provides deeper understanding about factors which can enable or constrain creativity avoiding the practice of broadly writing off factors as 'contextual influences,' a common limitation in existing literature. This is important because culture is not simply an external contextual factor to a person, but a condition for existence as a human, so mind and culture should be studied in holistic, systemic, and developmental ways. How a person perceives, thinks and acts may be influenced by their physical conditions (or material/resource available), social roles (or status) and symbolic factors (social or political discourses) which affect their position in the world (Martin, 2006). According to Martin (2006), these conditions are partially under our control, but all influence how a person behaves, including how they act creatively. Glăveanu et al. (2020) claim that creativity is always a culturally mediated action and therefore consideration should be given to such in the study of creativity. Sociocultural theorists focus on the creative process as a form of doing and being in the world instead of a mainly cognitive and/or intrapsychological process. Practical implications of studying creativity from a sociocultural perspective means that researchers need to understand much more about the person and the context, including the motives and goals, the meaning they give to their own work, the cultural norms upheld or

challenged in the process, and the constraints and possibilities afforded by the environment or position.

### 2.3.6 Summary

Part two has critically highlighted a lack of research focus on understanding creativity among student midwives in HE. Existing literature has focussed on creativity from various perspectives which have been discussed as social, humanist, post-humanist, developmental, historical-materialist, systems and sociocultural perspectives and approaches. Discussions throughout the Chapter have demonstrated a lack of research which appreciates the meeting point of political, individual-psychological, and sociocultural factors affecting creativity and the importance of study in this area to better understand and enable creative contributions in HE.

A sociocultural theory of creativity (Glăveanu, 2020) has been identified as providing structure to explore how creativity and learning arise from interactions between individuals, their social communities and broader culture. Studying creativity from this theoretical perspective offers potential insight into understanding creativity in specific contexts with specific groups, such as the study of student midwives and their everyday creative contributions post-pandemic. Glăveanu's (2020) sociocultural theory of creativity offers advantage through moving beyond individual psychology in isolation, in groups, or in observable products to consider the social, material, position, perspective, and affordance which enables the creative process preceding contributions in a midwifery educational context.

This study aims to address gaps in current knowledge and provide a situated understanding of student midwives perspectives of post-pandemic related sociocultural factors which motivate, enable, or constrain everyday creative participation. The study will answer the research questions introduced in section 1.3.

Chapter 3 explains the research design and methodology decisions based on the discussed literature discussed within this Chapter. It provides a detailed account of the researcher's position, approach, and justification in the design and implementation of the study.



## Chapter 3: Methodology

### 3.1 Introduction

Chapter 3 discusses the researcher's position, reflection, and reflexivity in decision making and development of the study design. Throughout the Chapter, methodological decisions in keeping with the research aim and questions are justified to enable a situated understanding and contribution to knowledge. The Chapter begins by outlining the philosophical and theoretical beliefs that frame, warrant, and inform methodological decisions. Intertwined with philosophy and theory is the researcher's personal-professional position; a series of theoretically related ontological and epistemological assumptions (Arthur et al., 2012) that have shaped the study.

Subsequent sections in this Chapter specifically discuss decisions about design, data collection, ethical reflexivity, decisions following the pilot study, sampling, and approach to analysis. All aspects support the intention to understand the ways in which sociocultural (social and cultural) factors influence creative contributions by student midwives.

### 3.2 Philosophical and theoretical position

Philosophical and theoretical beliefs align with the intention to explore the ways that sociocultural factors influence creative contributions. According to Arthur et al. (2012) all research should be underpinned by a philosophical perspective and the whole methodology should be congruent with the underpinning philosophy. As such, this section gives attention to where the study is philosophically and theoretically situated before subsequent sections explain the chosen methodology. A brief overview of the underpinning philosophy, theory and study design is illustrated in Table 3.1.

**TABLE 3.1 UNDERPINNING PHILOSOPHY, THEORY AND SUMMARY OF DESIGN**

Epistemology	Ontology
Interpretivism	Relativism
Paradigm	
Constructivist	
Theoretical perspective	
Social constructivism	Sociocultural theory of creativity
Methodology	
Qualitative	Case study
Sampling	

Purposive			
Data collection methods			
Participant- observer sources	Document sources	Diary entries	Follow-up questioning
Data analysis			
Reflexive thematic analysis			

The study aims to understand individual perspectives about why and how student midwives make creative contributions, including attitudes, interests, beliefs, values and identity as they engage in creative activity in the sociocultural context. This aim is reflected in the RQs that are outlined in section 1.3 and with the philosophical perspective of constructivism because it seeks to explore the individual construction of meaning and understanding, including personal experience of creativity. Denicolo et al. (2016) summarise constructivist research as that which aims to understand how factors, such as social and cultural factors are internalised by individuals through a continuous process of negotiation and assimilation with existing sense of self that feeds into a construed reality. Constructivism is a broad umbrella term that relates to both philosophical and theoretical understandings founded on the premise that perspectives are realities and research practice *produces* rather than *reveals* (Braun and Clarke, 2021). Constructivism can explain why and how particular, discrete events, such as a particular experience can influence us differently and sometimes profoundly in our interpretation of future events.

This study is situated within the broad paradigm of constructivism but is also aligned with the specific sub-theory of social constructivism that places emphasis on the understanding that people and events around us deeply influence our constructed sense of self (Denicolo et al., 2016). Braun and Clarke (2021) summarise social constructivism as the understanding that knowledge is socially constructed and that social constructs influence personal constructs.

Raskin (2011) suggests that from the perspective of constructivism, each person constructs meaning in a unique way to them which can explain why individuals might experience the same event but construct a different reality about it. Kelly (1991) terms this as constructive alternativism, that there can be numerous realities and perspectives constructed about the same events. In terms of studying creative contributions and the ways in which social and cultural factors may influence it, a constructivist approach can aid exploration of the cross-

references individuals make between their personal constructs, people, social experiences and events to gain a depth of understanding about their perceptions, attitude and behaviour that is unique to them (Kelly, 1991). It enables a situated and contextually located understanding that is both individual and subjective (Braun and Clarke, 2021). As such, constructivists do not believe there is a single reality, but there are multiple realities which are highly individual in unique ways, and which draw upon own internalisation and terms of reference built from an individual's personal constructs and previous experiences (Denicolo et al., 2016). This belief about multiple realities can be described as ontological relativism; a belief that reality is uniquely individual, and a person's truth is defined individually (Easterby-Smith et al., 2002). Relativist ontological beliefs support the intention in this study to understand the ways in which individual creative contributions are influenced.

Epistemological beliefs include how realities and knowledge is built and subsequently how phenomena can be researched (Bryman, 2008). As mentioned, the researcher holds beliefs that realities are multiple and highly individual and therefore this aligns with understanding that realities are subjective. Epistemological assumptions in this study suggest that individuals revise their constructions of reality (personal constructs, including attitudes, values, beliefs and ways of approaching and dealing with things in their world) based on life experiences and exposures, including social exposures. In this way, knowledge is built and can be understood. Specifically, in the context of this study, epistemological assumptions suggest that engagement in creative contributions happens when personal constructs are expressed or enacted. This epistemological perspective cannot be neutral or objective because it relies on subjective interpretations and realities of individuals (Denicolo et al., 2016). This can be studied through exploring the subjective interpretations of individuals who make creative contributions to understand the ways in which factors have influenced them. This is epistemological interpretivism. Crotty (1998) states that constructivism aligns with epistemological interpretivism because it seeks to understand meaning at an individual level. In addition, Tashakkori et al. (2021) suggest that a researcher who believes in a constructivist paradigm (that ontologically emphasises how an individual actively constructs their reality) emphasises participants own constructions and narrations of experiences and importantly, that knowledge is socially co-constructed which includes the production of knowledge in the research process itself between researcher and participant. This means the researcher cannot



be separated from interpretations made but becomes an integral part of the study. This is discussed further in section 3.3.

In this study, the ontological stance is relativism because reality is appreciated as an individual's truth. The epistemological stance is interpretivism because knowledge is understood as interpreted at the level of the individual and the paradigm is constructivism with emphasis on social constructivism as theory which includes other theory such as sociocultural theories of creativity. Kelly (1991) suggests that social constructivist theory places emphasis on the social experiences that shape, and which limit construed self and individual understanding. In addition, Glăveanu's (2020) Perspective- Affordance Theory (PAT): a sociocultural theory of creativity, underpins the study and emphasises that the perspectives of individuals are intentional and personally meaningful, but also deeply related to the perspectives of others (social) and a person's position and opportunities (affordances) in the world.

### 3.3 Personal constructs of the teacher-researcher and development of the research questions

Personal experiences explained in section 1.1 and personal beliefs explained in section 3.2 suggest that my perspective as a teacher-researcher can influence the creativity of students I teach because together my beliefs and experiences support a perspective that knowledge and reality is co-constructed in a social and cultural context. As such, my position as a teacher-researcher is imperative to examine during the design, interpretation and analysis of creativity among student midwives who are part of this study.

One factor found to be associated with teacher's creative pedagogy and student creativity is how much a teacher engages with creative activity themselves, both inside and outside working as a teacher (Chen and Yuan, 2021; Henriksen et al., 2015; Bereczki and Karpati, 2018; Huang et al., 2019). For me, I value creativity and engage in a range of creative tasks in my personal and working life and therefore it becomes important to explore these aspects of my position as a teacher-researcher of creativity. In section 1.1, I introduced key life experiences that have shaped my personal constructs as summarised through my educational background (Table 1.1) and my professional background and experiences (Table 1.2). Further consideration is given in this section to reflection about how personal constructs (interests, values, beliefs

and how I view the world) have possibly influenced the constructs of others in and outside work. This is important because I am an insider, that is, I am an integral part of the social factors and culture that may influence creative behaviour.

In my personal life, I'm a mother to six children and I work full-time which requires creative management of my time. One of the biggest challenges in my personal life surrounds my disabled son who communicates non-verbally meaning there are daily demands to creatively communicate with him and manage his needs, his enjoyment in life, and his differences. Furthermore, his special needs are a probable consequence of having received poor maternity care myself which has somewhat motivated my investment in research endeavours that include creativity to improve maternity care. Some evidence suggests that parents of disabled children are more creative because of the unique challenges and demands that come with managing a child's disability (Hartshorne and Schafer, 2018). In addition, parents to disabled children are more likely to engage with art-based activities themselves and it is associated with parental psychological resilience (Özsavran and Ayyıldız, 2024). Severely intellectually disabled children often find enjoyment and meaning in art-based activities meaning it may be more likely to be an everyday part of disabled children and their parents' lives. My son enjoys creative activities that enable him to express himself and I consider it essential for his wellbeing. In managing the needs of my family, including the limited support available for care of a severely intellectually disabled child, and the financial demands brought about by parenting a disabled child, I created a midwifery programme with colleagues that could be taught mostly online that enabled me to work flexibly to meet the needs of my family and, which can meet the needs of others studying midwifery with similar caring responsibilities. Development of the programme (which happened across two HEIs) included embedding some new and creative approaches to online learning and teaching. The midwifery programme later became the UK's first midwifery programme to offer flexible online routes into the midwifery profession for current healthcare support workers. Examples of creative approaches in the programme design included, embedding artificial intelligence (AI) tools to measure student engagement and learning to inform teachers about effectiveness and to direct future teaching focus. Approaches in the programme design was presented at a national Health Education England conference (HEE, 2023).

Evidence discussed in section 2.2.5 suggests that my engagement in creative tasks, my life experiences, and everyday approach to finding creative solutions at work may mean the students who I teach are more likely to develop creatively. Zheng and Gardner (2017) explain that teachers learn and develop creatively themselves through experiential learning that offers concrete experiences, reflection on experiences, abstract conceptualisations of experiences and further active experimentation in different contexts. Teachers practice through trial-and-error opportunities afforded by engagement in creative activities which becomes part of the learning process and a core aspect of creative pedagogy. In reflecting on how personal creative development is evident in my personal and professional life as well as how this has influenced others around me, I recognise how it influences the creative development of my children and those I teach. For example, my older children have won national creative competitions in science projects, published creative writing and have achieved scholarships at leading schools related to their creative expression, artistic, and thinking abilities. At work, I have influenced the creative expression and the sharing of ideas by healthcare students. This is particularly evident in topics that surround healthcare improvement and can be explained by my personal values and beliefs. I believe that the ideas of healthcare practitioners are the starting point for healthcare improvements and value development of skills among student midwives that can meet the demands of the profession while driving improvements (see section 2.2.4). An example of my personal influence on healthcare students sharing their creative ideas is through the recent publication of an Open Access student-led journal where I hold the position of Co-Editor in Chief. The first issue of the journal (Hallett and Philp-von Woyna, 2025) presents student creative ideas for improving at home monitoring for patients reducing hospital stays, ideas for using AI in student assessments, ideas surrounding the innovative use of medications related to childhood epilepsy and, student opinion and thoughts that can influence creative thought about emerging nursing legislation and essential skills in nursing practice. A further example has included supporting a student's idea for improved recognition of a problem in maternity care (Ryan and Philp-von Woyna, 2025).

In this study, it is acknowledged that I have designed much of the programme content, the pedagogical approach in curriculum development and/or module delivery, and some classroom tasks. Classroom tasks led by me often demand creative solutions or creative

exploration of issues in maternity care. This reflects my position on creativity, my passion to enable student ideas and my creative approaches to teaching. In this study, some ideas shared by participants were thought to be in response to tasks that asked students to think about where healthcare improvements need to happen and how improvements can be made. For this reason, documentary sources and participant-observer sources have been included in the analysis, see sections 3.6 and 3.8.

Research questions were developed from both realising the limitations of current literature related to student midwives creativity, recognising the need for creative solutions in healthcare, and because of my personal value placed on creativity as an important aspect of wellbeing and problem-solving in midwifery. Punch (2009) describes this approach to developing research questions as pragmatic. Instead of question development being paradigm-driven, development is based on my practical experience in midwifery and midwifery education and the development of the research questions happened prior to a consideration of how questions may align to a specific paradigm (school of thought) and method (Punch, 2009). Despite, developing questions from a pragmatic stance initially, the research questions are recognised to align with the constructivist paradigm which has allowed the questions to be refined and substantiated.

### 3.4 The pilot study, ethics and reflexivity

A pilot study was conducted prior to the main study to trial a proposed diary method. Two Participants were recruited by opportunistic sampling and asked to complete five separate diary entries asking a single question:

*‘Describe a creative contribution you have made today and explain what made it possible.*

*[A creative contribution may include, sharing your new ideas and/or thoughts with others, sharing discoveries or links you’ve made during your learning with others, recognising a problem and sharing your idea of a solution with others and/or explaining things to others in imaginative ways.*

*Provide as much information as you can. The response box will expand as you type to allow you to include as much detail as you want to.’*

Pilot studies are small-scale, preliminary studies used to aid decisions and improve aspects of the final study design and sampling (van Teijlingen and Hundley, 2002). The pilot study was evaluated through discussion with Participants, reflection, and peer and supervisor feedback to aid decisions about the main study. This led to key developments of design that included refining the RQs, data collection tool, sampling, and research approach. Lees et al. (2022) suggest the act of critical self-reflection and evaluation following a pilot study which informs future decisions in the main study can be described as forward reflexivity. Forward reflexivity is a conscious and deliberate attempt to adopt a reflexive lens across the duration of the research, including the pilot study, to *'effectively gain insights into aspects of the research that may need amending before its onset or identify design and implementation elements that might need rechecking'* (Lees et al., 2022, pg. 6). Reflexivity can be seen as a process to both enhance the ethical nature of research and to aid transparency about the researcher's position in qualitative studies (Lees et al., 2022). Berger (2015) suggests that reflexivity and the process of self-scrutiny and responsiveness reported in research can aid clarity about the position of the researcher, their ontological, epistemological and axiological components of self, intersubjectivity and their construction of understanding. Lees et al. (2022) suggests this more clearly presents qualitative research as including the underlying perspectives and experiences of the researcher. In doing so, reflexively presented research invites the reader to consider the researcher's assumptions, experiences and knowledge in the interpretation of the research and its findings. In this study, which is qualitative and constructivist, the presence of reflexive analysis and reflexive transparency at all stages of the research, including the pilot study aids critical self-evaluation of own position as a researcher and enhances transparency for the reader and study contextualisation.

Following the pilot study, it was recognised that gathering more information about the characteristics and context of participants can enable improved conceptual links and may add depth to analysis, findings and conclusions (Mays and Pope, 2006). In addition, it was recognised that breaking the guidance question down into two separate questions, rather than one question with two parts could improve the quality and depth of answers that better represent the perspectives of participants. The pilot study identified that breaking the question down would likely improve the quality and length of responses. This can be considered an example of how the researcher has applied the principles of ethical reflexivity

following the pilot study because ethics is concerned with the principles of moral behaviour in research (May, 2001). Gorard (2003) suggests the first responsibility of researchers is to ensure the research is an ethical act by ensuring quality, integrity, and rigour in research design. Gorard (2003) suggests this includes considering the most appropriate way to approach the research with Punch (2009) suggesting the worthiness of the project is an important ethical consideration.

A further ethical reflexive consideration included the framing of what constitutes a creative contribution itself. So far, creativity has been discussed as pro-social with ideas and actions which intend to enable innovation and good for individuals, organisations, and societies (Mitchell and Palmon, 2023). However, Mitchell and Palmon (2023) highlight that not all creativity is pro-social and can include acts using resources and position to benefit individuals or groups which result in harm to others. This is largely referred to as malevolent creativity and is a branch of research mostly separated from education (Mitchell and Palmon, 2023; Pearson, 2021). The potential for malevolent examples of creativity in this study is an ethical concern and steps have been taken to mitigate potential malevolency through study design. The qualitative diary entry guidance explicitly frames creative contribution as a pro-social act (see Appendix 3). While Pearson (2021) suggests that any creative contribution is creativity, whether malevolent or not, the value, purpose, and position of this study appropriately defines and supports the study of creative contributions as a pro-social activity in HE. Reflexive sensibility throughout the research process was maintained to ensure the continuous, conscious consideration of any emerging evidence suggestive of malevolent creativity which may have required immediate re-consideration of the research (British Educational Research Association (BERA), 2018). This continual reflection on localised and embodied ethical manoeuvring throughout all stages of research was adopted because it better serves genuine ethical decision-making compared to a proceduralist (tick box rights and wrongs) approach (Dowling and Whiteman, 2020).

A clear intention and belief of beneficence is outlined in section 2.2.4 where the benefits of supporting creativity in midwifery education reflects the ethical subjective benefits of undertaking this study (Dowling and Whiteman, 2020). This intention and belief form the persuasive argument that underpins the study claiming it is ethical and worthy. However, it also brings into focus that ethical stances, related issues and decisions are actively constructed

by researchers and are unstable throughout the research process (Dowling and Whiteman, 2020). In recognition of this factor, it was essential to have a degree of ethical competence, philosophical understanding of moral reasoning, and to seek the opinions of others which included a diversity of ethical perspectives to inform reflective and ethical decision-making throughout the study and not just in planning stages (Stutchbury and Fox, 2009; Dowling and Whiteman, 2020). These principles are reflected in the presentation of findings which includes a section on reflexive discussion of findings (section 4.6). Kara (2017) suggests peer debate, peer support, existing literature, and the process of seeking ethics committee approval can bring a diversity of ethical perspectives to inform reflexive ethical decision-making. For this study, diversity of ethical perspectives in the planning stages was sought from peer-review and feedback, a pilot study, feedback from participants, current debate and published literature, supervisors, the BERA (2018) ethical code, the University's principles of good ethical practice, UK law, and reflection on personal disposition. Gathering ethical perspectives enabled a continual process of assessing and re-assessing ethical situations and issues as they arose which is described as essential by BERA (2018).

The initial ethics application detailed an intention to adopt a constructivist approach to explore student perspectives of factors that enable, inhibit or motivate creative contributions. The research questions were,

*What are student perspectives on sociocultural factors which enable or inhibit everyday creative participation post-pandemic?*

*How do factors related to Covid motivate or constrain students to creatively participate in Higher Education?*

However, the University's Ethics application was rejected with the following concerns from the Ethics Committee,

*The Applicant should discuss this with her Supervisory Team and address the questions. Will the diary entry tasks alone provide sufficient data to enable the researcher to answer the RQs? Is there an intention to follow up the task to explore explanations for the student's diary entries? If the sample is limited to the first fifteen who come forward, will it be representative of the demographics of the population?*

*What are the implications of generalisability of the findings, and to what extent does this matter?* (University Ethics committee response, December 2022).

Following feedback, amendments were made with an aim to explore explanations for student perspectives further and to reach for generalisations. The study was redefined as a mixed-method study collecting data from three points, namely, the diary entries, self-scoring of aspects of creative contributions, and follow-up questioning. Despite attempts to explore explanations in depth by inclusion of quantitative self-scoring, the contextual and position-based factors were ultimately recognised as highly influential in the interpretation and understanding of creative contributions made by student midwives. This critical reflection informed the final case study design of the study. Decisions aimed to analyse the in-depth, real-world contextual factors thought to influence creative decisions by student midwives. This refined case study design critically explored the contextual factors including, how I influence the creative contributions of student midwives whom I teach. This point was also important to consider from an ethical stance because the relationship arising from the dual teacher-researcher position means a non-hierarchical relationship with participants could not be achieved (BERA, 2018). The power difference in relationship with the participants brings tension to ethical issues surrounding consent and confidentiality and therefore careful consideration was given to address these points (BERA, 2018). My position also directly influenced the examples that were shared in the study. To address these issue, BERA (2018) recommends that, as a minimum, participants are reassured that non-participation is acceptable. Appendix 4 provides a copy of the consent form that explicitly details reassurance for participants, along with the terms of privacy and confidentiality about their right to withdraw, and when participation becomes binding (due to analysis already being undertaken). As a teacher-researcher, my insider knowledge and understanding were integral to the interpretations made. This position enriched and deepened understanding of social, cultural, and micro-political aspects (Punch, 2009) but presented pragmatic challenges in the reporting of contextual factors. To overcome these challenges a clear methodology is outlined in section 3.5 where further explanation is given to how I reflexively embraced ethical principles of reporting contextual factors thought to influence the cases, while ensuring I reported findings from data, which represented participants fully and accurately (Kara, 2020). Kara (2017) suggests this is an ethical consideration because data should be represented



honestly and thoroughly. Careful design, planning and effort was made to give a faithful representation of participant contributions and the context in which the ideas were shared. Kara (2020) suggests that study design should ensure full understanding of contributions (as far as possible, including context) to ensure participant views are not misrepresented. Dingwall (1992) coined the term 'fair dealing' to describe the process of attempting to be non-partisan; to ethically represent the views of participants as they intended, accurately and fairly. Fair dealing of data means that a range of viewpoints are incorporated through design and that one viewpoint is not presented as representing the truth about the phenomena (Dingwall, 1992). However, fair dealing must always be balanced against any potential obligations to the wider community for non-discriminative reporting (Basit, 2010) and '*any predictable disadvantage or harm potentially arising from the process or reporting of the research*' (BERA, 2018, pt. 35).

### 3.5 Methodology

The philosophical and theoretical discussions in section 3.2 align with constructivism and suggest the research methodology should be able to uncover realities constructed by individuals providing an opportunity to explain the experiences and social experiences of participants (Punch, 2009). This supports a qualitative research design which is suited to explore constructed realities (Punch, 2009). The specific qualitative methodology chosen is case study methodology that is applied to several cases (a multi-case study) to answer the research questions. This methodology is appropriate when the intention is to understand why a decision or set of decisions is taken, how, and with what result, but crucially where the contextual conditions are thought to be particularly influential or pertinent to understanding the decisions (Yin and Davis, 2007). A multi-case study was chosen over other methodologies because the position of myself (as the teacher-researcher) offers highly distinct insight and interpretation about why and how student midwives develop and make creative contributions. My position has been further explored in sections 1.1 and 3.3 and illustrates the personal-professional insight into midwifery practice and midwifery education and my current understanding about the opportunities and challenges in the specific context. As part of my everyday work as a midwifery programme lead, I have a working knowledge of a wide range of health policy and midwifery specific professional publications and regulation. While some researchers would suggest that my insider position in this study could indicate that

results are likely to be highly biased (Mirriam et al., 2001), it is also important to highlight the unique strengths my position and chosen methodology offers in understanding specific phenomenon. Many researchers argue that such an insider perspective is highly valuable in providing an *accurate* portrayal of a case study phenomenon (Greene, 2014). In addition, I am not merely a passive observer conducting research distant from participant contributions, but rather I am in a position where specific manipulations of events can be better understood in context. There is a recognised potential for me to assume a position of advocacy or support for the group of participants which Yin (2018) states is contrary to good social science practice. However, my position, as far as possible, is transparent and follows a systematic and clear methodology discussed throughout this section.

Yin (2018) describes a case study as a methodology that can understand phenomena in depth within its real-world context, especially where the boundaries between phenomenon and context are not clearly understood. In this multi-case study, the research questions are related to specific contextual conditions which may have influenced the creative contributions (the phenomena) by student midwives and case study methodology is particularly appropriate because the boundaries related to factors that influence creative ideas in midwifery education or practice are not clearly understood. As such, a case study methodology in this context can answer the questions to understand how position (RQ1), perspective/belief (RQ1), policy and politics (RQ2), social connections (RQ3) and educational opportunities or practice (RQ4) can influence creative contributions in context.

Efforts have been made to ensure that the research design logically reflects a set of understandings that improve the quality of the study. Yin (2018) suggests that external validity (how far findings can be generalised) and reliability (demonstrating steps taken so that studies can be replicated) should each be critically considered in case study design to ensure good quality. In case studies, external validity relates to how far the *analytic process* can be generalised, so unlike in other study designs it is not about how far the findings can be generalised because case study findings aim to be context specific (Yin, 2018). Analytic generalisation can be improved through clear identification of theory that has informed case study design, as well as a clearly defined methodological and analytical approach. In this study, a clear theoretical position has been outlined in section 3.2 and the ways in which theory has informed stages of the research is outlined in sections 3.5-3.8. In addition, external validity is

improved in this study through the multi-case design because this means there has been cross-case analysis of several cases.

Case studies are highly contextual and repeating a case study is rarely possible which means that addressing reliability in case study design refers to the transparent and replicable process followed and not that the same study could be undertaken again and achieve the same findings. Yin (2018) suggests researchers should apply the principles of reliability to improve quality. Procedures followed in case study design should be clearly documented and the use of a case study protocol can improve quality and reliability (Yin, 2018). As such, in this study a case protocol is utilised based on Yin (2018) and Enhancing the QUALity and Transparency Of health Research (EQUATOR), Consensus-based Clinical Case Reporting Guideline (Gagnier et al., 2013). Yin's (2018) case study protocol addresses four key sections as shown in Table 3.2. Yin (2018) advocates for a protocol to be amended according to the specific context of the case study. Therefore, aspects from both protocols have been combined to create a set of principles in a case study protocol tailored to the specific aim and context of the study improving replicability of process. Aspects of the EQUATOR case study guideline was included because some ideas shared by student midwives are clinical in nature and relate specifically to cases and issues in a healthcare context. Each case (participant) is analysed using the protocol before cross-case analysis is undertaken using Reflexive Thematic Analysis (Braun and Clarke, 2021). The inclusion of multiple cases allows for cross-case analysis, which can improve the external validity of the findings by identifying common themes and patterns across different individual context.

**TABLE 3.2 THE CASE STUDY PROTOCOL**

**Section A: an overview of the case study**

**1. Research Questions,**

RQ1: In what ways do social and cultural positions enable development of individual creative sensitivity and courage for midwifery students?

RQ2: In what ways does political awareness motivate and influence creative conditions for midwifery students?

RQ3: In what ways do social deficits during the pandemic continue to constrain creative contributions for midwifery students?

RQ4: In what ways can HE provide diverse and holistic opportunities that support creative culture within teaching and learning for the midwifery sector?

**2. Key readings from the case,**

- 2a. Theoretical, how does the case reflect aspects of Glăveanu's PAT theory? (including aspects of Perspective, Actor, Dialogue, Action, Artifact, Audience and Affordances)
- 2b. Policy, Does the case reflect any policy or policy conflict?
- 2c. Rationale, how is this case unique? How can this case make a unique contribution to knowledge?

#### **Section B: data relevant to the case**

1. Demographic detail of participant, social/professional position in creative idea
2. Any ethical aspects/protection of subjects?
3. What sources of data should be included in this case to answer the RQs? (course materials/documents, news/policy documents, diary entries, follow up questions)

#### **Section C: questions about the case**

1. What was the creative example?
2. Was it an idea shared or an enacted idea?
3. Was the idea shared/enacted in midwifery education, midwifery clinical setting or other area?
4. Was the creative example in response to an intervention or problem, if so what type and by whom/how? (e.g. pedagogical approach/task by teacher/problem encountered in midwifery clinical setting)
5. How did the idea start?
6. Was there planning, how did it work?
7. Was the response collaborative? With whom?
8. Who was the target population?
9. Was the idea supported socially/in a healthcare context and if so how/by whom?
10. Did the idea challenge a clinical/healthcare norm (the usual approach in clinical practice)?
11. What was the outcome/aim of the idea?
12. Are there any rival explanations identified or explored? Could there be an alternative interpretation of the idea (construct)?
13. Were there any challenges faced/acknowledged? What were they?
14. Did the pandemic/post-pandemic context influence the idea and if so, how/why?

