DISCOVERING OPUS – EXPLORING CREATIVITY IN MIDWIFERY AND NURSING

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ABSTRACT

The very notion of creativity in midwifery and nursing is an absurdity for most people. Stereotypical images of nurses and midwives as efficient, routinised and conscientiously attendant, performing work that is mundane, unexciting and often distasteful, persist. These images endure because of the historical effects of tradition, regimentation and subservience.

Despite the considerable research that has been conducted in nursing and midwifery, little is known about nurses and midwives as discrete individuals nor about their feelings about themselves and what they do within the reality of nursing's and midwifery's history, context and development; even less is known about nurses, midwives and creativity. The aim of the research for this thesis has therefore been to enable midwives and nurses to express and explore their feelings, thoughts and perceptions about their roles, work and most importantly themselves as professionals and as individuals, through a focus on creativity.

Creativity has long been viewed as the domain of artists, although historically it has also been the source of considerable debate regarding 'ownership' between scientists, philosophers, sociologists, psychologists, and educators among others. Ownership of creativity has not however been an issue for either nursing or midwifery. Although creativity has featured in the nursing and midwifery literature for many years, it has been the subject of only a small amount of research in either. An edified understanding of creativity and its dynamics and place in nursing and midwifery has therefore never been attained.

The use of creativity as the essence for exploration in this research enabled the 227 nurses and midwives involved to consider diverse perspectives of their professional practice and personal lives, in a different and very potent manner. Creativity touched a particular chord with them and they shared their perceptions and interpretations of it in rich and meaningful expressions.

The design for this research involved both triangulation of approaches and methodological pluralism. It has been termed an eclectic inquiry (after Hicks and Hennessey 1997) to indicate the reciprocity of the varied ways of inquiring that have

been brought together to achieve an inclusive and informed study. The research commenced with a critical history of nursing and midwifery over the last twenty-five years in Australia to identify a context for the actual inquiry into creativity. Subsequent to this a phenomenological study into nurses' and midwives' lived experiences of creativity was conducted simultaneously with a quantitative investigation assessing their self-perceived creativity. This was followed by a grounded theory inquiry pertaining to creativity in practice and related personal perspectives.

The critical history divulged a *culture of mistrust, cynicism and perpetual reality* that is perennially sabotaging the essence of both nursing and midwifery and their individual members. In particular there is an endemic mistrust of tertiary graduates in nursing and midwifery that has ensured them of a disdainful socialisation steeped in ritual and tradition, despite over twenty years of cessation of hospital based 'training' in nursing. This mistrust combined with cynicism has also enabled a form of *professional ageism* to develop working against newer and/or less experienced nurses and midwives often with dismal consequences. A *retrograde hegemony within* nursing and midwifery, more destructive than any threat from the medical profession, persists to suppress innovation and originality in order to resist change and protect the status quo with a proliferation of subjugation.

The assessment of self-perceived creativity showed the nurses and midwives involved in this research to be in the mid to high range of creativity overall across a number of measures. Particular variables exerted effects to varying degrees on nurses' and midwives' creativity, most notably their level of practice, their skill acquisition level and their workplace. New graduates showed high scores for self-perceived creativity that diminish markedly over skill acquisition advancement. Concurrently however new graduates have shown a much lower sense of personal and professional identity than those above them have. The professional transition experiences of new graduates require urgent review because of these alarming findings.

An unexpected finding of this research exposed a critical need to reconsider the use and place of reflection as a focal pinnacle in midwifery and nursing theory and practice. Reflection has been shown to be perpetuating retrogressive thinking and a

reversionary orientation in nurses and midwives and has not been able to take them out of the relics of tradition and regimentation. A change in thinking has been specifically identified as critically essential in nursing and midwifery for both of them to move forward with vision and determination.

The phenomenological study refuted the stereotype of the routinised nurse and midwife dependent on others for role and function. Instead a vibrant group of open-minded, inquiring, determined, confident, imaginative and self-assured individuals expressed their propensity for creativity personally and professionally.

This research also showed unexpectedly, clearly expressed differences between nurses and midwives in terms of how they interpret and actualise their roles and practice, and their relationships with patients and women. The distinctions indicated should be used as a basis for esteeming both professions with mutual respect and acknowledgment to resolve the disputation that midwifery belongs to nursing.

The grounded theory inquiry enabled the generation of a theory for practice - *Opus Theory* - that actually culminates in creativity. Opus Theory presents a vital, new vision for the education of nursing and midwifery students. As well it provides an exciting and very necessary opportunity for nurses and midwives to re-view their roles and extend themselves beyond the regressive status quo currently perceived by them to new, determined and stimulating destinies of strength and invigoration.

An additional challenge from this research is to project a much-needed new and exciting image of midwives and nurses as dynamic and innovative individuals engaged in distinctive professions that offer significant potential for creativity and originality.

DECLARATION

This work contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text.

I give consent to this copy of my thesis being made available for photocopying and loan.

SIGNED: DATE: 30/11/02

ACKNOWLEDGMENTS

The research for this thesis has only been possible because of the tremendous involvement of the 227 midwives and nurses who participated. I am extremely and most sincerely indebted to every one of them for their contributions. My extended thanks go to those participants who also consented to be interviewed and gave further of their time and involvement. I know well now how totally reliant research is on the people who give it meaning – the participants.

I am grateful to the Roger Wurm Foundation from which I was successful in gaining a grant to achieve some financial support for this research.

So many people along the way of this journey (too many to name individually, but I hope they all know who they are) have been encouraging, sympathetic and supportive of my endeavours, and I thank them all for their kindly and thoughtful words, often given at times when I felt most despairing. I was especially buoyed by the many nurses and midwives, as well as others who upon hearing of what I was researching gave such heartening encouragement! Thankyou to every one of you.

My appreciation goes to, Ros Hofmeyer for her ongoing help over some tricky administrative times, Margaret Secombe for support during the difficulties faced with initiation of the study, and Margaret Peters for the inspiration to finish.

To my trusted colleague and friend Ann Henderson, my thanks for her consistent consideration and support over such a long period of time. To my dear friend Carolyn Roberts who always reminded me of how much she looked forward to seeing me graduate, thankyou not only for your encouragement but for the inspiration you provided me through your own wonderful creativity as an artist.

I am grateful for the support of my initial supervisors, Dr. Eric Rump and Ms. Maxine Shephard, who probably entered risky ground agreeing to supervise a midwife who wanted to explore creativity in nursing and midwifery. But they persisted with me despite some concerns within the university that this might not be a good thing to investigate! They and I were victims of the massive changes that swept over this university and so many others during the economic purge of the late nineties. One

supervisor lost their position completely and the other was required to withdraw because of funding issues across departments. I was left in the unenviable position of being without any supervision for approximately eighteen months; I plodded along through interminable academic fog until things were sorted out around me.

I was granted two new supervisors - total strangers to me - at about two thirds of the way through my thesis. We had to get to know each other, feel at least OK about all of this, and then be able to find a way forward to see this through to the end. Sheer divine intervention could not have done better for me! Mary Brownlee has more than the patience of Job, with such wisdom, insight, gentle, caring yet firm guidance, and astute attentiveness that often left me in awe. I have learned so much from Mary about effective interaction with students, about persistence and about always seeing the end point and with meaning not despair. John Hunt provided the perfect balance as my other supervisor with his sharp wit, ease with statistics (thank heavens!), and thoughtfully provocative yet discerning approach that always kept me focussed on the possibilities and the challenge rather than the difficulties and obstacles. To Mary and John go my utmost thanks and appreciation for their immeasurable contribution to my learning and advancement as I have made my way through this incredible experience. That I could follow their example in the future working with students as a supervisor would be such an achievement.

Thanks finally to my family. To my beloved late father, my thanks for the determination to see this through that came as I remembered him telling me so often that if you wanted to get something done and get somewhere no-one could do it for you, you had to get in there and do it, and do it well and properly for yourself. To my dear mother my thanks for many times of providing retreats for Airdre and practical help for me in many numbers of ways that made a big difference in quality survival. To my enduring husband Dale my thanks for so many 'fixes' of the software, computers and printers (including two complete changes of each over the way and the horror of the Year 2000 threat) that often defied sanity as he reassured me that this was all part of the process of getting there; as well as listening often as I expressed the frustration and exasperation that frequently emerged and the fear of never finishing this thing that was taking over my life. To my gorgeous daughter Airdre my thanks for her unstinting belief that I would get there in the end sustained with constant hugs and reminders of how lovely it would be when I did.

FOREWORD

I have come to write this Foreword at last after an inordinate time of procrastination and contemplation over how to finish this thesis that has consumed too many years of my life. It has been the reading of two totally different but equally poignant books that has provoked me to meet this final hurdle.

The women in Mary Ann Bin-Sallik's (2000) *Aboriginal Women by Degrees*, beyond the tremendous struggles they encountered as Aborigines, shared evocatively what it meant to engage in university study as a woman, and more-so for most, what it meant to study with a family as part of that experience. The dogged persistence and self-determination needed to see and feel the end when fatigue, loneliness, frustration, doubt, stress, anxiety, conflict, dismay and disillusionment were constant elements of daily life, was immense, and made any sense of achievement let alone completion seem improbable; and I realised so importantly that my feelings were not singular! For me particularly was the insistence that at no time would this thesis take precedence over family, despite the often heard protestations from well meaning people who insisted that I should think of myself (be selfish?) and just get on with it, as 'kids and families will get over it before you know it'. I too like Isabelle Adams (cited in Bin-Sallik, 2000, p.45) "am amazed that I managed and continued to find the stamina to keep going...because I did what many women usually do, and that is to put their families first and studies last". That means taking so much longer to get to the end but I hope without the damage or loss that perhaps otherwise might ensue.

I started this thesis with a very contented fully breast fed baby whose quiet almost invisible presence with me in the university library over the first nine to twelve months of literature searching and exploration caused great consternation to too many of the library and academic staff despite the fact that she never cried or uttered a sound the whole time! This lovely baby has grown and developed into a wonderful girl whose grasp of and love of reading, books and libraries is remarkable for her age – did something subliminal happen over that time? She of course is my greatest 'achievement', the thesis a major conquest. Further, that I have come to this point with little support from my working environment, beyond a very caring immediate colleague Ann, (and a briefly experienced caring Head of School – thankyou Kathy Crockett), makes this conquest even more striking for me, particularly having

sacrificed my long service leave to complete the interview analysis and writing up of the final three chapters. The less said about that absence of support the better as it sadly embodies so much of what the research for this thesis has shown. I am dearly resolved to hope that I can change some things because of all this work.

Helen Garner's (1995) book *The First Stone* moved me strongly to feel the courage and conviction that she did in trying to find out what was going on. I set out to explore the what, how, when, where and why of creativity in midwifery and nursing. I discovered and uncovered some stunning, surprising, splendid and dare I say, shocking things, in my explorations; and then, I wondered and worried about how people would feel about all of this, when the reality was what I found needed to be told. Otherwise every individual involved in the research for this thesis would have been denied their justice and integrity in sharing with me what they did. Writing this thesis was not therefore about pleasing an audience, appeasing professions, or being a safe and benign student producing a pleasant thesis. It has been about writing the truth, the reality as the research found it and believing and knowing now how important that is if anything is ever going to change in, and for, nursing and midwifery.

Mary Ann Bin-Sallik left nursing in the seventies after seventeen years because of the ingrained racism and "the institutional structures [which] make it so hard to effect significant changes to attitudes" (2000, p. 189). The December 2000 edition of a major Australian nursing media publication has emblazoned over the first few pages headlines exclaiming the problems of large numbers of nurses leaving nursing, racism and prejudice and discriminatory practices, poor image, resistance to change, and low morale. Some thoughtful albeit seemingly rhetorical comments have been made but nothing new really said. I feel even more compelled then to say that there has to be some other way for midwifery and nursing and change has to be profound for their survival or perfunctory for their demise. Why is it that to choose nursing as a career means loss of identity, absence of originality and difference? The nurse becomes a uniform and a role in every sense of the word in a world steeped still in regimental historicism but not so for an engineer, or an architect, a teacher even or a doctor. They don't give away their authenticity, their diversity or their individual vigour to become a professional, they remain individuals in their own difference and right. Caring does not have to mean being consumed or subsumed, and there has actually

got to be more to nursing and midwifery than caring. It has become a catchword that has entombed forever the image of Nightingale's self-sacrificing presence. Why can't nursing be the innovative profession, why can't midwives be entrepreneurs, why can't both of them dare to be different?

I have come to this realisation through the demands and confrontations of my own research without any intent at all to have challenged my profession or its long held beliefs. My wanting to explore creativity in midwifery and nursing, to enter new territory most certainly, has led me to the findings of this research through the voices of too many nurses and midwives to ignore and who must now respectfully be heard and must be considered.

Some final comments now about style and format. I have used the terms nurses and midwives, and nursing and midwifery interchangeably, without preference for either throughout this thesis. This has been done to avoid any sense of bias and more so because I had no set agenda for one or the other. I was interested to see what I would find but had no predilection as to what that would be – if only I had known! In discovering findings I had not necessarily intended to even investigate I needed to elaborate on their impact and endeavour to resolve their effects; hence in the discussion section I moved into literature not addressed in the thesis literature review in order to work to a consequential analysis and outcome. I hope this move away from traditional practice will be respected in the light of unexpected discoveries.

I started this research with a question about creativity. I then set out to try to find the best ways to respond to that question, to explore it as well as possible without any predetermined research approach or methodology. As I explored the literature and learned more about creativity the approach and subsequent methodologies for this research became necessarily apparent. The research process became in and of itself an experience in creativity – and what else could it have been if it really was to be true to its endeavour. And so I have found myself very comfortable with and enthused by eclectic research and not routine research expectancy. I will take with me the exciting albeit daunting challenge of the issue or the question but not the fixed anticipation of a singular research approach and methodology.

As I experienced this exploration of creativity in the role of researcher I felt strongly moved to convey that creative experience through the writing of the thesis. Hence I have used a metaphoric elucidation throughout, that of the artist, to enable the reader to 'see' the emerging findings as the appearance of an artist's illustration. My hope is that reading this thesis will give the reader more than words and content, rather an experience of creativity itself, and in that experience the impetus and inspiration to move to their own creativity in some way as well.

That creativity is within us all in some way or other I will continue to steadfastly believe and my hope for the future for midwives and nurses is that their creativity will be able to become an individualistic, expressed and highly valued asset of their roles and practice.

1 INTRODUCTION

What lies behind us
and what lies before us
are small matters
compared to what lies within us.

Ralph Waldo Emerson cited in Garnett 1990, p. 29

1.1 Preamble: Whither Nursing And Midwifery?

Much lies behind the history and development of nursing and midwifery in Australia; from 1975 at least, there has been considerable and ongoing (almost unrelenting) change. In particular the transfer of both disciplines from hospital based training to education in the tertiary sector (first colleges of advanced education, then universities) has been of major consequence. Accompanying this change has been an incremental growth in nursing and midwifery theory and practice research, as well as major structural redevelopments. Most certainly this has enabled both professions to examine themselves and their functioning more closely; to identify varying models of practice and patterns of care; to establish professional knowledge development and determine a sense of direction and progress beyond their history of hospitals and tradition. All of this has been a necessary part of the learning and growth that both professions had to encounter in their new 'lives'.

It has not been an easy transition; social, political, economic, administrative, industrial and technological influences have all played their part in threatening the stability of both professions. Norma Chaska wrote in 1990 (p. xv) of the "critical turning point" still facing nursing in America. Martha Rogers echoed Chaska (1990) with the warning that "an unknown future is sweeping nurses and nursing across new thresholds and into new domains" (1990, p. xix). For as much as nursing and midwifery have attempted to come into their own they still have much to address, particularly at the level of the individual nurse or midwife. "Reluctance by nurses [and midwives] to make the changes necessary for nursing [and midwifery] to be identified as a learned profession" persisted according to Rogers, despite university education and accompanying development (1990, p. xix).

Far from being cynics, Chaska (1990) and Rogers (1990) both internationally acknowledged nursing theorists, were presenting their concerns about where nursing in America was heading. These concerns apply similarly to nursing and midwifery in Australia. The rapid evolution of both professions may have presumed that fundamentals such as self-regulation and self-determination were 'taken for granted' accompaniments but in fact they were left behind. As a simple but critical example, nursing has yet to define itself locally or internationally with unanimity. This is a significant deficit that tarnishes its other achievements. Midwifery stands differently here though, with an internationally accepted definition that the World Health Organisation, among others, recognises.

Lyon (1990, p. 267) argued vigorously that lack of consensus in nursing is its most serious and pressing yet unacknowledged problem:

> ...lacking consensus, we lack unified direction in resolving our problems in both the educational and practice arenas. We get off track because we are not sure of what we are, and to try to compensate we try to be everything to everybody ... Not having a clear and distinct identity, we often look like and feel like nobodies ... By losing sight of who we are and what nursing is, we create an unnecessary sense of inadequacy and experience a paucity of pride in the discipline ... Because we want more respect than we get and we want more status than we have, we often fight the wrong battles ... the answer to what we need - an identity - lies in getting back on track.
>
> Lyon 1990 p. 267

Lyon went on to discuss the significance of autonomy for nursing, the lack of recognition of phenomena unique to nursing and the lack of understanding of what health means to nursing (1990). These concepts needed to be addressed in order for nursing to be unhindered in its development (Lyon 1990). The passage of over ten years since Lyon's (1990) words still has not seen the affirming of identity and 'getting back on track' so necessary for securing nursing's integrity and future. Self-regulation remains an enigma to nursing, as does its relationship with midwifery. For midwifery the passage has always been different with independent practice a reality for some midwives for a considerable time, and autonomy to varying degrees possible for midwives working in birth centres and community birthing projects.

The challenge of development for the two professions over the last two and a half decades may have outstripped the advancement of individual nurses and midwives though. As late as October 1997 in Australia, Brans bemoaned the "enduring myth that a 'good' nurse is born not made, thus negating the view that nursing is both an

art and a science and so needs to be studied and practised under expert guidance" (1997, p. 10). According to Brans, a strong belief persists in society that nurses are servile, unconditionally loving, giving people "expected to put patients before self, [and] to nurture the body and soul of patients" (1997, p. 10) selflessly. Brans' only advice to nurses however was to follow Nightingale's example in fulfilling "our role of service to humanity" (1997, p. 10).

The discourse of Brans' (1997) writing is steeped in obsequious humility and innocence particularly as she likens and links nurses to the late Diana Princess of Wales. The antilogy of Brans' (1997) argument is that she claims to refute the 'humble destiny' notion of nurses yet she symbolises Diana as an icon of service that was like all nurses. Brans (1997, p. 9) referred to Diana's death as a "defining moment for our culture" because Diana took up the cause of the sick and vulnerable as nurses do. The 'defining moment' and Chaska's (1990) 'turning point' paradoxically have much in common as the destiny of individual nurses and midwives plays silently and seemingly unchangingly while their professions attempt to orchestrate the present and presuppose the future. But while the 'turning point' represents an essential need for confronting professional destinies, the 'defining moment' actually represents a desperate need for overturning perpetual myths and stereotypes.

The history behind nursing and midwifery (as the following sections and next chapter indicate) continues to prejudice their existence, threaten their future and undermine their very essence, the nurses and midwives who give them their meaning. If both professions are to determine their integrity and destiny without being debased, the individuals they comprise no longer must be transparent and amorphous but obvious and significant as key players not passive bystanders.

1.2 What Of South Australia?

The history of nursing and midwifery in South Australia over the last two decades has been evolutionary. The time has been marked by change and discordance, and for nurses and midwives it has meant being frequently challenged and unsettled. Their

often-foiled opportunities to reconcile practice with theory and maintain professional stability have meant that practice has at times become a scapegoat, not a prized asset. Over the same time there have been increasing expectations of quality and efficiency in nurses' and midwives' practice by both clients and institutions. However there have been concurrent decreasing physical, human and economic resources. Much has been asked for, but mostly little has been given in support.

For nurses and midwives this has been a time of fragmentation and frustration within an assumption of professional achievement (that change made things better) and a time of calling to question beliefs and ideals about their professions and themselves. For as far as there has been considerable change, much more has remained the same because of the pervasive legacy of nursing's and midwifery's histories. This kind of disequilibrium could promote a varied range of responses, including redundancy and stagnation, anger and resentment, commitment and effort, innovation and originality. More explicit detail of this whole period follows in the next chapter in a critical history of the literature of the time.

Whilst there has been a national review of nursing education over this time (Report of the national review of nurse education in the higher education sector – 1994 and beyond 1994) it has done little more than re-present the status quo with regards to the nursing profession, and glance briefly over the midwifery profession. While many have noted it no tangible outcome of change has occurred. Evaluative measures have centred on the professions as a whole and their sub-groups, but not the individual nurses and midwives who comprise them and give them their substance. New graduates in both disciplines deserve to achieve a far more effective transition to professional practice than they currently do and practising nurses and midwives need the opportunity to re-view their roles in a more meaningful way.

1.3 The Genesis Of The Research For This Thesis

Clearly research was necessary to enable a picture of the reality of individual midwives and nurses to be portrayed and understood. The issue was about how nurses and midwives really felt and how they viewed themselves through this era of

diverse change and challenging development. The belief was that much could be learned from exploring their experiences and feelings within this context, to benefit their development and that of their professions.

The aim of the research for this thesis has been therefore to enable those 'within' to have the opportunity to express and explore their feelings, thoughts and perceptions about their roles, work and most importantly themselves as professionals and as individuals. What 'lies within' nurses and midwives has received little interest in research, nationally or internationally. Once their professional role is assumed they become a set of functional expectations. The nature of these expectations has varied over time and in Australia much unsubstantiated interest has centred on competencies.

Given the nature of nursing's and midwifery's past it was essential that the research for this thesis not lead those involved into getting bogged down in the maladies and memories of their history. The worth of the study would only come from rich and meaningful data provided spontaneously by nurses and midwives who were genuinely introspective and reflective. Providing them with a focus for their explorations that had no encumbrances could enable them to rise above the relics of their history and participate enthusiastically in the study.

The focus of the research for this thesis was therefore centred on creativity. The goal was to discover the personal and professional characteristics and aspirations of nurses and midwives with regards to creativity in their practice and roles. It was hoped that creativity would provide both ambience and stimulus for their reflection, to enable them to move beyond the constraints of their functional expectations as they contributed to the research.

1.4 Why Creativity?

Creativity has long been viewed as the domain of artists. Over its history though it has become the source of much debate (detailed in the literature review in the following chapters) regarding ownership (and other issues) between psychologists,

sociologists, philosophers, scientists and educators among others. However whilst it has not been the source of claims over ownership nor the subject of more than minimal research in nursing or midwifery, creativity has featured in their literature for many years. In 1929 Stewart (cited in Donahue 1985, p. 467) articulated nursing as follows:

> The real essence of nursing, as of any fine art, lies not in the mechanical details of execution, nor yet in the dexterity of the performer, but in the creative imagination, the sensitive spirit, and the intelligent understanding lying back of these techniques and skills. Without these, nursing may become a highly skilled trade, but it cannot be a profession or fine art. All the rituals and ceremonials which our modern worship of efficiency may devise, and all our elaborate scientific equipment will not save us if the intellectual and spiritual elements in our art are subordinated to the mechanical, and if the means come to be regarded as more important than ends.
>
> Stewart cited in Donohue 1985, p. 467

These words were visionary given the time of writing and nature of the era. They illustrated the potential of a significant (yet unrealised by most) place for creativity in nursing and midwifery.

Ashley, a nurse-historian, has had an enduring influence over the literature relating to creativity and nursing's progress and future (Pesut 1985). Ashley warned over twenty years ago that the "foundations for scholarship in the art and science of nursing must be creativity. Without creativity, we will labour in vain. Without creativity, we will not be fostering scholarship but stagnation, and there will be no new insights to move us forward in thought and action" (1978, p.27). The reality at present though is that creativity does not have a definitive place within nursing or midwifery practice in South Australia or Australia for that matter.

The absence of environments that support creativity, the predominance of women in the professions and the belief that they were not capable of being creative, as well as the reality that creativity required some degree of freedom and often involved struggle or discomfort, has meant that creativity has been almost totally lacking in nursing's (and midwifery's) history (Ashley 1978) and present. This history has been one of holding to tradition and outdated values, beliefs and ideas (Ashley 1978) that has been counter-productive to nursing's and midwifery's exploitation of their practice potential.

Despite its apparent absence from practice itself, creativity has not at any time in the nursing or midwifery literature been viewed as irrelevant, frivolous or unsafe. On the

contrary it has frequently been identified as a panacea, albeit essentially unsubstantiated. The following brief anthology indicates this.

In 1953 Fry (p. 302) insisted that only creativity could achieve individualised and professional care grounded in an approach to nursing that "has its roots in a deep and broad understanding of the emotional as well as the physical bases of human behaviour". Fry believed that creativity would enable nurses to cope with the ongoing changes and demands of nursing and would ensure that nurses accepted the challenge of meeting patients' individual needs rather than engage in care based on task provision (1953).

In 1969 Aichlmayr emphasised that the "future of nursing depends on the quality of creative talent and the cultivation of creative thinking in our future nurse practitioners" (p. 19). Myra Levine, an internationally recognised nursing theorist, saw creativity and excellence as synonymous in nursing practice in 1975. Reasoned knowledge, creative thought and imagination would enable new and varying ideas to emerge in practice for the advantage of the nurse-patient interaction according to Levine (1975).

Meanwhile, Pesut (1985, pp. 4 and 6) urged nurses to mould their future with creative nonconformity:

> Shape the course of your professional life by resisting attempts to 'buttonhole' your thinking ... [because] as the nursing profession strives for professional identity and attempts to develop scientific foundations for practice, the need for creative courage is greater than it has ever been before ... the creative nurse of the future is the nurse who recognises opportunities for innovation in the present.
>
> Pesut 1985, pp. 4 and 6

This was not a threat to safe nursing care but a need for nurses to break away from rituals and routines that would compromise both individualised patient care and the advancement of the profession. Being creative required courage Pesut (1985) insisted and the essence of holistic nursing required creative use of intellect and feeling (Ashley 1978).

In 1994 Chinn and Watson published *Art & Aesthetics in Nursing*, the first nursing text that detailed creativity as an expression of practice. Their inspiration came from Nightingale (1859) who expressed nursing as an art, which needed the same devotion as artists gave to their work (cited in Chinn and Watson 1994). According to Chinn and Watson (1994) the source of creativity in nursing was aesthetic knowing,

taken from Carper's (1978) acclaimed work on patterns of knowing in nursing. Carper (1978) identified the importance of aesthetic knowing; this was essential for envisioning possibilities to develop nursing knowledge beyond the limits of tradition.

Chinn and Watson's (1994) book presented varying perspectives on the role of the nurse as an artist and their need to be creative. They wrote of art in learning, practice and reflective experience in nursing. Chinn and Watson's (1994) premise was that the lost art of nursing must be reclaimed and restored so that nursing can bridge the past and future to effectively confront the year 2000 and beyond. Creativity they claimed enhanced practice and needed to be built into its advancement. (Chapter Four presents a detailed review of the nursing and midwifery literature relating to creativity.)

Enabling nurses and midwives in South Australia to move 'beyond 2000' effectively means ensuring they can leave behind a past of significant change with its relics of tradition and disruption. The future will most certainly be one of increasing technology and knowledge development with decreasing resources. Concurrently there will be exacting demands placed on nurses and midwives to ensure they continue to 'humanise care' in the face of all of this, and at the same time, engage in evidence-based practice that is responsive to ongoing change and client demands. The need and potential for creativity is thus very real and very relevant.

The use of creativity as the focus for exploration in the research for this thesis has worked well. Participants have been able to consider varying perspectives of their professional practice and personal lives, and contemplate their future, in a very effective manner. Creativity actually touched a chord with them and they shared their perceptions and interpretations of it in rich and meaningful descriptions.

It is noteworthy that a conscious decision was made to not provide participants with a definition of creativity during their involvement in the research for this thesis. This did not in any way impede their responses or their perceptions of creativity. The potential for bias was thought to be greater with the inclusion of a definition that could lead to expectancy effects than for the exclusion of it. This decision has been supported by the individualised descriptions made by the participants. Only one of the nurses and midwives involved commented that a definition of creativity might have been

interesting but that it was not a problem in participating in the research. As Chapter Three indicates there continues to be controversy as to how creativity should be defined anyway, so any definition presented could have been refuted or confusing.

Instead of a single definition, a set of ideas about creativity was used as the 'coulisse' (*The Penguin Dictionary of Art and Artists* 1991) for the research for this thesis. These ideas provided some useful balance and perspective for the study but did not restrict its movement or depth, in the same way that a coulisse leads the eye into the depth of an artistic composition without manipulating the picture. Several of these ideas came from the work of Torrance (1989) who is often regarded as the 'father of creativity'. Torrance maintained that definitions of creativity must be placed "in the realm of everyday living and ... not [be reserved] for ethereal and rarely achieved heights of creation" (1989, p.47). Creativity according to Torrance was a natural process with strong human needs at its base and having the requirement of self-discovery and self-discipline (1989).

It was Torrance's assertion that "the essence of the creative person is being in love with what one is doing" as well as possessing "courage, independence of thought and judgement, honesty, perseverance, curiosity ... and the like" (1989, p.68). Torrance's (1989) ideas about creativity placed it within the capacity of all individuals rather than deeming it a rarely attained virtue. This was highly congruous with the beliefs of the researcher for this thesis about creativity, as a potential within all individuals, often unrecognised, misunderstood or undervalued but there nevertheless as an important asset for all.

Creativity became a valuable catalyst for the participants involved in the research for this thesis and the data generated from the stimulation it aroused has led to the development of a theory for practice that actually culminates in creativity. This theory presents a new vision for the education of nursing and midwifery students as well as an exciting opportunity for practising midwives and nurses to re-view their roles and extend themselves beyond the apparent status quo currently perceived by them.

1.5 Research Questions And Hypotheses

In coming to explore creativity in nursing and midwifery there were a number of questions that were of particular interest for this investigation:

1. What do nurses and midwives think about/understand about creativity?
2. What do nurses and midwives consider creativity in nursing and midwifery to be?
3. How do nurses and midwives perceive themselves in terms of creativity?
4. Do nurses and midwives perceive their roles/work to be creative? If so, how? If not, why not?
5. What factors effect nurses' and midwives' abilities to be creative in their roles/work?
6. What characteristics are important for nurses and midwives in terms of creativity?
7. How do nurses and midwives feel about themselves in terms of creative performance characteristics, as compared to other nurses and midwives?
8. Is creativity important to nurses and midwives, and if so, why? Or if not, why not?
9. Could nurses and midwives be more creative in their roles/work, and if so, how? Or if not, why not?
10. Have nurses and midwives changed their feelings about their roles/work over time, and if so, how? Or if not, why not?
11. Does creativity have a valid place in nursing and midwifery and if so, why? Or if not, why not?

These questions emerged from the curiosity of the researcher for this thesis and from the literature reviews conducted prior to the study's commencement. They were indicative of: concerns about the stereotyping of nursing and midwifery, as mundane and routine; gaps in the nursing/midwifery literature surrounding innovation and creative practice; major findings in creativity research, and of tentative findings in nursing research. As such they served to address a variety of issues relating to creativity, and to nursing and midwifery, that would provide valuable information about both professions not previously considered or attained, across both quantitative and qualitative research approaches.

The research for this thesis has itself taken a creative journey following not the standard or expected protocols of investigation, but moving through both discovery and exposure that was well facilitated by a triangulated approach which included methodological pluralism to the advantage of the study. Hence the research questions and hypotheses that initiated the study take their place comfortably along with the subsequent phenomenological data uncovered and grounded theory that finally emerged.

From these questions the following hypotheses were proposed based on the researcher's beliefs and ideas about nursing and midwifery practice as well as a response to the literature that had been scrutinised. It was the researcher's thesis that considerable latent creative potential existed at an individual level in both nursing and midwifery. Accordingly the hypotheses were directed to the affirmative even though history and tradition would have directed many of them to be negative:

1. That nurses and midwives understand but underestimate creativity at a personal level.
2. That nurses and midwives understand and value creativity in nursing and midwifery.
3. That nurses and midwives perceive themselves to be creative.
4. That nurses and midwives perceive their roles/work to be creative.
5. That organisational factors affect nurses' and midwives' abilities to be creative in their roles/work.
6. That nurses and midwives can specify certain characteristics of creativity to be important for nursing and midwifery.
7. That at an individual level nurses and midwives consider themselves to be less creative when compared to other nurses and midwives.
8. That creativity is important to nurses and midwives.
9. That nurses and midwives could be more creative in their roles/work.
10. That nurses and midwives have changed their feelings about their roles/work over time.
11. That creativity has a valid place in nursing and midwifery.

1.6 The Nature Of This Research And Its Theoretical Frameworks

As indicated, this thesis is an eclectic inquiry blending qualitative and quantitative approaches as a triangulated study as well as involving methodological pluralism (after Morse 1991b and 1998). This triangulation/pluralistic approach has been undertaken specifically to enable the most inclusive and descriptive data possible to be derived, not to defend the strength of one approach over the other nor support the weakness of one over the other. Those who aspire to purity in approach and methodology in research could see this kind of endeavour as heretical. The dominant concern throughout however has been to achieve a deep exploration and understanding of creativity in nursing and midwifery.

Cowman (1993) referred to triangulation as the means by which the bi-polar paradigmatic assumptions inherent in the qualitative and quantitative encampments are reconciled. The winner in this integration is the research, as neither approach in isolation would provide a true inclusive understanding of human beings (Cowman 1993). Likewise it is hoped that the research for this thesis has achieved a balanced, inclusive and vivid portrayal of creativity as expressed and experienced by the individuals involved.

Because of the eclectic nature of the research for this thesis no one theoretical framework has dominated. Instead a number of frameworks have contributed to the direction, process and structure of the research and hence the thesis. Given that the focus of the research is creativity, an ordered, singular and circumscribed framework would be like an oxymoron to the intended outcome.

It is proposed that *eclecticism* in itself be considered as a methodology for research such as this where a purist, unidimensional approach is irrelevant to the nature of the inquiry. More research should be conducted on approaches and methodologies, to reconsider the perspectives under which they are applied and used, and to enhance and diversify the potential of research that can be engaged in with individuals in all the contexts of their practice. More discussion on this follows through the thesis.

Morse (1991b) a distinguished nurse scholar/researcher emphasised the value of combining quantitative and qualitative approaches. Triangulation was certainly acknowledged by Morse (1991b) as greatly increasing the work and duration of a study, but with resultant benefits that were immeasurable in terms of the thorough groundwork and strengthened results achieved. Triangulation as used in the research for this thesis is not an apology for the presumed inadequacy of qualitative over quantitative research but a desire for complementarity and enhancement of completeness gained through the integrity of both approaches (Morse 1991b).

The work of Morse has provided significant impetus for the research and writing of this thesis (1991a; 1991b; 1992; 1994; 1997; 1998; Morse and Field 1995). Most recently Morse (1998) has described qualitative research as an experience of critical and enlightening discovery leading to ever-increasing knowledge development in nursing and midwifery. This discovery is one of power and value, not give and take in terms of its relationship with quantitative research and so they stand in this thesis respectfully, not disdainfully, together.

Hicks and Hennessy (1997) have also emphasised the need to take an approach to research that combined quantitative and qualitative methodologies to give a much more balanced and comprehensive outcome. They identified research as a multi-faceted activity that increasingly demands a high level of creativity and percipience, beyond empiricism, to provide greater understanding and insight. This would most importantly contribute to overcoming what Hicks and Hennessy (1997, p. 595) referred to as the "persisting hiatus between evidence and practice".

Regarding methodologies, self-assessment via survey, phenomenology and finally grounded theory have been used to bring together all of the elements of creativity as experienced and perceived by the nurses and midwives involved. In attempting to achieve richness and meaning in data, it is essential that neither fear nor prejudice regarding approaches to research nor a belief in the need for purism should manipulate the research process. Often the only gain from sterility in approaches to research is a unidimensional perspective that denigrates the potential of the findings.

The intent in the research for this thesis has been for an harmonious composition portrayed by those involved, that illustrated best the nature and dynamics of creativity

in nursing and midwifery. The genre of the artist and its meaning for this thesis is explained further later in this chapter, but the essence of the thesis is its composing of a picture; every piece of data, be it number or word, has been a brush stroke towards the finished quality composition.

In further seeking to achieve this harmonious composition, particular influence has come from other relevant areas of expertise in research. Eisner's perspectives on inquiry (1991) and his ideal of the 'enlightened eye' have guided the tone and spirit of the study. Eisner (1991) argued for a re-thinking of the use of the word 'qualitative' in research because of what he saw as the only difference between qualitative and quantitative approaches; this "pertains mainly to the forms of representation that are emphasised in presenting a body of work. The difference is not that one addresses qualities and the other does not" (1991, p. 5). Both approaches need and aspire to qualities.

Eisner (1991, p. 6) wrote of the need for "connoisseurship and criticism" in inquiry enabling the researcher to be able to "see not just look" at the qualities the research brings. The frames of reference for these two concepts come from the arts and humanities; as a work of art demands eloquent appreciation and critique so does inquiry. The aim is for illumination and understanding towards the gaining of knowledge. Eisner's background as a painter before his move into educational inquiry strongly influenced his ideals (1991).

Sandelowski's articulation regarding rigour in qualitative inquiry and qualitative analysis, has provided insightful guidance in endeavouring to reach "intellectual craftsmanship [sic]" as a researcher (1995b, p. 371). It has been a fortunate privilege to be able to consult with Sandelowski as well as take inspiration from her writing (1986; 1993; 1994; 1995a; 1995b; 1995c). Sandelowski warns against the use of "cookbook applications of techniques and lack of imaginative play" in violating the spirit of qualitative research (1995b, p. 371). The dogmatic application of rigour in qualitative research can lead to "rigor [sic] mortis" according to Sandelowski (1993, p. 1). Rather, attention should be given to "the aesthetic - to such features as modes of expression, sense-making, and stimulation of experience, in addition to style, originality and beauty" (Sandelowski, 1995c, p. 205).

The well-established work of Khatena and Torrance (1976) has been used for self-assessment of participants' perceptions of their creativity via the Khatena Torrance Creative Perception Inventory. Khatena and Torrance have between them an extensive background in creativity research and literature spanning more than forty years. Vernon described them as "prolific contributors to the study of creativity" (1985, p. 788).

Colaizzi's (1978) phenomenological method has been used for the analysis of the participants' written descriptions of creativity as they experience it. Colaizzi wrote of the understanding gained through the researcher's "being-in-the-world-with-others" by using phenomenology to explore people's experiences (1978, p. 56). This understanding was not insulated from action because human experience was always world-involvement experience (Colaizzi 1978). To ensure world-involvement experience was recognised in the research for this thesis the participants' personal and professional experiences of creativity were included. Addressing only professional experiences would have denied the 'human-ness' of the nurses and midwives involved, presenting creativity as an occupational mechanism not an individual capacity.

It is the belief of the researcher for this thesis that the more nurses and midwives are able to *be themselves* in their work (and be far less a title, a uniform or a task for example) the more they will be able to be free to fully give of themselves in their roles. Under these circumstances creativity could flourish and individuals would be able to *regard and express their practice as a form of creative endeavour* (rather than automate it) and then actually *distinguish the care they create* (rather than render it). Individuals would be empowered to use their creative potential to enhance themselves and their practice, emancipated from their history of compliance and routinisation. This is what complete woman-centred midwifery practice and truly individualised nursing care is really all about.

For new graduates of both midwifery and nursing being able to *be themselves* in their practice and not be overwhelmed by reality shock and institutional oblivion, could give them the strength to meet the demands of their new roles in a much less threatened and intimidated manner. The ideal of *origination of practice with creation of distinguishable care* will be pursued further through this thesis. The picture is of a

nurse or a midwife as a creative and sensitive artist in their practice not an automatic service-provider.

Schön has written of professional artistry as a means of educating professionals to move away from the confines of technical rationality in their practice (1988). For Schön (1988, pp. 13, 22) artistry was:

> ... an exercise of intelligence, a kind of knowing, though different in crucial respects from [a] standard model of professional knowledge. It is not inherently mysterious; it is rigorous in its own terms ... There are [sic] an art of problem framing, an art of implementation, and an art of improvisation ... [shown through] the kinds of competence practitioners sometimes display in unique, uncertain, and conflicted situations of practice ... their artistry is a high-powered esoteric variant of the more familiar sorts of competence all of us exhibit every day in countless acts of recognition, judgement, and skilful performance.
>
> Schön 1988, pp. 13, 22

Schön (1988) based the development of professional artistry on reflection-in-action. This, according to Schön (1988), involved a process of moving from the knowing and responding of routine to a process of surprise and unexpected possibilities generated through attending and reflecting (thinking critically and restructuring understandings). The implication is one of an intellectual transformation leading to professional artistry rather than an actual artistic or creative endeavour as implied in this thesis. Reflection itself has been given much consideration in this thesis and will be discussed further in this and subsequent chapters.

van Manen's (1990) and Munhall's (1994) perspectives on phenomenology have also been influential in guiding the qualitative aspects of the research. Munhall has provided timely reminders throughout the research for this thesis of the "many meanings of study from a phenomenological perspective ... the meaning of being human ... [that] there is structural being and there is creative being ... [and] that researchers do not predetermine reality" (1994, pp. xv, 11). Munhall (1994) emphasised the need for research in nursing [and midwifery] to be socially responsive and meaningful but also creative enough to enable the discovery of new methods; "not only should we be questing for new knowledge but we should be questing for new ways of discovering knowledge and understanding" (Munhall 1994, p. 194).

The aim in writing this thesis has been to capture the orientation, strength, richness and depth of creativity as communicated by the people who have given this study its meaning and composition (van Manen 1990). There has been a difficult but important challenge throughout to ensure this thesis portrayed the revealing and diverse thinking of the individuals involved. van Manen (1990) cautioned researchers of the need to prevent themselves from getting stuck in the underbrush and failing to arrive at the clearing. This apt description of the thoughtful balancing and consideration necessary in analysis, interpretation and writing of research vividly indicates the difficulties faced when grappling with the reality of others. It is crucial to remain true to the individuals involved, whilst at the same time remaining true to the research.

The works of Lupton (1992) and van Dijk (1996) have been used to engage in a critical history of the historical and background literature to the research for this thesis. Lupton (1992) argued that communication whether written or spoken always involved discourse. Critical analysis of the sociocultural and political contexts in which discourse occurred would reveal valuable insights, meanings and ideologies contained within (Lupton 1992). The process of the critical history has been influenced by Lupton's ideals for discourse analysis (1992, p. 147); that it "can reveal the hidden layer of signification lying beneath the obvious, taken-for-granted surface. It approaches language as both reflecting and perpetuating power structures and dominant ideologies in society".

van Dijk (1996, p. 84) insisted that one of the crucial tasks of critical analysis is to "account for the relationships between discourse and social power". In particular, an analysis should describe and explain how abuse of this power is "enacted, reproduced or legitimised by the text and talk of dominant groups or institutions" (van Dijk 1996, p. 84). Accordingly the critical history that follows in Chapter Two reveals much about the taken-for-grantedness of the history and development of midwifery and nursing in Australia over the last twenty plus years. The overt and covert processes of change in nursing and midwifery in Australia have been revealed through this critical history to expose the residual core of struggle and the power dynamics within.

The research for this thesis enabled nurses and midwives to broach the question of creativity, as distinct individuals and as acknowledged professionals. The experience

of the research in enabling them to contemplate creativity opened up new possibilities for some, rejuvenated quiet aspirations for others and aroused much interest and enthusiasm for many of the participants. It also enabled the underlying meanings and perplexities of nursing and midwifery as historical contexts, present challenges and future demands to be drawn into the development of an innovative and emancipating model for practice, professional advancement and education.

Nurses and midwives are indeed creative; the research for this thesis has confirmed that. It is vital that their regard for creativity, and most importantly their creative ability is acknowledged by their employers, their professions, and their community, to eradicate the tradition-bound stereotypes that contaminate them. It is critical that the potential for creativity to heighten their sentience and optimise their practice is used to the advantage of patients and women and their families. It is essential that the liabilities of the present and the past be easily relinquished so that nurses and midwives may ingeniously determine their ongoing advancement and professionalism and take hold of the future with self-assurance.

Whilst the research for this thesis certainly centred on the nurses and midwives involved, undeniably the nexus of their creativity involved patients and women. Finding a shared perspective for nursing and midwifery practice through a theoretical framework that worked for both was difficult. The philosophies of the two areas of practice alone are quite different let alone their functioning. However Appleton's (1991) middle range prototype theory on co-creating practice provided a very relevant and insightful theoretical framework for the initiation of the study that could be considered for practice by both nursing and midwifery as it rises above the pragmatic of care. Meleis defined middle range theory as that which "considers a limited number of variables, [has] a particular substantive focus, on a limited aspect of relationship, [is] more susceptible to empirical testing, and could be consolidated into more wide-ranging theories" (1991, p. 228).

Appleton has argued for a rethinking of nursing as originating *with* the patient to "cocreate a unique way of helping characterised as liberating and emancipating" (1993, p. 228). While Appleton (1993) referred to the titles of nurse and patient, and to the practice of nursing in her theory, this was coincident with the title midwife and the practice of midwifery. Appleton's (1993) research involved American Nurse-

midwives and the women with whom they worked. The focus of her inquiry was on obtaining "descriptions of the experience of the art of nursing" (Appleton 1993, p. 894).

It was Appleton's (1993) belief that considerable emphasis had been given over time to supporting the view of nursing as both art and science. The science aspect had received considerable focus in research and publication to derive a unidimensional body of knowledge (Appleton 1993). A similar affirmation of art had been derived anecdotally but not through research. It was necessary to determine what the art of nursing (and hence midwifery) actually was. It is worthy of note, as well, that little research has actually explored the interplay of both art and science in either nursing or midwifery. Of late, Page (1995) has articulated the art and science of midwifery but has not based this on research.

Appleton (1993) utilised both nurse-midwives and women to inquire into the meaning and experience of the art of nursing through a phenomenological-hermeneutical approach. Each provided perspectives that Appleton (1993) brought together to develop her theory. Among many recommendations for practice, research and education, Appleton (1993) proposed that innovation in practice involved focusing on the promotion of a partnership between nurse and patient; further that nurses needed to change interprofessional relationships so that they could *originate nursing and create it as art*; this required nurses to reconstruct the meaning of nursing and "create a culture of caring distinct from that of medical care" (Appleton 1993, p. 898). This is a formidable but essential challenge.

Appleton's (1993) notion of originating nursing was like a challenge to rid practice of routinisation and standardisation and initiate care from the individual involved each time, not in rhetoric but in reality. Being with the patient as she proposed is nothing new to midwifery which has promoted the essence of its practice as *being with women and being in partnership with women.* For nurses this could be more difficult given a history of distance and aloofness as necessary in professionalism. Nurses have not aligned themselves *with* their patients as midwives have *with women.*

The use of reflection-in-and-on-action (from Schön 1983) was regarded by Appleton (1993) as an important strategy for nursing students towards enhancing their

understanding of the culture of caring. Reflection could lead to enhanced understandings of caring according to Appleton (1993) although she did not actually investigate the validity of this claim.

The data that emerged from her research made it evident that Appleton's (1993) theory went so far but not far enough. Appleton (1993) did promote a deeper perspective of some nursing and midwifery differences than most other theories have done because her research focused on the dynamics of the one-to-one relationship between the nurse-midwife and a woman, rather than the generic relationship between patients and a nurse. Rigorous interpretation and analysis of the data from the research for this thesis has gone further by actually enabling the generation of a theory for midwifery and nursing practice in distinction, centred on creativity and artistry.

1.7 The Contexts Of Nursing And Midwifery

Up to the mid nineteen-twenties nursing and midwifery in South Australia were separate and different areas of practice (Forbes 1988). It was at this time that the Australian Trained Nurses Association decided without substantiation to insist on nursing as a prerequisite for midwifery training (Forbes 1988). This quirk of history remains unresolved in Australia as midwives and others continue to affirm their distinction from nursing and the necessity of returning to their appropriate practice origins (Kitzinger 1991). At an international level direct entry midwifery education (as it has become known, entering midwifery without a prior nursing qualification) continues to increase (and dominate in some areas) in Europe, the United Kingdom and in New Zealand.

In South Australia a postgraduate university education path has been established for midwifery separate from that previously established for nursing (Hancock, 1996). Similar moves are happening interstate. Long-standing national differentiation continues through the existence of the Royal College of Nursing and the Australian College of Midwives as separate professional organisations. Hence the research for

this thesis has given recognition to this differentiation by acknowledging the nurses and midwives involved as specific entities.

A remarkable finding that emerged from the data was the very clearly expressed qualitative and quantitative data differences that were evident between nurses and midwives. This differentiation was neither superficial nor fleeting. It was distinct and manifest with meaning and is described in detail in later chapters.