#### **Section D: Outline of the case**

1. What are the strengths and limitations of the case?
2. What are the primary takeaways from the case?
3. How does the case link with literature and/or theory?

### 3.6 Methods

Keen (2001) suggests case studies are most valuable when exploring aspects of change in messy, real-world contexts and are particularly helpful to explore issues of conflict and collaboration that influence interventions to succeed or fail. To explore this, Keen (2001) claims that multiple sources of evidence and multiple methods must be included in case studies to strengthen the validity of findings. Yin (2018) agrees that case studies should draw upon a variety of methods to understand the context of the phenomenon in depth. Different methods and sources can be used to triangulate and provide different insights resulting in a more comprehensive understanding (Mays and Pope, 2001). In addition, Keen (2001) claims multiple sources also aids reflexive analysis through identifying points of convergence, divergence and contradiction. Adopting methods that gather data from multiple sources in case study design is widely accepted as a principle which improves the quality and depth of case design (Priya et al., 2021; Yin, 2018; Creswell, 2014).

Marshall and Rossman (2016) explain the numerous sources of data that can be used in qualitative research, and, in this study, sources were selected based on relevance in the specific context. Yin (2018) suggests each data source can provide different insights with potential to corroborate and augment evidence. The case study protocol presented in Table 3.2 has outlined the aspects of each case that will be considered. The case study protocol includes detail about the sources of data and, how these may be connected to each case. There are four sources of data that are used in the analysis of all cases because they were considered to present important contextual detail that is relevant to interpretation of cases. The four sources of data include documentary sources, diary entries, follow-up questioning and participant- observation sources. A summary, rationale and strengths and limitations of data inclusion are provided in Table 3.3. Documentary sources and participant-observer sources were selected to provide relevant contextual data in cross-case analysis (Halkias, 2023). Selection of documentary and participant-observer sources included the critical appraisal of documents presented in an annotated bibliography in Appendix 5.

**TABLE 3.3 THE FOUR DATA SOURCES AND RATIONALE**

Source	Rationale, strengths and limitations
<p><b>Documentary sources</b></p> <p>These are documents that explain the context of the cases as relevant to interpretation.</p> <ol style="list-style-type: none"> <li>1. Nursing and Midwifery Council (2018) The Code</li> <li>2. Health Education England (HEE) (2016) Values Based Recruitment framework</li> <li>3. Royal College of Midwives (RCM) (2022) Pressure points in postnatal care planning.</li> <li>4. The Ockenden Report (2022)</li> <li>5. The Kirkup report (2022)</li> <li>6. All-Party Parliamentary Group [APPG] on Birth Trauma (2023).</li> <li>7. NHS England (2023) Maternity Transformation Programme.</li> </ol>	<p>Yin (2018) suggests that inclusion of documents in case studies can be beneficial to corroborate and augment evidence from other sources. He suggests that if the documentary evidence is contradictory, it can prompt further inquiry and analysis.</p> <p>Marshall and Rossman (2016) suggest that while documents are stable sources and can be reviewed alongside the case studies, they are not created as part of the case study. Therefore, they suggest that careful critical consideration is given about the purpose, scope, bias and audience of documents included in case studies.</p> <p>In this study, an annotated bibliography provides a summary of the critical appraisal undertaken for each source of documentary evidence. McArthur et al. (2020) critical appraisal tool was used as a framework to summarise the following critical appraisal about each document in the annotated bibliography,</p> <ol style="list-style-type: none"> <li>1. The citation for retrieval</li> <li>2. The background of the authors (expertise/affiliation/stakeholder involvement)</li> <li>3. The content/scope of the document</li> <li>4. The main argument/conclusion (alignment with other literature?)</li> <li>5. The intended audience</li> <li>6. Research methods (if applicable)</li> <li>7. Reliability of the document/ Strengths and limitations (biases reported?)</li> <li>8. Relevance to this case study</li> </ol>
<p><b>Diary entries</b></p> <p>Participants who took part in the study were asked to document self-identified creative contributions. The specific questions participants were asked are detailed in Appendix 3.</p>	<p>Rubin and Rubin (2011) suggest that participant questioning in case studies should be fluid and open to explore relativist perspectives. The diary entries and follow up questioning was chosen to align with an intention to understand constructivist, relativist perspectives through interpretivism.</p> <p>Yin (2018) states that case studies typically always involve interview techniques to explore participant</p>

	perspectives, however, interviews can lead to response bias and inaccuracies due to poor recall. Diary entries and follow up questioning were chosen methods to overcome the limitations of interviews, and other existing methods and the rationale for decisions are further discussed in this section.
<b>Follow up questions</b>  Participants were asked to complete 2 written follow-up questions via email that asked the questions detailed in Appendix 3.	
<b>Participant-observation sources</b>  These are the tasks and course materials instigated by me (the researcher) in the day-to-day working of my teaching role that influenced creative contributions reported by participants in this study. These materials can be viewed in Appendix 6 as, <ol style="list-style-type: none"> <li>1. Assignment ideas prompt</li> <li>2. Module requirements</li> <li>3. Examples of recent supervised projects</li> </ol>	Participant observation includes the ways in which my actions have unintentionally influenced the response of participants. This is important to report and analyse because Yin (2018) suggest through this the researcher can create bias in the findings. In addition, Yin (2018) suggests aspects of my own practice that influence creative contributions offers unique insight into interpersonal and contextual factors in the case study.

In this study, there were two phases to the case study design. The first phase collected diary entries from participants and the second phase asked the follow-up questioning via email. Both the diary entry method and written follow-up questioning was chosen as appropriate to gather data about the views of participants enabling the researcher to explain social reality as it is perceived and constructed by individuals (Basit, 2010). Diary methods are viewed as a methodological innovation well-suited to creative projects (Cao and Henderson, 2021). Diary-based studies are flexible, can be structured or unstructured, solicited, or unsolicited and can align with a range of epistemological or theoretical positionings producing data in qualitative or quantitative or mixed methods approaches (Mullan, 2019; Cao and Henderson, 2021). Solicited diary entries were created for the purposes of the study. Solicited diaries often resemble questionnaires and can take a semi-structured approach to seek a balance between

enabling flexibility and preventing data from straying too far from the topic (Cao and Henderson, 2021). Diary entries may follow short and intense durations with varying frequency of diary entries over days or may gather data over a period of months or years. The event being studied (everyday creative contributions) through diary entries is thought to occur frequently and to be short in duration which justifies a short duration and lower frequency.

A significant advantage to adopting diary methods for the study of everyday creative contributions is that the method enables the researcher to enter the everyday life of participants as it is experienced close (in time) to the phenomena (Cao and Henderson, 2021). This offers significant advantage over other methods such as questionnaires, semi-structured interviews or focus groups which require participants to recount past events that may have occurred days or weeks ago. Cao and Henderson (2021) suggest avoiding retrospective accounts improves the accuracy, and therefore validity or credibility of data. In addition, diary-based research adopts participant-led timeframes for completion giving more freedom and time to construct thoughts and responses compared to other methods (Hyers, 2018). Comparatively, using methods such as focus groups or semi-structured interviews means the gaze of the researcher is closer to the participant which can increase pressure and influence on participants and answers given (Cao and Henderson, 2021). Despite this, diary-based research means the researcher has less control over the direction of data gathered (Cao and Henderson, 2021). This can be seen as both an advantage and limitation of diary-based research. A key challenge and uncertainty with the method is the potential lack of quantity and quality of diary data and the risk of receiving partial entries or completion (Cao and Henderson, 2021). As such, thought was given to what the primary focus of the diary entries should be and what the research questions were aiming to achieve. The questions for the diary entries were also based on the principles of the qualitative, constructivist understanding and asked participants to,

- 1. Provide a detailed description of the steps you have taken to make a creative contribution today.*

*The creative contribution can be big or small. Provide as much information as you can.*



*[A creative contribution may include • Sharing your new ideas and/or thoughts with others • Sharing discoveries or links you've made during your learning with others • Recognising a problem and sharing your idea of a solution with others • Explaining things to others in imaginative ways]*

- 2. Explain why you made the creative contribution. Provide as much information as you can.*
- 3. Did anyone influence your creative contribution making it easier or more difficult to do/say? Explain how.*

The open-ended strategy aimed to gather data about the person-in-context, so that emerging data can be analysed for themes (Braun and Clarke, 2021). Diary- based data collection and design must mesh considerations of the wider context, existing literature, and the potential scope of the dataset (Braun and Clarke, 2021). As such, the question design was based on existing theoretical understanding of the literature and the researcher's perspective about what could influence creative contributions by student midwives. Glăveanu's (2020) PAT theory informed the formation of questioning in both the diary entry guidance and follow-up questioning. The follow-up questioning asked participants,

- 1. Can you summarise the circumstances you believe are most important to enable you to make creative contributions?*

*[A creative contribution may include • Sharing your new ideas and/or thoughts with others • Sharing discoveries or links you've made during your learning with others • Recognising a problem and sharing your idea of a solution with others • Explaining things to others in imaginative ways]*

- 2. Do you believe your experience studying during the covid pandemic has changed how creative you are? Has it made you more or less able to make creative contributions and if so, can you explain how or why?*

The diary entry guidance asked about the *steps* taken to make a creative contribution which aimed to gather insight about the individual's perceived position, but also to understand the affordances utilised in the process of contributing. Glăveanu (2020) suggests that perceptions

(psychological) and position (social) as well as the associated *affordances offered by such* influence creative action. The next diary entry guidance question sought to understand the perspectives in further detail by asking participants to explain *why* they made the contribution. Glăveanu (2014) suggests that who the individual views as the *audience* are important to understand in creative *action*. The final diary entry question asked participants to discuss *who* influenced the idea. Glăveanu (2020) suggests *dialogue* linked with the psychological and social aspects are important to understand the creative *actor* and *action*. Follow up questioning was designed to explore more contextual factors that individuals believe can influence creative contributions. This provided an opportunity for individuals to reflect on the examples they had provided in diary entries and to consider what they believed to be the most influential in bringing their creative ideas. Both questions aimed to uncover aspects of Glăveanu's (2020) PAT theory by seeking to further explore how individuals construct ideas and what psychological, social and material (affordance) aspects they believe enable their contributions. In addition, to the specific theory that informed the diary entry guidance and follow up questioning, the overarching interpretivist epistemology and constructivist approach favours the open strategy chosen in data collection methods meaning the structure is logical and coherent (Braun and Clarke, 2021).

As part of both the diary entries and follow-up questioning, critical consideration was given to the written conceptualisation of language, that is, what I believe the written language can reveal about creative contributions. Conceptualisation of language refers to the beliefs about the structure, function and use of language in relation to social identity, power relations, and meaning or emotion by participants (Bryman, 2008). A constructivist view of conceptualisation of language views individuals as active participants in the construction of their experiences through language which creates and shapes the social and cultural world. In constructivist conceptualisation of language, the versions of events told by individuals construct the implications in the social and cultural world (Braun and Clarke, 2021). In contrast, alternative approaches such as critical realist conceptualisation of language understands language as a social practice which is shaped by underlying mechanisms, power struggles and structures which can explain social phenomena (Braun and Clarke, 2021). For this study, the constructivist view of language is held. This means that this study actively builds understanding about creative contributions.

### 3.7 Sampling

Sampling design was important to ensure that any subsequent interpretations were trustworthy, authentic, credible, transferable and dependable (Collins and Onwuegbuzie, 2013). Purposive sampling enabled selection of information-rich cases to fit with the purpose of the study (Shaheen et al., 2019). Purposive sampling involves recruiting participants from a target population possessing certain characteristics to answer the research questions (Burns and Grove, 2009). A purposive sampling strategy clearly defines an inclusion and exclusion criteria for participation in the study and may include knowledge the researcher holds about characteristics of individuals. In this study, the target population included undergraduate midwifery students from any year of their training (role inclusion criteria), whom I teach as a current midwifery student and who were in education during the coronavirus pandemic (experience inclusion criteria). The study excluded any other HE student including other students I teach and those who were not studying during the coronavirus pandemic because the research questions seek to understand the ways in which changes caused by the pandemic have influenced creative behaviour. Purposive sampling was chosen over convenience sampling which involves sampling simply by virtue of the researcher's position because a key criticism of convenience sampling is limited and unknown characteristics, which limits knowledge about how representative of the sample is (Bryman, 2008). Pilot and Beck (2008) state there may be an over or under representation of a characteristic relevant to answering the research question which can undermine any interpretations. Purposive sampling can improve transparency, rigour, and authentic situated understanding of the studied population (Rees, 2011). Details of sample characteristics gathered are detailed in Table 3.4. Participants were invited by email to take part in the study subject to meeting the inclusion criteria and were asked to complete a consent form as shown in Appendix 4 prior to participation. Twelve participants volunteered to take part, but complete data sets from all four sources were only collected from 8 participants. A decision to exclude incomplete datasets was made because Yin (2018) claims that case studies should include several sources of data, and an increased number of sources improves a study's credibility and reliability. The case study protocol (discussed in section 3.5) ensured a robust and rigorous data collection process, that included considering the detail, quality and sources of data related to each case and its ability to answer the research questions. All cases that were included drew on the four data sources as outlined

in section 3.6 because Halkias et al. (2022) suggests that the trustworthiness of case studies can be questioned if there is missing data or a lack of sources or methods that can inform in-depth interpretations about a case.

**TABLE 3.4 PARTICIPANT DEMOGRAPHICS AND DIARY DATA**

Participant No.	Ethnicity	Year of study	Age	No. of diary entries	Total No. of words
1.	White British	1	18-25	2	474
2.	White British	1	18-25	3	962
3.	White British	3	18-25	2	644
4.	White British	2	18-25	2	493
5.	White British	1	18-25	2	601
6.	White British	3	18-25	1	859
7.	White British	3	18-25	3	1032
8.	Pakistani	2	18-25	2	394

Optimal sample size to gather sufficient data to answer the research questions is difficult to ascertain in qualitative research (Braun and Clarke, 2021). The concept of ‘data saturation’ is commonly suggested as best practice for determining sample size (Braun and Clarke, 2021). However, the concept of ‘information power’ may be more useful because it considers reflection about the richness of the data and how it might reach the research questions and aims (Malterad, Siersma and Guassora, 2016; Braun and Clarke, 2021). Case studies uniquely and typically involve a very small sample size with emphasis placed on the richness and depth related to a small number of cases or even a single case (Halkias et al., 2022). Therefore, the sample included in this study is considered sufficient and is congruent with the chosen methodology.

### 3.8 Analysis

Gathering the four sources of data together for each case included completing a case study protocol for each participant as detailed in section 3.5. Completing the case study protocol for each case ensured there was consistency in data collection, interpretative consideration of

contextual sources of cases, and interpretative consideration about how each case could meet the aim and research questions. This section deals with how the cases were analysed in a systematic way to ensure a robust and credible report of findings. After the case study protocol was completed for each case, cross-case analysis was undertaken across the multiple cases (Halkias, 2023). Cross-case analysis is when a set of cases are examined for similarities and differences or themes across units (individual cases) to achieve aggregation of findings (Miles and Huberman, 1994).

The approach chosen for cross-case analysis of data was Reflexive Thematic Analysis [RTA] (Braun and Clarke, 2021). Braun and Clarke (2021) describe thematic analysis as '*a method for developing, analysing and interpreting patterns across a qualitative dataset, which involves systematic processes of data coding to develop themes*' (pg. 4). RTA differs from the generic definition of thematic analysis because Braun and Clarke (2021) state that it values the subjective, situated, questioning awareness of the researcher in analysis which is a fundamental characteristic of it. RTA requires researchers to locate themselves, understand their own position (own identity, values, perspectives) and subjective interpretation as a primary resource in analysis (Madill et al., 2000). This is particularly beneficial when the researcher is interested in understanding the nuances, complexity and contradictions surrounding a phenomenon (Braun and Clarke, 2021). RTA can be used with a range of philosophical and methodological approaches but is useful in this study where orientation aligns with beliefs of ontological relativism and epistemological interpretivism. This is because RTA supports that knowledge comes from a *position* (is situated) and that the researcher cannot be separated from holding a position themselves that can be harnessed in subjective analysis. Braun and Clarke (2021) suggest this is a key strength of RTA because the subjectivity of the researcher is highly valuable in developing depth and insight in analysis. Philosophical beliefs in this study also claim there is not a universal, singular truth and that truths are actively built (constructivism). Braun and Clarke (2021) suggest that RTA analysis does not aim to achieve objectivity but has strengths in the construction of understanding in specific contexts, by specific individuals, undertaking research because themes are actively built through a researcher's systematic engagement with all they bring to analysis.

RTA should be undertaken using a systematic approach to ensure rigour (Braun and Clarke, 2021). In addition, Elliot, Fischer and Rennie (1999) suggest that reflexivity in analysis should

include a clear understanding and ownership of own perspectives to provide more compelling, insightful and nuanced analysis. In this study, significant focus is given to reflexivity and transparency about how my own experiences and position has influenced my interpretations. In addition, to ensure rigour, RTA was undertaken systematically by following the six phases of the method as outlined by Braun and Clarke (2021). The phases are familiarisation, coding, generation of initial themes, developing and reviewing themes, refining themes and writing the report.

### 3.8.1 Phase one: Familiarisation

Familiarisation began by constructing and reading the completed case study protocols for each case (see the example completed case study protocol in Appendix 7) and the four sources of data and their connections to each case. This included the documentary sources (see Appendix 5), the diary entries, the follow up questioning responses, and the participant-observer sources (see Appendix 6). The purpose of familiarisation was to immerse oneself in the data, to understand the context of cases and to begin to identify the rich diversity of meaning, possible patterning, and intriguing elements across the cases (Braun and Clarke, 2021). It was not simply a process of reading data but reading and critically engaging with it and making sense through thinking about possible contested or challenging ideas and imagining how it could be different (Green and Guinery, 2004). Familiarisation included examining my own assumptions about the documentary sources I believed to relate to cases and in what ways. A thorough understanding of existing literature and theoretical ideas prior to familiarisation aided my reflexive analytic sensitivity and critical engagement, that is my awareness about 'my take' on the data. This included my analytic ideas held before familiarisation which Braun and Clarke (2021) suggest are also important to interrogate to ensure depth of analysis was developed. Analytic ideas and insights were recorded in a connected mind map fashion which was expanded and rewritten several times. An example of familiarisation notes can be seen in Appendix 8. Braun and Clarke (2021) suggest this practice can enable reflective engagement with the dataset prior to coding.

### 3.8.2 Phase two and three: Initial coding and developing initial themes

During this phase, data was systematically and thoroughly coded as an organic and evolving process by recognising and precisely demarcating potential meaning in data by tagging it with a code that captured the specific understanding, and which built a set of codes that was later

used to construct themes (Braun and Clarke, 2021). Theory informed how data were understood and interpreted and determined which sort of interpretations held validity (Braun and Clarke, 2021). This means that codes were created from the perspective and position of the researcher. Codes (and later themes) were analytic outputs meaning they were inductive (constructed) (Braun and Clarke, 2021).

In this study, coding was undertaken at both the semantic and latent level. Semantic coding captures explicitly expressed meaning. Patton (1990) suggests this is where coding typically begins, and latent coding differs because it focuses on the more implicit and conceptual level of meaning. Braun and Clarke (2021) describe latent coding as referring to codes that are hidden or implicit in the responses of participants but labelled as informed by the situated insight of the researcher. Latent coding is important in this study because it emphasises the role of the researcher in interpretative analysis and aligns with the philosophical and theoretical underpinnings discussed. Latent coding involves immersion in the data to create in-depth meanings informed by own understanding, perspective and existing theory (Elliot, Fischer and Rennie, 1999). Coding included *case-oriented coding* and then variable orientated coding whereby case specific coding was compared to other cases to see where grouping or clustering could occur to develop cross-case themes (Miles and Huberman, 1994). Code labels were recorded from the entire dataset using a systematic and thorough approach where initially a list of code labels was created. Following the principles of RTA as described by Braun and Clarke (2021), the list of codes was organised with a reference given to the related data segments. Organising codes and linked data segments in a table enabled checking of code accuracy for both the clustering of codes and later the construction of themes. Computer assisted qualitative data analysis software (CAQDAS) can be used to organise and manage coded qualitative data segments in this way with packages like NVivo creating 'trees' of connections made by researchers (Bryman, 2008). However, CAQDAS uses tools which can fragment data which risks decontextualising data (Fielding and Lee, 1998). In case studies, decontextualising data is problematic because the context of data linked to codes is essential in the methodology and the numerous data sources are not coded in the same way but are critically appraised and considered in the context of code and theme construction. To develop initial themes, a table of code clustering was created as shown in Appendix 9 to identify and articulate patterned meaning under four themes, as constructed from the researcher's

perspective. This process of code *clustering* and *mapping* to construct initial themes is supported by Braun and Clarke (2021).

### 3.8.3 Phase four and five: developing, reviewing and refining the themes

In this phase, initial themes developed were reviewed to determine the fit according to the full dataset. This involved revisiting the four sources of data in each case and the case study protocols. Braun and Clarke (2021) suggest RTA requires reflexive consideration of the themes initially developed to determine if they answer the research questions and accurately represent the interpreted patterning. This layer of analysis developed depth to interpretations made and initial theme development, and involved each theme being considered in terms of how it enabled, constrained or motivated creative contributions. Notes made during this process enabled the fine tuning of theme development and ensured each theme had a strong central organising concept. Braun and Clarke (2021) state that each theme requires a strong core concept or essence. Refined themes, code clustering and interpretations made about factors that enable, motivate or constrain creative contributions is summarised in Appendix 10. The themes are summarised as; the social position of a student midwife influences their sensitivity and courage to act creatively, political and micro-political awareness influences student midwife creative contributions, social connectedness during the pandemic continues to influence student midwife creative contributions and, diversity of opportunity and a holistic focus in HE influences student midwife creative contributions. Reflexive interpretation of sources across case studies were represented in the thematic reporting of findings.

### 3.8.4 Phase six: reporting

Braun and Clarke (2021) suggest the writing up and reporting of findings is an integral part of the analytic process. Presentation of findings and discussion aimed to provide an in-depth well-presented analytic narrative under the four themes. A thematic presentation of the findings selected data extracts from individual cases to illustrate and evidence analytic claims under each theme. Thematic discussions adopted analytic treatment of data, meaning specific features of data extracts were used to develop analytic narrative. This type of analytic reporting aligns with the overall methodological approach and produces a rich, interpretative account describing the overall patterning of the theme, but also particularised analysis of elements related to the patterning of selected extracts (Braun and Clarke, 2021). Focusing on individual examples avoided loss of depth and over-generalisation and enabled a developed,



thick description with a grasp of the perspectives of some individuals, their construction of meaning and complex interplay of sociocultural factors affecting meaning. This was achieved through providing examples which are richly contextualised (Ponterotto, 2006). A contextualised analytic report aligns with the intention to make sense of situated and constructed knowledge from across the cases. Data extracts chosen for discussion ensure a fair representation of the themes as based on the interpretations made and presented in Appendix 10.

### 3.9 Conclusion

In summary, Chapter 3 has critically discussed my assumptions, position, reflexivity, and development of the study summarising and providing justification for some of the key decisions made. The overall philosophical and theoretical position, the methodology and methods chosen, ethical considerations and crucially, learning and developing the work following the pilot study and after receiving feedback from reviewers. The following Chapter will present the findings.

## Chapter 4: Findings

### 4.1 Introduction

The study findings are summarised in two parts. Part one, presents the findings as four constructed themes and part two explores the context-specific reflexive, interpretative perspective of the researcher as a midwifery teacher of participants. Combined the chapter answers the research questions detailed in section 1.3 from the deeply contextualised position of the researcher and participants.

Constructed themes and the researcher's reflexive interpretations made about case studies shared in diary entries, follow up questioning and related contextual document sources and participant-observer sources are explained through selected extracts that capture an authentic representation of perspectives and the researcher's interpretation through analytic narrative. Each theme is explored according to what and how factors enable, motivate or constrain creative contributions by student midwives. Themes are identified as,

1. The social position of a student midwife influences their sensitivity and courage to act creatively
2. Political and micro-political awareness influences student midwife creative contributions
3. Social connectedness during the pandemic continues to influence student midwife creative contributions
4. Diversity of opportunity and a holistic focus in HE influences student midwife creative contributions.

### 4.2 Theme 1: The social position of a student midwife influences their sensitivity and courage to act creatively

Student midwives provided examples of creative contributions that suggested aspects of sensitivity and courage were important factors that influenced their ideas and actions. This section presents findings that relate to the position of the student midwife and their perceptions about own needs, other's needs, and the opinions of others. This is discussed as

the sensitivity towards self and others and it was found to be associated with individual courage to share ideas.

#### 4.2.1 Sensitivity required for creativity

Some student midwives presented *ideas* which were *shared as ideas* (but would be challenging to enact) and others shared examples of their creative *action*. The types of ideas varied significantly in terms of who benefited from the idea, what the intended benefit was, and how the idea brought something new and meaningful. Several examples were provided of creative ideas that benefited self and own learning, but some examples were directed at bringing benefits for others. This suggests that student midwives may be motivated to share creative ideas for benefits to self and others. Participant 1 wrote, *'I thought of a new way to make notes when learning [that benefited my learning]'* and participant 3 wrote, *'I suggested a new way of doing it, so that it would be easier [for me].'* These examples suggest that self-interest and own needs motivate creative ideas. In contrast, some creative contributions were motivated by a desire to help others. Participant 4 wrote, *'I thought my peers would think it was a good idea'* and participant 8 stated, *'I just thought they [peers] would benefit from it because I found so helpful'*.

A common finding regardless of whether creative ideas were shared to benefit self or others was a sensitivity towards how an idea might be received. Participants explicitly documented what they believed others might think about their ideas suggesting this mattered to them and that creative ideas can be shaped by their perceptions about how they might be viewed by others. Sensitivity towards the anticipated acceptance or rejection of ideas by others was expressed as either enabling or constraining creative ideas. Participant 7 shared an idea that was shaped by her perception that a labouring woman would find her idea beneficial and by a senior supervising midwife who valued and encouraged the idea. Participant 7 shared an experience where a woman in labour was distressed, but a language barrier made it difficult to communicate reassurance with words. Participant 7 stated that she thought *'creatively about how else she could reassure the woman'* and *'discussed ideas together with the co-ordinator [lead supervising midwife] to create a calming environment'* for the woman. Her idea developed through both dialogue and resources available in the position the student midwife held. This enabled the student to create a calming birthing environment that offered non-verbal reassurance for the woman in labour. Participant 7 moves on to document that

the woman *'burst into tears at how good it [the birthing room] looked'* and that the woman became *'much calmer'*. Crucially, participant 7 describes how the experience increased her confidence to share a creative idea and stated that she would *'absolutely share these ideas with my peers and if they are faced with a similar situation, they may be able to help'*. This case illustrates how sensitivity towards the perceptions of others and sensitive recognition of the need for a creative solution may contribute towards enabling creative contributions and developing individual courage needed to share creative ideas more widely.

A courageous mindset was specifically associated with *enacted* creative contributory examples in diary entries which commonly disrupted *pragmatic* norms (the usual way of doing things, locally), while *ideas* which were shared in diary entries (but not enacted) mostly intended to disrupt broader, *cultural* norms (the usual and broad expectations about the way to act or how things are done). This suggests that student midwives can offer unique insight and ideas about how challenges more broadly may be addressed, while their position enables them to creatively act in small, everyday ways. Participants felt more confident or courageous to disrupt the usual way of doing things locally, but limited in, and less likely to act in ways which disrupt broader *cultural* norms through enacted creative contributions.