1.8 The Contexts Of Experience And Reflection

Experience has been regarded, in the research for this thesis, as a fundamental resource for nurses and midwives *if* it enables them to give enhanced meaning to their practice based on an approach of critically reflective analysis. It is this critically reflective analysis of the meaning, diversity and richness of practice that may give experience its worth not any set quantity of it. Therefore participants in the research for this thesis were invited to reflect on their practice and experience through their consideration of creativity to enable them to move beyond a chronology of jobs and activities to a personal encounter of meaning perspectives (after Mezirow 1991).

According to Mezirow (1991, p. 34) "experience is an act rather than a thought [and] reality is constituted by perception through experience ... Meaning is an interpretation; to make meaning is to construe experience, to give it coherence". Individuals make meanings, intentionally and unintentionally through perception and cognition (Mezirow 1991, p. 34) and from them they acquire meaning perspectives, which are "generalized [sic] sets of habitual expectation" about how they feel, think, believe, and learn for example. The meaning perspectives of an individual are thus important repositories for influencing change and for being influenced by change.

Nursing's tradition has neither valued nor exploited critically reflective thinking in practice. The emphasis had been on being busy, not wasting time on idle matters. Since the nineteen eighties though, reflection has been emphasised as a necessary attribute in practice; once nurses were able to "uncover their tacit ways of knowing by identifying and discarding tradition and nursing myths which have sustained them

and beginning to image themselves, and their nursing care, in new ways ... reflection ... has the potential to transform unjust and oppressive practices" according to Street (1991, pp. 2, 3). Street (1991) took her ideologies on reflection from Boud, Keogh and Walker (1985) and Schön (1983) among others.

Schön's (1983) writing on *The Reflective Practitioner* provided considerable momentum for significant change in the way nurses and midwives viewed professional knowledge and practice. Schön (1983) emphasised the value of rigorous 'reflection-in-action' in linking the art and science of practice, in coping with demanding situations and in recognising the intuitive processes of professional practitioners. Reflection enabled practitioners to move effectively away from "the positivist epistemology of practice [of] technical rationality to professional artistry" according to Schön (1983, p. 42). Schön's (1983, p. 42) now infamous metaphor of "the varied topography of professional practice" emphasised the distinctiveness of reflective practice.

Boud et al (1985) considered reflection to be a form of response of the learner to experience. According to Boud et al, reflection referred to those "intellectual and affective activities in which individuals engage to explore their experiences in order to lead to new understandings and appreciation" (1985, pp. 18 - 19). Boud et al (1985) drew their conclusions about reflection from the work of Dewey (1916), Friere (1970) and Mezirow (1981) among others (all cited in Boud et al 1985). The importance of reflection in professional practice was emphasised by Boud et al (1985) in particular for preparing for new experiences, clarifying issues, developing skills and resolving problems.

The significance of experience was emphasised by Eisner (1991) who regarded it as transaction and achievement; "experience has its genesis in our transaction with the qualities of which our environment consists ... experience - our consciousness of some aspect of the world - is an achievement" (Eisner 1991, p.17). Eisner (1991) proposed that it was the primacy of experience that gave research its quality. Research that enabled individuals to express meanings derived from experience was important "for opening up new ways of thinking about how we come to know" (Eisner 1991, p. 245).

For Eisner thinking was much more than language and intelligence; new models of mind and more generous views of knowledge would lead to enhanced understandings of thinking as mediated by experience (1991). Exploring experience in this way was emancipating for thinking and practice. This was evident in the spontaneous and revealing contributions made by the participants in the research for this thesis. Eisner's (1991) work has been considered again later in this thesis.

Colaizzi (1978, p. 52) saw experience as fundamental to research that tried to gain an understanding of what it is to be human; experience he said "is in and of the world", inseparable, vital and valid. Historically experience has been demeaned as "untrustworthy, unreliable, naive, and insignificant" in research according to Colaizzi (1978, p. 50). Experience should be viewed as objectively real for all individuals; it is their mode of presence to the world, existentially significant and legitimate and necessary for research that aims to understand them (Colaizzi 1978). Colaizzi's (1978) phenomenology methodology has been detailed further later in this thesis.

John Dewey's description of experience in 1933 along with his elaboration of reflection and thinking has been of widespread influence. For Dewey (1933) experience was the essential resource for reflection, and reflection provided liberation from impulsive and routine activity. Reflective thought could move individuals from 'servile subjection' to enriched meanings, openmindedness, wholeheartedness, and responsibility according to Dewey (1933). Experience and reflection were an important combination for Dewey (1933):

> Experience is not a rigid and closed thing; it is vital, and hence growing. When dominated by the past, by custom and routine, it is often opposed to the reasonable, the thoughtful. But experience also includes the reflection that sets us free from the limiting influence of sense, appetite and tradition. Experience may welcome and assimilate all that the most exact and penetrating thought discovers.
>
> Dewey 1933, pp. 201 – 202

The introspection and reflection individuals in the research for this thesis engaged in led them to consider the debilitating senses, feelings and traditions that have restrained their practice, and to contemplate the satisfying creativity of what they did and could do as creative individuals and creative practitioners. Two participants' responses illustrated this:

> Beaut to have an excuse to think about the creative side of nursing and actually take some time to think about this vital issue.

> I have exposed myself - I hope it's helpful for your research - I think it may have been helpful for me - thankyou!

The nature and processes of the research for this thesis also enabled the context and potency of reflection itself to be scrutinised with significant findings. This will be elaborated upon later in this thesis.

1.9 Arrangement Of This Thesis

The images of the artist's studio and the artist's work have been used as an illustrative metaphor through the progression of this thesis. This has been done to frame the text in an ambience of creativity and creative expression, and enable the reader to visualise and experience the process of creativity as it could align with midwifery and nursing. The contradiction here is the typical image of efficiency, organisation and routinisation. But, midwives and nurses must be perceived and acknowledged to be more than efficacious purveyors of health care, both within themselves and most critically within society.

The composition of this thesis has therefore been regarded in the same way that the artist composes a work of art; each chapter presents as part of the artist's creative process in moving from inspiration through preparation of the canvas to the final completed work of art. This thesis's inspiration has come from the participants who gave more than time to their involvement; intense personal disclosure, with introspection, and striking spontaneity and honesty typified their contributions.

Accordingly, considerable thought has been given to the preparation of this thesis to ensure the findings have been presented faithfully and are true to life. In the same way the artist selects their medium and form, and then primes their canvas with much effort to ensure the work of art is able to be true to its intention. The emerging colours and textures from the research for this thesis's findings have created a rich *still life* that authentically portrays the descriptions and meanings of the participants. The artist's still life attempts similarly to authenticate its subject and illustrate as true to life its features and form.

Chapter Two enables the reader to explore the history and contexts of nursing and midwifery's development to *construct a canvas* as a framework for the third and fourth chapters. The effects of history and tradition on both nursing and midwifery have been and continue to be confounding and ubiquitous despite the passage of decades of educational, administrative and practice changes of varying propensity.

Chapter Three provides a review of the vast general literature of creativity. The intent has been to explore its multiple perspectives and consider the variety of creativity's definitions. The perennial diversity and debate regarding creativity's origins, ownership and expression are easily apparent. This chapter *sizes the canvas* for the following fourth chapter providing a base for drawing the focus into creativity within the nursing and midwifery literature and relevant research.

Chapter Four represents the *setting of the easel* for the canvas providing an appropriate and secure support for the actual artwork to be applied. Considerable interest and enthusiasm surrounds creativity in nursing and midwifery although limited research has actually been conducted overall. The relationship both nursing and midwifery have had with creativity is naive compared to that of the arts and sciences, but the research for this thesis brings new insights into creativity for these professions and their futures.

Chapter Five details the research approaches and methods of inquiry. This chapter also describes the processes and activities involved in, developing this research, considering rigour, ethical considerations, the pilot study, inviting volunteers and achieving data. This chapter represents the *selection of the media and tools* that the artist engages in to decide upon the textures and colours desired to enable them to most sensitively and effectively achieve their purpose in the painting. The eclectic approach undertaken in the research for this thesis has enabled the bringing together of a spectrum of 'data colours' (generated through the breadth of the findings) rather than discriminate according to a singular methodology. The result is vividly depicted perceptions of creativity as experienced by midwives and nurses rather than obscured shades of reality.

Chapters Six and Seven explain and describe the phenomenon of creativity through the written and spoken descriptions of the research's participants and their responses

to varying means of creativity assessment. In using triangulation as the research approach (after Morse 1991b and Eisner 1991), Colaizzi's phenomenological method (1978) has guided the initial qualitative analysis of the participants' written descriptions of creativity, and in complementation not opposition, the Statistical Package for the Social Sciences (SPSS) has been used for the statistical analysis of their self-perceived creativity. The works of Glaser (1978; 1992; 1994) and Stern (1994a; 1994b) have guided the grounded theory study that followed. The intent has been to derive sensitive, meaningful knowledge and understanding that is "empirical based on experience" (van Manen 1990, p. 22). Chapters Six and Seven thus represent the *work and hands of the artist* which finally deftly yet sensitively apply the oils to the canvas to create the original masterpiece. In Chapter Six the artist commences and *moves from brush to image.* In Chapter Seven the artist moves *from image to illustration* adding depth to enhance the artwork. Likewise, the findings of the research for this thesis have been respectfully and sympathetically conveyed without distortion or manipulation to ensure they are true to their origins.

Chapter Eight concludes the thesis with a summation and conclusions, and their implications for practice, education, administration and research in both nursing and midwifery. This chapter represents the actual *brushwork* of the artist, which can be described (*The Penguin Dictionary of Art and Artists* 1991) as being as personal as handwriting but also the most powerful tool in the creation of a work of art. This chapter of the thesis is similarly the researcher's final brushwork, the findings interpreted and heeded, and finally committed to paper with genuine sensitivity. *To begin the portrayal the canvas needs to be constructed* and so to Chapter Two.

2 CONSTRUCTING THE CANVAS: THE BACKGROUND TO THE STUDY

Consistency requires you to be as ignorant today as you were a year ago.

Bernard Berenson 1892 cited in *The New International Dictionary Of Quotations* 1988, p. 610

2.1 Introduction

In order to understand and analyse the dynamics of the history forming the background to the research for this thesis, a specific review of the Australian (and some relevant international) literature from the nineteen seventies through to the nineteen nineties was carried out. This review was quite separate from that of the literature reviews conducted for the research itself. The focus of this was on the writing that addressed the evolutionary consequences of nursing and midwifery at the time. A critical history as discussed earlier (after the work of Lupton 1992 and van Dijk 1996) was utilised to expose the rhetoric and 'taken-for-grantedness' of the literature for its real intent. Lupton asserted the importance of discourse analysis in moving away from traditional content analysis and semiotics, with "its goal in identifying cultural hegemony and the manner by which it is reproduced" (1992, p. 149). Lupton's (1992) assertion has been heeded in the critical history process.

What has been so striking about this passage of time and its discourse, was the perennial stratagem of change used to maintain a milieu of naive consistency. An illusion of development overshadowed a reality of self-propelling redundancy as the following analysis shows.

2.2 A Languid Journey? Revealing The History

The journey through nursing's and midwifery's evolution over the last two decades provides a poignant background to the research for this thesis and its findings. It enables a necessary understanding of the effects of their history on the two professions and the way in which relics of this history have persisted despite change and development. The journey has not been languid; it has been labile and strained with limited opportunity for reconnaissance.

2.3 From Tradition And Obedience

A "profession entrenched in its own long and established tradition ... [and] to the elders of the profession this tradition is sacrosanct", was how Bowman referred to nursing in 1973 (cited in Gray 1978, p.42). Part of this tradition had arisen out of the regimental history of nursing; the "preoccupation with order, cleanliness, and unquestioning obedience, accompanied by military overtones and righteous zeal continues, while the conditions which occasioned such a focus no longer prevail" (Barkham cited in Gray 1978, p. 42). This oppressive regimentation provided stability and promoted a steady resistance to change, because tradition and ritual were revered. Students were trained to be accepting in meeting the needs of the institution and of medicine, to ensure that as graduates, nurses and midwives were humble and conforming as befitting servile women.

An 'unthinking sameness' persisted such that things were done because they had 'always been done that way'. Nurses and midwives functioned in a cognitive vacuum where difference was deviance not diversity. This unthinking sameness also provided immunity from, the stress of change, the ignorance and dread of research and the need for submission to the medical profession. Walsh and Ford have seen this as a continuing reality in the nineties (1992, p. x):

> Qualified staff who do not keep up to date with research findings have little other than intuition, outdated teaching, ritual and mythology to guide their practice. While there may be a place for intuition in the art of nursing, there is no place in the science of nursing for ritual and mythology!

> [It is] the unquestioning tradition of obedience inherited as part of the Victorian legacy - which nursing is still struggling with today. This involves obedience to hierarchy and also to men, who, according to Victorian values, are seen as inherently superior to women. It is no accident that most nurses are women and most doctors are men.
>
> Walsh and Ford 1992, p. x

'Busy-ness' and tidiness dominated, not patient-centredness and caring, as practice was based on institutional requirements not patients' needs. A nurse was a uniform, a set of tasks, and a title by surname only, not an individual. There was little or no research-based practice, with care determinants founded on doctors' orders and unsubstantiated institutional policies usually derived from oral tradition (Walsh and Ford 1992).

In the early nineteen seventies nursing education began to move into the then Teachers' Colleges/Colleges of Advanced Education. This move presupposed a status change among others, that through this new form of education nurses might become similar to, or as good as, teachers. The nursing profession essentially pushed for this as it strove to claim to be a profession. For many though this was an intolerable situation as their roots with tradition were shaken and threatened. While the public was initially oblivious of this move, the medical profession appeared unimpressed (although probably offended as they had been providers of much of the teaching input into nursing programs) and the tertiary sector itself was cynical.

2.4 The Mid Seventies - Good Obliging Nurses

Practising nurses were suddenly confronted with the need to 'bridge' themselves to this new level of education. The realisation of the gross deficiency in their original training was painful for many and silently embarrassing for some. Nurses had been trained to subordination and passivity towards senior nurses, charge 'sisters', matrons and doctors (and towards deference to them in that order). They had not been encouraged to, think for themselves or for the clients they cared for, function beyond routine and designated tasks, question practice or consider any innovation. The 'Doctor-Nurse Game' as Stein (1967) described it was a striking reality. Being a nurse actually meant being subservient if one was to achieve an effective working relationship in a medically dominated environment and provide useful care to

patients. For many this obliging subservience was a safeguard because their own nursing training had left them thus, deficient in knowledge, mechanistic and unquestioning.

The 'medical model' had been a powerful determinant in nurses' and midwives' experience and increasingly presented supremacy above collaboration which was accepted and unrivalled. The words of Virginia Henderson (1969, p. 15), an acclaimed nurse theorist, remained a powerful dogma for nursing; "Nursing care is always arranged around, or fitted into the physician's therapeutic plan". The sanctity of the medical model was actually fostered by nursing's leaders.

The continued dismaying homage paid to the medical profession and lack of regard for nursing as a profession provoked Orr (a prominent Director of Nursing at the time) to write of her hope for nursing; "evolution ... the nurse emerging from being a handmaiden and an assistant [to the doctor], to the gradual assumption of individual responsibility for the clinical practice of nursing" (1977, p.31). Some but not all leaders saw tertiary education for nurses as a panacea.

Only a year later another Director of Nursing at the time, Rees (1978, p. 33) warned, "nursing in this country is in a parlous state". There was he declared "a lack of understanding by many nurses of the unique function of nursing" as they were too willing to accept the interpretations of nursing provided by other health professionals (Rees 1978, p. 31). According to Rees (1978, p.32):

> ... the nurse occupies a lowly position in the rigid hierarchical structure ... [and] the patient occupies the lowest position. The nurse serves a multitude of masters, including senior nurses, hospital administrators, medical and other health professionals. The most important or powerful master is the doctor.
>
> Rees 1978, p.32

The endemic pervasiveness of the medical profession remained oblivious to most nurses however as they accepted the status quo and went about their work obligingly.

2.5 The Late Seventies - New Education, Old Practice

Tertiary education courses for nurses were increasing around Australia. With them came reactions of angst or confusion from the public at the thought of 'text book nurses' who had no bedside manner or experience. The media played on the emotive aspects of this strongly and the medical profession ridiculed nursing. The Federal Government suddenly withdrew support because no justification could be seen for the now proposed bachelor level courses instead of a diploma. Mary Patten (Federal Secretary for the Australian Nursing Federation (ANF) in 1978) insisted that immense pressures to revert to the former system of education confronted the nursing profession. It had been victimised and prejudiced, with nursing education and nurses held in low regard and status.

Patten (1978, p.7) went on to say that "the very idea of moving nursing education out of hospital schools of nursing fills some people with horror for it is moving from the known to the unknown, from a system which has served the public well, to a system which they view as being remote from reality". But according to Patten there were no alternatives if nursing was to expand its role and functioning (1978) or be dismembered.

At the same time, Australia's midwives moved to distinguish themselves from nursing at a professional level by establishing the National Midwives Association in 1978 which went on to become the Australian College of Midwives (ACM) in 1987 and ACM Incorporated (ACMI) in 1988 (Waddington 1988). These moves indicated the dynamic nature of midwives in Australia according to Goering (1988). Midwives had rallied and firmly established a professional demarcation that identified their practice as distinct from nursing.

Within nursing there remained continued resistance to change and a propensity towards redundancy that threatened its internal cohesion and integrity. In a letter to the editor of *The Australian Nurses Journal* in 1979 (p. 4), Davis made the following plea:

> The most severe problems facing nursing in this country are not those presented by hospital administrators, doctors or politicians. The highest hurdles are our own ignorance, prejudice and apathy.
> When they return to the hospitals after their years in college, will [the new graduates]

> find the same problems and the same tired attitudes that beset them before they left? While they are learning, are their colleagues in the hospitals - both in the wards and in administration - learning too?
> Our profession has long been bled by the 'wastage' of nurses who leave it because of the needless frustrations, which are inflicted on us in our work.
> ... unless we are prepared to abandon our rigid do-nothing attitudes their hard work and new qualifications will amount to just another set of nursing initials.
>
> Davis 1979, p.4

Davis's (1979) words were apt but omitted the critical recognition that nursing had been a victim of its own education and socialisation and this had perpetuated the ignorance and apathy.

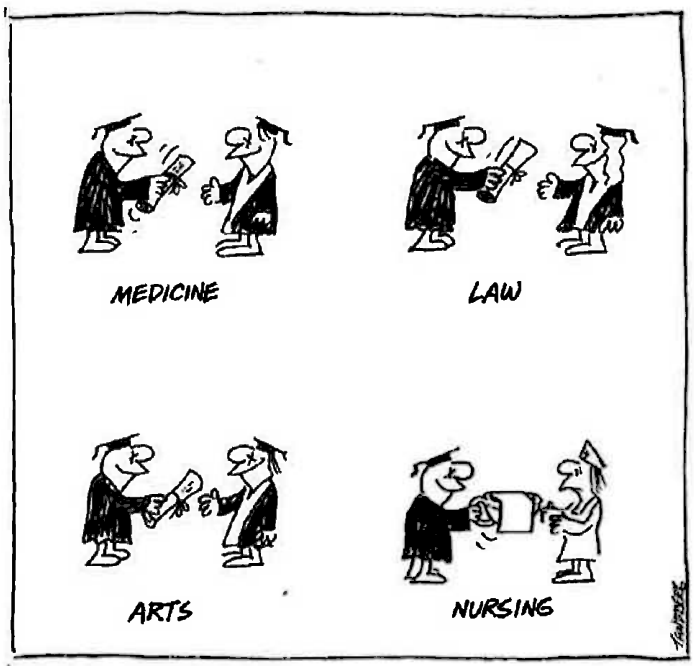
Capitulation to tradition was endemic, and comforting for those nurses who had subsisted to practice, but likewise, well perceived by new graduates. They urged that "in this time of rapid change, nurses must cast off their unnecessary characteristics of submissiveness and dependency and speak out and question fearlessly for the benefit of patient, nurse and the health care system as a whole" (Western Australian Students of Nursing 1980, p. 48).

The struggle for identity and affirmation as a profession was bitter at a social level as well, attracting the interest of internationally renowned cartoonist Tandberg of *The Age*. Tandberg's depiction of the graduating nurse (See Figure 1 over) "indelibly made the point that while nurses respect the bedpan as the very symbol of the need to serve, some others maliciously use it as a tool for the obstruction of nursing's legitimate educational aspirations" (Patten 1980, p. 3).

FIGURE 1

Tandberg's Depiction Of The Graduating Nurse

Source: *The Australian Nurses Journal* (1980 October, Cover Page)



The nurse illustrated was of course a woman and she was deemed a sense of shame and mockery in receiving this covered banal award, as well without the regalia of academic dress. The message was clear, nothing would ultimately change nursing, and sameness would prevail regardless.

2.6 The Early Eighties - Serving Not Deserving

Tiffany (1982, p. 44) emphasised the "position of weakness" held by nurses in terms of doctors and other senior nursing staff. The ritualisation of nursing care "into standard routines based upon the consultant's diagnosis" according to Tiffany (1982, p. 44) offered security from any need to negotiate this weakness. Those who dared to challenge this position of weakness did so at their own risk and their lack of prowess in articulation and research-based practice undermined any attempt they made.

Nursing's legacy of traditional practices also (Tiffany 1982, p. 44):

> ... stifle[d] professional growth and produce[d] disillusionment and frustration amongst many of our newly qualified staff, who often only have the choice either to opt out or to conform. So wedded to these systems have we become that in some environments trying to implement change takes on the appearance of trying to wage war on a fog.
>
> Tiffany 1982, p. 44

But Tiffany did not appear to see gender as of issue in his writing, stating that it was simply nursing's professional need for reform that would lead to "personalized, [sic] dynamic, innovative nursing practice" (1982, p. 44). Yet the reality of nursing then as now, is that it is a female dominated profession in which the male proportion have historically assumed control. For women to become nurses meant being relegated to a low and domesticated type of status by doctors and by their male nursing colleagues. This was a product of the times.

2.7 The Mid Eighties - New Change For Old, Where's The Difference?

The issue of gender did come to the fore in the mid eighties as the effects of tertiary education began to infuse. Darbyshire (1986, p. 45) argued that the "belittling of the contribution of women is an almost inevitable consequence of increasing male power and influence in nursing". The effects of this domination by men were both internal and external to nursing. Male nurses occupied an "anomalous position" in nursing as a minority in a female dominated profession, but they held disproportionately more senior positions (Darbyshire 1986, p. 44). Whilst Darbyshire's perspective centred on England it was not irrelevant to Australia.

Nursing's evolution according to Darbyshire (1986, p. 44) came from "Victorian middle class family life, with the father figure of the doctor symbolising patriarchal authority over all members and the matron exercising matriarchal authority over women's work". The sexual division of labour that followed centred on the two concepts of care and cure which predestined the two different paths of nurses and doctors. Darbyshire (1986, p. 44) explained this difference:

> ... curative tasks were seen as dynamic, challenging and requiring high intelligence – skills thought to be possessed exclusively by men, despite the remarkable history of women as healers. Caring functions were seen as low-level tasks, which were merely extensions of women's work in the home. Since these skills were thought to be biologically determined, all that was required was a woman of good character ... to bring them out.
>
> Darbyshire 1986, p. 44

Darbyshire (1986, p. 44) also referred to comments made by a student nurse in 1983, seeking to emphasise the potential demise that devaluing women's strengths would bring to nursing; "nursing needs to be aware of the sexism that leads us to overvalue the work of men and to take for granted the creativity, energy and competence of women". Darbyshire's view was that male dominance could "devalue traditional nursing strengths and skills such as altruism, caring, love, compassion and serving other people during increased vulnerability" (1986, p. 45). The paradox though was that women in nursing needed to be aware of the potential for being undermined through expressions of possible patriarchal pity that could actually confirm their humility not their integrity.

There was a strong push at this time by administrators for nurses and midwives to gain tertiary qualifications beyond 'bridging'. But there was no concomitant regard for achievement of them. The artefacts of the past were irreconcilable with the prospects of the future for many nurses and midwives so indifference predominated. Kelly (1984, p. 44) wrote in earnest of the need for nurses to break the mould:

> We have reinforced our role as providers of care only and nurses who show initiative or assertion are considered deviant. We encourage further study verbally, yet the health bureaucracies and the profession provide only meagre support in this area. Our peers tend to provide covert negative sanctions towards those who require constant roster re-arrangements for study purposes. In the end, the nurse imposes enough self-guilt often to stop the study process. We have succeeded in reinforcing the status quo perspective in nursing to the point where we are our own worst enemies.
>
> Kelly 1984, p. 44

Change was a formidable threat to an already oppressed group and so the status quo represented the only safe option known in preference to the upheaval associated with study and exposure to the unknown. Administrators were not immune to these feelings of intimidation nor to the potential for reaction from nurses who gained much from increased knowledge. Kelly (1984) failed to acknowledge any possible implications of the gender imbalance in nursing, by attempting to explain the absence of assertiveness, prevalence of professional naivety, and lack of status that prevailed. He (1984, p. 44) posed a simple almost trite question: "have we considered the effects of sex role stereotyping on nursing?" His zealous quest for realisation of critical goals presented a shallow argument without addressing his own significant question.

Acquisition of an award did not assure graduates of a smooth transition to enlightened practice or heightened status. Ten years after the introduction of the first higher education course for nurses there still seemed to be limited evidence of enhanced nursing care and advancement of the profession. Either the new system was not getting it right or something else had gone awry. According to Pitman and Philp (1985, p. 46):

> The fault seems not to lie with tertiary education per se, but with the powerful traditional cloning effect of the hospital 'system'. This is supported by the maintenance of routine, task orientation, regimentation, a conservative nursing hierarchy, and a paucity of aggressive policy and decision-making at all levels ... [and] apathetic and conservative forces within the nursing profession and the powerful external forces of the medical model [which] have had a 'synergistic' effect.
>
> Pitman and Philp 1985, p. 46

It is argued whilst nursing needed change and reform, the profession did not want to accept the reality of the consequences that came with them. A decade of educational change would not have an effect until at least a decade of positions changed hands in the nursing hierarchy and at practice level.

The low retention rate of nurses at the time attracted extensive media cover within Australia and overseas, and prompted several state governments to advertise overseas for recruits with very lucrative offers to entice them. But these 'bandaid' measures as they were labelled would not amend the poor conditions and status that precipitated the problem of attrition in the first place (The Month In Nursing – June 1985).

Applicants almost panic-stricken for tertiary qualifications in nursing were inundating colleges. At the same time the push for production of new graduates intensified as hospital programs closed. This was not a scenario for innovation and change despite the script, it was more one of urgent reaction and commodity supply. Those who were teachers at this time were almost as panic-stricken as the learners in a whirlwind process of having to prove their academic status and credibility, confirm nursing as a discipline, and provide effective graduates for the profession and society.

1986 was momentous for the nursing profession in South Australia as the year of the Career Structure. Silver (1986, p. 44) the Implementation Coordinator explained:

> [The] major incentive for developing a new career structure was the need to retain competent, experienced nurses at the nurse-client interface. Lack of a career path, minimal rewards for clinical practice and disillusionment with rigid, outmoded systems have accelerated 'the flight of better nurses from the bedside' into management and education and indeed out of the profession.
>
> Silver 1986, p. 44

Silver went on to claim that this new structure was "promoting positive change and satisfaction of a magnitude not seen in nursing in the last three decades" (1986, p. 47). There was obviously a lot at stake with both the trial of the project and its actual implementation. Sudano (1986, p. 37) was the Nurse Researcher appointed to evaluate the trial and her summary comments about its apparent success are pointed; "this unprecedented change in South Australian nursing cannot move

backwards to the traditional roles and practices, the nurses themselves will see to that."

For many nurses this was another imposed structure for others it meant new opportunities. But it was not an easy time despite the seemingly 'rosy' picture conveyed in the nursing literature. Sudano (1986, p. 37) did acknowledge some of the problems as, "role confusion/conflict and overlap; communication difficulties; personality clashes ... nursing staff skill mix and numbers; [and] resistance to change by some staff"; but they were notably down-played and viewed as the typical effects of change in nursing. If nurses left their focus to the promise not the possible problems, supposedly they would be fine.

For midwives the Career Structure marked the beginning of a struggle to reclaim their titles in practice as all of the new positions were designated through nursing. They saw this as yet another hindrance, which would dog them in determining their own discipline and professionalism.

2.8 The Late Eighties - Pain But No Gain

Considerable struggle was encountered by nurse academics, in particular those who were women, as they endeavoured to fulfil their roles in the higher education sector. The May 1987 issue of *The Australian Nurses Journal* (p. 51) contained a cartoon illustrating a nurse academic at work (See Figure 2 over) which suggested that even the ANF were having second thoughts about nurse academics' ability. The cartoon provoked critical response from Courtney (a nurse academic) who stated the image was "extremely inappropriate for the present climate in nursing" (1987, p. 5):

> We are indeed confronted with non-acceptance from academia to establish nursing as a profession in its own right ... problems with integration of nursing into academia are difficult enough without our own voice, the ANJ, propagating sarcasm of nursing lecturers in the tertiary sector as a subservient cap-wearing breed ... How can we expect other professions to acknowledge our professional status when such cartoons do not put forward a positive image?
>
> Courtney 1987, p.5

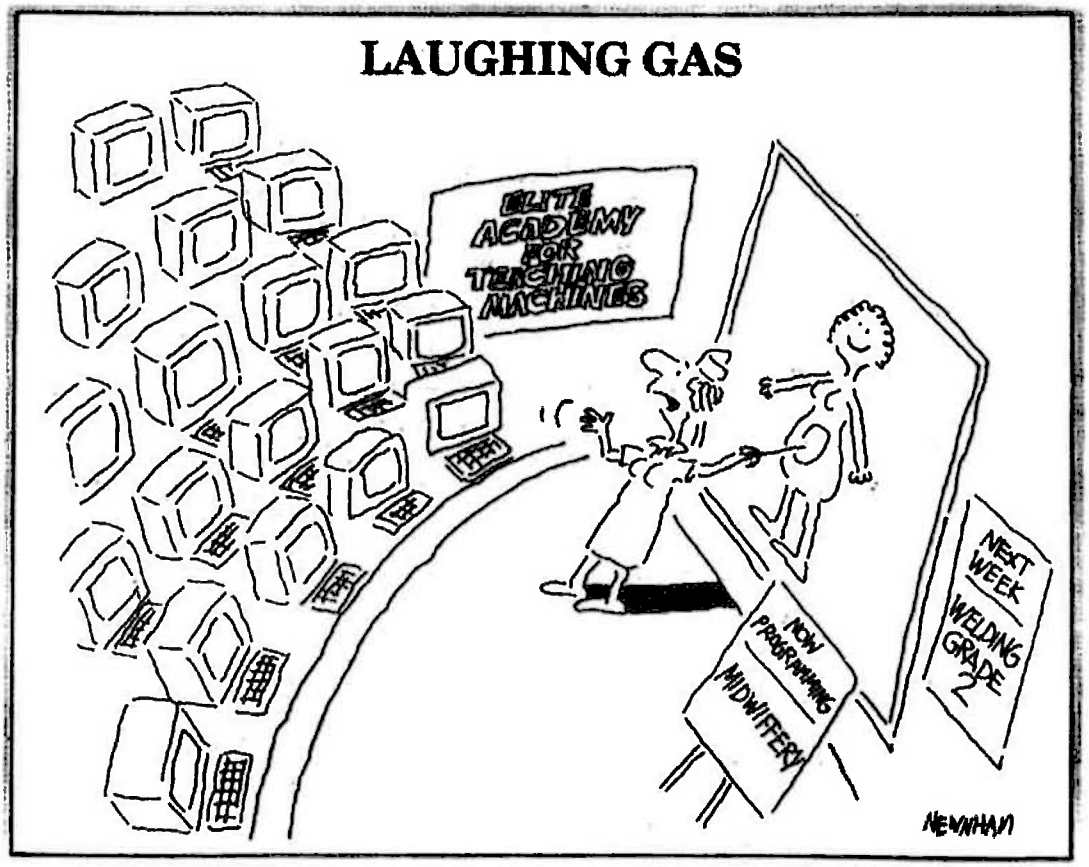
Bennett and Parker (1987) eminent scholars of nursing in Australia, reflected on the difficult progress in achieving academic status for nurses and nursing education in

Australia. The need to push for higher degree and doctoral programs towards true scholarship in nursing would not be an easy progression. The process according to Bennett and Parker (1987, p. 7) had been one of a "battle at a political level - not without some personal cost ... but often with considerable financial and social cost and personal sacrifice ... An important beginning has been made not without human cost. The cost of doctoral programs will also be high in human terms but the expected value is priceless". However if the cost to individuals remained high their commitment to their profession would continue to diminish, as most of them were women leading multi-faceted lives under great stress.

FIGURE 2

The Nurse Academic At Work

Source: *The Australian Nurses Journal* (1987, May, p. 51)



Bennett and Parker (1987) also referred to the struggle undertaken by nurses who had been forced to go overseas to gain higher degrees because of the absence of such programs of study in Australia. This struggle too was compounded by the reality of their roles as parents, partners, care-providers, members of communities and the like. This was all at a time when society did not condone the notion of working mothers, when child care was a luxury not easily accessible and tertiary study was not the domain of women of such a lowly status group.

It was not a surprise then, given all of this that Australia's first Professor of Nursing was a male from the United Kingdom. His view of nursing at the time was of "exciting times" and nurses, he stated "must grasp the opportunity to advance [their] education" (Pearson 1987, p. 30). Pearson (1987, p. 32) indicated his desire to attract both sexes to study nursing, stating that, "nursing is by no means a job for the girls" and the intention will be to produce "nurses who are doers and thinkers". However this view of nursing could have been seen as simplistic and possibly reinforcing of Darbyshire's (1986, p. 45) comments about the "belittling of the contribution of women"; or implying the potential of women to detract from the worth of the profession. Girls in Pearson's (1987) context appear to take on the status of non-thinkers and non-doers.

Marilyn Beaumont (1987, p. 48) Federal Secretary of the Australian Nursing Federation, also reflected on nursing but saw it as a struggle within the health team itself, lamenting that "nursing has willingly participated in coat-tailing the medical profession". Beaumont (1987, pp. 48 - 50) went on to express her analysis of this situation of inequality:

> The reasons for nursing's dependency and subservience and apparent acceptance of a secondary position in the health team are many and complex. They include the history of nursing; the development of an educational base; nursing's predominantly female composition and the connection between nursing work and women's work; [and] its economic and political powerlessness in relation to institutional medicine ... Nursing's history has in large part ensured its subordination to doctors in that history itself is a highly political affair and predominantly reflects the self image of the powerful ... The current identity crisis within nursing is having the effect of determining for most nurses that their principal concern and function is the provision of nursing care, not merely assisting the doctor in implementing the medical program ... Equality for nurses in their work and with doctors will be possible through empowerment of the individual ... [and with development] of a collective consciousness.
>
> Beaumont 1987, pp. 48 – 50

Solidarity was the answer according to Beaumont (1987) with concomitant individual strengthening; a difficult paradox for nurses and midwives unfortunately. They had to shake off their beliefs about being relegated to inferiority by medicine and take hold of their own destinies.

For midwives this was a double-edged sword though (ACMI 1988, p.17):

> Childbirth [has been] taken over by medical people, undermining the status of the midwife, such that the survival of the profession is now at stake. Midwifery is still restricted by the expectation that midwives have insubordinate status. They are subjugated by the needs of the hospital and the medical profession ... the survival of the midwife as an independent professional, and the survival of midwifery [from nursing] as an autonomous profession [is critical].
>
> ACMI 1988, p.17

In 1989 ACMI recommended to the National Health and Medical Research Council through various submissions regarding pregnancy and childbirth, that direct entry midwifery education be initiated in Australia. The College of Nursing opposed this and the recommendation was negated (Turnbull 1988). The education of midwives without a nursing background (and hence a medical orientation) was recognised by ACMI in line with international trends and with the World Health Organisation as the only way to safeguard the care of women during pregnancy, birth and thereafter (Peters 1989). However the nursing profession refuted the needs of women in deference to the needs of professional dominance in insisting midwives be nurses first, before they became midwives.

2.9 The Early Nineties - All For One Or One For All?

This was quite a remarkable period for the diversity of change and the array of discontinuity that presented. The turmoil that had overtaken nursing academics for pursuit of their own qualifications (and production of those of others) was matched in clinical practice by the disruption caused by the Career Development Model of the South Australian Health Commission. Nurses were all being driven by forces, which were pervasive and manipulative supposedly for the advancement of the profession. Economically, there were status changes with the next most consequential wage increase taking nursing to a semi-professional level.

Professionally, the newly designated positions and titles offered hope and potential for change and innovation. Socially, there seemed at last to be public acknowledgment of the reality of tertiary education for nurses. Yet nurses and midwives were unwitting actors in this drama, as belief in the common good superseded any rigorous and critical appraisal of this significant change. It had to work, it needed to.

The extraneous and almost sinister pressures applied over this time for efficient failure were extraordinary. Senator Peter Walsh insisted that the worst decision his government would be remembered for, was the transfer of nursing education into the higher education sector; "well educated nurses won't do 'menial tasks' [and] 'progressives' and 'feminists' want it " (cited in Vidovich 1990, p. 13). The distaste of this professional advancement for nurses has yet to disappear. It remains fuelled by the ever present "structured misogyny" as Ashley (cited in Vidovich 1990, p. 12) referred to it that directs the health services in particular.

Vidovich, Professional Officer for the Australian Nursing Federation, elaborated (1990, pp. 12 - 13) on this structured misogyny by identifying its present reality:

> Nursing research is not yet seen as deserving of funds because proposals made by nurses are frequently to do with qualitative research (not well thought of - not 'hard' enough) ...
> Nursing care has never been seen as of sufficient significance to be costed out separately in health budgets ...
> Nurses never leave nursing because of dissatisfaction about caring for people. They leave because of the structures in which caring takes place ... their fundamental values are not about status or money or prestige ... their values are unfashionable and it's awkward admitting to wanting 'to help people' or to liking 'working with people'.
> [Media] images depict nurses variously as brutal torturers, sex objects, angels, whores, battle axes and above all, dim.
> Achievement of change under these circumstances requires extraordinary energy and the sanctions are almost overwhelming.
>
> Vidovich 1990, pp. 12 - 13

Change was the one certainty for nurses that persisted and almost always it had been imposed, not arising out of originality or spontaneity from nurses themselves.

For midwives 1990 was an important year as it marked the main initiation of the transfer of hospital based midwifery training to the higher education sector. Masoe,

(1990, p. 22) a prominent midwife at the time regarded this educational change as significant in enabling midwifery to move towards its own destiny in Australia:

> Looking back over the past decade and towards the future reveals a blossoming conviction in the independence of midwifery as the midwife moves towards regaining her/his status as a specialist in normal childbirth. For the midwife to go about attaining this goal she/he will have to look at her/his pathway through historical developments to find the most appropriate and desirable way to act upon such a powerful move. It is therefore without doubt that we as midwives need to improve our knowledge base in order to enhance and promote the growth of midwifery and ensure its validation.
>
> Masoe 1990, p. 22

Midwives embraced the transfer of their training as a potential form of emancipation from nursing. Wilson (1990, p. 2) suggested that this "crossroads of midwifery education" in Australia could well be even more monumental with the development of direct entry midwifery.

Before the demands of the new Career Structure had even abated, Diagnostic Related Groups (DRG's) emerged as the new solution to the health system's ailments. Almost concurrently Competency Based Training was very quickly adopted as the new hope for ensuring nursing graduates would be adequately prepared for professional practice. Here were another two significant changes for nurses to incorporate into their roles and practice that came 'upon them' not from 'within them' with their best interests in mind. Midwives were fortunate at this time not to have been particularly affected by either change as they commenced in nursing first.

This continued 'we know what is best for you' assumption was like a discreetly insidious form of patronisation by the nursing hierarchy of its members and merely served to reinforce its vulnerable integrity base. Styles recognised this back in 1982; "what leaders want for nursing is not necessarily what practising nurses want for themselves" (p. 102).

The need for conformity and control, and appropriate standards, only seemed to work to, stifle initiative and innovation, place disdain on a spirit of inquiry and disapprove of difference and originality to preserve the status quo. Nursing administrators clutched at competencies for example as a mechanism for indirect control over new graduates and thereby the universities they emerged from; even though new graduates were products of an establishment they could not ultimately control. According to Parkes (1991, p. 12) though, the competency based approach was different:

> [It] is a shift away from the present emphasis on the processes involved in education (the inputs) and the length of time spent in a course or program ... [to] identification of all the essential skills and knowledge involved in an occupation or profession and the standards of competence required for effective performance on the job.
>
> Parkes 1991, p. 12

If the semantics alone were considered there did not seem to be much difference from what had always been happening. When one looks at the curricula of the time and now, it was a catchy new name for the same old thing. This 'catch phrase' phenomena was an almost predictable occurrence of nursing's development, given 'the nursing process', 'nursing diagnosis', 'nursing assessment', 'the nursing education transfer', 'the career structure', 'DRG's', 'nursing competencies', 'casemix' and so on over the last twenty years. Within it all though little if any evidence had emerged to indicate the strengthening or empowering effects of these changes for nursing, midwifery or the health system.

It is little wonder that a covert cynicism and lack of compliance towards change endured in nursing and midwifery. Individual nurses and midwives had virtually never owned change. It had almost always been brought upon them, in an all too often autocratic and patronising manner. It could be argued as well that their capacity for initiating change had never been realised or even been possible, given the 'training' nurses and midwives underwent to gain their qualifications; their roles were for meeting institutional service requirements not for creating a new future.

In 1991 Naphine announced the death of the nursing care plan, in America at least. Care plans were an imposed form of generic standardisation for patient care that had never served any significant purpose other than to laboriously increase documentation for nurses and midwives and enhance their disapproval of them. The intended individualisation of patient care that was supposed to arise from the nursing process did not come about as a consequence of the pieces of paper that care plans comprised, but from the inclinations of nurses and midwives themselves. Nursing care plans could not achieve what they were intended to because they were an entity without context; practice still followed tradition, unwritten and unsaid, not evidence from knowledge development through research.

Naphine (1991, p. 24) lamented the irony that "as nursing care plans became more complex they became less helpful; they became a task in themselves rather than an

instrument for the delivery of care". Whilst the decision had been made in America Naphine (1991) also noted with some despairing that any similar decision would not be likely to be made here in Australia for some considerable time. It too would probably be in the same light as the American one where the hospital accreditation authority made it not the nurses themselves.

Nursing care plans persisted in Australia as a tolerated 'relic of redundancy' not as valued contributors to innovative personalised practice. For midwives the issue was vexed because women having babies were not sick and did not need to be 'nursed' yet the nursing care plan persisted in their practice. But midwives (McDonnell 1991, p.16) recognised this irrelevance as continued evidence of the differences between themselves and nurses:

> With a background in general nursing Australian midwives are more likely to accept an illness model of childbirth and continue to behave as nurses working within the obstetrical field rather than as midwives primarily concerned with the care of women clients. The fact that most Australian midwives work within the hospital setting, in the same administrative structure as general nursing, is likely to strengthen the nursing rather than the midwifery behaviour.
>
> McDonnell 1991, p.16

The midwifery literature of this period reflected these strong concerns about the profession's struggle for autonomy and independence. Midwifery writers over this time appeared to rise above the issues and changes that had caught the attention of the nursing literature. Their focus was on midwifery and on its relationship with women, not the disarray around it. Brown the National President of the ACMI at the time, called for the development of a "culture of excellence within the profession" (1991, p. 2). Brown (1991, p. 2) went on to encourage midwives to place themselves strategically within the climate of change for the betterment of women:

> With the massive changes taking place within the health care industry today I believe that midwives must assume a position that is highly visible, in the midst of that change. We must, with a unity of purpose that can be seen to be of national and not parochial perspective, work towards goals that will empower women and their families. These goals must include the promotion of the concept of 'choice' in all aspects of care and a commitment to the fostering of an environment for collaborative and complementary provision of services amongst all providers. Where midwives are strong, women are strong and the quality of care is enhanced.
>
> Brown 1991, p. 2

Wright echoed Brown's remarks with an affirmation of the midwifery profession's capacity to make the most of the times (1991, p. 19):

> The future for Australian midwifery is bright, changes are inevitable and indeed we live in a world of dynamic flux. I believe Australian midwifery will change for the better and

> certain trends will develop. These will include ... [that] midwives will become more science and research oriented, although not to the detriment of the 'art of caring' ... there will be a symbiotic relationship reflected in collaborative sharing in obstetrical management and research with the medical profession to attain optimal care for families ... there will be greater autonomy for the midwife [and] there will be a greater role expansion as 'primary care givers'.
>
> Wright 1991, p. 19

The tone of these midwives' expressions was certainly different from that of nursing with professional strength seen to come from an alliance with women in a shared destiny, as well as recognition of collaboration rather than competition. Nursing by comparison seemed to be either steeped in the rhetoric of repression or caught in the ideology of externalised change.

In the midst of all of this, the Career Structure changes brought with them both losses and apparent gains; creation of new roles meant the removal of old jobs and the individuals who held them, with new openings for those who stepped up or in. This was to be another panacea however so the promise for the future would supersede the personal and professional distress experienced by many. From this point nursing would emerge as a professional credentialled discipline. Where midwifery stood was not distinct, it had not been acknowledged as a discipline within the structure, rather it was an assumed component of nursing.

Concurrently nursing academics and the nursing profession in South Australia (as elsewhere) moved to change the undergraduate nursing qualification from a diploma to a bachelor degree. This would also affirm nursing's right to professional status. Not so within political circles though as the comments of Senator Peter Walsh (1992, p.15) confirmed; "Nurses should still be trained, and trained more usefully, in hospitals"; there was "no case for Mickey Mouse degrees [such as nursing] ... providing *real* courses in languages, literature, history, philosophy and so on, is an essential function of a proper university". The relegation of nurses and nursing education to the status of childhood characters in the press media served to heighten their image as comical unthinking workers of entertainment value only, needing to be led and institutionalised to achieve their purpose.

Then 'Best Practice' emerged, described by Vidovich (1993) as good news for the health industry for a change. This workplace change would "improve efficiency and effectiveness providing the best quality care for every scarce dollar" (Vidovich 1993,

p. 24). Again the words were the same they were just composed differently, and the 'catch phrase' phenomena continued along with unrelenting change. McInerney (1993, p. 4) in responding to the ongoing demands of these changes for the better, for economic reform and for improved practice, wrote of the contradictions they represented:

> How can one avoid 'routine' practice when one is compelled to be ever more 'resource sensitive'? How can one deny that decision-making is 'management held' when resources are set by that very management? Diagnostic related groups for instance, are hardly compatible with the concept of clinician/consumer consultation awaiting 'management support'. On the contrary they are a prime example of resource distribution within which nurses are compelled to work.
> New and creative ways of delivering nursing services, in the context of the current economic environment, is but a poor euphemism for doing more with less, making do, and compromising standards ...
> I do not advocate rejecting change. However, I believe we must analyse the systems within which we work if we are not to surrender our role of patient advocate in favour of a mind-set of uncritical acceptance.
>
> McInerney 1993, p. 4

McInerney's (1993) response was representative of her colleagues, and her writing typified the fear of repression with regards to change and innovation held by them. However her writing also illustrated the apparent inability of the individual nurse to initiate creative practice in the face of adversity. Nor did the individual seem able to resolve this oppression at a personal or professional level.

The Australian Nurses Journal (Mills and Tattam1993/1994, pp. 3, 14 - 15) published the results of a national survey in 1993 seeking views from nurses about their roles and work. Their findings confirmed this consensus of dismay; Nurses were "feeling demoralised, overworked and undervalued ... [but] still find their job enjoyable and rewarding most of the time". The overall picture conveyed though was one of consistent negativity with deteriorating morale despite the various panaceas offered for the profession's salvation.

2.10 The Mid Nineties - The Illusion Of Change

In contemplating the impact of the reforms of the health system of the mid nineties, Scully (1995) noted that nursing's only apparent input into all of this was in terms of its cost. Scully (1995) expressed disappointment that yet again nursing was invisible. Despite being the largest health profession and despite having taken the brunt of unprecedented changes over the last few years in funding and organisation, nursing

was a non-entity. Scully (1995) insisted that nurses had responded by continuing to care, achieving economic targets and performing despite top-down pressures and constraints without corresponding acknowledgment.

Midwifery entered a renaissance in South Australia at this point, with the commencement of the transfer of midwifery education from hospitals to the higher education sector. This was not to be a slow ten-year process though. The intention for complete transfer in a year was achieved before most midwives had even captured let alone internalised the idea, apart from its significance. Begun in 1993 the transfer was complete by the end of 1994, leaving behind over ninety years of hospital midwifery training.

Despite the suddenness of this move the midwifery profession overall embraced the transfer with commitment and support. This was not typical of the response to the general nursing transfer. Many midwives saw this educational change as hope for the future of midwifery and women's health. This was further affirmation of the midwifery profession's resolve to return midwifery to its own independent status and practice without appending to the nursing profession.