An example of an idea that was small, and local but intended to address a wider problem was shared by participant 2 who suggested that,

*A small team of midwives /obstetricians who are confident...to offer onsite training classes on shift and who carry a bleep machine to be contacted if they are needed...to give short training sessions.*

This idea was prompted by the need for training that can be undertaken on shift so that training does not further worsen or cause staffing shortages. This is an example of an idea that challenges training norms, roles in everyday practice, structures, and hierarchies because it suggests that training can be integral and embedded rather than separated from daily midwifery practice. Some creative contributory *ideas* were ambitious and intended to influence and disrupt social or cultural norms more broadly. Participant 4 shared an example that benefited women receiving care through disrupting professional role and culture-based norms. She wrote,

*I shared an idea about a water bottle with the BRAIN tool aid [a decision-making tool for healthcare] ... As a water bottle is a functioning object that the women can use on repeat, it allows for the women to be exposed to the BRAIN tool more often... to aid women in the decision making process .....The midwife giving the woman the water bottle could say that "on this water bottle is a tool to help with decision making"... and this may encourage the woman to use the tool.*

The idea of a water bottle acting as a decision-making tool for women is unconventional, in its material sense, but it also challenges cultural norms in the given scenario because Participant 4 stated that she hoped the water bottle would,

*Enable women to question their care [as recommended by doctors] ... to enable them to feel more confident to ask further questions about their care to gain sufficient information, [and the idea was inspired by] seeing women who were getting inaccurate information from the internet about induction of labour decisions, where women were inclined to accept what the doctor recommended as fact.*

Participant 4 demonstrates a sensitivity to the needs of women receiving care and an affective (emotional-psychological) response to midwifery experiences perceived as problematic, supporting that emotion and beliefs about the needs of others can influence, enable and motivate creativity. Emotion based reactions to problems or challenges that related to the needs of others in midwifery practice prompted other creative contributions across cases suggesting that challenges in practice may prompt an intra-psychological process that acts as a starting point for individuals to explore and share creative solutions. Participant 2 shared an idea about a *'safety training programme...to help professionals understand individual needs in more depth...to improve maternity services and ...improve women's experiences of care'* after learning about disparities in maternity care and a lack of understanding about the culture-based care needs of women being met. Participant 6 shared a further example influenced by sensitivity to the needs of women that detailed an idea to extend postnatal care for women beyond the usual discharge period of 10-14 days after birth because *'GPs [General Practitioners] can be difficult to contact...and I feel that postnatal care provided could be more effective as this is often when women need more support'*. The examples demonstrate that sensitivity can aid recognition of the need for creative solutions and the needs of others may prompt creative ideas among student midwives.

#### 4.2.2 Social and cultural receptivity for new ideas and creative risk

In addition to sensitivity required to recognise the needs of others and the need for creative solutions, participants also demonstrated sensitivity about the *social receptivity* of ideas within the specific context and established norms (culture). Some ideas were more readily received in the social context than others and student midwives provided examples of where ideas gathered momentum or students gained confidence through the context-specific receptivity for ideas or where a lack of receptivity for new ideas constrained their creative action. Some creative contributions involved a degree of *social creative risk* because viewing things in an unusual and different way might not be socially accepted, valued, or understood. For example, participant 3 Shared an idea that included an unusual interpretation that involved some social risk when she,

*...described maternity care as a burger order at a restaurant. Basic maternity care of antenatal, intrapartum, and postnatal as the bun and meat. Then any additions being the sides you can add, cheese, pickles, sauce, salad, etc. To explain to the woman that she can pick and choose what she would like as her care pathway and that it is always her choice.*

Creative courage was interpreted as essential in the sharing of ideas because uncertainty about the social receptivity of ideas was influential across cases. Participants spoke about uncertainty of social receptivity in differing ways with some including explanation about a type of *social testing* of ideas prior to sharing more widely. Participant 4 wrote,

*Prior to feeding back I had discussed this study with the people in my group. They had said I made a good point which increased my confidence to feed back to the rest of the cohort.*

‘*Social testing*’ of ideas suggests increased sensitivity about what others might think of ideas (social receptivity of ideas), and a desire for social approval of ideas. Social approval or disapproval of ideas was found to be associated with either building or constraining creative courage and confidence in sharing ideas. A further extract from Participant 4 stated, ‘*I made this contribution because it was expected of me*’ suggesting a desire to please, appeal to others, and conform with expected norms. Participant 4 along with others demonstrated a preference for acting within established boundaries or expectations. However, examples of

confidence and creative courage to share ideas in *selected* social circumstances was evident in some cases. For example, participant 5 stated in FU questioning,

*Sometimes, I'd rather follow my ideas on my own..., it depends what it is... I prefer to share ideas with other students and not older people. It's not just about age though, I prefer to share ideas with other students because I have closer relationship with them. I feel like they know me in a different way.*

This extract provides an example of *conditional or developing creative courage* grounded in individual sensitivity and a psychosocial interpretation of the social receptivity connected to the idea and shared within the specific context and environment. This interpretation was supported across other cases. For example, Participant 6 stated,

*Having the discussion with the midwife first made it easier as I knew she agreed with me which gave me the confidence to suggest it.*

In contrast, cases demonstrated that social rejection of ideas was associated with constraining further creative contributions. Participant 8 shared an idea with her learning group about accessing an online journal that could provide more diverse up to date midwifery news, but she wrote that, '*two members of my learning set were not interested...[because] I think we don't have enough time to search for the best answer*'. She concluded that her idea was not the best because of time restraints, but the example suggests that reasoning about ideas could be related to the social receptivity. Similarly, the degree of confidence participants had about their own ideas varied according to how the idea might be accepted socially. However, some participants demonstrated adaptability and flexibility in their ideas which developed through how the idea was received socially and through social testing. For example, participant 3 Detailed how her ideas were propelled by social interactions, and she placed value on social input from others to develop ideas. Participant 3 described '*using peers*' to develop her ideas in FU questioning. She wrote,

*Being able to share these ideas is crucial. Not only can you ask questions [about how other people view things differently], but you can brainstorm ideas for resolutions and use peers as a sounding board. This is especially important when it is difficult to engage [with others]...I often find that I am able to describe things in a different way to support learning, using simple analogies to simplify things.*

### 4.2.3 Summary

In summary, the social position of student midwives and the social receptivity of their ideas within the specific context influenced whether ideas were developed further and shared more widely, but when ideas were not received well within the local social context, ideas were not taken further (were constrained). Intra-psychological processes influenced how sensitive individuals felt about the social receptivity of their ideas. Sensitivity enabled recognition about the need for creative solutions, whereas sensitivity towards the social receptivity and opinions of others and beliefs was associated with reduced or increased feelings of confidence and courage to bring ideas. Courage and sensitivity related to student midwife position was also interpreted as related to the wider context and culture (norms) of the midwifery profession which is reflexively discussed further in section 4.6.

## 4.3 Theme 2: Political and micro-political awareness influences student midwife creative contributions

Temporal political factors related to the *timing* of creative contributions and micro-political factors in the specific context were found to influence student midwife creative contributions. The study was undertaken during the post-pandemic period in 2023 and participants described aspects of pandemic related events as influencing their creative contributions. In addition, local policy, micro-politics within groups and teams and political themes related to the pandemic, HE and midwifery practice influenced creative contributions. This section describes the ways in which broad and local political factors influenced student midwives creative contributions.

### 4.3.1 Policy during the pandemic influenced creative expression

Several participants suggested that the pandemic 'reset' an intrinsic motivation to create through the 'pause' of pandemic related lockdowns. The space and time afforded by pandemic lockdowns presented an opportunity for the surfacing of their innate tendencies to *create*, as both personally satisfying and self-actualising, but not always connected to midwifery practice and education. Participants suggested that pandemic related changes that were dominant in the political moment influenced their intrinsic motivation to be creative. Participant 2 stated,



*My main focus when in lockdown was doing things I enjoyed. It sometimes involved creative things, like arty stuff, baking, or re-organising things etc... I'd do lockdown again if I could because I did enjoy that time to do what I wanted.'*

In addition, participant 4 stated that *'the peace of lockdown ...gave me time to focus and think deeply'*, and participant 3 stated that the pandemic *'made me more able to think creatively ...[and]...made me realise how adaptable we are and how change can happen so quickly when it's necessary'*.

The case extracts demonstrate that *time and space* afforded for creative activities through lockdown *pauses* enabled creative contributions through improved space for creative thought and activity. In addition, these extracts demonstrate that participants explicitly made links between their creative contributions (in a professional, social context) and their intrinsic and psychological desire to be individually creative. This finding supports that creative contributions relate to the person in context and their individual creative expression in social-professional contexts, but that space and time for ideas to be shared can need to be supported in local policy to enable the expression of ideas by student midwives. This was further supported by extracts where participant 8 stated that, *'being given space and freedom to develop ideas within a supportive environment... allows me to express [my creative contributions]'*, and participant 4 stated that *'we don't always have enough time, in my opinion, to search for the best answer [that require creative thought or solutions]'*.

#### 4.3.2 The local culture and micro-politics influence student midwife creative contributions

Cases demonstrated that policy, the culture (micro-politics) in the working environment, and temporal broader political issues, such as recent maternity reports or investigations often influenced motivation and the type of creative contributions made by student midwives as well as the barriers or enablers they perceived. Examples of broad politically influenced ideas included creative contributions that addressed *'racial inequalities in maternity care'* (participant 2), ideas that *'promote cultural sensitive care'* (participant 7), ideas that ensured *'more staff are trained correctly'* (participant 4) and ideas that addressed the *'workforce struggling to find replacement staff to cover colleagues'* (participant 4). These ideas represent what was politically *current* (in the moment) as evidenced in midwifery reports, news and practice. These issues are discussed in section 2.2.4 as including midwifery workforce

shortages, ethnic inequalities in maternity care and outcomes and demand for training solutions to build midwifery resilience and prevent burnout. The finding suggests that current issues in midwifery care, as featured in policy materials, midwifery reports and midwifery literature may illuminate problems for student midwives that can prompt creative thought and their proposed solutions. It suggests that challenges can motivate creative ideas and action. However, cases also demonstrated that creative contributions may be constrained by conflicts with professional autonomy and the distribution of power within healthcare systems. Both issues of power and ability to act autonomously may be viewed as political issues that influence ideas. Participant 6 described an idea about extending the length of postnatal maternity care support offered by midwives. Local healthcare policy constrained the idea because local protocol stated that *'women should be discharged at 10-14 days after birth'* and this was in direct conflict with the idea presented by participant 6. In addition, broader policy and the way in which systems are funded and resourced may have constrained participant 6's idea. Interestingly, participant 6 gained local, social and professional support for the idea that developed her confidence about the idea, and which could be harnessed to challenge existing system and policy-based norms. Participant 6 stated that, *'the midwife made it easier as I knew she agreed with me which gave me the confidence to suggest it'*. However, the contribution was constrained by resource (affordance), the existing local policy which is accepted as the norm by experienced others and because practice norms were established surrounding the issue.

Further cases demonstrate how political issues have enabled or constrained creative contributions. Participant 2 shared an idea for

*educating midwives on ethnicities, religions, and cultures to promote the understanding for when caring for ethnic minority women, the aim being to improve their experiences and tackle systemic racism.*

Firstly, the idea aligned with the broad current issues in maternity care (see section 2.2.4) which promoted confidence in the idea. Secondly, the idea was also influenced by local political modelling because the idea included a debated approach that was modelled by the university within the specific context. Participant 2 suggested the best way to address this issue was through *'a compulsory task that midwives need to carry out along with their mandatory training'*. This was an approach modelled at university as an effective strategy but

was also an embedded practice in local healthcare policy at the local NHS trust. The case illustrates how student midwives can become *actors* in the translation of local policy into actionable priorities that are supported or perpetuated in differing ways.

Local role modelling that student midwives experienced was found to be influential across cases and creative contributions in the study. This included modelling in response to political matters or modelling about how individuals should act within the local culture (how teams or groups work together including their shared values, attitudes and goals). Local culture related to how the local team or group work together, including groups of midwives, groups of midwives and other health professionals working together in practice and, groups of peers and teachers in HE. Cases illustrated that the modelled and established culture of groups can either enable or constrain creative contributions because student midwives often shared creative contributions that fit in with the established values, attitudes and goals of the group. Participant 1 stated that she made the creative contribution about improving group note taking because *'the teacher had suggested this might be a good way to make notes'* and in another example participant 2 shared an example of what she thought aligned with the values held by her teacher and peers. She wrote, *'I thought my peers would think it's a good idea and a teacher had previously mentioned that including information...can aid comparisons'*. Several other participants documented about how group values, attitude and goals (the culture of groups) influenced their creative contributions. Participant 7 wrote that she *'asked some of my peers their own views and they expressed similar feelings [that there is group agreeance that an issue needs to be addressed]'* and participant 6 stated that her idea aligned with the established culture in midwifery because *'midwives...should be [according to professional guidelines] recognising'* the problem. In addition, she said that her idea and the confidence she felt to share it more widely was influenced by the supervising *'midwife ...as I knew she agreed with me which gave me the confidence to suggest it'*. The acceptance and approval of ideas by senior midwives, teachers and peers enabled creative contributions and confidence. Participant 3 said her creative contribution was made possible because she is *'lucky enough to be in a very supportive learning set, so this made it easier to do'*. However, too much uncertainty about how ideas might be received by groups or ideas that did not fit with the current in-group norms constrained contributions and impacted confidence to bring ideas. Participant 5 wrote that *'I don't share my ideas because I feel like I might be wrong/people*

*won't think my idea is any good'* and participant 8 wrote that *'I am not confident in [some] groups'* and this impacts *'my confidence to speak up and offer input'*.

These extracts were interpreted as providing examples of *joining the local in-group culture* (norms in group operation, politics and power) that reflect tensions about what kind of ideas are and are not acceptable to bring and from who. The extracts illustrate the adaptability of participants' ideas as influenced by the culture of a team or group. This matters in healthcare because it may help to explain why new ideas and creative contributions that seek to challenge poor healthcare culture or practices in midwifery care might be supported or squashed in established group cultures according to the unique micro-politics that exist in groups. This issue is reflexively discussed further in view of the evidence base in sections 4.6 and 5.3.

#### 4.3.3 Summary

In summary, theme 2 supports that policy can influence creative contributions through establishing practices that create the time and space needed for creative expression and the sharing of ideas, but also by means of student midwives understanding priorities in healthcare, translating policy and becoming *actors* of policy. Findings support that student midwives are receptive to political factors, whether locally in teams at a micro-political level where the culture of a team can influence creative ideas or more widely at organisational policy level or in national reports and policy surrounding midwifery and broader society. Political factors across cases in this study prompted creative thought and influenced participants' motivation to act creatively. In addition, the micro-political environment was found to both enable the wider sharing of ideas or influenced individuals' confidence in their ideas.

#### 4.4 Theme 3 : Social connectedness during the pandemic continues to influence student midwife creative contributions

Pandemic lockdowns created social restrictions in education because usual social face-to-face interactions were limited by UK law (The Coronavirus Act, 2020). Individuals were affected differently by social restrictions in education and findings in this study suggest an association between higher perception of social deficit (loss of social connectedness) during the pandemic and constrained creative contributions in midwifery practice and learning.

#### 4.4.1 Loss of social connectedness and constrained creativity

Social deficits brought about by changes related to the pandemic, disrupted and limited the creative contributory opportunities afforded by the environment in midwifery practice, and it limited education practices which might enable creative contributions. Participant 5 wrote,

*I think Coronavirus has made me less creative because I've felt isolated from others and spent a lot of time at home. If I am isolated, I feel that affects my creativity because I miss other people's ideas. There probably is a way that people have been more creative through Coronavirus, but I've felt restricted, and I've learnt less. I've had less motivation, and I felt like I couldn't learn as much because there has been less access to support from teachers.*

Participant 5 acknowledges how a lack of social interaction and connection resulted in feelings of isolation which constrained and limited their creativity. A dichotomy of perceptions were evident across cases because while barriers and challenges discussed included, being '*tired of working online all the time*' (participant 1), preferring '*seeing people*' (participant 1), difficulties in reading '*people's body language and facial expressions*' (participant 3) and '*stress and instability produced by the pandemic limiting some people's creativity*' (participant 5), some cases also described the ways in which the pandemic related changes enabled creativity. The pandemic presented disruption that prompted creative action in some cases, such as for participant 6 who stated that the pandemic made it '*easier to be creative*' and participant 8 who stated that it '*increased [my] use of digital tools and has opened up new avenues for creative expression and collaboration*'. Participant 3 also stated that '*it [the pandemic] has changed how I interact in a creative way.*'

In analysis of cases, creative ideas in differing contexts were impacted differently meaning that individuals could hold views that the pandemic and social connectedness might both enable creative contributions and, in some circumstances, constrain them. Findings suggested increased creative confidence in predictable, smaller, local groups such as sharing creative ideas among peers and less creative confidence in more uncertain and diverse groups. For example, participant 4 wrote about her creative contribution through a well-defined classroom task where she '*presented EBL [enquiry-based learning task] alongside ...[her] learning set*' which offered a small, predictable opportunity for a creative contribution to be

shared. Clear classroom tasks reduced uncertainty about what is required and how ideas might be received and provided opportunity for student midwives to develop a sense of creative identity and autonomy within a peer group. Student midwives wanted ideas to appeal to others but described feeling 'ignored' or 'isolated' (participant 2) through events of the pandemic, and indicated they had difficulty sharing ideas in some circumstances meaning the pandemic related changes and isolation in education may have created epistemic vulnerability for midwifery students.

#### 4.4.2 Epistemic vulnerability and creative contributions

Epistemic vulnerability refers to vulnerability in possessing confidence to trust others, to trust truths, and of being sure of one's beliefs and identity. Epistemic vulnerability comes about due to epistemic position and security within a social network (Kerwer et al., 2021). According to Kerwer et al. (2021), epistemic position is influenced and shaped by how many sources of information a person has access to, how independent those sources are from each other, how reliable the sources are, and how diverse the viewpoints of the sources are. Findings suggest epistemic position was restricted for student midwives in this study at a crucial point in early adulthood because their epistemic position and security was not yet established. All participants were young adults which can increase vulnerability that comes about through social isolation. Cases documented feelings of '*social isolation*,' feelings of '*isolation*' (participant 2) as well as concern about '*sources of information...which lead to belief in conspiracy theories*' (participant 3) reflecting that constrained experiences which could limit epistemic position, increase vulnerability and limit creative confidence. Cases also highlighted the role of education in building epistemic position and security. Participant 5 wrote, '*I didn't have much motivation when a lot of the time they [teachers] didn't even check the work*'. When teachers did not follow up tasks set or give feedback it limited student networks further for understanding the world and increased isolation and epistemic vulnerability. Participant 3 commented directly on this point in FU questioning and highlighted how epistemic position of peer groups made debate difficult or caused perceived segregation, a low tolerance for differing views, and made debates challenging when individuals believed in '*conspiracy theories*' when she wrote, that '*people don't get enough information to have a healthy understanding of issues*'.

*Participant 4 wanted her ideas to appeal to others. She wrote,*

*I knew that fellow students don't have a large attention span when watching others' presentations, so this definitely influenced what I contributed... Prior to feeding back, I had discussed this study with the people in my [sub] group. They had said I made a good point which increased my confidence.*

Participant 4 demonstrated an epistemic vulnerability through the uncertainty she felt about her ideas and by searching for the approval of others. To fully understand how this demonstrates epistemic vulnerability, a comparison with Participant 3's epistemic position can be made. Participant 3 recognises and states that only seeking the approval of a sub-group of peers limits her ability to gain diverse viewpoints to be creative. This contrasts with Participant 4 who sought the approval of a sub-group and was careful to not challenge others or the norms in her making her contributions. Participant 3 wrote in FU questioning,

*I have found myself in 'subgroups' of WhatsApp groups and Teams... It has meant that I am close to a smaller group of peers which is a good thing from a personal experience...but it has limited my access to others which could provide more exposure to learning from others.*

These contrasting extracts from participants 4 and 6 illustrate that social connections and perceptions of trusting social connections were enabling. It supports views that increased social connections with trusted others increases development of ideas.

#### 4.4.3 Summary

In summary, social connectedness provides opportunities for creative development. Cases illustrate that online learning may limit opportunities for creative development and that reduced social networks during the pandemic altered trust in others and ability to share creative contributions more widely in the post-pandemic period. The findings suggest that reduced social experiences and diversity of social networks constrains creative confidence and expression.

#### 4.5 Theme 4: Diversity of opportunity and a holistic focus in HE influences student midwife creative contributions

Cases described how teachers, the HE environment, and norms in HE enabled or constrained creativity through disruption of norms or by prompting questioning about the usual way of viewing or doing things. This section presents the findings related to classroom tasks,

assignment tasks and holistic approaches in HE that can enable creative contributions for student midwives.

#### 4.5.1 Classroom tasks and creating uncertainty

Participant 1 provided an example about how her teacher's approach to a task prompted and enabled her creative contribution. She wrote,

*The teacher had suggested this might be a good way to make notes. She used an example of a camera zooming in and out of texts, wide and narrow as a way to think critically about texts... My work was shared as an example for the group of a way to make notes in preparation for an assessment.*

The teacher provided a conceptual and metaphorical example which motivated participant 1 to construct her own understanding and creative contribution. In this example, the metaphorical idea of a camera zooming in and out was used to outline conceptual principles about critical thinking. This enabled the student to question the philosophical foundation of reality that can be questioned or understood from various levels of focus or multiple perspectives. The teacher created *uncertainty* about whether texts from a singular viewpoint held truth and, in this way, enabled critical thinking skills to develop.

Similarly, other cases demonstrated that where teachers set tasks or practised in ways that created uncertainty in learning tasks it prompted and motivated diversity in thought and development of self-direction in creative thought and creative contributions. Participant 5 stated that '*when teachers say something, it sometimes helps me to think in a different way and that helps me to come up with new ideas*' and participant 8 stated that '*being exposed to a wide range of knowledge might lead to the establishment of new associations or thoughts*'. These extracts highlight the role that teachers play in enabling and motivating creative thought and action through prompting development of autonomous, diverse views and promoting a critical, questioning attitude. Teachers created uncertainty surrounding topics. However, findings from this study also suggest that too much uncertainty may constrain creativity and so it may be beneficial for uncertainty to be tempered with predictability and stability. A chronic uncertainty through changing and unstable demands for something different and creatively challenging may cause a chronic stress because cases described feeling the effects of long-term instability and unpredictability as constraining. Participant 2 stated, 'I



*learn the best in ways that have become familiar to me...I felt like I couldn't learn as much [during pandemic related education changes]', supporting that stability and predictability is viewed by the participant as beneficial for learning. Participant 3 shared concern about instability and demand for constant change and suggests that it creates further uncertainty about the future. She wrote, 'I feel like we've had no respite at all. We had Coronavirus, and now we have to work non-stop to pay for a very basic life and I am burnt out'. In addition, participant 3 stated that the pandemic changes to education*

*...changed how creative I am. I think it's made me less creative because I've had to be creative to entertain myself, to socialise and find new ways of learning and I'm tired of it. I'm tired of having to work online all the time...things didn't go back to the same as before the pandemic...that's a negative because I prefer...seeing people.*

The extracts illustrate that the specific learning tasks that teachers set may create uncertainty and a questioning attitude that prompts creative thought and action, but that too much uncertainty may constrain creativity and impact wellbeing.

#### 4.5.2 Assignment related tasks and midwifery teacher role modelling

Assignment related tasks prompted creative ideas in some cases in this study. Some participants described how assignments motivated them to make creative contributions and provided purpose and value in contributions. Participants expressed wanting to understand the purpose of completing creative tasks and why the task might benefit them personally or benefit the people they care for. Participant 5 wrote that creative contributions can be enabled by *'tutors setting creative tasks or having it as part of an assessed piece of work. I am not really that motivated to be creative unless there is a good reason.'* And participant 1 highlighted that being aware of current problems in practice and being *'set tasks where you must solve a problem or think of a solution'* aids creativity. These extracts suggest that teachers and curriculum design, including assessments that consider the purpose and value of tasks as related to the student midwife's identity and practice may motivate and enable creative contributions. It also supports the need for flexibility in assessment design and individual responsiveness of the teacher towards current challenges that might influence value placed on specific ideas. Cases illustrated that assessment preparation tasks, and

assignment brief design played a role in influencing creative contributions among student midwives.

Appendix 6, section 1. presents examples of possible research questions for a summative assignment that required students to adopt a systematic approach to critically analyse existing evidence surrounding an area of midwifery practice. The examples shared set the expectations for the type of research questions considered acceptable for the assignment task and the *norms* in response to the assignment task. This means that teachers may set tasks that dictate specific types of emphasis or focus, and expectations that can influence how students interpret the task or respond to the task. In this study, the possible assignment title examples were associated with the type of creative contributions shared.

One specific example included the possible assignment title presented as an example in Appendix 6 when they shared an idea about, 'How can midwives reduce birth trauma?'. Participant 7 may have been influenced by this question because she was currently undertaking the module. She wrote about how she responded to a woman who '*was beginning to get distressed*' and '*very anxious*' by using '*body language to communicate to her that she was okay and that her and her baby were safe*' which helped to create '*calm*'. Birth trauma was presented as a possible area of questioning by me as the teacher, module lead and programme lead because it was an area of recent focus in midwifery practice and therefore was highlighted as an area for inquiry. Appendix 5 includes documentary evidence thought to influence cases and at the time of the study and includes a summary of the report published in 2024 that stemmed from events related to birth trauma raised as an issue in 2023 to the UK government. It was the first debate in the history of the UK Parliament on birth trauma and was presented by Theo Clarke, a Stafford Conservative MP who set up an all parliamentary group (APPG) for birth trauma in 2019. The report examined the experiences of women (some of whom birthed at the time of this study) and found that '*the overwhelming majority of written submissions referred to a lack of kindness or compassion on the part of the health professionals looking after them*' (APPG, 2023, pg.17). This finding draws together how current issues of focus in midwifery creative contributions related to publications and media, as well as how teachers present issues and role model a response in the classroom. It supports that teacher themselves influence the ways in which participants made creative contributions in the study.

### 4.5.3 Student wellbeing related to the learning environment and learning networks

The learning environment and learning networks influenced the development of shared creative contributions. The type and quality of the learning environment and multi-professional networks either constrained or enabled creative contributions.

Participant 3 stated that *'a supportive environment... allows me to express [my creative contributions]'* and participant 8 stated that *'Supportive Environments... [where] Individuals can freely express their views and ideas without fear of ridicule or criticism' [enables creativity]*. These extracts illustrate that supportive relationships and environments are enabling for creative contributions and learning. Cases also provided insight about how supportive relationships can be influenced by the learning environment. Participant 1 stated

*Sometimes with live chats [in online Microsoft Teams] I can't understand people as well as in person, like if someone posts a comment that is sarcastic or meant with a different emotion, I don't always get it. There's been a few times where I've got things wrong or the teacher has got things wrong because of how a message has been understood, but that's not how the person meant it.*

This extract suggests difficulties in reading social cues in an online learning environment that impacts supportive relationships and learning. Practices that enable supportive peer relationships was suggested as enabling across cases. Participant 4 wrote,

*I... discussed this study with the people in my group...They had said I made a good point which increased my confidence to feed back to the rest of the cohort.*

The extract suggests that supportive and small student groups can enable creative contributions when classroom tasks or the pedagogical approach creates uncertainty. Small groups can build creative courage for individual students who feel less confident, influencing their ability to make creative contributions moving forward. The learning network also influenced the development of ideas in a midwifery practice context. Participant 3 wrote about an idea to question a vulnerable woman about domestic violence in the presence of their partner. She stated that she,

*...was able to show her to the toilets...[and] because it was a multi stall toilet for females, I was able to take her and to 'fill up the basket for urine pots. This gave me the ability to ensure she was on her own and discuss things.*

Participant 3 then shared how she utilised a supportive network to '*share this across WhatsApp messages [with my supervisor]*'. In addition, to solving the immediate problem, participant 3 explained how her network enabled sharing of her idea more widely so that others in '*other buildings and clinic locations...[were] able to have a conservation safely*'.

For participant 3, the unique view and use of resources afforded by her surroundings and network enabled her to overcome a problem for the benefit of vulnerable others. Her relationship with her colleagues (social network) enabled her to draw on a diverse and broad network of resource afforded by her position to address the problem. Creative courage was required to bring her ideas to her supervisors and her *informal relationships* enabled her to act and share the idea widely. Through established informal networks her idea gained momentum and power and was distributed contributing towards transformational practice beyond her own singular enactment in the specific circumstance.

Similar benefits were found in classroom tasks that enabled utilisation of social networks to develop and gain momentum surrounding ideas. Participant 7 experienced uncertainty about how to address a problem and utilised her network of peers to find a solution. She wrote,

*I...created a mind map of issues... about how I could create something to turn this [the problem] around...Together we [her and her peers] recognised the issues...and discussed ideas on how to change... It was a team effort, and I really enjoy discussing these topics in this way with others. It is so insightful to hear so many different views on the same topic.*

Networks in this study influenced the development of ideas and the power to distribute and bring ideas in various contexts. In this way the learning environment and learning network may enable *collective creativity* whereby creative contributions are not purely the effort of one person but are developed through affordances offered in the social and contextual environment. These findings suggest that diversity of views may be beneficial to enrich and enable creativity.

#### 4.5.4 Summary

In summary, theme 4 supports that the individual practice of teachers influences student creativity. The ways in which teachers practice creating uncertainty through classroom tasks can enable creative exploration of issues and creative contributions, but findings also suggest that uncertainty needs to be tempered with supportive classroom and wider connections (networks) that enable creative ideas to gain meaning and momentum in the wider context. Theme 4 also suggests that assignment related creative tasks enhance purpose and motivation for student midwives to be creative supporting that curriculum design and more specifically assessment design are important to motivate and enable creative contributions.

#### 4.6 Reflexive and contextual discussion of findings

Themes have explored the local context of ideas shared, but broader factors and context influenced the interpretations made. The case study protocol completed for each case (see example in Appendix 7) documented contextual sources related to each case and an annotated bibliography (see Appendix 5) summarised key contextual documents thought to influence cases, and the ideas participants shared and enacted. This section provides a reflexive discussion about the creative contributions as influenced by the specific context from the researcher's perspective. The purpose of the reflexive discussion is to provide a deeply contextual and nuanced understanding of creative contributions observed across the cases from the position of the researcher.