Almost inconspicuously in 1995 the whole scenario started to change again. The Career Structure had begun to quietly disappear. Without consultation or professional scrutiny and probably without many nurses and midwives even realising it this all-promising masterpiece had become an illusion. 'Top-down' decision-making processes in nursing administrations served to quite markedly alter the career structure model and actually return nursing and midwifery to almost their original situation before all of the position and organisational changes. For as many steps as had been taken forward nursing and midwifery had returned as many to their past and in deafening silence.

The passive acceptance of these changes given the initial unreserved acclaim of the career structure as the salvation of nursing, has been astonishing, perhaps. The reality though may be that it was never more than a 'feel good' campaign to boost diminishing morale and fragmented professionalism. The reality could also be that the professions as a whole never believed in it and their inherent cynicism has simply taken its toll. The reality could also be that this was a model with some potential for

innovative, liberating practice (although it had yet to realise this) and for flattening administrative hierarchies; a prospect that not all would happily espouse to. The apparent endemic professional patronisation within nursing had curiously turned the clock back to pre-career structure times with these 'new changes'.

2.11 Visions Of The Future For The Past

This exceptional period in nursing's and midwifery's evolutions (1972 – 1999) in South Australia (and Australia) is probably unprecedented and presumably set a path for no turning back. The paradox though is the reality seems to be steering towards turning back, not moving ahead. For all of the turmoil there has been some achievement, but never in culmination. Instead any gain has been a genesis of emerging change without any time of consolidated investment at either personal or professional levels. As the professions have been developing they have been changing, as they have been changing they have been growing, at times, advancing, but without much-needed enrichment and self-enhancement. For too many nurses and midwives change has become their antagonist not their protagonist. For too many nursing administrators it has become their conjurer's device not their baton.

Despite early claims that the pain would be worth it for nursing's progress, it has not been easy to see where the costs have been balanced by the gains. Neither has it been easy to see that the future is impenitent of the past. Nursing's past has continued to pervasively manipulate its progress and the future seems set to a self-fulfilling prophecy of seeking without claim, and striving without acclaim. If nursing has a Holy Grail it may never be discovered while the influences of its history and its relics remain.

Midwifery has set its sights on a different grail though. Peters, (1995, p. 15) an eminent Australian midwife, argued that midwifery had come back from the near extinction that threatened it twenty years ago:

> Midwives have acquired true stature and recognition because they have held true to their belief in the right of women and their newborn to the best care possible in all settings. That imperative has been powerful ... [midwives] have practised the art of

> dissension within [their] ranks to question the status quo, examine the options, look for new ways forward and never had a dull moment.
>
> Peters 1995, p. 15

The focus for the advancement of the profession was clearly set towards the advancement of women. Parratt reiterated these words in 1996 (p. 28) when discussing her vision for midwifery in Australia; the best way of achieving independence at the individual level of the midwife was "by empowering women who will then empower midwives".

Within the university system over the period of the late eighties to the early nineties there was, as Penington (1991) described it, disruption and change unparalleled in its 140 year history marked in particular by nation-wide amalgamations of tertiary education institutions resulting in the end of Colleges of Advanced Education. The corollary was an even more compromising push on nursing academics to prove their worth in the university sector and for the profession to pursue Master's and Doctoral qualifications beyond regard for experience and expertise. A quarter of a century had seen nursing try to (and now midwifery begin to as well) achieve what its academic colleagues have secured over centuries.

For all of this though, Emden (1995, p. 11) claimed that there was still a "marked ambiguity about nursing as a discipline" both within and outside of it. While midwifery had an internationally accepted definition of its role and practice, nursing still had not been able to achieve any consensus about what it was and did, let alone define itself.

2.12 From Now To The Future: Perpetual Reality, Pastiche Or Power?

There are some discernible differences between then and now for both nursing and midwifery; movement into the university sector, advances in research, publication and practice have enabled both professions to extend themselves. But this has been within a veil of control as the pretext of change has disguised the reality of the professions' stagnation not true progression. The 'pastiche' of nursing and midwifery

has presented recombinations and rearrangements of images of the professions that are only imitations. What people see is not really what they get.

Neither profession has self-regulatory powers; neither has achieved true autonomy in practice although midwifery has moved part of the way with Independently Practising Midwives and accreditation of them through the Australian College of Midwives. While nursing attempts to exercise control over midwifery to prevent direct entry midwifery education commencing in Australia it has jeopardised its own struggles regarding the necessity of nurses with the advent of untrained workers, who remarkably will not be regulated.

There is still a pervasive underwriting of regimentation and control, and a relentless push for unchanging compliance and subservience, not to medicine but to nursing itself, and lesser so to midwifery, to preserve the status quo. A national nursing council purports to oversee the nursing and midwifery professions within Australia, but the goal of a national unified nursing context has not eventuated and midwifery has not received address of any consequence. State regulatory bodies control nursing and midwifery with registration while at the same time being quite different from each other in their legislation and regulations. Midwifery is further controlled by the legislated requirement for a nursing qualification before midwifery can be studied.

This critical history reveals *a culture of mistrust, cynicism and perpetual reality* that is perennially sabotaging the essence of both professions and their individual members. There is an endemic mistrust of tertiary graduates in nursing and midwifery that has ensured them of an often disdainful socialisation steeped in ritual and tradition as they assumed their new roles; this is despite the history of twenty years cessation of hospital based training in nursing. The outcome in spite of tertiary education is 'moulded workers' for meeting institutional needs. But this mistrust while centred on new graduates is not restricted to them.

Nurses and midwives all too frequently mistrust each other, are often even contemptuous of each other, on the basis of experience, ongoing education and qualifications, research and publication, among others. Not for the absence of them but the existence of them! In preservation of the status quo, such attributes represent the potential for disruption even destruction. Hastie wrote in 1995 (p. 5) of the

devastating consequences of such behaviour and attitudes when she shared her distress at the suicide of a young midwife who was deeply dismayed by it all; the "sabotage, unkindness and hostility ... back-stabbing and undermining ... lack of openness and support" prevalent in midwifery. Nursing similarly exhibited horizontal violence and aggressive behaviour according to Hastie (1995).

This mistrust is also a product of nurses' and midwives' historical circumstances of imposition, suspicion surrounding change, and uncertainty regarding nursing's and midwifery's ultimate places in the future. The contempt is a product of decades of direction to selflessly value, care for and provide for clients, do always as bid, accept evolution without claiming it, and survive as self-effacing without a sense of being valued and cared for oneself. It is difficult to place the blame for resistance to change absolutely on to nurses and midwives themselves when they have in reality been responding like victims. As victims they (of course) have been, defensive and self-possessive to protect the essence of their being, their self-esteem and self-concept.

There has been a concurrent cynicism of post registration tertiary education for nurses and midwives that served to debase those who undertook it not esteem them. It also served to be contemptuous of those who pursued academic careers. Education represented a threat of destabilisation and a *myth of theoretical madness*; that nursing and midwifery were learned only from books and taught by lecturers who were 'out of touch with reality'. Yet the reality for the learners and their lecturers was one of vision and hope led by reflection, critical thinking and analysis, innovation and change, and evidence-based practice.

However advancement of these new graduates was often stifled by the perpetual reality in which the professions existed. For many nurses and midwives, the need for perpetuation of sameness and the security this offered worked against the recognition to update or advance themselves, let alone inform their practice by research. This has led to a precarious polarisation between new graduates and long standing professionals.

There has persisted a combined mistrust and cynicism of any nurse or midwife generally until they were 'five to ten years old' (that is post-initial qualification). There was nothing substantive about this age claim except that in too many cases no

professional value could be placed on them until they had survived this long. What this translated to was an inherent and widespread assumption that nurses and midwives needed at least ten years of experience after they had registered to achieve some sort of intrinsic worth in terms of seniority, promotion potential, responsibility, or even ability. The problem is that ten years does not necessarily equate to anything apart from a passing of time. This was a form of *professional ageism* that has led to the polarisation between new graduates particularly, and longer standing practitioners.

The perpetual reality in nursing and midwifery ensured that 'the more things changed the more they stayed the same', to protect the controlling interests of nursing administrators and pervasively maintain the status quo for nurses and midwives. This has been a potent aspect of both nursing's and midwifery's cultures.

Freire's (1972) writing of oppression and Foucault's (1982) writing of power and knowledge relations depict this perpetual reality well. Freire (1972, p. 25) warned that the oppressed and the oppressors co-existed in a duality of internalised consciousness based on stifled humanity, conformity and adherence; as long as this continued, "to be is to be like, and to be like is to be like the oppressor". The solution according to Freire (1972, p. 150) was for the oppressed to "achieve critical consciousness ... step beyond the deception ... [and] engage in authentic transformation of [their] reality".

Foucault (1982, p. 221) asserted that power relations gave rise to knowledge and power processes that acted indirectly on others through their actions; power relations were in themselves a set of actions that conspired by violence or consensus, by acceptance or seduction, by induction or inciting with the end result always "action upon the actions of others". This served to support institutionalisation and the traditional hierarchy; the actions of nursing's and midwifery's oppressors are designed to protect their hegemony.

Nurses and midwives are actually subjugated by their own leaders albeit their professions to be compliant and conforming in a paradoxical version of the very subjugation that many of them accuse doctors of being guilty of towards them. Street (1992, p. 38) acknowledged the way in which many nursing leaders have identified

with doctors and worked to "police the oppression" of nursing. Street (1992, p. 2) criticised the hegemony of the health care system, in particular the dominance of the medical profession, which gave rise to a devaluing of nursing and "contested terrain of conflict and struggle". However it is argued that too often doctors are the scapegoats for the manipulation of nurses and midwives by their own leaders whose inability to reconcile the presumed power and status of the medical model makes them behave autocratically towards their own; rather than invest confidence and belief in nurses and midwives to realise their aspirations for innovative professional practice they quell any hopes and potential they might have to ensure that they remain regimented and generic. To quote Paul Valery, "politics is the art of preventing people from taking part in affairs which properly concern them" (*The New International Dictionary Of Quotations* 1988, p. 277). Nursing leaders have prevented nurses and midwives from taking part in the affairs of nursing and midwifery. But many nurses and midwives have also subjugated their own new members, "eating their young" (Hastie 1995, p. 8).

It is the *retrograde hegemony within* nursing and midwifery that is proposed to be more destructive than that of the medical profession. The cultural 'pecking order' that persists construes newness and innovation as a threat that must be suppressed, as those who suppress always have. The determination for dominance and control to resist change emulates that which the medical model once held over nursing and midwifery, but no longer does. The myth of medical power is perpetuated as a symbol of threat to preoccupy the irrationality of nurses and midwives away from the rational awareness of their real repression. A point of clarification here that oppression was the reality of the sixties and seventies with subservience the mainstay. Repression became its child as an apparent release of restraint occurred in the eighties that was in reality a token only.

At another level, doctors had enough of their own politics to deal with not to be bothered on a mass scale with nursing and midwifery. At local levels their presence is still felt invasively but it is here that nurses and midwives need to use their creative potential to practise effectively not defensively. They acknowledged this quite clearly in the research for this thesis; doctors are not the essence of the problem, nurses and midwives themselves are. They have been the oppressed and the oppressors, the repressed and the repressers in a perpetual cycle that can and must be broken.

The impact of research under these conditions has too often been tokenistic as procedural knowledge kept nurses and midwives busy physically, and tired intellectually. Instead of assuring the future of the two professions, nursing's leaders have been undermining them with their own desire to control and direct absolutely, whilst at the same time struggling to justify their existence as secondary competitors with medicine not distinguished partners. While new midwifery graduates for example enter their profession with a commitment to evidence-based practice they enter institutional environments which function under policies devoid of research substantiation based instead on tradition and authority as their sources of knowledge.

The proliferation of subjugation bolstered by mistrust, cynicism and professional ageism has meant that if nurses and midwives do not escape from this culture now and claim their own affirmative self-determination and self-esteem, they will ultimately remain entrapped. This isolationary perpetual reality will eventually extinguish both professions as nursing and midwifery are disposed of into a series of tasks and activities that will be performed by others; this is already happening with the sanction of nursing administrators through the roles of patient care attendants (PCA's) and abolition of separate registers for practice of nursing and midwifery. These 'new nurses' (PCA's) are well behaved and compliant, with a task-oriented and non-intellectualising approach to their duties. They are the perfect solution to an increasing prioritisation for 'hands available' to work in units not professionally qualified innovative practitioners to provide expert care.

The retrograde hegemony in nursing and midwifery and the culture of mistrust, cynicism and perpetual reality have been eroding the integrity of both nursing and midwifery. Regardless of the intent to explore creativity, the individuals involved in the research for this thesis resoundingly affirmed the malady and magic of their perspectives as nurses and midwives. They were in unison about the need to escape from bureaucratic fetters that persistently wore them down, while at the same time conveying a vision for nursing and midwifery that moved them out of their perpetual reality into an optimistic future-oriented reality.

For nursing there remains the critical challenge of defining itself. Without a definition to claim its territory, practice and professional status it stands to be undermined

indefinitely. That kind of uncertainty will not enable nursing to meet the future with determination. The potential will always be there for others to find and claim 'bits' of patients and patient care that suit them and their needs, be they economic, social, political or power-driven. Nursing will similarly continue to be relegated to a low standing in the health care system until it can verify and validate itself with confirmation of exactly what it is about. Failure to do so will see it always as an accessory to the medical model. There are nurses who have the intellectual and political capacity to evince nursing's status, purpose and professionalism. But their ability to achieve this will always be thwarted while the hegemony that persists maintains nursing's confounding consistency.

The research for this thesis has discovered the creative potential and latent reality that exists within nurses and midwives themselves. The individuals who participated in this research are indeed creative, some of them extremely creative, and they present an asset that must be acknowledged, valued and exploited. This must occur at the very least for the survival of both professions, and at best for innovative, individualistic nursing practice and women-centred midwifery practice.

2.13 Midwives, Women, Mastery And Wisdom

The critical history of midwifery has also revealed a separate and different set of power relations beyond the hegemony that surrounds it. Midwives have positioned themselves within the socio-political and cultural contexts of women at large. Their goals and self-determination have been centred in the nexus of women such that their power bases are bipartite. This relationship has been contextualised as one of joint struggle, out of the dominant ideology of medicine and of women's inferior status in society, into shared empowerment. Success in this struggle will give women co-active control over pregnancy and childbirth as acknowledged informed individuals working in partnership with midwives.

Midwives have moved to construct their ways of knowing through and with women. This fits with the origin of their title, 'with woman'. A shared marginalisation has been conveyed in the literature for women and midwives; women from medicine and

midwives from nursing. Both groups seek mastery of their experiences (Oakley 1993) and much sought after satisfaction of self-achievement without infringement and intimidation by those who attempt to marginalise them. Midwives have been striving for a cultural relativism that completely differentiates them from nursing, with their beliefs and values described axiomatically within the context of women and their place and status in society.

In their quest for cultural relativism and professionalisation midwives face a challenge that presents as a contradiction to their aspirations. As they move to further strengthen the distinction of their profession they stand to actually marginalise themselves from women. Kirkham (1996) warned of the notions of professional knowledge and technicality in setting professions apart and of the taking on of the values of the dominant profession (obstetrics) in seeking to assume professionalisation. If midwives want to be 'with women' the demands of professionalisation may need to be markedly tempered with their desire for women-centredness. Oakley also warned of the potential dangers of professionalism in1984 identifying it as positively damaging to health, not the least the health of midwives (cited in Kirkham 1996). The best option would seem to be a compromise according to Kirkham (1996, p. 197); "A profession of belief as to where we stand and who we serve may be more useful to midwifery now than a claim for professional status". This mode of being could in fact be further distinction for midwifery in its move for cultural relativism and greater wisdom in its gaining of stature, or unfortunately it could be a means of opting out of really distinguishing midwifery for what it is. Regardless, nurses simply do not project or image themselves as 'with their patients' in this same intimate and shared perspective.

2.14 From The Background To The Base

The background to the research for this thesis is complex, confounding and unavoidable in terms of its consequences. It is clear that nursing and midwifery need to find the means to rise above their histories to ensure their futures are more than illusions of change. Doing this will require much more than another 'catch phrase' phenomenon.

Moving through this critical history has enabled a framework for understanding the impact of tradition on nursing's and midwifery's evolutions, to be set for the research for this thesis, in the same way that a canvas would be constructed in preparation for the art work to be applied. The next important step though is to *size the canvas; to apply the base coat that will allow the canvas to then take the artist's work*. Chapter Three therefore presents a review of the literature concerning creativity to provide a basis for understanding its intricacies.

3 SIZING THE CANVAS FOR CREATIVITY

Creativity is shaking hands with tomorrow

source unknown

3.1 Introduction

In this chapter the history and diversity of the literature of creativity is considered. The review of this literature forms an initial base of understanding for the research for this thesis; it works in the same way as a canvas for an artwork provides the first surface for the development of the eventual painting.

Amongst the writers and researchers reviewed, there is almost persistent disagreement about what creativity is. Debate also endures as to whether creativity's origins are aesthetic, scientific, or individualistic. The lack of consensus regarding definitions and research means the literature is often overtly defensive and territorial making selection of any particular definition problematic.

Definitions vary not only in their content and intent, but also in their simplicity versus complexity. John Gedo referred to creativity as the opposite of stasis, that is, "the healthy enjoyment of the search for novelty" (cited in Runco and Albert 1990, p. 35). On the other hand, Torrance (1989, p. 43) insisted that creativity is a multifaceted phenomenon that "defies precise definition" because, he said, "creativity is almost infinite". This was an amicable compromise in the face of a plethora of definitions and approaches to the study of creativity.

Torrance has often been referred to as the modern father of creativity. It was his belief that definitions of creativity should be placed "in the realm of everyday living and ... not [be reserved] for ethereal and rarely achieved heights of creation" (1989, p. 47). Creativity according to Torrance was a natural process with strong human needs as its basis and the requirement of self-discovery and self-discipline (1989). Torrance insisted that "the essence of the creative person is being in love with what one is doing" as well as possessing "courage, independence of thought and

judgement, honesty, perseverance, curiosity, willingness to take risks, and the like" (1989, p.68).

Torrance's (1989) definition and conviction regarding creativity placed it within the capacity of all individuals rather than deeming it a rarely attained virtue. That context and meaning of creativity has contributed to the theoretical framework for this research. Creativity is therefore appropriate to, rather than being unattainable by, the individuals involved in the research for this thesis. For midwives in particular, Torrance's (1989) words are poignant as the practice of midwifery has always been framed by a love of working with women; Flint wrote at length of the unique relationship midwives hold with women, stating that "they are more aware of [their] love and support of women than ever before" (1986, p.225).

3.2 Process Of The Literature Review

The four approaches to creativity proposed by Mooney (1963 cited in Taylor 1989) have been used to present this literature review. Mooney (1963 cited in Taylor 1989) suggested that these four different but significant aspects relating to creativity would be relevant according to where or how the individual initiated their creativity; *the environment* in which the creativity arose; *the creative product* that was developed; *the creative process* that occurred; or from within *the creative person* themselves. Taylor (1989, p.101) affirmed the appropriateness of these approaches across research and literature involving creativity and summarised their contribution in the form of an equation for creativity:

> The creative process and the creative product have typically been seen as the criteria of creativity; the creative person has been the main basis of the predictors in the equation; and the environment has been used variously as a modifier in the equation as well as the stimulus situation through which the inner creative processes are activated.
>
> Taylor 1989, p.101

In order to include those studies and writers who have taken an incorporative approach to creativity, a fifth category has been included termed *Composite*, which refers to some or all of Mooney's (1963 cited in Taylor 1989) approaches, or some derivative of them. Bloomberg (1973) considered creativity differently, and did so in terms of relevant psychological theories; psychoanalytic, humanistic,

cognitive-developmental, and holistic. These also will be briefly addressed. A different perspective again has been provided by the inclusion of a theological interpretation of creativity. It is important to note however that within all of these categories the notion of creativity has been heavily aligned to, and with, men. The context of creativity and women has been ignored, refuted, patronised or only recently, specifically addressed by a limited number of writers. Therefore a separate section has given attention to creativity and women. Each section of the review commences with a brief summary of the writers/researchers included, their areas of interest and the main points for consideration.

3.3 The Creative Environment

According to Taylor (1989, p. 101) the creative environment comprised "the total complex situation in which the creative processes are initially stimulated and sometimes sustained through to completion" in either a natural or a typical setting. This was not only the physical environment but also the social dynamics involved. Hennessey and Amabile (1989, p. 35) refer to the "conditions of creativity", that is, the "complex interactions between and among both internal and external conditions" as the creative environment. They emphasise that individuals can perceive these conditions very differently; fluctuations in any individual's creativity can be due to environmental influences on motivation and self-esteem (for example) according to Hennessey and Amabile (1989).

Among the environments that have been studied in terms of their relationships with, and effects on, creativity are families, homes, schools and industries; rarely have hospitals been considered. It could be that this was due to assumptions made about routinisation, organisation, proceduralisation and so on, in hospitals, that precluded creativity. Overall though, work environments and lifestyles and their effects on creativity, have received limited attention through research (Russ 1993).

Writers who have given emphasis to the creative environment include Lasswell who wrote in 1959 of the impact of the social context overall and its capacity to enhance or inhibit innovation. In studies of the family as an environmental influence, Weisberg

and Springer (1961 cited in Bloomberg 1973) looked at characteristics of parents; Mackinnon (1962) examined parent-child interactions, and Domino (1979) investigated personality characteristics of mothers. Over the next twenty years or so, as the family came to be understood much more as an important dynamic context, attention to creative development in the home environment resurfaced. Harrington, Block and Block (1987), and, Csikszentmihalyi and Rathunde (cited in Adler 1991) investigated the characteristics of home environments (and hence parents) that fostered creative development. Csikszentmihalyi (1990 cited in Russ 1993) also studied the optimal environmental experiences that would favour creativity in adults. Tardif and Sternberg (1989) considered the effects of resources and of practice on creativity. Support and valuing were commonly stated findings that promoted creative development in children, adolescents and adults.

Rogers (1954) elaborated on the humanistic influences in the environment, and later, in particular, self-actualisation and interpersonal encounters (1983). Amabile emphasised the importance of motivation and the effects of rewards in creative environments (cited in Amabile, Hennessey and Grossman 1986), love for work (cited in Hennessy and Amabile 1989), and overall qualities of environments (1990), that promoted creativity. Councill (1988) looked at the environment's potential for inspiration of creativity.

In a different light altogether, Robert Hughes (1991) in his book *The Shock of the New*, wrote of the creativity and intellectual growth that was fostered in European cafes. These environments promoted a sharing of ideas and innovation, and inspired self-esteem and self-confidence in individuals according to Hughes (1991). Russ (1993) proposed that environmental conditions might not matter at all for many individuals, but that they did matter for women, as did Helson (1990). Russ (1993) insisted though that affect mattered considerably, and both work and lifestyle needed to be reviewed in terms of their predisposing to individual affect and creativity. Despite their differences, the writers' common thread was a 'sense of freedom'. In some way for each context considered this was seen to be of significance in an environment if it was to encourage creativity. The other main recurring features have been sensitivity towards and love for and enjoyment of work.

3.3.1 Social And Family Contexts Of The Environment

Lasswell (1959) wrote of the social context as both a facilitator and an inhibitor of the process of discovery, of recognition of innovation and of the actual innovation process itself. He defined creativity as "the disposition to make and recognise valuable innovations" (1959, p. 203). One of the key creativity writers of his era, Lasswell (1959, p. 217) proposed an "ecology of innovation" to enable prediction of directions and zones of innovation (as he referred to them) in a social context. The impact of society and institutional settings (as social contexts) on individual practice required ongoing examination, according to Lasswell (1959). Changes of perspective in these social contexts could be achieved through "moving people to new places, changing the function of people in old places, and multiplying the flow of messages among people in all places" (1959, p. 217). In addition, if an environment supported innovation with high regard and valuing of individuals, its facilitation would be enhanced through these changes of perspective; individuals would be able to see and appreciate new ideas and ways of functioning in their roles. At the time of his writing Lasswell (1959) posed a threat to the ease and predictability of work as it was then.

Paradoxically, Lasswell's (1959) ideas for changing perspectives seem similar to the changing contexts many Australian nurses and midwives experienced over the last nearly three decades. However these changes have been transpositional rather than facilitatory and hence frequently resisted. This resistance has also arisen through the development of specialisations in nursing, which favoured reduced mobility and tended towards exclusiveness of practice. Midwives however, because of staffing requirements generally chose, or needed, to practise inclusively in smaller units and also of late, for provision of continuity of care. However in highly specialised areas midwives were also resistant to movement and change of function because of the comfort found in their familiar environment. Historically the 'training' of both nurses and midwives has not promoted flexibility and unpredictability as realities of practice and hence environmental changes have been an intimidating threat to the status quo.