##### 4.6.1 Student midwife role expectations

Many of the examples shared throughout section 4.2 described situations where student midwives were motivated to meet the needs of others. In context, it is important to acknowledge that student midwives may hold an intrinsic motivation to enter a caring profession because it is personally meaningful and self-actualising work for them. During midwifery recruitment, many specifically state that they wish to improve care for women and their families, and they must demonstrate personal values aligned to the profession (choices to act in ways that align with priorities in healthcare). Health Education England (2016, pg.1) stipulate that recruitment to midwifery degrees in the UK must be value-based to recruit people with '*the right values to support effective team working in delivering excellent patient care and experience*'. This means students are less likely to be recruited if they do not demonstrate the personal values and attributes defined by the NHS Constitution (2016). The

values assessed include ability to work together for others, to improve lives, with compassion for everyone with commitment to high quality care, respect and dignity for all (NHS constitution, 2016). Under Theme 1, sensitivity and courage were discussed as influential in the development and sharing of ideas. However, in the context of midwifery education, personality traits and values conditional for admission to the programme may have influenced this finding.

In addition, the NMC code (2019) that regulates midwifery education states that student midwives must *'put the interests of people using or needing nursing or midwifery services first. You make their care and safety your main concern and make sure that their dignity is preserved, and their needs are recognised, assessed and responded to.'* Meeting all aspects of the NMC code (2018) is a condition for registration as a qualified midwife. In my role, as a teacher and the programme lead, I have responsibility to ensure these standards are met. In turn, students participating in the study may feel that they should provide examples that illustrate their ability to meet the required standards, and this could have shaped how their ideas developed, or which ideas were selected to share. This suggests that professional role requirements and professional regulation influences the development and type of ideas shared.

#### 4.6.2 Policy, midwifery culture and healthcare system challenges

Cases discussed throughout section 4.2-4.5 illustrate links between creative contributions and current conflicts and challenges in midwifery care. Student midwives describe the ways in which they wanted to address current challenges to improve care, but there was often a lack of resource and time (affordance) and limitations in the organisation of care (power differences between the student midwife and the system) conflicted with individual midwives/student midwives intention to provide the best care. For example, participant 6 (see section 4.2) provided an example of where the student midwife wanted to provide care beyond the scope of the local policy and while this it was supported in professional legislation (the scope of a midwife's practice according to UK law), local constraints and hierarchy existing within the local healthcare system prevented the idea from being enacted. This constrained practice that could improve care for women. A lack of autonomy to act within the scope of the legal definition of midwifery care not only constrains the idea, but may also constrain future creative efforts, workforce resilience and sense of wellbeing for midwives (see section

2.2.4). Local system based power can undermine midwifery autonomy limiting confidence to share ideas widely. This may lead to student midwives accepting local norms even when existing norms might be problematic. Section 4.3 provided examples from cases where student midwives sought to 'fit in' with the established culture and group thinking. This matters because current problems related to the wellbeing of midwives and retention within the profession might be sustained if students seek to 'fit in' with norms that contribute towards the reasons for midwives leaving the profession (see section 2.2.4). The issue of investment that is needed in midwifery wellbeing and retention was highlighted as a priority in a recent midwifery report, the Ockenden report (2022), which stated that there is '*need for significant investment in the maternity workforce*'. Secondly, the cases in this study suggest that 'power' as asserted through policy and established midwifery practices may influence the creative behaviour of midwives in the future. This could be explained by theories such as that discussed in section 2.3.1 that describes how and why students may assimilate the established behaviours of the *community* and sustain those practices moving forwards (this means they learn to act according to the policy or with a particular set of values or attitude *because that is what more experienced others do*). The examples in this study suggest that experienced others in the profession significantly influence the thought processes and creative contributions made by student midwives, highlighting where further research and /or interventions for healthcare improvements may be focused. This viewpoint is supported by documentary sources related to the case studies where current culture-based problems in maternity care in the UK are reported in the Ockenden Report (2022) and the Kirkup report (2022) that investigated poor outcomes in maternity services at Shrewsbury and Telford NHS and East Kent NHS trusts. The Kirkup report (2022) supports that seniors play a significant role in the practice and culture of practicing junior staff, it states,

*What we saw and heard was that it was when clinicians were exposed to the behaviour of senior colleagues that their standards began to slip...If those role models themselves display poor behaviours, the potential is there for a negative cycle of declining standards.*

The Ockenden review discusses the barriers to improving care as including a lack of responsiveness from senior staff that led to the avoidable deaths and harm of mothers and babies. It states,

*...delays in escalation and failure to work collaboratively across disciplines, resulted in the many poor outcomes... Some of the causes of these delays were due to the culture among the trust's workforce...there was a lack of action from senior clinicians following escalation.*

Examples throughout sections 4.2-4.4 evidence that senior midwives were influential in both the development of ideas and the confidence that student midwives felt to share creative contributions. For example, in section 4.2, participant 7 stated that she, '*discussed ideas together with the co-ordinator [lead midwife] to create...*'. Cases illustrate that dialogue (conversations) between students and more experienced midwives were highly influential and sometimes enabled or constrained ideas from being enacted. Participant 6 (see section 5.3) challenged current midwifery practice surrounding the length of postnatal care, but the dialogue with the supervising midwife influenced the inaction that followed. The supervising midwife agreed that the student had a good idea but told the student midwife there was '*nothing that could be done*'. In context, this is an example of constrained autonomy that leads to constrained creative action, but it also highlights tensions surrounding national efforts to transform maternity care towards practices that are more individualised according to the needs of women. The Maternity Transformation Programme is included as a document source thought to influence the examples provided in cases. The document advocates for midwives to practice in ways,

*to deliver care, which is women centred, working in high performing teams, in organisations which are well led and in cultures which promote innovation, continuous learning, and break down organisational and professional boundaries.*

Several cases illustrate examples of where organisational and culture-based professional boundaries constrain creative efforts made by students to improve care. For example, participant 4's idea for the BRAIN tool discussed in section 4.2.1 aimed to disrupt power differences and normative roles across professional discipline boundaries and training ideas were shared that addressed the workforce struggling to find replacement staff to cover colleagues during training (see section 4.3.2). Constraints surrounding creative ideas often reflected broad problems or challenges in the specific context. For example, midwifery workforce shortages, lack of training and concerns about the safety and quality of maternity care are acknowledged in literature and recent midwifery reports (see section 2.2.4).



A further example provided by participant 6 shared an idea to extend postnatal care for women. In the specific context, this reflects recent concerns highlighted by the Royal College of Midwives report (RCM, 2022). The RCM (2022) found that only 29% of surveyed women felt ready to be discharged at the point they were discharged from midwifery care, only 31% of women received more than 3 postnatal visits from a midwife and only 23% of postnatal care planning was decided according to a mother's needs with most postnatal care plan decisions being made due to organisational pressures.

The cases illustrate how student midwives are motivated to act to address problems that are acknowledged or highlighted in contextual document sources, but findings in this study also shed light on how micro-level social and culture-based factors influence the behaviour of students entering the profession.

#### 4.6.3 The reflexive midwifery teacher

Findings discussed in section 4.4 suggests that the individual approach to teaching by midwifery teachers and their adoption of creative pedagogy may influence creative contributions. This has been illustrated through describing how the tasks that teachers set may prompt and motivate creative contributions (4.4.2), the expectations teachers set for tasks and summative assignments (4.4.3) and through the learning environment and networking opportunities the teacher creates (4.4.4). Together these factors support that the individual traits, creativity and reflexivity of midwifery teachers can influence the creative contributions of student midwives locally. This aligns with existing literature discussed in section 2.2.5. Here Cremin and Chappel's (2019) systematic review found that co-construction of creative outputs and collaboration between teachers and students was evidenced as enabling in 19 studies. In terms of the findings in this study, examples of co-construction included ideas that were prompted through raising awareness of current midwifery challenges as examples of possible areas for student enquiry (section 4.4.3) and through creating opportunity for diverse interactions that prompted new ideas (section 4.4.4). This supports that creative contributions can result from co-construction of ideas where teachers and students both play a role in enabling creativity.

In addition, section 2.2.5 discusses existing literature that suggests teachers that cultivate creativity in the classroom also cultivate creativity in their own personal and professional lives

and mindset. Existing literature suggests that teachers who enable creativity in their practice were likely to engage in personal creative pursuits themselves and to transfer a creative skillset to their teaching environment. Henriksen et al. (2015) found this translated into teachers providing more opportunities for students to take creative risks, undertake cross-discipline learning, and to adopt real-world learning approaches. As such, transparent reflection on my personal- professional values and experiences becomes important in this study. My personal-professional experiences and education is presented in section 1.1 and my motivation to promote creativity in midwifery education is described as stemming from a desire to improve healthcare. This has influenced the ways in which creative contributions have been facilitated and recognised in this study. Participants have largely focussed on aspects of improving maternity care in their creative contributions through creating tools that disrupt power differences in healthcare (section 4.2.1), proposing ideas that challenge policy and norms surrounding postnatal care (section 4.3.2), ideas that aim to address disparities in care for women from ethnic minority groups (section 4.3.2) and ideas that can overcome challenges related to midwifery workforce and safety (section 4.3.2 and 4.6.2). These examples illustrate the inseparable influence that I have had on the creative contributions shared in the study.

#### 4.7 Conclusion

Findings in this chapter have presented a series of extracts that illustrate the interpretations made in relation to bringing the four sources of data together through reflexive thematic analysis. The reflexive approach of the researcher, the context and multiple sources of data included in the multi-case study methodology have enabled a detailed, in-depth analysis and interpretation. Findings have discussed how student midwife position can influence creative sensitivity and courage, how social aspects such as the social receptivity of ideas influences confidence to share ideas and how the micro-political factors in groups and teams can influence creative ideas. Examples of where political and role modelled responses have been provided and interpretations have been made about how student midwives may act in ways that support policy or act on current issues or challenges in maternity care. The importance of social connections and networking have been highlighted in theme 3 and 4 while highlighting how teachers creative pedagogical approaches can enable, motivate or constrain creative efforts.

## Chapter 5: Discussion

### 5.1 Introduction

This Chapter discusses findings as situated within the broader context of meaning and understanding in current literature. The interpretations made are explained further, justified, contextualised, and connected with existing knowledge and literature and the RQs introduced in section 1.3. Chapter 5 is organised by the four themes and RQs. Each theme is discussed in the context of existing literature to illuminate where knowledge is extended and to build clear points of focus and emphasis which are supported or challenged by wider literature and are pertinent to answering the RQs.

### 5.2 The ways in which social and cultural position enable development of individual creative sensitivity and courage for midwifery students

Position refers to how an individual views the world, how they participate in the study, and their social, historical, political experiences, and personal values/beliefs (Holmes, 2020). Position is often discussed in terms of approach to research as positionality, but in this study the concept is considered to construct meaning in relation to answering the RQs, and to specifically understand how and why sociocultural factors are intertwined with individual student midwife mindset, physical and symbolic position, and subsequent social and creative behaviour. Glăveanu's (2020) sociocultural theory of creativity suggests that position in the world influences psychological processes, opportunities, and affordances to act creatively (see section 2.3.5). However, cases in this study provide context-specific insight into the relationship between aspects of student midwife position and their creative contributions.

#### 5.2.1 Perceived power in established midwifery workplace culture norms

In section 4.2, enacted creative contributions were discussed as disrupting local norms (the usual way of *doing* things) or an intention to disrupt broader professional or healthcare *culture-based* norms. Unconventional and non-conforming (to social and healthcare norms, structures, and hierarchies) examples were shared, including an example from participant 4 about the idea of a water bottle designed to aid decision making for women considering induction of labour. The water bottle discussed is an unconventional example, in its material sense, but it is also an example of how a creative contribution intended to challenge norms and normative social roles in healthcare, including the power differences between roles in

healthcare systems. The idea was motivated by a desire to respond to the personal experiences of caring for women in their decision making and feeling as though women's decisions were influenced by tensions and hierarchy of roles. The student believed that women may be persuaded to accept induction of labour whenever it is offered by a doctor because power differences between patient-doctor, patient-midwife and midwife-doctor may make it more difficult for women to challenge recommendations. Oliver and Evans (2005) support that doctors can be perceived as the *decision makers* of care. Responding to the issue with a creative solution, participant 6 demonstrated an affective (emotional-psychological) response to experience that contributed towards motivating and informing the idea. Similarly, participant 6 shared a creative idea that was motivated by an emotional response to a woman's distress and need when receiving care. Participant 6 utilised existing resource (affordance) to break down social and cultural barriers disrupting power in the course of her professional duty of care. Affective motivation to make creative contributions, such as the examples shared by participants 4 and 6 support findings by Mohamed (2020) and Karwowski et al. (2021) discussed in section 2.3.2. Mohamed (2020) suggests individuals may creatively act with civic duty by using affective, emotion-based skills and Karwowski et al. (2021) suggests a combination of emotions are linked to increased engagement with a range of creative tasks. In addition, a recent cross-sectional study by Li and He (2023) discussed in section 2.2.4, found that midwives scored lower in individual creative professional traits of challenge, imagination, risk taking, and curiosity compared to nurses and medical staff. This matters because literature suggests creative cognitive abilities are associated with midwife's challenging clinical decisions, practising autonomously, advocating for women and challenging policies and practices, including poor workplace culture or power differences that influence care.

To contextualise and examine the finding further the norms and culture of midwifery practice surrounding cases were considered. Induction of labour is an increasingly common intervention recommended by doctors. However, the process of induction of labour is associated with poor maternal experience of labour and birth, increased level of pain felt during labour, and an increase in birth interventions and complications. However, evidence suggests that induction of labour can decrease risk of stillbirth, which is the primary reason for offering the intervention (National Institute for Clinical Excellence, 2021). Ethical and

professional midwifery practice suggests women should receive unbiased information to make informed choices, taking account of their personal preference, benefits, and risks (Nursing and Midwifery Council, 2018). Participant 4 explained that she did not feel as though women were receiving unbiased information and that their decisions were influenced by power differences and a hierarchical social relationship existing between the woman and the doctor. From this perspective, a motivation to challenge norms was prompted and actualised in the idea of the water bottle which could be used as a physical prompt to *disrupt* social norms and the power difference perceived offering insight in answer to the RQs.

Existing literature suggests creative individuals often recognise tensions which motivates creative effort. Runco (2023) and Hyrkkö and Kajamaa (2021), recognise that bringing creative ideas is often tension-laden in contexts. Bringing creative ideas to a midwifery or healthcare context may be challenging, but Wong et al. (2021) found that co-design tools which are material tools to aid collective creativity, can disrupt norms and in doing so, may transcend constraints. The water bottle is an example of how co-design tools can be utilised to disrupt norms. This finding offers insight into the ways that student midwives might be empowered to make creative contributions that challenge norms and power differences in the healthcare context.

Affective factors also influence ability to bring creative ideas to differing contexts. May (1994) describes '*reactive creativity*' (prompted by experience of tension or trauma) as a window into the underlying psychological conditions of an individual's relationship with the world and a reflection of the emotional condition of the individual at that time. Cases in this study support that where there is a combination of emotion and tension, it may lead to or motivate creative action. However, individual experience, identity and affordance related to individual position was also found to influence creative contribution in this study. Participant 4 recognised, acknowledged, and intended to disrupt the professional and social power hierarchies in the NHS that impact women's care, but to do so, she first had to view herself as holding a position of power to influence. This perceived power reflects a self-belief and confidence that she could influence others in non-conformity to healthcare norms and hierarchy.

This was interpreted as reflecting a mindset and position of independence, non-reliance on others, and an ability to act autonomously in the bringing of ideas. Existing evidence suggests individual autonomy is associated with increased creativity (Runco, 2023). In addition, Rinne

et al. (2013) suggests that whether an individual acts autonomously often depends on broader social and cultural factors, such as where an individual is positioned within distributed and dynamic social and cultural groups. Where an individual is positioned is partly influenced by their historical experiences (recent or not) which are thought to inform and alter psychological processes, judgements, and rationality. This understanding is discussed in the context of developmental and cultural theory in section 2.2.3 and 2.3.2 (Gelfand, 2018). Further literature, such as post-humanist perspectives of creativity support the idea that creative action is distributed through dynamic forces, in which an individual participates but does not act completely autonomously within (see section 2.3.4, Szabo et al., 2021). Szabo et al. (2021) suggest that ecologies (a series of systems) are likely to affect creativity, but not exclusively determine it. Therefore, it becomes important to consider what other factors besides intrinsic emotional-psychological factors may have prompted or motivated ideas like the ideas shared and enacted in cases in this study. Szabo et al. (2021) suggest understanding and researching creativity should include balanced aspects of individual psychology (interpretations, experiences, intentionality, purpose, and rationality) as well as the social and cultural systems in which they operate, such as the healthcare context and more specifically the practice-based culture of midwifery.

Individualism and individual liberty are discussed in section 2.2.6 as values in British culture. However, there is a paradoxical tension between the UK National Health Service (NHS) and British cultural values which becomes important to analyse in this study given that all participants are health students working in the UK NHS. Oliver and Evans (2005) suggest the notion of choice, and its individualistic underpinnings is fundamentally inconsistent with the collectivist NHS ethos because resources are limited and must consider fairness for all. In pragmatic terms, Oliver and Evans (2005) suggest that decision makers, who are often doctors (not women receiving care), determine, and decide what a fair allocation of health resources is within the constraints of the NHS system. Therefore, some creative ideas in this study were interpreted as evidence of the competing individualistic-collectivist tensions in healthcare that gave rise to creative ideas. Participant 4's idea aligns with empowering individualist British cultural norms that promote equality, choice, and liberty, but challenges collectivist norms within the NHS system where there are limited resources and hierarchy. This may explain the ways in which ideas from student midwives and midwives are formed with women's

experiences and care as a motivating factor, but ideas may be unrealistic in terms of what is possible with the available resources. This supports aspects of Glăveanu's (2020) theory that suggests creativity can be constrained by physical resource (affordance).

Viewing the NHS as a collectivist culture and system presents challenges surrounding the contrasting individualistic wider culture of the UK. Individualistic cultures are more likely to promote creative expression than collectivistic (Goncalo and Staw, 2006), but individualistic ideals brought to a collectivist systems cause tension, where efforts to enact individualist ideals through disrupting norms can be *squashed* by existing dominant cultural collectivist norms. This means that efforts to bring individualist priorities to healthcare systems can be challenged by both limited resource and collectivist norms and priorities. This was evidenced in the case of participant 6 who wanted to individualise postnatal care by working outside current local policy. While the idea was motivated by a desire to provide individualised care, it was constrained by the lack of resource and collectivist based policies to provide best care with available resource for all postnatal women in the area. Essentially, there are not enough midwives providing postnatal community care to offer the ideal individualised care. This supports that midwifery workforce shortages are impacting on the safety and quality of individualised maternity care as discussed in section 2.2.4.

Creative contributions in a healthcare context can also be understood through a Systems Theory lens, as discussed in section 2.3.3. Bronfenbrenner (1979) defines Systems Theory as a series of levels of systems that interact and can explain and influence individual behaviour, affect, and purpose. The contextual norms described as influential in this study provide valuable insight into how NHS culture and other system cultures may be sustained and influence individual behaviour, as well as how and why it can be difficult to disrupt norms through creative ideas within systems. It highlights specific tensions in established system norms (individualist UK culture, collectivist culture within the NHS), physical constraints (limited resources within the NHS) and social roles (midwife, woman, doctor) that sustain norms and which constrain and limit creative ideas. Equally, findings suggest that a position of power within established norms can enable creative contributions. This builds on existing understanding by Hyrkkö and Kajamaa (2021) who explored the tensions in power relations, individual power perceived, and identity within a system where the individual acts within a social context bringing creative contributions. Hyrkkö and Kajamaa (2021) suggest that what

an individual believes about their position within a system, and the power they believe their position holds can influence courage to bring creative contributions.

### 5.2.2 Student midwife position and networking influenced creative agency and courage

Positionality is considered a basic premise in sociocultural research (Martin, 2006). It suggests that every individual, always, is positioned in physical (e.g. locations), social (e.g. different social roles) and symbolic ways (e.g. ways of being in discourse), (Martin, 2006). This positioning is partly determined by us, and partly determined by circumstances or others, but our position influences how we think, perceive, and act (Martin, 2006). The pandemic repositioned many people through altering their circumstances, the physical spaces, affordances, and roles which could be occupied. Regardless, position is expected to change over time, and it alters how an individual views and participates in the world and their social, historical, political experiences, and personal values/beliefs.

Cases have illustrated that position changed (including physical, social and symbolic) because of the events of the pandemic and this subsequently impacted individual affordance to be creative and share ideas. In turn, this impacted how individuals viewed themselves, the confidence they felt to bring ideas and what they believed about their own ideas. Cases, such as those discussed in section 4.3.1 suggest that the pandemic related changes increased demand for flexibility and adaptability in midwifery practice and learning. Existing literature suggests that individual ability to be flexible and adaptable are traits associated with increased creative expression through challenging individual expectations and causing disruption that may prompt creativity (See section 2.3.2 and 2.3.5, Glăveanu, 2020; Beghetto, 2016; 2021). However, while the disruption caused by pandemic related changes prompted creative action for some who found new ways of working and learning, disruptions were detrimental or constraining for others in this study. This section focusses on how disruptions and position-based changes were found to be enabling in some cases by increasing sensitivity and confidence. Section 5.4 will discuss how disruptions became constraining for some.

Specific aspects of disruption to midwifery education and pandemic-related changes are outlined in sections 2.2.4 and 2.2.6. The changes brought about a series of altered social norms, educational norms and different ways of working in midwifery practice. Gelfand (2018) studied the rigour of social norms and its association with historical events. He found that



historical events which presented a threat (which include societal events such as the pandemic) influenced the ‘tightness’ of societal norms and the regulation of social behaviour. In societies with tighter norms, there is greater media censorship, fewer collective actions like demonstrations, and tightness is reflected in all aspects of society, including education with more conformist and regulated expectations. Tightness brings social control and order, but researchers found it also creates an intolerance of diversity, less creativity, and less innovation (Gelfand, 2018). Pandemic related ‘tightness’ was reflected in society with new rules that demanded conformity and social regulation seen in new legislation such as, The Coronavirus Act (2020). In the post-pandemic context, the historical ‘tightness’ of the pandemic was interpreted as prompting some individuals to extend and exercise their individual agency as part of the societal system. Some individuals responded to challenged liberties with increased creativity in the study finding ways to work around legislative and other restrictions whether pandemic related or not. Individual agency is a principal concept common to historical-materialist perspectives of creativity (section 2.3.3), sociocultural theories of creativity (section 2.3.5) and humanist and developmental theories of creativity (2.3.2). In addition, a systematic review of creative pedagogy by Cremin and Chappell (2019) found that encouraging autonomy, agency and risk-taking among teachers and students is crucial for facilitating and enabling creativity. They found that 17 studies supported that learner autonomy, facilitating learner independence and agency was associated with increased bringing of ideas and a further 7 studies supported that risk-taking is a crucial element of creative pedagogy. In this study, the courage required to exercise individual agency was found to rely on aspects related to individual positionality (the physical, social and symbolic). This aligns with some seminal theoretical literature by Gruber (1989) discussed in section 2.3.2 and with Glăveanu’s (2020) sociocultural theory discussed in section 2.3.5.

Gruber’s (1989) developmental theory of creativity supports that individual agency enacted within social networks is enabled by position within networks. Gruber (1989) suggested that creativity begins with an individual act, but the community and network is what enables it further and influences personal creative development. In this study, cases illustrate how position enabled individual agency and then how ideas influenced others through existing communities and networks. This was true in both midwifery practice examples of creative contributions and in classroom based examples (see section 4.5.3). Those who described

being social connected to colleagues and peers, demonstrated openness to developing ideas within the social context, and utilised social relationships in their network to develop their creative ideas. This finding aligns with current literature that suggests a network and community (afforded by position according to Glăveanu, 2020) is important in creative agency, in making creative contributions possible, and in the development of individual creative confidence. The findings support that the social position of student midwives influences courage, willingness and opportunity in individual agency.

Willingness and courage to challenge norms is associated with enabling creativity in existing literature (Runco, 2023; Beghetto, 2016). However, Li and He (2023) found that midwives scored lower in individual creative professional traits of challenge, imagination and risk taking, so while creative pedagogical literature suggests that confidence and courage to bring creative ideas may be enabled by individual position and social networks, midwifery literature suggests that midwives are positioned in ways that mean they are less likely to exhibit these traits. The unique position held by individual student midwives may be enabled through social networks that build confidence and provide opportunity (affordance as described by Glăveanu, 2020). However, the findings of this study also suggest that student midwives are sensitive to the opinions of senior colleagues, midwifery practice norms, system norms and how they believed ideas would be received (described as social receptivity of ideas in section 4.2). This finding supports the complex nature of position and identity in wider systems that according to Bronfenbrenner (1979) can influence creative agency. Beliefs about own identity, position and power to bring creative ideas was influenced by networks and systems, but also by intrinsic beliefs which were shaped by experiences, values and beliefs.

Existing literature suggests that individuals can intrinsically and creatively develop in ways that enable the bringing of creative ideas which includes student midwives bringing ideas to midwifery practice or in learning. Maslow (1968) identified a self-actualised person as one who possesses a mindset of openness, acceptance of self, others, and nature, is private, autonomous, and one who resists enculturation (to become like the culture), avoids problem-centring, and has democratic characteristics. Findings support that changes such as the pandemic related changes can sometimes prompt and *reset* an intrinsic desire to create. In the study, cases identified links between individual, self-satisfying creativity based on intrinsic and psychological processes (not in a social context) and creative contributions later

manifesting in a social and cultural context. Cases support that the intrinsic process involved in creative activity can lead to or enable creative contributions that occur later in a social and cultural context. This finding supports that creative skills that may develop at an individual level can be translated to social contexts. This is supported by humanist and developmental theories of creativity (section 2.3.2). Some literature directly supports that individual creativity is associated with how individual's may position themselves, their academic success, and their sharing of creative ideas. Syed (2020) describes that Nobel prize scientists are 22 times more likely to be involved in amateur dance and performance, 12 times more likely to author a book, 7 times more likely to draw, paint or sculpt and 2 times more likely to play an instrument. In this study, findings suggest that supporting student individual intrinsic processes, including individual meaning, purpose, and value in creative activity may enable later creative contributions in professional, social and cultural contexts. This finding supports that position can both be reflective of underlying individual-psychological processes and motivations but can also alter those intrinsic processes. This can later manifest through social mechanisms and processes which precede creative contributions in social and cultural contexts. This is supported by existing literature by Bardot and Heuser (2017) (section 2.3.2) who claim that individual development of creative identity, creative self-esteem, and self-concept are anchored in the field of social cognition and psychology where creativity is a domain of self and identity. Development of an individual's creative identity has typically been studied from perspectives of intrinsic and extrinsic motivating factors (Luria and Kaufman, 2017). Luria and Kaufman (2017) suggest intrinsic motivating factors include enjoyment, personal reasons, and meaning to oneself, whereas extrinsic factors include receiving praise, recognition in a social environment, or rewards.

Viewing creative contributions at an individual level (as mostly influenced by intrinsic and psychological process) limits understanding about the way in which individuals view themselves and behave as influenced by social and cultural factors and vice versa. Findings support that while individual creative engagement and expression are important, it is inextricably and interdependently related to social and cultural position, circumstances and norms. Cases provide evidence of resistance to professional, social and/or cultural norms and illustrate that student midwives required courage to share non-conventional ideas and stand up to pressures of conformity, a concept acknowledged in current literature (Runco, 2023). In

the interpretation of findings in this study, courage to share creative ideas and to act in creative ways was viewed as a developmental concept. This is because cases provided insight into the developmental nature of creative courage through stages of social testing and experimenting with ideas. Individuals experimented with how they could impact their world and midwifery practices, and they developed a sense of purpose through experimenting and influencing in these ways. This experimentation built creative confidence discussed as *experimental epistemology* aligned to developmental theories of creativity in existing literature (See section 2.3.2, Gruber, 1989; Cohen, 2009; Kaufman and Beghetto, 2009). The findings suggest that social testing and experimental engagement opportunities are important for developing creative courage in the bringing of creative ideas for student midwives. Student midwives were sensitive to how their ideas might be received in midwifery practice and HE (section 4.2.1). Sensitivity towards how an idea might be received was reduced in cases where individuals were more confident about their ideas, had purpose, and where individuals were afforded more social connections. Participants who effectively utilised affordances (as defined by Glăveanu, 2020, section 2.3.5) in the environment, were able to adopt the ideas of others to adapt and develop their ideas and were more confident to share ideas. In contrast, some cases illustrated the ‘social testing’ of ideas before feeling confident to take an idea forward. This aligns with developmental theories of creativity (Cohen, 2009; Kaufman and Beghetto, 2009) and with constructivist standpoints of understanding creativity in education (Pande and Bharathi, 2020) because it suggests that creative abilities develop over time and experimentation with ideas is an essential part of its development.