Simultaneous with his ideas of changing perspectives, Lasswell also recognised that "creative linkages are probable among members of a social context of similar civilisation, class, interest, personality, and level of crisis exposure" (1959, p. 221).

So, commonality of practice, if enhanced by internal cohesion and nurturing, can contribute to creativity, which should be "at the nuclear centres of culture rather than the peripheral centres" (Lasswell 1959, p. 221). This leads to a "high incidence of awareness and positive evaluation of the creative act itself" (Lasswell 1959, p. 221). The valuing of both creativity and the individual is of great importance here, or nothing can be gained. Lasswell's (1959) ideas were certainly supportive towards creativity and for the consequence of the environment on its achievement.

The family and home environment represent a major influence on individual development and presumably creativity. In considering the effects of families on creativity, Weisberg and Springer's research (1961 cited in Bloomberg 1973) studied the influences of parental characteristics on the creative development of children. Weisberg and Springer (1961 cited in Bloomberg 1973) found that parents of highly creative children tended to show greater indifference to their children's regressive behaviours. They found more expressiveness and less dominance in family interactions. These interactions were rather distant with minimal clinging to members for support (cited in Bloomberg 1973).

MacKinnon (1962) found that the parents of the creative architects in his study tended to lack closeness in parent-child interactions. At the same time though these parents demonstrated extraordinary respect and confidence in their children's abilities to do what was appropriate. MacKinnon's (1962) study will be considered in more detail in the Creative Person section.

In investigating the personality characteristics of mothers of creative male high school students (females were not included), Domino (1979) found them to be more tolerant and insightful about others. These mothers were found to value autonomy and independent endeavour, demonstrate more self-assurance, initiative and interpersonal ability, but also be less sociable, less conscientious, less inhibited, less dependable, and less worried about creating the right impression. Domino (1979) suggested that mothers of creative adolescents were in themselves more creative than the general population and they possessed creative personality characteristics.

Little research on the effect of the home environment in influencing creativity was conducted beyond Domino's (1979) work until the late 1980's. As the decades

passed with greater understanding of the consequences of family dynamics a shift in considerations for fostering creative environments in the home was determined. Of note was the research of Harrington, Block and Block (1987) who returned to the classic ideas of Rogers (1954) for promoting creativity in adults. Harrington et al (1987) conducted a longitudinal study to identify which if any of Rogers' (1954) principles could be applied to children in their home environments. They confirmed the significant contribution of these principles as childrearing practices to the creative potential of children and adolescents; environments that fostered the child's autonomy and self-confidence and provided safety, acceptance and permissiveness, promoted creativity in the child and adolescent (Harrington et al 1987). It would not seem unreasonable to expect these individuals to continue to be creative if their work environments facilitated it similarly. More recently Csikszentmihalyi and Rathunde (cited in Adler 1991) found that home environments that provided both support (to enhance confidence and security) and optimal challenge (to enable risk-taking) were essential for creative development throughout childhood, adolescence and beyond.

Russ (1993) further emphasised the overall importance of affect in creativity development, from the ideal qualities of the home environment to the school environment. Russ (1993) applauded a call from Gardner for society to think creatively about restructuring the school experience (1991 cited in Russ 1993); there was a need for alternative models of teaching that took students beyond the bounds of the school environment and addressed the need for learning based on reasoning. Snow (1991 cited in Russ 1993) also emphasised the importance of integrating both cognitive and affective aspects of learning in the school environment.

The ideal well-functioning university environment was recognised by Russ (1993) as one that could foster creativity in its faculty; a balance of autonomy and freedom with recognition, reward and investment in scholarship was essential. Csikszentmihalyi (1990 cited in Russ 1993, p. 96) wrote of the need to maximise optimal experiences in all environments for fostering creativity in adulthood; an optimal flow of experience would occur when an individual was "totally involved in the activity, [felt] a deep sense of enjoyment, and [was] optimally challenged". The enjoyment would come from intrinsic reward, the experience of novelty, accomplishment and self-development.

Despite the concentration of research effort and interest in the influence of the home and school environments on creativity, very limited research attention has been paid to work environments (Russ 1993). Given the knowledge gained about fostering creative development in the home and in schools, both significant socialisation influences, it could be a lost cause for society if individuals' potential for creativity ceases to be of consequence when they join the work force. The work setting plays an enduring role in people's lives and it needs considerably more investigation in terms of its consequences for their creative development, particularly if 'working smarter not harder' is to be the reality. The research for this thesis has thus endeavoured to provide some contribution to understanding the influence of the work environment on nurses' and midwives' creative development.

Hughes (1991) provided a different slant in considering the influence of environments on creativity. In his book, *The Shock of the New*, Hughes (1991) discussed the European cafe culture and the intellectual growth it promoted. Hughes (1991) referred to these cafe environments as 'mandarins of change' as they enabled freedom of expression, exchange of innovative ideas and creative discourse. Russ (1993) suggested that this cafe culture could operate in society at large to freely encourage creative development rather than sideline it as exceptional. Regarding creativity as within the capacity of all individuals would further enhance a social atmosphere conducive to creative growth.

Tardif and Sternberg (1989) considered that environments could influence creativity through, the facilities and resources available to individuals; the special influences a particular field of practice may have on individuals and hence the sort of creative expressions that may result; and the characteristics of the field itself that may either promote or inhibit creativity. The notion of special influences exerted by a particular field of practice can be very relevantly considered in midwifery; working with women through the uniqueness and challenge of every woman's pregnancy and birth requires midwives to respond creatively and individually for each woman and family involved. The continuing move to de-medicalise birth with the development of Birth Centres has provided midwives with an environment which underwrites innovation in practice, free of rigidity and procedural determinism. Likewise nurses could optimise the uniqueness of each patient that presents to them with creative expression in practice, if environments allowed it.

Whilst permissive environments could encourage creativity and innovation, they could present as a paradox to women's creative development. Helson (1990) recognised this in writing of the historical pressure to conform to societal expectations under which women had existed and no less the societal expectations of humility and single-minded dedication under which nurses and midwives have existed. The rarity of publicly recognised creative women in the nineteen fifties and in fact until fairly recent times, has everything to do with the reality of those eras not with women's lack of creativity according to Helson (1990). She rejected the consensus view that held women were unable to be original, ambitious, assertive, abstract-minded or independent. The problem was the "external bias of the environment toward restricting women's power and the internal influence of women's problems with dependence (being in the power of others)" (Helson 1990, p. 47). Helson (1990) provides greater elaboration of women and creativity by exploring their potential and the many factors influencing this. This is addressed further in a later section.

3.3.2 The Individual And The Environment

The work of Carl Rogers has been acknowledged widely for his contributions to education, counselling therapy and creativity in terms of the context of the individual. In 1954 Rogers wrote of the necessary "conditions for creativity" insisting that creativity could "flourish only in a climate in which the motivation to produce comes from within" (p. 142). Rogers went on to propose a theory of creativity addressing the "nature of the creative act, the conditions under which it occurs, and the manner in which it may constructively be fostered" (1954, p. 69). At this time Rogers viewed creativity both as a process and a novel product which arose from the "uniqueness of the individual on the one hand, and the materials, events, people or circumstances of [their] life on the other" (1954, p. 71). Rogers' (1954) focus however was on the environmental aspects or the conditions of creativity as he referred to them.

Creativity occurred because it provided satisfaction and self-actualisation to individuals according to Rogers (1954), and it was important therefore to consider the means by which this could be promoted. Rogers (1954) believed that individuals should be encouraged to tolerate ambiguity, and adopt an open and sensitive approach to all aspects of experience. Most importantly individuals should acquire an

internal locus of control, valuing and evaluating themselves as creative people in their own right (Rogers 1954). People should be allowed to engage in spontaneity and frivolity to explore and discover new ideas and ways of thinking. Similarly all individuals should be accepted with unconditional regard and responded to with empathy and understanding (Rogers 1954). They should be able to function in environments that do not impose external measures or standards, which would stifle creativity, and they should be given the opportunity to think and express themselves with freedom and responsibility (Rogers 1954). This would in and of, itself promote a necessary internal locus of control.

Rogers (1954) proposed his ideals for the purpose of psychotherapy initially, but they have had much to offer the health institutions in which nurses and midwives function. These bureaucracies have had a specific need for routine and standardisation with strict adherence to policies and protocols. Such restraints preserve control and compliance, and maintain stability, all of which serve to block or hinder creativity. Nurses who pose a threat to this stability typically have been regarded as deviant. They are usually new in their practice careers having emerged from tertiary education with alternative ideas often regarded as unrealistic and treated with disdain. Midwives and childbearing women have jointly disturbed the status quo in the maternity sector though, with a strong demand for de-clinicalisation of surroundings, innovation in practice, and the provision of individualised, continuous care. Birth Centres as mentioned represent the strongest institutionalised evidence of their efforts. At the opposite end of life, palliative care has been recognised as a critical opportunity to demedicalise death and restore to it peace and tranquillity, that Birth Centres similarly strive for in the experience of childbirth.

Rogers (1954) was particularly concerned at the intolerance of creativity in society in the 1950s, with a dominant push by people for conformity. Creativity, he maintained, was the only option for enabling people to cope with ever increasing advances in knowledge development; "unless man [sic] can make new and original adaptations to his [sic] environment as rapidly as his [sic] science can change the environment, our culture will perish [and] international annihilation will be the price we pay for a lack of creativity" (1954, p. 70). The reality of both nursing and midwifery has been one of constant knowledge and technology development; however nurses' and midwives' responses to both have often been of scepticism and avoidance.

Rogers went on in 1969 (p. 353) to specify the "inner conditions of constructive creativity" as he called them that were so necessary for individuals to be creative. He continued to insist that an internal locus of evaluation was "perhaps the most fundamental condition ... [For] the value [of creativity] is, for the creative person, established not by the praise or criticism of others, but by himself [sic]". Individuals should make their own evaluative judgement about their abilities so that they would be self-motivated to achieve and monitor their potential themselves (Rogers 1969). There are similarities here with the concept of internal locus of control, which reflects an individual's attribution of causes to personal control or influence. The proposal of self-evaluation is meritorious. Nurses and midwives traditionally have been required to use the judgements of superiors for the purposes of their evaluations. This has promoted an atmosphere of mistrust and subordination, not valuing. Moving to self-evaluation in both professions has been difficult as this history of subordination undermines individuals' capacities to see value in themselves leaving them in doubt of even being able to appraise themselves without someone else passing judgement.

Rogers later (1983) emphasised the impact of the environment on interpersonal encounters, as he referred to them, that promoted creativity. He insisted that it was vital to "create an atmosphere of a kind often greatly feared by educators, of mutual respect and mutual freedom of expression [and] permit the creative individual to ... try out new ventures, without fear of being squashed" (1983, p.142). This is suggestive of images of Hughes' (1991) European cafe cultures. Rogers (1983, p.290) believed that creative individuals would be those who trusted their own abilities to form new relationships with their environment. They would be able to achieve sensitive openness to the world as fully functioning persons because of their optimal experiences of personal growth. Creativity would be the outcome of such a self-enhancing developmental experience (Rogers 1983, p.291). These liberties have not been discernible easily in nursing education although they are beginning to make a mark in tertiary midwifery education. Some of the difficulty rests in the perpetuation of a hierarchical structure and regimental ethos in nursing which grants worth and status to individuals on the basis of experience and conformity not mutual respect or freedom of expression.

3.3.3 The Environment As A Motivator

The most notable contemporary writer on the impact of motivation in the environment on creativity, has been Amabile (1982; 1983; 1986 in Amabile, Hennessey and Grossman; 1989 in Hennessey and Amabile; 1990). Amabile has written extensively on the social psychology of creativity and at times with particular vehemence. Over a period of time Amabile has changed her approach to creativity moving from a focus on the creative product through process to the creative environment. Much of her writing has been devoted to forming a clear operational definition of creativity and to substantiating an appropriate methodology for its assessment.

Amabile (1982) criticised creativity tests for their poor links to working definitions of creativity and their subjective nature. Her criticisms were tied to her initial premise that creativity was defined on the basis of the creative product, not the person or the process and its having been judged to be so by appropriate observers. Amabile (1982, p.1008) admitted that her own research using this consensual assessment technique demonstrated the existence "of a unique subjective construct called creativity" which may not be applied easily to all creative products.

Amabile (1983) was determined to identify the components of creative performance to develop an inclusive framework of creativity. The complex and jargonised framework she proposed stemmed basically from her assumption that creativity would be enhanced if an individual engaged in an activity primarily through intrinsic motivation and, it would be undermined if the motivation was primarily extrinsic. This ideal of self-leading innovation was not new and affirmed the work of Rogers (1954; 1983).

In 1986 Amabile (with Hennessey and Grossman) moved from this framework to investigate more fully the effects of reward on creativity. Amabile's view of creativity softened as she and her co-authors referred to it as a "qualitative aspect of performance" (1986, p.15). The studies they conducted provided support (generaliseable across children, adults, reward types and presentations) for their hypothesis that specifically contracting for a reward for an activity would have negative effects on creativity. Of particular note in their writing was the emphasis (again) on the importance of freedom in creativity.

Amabile has shown and acknowledged in her writing the influence of the work of Carl Rogers, in particular his conditions of creativity and emphasis on freedom and psychological safety. In 1989 Hennessy and Amabile insisted that it was "the love people feel for their work [that] has a great deal to do with the creativity of their performances" (p. 11). This feeling of love was not a euphoric state. Hennessy and Amabile warned of the need for a delicate balance "between the desire for attention, praise, and support from friends, supervisors, editors, or colleagues, on the one hand, and, on the other hand, the necessity to maintain a certain protective distance from the opinions of these very same people" (1989, p. 12). The wisdom of this delicate balance is not commonly operationalised in either nursing or midwifery practice where the culture of mistrust and cynicism regards independent practice for example, to be the domain of eccentric midwives who have shunned the hospital bureaucracy.

Amabile's (1990) later work indicated even greater inclusiveness and far less rigidity. She asserted the "intrinsic motivation principle of creativity" (1990, p.67) believing that people's best creativity would come when they felt motivated essentially by the satisfaction, enjoyment, interest and challenge of their work, not by pressures from elsewhere. Amabile (1990) focused on qualities of environments that promoted and inhibited creativity, (reminiscent of Lasswell 1959) as well as qualities of problem-solvers that promoted and inhibited creativity. According to Amabile (1990) it was much easier to undermine creativity than stimulate it. The significance of personality traits (a change from her earlier writing which tended to disregard these) such as curiosity, persistence, energy, self-motivation, risk orientation, social skill and brilliance was acknowledged. These traits needed to be fostered.

Amabile (1990, p.82) also commented on novices who, she stated "often do exhibit a higher level of creativity than those who have a longer work history". As well she regarded inflexibility in application of knowledge to be more detrimental to creativity than lack of knowledge (1990, p.82). This comment is relevant to nursing where new graduates have found their enthusiasm for professional practice 'watered down' by stoic nurses who hold to the endemic belief of 'sink or swim but don't rock the boat'. The need to comply from the beginning and not set out to break or remake the 'rules'

serves as a significant desocialisation force for exuberant 'idealistic' new graduates in nursing and midwifery.

Amabile's (1990) aim was to develop a comprehensive model of organisational innovation with individual creativity as the crucial element. This reflected her thinking on the role of affect in the link between intrinsic motivation and creativity. Amabile (with Hennessey in 1989) warned of the possible influence of evaluation on individual creativity, stating that evaluation expectation was detrimental to creativity. Hennessey and Amabile's study of psychology students (1989, p.25) had previously shown that non-evaluation subjects produced more creative works and indicated greater self-interest in their efforts than evaluation subjects. Their strong contention was that of "self-esteem as a mediator among motivation, creativity and environment " (1989, p.34). Self-esteem has not been viewed as a consequential factor in the roles of nurses and midwives, because of the historical regard for humility and deference towards superiors and the medical profession.

Hennessey and Amabile (1989) challenged other researchers to examine creativity by considering the influence of social-environmental factors on intrinsic motivation and to conduct research from their own interest perspectives in order to attain a fully comprehensive psychology of creativity. The research for this thesis endeavours to respond to the challenge of Hennessey and Amabile (1989) by exploring creativity in the nursing and midwifery professions.

3.3.4 The Environment As Inspiration

The work of Councill (1988) presented an emotive perspective on creativity and the environment in her writing on inspiration. "To be inspired is to transcend" according to Councill (1988, p.123) and from this, one grows. If individuals used the experience of inspiration wisely, and were not stigmatised for being different or rising above the norms of others, they would become more perceptive according to Councill (1988). However, the efforts of creative people could be thwarted as they posed a threat to the comfort and conformity of others. Councill warned that unless more positive reinforcement was provided for creative individuals, humankind would serve a "life sentence of neutrality" (1988, p.124). There is again much for nursing and midwifery to address here.

Councill (1988) believed it was imperative to nurture inspiration by providing a sense of freedom for individuals. This needed to be in an atmosphere conducive to exploration with positive acknowledgment to support creative efforts. Councill (1988) identified the affective outcomes of moments of inspiration that involved excitement, joy and arousal. The creative problem-solving approach of Noller, Parnes and Biondi (1977 cited in Councill 1988) proposed an excellent basis for the establishment of creative thinking environments and hence inspiration according to Councill (1988). The essence of this approach was the philosophy of deferring judgement, along with open-mindedness and divergent thinking; the intention was to help people to "break the barrier between the conscious and preconscious sections of the mind" (Councill, 1988, p.128). Councill's (1988) belief in promoting a sense of freedom for individuals would be an intimidating prospect for institutions such as hospitals that valued the status quo and regarded nurses and midwives as generic service-providers not individualistic care-providers.

The final essential ingredient for creativity according to Councill (1988) was mental relaxation. She referred to the work of Khatena (1984) who stated that stress was the major obstacle to overcome in any expression of creativity. Councill (1988) also emphasised the significance of self-knowledge (from Kubie 1958 cited in Councill 1988), which facilitated intuition and thus increased the potential for inspiration. Councill's (1988) writing was based on the reinterpretation of the writing and research of others with the intent of giving creativity an air of mystery rather than pragmatism. Her belief in positive reinforcement presented a different perspective to Amabile et al's (1986) research where individuals did not respond well to extrinsic rewards.

3.4 The Creative Process

In viewing creativity as a process, writers have focused on creative behaviours or activities (Gilchrist 1972). These activities have arisen from a creative potential and resulted in some form of creative outcome (Gilchrist 1972). The focus of attention was not the end result, nor was it on the individual's potential, it was the process itself that was of importance. Gilchrist (1972, p.90) grappled with the notion of creative

potential in writing *The Psychology of Creativity*, and concluded that, it was the capacity of the individual to be "open to experience and capable of the flexibility of thinking and independence of judgement that allow original insights to occur". From these assets came the creative process.

Despite their diversity in approaching the process of creativity, the writers in this section all acknowledged that creativity was within the ability of all individuals, not just the exceptional. Writers were also interested in some form of reflective thinking as a means by which individuals gained access to insight, wisdom and or induction, which could promote creativity.

Barron (1958; 1969) viewed creativity as a form of constructive energy involving imagination and original thought. Sinnott (1959) saw creativity as part of the process of life. May (1959) opposed views of creativity based on talent or emerging from mental health problems, and placed creativity within the realm of everyday living.

For Crutchfield (1973) creativity was a complex psychological process, but it was never the less found within every individual. Gordon (1981; 1987) was anti-elitist towards creativity regarding it as a form of human endeavour for all. Mental abilities that facilitated the process of creativity were of importance to several writers; Firestien and Treffinger (1983) looked at convergence; Guilford (1984) looked at varying aspects including divergence; Bruch (1988) was interested in metacreativity; Farra (1988) considered reflective thought, and Armbruster (1989) focused on metacognition.

3.4.1 Creative Energy

Frank Barron's interest in creativity began in 1948 with the goal of describing the "conditions under which the psychotherapeutic process proved creative" (1969, p.5). To that time there had been limited interest in creativity as a subject of research in psychology. In 1958 Barron undertook to determine the characteristics of individuals who were creative (painters, writers, physicists and so on). His findings revealed the following descriptive aspects of these individuals and of creativity (1958, pp. 163 - 166):

> ... creative people are more at home with complexity and disorder than other people ...

> the truly creative individual stands ready to abandon old classifications and to acknowledge that life, particularly his [sic] own unique life, is rich with new possibilities ... creative people are especially observant ... they see things as others do, but also as others do not ...
> to create is in some sense - perhaps in the best sense - to be healthy in mind [and] creative potential is directly a function of freedom.
>
> Barron 1958, pp. 163 – 166

Despite the distinctiveness of his participants, all individuals could achieve these characteristics. Barron (1958) did acknowledge some presumptuousness in his study and its findings in response to severe criticisms from some of the writers in his research field who termed it vivisection. Certainly Barron (1958) did tread where others had feared to and in so doing attempted to gain some insight into the characteristics of creative individuals.

It was not surprising that Barron moved from his interest in individual characteristics to the creative process itself. In 1969 he wrote *Creative Person and Creative Process*, which was distinctly influenced by his concern about the increasing violence in America and the occurrence of the two world wars. He perceived violence to be a negative life force directly opposing vitality, the life force that predisposed to constructive and creative energy. According to Barron (1969) being creative served to strengthen one's motives to preserve the results of one's constructive energies. Creative people would respect the creative spark in all other individuals as a consequence.

Barron offered two definitions of creativity; "creativity is energy being put to work in a constructive fashion" and "the ability to bring something new into existence" (1969, pp.8, 10). Both definitions came without qualifications and were achievable. Barron referred (1969, p. 10) to the human act of "the making of a baby" as an example of the "universal sense of the mystery of creation" coupled with the "most common human participation in the creative act". This example placed creativity within the realm of everyday living and affirms for midwives that they have a vital opportunity to participate in the outcome of this creative act.

3.4.2 Creative Process In Women?

Barron (1969) was still interested in originality, ingenuity and aesthetic judgement in creativity and tentative about the linking of intelligence with creativity. In addition, unlike many other writers Barron (1969) addressed creativity in women referring to several studies including a pioneering study in America in 1954 of college alumni from as far back as 1904. However, his treatment of the 'subjects' was almost contemptuous, and patronising. Barron referred to them as "highly intelligent ... and aware of their capacities ... most of them were good-looking as well, and some were sweet ... and no one failed to be one of the three, so, as common sense would lead us to expect, they were all marriageable" (1969, p. 105). Whilst it was notable that women as a group had received mention in creativity research, the process and motives of the studies Barron (1969) reviewed were questionable (albeit products of the social era). One study involved directing such questions to the women involved as, when did the subject last cry, and how did the subject perceive herself in relation to her husband's life work and creativity (Barron 1969).

According to Barron the importance of creativity to women was all about "fundamentals of family structure and in the relationships among love, marriage, sexual satisfaction, bearing of children, and [lastly] expression of creative potential in women" whatever that was (1969, p. 112). There has been a dearth of studies exploring women and creativity subsequently. Of those known to the researcher for this thesis, most focus on women only if they are deemed to be gifted or specifically artistically creative or involve them because they happen to be students in a particular university sample group. Those very few studies, which have sought to address creativity within women's social reality, have undertaken feministic interpretive research to provide, as they see it, a necessary balance. Investigations of creativity in women from a phenomenological or grounded theory perspective are unknown apart from the small number, which follow in this review. The research for this thesis provides some redress of this deficiency with its predominantly female participants.

Barron (1969) held strongly to the work of Torrance when identifying how to nurture and encourage creativity; "the creative individual needs to recognise and esteem [their] own creativity ... to guard it from exploitation and abuse ... and to know how to

accept inevitable limitations in the environment while yet holding to [their] purposes and searching for opportunities for the expression of [their] talent (1969, p. 128). Barron (1969) emphasised as well the importance of social recognition and reward in endorsing and valuing creativity in society, as distinct from intrinsic motivation.

The creative process from Barron's perspective was seen as "an incessant dialectic and an essential tension between two seemingly opposed dispositional tendencies; the tendency towards structuring and integration and the tendency towards disruption of structure and diffusion and energy and attention" (1969, pp. 178, 179). If adaptive dispositional tendencies occurred energy would be focussed in a somewhat restless view of the creative process according to Barron (1969). This interpretation of the creative process was not easily discerned nor was Barron (1969) able to easily explain it. It did however indicate the notion of a challenge, and portrayed the sense of provocation that could accompany creativity in circumstances where creative expression was not encouraged or valued.