Developmental psychology theory and the models by Cohen (2009) and Kaufman and Beghetto (2009) suggest individuals move from low-level creativity involving personal creative realisations, new understanding or perspectives, towards medium levels of creativity that include influencing others within their community and field of practice. Thereafter, high levels of creativity in both models include creative contributions where the impact may be considered transformational for culture and society. In addition, creative development in education is supported by theoretical standpoints of constructivism (Pande and Bharathi, 2020), experiential learning (Kolb and Kolb, 2017) and embodied cognition. Pande and Bharathi (2020) suggest that engagement with creative activities challenges individuals with partial information (or opportunity) to express themselves and make sense of their world

through construction of their own models of knowledge enabling learning. Individuals may experiment with understanding and learning in their world, known as experiential learning, according to Kolb and Kolb (2017).

### 5.2.3 Summary

In summary, theme 1 as related to RQ1 supports that the unique position held by individual student midwives, in terms of the physical position and the affordances this may offer, the social position and the network this offers, and the symbolic position that includes professional identity and power in systems of discourse all influence creative ideas and behaviour. Student midwives may be both challenged and enabled by their position to act creatively. Student midwife traits of sensitivity and courage were associated with positional factors. Social receptivity (social acceptance by colleagues and peers) of ideas influenced confidence to share ideas widely and beliefs about self to challenge problems through acting creatively. Creative courage was interpreted as a trait that develops and is shaped by the sociocultural context through individual opportunities for expression of intrinsic creativity and social feedback.

## 5.3 The ways in which political and micro-political awareness motivates and influences creative conditions for midwifery students

Findings suggest that broad political events, as well as micro-political factors among the local midwifery workforce, systems and midwifery education informed and shaped creative ideas and action. According to Runco (2023) politics is the most overlooked aspect of creativity studies. In this study, cases illustrated that student midwives sought to 'join the local in-group culture' which relates to the established norms in group operation and power through sharing their ideas. Student midwife ideas gave detail about tensions in midwifery practice and about what kind of ideas are and are not acceptable to bring and from who. Wider policy and recent maternity reports were found to motivate student midwife ideas, but these were often squashed by local workplace norms. This section presents discussion related cases that were motivated by midwifery and HE political issues (whether local or broader) and/or were influenced by micro-political factors in the sociocultural context.

### 5.3.1 Politically motivated or mediated creative contributions

Student midwives were motivated by current political issues, but also vulnerable to sharing ideas that aligned with political discourse. Creative ideas often aligned with dominant political discourse but sometimes aimed to challenge it. Some cases that attempted to align with dominant discourse included examples of ideas aimed to agree with the preferences of others and illustrated an intention to join the established midwifery practice norms (see section 4.3). These examples were interpreted as reflective of participant effort to be socially accepted by *joining* what is supported socially and culturally while fostering a sense of belonging and identity (Runco, 2023). In contrast, creative contributions which challenged dominant social and political discourse encountered censorship and shutdown. Anderson and Cropley (1966) refers to this as a *cultural stop*. According to Anderson and Cropley (1966) cultural stops may shape and influence the type of creative contributions made because they are actions and behaviours that assert which ideas have value and they can sustain and uphold the usual way of things (the norms within groups). This can sometimes be beneficial in cases where behaviours such as bullying are shut down, but cultural stops can also limit and shut down creativity. According to Anderson and Cropley (1966) established cultures (groups operating in established ways) are less likely to be open to new ideas and ways of working and therefore more likely to support 'stops' or the shutting down of ideas. Openness is essential for creativity to flourish and essential for tackling problems like the current maternity challenges discussed in 2.2.4. Runco (2023) suggests that openness leads to improved diversity of ideas to solve problems and increases individual ability to think more freely. Cremin and Chappell's (2019) systematic review of creative pedagogical practices summarised that 22 studies support that opportunity to explore and generate ideas through openness enables creativity in the classroom. However, the authors also report that some studies suggest a balance is needed between openness and structure in education. Gardiner (2017) and Gardiner and Anderson (2018) agree that practices that enable student freedom of expression about ideas is beneficial to enable creativity and to generate creative solutions but agree that a balance between freedom and structure best supports creative contributions. Cases illustrate that student midwives are open towards finding creative new ways of working (4.4.1) and exploring creative solutions to problems in recent national reports related to maternity care (4.5.2), but cases also identified instances of 'cultural stops' where their ideas were shut down by existing norms or system policy. Extracts from cases shared in section 4.3 illustrate how senior

midwives, peers and local hospital policy played a role in shutting down some ideas in midwifery practice, while upholding other ideas. The ideas that were upheld were supported by the micro-political culture and they joined the dominant narrative of established practices of the group culture. Cultural stops to ideas that are motivated by desire to improve care for women and families, such as the examples discussed in section 4.3 may reduce student midwife confidence in their creative contributions and autonomy. Anadina-Diaz et al. (2024) conducted a systematic review that examined why midwives experience burnout and might choose to leave the profession. They found that burnout was associated with reduced individual self-confidence, empowerment and autonomy, but also with high rates of staff turnover and a reduction in the quality and safety of care provided by midwives. Burnout is associated with low personal fulfilment (Maslach et al., 1997) whereas creative expression and autonomy is associated with self-actualisation and high levels of fulfilment and purpose (see section 2.3.2 and 2.3.4). This finding suggests that providing opportunities for student midwives to think of and share creative solutions to current healthcare challenges can be beneficial for healthcare, including improving the retention of future midwives after qualification. In this study, student midwives described not having the time and space to find the best solutions to problems (section 4.3.1). They shared awareness of current issues in maternity care and a desire and motivation to contribute towards creative solutions, but the distribution of power through existing policy limited ways in to influence practice and the established norms constrained creative efforts. Existing literature suggests that opportunity to influence midwifery practice through the sharing of possible creative solutions is essential because midwives face constant demand to meet emerging and developing health service needs that require them (and the healthcare organisations more broadly) to be innovative, creatively agile, and responsive (Denhardt et al., 2018; Cheraghi et al., 2021). Fostering of creative cognitive skills among student midwives and midwives includes promoting the creative thinking (imagination) required in forming ideas with curiosity, reasoning and courage to take risks in sharing ideas (Li and He, 2023). Student midwives are well placed to bring fresh ideas, critical thoughts and problem-solving ideas to provide solutions (Li and He, 2023) because theory suggests that students are positioned in a period of development of their professional identity and have not reached a point where they understand and uphold the established culture (see section 2.3.1). Lave and Wenger (1991) studied midwives during creative endeavours to inform their theory about participation and learning which is

particularly relevant to consider in studies focussing on creativity and student midwives. Lave and Wenger (1991) claim that *meaning* and *value* is given in local communities of learning by *experienced others* (senior midwives and midwifery teachers) and the sociocultural environment of Communities of Practice [CoP] (groups with common goals) sustains and informs meaning, identity, and learning. This theory suggests that student midwives value what is valued by the established CoP and develop their sense of professional identity, meaning in practice and learn how to act based on how the CoP operates. This aspect has been highlighted in recent maternity reports (see section 4.5.2) where the Ockenden report (2022) and Kirkup report (2022) describe how senior midwives act as role models that degrade the practice of newly qualified midwives through a negative cycle of declining standards through the workplace culture of the NHS trust. The workplace culture is reported to include aspects such as senior clinicians not responding to concerns illustrating a lack of openness that is essential for receptivity of new ideas.

### 5.3.2 Midwifery policy, politically commissioned maternity reports and political modelling in HE

The power of policy, politically commissioned maternity reports and political modelling in HE was interpreted as significant in influencing the ideas formed and shared. In addition, interpretations made about findings by the researcher is influenced by both political context and the data sources presented in Appendix 5 and Appendix 6.

Political cultures, whether local or national can enable or constrain creativity for specific groups and individuals. Magyari-Beck (1991) stated that '*individuals can successfully practice their creativity if and only if there are no substantial obstacles in the society preventing them from their creative work*' (pg. 419). Examples of creative contributions were found in part, at least, to be censored or filtered through common policy-based or political based themes of the time. Cases demonstrated awareness of current issues related to maternity care that have been highlighted in recent national maternity reports and participants were often motivated by a desire to solve maternity care problems or challenges (see 4.3.2). In some ways, this adds to the discussions in section 5.3.1 because student midwives became *actors* of policy or attempted to translate report findings into actions to resolve issues. This aligns a study by Mohamed (2020) who found that individuals have a desire to act on political matters with civic duty through narratives of fear, resistance, and responsibility. In this study, a desire to act on



current maternity political or policy related matters was evidenced, and student midwives reflected a sense of professional responsibility and duty to make positive contributions towards solutions.

In context, midwifery programme content typically aligns with dominant narratives that support feminism as an essential and central concept underpinning professional philosophy where patriarchy is presented as fact. For example, Jefford and Nolan (2022) propose that women receiving maternity care are oppressed by patriarchal and technocratic care, in direct opposition with feminist principles. In addition, there has been a recent focus on disparities in racial outcomes across maternity care in the UK (Waters, 2022) and the university where participants are studying has recently produced action plans to address ethnic disparities in educational outcomes involving midwifery practice learning. Students have been invited to a series of educational sessions focused on anti-racism to raise awareness and encourage proactive behaviours which address systemic racism. Mandatory student attendance in lessons about racism has been required. Similar workshops and practices across UK universities are commonplace (Advance HE, 2021) highlighting and advocating for the *correct* way in which problems might be addressed through practices and policy. Mandatory lessons have been modelled as part of the solution to the problem. Some cases presented a similar approach to addressing challenges (see 4.3.2) suggesting student's might assimilate approaches to address other problems or the same problem in different contexts. This may restrict creative ideas and solutions because policy that requires mandatory action suggests there is a 'correct way' to address problems which might, paradoxically, end up hindering other approaches which could be more effective at addressing challenges (Runco, 2023). A recent study by Quarles and Bozworth (2022) found that socially supported political terminology and norms may constrain diverse input and creative output supporting that politics can constrain diverse creative solutions, but openness and awareness of political narratives and modelling can enable creative contributions.

### 5.3.3 Summary

In summary, in answering RQ2 findings from this study suggest that while an intrinsic motivation to be creative exists among individuals, the expression of it and development of creative contributory ideas is influenced by political and micro-political factors. Political factors (which includes the range of local micro-political factors, politically commissioned

national maternity reports, agenda and healthcare policy) may motivate and mediate the formation of specific creative ideas. Equally, the political context may constrain ideas if it does not align with dominant group norms or is not open and aware of dominant ways of working that can constrain creative contributions. The shutting down of ideas because there is an established way of doing things (norms) within midwifery related CoP and policy is a problem that may continue to constrain creative efforts to address maternity care challenges in the future. It may also contribute towards current challenges surrounding workforce retention and satisfaction by reducing midwifery autonomy and personal fulfilment and increasing burnout. This study supports that student midwives should be given time, space and opportunities to share creative ideas for solutions to current challenges that transcend existing policies and established ways of working. It also suggests that student midwives are highly influenced by dominant practices, norms, modelling in universities and senior midwives. While student midwives in this study demonstrated awareness of political issues locally and nationally, the distribution of power and a lack of ways in supported by policy and practice, to disrupt power differences for students meant that ideas were shut down. This issue is further explored in section 5.5.

#### 5.4 The ways in which loss of social connectedness during the pandemic continues to constrain creative contributions for midwifery students

Creative contributions are defined as socially enacted and mediated in this study. In the post-pandemic context, disruptions and restrictions on type and frequency of social interactions and relationships in education during the pandemic were important historical events found to shape views and perceptions associated with creative contributions. Theme 3 and RQ3 centres around an association found between pandemic related social deficits (loss of social connectedness) and subsequent vulnerabilities that might constrain creative contributions. This section discusses how loss of connectedness during the pandemic restricted the affordances for student midwives to be creative and to build epistemic position and security. Social connectedness was also found to be a factor associated with positive student midwife wellbeing.

#### 5.4.1 Developing student midwife creative identity and expression

Cases illustrates that social deficits brought about by changes caused by the pandemic, disrupted, and limited the creative contributory opportunities afforded by the environment in midwifery practice and in education. Social theories of learning suggest that social communities are important to enable creative contributions because members of communities assign meaning and value to contributions (Wenger, 2018; Lave and Wenger, 1991). A shared meaning and value motivates and enables learning and creativity, as well as development of professional identity within social communities that sustains learning and creativity (Wenger, 2018; Lave and Wenger, 1991). Cases discussed in section 4.4 illustrate that reduced social interactions during the pandemic resulted in feelings of isolation and restriction. In addition, social deficits were found to constrain sense of identity, creative expression in social contexts, and creative action. Hanchett Hanson et al. (2021), Tanggaard and Glăveanu (2014) and Moula et al. (2022) all agree that identity and creative expression is shaped by the social context. Hanchett Hansen and Jorge-Artigau (2021) suggest that creativity is always participatory (not individualist) and always a combination of our own ideas and those around us. Hanchett Hanson et al. (2021) suggests individuality in creativity brings a richness to creative ideas and Tanggaard and Glăveanu (2014) suggest that creative self-identity, what individuals believe about themselves, and the meaning they give to creativity is influenced by social interactions with others and socially formed shared meaning of creative ideas. Individual creative identity and expression can fuel, shape, or constrain creative work, suggesting that creative self-identity and its expression is important. Moula et al. (2022) explored how creative written reflective pieces about professional identity changed for medical students throughout the pandemic. They found that students re-examined their individuality and identity, as well as their pre-existing epistemic and sociocultural assumptions. Findings in this study support that reduced social connectedness influenced affordances (social opportunities) for individual creative expression and development of identity and constrained creative contributions by student midwives.

#### 5.4.2 Epistemic vulnerability among student midwives constrained creative contributions

Perceived social deficits and isolation was found to be associated with increased epistemic vulnerability in the study (see section 4.4.2). This refers to an increase in vulnerability whereby

an individual's ability to trust others is limited and the surety of one's self-belief uncertain. All the participants in this study were young adults in HE who are arguably still developing with a heightened social sensitivity and increased social needs (Kilford et al., 2016). Changes, uncertainty, and social deficits (lack of social connectedness) related to the pandemic were discussed in cases and illustrated a vulnerability that came about through limited social opportunities. Specifically, findings were interpreted as illustrating examples of epistemic vulnerability which comes about through changes to epistemic position and security within a social network (Kerwer et al., 2021). Epistemic position includes how many sources of information a person has access to, how independent those sources are from each other, how reliable the sources are, and how diverse the viewpoints of the sources are (Kerwer et al., 2021). Findings provide support for how pandemic related 'social isolation' and feelings of 'isolation' resulted in less diverse sourcing of information, increased uncertainty, and limited ability to establish surety and a secure epistemic position. It is acknowledged that because all participants were young adults, they may be more vulnerable than other adult groups due to epistemic position typically establishing in young adulthood (Kaufman and Beghetto, 2009). Developmental theories suggest that social life experiences are important for establishing sense of self, identity, rationality, and behaviour in the future. However, existing literature also suggests that epistemic position can be altered through education, and HE practices. Kerwer et al. (2021) suggest that epistemic position can be altered in two main ways; opportunities (given) to an individual to improve their own position, or a recognition and change in their own position and social network. Increasing an individual's level of independence, ability to source diversity and to access to more independent sources can reduce epistemic vulnerability (Kerwer et al., 2021). In addition, Kerwer et al. (2021) suggest a network structure is conducive to gaining knowledge necessary for an individual to gain epistemic security. This matters because participants reported that the pandemic caused limited, less diverse, and less independent information gathering at a pivotal time when young adults typically build epistemic security through diverse experiences. In addition, student midwives, regardless of age are building understanding about their professional identity and role.

Restricted epistemic position and lack of epistemic security provides an explanation for findings discussed in section 4.4 where cases describe feelings such as, being 'ignored', 'misunderstood' or 'forgotten'. Reduced stability in epistemic position is interpreted as like an

internal (psychosocial) filter system whereby individuals are positioned to act within the established norms (expectations) of those they agree with directing creative contributions towards projects which appeal to others in their network. This constrains creativity towards what ideas appeal to others in each position and network.

Epistemic vulnerability was found to limit diversity, acceptance, and openness to ideas surfacing in examples that demonstrated difficulty in debate, difficulty in sharing creative ideas and awareness about, and concern regarding a lack of diversity in information. Existing literature suggests a lack of diversity and openness reduces the quality of creative contributions and increases the likelihood of desire for the creative idea to appeal to members of an 'in-group' (Runco, 2023). Findings from the study align with existing literature that discusses how creative ideas may develop through social connection with others, networks, (Kaufman and Beghetto, 2009; Cohen, 2009) and how self-development of epistemic beliefs may influence behaviour (Billet, 2009).

#### 5.4.3 Student midwife creative burnout

The World Health Organisation (2019) define burnout as a disease (with health impact) and a syndrome conceptualised because of chronic work-related stress that has not been successfully managed. While examples of individual creative expression in this study suggest that creativity can aid processing of emotions and psychological adjustments to events brought about by the pandemic, cases also illustrated a high creative demand on student midwives throughout the pandemic. The pandemic presented significant creative demands for student midwives through change and uncertainty and the need to think of new ways of working/being and for some individuals this led to creative burnout. Participants described being tired and not very motivated because of constant demands to be creative or to work in new ways (section 4.5.1 and 4.5.2). This aligns with literature where the impact of the pandemic on midwifery wellbeing has been studied by Uchimura et al. (2024). Uchimura et al. (2024) conducted a scoping review seeking to understand how the pandemic impacted midwives and the wellbeing of midwives during the pandemic. They found that numerous studies suggested the pandemic adversely affected midwives mental and physical health worldwide (Hasheminejad et al., 2022; Jasiński et al., 2021; Li et al., 2021). Studies highlighted an increased risk of burnout among midwives, increased likelihood of leaving the profession and high levels of compassion fatigue (Woeber et al., 2022; Aydin Dogan et al., 2023; Ahmadi

and Maleki, 2022). In addition, studies highlighted the need for recovery support for midwives (Ahmadi & Maleki, 2022; Aydin Dogan et al., 2023; Hasheminejad et al., 2022; Jasiński et al., 2021; Li et al., 2021; Woeber et al., 2022). In this study, student midwives expressed how changes brought about by the pandemic had affected their wellbeing, their ability to connect with others, their trust in others and their development of own identity (section 4.4). Findings by Jean-Berluche (2024) suggest that opportunities for creative self-expression relate to improved emotional processing and regulation associated with better mental health and wellbeing. In addition, Jean-Berluche (2024) found that creative expression was associated with increased cognitive flexibility which encompasses adaptable thinking, resilience and problem-solving. This study supports that creative expression in *social contexts* fosters a sense of wellbeing. This is supported by Jean-Berluche (2024) who found that collaborative creative endeavours build community ties, interpersonal skills and social connectedness that are beneficial for wellbeing. Cases in this study reflected a type of chronic stress induced by changing, unstable, and unpredictable circumstances. While some existing evidence by Beghetto (2016; 2022) suggests that uncertainty increases creativity for some individuals, for others, a susceptibility to experiencing burnout was found to exist in this study. This could be due to personal contextual factors. However, existing evidence suggests several changes related to the pandemic could have significantly contributed towards creative burnout experienced in this study. This understanding is supported by a Delphi case study about how technology impacts burnout syndrome in the post-pandemic era recently conducted by Medina-Dominguez et al. (2023). They suggest the incidence of burnout has increased significantly during and following the pandemic, and, consequently, the syndrome has come to be known as a 'second' or 'silent' pandemic. Medina-Dominguez et al. (2023) suggest some factors associated burnout include high-stress levels, lack of social support, conflicts, unfair treatment, demanding workload, poor communication and support from authority figures, and a loss of sense of control and autonomy. Several of these factors are reflected in cases discussed suggesting that social support is imperative for enabling creative contributions.

#### 5.4.4 Summary

In answer to RQ3, social isolation and deficits brought about by pandemic related changes has limited opportunity for creative contributions afforded by the social environment for some student midwives. In addition, a lack of social connectedness has had possible lasting impact

due to restricted epistemic development during the pandemic, although this area requires further research to better understand long-term, post-pandemic effects on diverse groups.

The study found that pandemic related social deficits either paused or reduced opportunities for student midwives to develop creative identity, self-development, and development of own worldviews at a crucial point when epistemic position and security is typically established. In this study, social deficits were found to be associated reduced confidence, reduced trust in others, reduced trust in truths, and uncertain sense of identity. In cases that illustrated social connections, there was increased self-belief and confidence in ideas.

The findings support future research and educational practice, policy, and priorities that focus on exploring, understanding, and supporting approaches that enable wellbeing and social opportunity-based practices in HE, post-pandemic is needed. This study suggests social-based approaches will enable opportunities for experimental epistemology that contributes towards individual learning, wellbeing, and creative development regardless of pandemic-related experiences.

## 5.5 The ways in which HE can provide diverse and holistic opportunities that support a creative culture within teaching and learning for the midwifery sector

Discussions under 5.2-5.4 have included a combination of individual-psychological, psychosocial, social, and cultural, political, and pandemic related factors found to have influenced creative contributions in this study. Focus has supported that creative participation is a personally and socially mediated action with a social and cultural influence. RQ4 focuses on how midwifery education can promote and enable creativity through approaches that draw together aspects of themed findings as interdependent factors. RQ4 broadly relates to the ways in which pedagogical principles can enable or constrain creative contributions for student midwives. In this multi-case study, documentary sources (Appendix 5) and participant-observer sources (Appendix 6) including some teaching materials are discussed in relation to existing literature and cases to enrich understanding about the ways in which HE practice influences creativity.

### 5.5.1 Midwifery teachers influence how students creatively respond to uncertainty in classroom tasks

Section 4.4 and 4.5 discusses findings in terms of pedagogical contextual documents, expectations of students by midwifery teachers, and how midwifery educational culture and practice linked to HE environment, and norms may be enabling or constraining creativity. Creative pedagogy is a branch of pedagogy which emphasises the leading role of creativity in successful learning (Aleinikov, 2013). Creative pedagogy uses approaches in educational environments which teach learners *how* to learn creatively, become creators themselves, and creators of their future (Aleinikov, 2013) aligned with holistic perspectives of creativity. In section 2.3.4, Aleynikov (2013), Beghetto (2016) and Hanchett Hanson and Jorge-Artigau's (2021) work is discussed as supporting creative development through teacher's pedagogical approach and Szabo et al. (2021) suggests that broader factors (ecologies) are also influential in developing creativity. In this study, aspects of creative pedagogy were found to be associated with enabling creative contributions. A key finding suggests that pedagogical approaches which prompted uncertainty, a questioning attitude and curiosity in classroom tasks may motivate creative ideas and action (see section 4.5.1).

Existing literature supports that teachers may act as intersecting agents between personal epistemologies and engagement in creative thinking and action (Billet, 2009). This means teachers can challenge and expand the viewpoints held by students through diversifying student epistemic position (range of knowledge and truths about a topic) and by providing opportunities which build epistemic security (skills in rationality, confidence, surety, and trust) which can enable confidence, courage, and creative contributions. Teachers can intersect in numerous practical ways (as part of the social world) to engage individuals with creative thinking and action (Billet, 2009). One approach that may initiate creative contributions involves teachers creating uncertainty in classroom tasks (Beghetto, 2021). Uncertainty relies on treating information as conditional, rather than absolute and so creates opportunity for questioning information and creative thought (Runco, 2023). Findings suggest that facilitating small peer groups in midwifery education can further enable creative contributions when uncertainty arises because social feedback can expand perspectival understanding and curiosity involving other viewpoints on issues.



Existing evidence supports that students and teachers can both influence whether classroom tasks successfully introduce creative curiosity, questioning and uncertainty that is enabling (Cremin and Chappell, 2019). Whether students and teachers engage with creative classroom tasks depends on the broader social and environmental contextual factors. Section 4.5 and 4.6 has discussed some of the influencing contextual factors as what the teacher expectations of student midwives are, midwifery policy and learning culture, and the individual midwifery teacher, including her values, beliefs and experiences. This means that findings in this study are highly contextual but also align with concepts in existing creative pedagogical literature. Moula (2021) suggests the main facilitators for teacher engagement with creative pedagogy are related to the educational organisation (the university) which can foster and encourage risk-taking, experiential learning, curiosity and confidence or passion among teachers. In addition, Moula (2021) explains that when the educational organisation does not facilitate and encourage teachers to teach creatively, it can subsequently influence whether creativity is fostered among students because fear about teaching differently and creatively constrains. She supports that teachers need to feel they can safely take risks in creative approaches to teaching. This means teachers need autonomy to practice creatively. Cremin and Chappell (2019) agree and found that encouraging autonomy, agency and risk-taking among teachers and students is crucial for facilitating and enabling creativity. Documentary sources (Appendix 5 and 6), as well as findings discussed in 4.5 illustrate how tasks individual midwifery teachers set may prompt and motivate creative contributions (4.4.2). Examples are provided about the expectations teachers set for tasks and summative assignments (4.4.3) and how this can influence, motivate and enable creative thought about issues. In addition, section 4.4.4 illustrates how individual teachers might influence the learning environment and networking opportunities for students that can enable creative development. Together these factors support that the individual traits, creativity and reflexivity of midwifery teachers themselves influence the creative contributions of student midwives locally. This aligns with existing literature discussed in section 2.2.5. Here Cremin and Chappell's (2019) systematic review found that co-construction of creative outputs and collaboration between teachers and students was evidenced as enabling in 19 studies. In this study, examples were provided about where I have influenced the findings and how findings have been co-constructed by tasks and support in projects that enable creative thought and solutions. Appendix 6 details the creative projects that I personally supported during the academic year 2023-2024, as well as tasks

which prompted students to think creatively about maternity challenges. This is also discussed in section 4.4.3 and 4.6 because I have been influenced by current maternity reports and issues and prompted creative thought through raising awareness of these challenges. Among the creative contributions shared in this study, several ideas were thought to be prompted by tasks facilitated by the teacher (section 4.5). This supports that creative contributions can result from co-construction of ideas where teachers and students both play a role. In addition, it supports that individual midwifery teachers require support and opportunity to work creatively in ways that enable both teacher and student development and crucially it challenges education by teachers which is target grade driven or economically focussed. This is supported by literature discussed in section 2.2.5. Aktas (2022) and Brown and Luzmore (2021) both suggest that creativity and creative pedagogy increasingly features in education policy and practice because there is an increased demand for creative solutions globally. In midwifery practice, the demand for creative solutions to a plethora of challenges is high (see section 2.2.4). Aktas (2022) supports university programmes to emphasise creative skills as a desirable graduate skill because of its broad application to solve problems in an increasingly complex and changing world. He suggests that creativity and its varied conceptualisations are associated with personal and professional development, professional leadership, and holistic, sustainable approaches to education. Investment in midwifery educators and their creativity is beneficial because evidence suggests that a teacher's individual engagement in creativity is associated with improving the creativity of those they teach. Chen and Yuan (2021) found that the creative imagination of teachers is associated with their creative teaching and students' creativity. Chen and Yuan (2021) measured teacher's imagination using self-scored measures in two areas, namely, reproductive imagination and creative imagination. Following this, teachers self-scored in aspects of creative teaching by considering how much interactive discussion and open-mindedness their teaching approaches adopted, the diversity of teaching methods they adopted, and how far they facilitated autonomous learning and presented challenges to students. They found that every aspect of an individual teacher's imagination was associated with increased creative teaching practice. This is closely related to other literature which suggests that imagination and the generation of ideas that may enable innovation are closely related (Rietzchel et al., 2024). Chen and Yuan (2021) conclude that teacher's involvement with activities and tasks that require them to build their imagination can improve creative teaching practices and effectiveness of student learning and creativity.

In a midwifery context this is especially important because evidence suggest there is an underinvestment in teacher development opportunities which may help teachers to explore areas of research creatively (RCM, 2023).

There are currently 16 Professors of Midwifery or Maternal health in the UK reported by the Royal College of Midwives [RCM] (2025) and the state of Midwifery education report (RCM, 2023) suggest that only around 10% of Midwifery teachers at university have a doctoral level qualification. There are declining numbers of midwifery teachers with master's level qualification, from 70% of teachers in 2018 to only 40% in 2023 (RCM, 2023). This matters for midwifery education because RCM (2023) suggest there are fewer midwives who can influence research, policy and practice at a senior, national level that can benefit women's health across the life course. Creative midwifery teachers can contribute towards influencing policy, practice, maternity research and midwifery care. This also influences the quality of education of future midwives, their creativity and resilience (section 2.2.4) and indirectly the care that women receive. Midwifery teachers require investment to both adequately prepare the midwifery workforce, but also to inspire and influence student midwives to creatively address the current challenges in maternity care.