Barron also wrote of "visionary wisdom"; wisdom so deeply intuitive that it seemed to "pass beyond words, concepts, and practical judgement into an area of empathic understanding that is completely nonverbal" (1969, p.174). This wisdom was a feature of the creative process according to Barron (1969). Benner introduced a similar theme to nursing in 1984 when she exposed nursing knowledge as a valid form of epistemology in her now classic book, *From Novice to Expert*. Benner (1984) wrote of the importance of perceptual origins of excellence and discretionary judgement in nursing. These were significant sources of knowledge that informed nursing practice beyond procedural and empirical knowledge. Benner identified and described six qualities of power associated with caring in nursing; "transformative, integrative, advocacy, healing, participative/affirmative, and problem-solving" (1984, pp. 209, 210). According to Benner (1984) all of these were embedded in clinical practice.

No other nursing writer had conceptualised nursing practice in the way Benner (1984) did at that time, exploring the mystery and wisdom of expert practice. Caring was based on expert, creative problem solving and involved "a kaleidoscope of intimacy and distance in some of the most dramatic, poignant and mundane moments of life" (Benner, 1984, p. xxii). Whilst Benner's (1984) work was seminal neither she nor

others followed it up with specific substantive research. Benner's (1984) work is referred to again later in this thesis.

3.4.3 Creativity As A Life Process

In 1959 Sinnott extolled the notion of the creativeness of life; it was, he said, "life which is anticonservative, original, [and] creative" (pp. 12, 13). Sinnott also acknowledged the consequences of creative imagination particularly at the mind's unconscious level (1959). Imagination he said, was a basic, formative quality of life. Sinnott's (1959) emphasis was on creativity as an attribute of life; "the organising power of life, manifest in mind as well as in body ... is the truly creative element" (1959, p. 26). Conceptualising creativity in this way frees individuals to be creative in their own right rather than needing to be a particular personality or intellectual type, or an artist or composer for example. His ideas were optimistic and promising although they did not offer pragmatic solutions for individuals stifled by institutional constraints for example.

Rollo May defined creativity as "the process of bringing something new into birth" (1959, p. 57). His definition was in defiance of the reductionism he believed the concept of creativity was undergoing at the time; "we must" he said "take a strong stand against the implications, however they may creep in, that talent is a disease and creativity a neurosis" (May 1959, p. 57). May was particularly critical of the psychoanalytic theories of creativity, which regarded it as a form of ego regression (1959). May's elaboration of the meaning of creativity brought it into the realm of everyday life and individual functioning without extreme and intense expectations (1959, p. 58):

> Nowhere has the meaning of creativity been more disastrously lost than in the idea that it is something you use only on Sundays. Any penetrating explanation of the creative process must take it as the expression of the normal [individual] in the act of actualising [themselves] not as the product of sickness but as the representation of the highest degree of emotional health. And any enduring description of creativity must account for it in the work of the scientist as well as the artist, the thinker as well as the aestheticist, and must not rule out the extent to which it is present in captains of modern technology as well as in a mother's relation with her child. Creativity ... is basically the process of making, of bringing into being.
>
> May 1959, p. 58

May (1959) regarded a creative act as an encounter involving absorption, intensity and engagement between the conscious person and their world. The crucial factor

was not the voluntary inclination of the individual but the quality of their engagement with the encounter, be it the painting of an artist, the experiment of a scientist or the achievement of an individual in their daily life (May 1959). According to May (1959) creativity could not be distinguished from the individual, it had to be viewed as a process interrelating them with their world.

May's thinking was particularly influenced by the work of such great artists as Picasso whom he saw as evidence of the "manifestation of man's [sic] fulfilling his [sic] own being in his [sic] world" (1959, p.57). Whilst his definition of creativity attempted to place it in the context of everyday life, May's (1959) exemplars were still, however, of individuals who had achieved beyond the capacity of the ordinary person. It is not clear as to how May (1959) thought the parody of the gap could be reconciled, but he has given creativity human rather than superhuman status as an enabling rather than a metaphysical process.

May's (1959) work has exerted considerable influence on nursing theorists. His notions of hope and humanism were fundamental to the work of Travelbee (1966) an interactionist nursing theorist. Travelbee (1966) conceptualised the nurse-patient relationship as a human-to-human relationship involving phases of original encounter with transcendence of roles, perception of uniqueness in each other, empathy, sympathy and rapport. May's (1959) view of creativity is easily applied to nurses and midwives in terms of their expression of practice if they appreciate it as creative.

3.4.4 Creativity As A Psychological Process

Crutchfield (1973) was influenced by May in his writing on creativity. According to Crutchfield (1973) creativity was like any other quantifiable psychological process. It was not, however, a simple concept but rather a complex combination of motivational and cognitive processes found in every individual and not just a select few. Crutchfield (1973) acknowledged the impact of social and work environments on creativity as well as certain personality factors that predisposed to greater creativity. He warned of the limitation of individuals in achieving their true creative capacity and insisted that much more needed to be done to exploit people's creative potential (1973).

For Crutchfield (1973) the creative process commenced with a problem; ownership and meaningfulness of this problem for the individual were critical for the creative process to occur. Crutchfield believed that the invention of a new problem was in itself an act of great creativity and this could be enhanced by individuals who had "a capacity to be puzzled" (1973, p.57).

Crutchfield (1973) regarded the use of stages to define the creative process as improper, providing convenience only, not prescription. Instead, he advocated the use of a functional analysis postulated by Duncker (cited in Crutchfield 1973) which addressed the specific "momentary conditions ... mental contents and motivational states of the problem-solver that will tend to produce - or inhibit - an insightful transformation, a new idea, a solution" (1973, p.58). The essence of the whole process depended on the individual's ability to cognitively combine, recombine, transform or reorganise the elements of the problem in a novel and adaptive way. Crutchfield's (1973) preoccupation was very much with the cognitive aspects of creativity as separate from any physical capacities. He also emphasised the impact of the following blocks that would impede creative transformation (1973, pp. 61, 62):

> ... failure to perceive and define the problem correctly [because of] insufficient initial analysis of the situation, failure to make use of the relevant information, perceptual and cognitive tendencies in the person which serve to mask or suppress essential elements and attributes ... (functional fixedness), rigid persistence of a misleading set, [and] efficient, economical, and analytical perception may all be the enemy of creative insight.
>
> Crutchfield 1973, pp. 60, 61

Crutchfield's (1973) creativity blocks arguably could be due to routinisation and mechanisation in practice and as such would have presented a formidable challenge for many nurses and midwives entrenched in traditional roles in that era and for some even now.

Crutchfield (1973) also asserted the importance of motivation. He saw intrinsic motivation, where the individual became immersed in the creative process without regard for self-gain or ulterior motives, as significant. This would not happen in individuals who had strong conformist tendencies, were fearful of making mistakes, social disapproval, being separate from others and allowing their own unconscious natures to express themselves (Crutchfield 1973). These characteristics were the enemy of creative achievement according to Crutchfield (1973). The history of

regimentation and subordination in nursing and midwifery has unfortunately promoted these characteristics.

Crutchfield (1973) was also interested in personality characteristics he believed to be of consequence for creativity. The list he compiled was derived from the work of MacKinnon, Barron, Gough, and Helson (cited in Crutchfield 1973, p. 73):

Cognitive Capacities in Dealing with Phenomena
- Cognitive flexibility
- Ideational fluency
- Uniqueness of perceptions and cognitions

Distinctive Approaches to Phenomena
- Intuitive, empathic, perceptually open
- Aesthetic sensitivity
- Preference for complexity

Emotional and Motivational Dispositions
- Freedom from excessive impulse control
- Achievement via independence rather than conformity
- Individualistic versus sociocentric orientation
- Strong, sustained intrinsic motivation in field of work.

MacKinnon, Barron, Gough, and Helson cited in Crutchfield 1973, p.73

These characteristics would actually be desirable for any individual. Crutchfield (1973) also acknowledged the effects of creativity on the individual in terms of both success (with increased sensitivity) and failure (with discouragement) in engagement in the creative process. Crutchfield's (1973) characteristics present a paradox for nurses and midwives given their requirement to conform to institutional constraints and service needs, and their duty of care to their clients calling for individualisation and empathy.

3.4.5 Creativity As Synectics

Gordon (1987) presented an alternative view of creativity through synectics that he discovered and developed in 1961. Synectics literally meant (from the Greek origin of the word) "the joining together of different and apparently irrelevant elements or ideas" (Gordon 1987, p. 5). In terms of Gordon's (1987) use of the word, it referred to an explicit process of creative problem solving. Synectics research was initiated to dispel some of the myths that Gordon (1972) perceived to be surrounding creativity. The intention was to show that creativity was not elitist and was not due to factors beyond the control of individuals. Synectics provided an approach to creativity that

was not just a consequence of probability. Gordon's proposal was that the creative process depended on "developing new contexts for viewing the old, familiar world and [that] metaphors constitute the basis for new contexts" (1972, p. 298).

According to Gordon (1972, p. 299) creativity was "the highest form of human endeavour". Gordon (1972) advocated the use of synectics in helping workers holding monotonous jobs to view their tasks as problems to be solved, presenting a challenge in terms of how to do them better or differently. This instilling of creativity would enhance self-esteem and enable people to derive a new sense of dignity through the process of creative thinking according to Gordon (1972). The ramifications of this have been diverse with Synectics Education Systems (Gordon 1981) implemented across America with notable results.

In 1981 Gordon reported on the results of research into the interaction between conscious and subconscious mental activity during an act of creativity using analogy formation as the focus. Gordon (1981) stated that the subconscious was a powerful analyser on the basis of imagery; the subconscious did not as previously thought act in one large rush, but acted in small bursts according to the changing formation of images from words. Gordon (1981) indicated that people could be taught to develop creativity through control of image formation and prevention of loss of ambiguous images through regression. Gordon (1981) provided a practice-based context of creativity, placing it within the capacity of the ordinary individual.

In 1987 Gordon wrote *The New Art Of The Possible* as a guide for any individual who was seeking to develop their creative problem-solving skills through conscious manipulation. Gordon's assertion to his readers was that synectics "should be an extension of your inner self. You are not exactly like anyone else and your process [of synectics] will reflect your own personality and experience" (1987, p. 164). Gendrop (January 1991personal communication) used this model in her doctoral research on the development of creative problem-solving skills in nurses in America. Further detail on Gendrop's (1989) work follows in the next chapter.

3.4.6 Creativity As Convergence Or Divergence?

Firestien and Treffinger (1983) presented a rationale for the necessity of convergence in creativity. They insisted that without convergence action could not take place and decisions could not be made. Convergence was defined as the means by which one approached the same point from different directions (Firestien and Treffinger 1983). Convergence was the opposite of divergence, defined as the means by which one moved in different directions from the same point (Firestien and Treffinger 1983).

In order to come to focus creatively on decision-making it was critical that individuals engaged in convergence, according to Firestien and Treffinger (1983). This was the foundation necessary for the creation of constructive ideas towards creative problem solving, ensuring that action would take place. Whilst Firestien and Treffinger (1983) did not provide a substantial elaboration of their proposal, the idea was feasible; convergence could be viewed as a strategy for keeping divergent thinking (normally regarded as an exceptional skill) within the limits of reality and practicality, as convergence became its foil. Using convergence in this way presents a realistic view of creativity for nurses and midwives who have generally been 'trained' to follow standardised protocols in their practice; they could use this strategy to focus specifically on the problem or need at hand and consider varying responses without getting 'off the track' as divergent thinking may lead them.

Guilford (1984) presented a different perspective although not oppositional to that of Firestien and Treffinger (1983). In writing of divergent production as a key process in creative thinking, Guilford (1984) warned however, that inappropriate application had been made of divergent-production tests in research on creative potential and creative performance. His advice was to use a variety of tests to generate a large number of alternatives and to give careful consideration to the best possible combination of tests to derive optimum results.

Guilford's (1984) advice came after more than fifty years of research and writing in creativity for which he has been highly regarded. Guilford (1950 cited in Kneller 1965) originally advocated divergent thinking only, as the necessary mental capacity for creativity. He followed this with the addition of sensitivity to problems and a variation

of convergent thinking (1952 cited in Kneller 1965). For Guilford (1984) creativity was about varying mental abilities and the ways in which these could be analysed. Guilford's (1984) advice about varying modes of assessment for exploring creativity has been taken in the development of the research for this thesis.

3.4.7 Metacreativity

Bruch (1988) explored mental abilities through metacreativity. This was regarded by her as a field of inquiry to investigate the "internal observations of creative processing and personal characteristics" (1988, p. 112). Bruch (1988) believed it was necessary for all people to have a conscious awareness of creative processes and characteristics and to ensure that conditions prevailed to encourage people to utilise their creativity. An understanding of the "internal creative experiencing" which was associated with creative production would enable individuals to better interpret and review their creative processing according to Bruch (1988, p. 112). This was seen to be similar to the use of metacognition, which enabled individuals to better consider and evaluate their thinking and learning processes.

Bruch used Sternberg's (1982 cited in Bruch 1988, p. 115) elements of executive processing for problem-solving to develop "metacreative executive processing" which comprised nine creative metastrategies; problem identification, process selection, strategy selection, representation selection, processing allocation, solution monitoring, sensitivity to feedback, translation of feedback into an action plan and implementation of the action plan. This model was not simple, nor was it easily interpreted.

Bruch (1988) suggested the immediate collection of reflections from individuals after their creative experiences in order to substantiate their internal processing. Reflection has become regarded as a strategy of value for nurses and midwives, as a means of giving meaning to their current practice and discovering meaning from past experience. It has not however been used as a mechanism for substantiating the kind of creative experiences to which Bruch (1988) referred.

3.4.8 Creativity And Cognitive Processing

Farra (1988) also considered reflection and did this by returning to the work of John Dewey (1933). Farra (1988) aimed to promote the significance of the reflective thought process in creativity and creative decision-making. The advantages of reflective thought as originally espoused by Dewey (1933 cited in Farra 1988, p.2) were many, including bridging the gap between a perceived problem and its resolution; aiding confrontation during times of perplexity, confusion, doubt, hesitation and mental difficulty; enabling systematic preparation towards better solutions, and most importantly, "the meaningful enrichment of life, problems and experiences".

Reflective thought incorporative of creative thinking involved insight and induction according to Farra (1988). These capacities were facilitative of creativity and promoted outcomes that led to a sense of mastery, enjoyment and satisfaction, based on Farra's (1988) interpretation of Dewey (1933). Reflective thought was viewed as optimising the creative process, particularly when used as a means of critically analysing experience, although this was unsubstantiated.

Much emphasis has been placed on reflection in nursing over the last ten years. Street (1991, p. 1) in her well known, and much referred to publication, *From Image to Action Reflection in Nursing Practice*, claimed reflection to be the means of "addressing the problem of nursing alienation, by empowering nurses to become fully cognisant of their own knowledge and actions". Street (1991, p. 29) insisted that reflection would "uncover ways in which [nurses] have unwittingly collaborated in their own oppression"; ultimately it would "allow them greater freedom for the development of creative practices" (1990, p. 30). More recently Kirkham (1997, p. 259) a well-recognised midwifery researcher, emphasised the necessity of reflection in midwifery practice to prevent "professional narcissism" as she referred to it; instead reflection would enable midwives to really "see with women". At the same time though, Kirkham (1997) acknowledged the lack of critical examination of reflection within midwifery.

Despite the widespread inclusion of reflection in many nursing curricula across Australia, corresponding teaching and learning approaches and educational research strategies to support and affirm it have not been more than limited. Reflection has

been 'caught more than taught' and typically has not been informed by deep insight, wisdom and introspection nor has it been extended into metacognitive type activities in nursing or midwifery. The emancipation it promised has not been forthcoming and the research for this thesis has identified that. Reflection is discussed further in later chapters.

Armbruster (1989, p. 177) also regarded creation as a cognitive process, referring to perceiving, learning, thinking and remembering as "the stuff of creativity". Wallas's (1970 cited in Armbruster 1989) well-known model of the creative process was used by Armbruster (1989) for the basis of her work on metacognition in creativity. She used each of the four parts of Wallas's (1970) model (preparation, incubation, illumination and verification) to verify her premise that metacognition played a significant role in creativity (cited in Armbruster 1989). Armbruster (1989) did acknowledge that this model was deficient in that it implied that the process of creativity was linear. It was her belief that creativity was interactive and iterative.

Armbruster (1989) provided in the conclusion of her analysis some useful suggestions for research; studies on expert-novice differences in metacognition and creativity; studies on the purported relationship between flexible knowledge and creativity; and studies that would derive strategies suitable for the teaching of metacognitive skills in creativity. The suggestion for exploration of novice-expert differences in creativity has been addressed in the research for this thesis.

Since Armbruster's (1989) work, limited research has been conducted on the 'process' aspect of creativity. Russ provided a retrospective review of the creative process research in 1993 placing her emphasis on the importance of affect. Russ (1993, p. 10) identified the major affective processes involved in the creative process:

> Access to affect-laden thoughts, including primary process [thinking]
> Openness to affect states
> Affective pleasure in challenge
> Affective pleasure in problem solving
> Cognitive integration of affective material.
>
> Russ 1993, p. 10

In so doing Russ (1993) alluded to the interrelated nature of these processes and hence of creativity itself. To speak of the creative process as an act in, and of, itself was not absolutely confirmed by any of the writers reviewed in this section.

3.5 The Creative Product

For many theorists and researchers it was the outcome of creativity that was of consequence. Hence their preoccupation was with the creative product. Taylor (1989, p. 104) defined the products of creativity as including, "behaviours, performances, ideas, things, and all other kinds of outputs, with any or all channels and types of expressions".

The difficulty with this area has been the need to exclude the other approaches towards creativity. Focusing on the outcome alone has been problematic for researchers and writers as doing so has meant the virtual negation of creativity in the greater number of people in society who never 'produce' anything creative; that is something concrete and original. Barron (1964 cited in Taylor 1989) responded to this dilemma by insisting that there were too many exclusive outcomes in definitions of creativity and basing these definitions on the creative product caused them.

Tardif and Sternberg (1989) preferred to identify products of creativity beyond the object, referring to such outcomes as solutions to problems, explanations for phenomena and responses to creativity tests. They also recognised inventions, new styles and designs, novel ideas and works of art among others. The problem with the creative product as they saw it, was the lack of evidence for any of this. Because of the lack of consensus in thinking or research regarding creative products, this approach has presented as the least significant. Those writers reviewed have often been compromised in their approaches because of these problems.

Leary (1964 cited in Taylor 1989) defined the creative product through the behaviours of individuals themselves with a model for diagnosing creativity based on their performance and experience. Gilchrist (1972) argued for the determination of quality in creative products but admitted the problems this focus held. Mumford and Gustafson (1988) argued for a life span approach to creativity that recognised contributions (in the form of novel products) made by individuals regardless of age. Dowd (1989) looked at invention as creativity but also indicated the difficulties with pursuing this. Johnson-Laird (cited in Sternberg 1989) presented a different perspective of the creative product in terms of its meaning and context for the individual who produced it.

3.5.1 Diagnosis Of Creativity

In reviewing definitions of creativity in 1989, Taylor revisited the work of Leary (1964) who developed a set of categories for diagnosing creativity. The complexity of these categories and the types they led to attest to the difficulty of focusing on the creative product. Leary (1964 cited in Taylor 1989) proposed that creativity occurred within the two dichotomous continua of experience and performance. These continua were identified as either creative (involving production of new awareness in experience or new combinations of performance) or reproductive (seeing only what has been taught to be seen in experience or repeating old combinations in performance). Four types of 'creativity' would be the possible outcomes according to Leary (1964 cited in Taylor 1989, p. 109):

> Type 1. The reproductive blocked: The routine well socialized person who experiences only in terms of what he [sic] has been taught and who produces only what has been produced before.
> Type 2. The reproductive creator: The innovating performer who experiences only in terms of the available categories but who has learned to manipulate these categories in novel combinations.
> Type 3. The creative creator: The person who experiences directly outside the limits of ego and labels, and who has learned to develop new modes of communications, or who can manipulate familiar categories in novel combinations or who can let natural modes develop under his [sic] nurture.
> Type 4. The creative blocked: The person who experiences uniquely and sensitively outside of game concepts (either by choice or helplessly by inability) but who is unable to communicate or uninterested in communicating these experiences outside the conventional manner.
>
> Leary 1964 cited in Taylor 1989, p.109

The greater significance of this model was the social perception of the four types, according to Taylor (1989). Any of the four types could be seen as effective or incompetent by the person's culture or subculture; the reproductive blocked as unimaginative and incompetent, or as a cooperative and compliant worker; the reproductive creator as insensitive and unsuccessful, or as a bold initiator; the creative creator as a mad creative crackpot, or as a truly recognised creative individual; and the creative blocked as an eccentric crank, or as a solid reliable person with a 'deep streak' (Taylor 1989). Leary's (1964 cited in Taylor 1989) model could be seen as extreme by some, or purposeful by others depending on how they valued creativity. The main problem with it was the fact that it compartmentalised creativity, which made it an inequitable outcome for individuals.

3.5.2 The Quality Of The Creative Product

Gilchrist (1972) argued that the creative product was identified by its quality; it should be appropriate for its purpose as well as original; it should be universal and important in meeting an unfulfilled need; it should be aesthetic or elegant; at the highest level it should be able to impact on human thinking. Gilchrist (1972) admitted that not all criteria could reasonably be applied every time to any creative product and she persisted with the simpler concepts of, new and valuable, as overall criteria.

Gilchrist (1972) acknowledged the difficulty with determining value, for example; the problem of identifying appropriate experts to evaluate products, how to judge value, how to overcome subjectivity in evaluation, and so on. Gilchrist (1972) did not convincingly overcome these problems in her writing leaving the problem of quality of creative products unresolved. She acknowledged the creative contributions of children for example and the possible inappropriateness of assessing their value.

3.5.3 Influences On Creative Production

Mumford and Gustafson (1988, p. 27) argued that the overall focus of all creativity studies should be on the production of "novel, socially valued products". While their approach was quite different from that of Leary's (1963 cited in Taylor 1989), Mumford and Gustafson did present a picture (based on lengthy and inclusive review) of the individual in terms of creativity that was similar to his. They based their definition of creativity on production criteria; the frequency with which people generated innovative products; the awards given to people for the production of new ideas and/or products deemed to be of value in an occupational domain; and judgements by peers which, for example, acknowledged novel individual contributions (Mumford and Gustafson 1988).

The significance of their definition was that it was stated essentially in terms of outstanding occupational achievement. This meant that creativity was not an homogenous psychological attribute and that creative behaviour was a complex interaction between the attributes of the individual and the attributes of the environment (Mumford and Gustafson 1988). It was Mumford and Gustafson's (1988,

p. 28) premise that creativity should be conceptualised as a syndrome involving the following:

> the processes underlying the individual's capacity to generate new ideas or understandings,
> the characteristics of the individual facilitating process operation,
> the characteristics of the individual facilitating the translation of these ideas into action,
> the attributes of the situation conditioning the individual's willingness to engage in creative behaviour, and
> the attributes of the situation influencing evaluation of the individual's productive efforts.
>
> Mumford and Gustafson 1988, p. 28

This verbose expression of the syndrome almost 'pathologises' creativity and at the same time acknowledges the problem of extracting the product of creativity from the other multiple contexts involved.

In discussing the attributes of the individual Mumford and Gustafson (1988) gave particular emphasis to age and achievement, identifying ages at which people were most likely to achieve peak creative performance. They reviewed the past research of Lehman (1953, 1954, 1958, 1960 and 1966 cited in Mumford and Gustafson 1988) and found that early adulthood was the time most optimal for major creative contributions, with minor contributions and greatest productivity peaking in middle adulthood. The age curve for minor contributions was relatively flat overall throughout adulthood, although the curve for major contributions seemed to fall off sharply after early adulthood. However the peaks of these age curves did vary, with occupational fields dependent on natural ability moving downward, and those needing considerable training and life experience shifting upward. It was of critical note that all of Lehman's (1953, 1954, 1958, 1960 and 1966 cited in Mumford and Gustafson 1988) subjects were men. Creativity therefore assumed a gender bias across adult development.

Mumford and Gustafson (1988) also acknowledged that the declining creativity hypothesis (diminishing facility for major contributions due to age-related reductions in divergent-thinking abilities) had not held consistently in all studies. The cumulative-advantage hypothesis (involving the individual's increasing experience and knowledge of professional expectations for example) could explain the middle adulthood productivity peak but did not address the tendency for major contributions in early adulthood. The idea of age-related creativity production has attracted little research or interest overall.