### 5.5.2 Midwifery teachers can enable creativity through facilitating diverse learning opportunities

Teachers can provide diverse opportunities that motivate and enable the development of student midwife's creative ideas. It has already been discussed that whether a teacher engages in creative tasks themselves is associated with creative pedagogy in the classroom, but findings also suggest that the diversity of teacher experience may also influence the diverse opportunities they bring to the classroom. Findings discussed in section 4.5 illustrate that diversity of experiences afforded by the practices of teachers can enable broad ideas, creative expression without fear and may lead to collective creativity. Individual teachers may facilitate diverse affordances in many ways. In this study, the researcher-teacher engages students in cross-discipline learning opportunities. Appendix 6 illustrates the diversity of ideas that were brought to classroom discussions by students during the academic year 2023-2024. These ideas were both diverse in approach and focus, but also came from a diverse range of professionals, including, midwives, occupational therapists, intensive care nurses, community nurses, a liver specialist doctor, neurologist, speech and language therapists and advanced

clinical practitioners. The diversity of views and professional experiences in classroom tasks may have enriched diverse perspectives and understandings of challenges that influence student midwife creative contributions. Diversity is widely acknowledged and framed as a social or moral issue in a range of literature. HE institutions create policies framing diversity as a social and moral issue; however, diversity may also be viewed as an educational practice principle that enables creativity (Livermore, 2016). Through looking at a problem from as many perspectives as possible, cultural diversity can be leveraged to improve creativity (Livermore, 2016). This aligns with theoretical perspectives that appreciate the diversity of ways a creative culture in education can be supported (Szabo et al., 2021). Diversity of information and experience may challenge concepts and understanding through creating dissonance in encountering different beliefs, preferences, and values. In pragmatic terms this means that diversity and the paradoxical personalities and antinomies it brings are beneficial to embed within midwifery education practices because it can expand perspectives, enrich and enable creativity.

Diversity in dialogue and experience is further supported by Glăveanu (2020) who suggests perspectives are relational constructs which include the person, from their position, relating to the material and social world in various ways. Social oriented theories such as Social Learning theory (Wenger, 2018) suggest that meanings and representations emerge in the interactions between self, others, and objects/issues and depend on dialogue between people and groups about objects (or issues) of common interest. Glăveanu (2020) supports that perspectival dialogue, and the openness required for it, is important for enabling creativity. Glăveanu (2020) argues that consideration should be given to culture in the socially enacted meaning making. Findings from this study suggest a culture of limited diversity and limited openness to alternative perspectives has constrained creative contributions whereas opportunity for engagement with diverse perspectives and networks was found to be enabling.

### 5.5.3 Midwifery teachers support collective creativity that cross system boundaries

Findings in section 4.5, demonstrate that peer relationships among small sub-groups of peers and wider groups, including networks within and outside university matter for enabling creative contributions shared by student midwives. Networks (social and professional

relationships) and systems (social, societal, culture-based and political workings) were found to either constrain or develop and enable expression of creative ideas. Section 4.5.3 presents findings that suggest student midwife creative contributions are influenced by multiple system levels and networks related to educational experiences. Findings also suggest teachers can act as intersecting agents across systems and networks by providing structured activities that influence lines of inquiry and facilitate ideas to cross boundaries (see Appendix 6). Structured activities may include aspects of curriculum design that demands creative thought and solutions in assessments can pedagogical approaches (section 4.5.2) and promotes questioning of broad practices within systems (section 4.5.3). This finding is supported by Glăveanu's (2014) five A's theory and Bronfenbrenner's ecological systems theory (1979). Glăveanu (2014) proposed the five A's model as reflecting the psychology of creative action. The five A's includes five concepts including Actor, Action, Artifact, Audience and Affordances and suggests that creativity cannot be decontextualised because it is both situated (socially) and distributed (co-constructed). As such, Glăveanu's (2014) five A's model reflects connections between the person and context and supports that key actors (teachers) may play a role in social position and co-construction. However, the model also suggests that a person (students or teachers) become actors by internalising the rules and norms within a group before being able to act creatively in that domain.

Bronfenbrenner's ecological systems theory (1979) outlines that learning, (which includes creativity) occurs due to individual interaction with many types of systems, including small local social systems (microsystems), interactions between systems, intermediate systems, and macrosystems, which include societal, cultural, and political systems. This theory situates the teacher and student as individuals acting and interacting within microsystems (immediate social/peer/teacher relationships) and broader systems that are important in enabling or constraining creative contributions. Teacher, organisational and professional expectations of students (section 4.6.1), the culture of healthcare and healthcare systems (section 4.5.2) and the pedagogical choices, including practice of individual teachers may motivate, enable or constrain creative contributions (see section 4.5.3, the reflexive midwifery teacher). Billet (2001; 2009) suggests that interactions between peers and teachers, and the type of interactions and relations, including trust and discretion, is what affords opportunity and promotes engagement in learning and creativity. Bereczki and Karpati (2018) and Huang et al.

(2019) agree that the success of fostering of creativity in education is largely dependent on the teacher and although educational institutions may place value creativity and share a desire to develop creative students, limited attention is given to the creative personality or development of creative practice among individual teachers. Huang et al. (2015) suggest that many teachers do not practice in ways that bring creative elements to the classroom and curriculum. This supports that investment in creative cultures in HE should consider strategies that both support an organisational creative culture and enable the creative development of teachers because creativity and creative action represents the co-construction or collective creativity which surfaces through the context. This is supported by Hanchett Hanson et al. (2021) who suggests participatory creativity is individually contextually dependent and individual historical experiences can bring collective richness to creative ideas that are expressed through social environments and actions. Hyrkkö and Kajamaa's (2021) and Wong et al. (2021) both support that collective creativity is tension-laden and can enable or constrain individual participants' creativity. Individuals in social contexts have different experiences in collective creativity dependent on the powers and tensions within the group. For student midwives, this means the bringing of ideas may be influenced by their perceptions about tensions and powers within healthcare systems or peer groups and it supports that healthcare policy and practice can enable creativity through ensuring the culture fosters curiosity and enables ways in for student midwives to challenge tension and power. Wong et al. (2021) suggests that co-design tools can disrupt negotiation and in doing so, may transcend constraints. In this study there are examples of creative contributions which combine the student's idea, with that of their peers, teachers and senior midwives or supervisors (section 4.5.3) which has transcended constraints and has been shared more widely with wider impact. This offers unique insight into the ways that midwifery teachers, midwifery students and health professionals can work together in creative action to challenge broader organisational or cultural problems.

#### 5.5.4 Summary

In answer to RQ4, the individual teacher and her context, including organisational support for creative pedagogy and investment in midwifery teachers to develop their creativity can enable creativity among students. Opportunities to academically and creatively explore and understand issues largely influenced the creative thoughts and actions of students in this

study. Findings suggest that investment in teacher creativity can influence student creativity. Creative pedagogical approaches may better prepare students for the midwifery workforce and in finding creative solutions to its current challenges. Midwifery teachers in this study influenced the diversity of opportunities for students to act creatively or to understand diverse perspectives about problems or issues. This diversity was found to expand and enrich creative efforts and supported collective creativity. Collective creativity was enabled through teachers acting as intersecting agents across systems and networks. This further supports investment in the creative development of teachers that can enable and motivate the creativity of students they teach.

## 5.6 Conclusion

The main findings from the study have been summarised under four themes. The themes identified are linked with existing literature throughout this Chapter. Themes are interconnected and relate to how an individual acts creatively in HE by sociocultural factors and constructed realities in the social and cultural environment. The Chapter discusses each theme from perspectives that align with diverse interpretations associated with constructivist and interpretative views. Together these interpretations have provided a multi-faceted understanding about the ways that the creative contributions of student midwives are influenced by their specific context. Chapter 6 will draw together discussions to define and justify the study's contribution to advancing knowledge, its implications for educational practice, policy, and the extent to which findings answer to RQs.

## Chapter 6: Conclusion

### 6.1 Introduction

In this study, I aimed to understand the ways in which student midwife creative contributions are influenced by sociocultural factors. I specifically sought to answer the four RQs outlined in section 1.3 to understand how social position, culture-based position, policy and micro-political aspects of the local context, the pandemic, social connections and teacher practice influenced creative contributions. Themes were presented under each RQ that explored the ways in which each factor was found to be associated with enabling, motivating or constraining student midwife creative contributions. Throughout the study, I made a series of interpretative decisions and situated interpretations to construct and describe the approach and findings. For the concluding Chapter, I detail the extent to which the RQs can be answered and outline recommendations for HE practice and policy stemming from the findings. In addition, I highlight recommendations for further research and define the distinctive contributions made to existing understanding about the ways in which sociocultural factors influence student midwife creative contributions. In conclusion, I bring closure through reflective and reflexive discussion about my journey and contributions.

### 6.2 Answering the research questions

Findings in this study highlight the highly contextual nature of sociocultural based factors that influence creative contributions among student midwives. Despite the highly specific contextual nature of findings, understanding was gained about the ways in which sociocultural factors were found to enable, motivate or constrain creative contributions and supporting contextual literature supports that findings improve wider understanding.

#### 6.2.1 RQ1: In what ways do social and cultural positions enable development of individual creative sensitivity and courage for midwifery students?

In answer to RQ1, findings support that the unique position held by individual student midwives, in terms of the physical position (and the affordances this may offer), the social position (and the network this offers), and the symbolic position (that includes professional identity, teacher expectations and power in systems of discourse) all influence creative ideas



and behaviour. Student midwives may be both challenged and enabled by their position to act creatively. In terms of the physical position, more affordance for exploration and sharing of creative ideas made possible through social position and affordance was motivating and enabling. In addition, some personal attributes and traits were found to motivate and enable creative contributions. These include student midwife traits of sensitivity (ability to recognise the need for creative solutions) and courage (confidence to share ideas). The social and symbolic position of student midwives was found to be influenced by the social receptivity (social acceptance by colleagues and peers) of ideas because it influenced student midwife confidence to share ideas widely. Where ideas were readily accepted in the social group, it was enabling and where ideas challenged norms, co-constructed tools could disrupt the usual approach or ways of working. Acceptance and social approval of ideas influences student midwife traits of courage and sensitivity. Lastly, in terms of the symbolic position, student midwives were likely to be motivated by a desire to improve care for women and their families and this was found to be influenced by the professional and teacher expectations in the specific context, their identity and beliefs about their own abilities and power to bring change through creative contributions.

#### 6.2.2 RQ2: In what ways does political and micro-political awareness motivate and influence creative conditions for midwifery students?

In answering to RQ2 findings from this study suggest that while an intrinsic motivation to be creative exists among individuals, the expression of it and development of creative contributory ideas is influenced by political and micro-political factors. Political factors (which includes the range of local micro-political factors, politically commissioned national maternity reports, agenda and healthcare policy) may motivate and mediate the formation of specific creative ideas. Maternity policy and political focus motivated creative contributions in common areas and in these ways student midwives became actors of policy. Equally, the micro- political context (group culture) influenced creative ideas because ideas were constrained where they did not align with dominant or established group norms. The shutting down of ideas by established norms within midwifery CoP and policy was found to be constraining and a potential problem that may continue to constrain creative efforts to address maternity care challenges in the future. Micro-political shutting down of creative efforts reduces midwifery autonomy, personal fulfilment and potentially contributes towards

increasing burnout and midwives leaving the profession. This study supports that student midwives should be given time, space and opportunities to share creative ideas for solutions to current midwifery challenges that transcend existing policies and established ways of working. Ways in to the disrupt current group norms (and ways of working) with creative ideas may benefit and improve maternity care. It also suggests that student midwives are highly influenced by dominant practices, norms, modelling in universities and senior midwives. While student midwives in this study demonstrated awareness of political issues locally and nationally, the distribution of power and limited ways in to disrupt power differences for students meant that ideas were stopped or shaped by current practices. This is challenge in midwifery practice because recent politically commissioned national maternity reports highlight culture-based practice problems that are influencing the quality and safety of care.

### 6.2.3 RQ3: In what ways does loss of social connectedness during the pandemic continue to constrain creative contributions for midwifery students?

In answer to RQ3, the study found that social connectedness provides opportunities for student midwife creative development. Interpretations were made about how social feedback related to student midwife ideas and built confidence and trust that enabled creative contributions in the future. Cases illustrated that loss of social connectedness during the pandemic increased epistemic vulnerability. Epistemic vulnerability refers to vulnerability in possessing confidence to trust others, to trust truths, and of being sure of one's beliefs and identity. Epistemic vulnerability comes about due to epistemic position and security within a social network and it is influenced and shaped by how many sources of information a person has access to, how independent those sources are from each other, how reliable the sources are, and how diverse the viewpoints of the sources are. Findings suggest epistemic position was restricted for the student midwives in this study at a crucial point in early adulthood because their epistemic position and security was not yet established. The findings suggest that reduced social experiences and diversity of social networks constrains creative confidence and expression and therefore supports pedagogical practices that provide opportunity for creative expression and social feedback from diverse social groups. Epistemic development is also associated with professional and personal identity and understanding of own professional role and power. Social opportunities and relationships play a crucial role in the development of understanding own position, developing autonomous practice and

creative expression. In this study, student midwives who experienced a loss of social connectedness felt less certain about their professional identity and position and it constrained their confidence to share creative ideas.

#### 6.2.4 RQ4: In what ways can HE provide diverse and holistic opportunities that support creative culture within teaching and learning for the midwifery sector?

In answer to RQ4, findings indicated that creative action is highly contextual. The study supports that the individual teacher and her context, including institutional support for creative pedagogy and investment in opportunities for the creative development of teachers influenced student creativity. Teachers and organisations can facilitate the academic critical and creative exploration and understanding of issues by student through investment in developing teacher creativity. Developing teacher creativity can lead to creative pedagogical practice by teachers that may better prepare students for the midwifery workforce because it may aid students in finding creative solutions to current challenges in maternity care. Creative pedagogical approaches include the facilitation of diverse opportunities for students that develops student creativity. Midwifery teachers in this study influenced the diversity of opportunities for students to act creatively or to understand diverse perspectives about problems or issues. This diversity was found to extend and enrich creative efforts by expanding perspectives. Diverse, creative teacher practice supported collective creativity (teachers and students or groups of peers co-constructing and co-creating). In this study, collective creativity was enabled through teachers acting as intersecting agents across systems and networks. This further supports that investment in the creative development of teachers can enable and motivate the creativity of students they teach. Expectations of student midwives which includes the expectations of teachers and the professional midwifery expectations can promote and motivate creativity. This supports that creativity can be promoted through clear expectations or priorities to develop creativity in midwifery education or to meet the specific challenges of the profession.

### 6.3 A distinctive contribution to knowledge

The study makes a distinctive contribution in understanding creative contributions by student midwives in healthcare and midwifery education. The case study methodology has supported in depth understanding of creative contributions of student midwives in their real-world context, with reflexive analysis of an insider teacher-researcher forming an integral part of the

research and interpretations. My insider perspective is appreciated as highly valuable in providing a transparent and accurate portrayal of a case study phenomenon. Yin (2018) suggests this is because I am not merely a passive observer conducting research and distant from participant contributions, but rather I am in a position where specific manipulations of events can be better understood in context. As such, this study offers a unique insight into the creative behaviour of student midwives by drawing on four sources of data (diaries, follow up questioning, documentary sources and participant-observer sources) to understand their creative contributions. The study provides a distinctive interpretation about the events and sociocultural factors in midwifery and midwifery education that influence creativity.

### 6.3.1 A contribution to situated understanding of student midwife creative action

Until now, no multi-case studies have been published that examine the creative contributions of student midwives and the sociocultural factors that motivate, enable or constrain their ideas. The in-depth understanding gained from findings in this study have improved understanding about how position (RQ1), perspective/belief (RQ1), policy and micro-politics, group culture (RQ2), social connections (RQ3) and educational opportunities or practice (RQ4) can influence creative contributions by student midwives. This is important because midwives work in highly demanding, unpredictable and ever-changing environments and face constant demand to meet emerging and developing health service needs that require them and the healthcare organisations more broadly to be innovative, creatively agile, and responsive (Denhardt et al., 2018; Cheraghi et al., 2021). Individuals working in healthcare systems require the creative cognitive skills to meet the changing and highly demanding healthcare needs in the course of their everyday professional work (Cheraghi et al., 2021). Therefore, there is current need for better understanding about how creative cognitive skills can be enabled in midwifery education to address challenges in everyday midwifery practice and healthcare challenges more broadly.

Creativity based research relating to midwifery practice or education is extremely limited (see 2.2.4), while the benefits of enabling creativity across other subject areas is widely acknowledged and studied (see 2.2.5). This study has focussed on creativity that occurs in the midwifery practice or education context and has highlighted the promising benefits of

motivating and enabling creativity in midwifery to improve maternity care and the need for further midwifery educational research.

## 6.4 Recommendations for practice

### 6.4.1 Recommendation for practice 1: Support midwifery teacher's creative development

Findings in this study support existing literature that highlights the importance of individual teachers' development in creative pedagogical practice. The study found that teachers may act as intersecting agents between personal and individual epistemologies and engagement in creative thinking and action which aligns with the findings by Billet (2009). Teachers can challenge and expand the viewpoints held by students through diversifying student epistemic position (range of knowledge and truths about a topic) and by providing opportunities which build epistemic security (skills in rationality, confidence, surety, and trust) which can enable confidence and courage in making creative contributions. However, teachers individual experiences influence their understanding and position that may influence their creative pedagogical practice. Creative pedagogical practice matters because midwifery teachers can act in numerous practical ways (as part of student midwives social world) to engage individuals with creative thinking and action. Findings in this study support investments by organisations to promote a creative culture in midwifery education through enabling individual teacher's creative pedagogy. A key finding supports that teacher practice was highly influential in enabling student creativity. Teachers that cultivate creativity in the classroom also cultivate creativity in their own personal and professional lives and mindset and transfer a creative skillset to their teaching environment. Henriksen et al. (2015) found this translated into teachers providing more opportunities for students to take creative risks, undertake cross-discipline learning, and to adopt real-world learning approaches.

Better educational opportunities for midwifery teachers to develop creatively can better equip student midwives for challenges in maternity care because this study supports that individual teacher practice can influence student creativity.

Promotion of creativity in Higher Education is supported in wider literature. Aktas (2022) evaluated 45 programmes across 32 global universities that were not arts related programmes but included a significant focus on creativity and claims that university programmes

increasingly emphasise creative skills because of its broad application to solve problems. He suggests that creativity and its varied conceptualisations are associated with personal and professional development, professional leadership, and holistic, sustainable approaches to education. Aktas's (2022) findings coupled with the report by the RCM (2025) that there are only 16 Professors of Midwifery or Maternal health in the UK suggest a need for investment in the creative development of the midwifery teacher workforce.

The state of midwifery education report (RCM, 2023) suggests that only around 10% of Midwifery teachers at university have a doctoral level qualification. In addition, there are declining numbers of midwifery teachers with master's level qualification, from 70% of teachers in 2018 to only 40% in 2023 (RCM, 2023). This matters for Midwifery education because this study suggests diverse education opportunities increases teacher creativity and teacher creativity is associated with student creativity that can solve challenges and improve resilience. In addition, creative cognitive skills, such as creative thinking (imagination) required to form ideas for new ways or approaches to doing things with curiosity, the reasoning and risk-taking in bringing ideas are essential skills in critical thinking and problem-solving (Li and He, 2023). The RCM (2023) suggest that education of midwifery teachers matters because there are fewer midwives who can influence research, policy and practice at a senior, national level that benefits women's health. This study also suggests that reduced opportunities for teachers to creatively explore problems themselves influences the quality of education of future midwives and indirectly the care that women receive. Midwifery teachers require investment to both adequately prepare the midwifery workforce, but also to inspire and influence student midwives to creatively address the current challenges in maternity care.

#### 6.4.2 Recommendation for practice 2: Four creative pedagogical practice principles that can enable creative contributions for student midwives

In addition to investment in the education of midwifery teachers, this study supports four specific creative pedagogical practices. Findings have contributed towards understanding the specific ways that creative contributions may be supported in midwifery education by teachers in four main ways. Firstly, midwifery teachers can plan classroom tasks that bring uncertainty (section 4.5.1). Secondly, teachers can challenge student midwives with examples of inquiry that prompt and motivate creative contributions (4.4.2). Thirdly, teachers can clearly set creative expectations for tasks and summative assignments that can prompt and facilitate

creativity (4.4.3). Lastly, teachers can facilitate a supportive learning environment and networking opportunities (4.4.4). Together these creative pedagogical approaches support the development of individual identity and creative expression of student midwives. These practices also promote the creative and reflexive practice of midwifery teachers which also aids their own development and the creative contributions of their students.

## 6.5 Limitations and recommendations for research

The study's limitations mean findings are limited to the study's scope and must be considered in context. This study has made a small, but significant, distinctive and informative contribution to existing theory and knowledge which has drawn some conclusions that can also inform larger studies. This study included a small sample of eight Participants from one UK university. All Participants identified as female and were studying midwifery at undergraduate level, therefore a lack of diversity in sampling, and the sample size limits transferability and generalisability of study findings. However, the study design and depth of analysis means a worthwhile, situated contribution to current understanding of creativity has been made. Nevertheless, limitations of the study design and study constraints have informed the research recommendations outlined below.

### 6.5.1 Research recommendation 1: Longitudinal sociocultural studies focused on the long-term social impact of the pandemic in education are needed

Section 5.4 discussed the impact of social deficits experienced during the pandemic on creative contributions in the early post-pandemic period. Longitudinal studies that seek to understand long-term social impact would be beneficial to inform educational practice, aid social recovery, and enable learning and creativity. Findings suggest current UK education priorities discussed in section 2.2.6 may not sufficiently address changing HE needs, but not enough is known about post-pandemic needs to inform specific strategies or policies broadly. This study has offered limited insight into how the pandemic affected education, development of own epistemologies and professional student midwife identity. This is a significant finding because it suggests further sociocultural focused research is needed to understand these issues better and its impact that can inform cross-boundary priorities and policy which intersects with HE policy.

### 6.5.2 Research recommendation 2: Observational ethnographic studies may aid understanding about why and how creative contributions among midwives can be enabled.

This study has focussed on examples in midwifery education or examples that have been initiated during the midwifery training period in clinical practice. This provides limited insight into how the practice and creativity of qualified, practising midwives can be enabled. Further research into this area through observational ethnographic studies may improve understanding about how creative contributions can be enabled in the midwifery workforce to address maternity challenges.

## 6.6 Concluding remarks

I began my research journey in 2018, when I first identified a line of inquiry related to young adults and creativity in HE. In 2020, the focus changed direction because learning and creativity were heavily influenced by the events of the pandemic. This became a significant factor in my research. Following my pilot study in 2021, I began to consider how contextual factors were intertwined as influential in social behaviour, learning, and creativity. I identified that there was a lack of research that focused on broad and local sociocultural factors affecting creativity, and that many studies focused on specific interventions, practices, the individual, or primarily social factors. Although, a study about sociocultural factors influencing creativity was a substantial challenge due to the complexity of studying abstract concepts such as, social and cultural factors, this approach and line of inquiry was important for gaining a new perspective and the ways in which creative contributions can be understood.

The journey enabled me to realise and reflect upon the ways in which I influence the world around me and the creative ways I can contribute towards improving the education of healthcare students, as well as the people accessing healthcare. Some of the biggest challenges in maternity care reported in national investigations relate to safety, and quality of care that have been influenced by local contextual factors. This includes the ways people work together, midwifery education and the established norms of the profession. This study has highlighted that creative contributions can question, disrupt, and challenge the usual way of things and in doing so contribute towards changes that benefit patients and women. As I have travelled through the doctoral years, I have increasingly invested in enabling healthcare student ideas. This is reflected in recent activities and projects such as the creation of an open



access journal endorsed by my current employing university that aims to share student ideas for solutions to challenges (Hallett and Philp-von Woyna, 2025). I also lead modules, and a programme designed to prompt and build evidence based creative solutions. Appendix 6 has provided some examples about the scope of student ideas I support in my everyday work. Finally, I have realised the importance of sharing my ideas and understanding as a valid perspective in the field of health education. I have secured a book deal with Springer Nature scheduled for completion in 2025, which expands on aspects and findings of this doctoral project to prompt health practitioners in finding creative solutions and to share their ideas.

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## Appendices

### Appendix 1: Critical appraisal of primary studies and papers included in the literature review

Y= yes, N= no, U= Unclear/can't tell

Author	Type of study	Critical appraisal tool selected	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Quality score
Ahmadi and Maleki (2022)	Descriptive quantitative	MMAT (Hong et al., 2018)	Y	Y	Y	Y	Y	U	Y					6/7.
Aktas (2022)	Qualitative/ Critical discourse analysis	MMAT (Hong et al., 2018)	Y	Y	Y	Y	Y	Y	Y					7/7.
Amir and Reid (2020)	Cross-sectional cohort, descriptive quantitative	MMAT (Hong et al., 2018)	Y	Y	Y	Y	Y	N	Y					6/7.
Andina-Díaz et al. (2024)	Systematic (mixed methods) review	JB1 systematic review appraisal (Aromataris, 2015)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	11/11.
Aydin Dogan et al. (2023)	Cross sectional descriptive (correlational) quantitative	MMAT (Hong et al., 2018)	Y	Y	Y	Y	Y	Y	Y					7/7.
Baum and Baumann (2019)	Descriptive quantitative	MMAT (Hong et al., 2018)	Y	Y	U	Y	Y	U	Y					5/7.
Bereczki and Karpati (2018)	Systematic review	JB1 systematic review appraisal (Aromataris, 2015)	Y	Y	Y	U	U	Y	Y	Y	U	Y	Y	8/11.

Bungay et al. (2023)	Qualitative study	MMAT (Hong et al., 2018)	Y	Y	Y	Y	Y	Y	Y					7/7.
Capitani et al. (2022)	Quantitative, inferential, survey design	MMAT (Hong et al., 2018)	Y	Y	Y	Y	Y	Y	Y					7/7.
Carr et al. (2021)	Survey, quantitative descriptive	MMAT (Hong et al., 2018)	Y	Y	Y	Y	Y	U	Y					6/7.
Carvajal et al. (2024)	Rapid review	JB1 systematic review appraisal (Aromataris, 2015)	Y	Y	Y	Y	Y	Y	Y	U	U	Y	U	8/11.
Chen and Yuan (2021)	Correlational survey quantitative	MMAT (Hong et al., 2018)	Y	Y	Y	U	U	Y	Y					5/7.
Cheraghi et al. (2021)	Concept analysis, qualitative	MMAT (Hong et al., 2018)	Y	Y	Y	Y	Y	U	U					5/7.
Cremin and Chappell (2019)	A systematic review	JB1 systematic review appraisal (Aromataris, 2015)	Y	Y	Y	Y	Y	Y	U	U	N	Y	Y	8/11.
Gardiner (2017)	Case study- qualitative	MMAT (Hong et al., 2018)	Y	Y	Y	Y	Y	Y	Y					7/7.
Gardiner and Anderson (2018)	Qualitative study	MMAT (Hong et al., 2018)	Y	Y	Y	U	U	Y	Y					5/7.
Hanchett Hansen and Jorge-Artigau (2021)	Case study	MMAT (Hong et al., 2018)	Y	Y	Y	U	U	U	Y					4/7.
Hasheminejad et al. (2022)	Descriptive quantitative	MMAT (Hong et al., 2018)	Y	Y	Y	U	Y	U	U					4/7.

Henriksen et al. (2015)	Qualitative study	CASP checklist for qualitative research (CASP, 2024)	Y	Y	Y	U	Y	U	Y	Y	Y	Y		8/10.
Huang et al. (2019)	Non-randomised Quantitative	MMAT (Hong et al., 2018)	Y	Y	Y	Y	Y	Y	Y					7/7.
Hyrkko and Kajamaa (2021)	Qualitative (group change)	MMAT (Hong et al., 2018)	Y	Y	Y	U	U	Y	Y					5/7.
Jasiński et al. (2021)	Descriptive quantitative	MMAT (Hong et al., 2018)	Y	Y	Y	Y	Y	U	Y					6/7.
Jean-Berluche (2024)	Literature review	JBİ systematic review appraisal (Aromataris, 2015)	Y	Y	Y	Y	U	N	U	U	U	Y	Y	6/11.
Jordan (2023)	Qualitative, longitudinal	CASP checklist for qualitative research (CASP, 2024)	Y	Y	Y	Y	Y	N	Y	Y	Y	Y		9/10.
Karwowski et al. (2021)	Quantitative diary-based, descriptive quantitative	MMAT (Hong et al., 2018)	Y	Y	Y	Y	Y	Y	Y					7/7.
Kaufman and Beghetto (2023)	Expert opinion, theory analysis	JBİ checklist for expert evidence and opinion (JBİ, 2020)	Y	Y	Y	Y	Y	Y						6/6.
Kedge and Appleby (2010)	Expert opinion, theory analysis	JBİ checklist for expert evidence and opinion (JBİ, 2020)	Y	Y	Y	Y	Y	N						5/6.
Kerwer et al. (2021)	Experimental	MMAT (Hong et al., 2018)	Y	Y	Y	Y	Y	Y	Y					7/7.



Kolb and Kolb (2017)	Case studies	CASP checklist for qualitative research (CASP, 2024)	Y	Y	Y	Y	Y	Y	Y					7/7.
Li and He (2023)	Quantitative, cross-sectional scored survey	MMAT (Hong et al., 2018)	Y	Y	Y	Y	Y	Y	Y					7/7.
Li et al. (2021)	Non-randomised quantitative	MMAT (Hong et al., 2018)	Y	Y	U	Y	Y	U	Y					5/7.
Luria and Kaufman (2017)	Opinion, literature based	MMAT (Hong et al., 2018)	Y	Y	Y	Y	Y	Y	Y					7/7.
Mavri et al. (2021)	Mixed methods	MMAT (Hong et al., 2018)	Y	Y	Y	Y	Y	Y	Y					7/7.
Mcdonald et al. (2013)	Collective case study	MMAT (Hong et al., 2018)	Y	Y	Y	Y	Y	Y	Y					7/7.
Mohamed (2020)	Qualitative	MMAT (Hong et al., 2018)	Y	Y	U	Y	Y	Y	Y					6/7.
Moula (2021)	Qualitative study	CASP checklist for qualitative research (CASP, 2024)	Y	Y	Y	Y	Y	U	Y	Y	Y	Y		9/10.
O'Riordan et al. (2020)	Descriptive quantitative	MMAT (Hong et al., 2018)	Y	Y	Y	Y	Y	U	Y					6/7.
Quarles and Bozworth (2022)	Quantitative, experimental	MMAT (Hong et al., 2018)	Y	Y	U	U	Y	U	Y					4/7.
Rietzchel et al. (2024)	Systematic review	JB I systematic review appraisal (Aromataris, 2015)	Y	Y	Y	Y	U	Y	U	Y	N	Y	Y	8/11.

Sio et al. (2024)	Meta analysis	CASP checklist for systematic reviews with meta-analysis (CASP, 2024b)	Y	Y	Y	Y	Y	Y	Y	Y	Y	U	U		8/10.
Sonmezer (2021)	Opinion, literature based	JBİ checklist for expert evidence and opinion (JBİ, 2020)	Y	Y	Y	Y	Y	U							5/6.
Szabo et al. (2021)	Case study	MMAT (Hong et al., 2018)	Y	Y	Y	Y	Y	Y	Y						7/7.
Uchimura et al. (2024)	Scoping review	JBİ systematic review appraisal (Aromataris, 2015)	Y	Y	Y	Y	Y	Y	Y	Y	Y	U	U	Y	9/11.
Wilson et al. (2022)	Qualitative (survey design)	MMAT (Hong et al., 2018)	Y	Y	Y	Y	Y	Y	Y						7/7.
Woeber et al. (2022)	Quantitative, non-randomised	MMAT (Hong et al., 2018)	Y	Y	Y	Y	Y	Y	Y						7/7.
Wong et al. (2021)	Case study-qualitative	MMAT (Hong et al., 2018)	Y	Y	Y	Y	Y	Y	Y						7/7.
Zanden et al. (2020)	Literature review-systematic approach	JBİ systematic review appraisal (Aromataris, 2015)	Y	Y	Y	U	Y	Y	Y	Y	Y	Y	Y	Y	10/11.

## Appendix 2: Policy history relevant to the case study

Date	Title of policy/report or change
1963	The Robbins Report
1985	The development of Higher Education into the 1990's [Green Paper]
1987	Higher Education: Meeting the Challenge [White Paper]
1987	Enterprise in Higher Education Initiative
1988	Education Act
1990	Education (student loans) Act
1991	Higher Education: A New Framework [White Paper]
1991	Education and Training for the Twenty-first Century [White paper]
1992	Further and Higher Education Act
1996	Education (student loans) Act
1997	Dearing Report
1998	The Learning Age -on lifelong learning [Green Paper]
1998	Teaching and Higher Education Act
1999	Learning to Succeed: A New Framework for Post-16 Education [White Paper]
2002	Roberts Report- SET for success
2003	The Future of Higher Education [White Paper]
2004	Higher Education Academy established
2005	National Student Survey (NSS) begins
2006	UK PSF standards introduced
2008	The Research Excellence Framework (REF)
2009	Higher Ambitions: The Future of Universities in a Knowledge Economy
2010	Securing a Sustainable Future for Higher Education- Browne Review
2010	Understanding the information needs of users of public information about Higher Education
2011	Students at the Heart of the System [White Paper]
2015	Fixing the foundations: creating a more prosperous nation [White Paper]
2016	Success as a Knowledge Economy: Teaching Excellence, Social Mobility and Student Choice [White Paper]
2017	Teaching Excellence Framework: Lessons Learned
2017	Higher Education and Research Act
2017	Teaching Excellence and Student Outcomes Framework Specification
2017	Teaching Excellence Framework: subject level pilot specification
2018	Teaching Excellence and Student Outcomes Framework: Year 4 procedural guidance
2019	Augar review (Wolf et al., 2019)
2021	Policy paper: UK Research and Development Roadmap Department for Science, Innovation and Technology
2022	Consultation HE reform
2022	Office For Students (OFS) Blended learning and OFS regulation This report sets out our regulatory views following a review of blended learning, which we commissioned in June 2022
2022	Policy paper: Inclusive Britain: government response to the Commission on Race and Ethnic Disparities Inclusive Britain is the government's response to the report by the Commission on Race and Ethnic Disparities (2022) Department for Levelling Up
2023	Policy paper: Introduction of T Levels (Department for Education, 2023). Updated 9 March 2023
2023	Policy paper: Higher Technical Qualification
2023	Government response to the HE reform

## Appendix 3: Data collection tool

Prior to the first diary entry, but after consent, contextual information will be gathered using an online form from each Participant. The contextual information will include,

- Participant age
- gender
- subject of study
- year of study
- study status during 2020-2022 and,
- ethnicity.

The diary guidance below will be provided for each entry via a secure online form.

<p><b>1) Provide a detailed description of the steps you have taken to make a creative contribution today.</b></p> <p>[A creative contribution may include</p> <ul style="list-style-type: none"><li>• Sharing your new ideas and/or thoughts with others</li><li>• Sharing discoveries or links you've made during your learning with others</li><li>• Recognising a problem and sharing your idea of a solution with others</li><li>• Explaining things to others in imaginative ways]</li></ul> <p>Provide as much information as you can. The contribution can be big or small. The response box will expand as you type to allow you to include as much detail as you want to.</p>
<p><b>2) Explain why you made the creative contribution.</b></p> <p>Provide as much information as you can. The response box will expand as you type to allow you to include as much detail as you want to.</p>
<p><b>3) Explain how social 'norms' or expectations or relationships with others have motivated you or influenced your creative contribution making it easier or more difficult to do/say.</b></p> <p>[Norms can include,</p> <ul style="list-style-type: none"><li>• The way things are usually said or done.</li><li>• The usual expectations others have of you.</li><li>• The usual taboos (the views, actions or behaviours others might view as unacceptable related to your creative contribution)</li><li>• How others might view or accept your contributions. This might be your peers, teachers, colleagues, or the public.]</li></ul> <p>Provide as much information as you can. The response box will expand as you type to allow you to include as much detail as you want to.</p>

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### **Follow-up questioning**

Thank you for providing diary entries about your creative contributions. To understand your perspectives better please answer the following questions.

1. Thinking about the diary entries you made; can you summarise the circumstances you believe are most important to enable you to make creative contributions?
2. Do you believe your experience as a young adult studying during the Coronavirus pandemic has changed how creative you are? Has it made you more or less able to make creative contributions and if so, can you explain how or why?

## Appendix 4: participant consent form



### RESEARCH PROJECT CONSENT FORM

**Title of Project:** student midwife perspectives on sociocultural factors to enable everyday creative contributions

**Researcher:** Lauren Philp

I have read and understood the information sheet. Yes ☐ No ☐

I have been given the opportunity to ask questions, and I have had any questions answered satisfactorily. Yes ☐ No ☐

I understand that my participation in this study is entirely voluntary and that I can withdraw at any time without having to give an explanation and without this affecting my treatment now or in the future. Yes ☐ No ☐

I understand that each diary entry/answer to follow-up questions will be sent immediately to the researcher on my submission. Yes ☐ No ☐

I consent that data collected could be used for publication such as, scientific journals, other academic publications or could be presented in scientific forums (conferences, seminars, workshops) or can be used for teaching purposes and I understand that all data will be presented anonymously. Yes ☐ No ☐

I agree that data will only be used for this project, although the data may also be audited for quality control purposes. Yes ☐ No ☐

All data will be stored safely and electronically on a password protected computer for 10 years or such other period as is specified in the University's policies from time to time, before being destroyed. Yes ☐ No ☐

I understand that I can withdraw my data without having to give an explanation up until [date to be inserted]. After this point, data will have already been aggregated for analysis purposes. Yes ☐ No ☐

I understand part 2 of the study is optional and I hereby consent to part 2.

Yes ☐ No ☐

## Appendix 5: Annotated bibliography of documentary sources

McArthur et al. (2020) critical appraisal tool was used as a framework to summarise the critical appraisal of each document in the annotated bibliography,

1. *The citation for retrieval*
2. *The background of the authors (expertise/affiliation/stakeholder involvement)*
3. *The content/scope of the document*
4. *The main argument/conclusion (alignment with other literature?)*
5. *The intended audience*
6. *Research methods (if applicable)*
7. *Reliability of the document/ Strengths and limitations (biases reported?)*
8. *Relevance to this case study*

### **1.The citation for retrieval**

Ockenden, D. (2022) *Ockenden report - final: findings, conclusions and essential actions from the Independent Review of Maternity Services at The Shrewsbury and Telford Hospital NHS Trust*. (HC1219). [Online] Available at: <https://assets.publishing.service.gov.uk/media/624332fe8fa8f527744f0615/Final-Ockenden-Report-web-accessible.pdf>.

### **2. The background of the authors (expertise/affiliation/stakeholder involvement)**

The report is authored by Professor Donna Ockenden, an experienced midwife and researcher who led the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust. The review was initiated due to concerns about the poor care provided that led to significant harm, neonatal deaths, stillbirths, and maternal injuries and deaths. The report involved healthcare professionals such as midwives and obstetricians, members from NHS England and the women and families affected by poor care.

### **3. Content/Scope of the Document**

The report provides a comprehensive review of maternity care at the Shrewsbury and Telford NHS Trust that covered a systematic investigation into over 1,500 cases of poor care in maternity. It found there were failings in care and systemic issues that led to the harm and the report makes recommendations for improvement at a local and national level. The

report specifically supports better training for midwives, improved communication, and a more robust system of accountability. The review highlights systemic and leadership issues that contributed to poor outcomes including a culture where there is failure to listen to families and junior staff.

#### **4. Main Argument/Conclusion (Alignment with Other Literature?)**

The main argument of the Ockenden report is that serious failings in maternity care at the Shrewsbury and Telford Hospital NHS Trust led to significant harm for mothers and babies, and there was a failure of leadership in addressing these issues. The report concludes that the hospital trust did not meet acceptable standards of care, and there was inadequate oversight. In addition, the report found that mothers, families and junior staff were not listened to.

#### **5. Intended Audience**

The intended audience for this report includes health professionals working in maternity care, managers, policymakers, advocacy groups for women and families and researchers.

#### **6. Research Methods (if applicable)**

The Ockenden Review used a combination of qualitative and quantitative research methods which included case reviews of more than 1,500 maternity incidents at Shrewsbury and Telford NHS Trust, involving stillbirths, neonatal deaths, and other avoidable harms. The methods used to gather data included interviews and/or testimonies of patients and staff, analysis of hospital records, incident reporting at the NHS trust and evaluation of current practice at the trust.

Interviews with affected families to gather their experiences and testimonies.

#### **7. Reliability of the Document/ Strengths and Limitations (Biases Reported?)**

The report is an official independent review, commissioned by the UK government and led by an expert in maternity care (Professor Donna Ockenden). The methods adopted suggest there was a comprehensive review of cases and interviews with a broad range of stakeholders (including families), which increases the trustworthiness of the findings.



Despite the report identifying clear failures, it may not fully explore possible factors contributing to failures, such as broader funding and staffing pressures across the NHS.

### **8. Links to case study**

Examples in the case study have illustrated how the culture in midwifery practice has influenced students creative contributions.

### **1.The citation for retrieval**

Nursing & Midwifery Council (2018) *The code: professional standards of practice and behaviour for nurses, midwives and nursing associates*. Available at: <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf>

### **2. Background of the Authors (Expertise/Affiliation/Stakeholder Involvement)**

The NMC Code is published by the Nursing and Midwifery Council (NMC), a regulatory body for nurses, midwives, and associates in the UK. The NMC's role is to ensure that healthcare professionals maintain high standards of practice and behaviour to ensure patient safety and confidence in the healthcare system.

### **3. Content/Scope of the Document**

The NMC Code provides professional standards, ethical guidelines and standards relating to personal accountability for midwives in everyday decision-making within healthcare settings.

### **4. Main Argument/Conclusion (Alignment with Other Literature?)**

The central argument of the NMC Code is that healthcare professionals must uphold the highest standards of ethical practice, personal accountability, and clinical competence. It emphasises that nurses, midwives, and nursing associates should prioritize patient-centred care, safety, and trust in all aspects of their practice.

### **5. Intended Audience**

The intended audience for the NMC Code includes nurses, midwives, and nursing associates across the UK who are expected to comply with its standards in their daily practice as well as their employing organisations and education providers.

## **6. Research Methods (if applicable)**

The NMC Code itself is not based on primary research, but it reflects the work of the Nursing and Midwifery Council which is informed by stakeholder consultations and legal and regulatory frameworks.

## **7. Reliability of the Document/ Strengths and Limitations (Biases Reported?)**

The NMC Code is an authoritative document produced by the Nursing and Midwifery Council, which is the official regulatory body for nurses and midwives in the UK.

## **8. Links to case study**

The specific links to this case study relate to the specific standards that are expected of student midwives that include,

### **1. Prioritising People:**

- Put the interests of people using or needing services first.
- Treat people with kindness, respect, and compassion.
- Listen to and respond to people's preferences and concerns.
- Act in the best interests of people.
- Respect people's right to privacy and confidentiality.

### **2. Practising Effectively:**

- Use the best available evidence to assess needs and deliver care.
- Communicate clearly and effectively.
- Work cooperatively with colleagues.
- Share skills, knowledge, and experience.
- Keep clear and accurate records.

### **3. Preserving Safety:**

- Work within the limits of competence.

- Be open and candid about care and treatment.
- Act without delay if there is a risk to safety.
- Raise concerns immediately if someone is vulnerable or at risk.
- Reduce potential harm associated with practice.

#### **4. Promoting Professionalism and Trust:**

- Uphold the reputation of the profession.
- Act with honesty and integrity.
- Maintain professional boundaries.
- Fulfil registration requirements.
- Provide leadership to protect wellbeing and improve experiences.

#### **1.The citation for retrieval**

Health Education England (2016) *Values Based Recruitment Framework*. [Online] Available at:

[https://www.hee.nhs.uk/sites/default/files/documents/VBR\\_Framework%20March%202016.pdf](https://www.hee.nhs.uk/sites/default/files/documents/VBR_Framework%20March%202016.pdf)

#### **2. Background of the Authors (Expertise/Affiliation/Stakeholder Involvement)**

The Values Based Recruitment (VBR) Framework is published by Health Education England (HEE). HEE is a key body responsible for ensuring the NHS has a skilled and values-driven workforce. The development of the framework involved multiple stakeholder consultations, including Higher Education Institutions (HEIs), NHS trusts, and healthcare professionals. This process was informed by feedback from the VBR Stakeholder Advisory Group.

#### **3. Content/Scope of the Document**

The document outlines the VBR approach, which is focused on recruiting healthcare professionals whose values align with those of the NHS Constitution. The framework sets national standards for recruitment processes, emphasising the importance of values such as compassion, integrity, and respect in healthcare settings. The document provides

guidance, tools, and best practices to embed these values into recruitment and selection procedures.

#### **4. Main Argument/Conclusion (Alignment with Other Literature?)**

The main argument of the document is that values-based recruitment improves healthcare outcomes by ensuring that healthcare professionals are not only skilled but also share the core values necessary for effective teamwork and patient-centred care.

#### **5. Intended Audience**

The primary audience is recruiters, HR personnel in healthcare settings, and educators in health-related training programs. It also addresses NHS employers and higher education institutions involved in training healthcare workers.

#### **6. Research Methods**

The framework is based on a literature review of evidence on effective recruitment practices, including structured interviews, multiple mini-interviews, and situational judgment tests. The development process also incorporated input from key stakeholders across the healthcare education and employment sectors.

#### **7. Reliability of the Document/Strengths and Limitations (Biases Reported?)**

The document is produced by Health Education England, a statutory body with extensive expertise in workforce planning and education. Its strengths include its evidence-based approach and stakeholder involvement, ensuring broad applicability. However, the framework acknowledges that long-term empirical evidence on the impact of values-based recruitment is still lacking, and its success depends on effective implementation.

#### **8. Links to case study**

The framework links to cases that illustrate how personal attributes, values and traits are associated with the ways in which creative contributions are influenced.

### **1.The citation for retrieval**

Kirkup, B. (2022). *Reading the signals: Maternity and neonatal services in East Kent, the report of the independent investigation*. Department of Health and Social Care. [Online] Available at: [https://assets.publishing.service.gov.uk/media/634fb083e90e0731a5423408/reading-the-signals-maternity-and-neonatal-services-in-east-kent\\_the-report-of-the-independent-investigation\\_print-ready.pdf](https://assets.publishing.service.gov.uk/media/634fb083e90e0731a5423408/reading-the-signals-maternity-and-neonatal-services-in-east-kent_the-report-of-the-independent-investigation_print-ready.pdf)

### **2. Background of the Authors (Expertise/Affiliation/Stakeholder Involvement)**

The report was authored by Dr. Bill Kirkup CBE, a highly regarded figure in healthcare investigations. He led this independent investigation, supported by an expert panel. The investigation was commissioned by the Department of Health and Social Care. Dr. Kirkup has previously led inquiries into healthcare failings, such as the Morecambe Bay Inquiry.

### **3. Content/Scope of the Document**

The document explores maternity services at East Kent Hospitals University NHS Foundation Trust from 2009 to 2020. It identifies suboptimal clinical care, a failure to listen to families, and management failures that contributed to poor outcomes and multiple instances of harm.

### **4. Main Argument/Conclusion (Alignment with Other Literature?)**

The report emphasises that recurring failures in maternity care were not adequately addressed by leadership, despite clear signals of poor practice. It aligns with other reviews of maternity care in the UK, urging improved accountability, transparency, and patient safety standards to prevent further harm.

### **5. Intended Audience**

The intended audience includes policymakers, healthcare managers, NHS staff, and families affected by maternity failures. It is also meant for those engaged in maternity service reform.

## **6. Research Methods**

The investigation included a detailed review of clinical care, staff reports, and familial testimonies, as well as an assessment of healthcare management during the investigation period.

## **7. Reliability of the Document/Strengths and Limitations (Biases Reported?)**

The report is reliable given its independent nature. However, it does not offer specific solutions to all problems identified but instead calls for broader policy discussions. It does not explicitly mention biases, but the findings could be influenced by the experiences of those affected by the failures.

## **8. Links to case study**

The report links to cases that illustrate how established groups practices, norms and senior colleagues influence creative contributions.

## **1.The citation for retrieval**

All-Party Parliamentary Group [APPG] on Birth Trauma (2023). *Listen to Mums: Ending the Postcode Lottery on Perinatal Care*. London: APPG on Birth Trauma.

## **2. Background of the Authors (Expertise/Affiliation/Stakeholder Involvement)**

The report was written by Dr. Kim Thomas, CEO of the Birth Trauma Association and secretariat for the All-Party Parliamentary Group (APPG) on Birth Trauma. Dr. Thomas is an expert in birth trauma and has published multiple works on the subject. The report was produced with the involvement of several MPs and a Special Advisory Group consisting of experts in maternity care, healthcare, and trauma.

## **3. Content/Scope of the Document**

This report addresses the physical and psychological consequences of birth trauma, advocating for improved maternity care in the UK. The inquiry includes oral evidence

sessions, written submissions, and examines birth injuries, mental health services, and the impact on marginalised groups. It also recommends key changes to improve care and reduce trauma.

#### **4. Main Argument/Conclusion (Alignment with Other Literature?)**

The report argues for a national strategy to improve maternity care and a trauma-informed approach in maternity services. Recommendations align with other healthcare literature that calls for standardised care, mental health support, and improved staffing to ensure better outcomes for mothers and babies.

#### **5. Intended Audience**

The intended audience includes policymakers, healthcare professionals, advocates, and the public interested in maternity care improvements.

#### **6. Research Methods**

The inquiry included oral evidence sessions in Parliament, written submissions, and expert consultations to gather a wide range of experiences and insights into birth trauma.

#### **7. Reliability of the Document/ Strengths and Limitations (Biases Reported?)**

The report is reliable, given its backing by the APPG and input from expert advisors and stakeholders. However, it may be influenced by the specific policy agenda of the APPG, focusing on improving maternity care from a trauma-informed perspective. Strengths include its comprehensive recommendations, but there are no biases explicitly reported.

#### **8. Links to the case study**

The report is linked to specific case examples that aimed to address the issue of reducing maternal birth trauma.

#### **1.The citation for retrieval**

NHS England (2023) *Maternity Transformation Programme*. [Online] Available at: <https://www.england.nhs.uk/mat-transformation/>

## **2. Background of the Authors (Expertise/Affiliation/Stakeholder Involvement)**

The Maternity Transformation Programme is an initiative led by NHS England, the health care system for England. The authors behind the programme are primarily healthcare professionals and policy experts working within NHS England. Stakeholder involvement includes maternity service providers, Local maternity systems, policymakers and mothers and their families.

## **3. Content/Scope of the Document**

The Maternity Transformation Programme aims to act on the vision outlined in the previous Better Births report (2016) and to improve safety, personalised care, equality, and quality in maternity care. There are specific goals related to reducing stillbirths, neonatal deaths, maternal deaths, and brain injuries through enabling systemic changes. The programme also aims to address inequalities in maternity care.

## **4. Main Argument/Conclusion (Alignment with Other Literature?)**

The main argument of the Maternity Transformation Programme is that maternity care services need a comprehensive overhaul to reduce harm and improve outcomes for mothers and babies. The programme suggests that the implementation of better safety measures, personalised care for women, and changes to workforce will lead to improvements and a reduction in maternal and neonatal deaths and injuries.

## **5. Intended Audience**

The intended audience is any healthcare professionals working in maternity services (midwives, obstetricians, neonatal staff and other support staff), policymakers in healthcare, managers, researchers and members of the public who want to understand how maternity services and care is changing.

## **6. Research Methods (if applicable)**

The webpage does not describe specific research methods but refers to policy changes and system-level improvements aimed at improving outcomes in maternity care. There is



reference to data collection about maternal and neonatal outcomes, qualitative research involving mothers and how the programme will be monitored, but the webpage lacks transparency about the research methods used.

### **7. Reliability of the Document/ Strengths and Limitations (Biases Reported?)**

The document is written by NHS England, a government-backed and reputable public health body and it aligns with widely accepted principles in public health and maternity care reform. The programme evidently engages various healthcare providers and local systems, which ensures broad support. However, the programme is largely focused on system-level changes, which might overlook certain individual or community/group-specific needs. The webpage does not provide detail about how the progress of the programme is being tracked or evaluated.

### **8. Links to case study**

This programme links to numerous cases that intended to reduce inequalities in maternity care or intended to address current workforce challenges.

### **1.The citation for retrieval**

Royal College of Midwives (RCM) (2022). *Pressure points in postnatal care planning*. [Online]. Available at: <https://pre.rcm.org.uk/media/2358/pressure-points-postnatal-care-planning.pdf>

### **2. Background of the Authors (Expertise/Affiliation/Stakeholder Involvement)**

The document is published by the Royal College of Midwives (RCM), a UK-based professional organisation recognised for its expertise in maternal healthcare, supporting midwifery professionals through advocacy, research, and education. Their involvement in this document suggests that the content is aligned with the current needs and challenges facing midwives in the postnatal care sector.

### **3. Content/Scope of the Document**

The document addresses the challenges and pressure points in postnatal care planning within the UK's maternity care system. It covers workload, staffing shortages, resource limitations, time constraints, and the impact of these factors and pressures on care quality.

#### **4. Main Argument/Conclusion (Alignment with Other Literature?)**

The document argues that postnatal care is under strain due to insufficient resources, including staffing shortages and high workloads suggesting midwives cannot deliver high-quality, individualised care needed. The report makes recommendations to improve staffing, reconsider resources, and focus on better postnatal care planning that meets the needs of mothers and their families.

#### **5. Intended Audience**

The intended audience includes health professionals including midwives involved in postnatal care, policymakers who influence maternity service funding and resource allocation and managers in postnatal care and workforce planning.

#### **6. Research Methods (if applicable)**

The document uses survey-based research to gather insights from midwives and mothers about their postnatal care experiences and concerns. Despite this, the exact research methods are not specified in the document.

#### **7. Reliability of the Document/Strengths and Limitations (Biases Reported?)**

Reliability: The document is published by the Royal College of Midwives, a reputable professional body. However, the document does not offer data from a wide range of stakeholders, so are limitations in perspectives shared. The document is focused on postnatal care, so does not provide a complete view of all challenges in maternity services, such as challenges affecting antenatal care, or broader policy.

#### **8. Links to the case study**

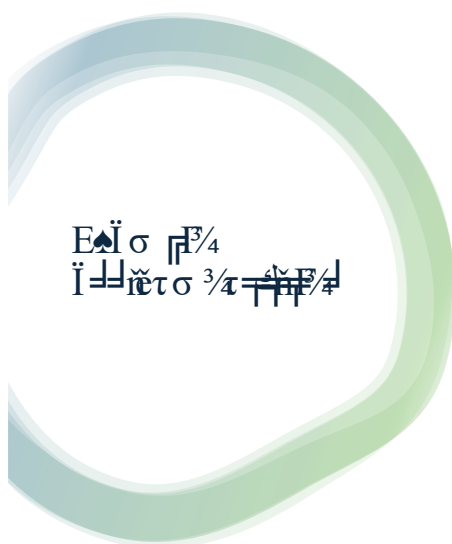
This report is relevant in cases that expressed creative ideas that intended to improve postnatal care because it highlights the current challenges and issues that student midwives

were attempting to address giving context to how ideas were influenced by recent reports and challenges.

## Appendix 6: Participant-observer sources

1. Assignment prompt
2. Assignment brief
3. Examples of recent supervised projects that illustrate student -led creative solutions

### 1. Assignment ideas prompt



- How can midwives reduce birth trauma?
- What are the experiences of pregnant women with obesity and the midwives caring for them?
- Are national standards for information giving prior to consent met for women offered induction of labour?
- How does social media influence expectations, decision making and experiences of childbirth?

### 2. Module requirements

Title	Description
Module Additional Assessment Details	<p>Assignment 4000 words weighting 100% (Learning outcomes 1, 2, 3 and 4)</p> <p>The assignment will be in the form of a critical review and analysis of research evidence relating to midwifery practice.</p> <p>Formative assessment:  Group and individual tutorials  Group discussions  Formative advice and feedback</p>
Learning outcomes	<p>By the end of the module, students should be able to:</p> <ol style="list-style-type: none"> <li>1. Demonstrate a systematic understanding and knowledge of the research process and the principles that guide research.</li> <li>2. Critically evaluate the process required for searching for research-based evidence related to midwifery practice.</li> <li>3. Critically appraise research evidence in a systematic fashion.</li> <li>4. Critically discuss the challenges of implementing evidence-based practice in maternity service provision</li> </ol>

### 3. Examples of recent supervised projects that illustrate student -led creative solutions

All listed projects were conducted or proposed as part of a research focussed module that I lead at MSc or MRes during the academic year 2023-2024, by a range of healthcare students.

Evaluating Intensive Care Unit (ICU) nursing practices to improve maternal, fetal and neonatal care when mothers are admitted to general ICU during pregnancy or following birth
Exploring perspectives of people with aphasia regarding therapy intensity in Speech and Language Therapy: A qualitative study protocol
Evaluating staffing levels at delivery suite using Birthplus intrapartum acuity tool scoring in comparison with local staffing guideline
Barriers and facilitators to refugee women engaging in perinatal mental health care
Evaluating the introduction of the Leukomed Sobact dressing post caesarean delivery and associated surgical site infection incidence
Audit of practices and evaluation of wound care following caesarean section birth to reduce infection
A quality improvement audit protocol to determine whether post-menopausal women are misdiagnosed with urinary tract infection in an Urgent Community Response Team
An Audit to look at the accuracy and consistency of clinical Occupational Therapy (OT) triage of patients across the therapy hubs
PhD proposal: Exploring community nurses' perceptions of the continual process of change to service provision
Audit protocol: detection and management of neurological complications in infective endocarditis at a district general hospital
Opioid and Gabapentinoid Co-prescribing Drug-Related Deaths: An Emerging Public Health Crisis
A systematic review protocol on the efficacy and safety of transarterial chemoembolization (TACE) combined with systemic therapies for patients with unresectable Hepatocellular Carcinoma (uHCC)
Are midwives in a local NHS trust discussing and documenting birth plans in accordance with NICE guidelines?
[Not exhaustive list]

## Appendix 7: Example of completed Case Study Protocol

<p><b>Section A: an overview of the case study</b></p> <p><b>1. Research Questions,</b></p> <p>RQ1: In what ways do social and cultural positions enable development of individual creative sensitivity and courage for midwifery students?</p> <p>RQ2: In what ways does political awareness motivate and influence creative conditions for midwifery students?</p> <p>RQ3: In what ways do social deficits during the pandemic continue to constrain creative contributions for midwifery students?</p> <p>RQ4: In what ways can HE provide diverse and holistic opportunities that support creative culture within teaching and learning for the midwifery sector?</p> <p><b>2. Key readings from the case,</b></p> <p>2a. Theoretical, How does the case reflect aspects of Glăveanu's PAT theory? (including aspects of</p>	<p>1. Key points relating the RQ,</p> <p>The student demonstrated a sensitivity to the needs of women in the postnatal period and sensitivity to the need for change in postnatal care. The local support of the idea built confidence in the student's idea. Healthcare policy constrained the idea, particularly local policy which was in direct conflict with the idea presented. Funding and resource also constrained action that could come from the idea. The immediate social support/professional support for the idea was important in developing confidence about ideas more generally. Midwifery education could provide opportunities for sharing ideas that builds confidence and ways in to challenging local policy to improve autonomy in midwifery practice that meets the needs of individual women.</p> <p>2. Key readings from the case,</p> <p>Glăveanu's PAT theory guided interpretations.</p> <p>Perspective – The student had a clear idea about what could be possible and what she would like to see to support women in the postnatal period. She saw herself as in a position where she could influence change in this area and had the confidence to be critical about the current arrangements of care and to share this with her supervising midwife. The dialogue with the midwife gave her more confidence in her idea, but the ways in which she could enact the change was limited by the affordances in her position (as a student) and the supervising midwife explained that care was restricted by the policy. The idea reflects conflict in existing local policy about the timeframes for postnatal care and who should be the lead professional for postnatal care. This case is unique because it presents an example of how professional (and social) position influences creative contributions. It also shows how the insight from a student perspective may be missed</p>
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<p>Perspective, Actor, Dialogue, Action, Artifact, Audience and Affordances) 2b. Policy, Does the case reflect any policy or policy conflict? 2c. Rationale, How is this case unique? How can this case make a unique contribution to knowledge?</p>	<p>in policy making and organisation of care and demonstrates how ideas can be shut down by existing norms and policy.</p>
<p><b>Section B: data relevant to the case</b></p> <ol style="list-style-type: none"> <li>1. Demographic detail of participant, social/professional position in creative idea</li> <li>2. Any ethical aspects/protection of subjects?</li> <li>3. What sources of data should be included in this case to answer the RQs? (course materials/documents, news/policy documents, diary entries, follow up questions)</li> </ol>	<ol style="list-style-type: none"> <li>1. White British, student midwife in her second year of training. She was a student midwife in a clinical setting sharing an idea about how to improve care.</li> <li>2. There are no ethical issues identified with the subject/idea discussed.</li> <li>3. The usual practice for midwifery discharge, healthcare policy/guidelines (NICE postnatal care guidelines), RCM (2022) Pressure points in postnatal care planning report, professional regulation, the MBBRACE report, the Ockenden report, the Kirkup report, the maternity transformation programme, the Better Births report, the diary entry, the answers to follow up questions. The teacher led task for assignment preparation and the assignment brief.</li> </ol>
<p><b>Section C: questions about the case</b></p> <ol style="list-style-type: none"> <li>1. What was the creative example?</li> <li>2. Was it an idea shared or an enacted idea?</li> <li>3. Was the idea shared/enacted in midwifery education, midwifery clinical setting or other area?</li> </ol>	<ol style="list-style-type: none"> <li>1. The creative idea was about providing postnatal care flexibly for at least the first month following birth and the student suggested a midwife's contact details should be available for women to seek support throughout the duration of the first month following birth.</li> <li>2. It was an idea that the student midwife shared with the clinical midwife who she was working under the supervision of.</li> </ol>

<ol style="list-style-type: none"> <li>4. Was the creative example in response to an intervention or problem, if so what type and by whom/how? (e.g. pedagogical approach/task by teacher/problem encountered in midwifery clinical setting)</li> <li>5. How did the idea start?</li> <li>6. Was there planning, how did it work?</li> <li>7. Was the response collaborative? With whom?</li> <li>8. Who was the target population?</li> <li>9. Was the idea supported socially/in a healthcare context and if so how/by whom?</li> <li>10. Did the idea challenge a clinical/healthcare norm (the usual approach in clinical practice)?</li> <li>11. What was the outcome/aim of the idea?</li> <li>12. Are there any rival explanations identified or explored? Could there be an alternative interpretation of the idea (construct)?</li> </ol>	<ol style="list-style-type: none"> <li>3. The idea was shared in a clinical setting and related to improving clinical postnatal care for women and their families.</li> <li>4. The idea was explained as in response to 'GPs not always being easily available or contactable for women in the postnatal period' and health visitors beginning care for women and their families at a time of vulnerability for women. The student said that women will not have built a relationship with the health visitor, and this could create a barrier because women may not feel comfortable in seeking advice and help from a health visitor. A midwife has an established a relationship with the mother which has typically been built throughout pregnancy and therefore the midwife may be more approachable. The idea relates to wider policy conflicts, such as the conflict about when postnatal care should end and who is responsible for women's postnatal care, particularly in the period from 10-14 days following birth until 8 weeks following birth. The idea also relates to health service pressures where postnatal care and postnatal care planning is viewed as less of a priority compared to the care of pregnant women. The student suggests that women need the most support in the postnatal period and midwives should provide more of this care. The local policy advocates for discharge at 10-14 days from midwifery care.</li> <li>5. The idea was initiated because the student 'felt that postnatal care provided under the NHS guidelines needed to be more effective and more supportive' for women.</li> <li>6. The student wanted to provide the contact details for the midwife for the duration of one month following birth, but she couldn't enact this idea because it required the supervising midwife to agree, and it went against local policy for midwifery discharge timelines.</li> </ol>
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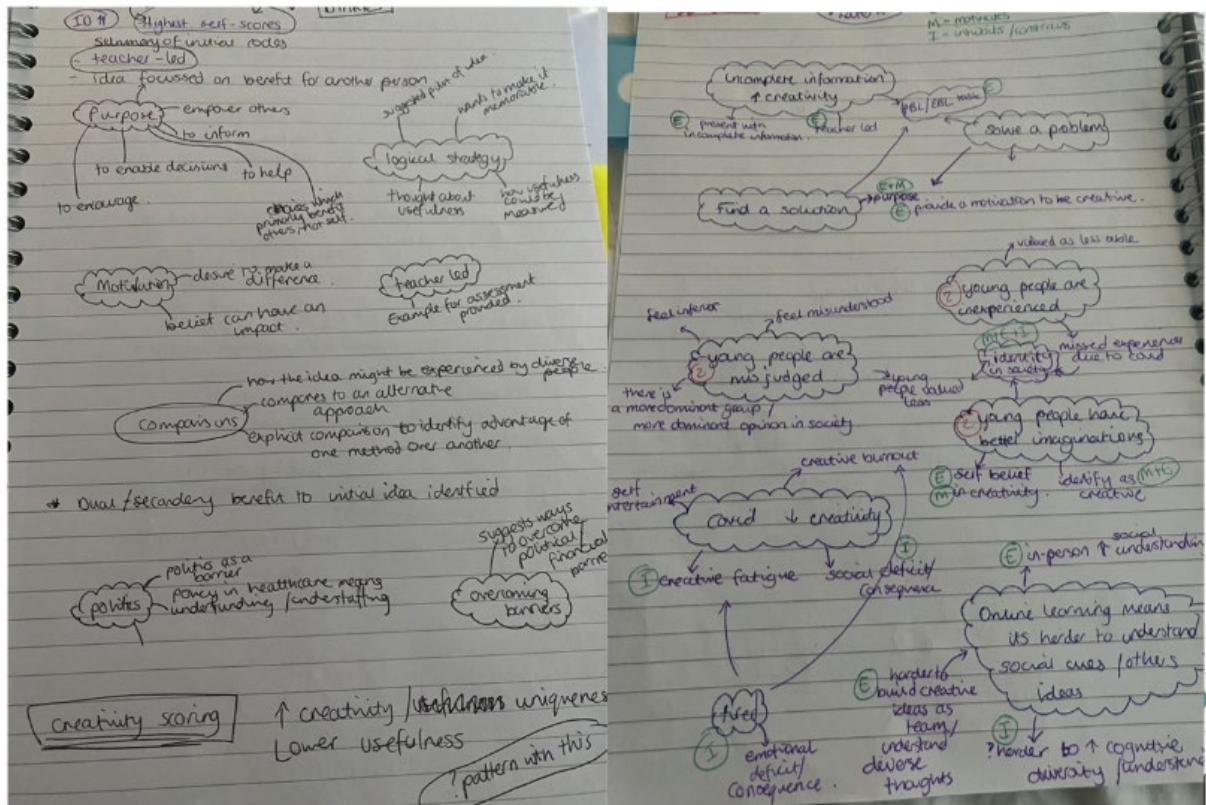
<p>13. Were there any challenges faced/acknowledged? What were they?</p> <p>14. Did the pandemic/post-pandemic context influence the idea and if so, how/why?</p>	<p>7. The idea needed to be a collaborative effort, but the student midwife's position meant that she was unable to action the idea herself. She cannot give out her own contact details because all practice and advice given to women must be supervised as a student midwife.</p> <p>8. The idea was aimed at changing the practice of the midwives who provide postnatal care and in changing postnatal care timelines in the organisation.</p> <p>9. The idea was not supported in the healthcare organisation context because the local policy stipulates that midwives should aim to discharge women from midwifery care at 10-14 days following birth. The idea was supported socially/in the specific context by the midwife supervising the student and the student wrote that the midwife agreed with her which gave her confidence in her idea. The idea is not supported in national health policy which presents conflicting timelines for lead professionals in the postnatal period and in postnatal care planning.</p> <p>10. The idea challenges the current norms in midwifery practice and in postnatal care.</p> <p>11. The outcome of the idea was that the idea was shared, midwives in the specific context agreed that it was a good idea, but the idea was not enacted because it conflicted with local policy/norms.</p> <p>12./13. No information was provided about the pressures and workload of the midwives providing postnatal care. It may be that the idea was not taken further because of staffing and workload issues which are known problems in midwifery care discussed in section... It may not have been the local policy that restricted enacting of the idea but could be due to feasibility of resources to bring the idea into action. The idea comes with a financial cost because it would increase midwifery workload. The</p>
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	<p>funding of postnatal provision of care may play into this idea not being taken forward.</p> <p>14 The student reported that the pandemic did not influence this idea or the service changes during the pandemic.</p>
<p><b>Section D: Outline of the case</b></p> <ol style="list-style-type: none"> <li>1. What are the strengths and limitations of the case?</li> <li>2. What are the primary takeaways from the case?</li> <li>3. How does the case link with literature and/or theory?</li> </ol>	<p>1. The student did not give any indication about what specific cases of care prompted the idea. It may have been that it was linked to some specific experiences which, if detailed, could have provided further insight into the reasoning and construction of the idea. Despite this, the student reflected on what she could and could not influence related to her idea which provides insight into perceived areas of tension and conflict in professional literature, the scope of the midwife's practice, resource constraints in care delivery and hierarchy in the organisation and delivery of care.</p> <p>2. There is a clear desire by both the supervising midwife and the student midwife to improve postnatal care for women and improve midwifery contact and support during the postnatal period. The idea draws on the fundamentals of midwifery practice which places the woman and her choice and needs at the centre of care and practice. However, conflicts of resource availability and local policy mean that care is constricted to existing norms and the idea was not enacted.</p> <p>3. The case links to literature that explains the current conflicts in midwifery care. It illustrates how the lack of resource and time (affordance) and organisation of care (power) can conflict with individual midwives/student midwives intention to provide the best care. In this case, the student wanted to provide care beyond the scope of the local policy and while this is supported in professional legislation, constraints and hierarchy of the system prevented the idea from moving towards action that could improve care. This relates to several aspects of literature and theory discussed in Chapter 2. Firstly, it suggests that while expressing the creative idea is positive, the lack of autonomy to act in this area may constrain future creativity, workforce resilience and sense of wellbeing for midwives</p>

	<p>(see section 2.2.4). This matters because there are current problems with the wellbeing of midwives and retention within the profession (see section 2.2.4) and the Ockenden report supports that there is a <i>'need for significant investment in the maternity workforce'</i>. Secondly, it suggests that 'power' as asserted through policy and the established midwifery practices in the area may influence the creative behaviour of midwives in the future because section 2.3.1 discusses that students will assimilate the established behaviours of the <i>community</i> and sustain those practices moving forwards (this means they learn to act according to the policy because that is what <i>more experienced others</i> do according the social theory). Thirdly, the case illustrates the humanistic desires discussed as motivating in theories of creativity (see section 2.3.2) because there is an intrinsic motivation and intention expressed to make a difference to experiences of women in the postnatal period. In terms of sociocultural theory, the example provides an example of how dialogue (what others say about/in response to ideas) can influence the thoughts and behaviours of others. The supervising midwife agreed that it was a good idea but told the student midwife there was nothing that could be done. This is an important point to understand because current culture-based problems in maternity care in the UK are reported in the Ockenden Report and the Kirkup report that investigated poor outcomes in maternity services at Shrewsbury and Telford NHS and East Kent NHS trusts. The Kirkup report supports that seniors play a significant role in the practice and culture of practicing junior staff, it states, <i>'What we saw and heard was that it was when clinicians were exposed to the behaviour of senior colleagues that their standards began to slip...If those role models themselves display poor behaviours, the potential is there for a negative cycle of declining standards.'</i> The Ockenden review discusses the barriers to improving care as including a lack of responsiveness from senior staff that led to the avoidable deaths and harm of mothers and babies. It states, <i>'...delays in escalation and failure to work collaboratively across disciplines, resulted in the many poor outcomes... Some of the causes of these delays were due to</i></p>
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	<p><i>the culture among the trust's workforce...there was a lack of action from senior clinicians following escalation.'</i></p> <p>The case challenges whether the Maternity Transformation Programme considers the full scope of what it means to 'personalise care', a factor which has been highlighted as an issue in maternity care since 2016 in the Better Births report.</p> <p>NICE guidance suggests postnatal care includes up to 8 weeks following birth.</p> <p>RCM (2022) report found that 29% of surveyed women felt ready to be discharged at the point they were discharged, 31% of women received more than 3 postnatal visits from a midwife, 21% of women discussed a postnatal care plan with a professional, only 23% of postnatal care planning was decided according to a mother's needs with most postnatal care plan decisions being made due to organisational pressures.</p> <p>The assignment preparation task and assignment briefs ask students to identify an area for maternity service improvement. This creative example was not in direct response to this task, but the engagement in classroom materials (see annotated bibliography) may have promoted thought about other areas because holistic perspectives of creativity suggest that principles can prompt further questioning and ideas in other areas (see section 2.3.3 and 2.3.4).</p> <p>Lastly, the case illustrates issues of interprofessional working because it is not clear or potentially highlights inadequate care from the lead professional beyond 10 days postnatal. This is a further issue reflected in the Ockenden report, MBBRACE report and Kirkup report.</p>
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## Appendix 8: Familiarisation example



## Appendix 9: Initial codes and theme clustering

THEME 1: Student midwife position/attitude/identity	THEME 2: Midwifery policy and politics	THEME 3: Social and professional role of midwives	THEME 4: Supporting creative pedagogy/creativity in midwifery education practice
<b>Dissonance</b>  Disruption Incomplete information Uncertainty Lack of agreement Change in L&T method/approach (inc. legal change- move to online, changes post-pandemic) Tolerance of uncertainty Openness Sensitivity	<b>Political position of a midwife</b>  Midwifery legislation/professional policy Political midwifery related conditions and events Political midwifery creative outputs and reports Political creative spins Political-economic-historical influences (health organisations/care context) Distributions of power/value placed Political examples of art Political censorship Political sensitivity Moral relativism and politics Pragmatic vs humanistic benefits of creativity in midwifery politics Knowledge/ability to make informed political decisions in midwifery context Unsupported by government/abandoned/forgotten Policies: social, educational, covid	<b>Isolation</b>  Social assorting Biased social media exposure Echo Chambers, Homogenous groupings Epistemic vulnerability Epistemic walls Fear of rejection by peers/public Social risks of new ideas/social judgment	<b>Benevolent motivation</b>  Sensitive to the needs of others Individualism Exposure to different perspectives Interactive perspectives Relation to other perspectives Cognitive diversity Diversity science/alternative to moral/social issue Social and cultural justice: for vulnerable groups/to address vulnerabilities.

<b>Perspectives</b>  Intentional Meaningful Culture alters perspective Differing conceptual mindsets- depth and distance of conceptual mindsets Mirroring perspectives Diversity science Recognition and sensitivity of Ethnicity differences Novice and expert differences	<b>Navigation around political constraints/finding a way</b>  Social/political conceptual boundaries constructed Tolerance of uncertainty Ethical leadership Peer status/recognition An inferior and judged group Health Professional/NHS hierarchy Social norms/group/peer norms 1. conventional or unconventional 2. rational/appropriate 3. bidirectionality 4. social tolerance for creative behaviour	<b>Change in view about social/cultural position of authority figures</b>  Understanding the world Experiences that construct views/understanding about self and others Tolerance of uncertainty Ethical leadership Peer status/recognition	<b>Differing learning environments acting as interactive perspectives</b>  Experience of diversity Building understanding of perspectives Collective vs individualistic Bidirectionality Multicultural experience Cognitive flexibility Cultural marginality/ mingling/diversity Cultural upbringing/background and associated values
<b>Identity</b>  Goals Motivation Purpose Developmental (personal) Embodied position Open mindset- willingness/recognition can learn from others	<b>Dominant social/political groups and social/role hierarchy in NHS</b>  Higher value placed on dominant individual/dominant group contributions Leadership behaviours Ways in with ideas Categorical thinking/assumptions in policy	<b>Creative burnout</b>  Countered by humanist examples Agitated by reactive, unpredictability and, Social deficit of pandemic	<b>Education organisation/teachers</b>  Inspiring students/creative attitudes Building community Wellbeing/safety/holistic education Political participation in education/challenging cultural conventions/norms Responsibility/sustainable futures Equity/equality Learning environments Pedagogy/pedagogical innovation (deviation, amplification, question, redefine, use analogy/metaphor, imagery, brainstorming, time/space) Curriculum /tasks

			Squelchers Individualised education Tactics/metacognition
<b>Adversity</b>  Interpersonal squelchers Covid restrictions Sacrifices in pandemic Unsupported government/policies	by  <b>Healthcare policy and funding</b>  Political-economic-historical influences Pragmatic vs humanistic Conflict with individual professional autonomy Distributions of power/value placed Collectivism in healthcare vs individual choice Cost as a barrier	by  <b>Adversity</b>  Interpersonal squelchers Covid restrictions Sacrifices in pandemic Unsupported government/policies Feeling powerless Emotional/mental health consequence Focus on wellbeing Adverse educational experiences Unresponsive teachers Reduced feedback and support in education	<b>Opportunities to 'wander'</b>  Flexibility and time Free choice Self-direction Shadowing Space Life too fast/slow down
<b>Personality traits/attitude</b>  Adaptability Givers Courage/boldness 'Ego strength' Self-acceptance/self-belief Intrinsic motivation/proactive/passion Rationality/intentionality Autonomous/independent Sensitivity to realise gaps/openness to realize gaps Self-promotion/confidence Conforming/non-conforming		<b>Dominant social groups/social hierarchy</b>  Higher value placed on dominant individual/group contributions Social networks created ways in Social networks gave power to act/affordance to act Social dominance can shut down ideas Role modelling and leadership behaviours influenced constructed beliefs Social and role related conceptual boundaries constructed	<b>Well-being focus in education</b>  Morality and justice Self-belief Mindfulness Free choice to follow interests/autonomy Ecological/sustainable education Personal meaning Humanistic benefits vs pragmatic benefits of creativity Psychological health poor/good Slow down Concerned about future



<p>Effort</p> <p>Preference for complexity</p> <p>Playfulness</p> <p>Curious/wide interests</p> <p>Creativity self-identity/choice</p> <p>Risk tolerance</p> <p>Cognitive flexibility</p> <p>Acceptance of others</p> <p>De-emphasis of social achievement</p> <p>Resistance to inculturation</p> <p>Tolerance of ambiguity/intolerance of</p> <p>Psychological health good/poor</p> <p>Benevolence</p> <p>Ethical leadership</p>			
<p><b>Perspectival tensions</b></p> <p>Perspective blindness</p> <p>Convergence and divergence</p> <p>Integration and diffusion</p> <p>Thesis and antithesis</p> <p>Rhythmic altercation/tension between two beliefs</p>			<p><b>Dissonance</b></p> <p>Disruption</p> <p>Incomplete information</p> <p>Uncertainty</p> <p>Lack of agreement</p> <p>Change in L&amp;T method/approach (inc. legal change- move to online, changes post-pandemic)</p> <p>Tolerance of uncertainty</p> <p>Openness</p> <p>Sensitivity</p>
<p><b>Cultural norms/attitudes/values in socialisation/harmony/homogeneity/expectations of model students</b></p> <p>Conventional or unconventional</p>			<p><b>Model midwifery students</b></p> <p>Expectations</p> <p>Culture norms/attitudes/values in socialisation/harmony/homogeneity</p>

Rational/appropriate Bidirectionality Social tolerance for creative behaviour Well-being focused mindset Historical events in life Networks			/expectations of model midwifery students Dictate educational emphases. Sociohistorical/tradition/authoritari an. UK culture- economics vs personal fulfilment
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## Appendix 10: Refining themes

THEME 1: Student midwife position/attitude/identity/values	THEME 2: Midwifery policy and politics	THEME 3: Social connectedness and the role of the midwife	THEME 4: Supporting creative pedagogy/creativity in midwifery education practice
Motivating factors	Motivating factors	Motivating factors	Motivating factors
<b>Identity</b>  Goals Motivation Purpose Developmental (personal) Embodied position Open mindset-willingness/recognition can learn from others  <b>Personality traits/attitude</b>  Adaptability Givers Courage/boldness 'Ego strength' Self-acceptance/self-belief Intrinsic motivation/proactive/passion Rationality/intentionality Autonomous/independent	<b>Political position of a midwife</b>  Midwifery legislation/professional policy Awareness of tensions in midwifery policy/political barriers Political midwifery related conditions and events Political midwifery creative outputs and reports Political creative spins Political-economic-historical influences (health organisations/care context) Distributions of power/value placed Political examples of art Political censorship Political sensitivity Moral relativism and politics Pragmatic vs humanistic benefits of creativity in midwifery politics	<b>Understanding about social/cultural position of self and others/authority figures</b>  Social connectedness Understanding the world Experiences that construct views/understanding about self and others Tolerance of uncertainty Ethical leadership Peer status/recognition	<b>Benevolent motivation</b>  Sensitive to the needs of others Individualism Exposure to different perspectives Interactive perspectives Relation to other perspectives Cognitive diversity Diversity science/alternative to moral/social issue Social and cultural justice: for vulnerable groups/to address vulnerabilities.  <b>Opportunities to 'wander'</b>  Flexibility and time Free choice Self-direction Shadowing Space Life too fast/slow down

Sensitivity to realise gaps/openness to realize gaps Self-promotion/confidence Conforming/non-conforming Effort Preference for complexity Playfulness Curious/wide interests Creativity self-identity/choice Risk tolerance Cognitive flexibility Acceptance of others De-emphasis of social achievement Resistance to inculturation Tolerance of ambiguity/intolerance of Psychological health good/poor Benevolence Ethical leadership	Knowledge/ability to make informed political decisions in midwifery context Unsupported by government/abandoned/forgotten Policies: health, social, educational, covid		<b>Well-being focus in education</b>  Morality and justice Self-belief Mindfulness Free choice to follow interests/autonomy Ecological/sustainable education Personal meaning Humanistic benefits vs pragmatic benefits of creativity Psychological health poor/good Slow down Concerned about future
<b>Enabling factors</b>	<b>Enabling factors</b>	<b>Enabling factors</b>	<b>Enabling factors</b>
<b>Perspectives</b>  Intentional Meaningful Culture alters perspective Differing conceptual mindsets- depth and distance of conceptual mindsets Mirroring perspectives Diversity science Recognition and sensitivity of Ethnicity differences	<b>Navigation around political constraints/finding a way</b>  Social/political conceptual boundaries constructed Tolerance of uncertainty Ethical leadership Peer status/recognition An inferior and judged group Health Professional/NHS hierarchy Social norms/group/peer norms	<b>Understanding about social/cultural position of self and others/authority figures</b>  Social connectedness Understanding the world Experiences that construct views/understanding about self and others Tolerance of uncertainty Ethical leadership	<b>Education organisation/teachers</b>  Inspiring students/creative attitudes Building community Wellbeing/safety/holistic education Political participation in education/challenging cultural conventions/norms Responsibility/sustainable futures Equity/equality Learning environments

<p>Novice and expert differences</p> <p><b>Dissonance</b></p> <p>Disruption</p> <p>Incomplete information</p> <p>Uncertainty</p> <p>Lack of agreement</p> <p>Change in L&amp;T method/approach (inc. legal change- move to online, changes post-pandemic)</p> <p>Tolerance of uncertainty</p> <p>Openness</p> <p>Sensitivity</p>	<p>1. conventional or unconventional</p> <p>2. rational/appropriate</p> <p>3. bidirectionality</p> <p>4. social tolerance for creative behaviour</p>	<p>Peer status/recognition</p>	<p>Pedagogy/pedagogical innovation (deviation, amplification, question, redefine, use analogy/metaphor, imagery, brainstorming, time/space)</p> <p>Curriculum /tasks</p> <p>Squelchers</p> <p>Individualised education</p> <p>Tactics/metacognition</p> <p><b>Differing learning environments acting as interactive perspectives</b></p> <p>Experience of diversity</p> <p>Building understanding of perspectives</p> <p>Collective vs individualistic</p> <p>Bidirectionality</p> <p>Multicultural experience</p> <p>Cognitive flexibility</p> <p>Cultural marginality/ mingling/diversity</p> <p>Cultural upbringing/background and associated values</p> <p><b>Dissonance</b></p> <p>Disruption</p> <p>Incomplete information</p> <p>Uncertainty</p> <p>Lack of agreement</p> <p>Change in L&amp;T method/approach (inc. legal change- move to online, changes post-pandemic)</p>
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			Tolerance of uncertainty Openness Sensitivity
<b>Constraining factors</b>	<b>Constraining factors</b>	<b>Constraining factors</b>	<b>Constraining factors</b>
<b>Adversity</b>  Interpersonal squelchers Covid restrictions Sacrifices in pandemic Unsupported government/policies  <b>Perspectival tensions</b>  Perspective blindness Convergence and divergence Integration and diffusion Thesis and antithesis Rhythmic altercation/tension between two beliefs	<b>Dominant social/political groups and social/role hierarchy in NHS</b>  Higher value placed on dominant individual/dominant group contributions Leadership behaviours Ways in with ideas Categorical thinking/assumptions in policy  <b>Healthcare policy and funding</b>  Political-economic-historical influences Pragmatic vs humanistic Conflict with individual professional autonomy Distributions of power/value placed Collectivism in healthcare vs individual choice Cost as a barrier	<b>Isolation</b>  Social assorting Biased social media exposure Echo Chambers, Homogenous groupings Epistemic vulnerability Epistemic walls Fear of rejection by peers/public Social risks of new ideas/social judgment  <b>Creative burnout</b>  Countered by humanist examples Agitated by reactive, unpredictability and, Social deficit of pandemic  <b>Adversity</b>  Interpersonal squelchers Covid restrictions Sacrifices in pandemic Unsupported government/policies Feeling powerless	<b>Model expectations/norms expected for midwifery students</b>  Expectations Culture norms/attitudes/values in socialisation/harmony/homogeneity /expectations of model midwifery students Dictate educational emphases. Sociohistorical/tradition/authoritarian. UK culture- economics vs personal fulfilment

		<p>Emotional/mental health consequence</p> <p>Focus on wellbeing</p> <p>Adverse educational experiences</p> <p>Unresponsive teachers</p> <p>Reduced feedback and support in education</p> <p><b>Dominant social groups/social hierarchy</b></p> <p>Higher value placed on dominant individual/group contributions</p> <p>Social networks created ways in</p> <p>Social networks gave power to act/affordance to act</p> <p>Social dominance can shut down ideas</p> <p>Role modelling and leadership behaviours influenced constructed beliefs</p> <p>Social and role related conceptual boundaries constructed</p>	
<b>Other</b> (these aspects worked in nuanced ways in motivating, enabling and constraining ideas in different contexts)			
<p><b>Cultural norms/attitudes/values in socialisation/harmony/homogeneity/expectations of model students</b></p> <p>Conventional or unconventional</p> <p>Rational/appropriate</p> <p>Bidirectionality</p> <p>Social tolerance for creative behaviour</p>			

Well-being focused mindset  
Historical events in life  
Networks