It was recognised by Mumford and Gustafson (1988) that the developmental challenges of entering adulthood may in themselves provoke major contributions in creativity, as individuals were required to rather quickly reorganise and integrate cognitive categories. In occupations where training was involved this cognitive restructuring would be slowed and hence the age-curve shifted upward. In addition knowledge and comprehension of a given area (also directly related to minor contributions) were possible prerequisites for creative activity and idea generation in that area. The issue of cognitive restructuring slowing due to training has implications for education programs such as nursing and midwifery where a significant period of time and input have been invested towards the development of the prescribed graduate. Programs of study could benefit students by addressing this reality during their education, working to enhance not diminish their creativity in their roles as students and towards their future roles as professionals.

A life-span approach to creativity should be adopted according to Mumford and Gustafson (1988) as research to the time of their writing had been too inconclusive to generalise to age-specificity. Within this idea they referred to the research of Zuckerman (1974 cited in Mumford and Gustafson 1988) who found that, if novices entered an occupational environment that was intellectually nurturing, and they were able to be trained by highly creative individuals, they would "internalise exacting professional standards along with a sense of excellence, achievement and self-confidence with regard to occupational pursuits ... [and] develop a better than average grasp of the significant problems emerging" (1974 cited in Mumford and Gustafson 1988, p. 36). Quality education thus became a mediator in the process of facilitating creativity not age per se. This context of creativity provided an optimistic outlook for novices, who in the case of nursing and midwifery are too often socialised into conforming to survive and fit in, rather than being free to express themselves and engage in creative practice.

Torrance (1983 cited in Mumford and Gustafson 1988) was acknowledged as having identified the importance of the role of the mentor in creativity development. This mentor was defined as a person who was a recognised influence in a given occupational sphere and provided the novice with continued support and encouragement during the early time of idea generation in creativity (Torrance 1983

cited in Mumford and Gustafson 1988). Torrance "found significant correlations, for both men and women, between experiencing a mentoring relationship and the number of recognised creative contributions made" (cited in Mumford and Gustafson 1988, p. 36).

Simonton (1984) was recognised by Mumford and Gustafson (1988, p. 37) for his finding that "creative role models, [educational or occupational] continue to facilitate creative development as long as these role models encourage an open, questioning approach to new ideas". How effective these strategies were depended very much on the nature of the individuals taking a leading role. Preceptorship has been regarded for some time as a valid means of introducing new graduates to their profession in nursing and midwifery in some areas of South Australia although limited research has been conducted to confirm its effectiveness. Facilitating creative development has not however been a well regarded process in the transition of new graduates in nursing and midwifery despite the overwhelming feelings many of them experience when entering their profession following completion of studies. These overwhelming feelings arise from, the ideology-reality gap that is too often treacherous, the belief of the 'old guard' that new graduates are 'fair game', and the stringent desocialisation and institutionalisation processes applied to new graduates to bring them 'in line', among others.

In reviewing the research on individual attributes and creativity, Mumford and Gustafson (1988) found that across all occupations, autonomy, independence, self-confidence, high energy and a willingness to work (rather than being forced to) were related to creative achievement. They asserted that creative potential should be regarded as a multivariate phenomenon involving both cognitive attributes and personality characteristics and that the following conceptual issues should be addressed in determining creative potential (Mumford and Gustafson 1988, p. 38):

> ... it seems necessary to carefully distinguish the level at which creativity is being defined; a fully adequate description of creative potential seems to require greater attention than to the competencies that the individual has or is capable of developing in a specific occupational field; innovation appears likely to be engendered by an environment capable of providing creators with personally meaningful rewards for their efforts; innovative achievement might also be facilitated by an environment that provides a cognitive basis for creative efforts through structures encouraging ... ongoing exploration of alternative points of view; organisational and educational systems that support autonomy or build self-esteem might increase the likelihood of innovative achievement.
>
> Mumford and Gustafson 1988, p. 38

Here there was a focus on the creative process, as well as the impact of the environment and the nature of the individual themselves, regardless of age. They concluded that society "can ill afford to neglect the creative resources of any age group" (1988, p. 39). This assertion indicates a recognition of the value of creativity from novices in a profession (despite their limited experience) by virtue of their willingness to explore and be innovative. This is an important consideration for nursing and midwifery where experience and expertise too often exclude the fresh outlook of the new graduate.

Johnson-Laird warned that creativity was a mystery that should not be scrutinised too closely because there was a danger in knowing too much about it (cited in Sternberg 1989). While he chose to define creativity in terms of its products, Johnson-Laird (cited in Sternberg 1989, p. 218) centred these products on the individual themselves:

> [Creative products] are novel for the individual who creates them.
> They reflect the individual's freedom of choice and accordingly are not constructed by rote or calculation, but by a nondeterministic process.
> The choice is made from among options that are specified by criteria.
>
> Johnson-Laird cited in Sternberg 1989, p. 218

People create solutions, artistic forms, ideas, theories, conceptualisations and products according to Johnson-Laird (cited in Sternberg 1989). However freedom of choice was paramount, for "to be creative is to be free to choose among alternatives" (Johnson-Laird cited in Sternberg 1989, p. 202).

3.5.4 Creativity As Invention

Dowd (1989, p. 233) insisted that any definition of creativity "should be reserved for activities or products that are truly original and break new ground, even though they build to some extent on previous activity ... True creativity is invention, or the process of making something new." In reviewing previous studies, Dowd (1989) saw a link between creativity and self-concept and felt that creativity could be associated with an internal locus of control.

According to Dowd (1989, p. 237) creative activity was generated and sustained through intrinsic motivation, and creative people were "unusually open to inner experiences in a sort of mystical fashion". Dowd (1989) believed that creativity was not an inborn trait, and therefore it could be fostered by training in activities such as divergent thinking. Using the characteristics of creative individuals (relative autonomy, capacity for complex and divergent thinking, and a sense of control of their own fate and destiny) to their best advantage, would be likely to foster creativity according to Dowd (1989). Multiple measures should be utilised when assessing creativity, including behavioural instruments and "overarching theoretical viewpoints should be used to guide research directions ... [with] more attention [to] be paid to the investigation of methods of fostering and increasing creativity" (Dowd 1989, p.239). These suggestions have been considered in the research for this thesis, in particular the use of several tools for creativity assessment.

3.6 The Creative Person

Approaching creativity through the creative person has always gained more attention because of researchers' consistent interest in finding the 'magic key' as to what actually makes them unique. The other perspective of the creative person approach has been that all individuals have the potential to be creative and this potential needs to be discovered, enhanced, understood or used. Overall, interest has tended to centre on cognitive aspects, personality characteristics or developmental experiences.

Despite the profusion of research and writing there has been little consensus in this approach and contradictions and debate have persisted. Tardif and Sternberg (1989) acknowledged that there was no one characteristic or feature appropriate for attaching the label of 'creative' to a particular person. They identified a group of characteristics that have been mentioned in the literature most commonly and consistently (1989, pp. 435 - 436):

> ... willingness to confront hostility and take intellectual risks ... perseverance ... a proclivity to curiosity and inquisitiveness ... being open to new experiences and growth ... a driving absorption ... discipline and commitment to one's work ... high intrinsic motivation ... [and] a certain freedom of spirit that rejects limits imposed by others.
> Tardif and Sternberg 1989, pp. 435 - 436

Beyond these characteristics, understanding the creative person is still wide open for interpretation and research.

The writers reviewed for this section represent wide horizons in thought. Fromm (1959) believed that creativity was an attitude that everyone could aspire to and a necessary goal of learning for all. MacKinnon (1962) attempted to determine general characteristics of creative individuals, as did Dacey (1989). Gollan (1962) explored what he termed the creativity motive. Poulton (1963) was interested in originality as were Dentler and Mackler (1964). Vernon (1963) argued instead for creativity as a general entity. Neisser (1963) focused on multiplicity of thought.

Haven (1965) preferred to link creativity to reward, while Mackworth (1965) linked it to intense devotion to work. Dellas and Gaier (1970) looked to determine consistent psychological traits for creativity, and Kaltsounis (1976) looked at common personality characteristics. Fernald (1987) was interested in the working environment and its relationship with individual potential for creativity. Martindale (1989) urged the need for considering the creative person as a whole as well as looking at the role of expertise, issues regarding age, and domain specificity in creativity. Hayes (1989) reviewed motivation and creativity. Richards (cited in Runco and Albert 1996) pursued the definition of everyday creativity as the way forward for creativity research and its application.

The diversity of interpretations and research in this section is not unlike the diversity of individuals and hence the folly albeit difficulty of trying to find a singular explanation for the creative person persists.

3.6.1 Creativity As An Attitude

Fromm defined creativity as "the ability to see (or to be aware) and to respond" (1959, p. 44). This definition was based on his belief that creativity was an attitude. Fromm (1959) elaborated on his notion of `seeing' in terms of overcoming projections

and distortions to gain a full, intense, realistic and sensitive awareness of reality. The necessary conditions for a creative attitude were, "the capacity to be puzzled ... the ability to concentrate ... [and] the ability to accept conflict and tension (Fromm 1959, pp. 48, 49 51). The capacity to be puzzled was the essence of all creation. Concentration was strengthened by an attitude of full commitment aligned with a strong sense of self-concept. Within this, conflict actually presented as a source of wondering and was important therefore for character building (Fromm 1959).

This conceptualisation of creativity was heavily influenced by Fromm's (1959) theological perspective on thinking. In particular Fromm (1959, p. 54) referred to the indispensable need for courage and faith, for an attitude of creativity. This would enable one to let go of both certainty and illusion in order to be different but strong, and be able to trust in one's reality.

Fromm's view of creativity (1959) was that it was something every individual could aspire to, rather than being exclusive to those who were gifted or artistic. He was adamant that creativity should be regarded as a necessary goal of learning for all; "education for creativity is nothing short of education for life" (Fromm 1959, p. 54). This perspective of creativity was liberating and provided optimism for all individuals to be able to find some creativity in their lives beyond the traditional creativity stereotypes of artists and scientists. The educational implications of Fromm's writing are still very relevant for many disciplines not just nursing and midwifery. However letting go of certainty and illusion, and being different have not been regarded as attributes for nurses or midwives despite the potential they might offer for practice through enhancing self-esteem.

3.6.2 General Characteristics For Creativity

MacKinnon wrote in 1962 (p. 69) of the Berkeley Studies, which involved over six hundred professionals in the areas of writing, architecture, research, physical sciences, engineering and mathematics. The intent was to determine the general characteristics of the creative person (MacKinnon 1962, p. 69):

> ... high level of effective intelligence,
> openness to experience,
> freedom from crippling restraints and impoverishing inhibitions,
> aesthetic sensitivity,
> cognitive flexibility,

> independence in thought and action,
> high level of creative energy,
> unquestioning commitment to creative endeavour, and
> unceasing striving for solutions to the ever more difficult problems that he [sic] constantly sets for himself [sic].
>
> MacKinnon 1962, p. 69

MacKinnon (1962) was careful to point out that creative people rarely fitted the exceptional stereotypical image so often portrayed. He stressed as well that despite the finding that creative people tended to have well above average intellectual capacity, the relationship between intelligence and creativity was not inclusive.

MacKinnon (1962) also indicated that creative individuals tended to be more expressive, interested and curious, and more determined to get the most out of living. Creative males (females were only involved in his research as mothers of creative individuals, as mentioned earlier in this chapter) were found to be more expressively feminine (not with any increasing tendency towards homosexuality however) than their less creative counterparts. This finding demanded clarification of the relationship between femininity, women and creativity. Yet it took many years before this began to happen.

MacKinnon's work (1962) has been well regarded despite its gender bias in sampling, which was typical of the era and the apparent belief that creativity was relevant to men only. The characteristics he identified have persisted through the writing and research of many who followed, probably because of their relatively easy applicability, which made creativity a human capacity rather than an eccentricity.

MacKinnon's later writing in 1978 included an elaboration of courage as vital for the creative person. He saw courage as the "most salient mark of the creative person, the central trait at the core of [their] being" (1978, p. 138). MacKinnon described this courage as not just of the physical nature but more (1978, p. 135):

> Rather it is personal courage,
> courage of the mind and spirit, psychological or spiritual
> courage that is the radix of a creative person: the courage to question
> what is generally accepted ... the courage to think
> thoughts unlike anyone else's; the courage to be open to experience
> both from within and from without it; the courage to follow one's intuition
> rather than logic; the courage to imagine the impossible and try to
> achieve it; the courage to stand aside from the collectivity and in

> conflict with it if necessary, the courage to become and be oneself.
>
> MacKinnon 1978 p. 135

Dacey (1989) identified a set of general characteristics he believed to be typical of creative people; tolerance of ambiguity, (perhaps, he stated, the most crucial aspect of the creative mind); high sensitivity, analytical ability and intuitive thinking; open-mindedness (a critical aspect of creativity) and flexibility; reflection and spontaneity. Dacey (1989, p. 39) also reviewed the research literature to derive a list of personality traits typical of creative people:

> ... more sensitive to the existence of external problems,
> able to think both convergently ... and divergently,
> demonstrate greater determination and perseverance,
> more open to experience and less defensive about accepting new information,
> see themselves as responsible for most of what happens to them,
> more likely to question the status quo,
> more independent of the judgement of others,
> less afraid of their own impulses and hidden emotions,
> do their own planning, make their own decisions, and need the least training and experience in self-guidance,
> take a hopeful outlook when presented with complex, difficult tasks,
> most likely to stand their ground in the face of criticism,
> most resourceful when unusual circumstances arise ... [and] more original.
>
> Dacey 1989, p.39

It was emphasised that while these traits were not present in every creative person, the more of these qualities that were present, the more creativity was likely to be enhanced (Dacey 1989). Dacey (1989) believed that explanations of creativity were essentially either psychoanalytic or humanistic in their origin, in line with Woodman's (1981) review of the psychological theories that related to creativity. Further detail on Woodman's (1981) work is found later in this section.

3.6.3 The Creativity Motive

Gollan (1962, p. 590) explored the possibility of a creativity motive, which he defined as the "tendency for individuals to differ in the degree to which they attempt to experience their fullest perceptual, cognitive, and expressive potentials in their interaction with the environment". Using undergraduate and primary school students Gollan (1962) endeavoured to find a salient motive for engaging in creative behaviour. He decided that striving by individuals to achieve these potentials was a reflection of creativity and argued that his findings supported the notion of creativity

as being motivated by self-actualisation (Gollan 1962). The premise was that social, economic or other gains were not necessarily prerequisites for creativity, but rather that individuals were moved by their own self-fulfilling desires. This proposition would align well with creativity in nursing and midwifery where gains from striving almost always have needed to be intrinsically motivated.

3.6.4 Creativity As Originality

Poulton wrote in 1963 of creative originality and indicated that too many people reserved originality for either comedians or research scientists (an unusual polarisation). It was Poulton's (1963, p. 31) belief that "most people probably have quite valuable original thoughts from time to time, although perhaps they do not recognise them as original, nor spot their value". He felt there was a need for education to promote originality as it was sadly lacking in the general population (Poulton 1963).

According to Poulton (1963, p. 31) there were "states of mind" which favoured creative originality. One of the most important was familiarity, as well as an absence of competing interests and the availability of time. This work was not based on empirical findings, but was an expression of Poulton's (1963) concern at the lack of regard for originality at all levels despite its seemingly easy possibility. Availability of time and absence of competing interests, in the current health climate, would seem to be impossible luxuries certainly not expectations for nurses or midwives.

In 1964 Dentler and Mackler studied the social and personal determinants of originality, which they regarded as two of the aspects of creativity. It was their contention that originality did not occur in a vacuum but within a social context that influenced the individual's response. They acknowledged that social and behavioural factors influenced creativity far more than originality. In their study of university students, Dentler and Mackler (1964) assessed originality by comparing the effects of safe versus control conditions in which students were required to respond to Torrance's Tin Can Uses Test (cited in Dentler and Mackler 1964). Whilst they did not find any differences between the control groups, they did find that men and women in the safe conditions produced three times as many original ideas than any of the subjects in the control groups.

Dentler and Mackler (1964) suggested that a context of interpersonal security, in which esteem for the individual (not just what they produced) was emphasised, promoted originality. This was in line with a previous study by Schachtel in 1959 (cited in Dentler and Mackler, 1964) who found that individuals who were able to remain perceptually open to the world, and not close off new experiences, were less anxious, more intrigued by newness and more likely to be creative. Individuals who were rigid with anxiety and believed that ritual minimised insecurity, would tend to seek the familiar, avoid the unknown and be less original.

The continued presence of ritual in nursing has been exposed through the writing of Walsh and Ford (1992). Its continued existence has been seen in the unquestioning adage of things being done 'because they have always been done that way'. Walsh and Ford (1992, pp. ix, x, xi) deplored the absence of research and knowledge development in nursing:

> ... nursing care is failing the patient because it is institution - rather than patient - driven. [These] institutions ... are the hospitals, the medical establishments and the traditions and history of nursing. Where these institutions dominate, the result is that nursing fails the patient and fails itself. The cause of this failure, we suggest, is rooted in the traditional rituals and myths that still abound in the wards and departments of hospitals today ... such myths are a powerful force in everyday nursing ... [It is] our view that nursing should be humane, therapeutic, democratic and adventurous ... We argue in favour of innovative nursing.
>
> Ford 1992, pp. ix, x, xi

Innovative nursing would help to replace the mythology and rituals that have perpetuated unthinking nursing practice (Walsh and Ford 1992). Likewise the same could be said of midwifery in many instances, particularly in the delivery suite and postnatal area.

3.6.5 Creativity And Non-Conformity

Vernon described creativity as the latest fashion in American educational psychology in 1963. He claimed that it had emerged as a response to the conformist mentality that had pervaded society until then. The sixties were typically a time of experimentation, change and rejection of past conservatism in many countries around the world.

Vernon (1963) reviewed the studies of several researchers into creativity to broaden the perspectives of their work. In considering the work of Calvin Taylor in particular, Vernon (1963) emphasised the lack of support for superior scholastic achievement or intelligence testing, in creative compared to less creative individuals. The differences could be identified better through what Vernon termed biographical inventory data; creative persons tended to be "rather solitary, independent people, non-conformists, with strong drives and motivation for distant goals" (1963, p. 164).

Vernon (1963) commended the research of MacKinnon (1962) and his associates. In particular he noted their Myers-Briggs Type Inventory data which showed creative individuals to be more intuitive than sensing in their thinking and more often introverted than extroverted; they had very often survived unhappy childhoods and educational experiences, and seemed to thrive on rebelling against them. Vernon (1963) remained dubious about the work of Guilford (1959 cited in Vernon 1963) and his creativity tests, particularly because so much reliance seemed to have been placed on factor analysis to prove their worth rather than substantive evidence that these tests were valid assessments of creativity. Vernon (1963) also raised the question as to whether creativity was specific to a particular field of interest, or instead a general entity. The research for this thesis has considered this by involving participants from two different disciplines.

3.6.6 Creative Thinking

Ulric Neisser wrote in 1963 of the nature and circumstances of multiplicity of thought. His quest was to develop a theory of thinking as a multiple processing activity. Among the phenomena that followed on from multiplicity of thought were creativity, insightful activity and intuition. Neisser (1963) considered that people's abilities to utilise the multiplicity of their own thoughts varied widely and, correspondingly, creative and intuitive thinking depended on the use of multiple sequences of mental activity. Sequential mental processing would lend itself to predictable situations and was a product of the normal course of events of conscious activity. Multiple processing according to Neisser (1963) was a more 'autistic' type of activity in that it was very personally motivated and unconstrained by realism, hence the diversity with which people utilised multiple processing. Intuition has long been regarded as a significant feature of experienced nurses and midwives. Benner and Tanner (1987

cited in Meleis 1991, p.138) identified the use of intuition in clinical judgement by nursing experts:

> [They] demonstrated their ability to make judgements by using their intuitive expertise to recognize patterns of relationships in situations that are not readily recognizeable by others, by detecting similarities between situations through common-sense understanding, by 'knowing how' in a way that is not definable in common scientific terms, by having a 'sense of salience' (that is, recognizing priorities) and by using 'deliberative rationality' (shifting perspectives for better understanding.
>
> Benner and Tanner 1987 cited in Meleis 1991, p. 138

Up until Benner's (1984) research on intuitive knowledge in nursing, procedural knowledge dominated the thinking and actions of all nurses. No association was made however with creativity.

In 1965 Haven investigated the possible relationship between creative thinking and creative productivity using the Minnesota Tests of Creative Thinking on a group of male university students. Haven (1965) hypothesised that the ideal creative student would score highly on both creative thinking and creative productivity with a self-image as a creative person typical of the personality identified by most creativity researchers at that time. His research concluded that creativity could involve a number of independent factors such as divergent thinking, and innovation for example, but that it was not a personality dimension in the general sense as portrayed by most researchers.

Instead, Haven (1965) proposed that creativity be viewed as a behavioural set or habit pattern that was initiated by varying relevant circumstances. The creative person according to Haven (1965) was one who recognised their creative potential particularly by having been rewarded for it. The mixed implications of both self-fulfilment and external gratification make this proposition a complex one, but one that holds consequences for the research for this thesis because of the traditional absence of rewards for creativity in nursing or midwifery.

In exploring scientific originality, Mackworth (1965) considered what it was that differentiated creative individuals from others. These individuals were curious and seemingly almost obsessive about and intensely devoted to their work, as well as being impatient, tense, meticulous and opinionated (Mackworth 1965). In summarising his literature findings, Mackworth (1965, p. 63) insisted that "originality and individuality are badly needed in science - more than ever before". Mackworth

(1965, p. 64) referred to John F. Kennedy's saying that, "one man [sic] can make a difference and that every man [sic] should try". Meleis (1991) recognised the importance of curiosity in nursing as well. However she argued that curiosity and other attributes of creativity were only socially desirable for males and that presented a problem for the greater majority of nurses, who were female. Meleis's (1991) thoughts on creativity are elaborated on in the following chapter.

3.6.7 Creativity And Personality

Dellas and Gaier (1970) identified five parameters of creativity as they related to the individual; intellectual factors and cognitive factors associated with creativity, creativity as related/unrelated to intelligence, personality aspects of creativity, the creative potential, and motivational characteristics associated with creativity. These parameters were used to review creativity research involved in the study of the psychological nature of the creative person. They found that despite "differences in age, cultural background, area of operation or eminence, a particular consistent constellation of psychological traits emerges" (Dellas and Gaier 1970, p. 55).

Creative individuals were distinguished more by interests, attitudes and drives than by intellectual abilities. Dellas and Gaier (1970) suggested that future research on assessment of creative potential should address cognitive styles and personality variables and not just singular intellectual characteristics. Dellas and Gaier (1970) emphasised the need to determine what they termed the 'personological context' of creativity; this should be concerned with affect or personality variables, motivational traits and life activities, in order to expose the real nature of creativity. Among the characteristics generated by creative individuals, Dellas and Gaier (1970, pp. 69, 70) found:

> A cognitive disposition for complexity appears to be a distinguishing feature of the creative person.
> The creative person [has] the ability to produce unusual and appropriate ideas.
> Perceptual openness as a greater awareness of and receptiveness to not only the outer world but also to the inner self, is another distinctive cognitive mode attributed to the creative person.
> Independence, manifested not only in attitudes but also in social behaviour, consistently emerged as being relevant to creativity, as did dominance, introversion, openness to stimuli, and wide interests. Self-acceptance, intuitiveness, [regarded as a hallmark] and flexibility also appeared to characterise the creatives, [as well as] independence in attitudes and social behaviour.
>
> Dellas and Gaier 1970, pp. 69, 70

Dellas and Gaier (1970) were critical of previous creativity research studies, which involved mostly men and questioned the validity and relevance of the findings for women. Women had been invisible in terms of creativity by virtue of their assumed inferiority. In 1978 Ashley conducted a study of apprenticeship and paternalism in nursing in America from an historical perspective. She found that "nursing's development continued to be greatly influenced by the attitudes that women were less independent, less capable of initiative, and less creative than men, and thus needed masculine guidance" (1978, p. 76). The research for this thesis has responded to the continued neglect of creativity in women.

Further research on personality traits was conducted by Kaltsounis (1976) with undergraduate college students who were administered a section of the Torrance Tests of Creative Thinking and Khatena's Something About Myself (SAM) (1976 cited in Kaltsounis 1976) questionnaire. Kaltsounis's (1976) findings indicated that certain personality characteristics were indeed related to specific factors of creativity but were not common across factors.

Characterisation of those identified as being original demonstrated "self-confidence in matching talents against others, willingness to take risks, desire to excel, enjoyment of challenging tasks, [and] dislike for doing things in a prescribed way" (Kaltsounis 1976, p. 1080). This profile was acknowledged to be typical of the common stereotype of the creative person supported by empirical data both in that study and many others. Kaltsounis (1976) chose the SAM Questionnaire because of its strong empirical base, and it has been used again in the research for this thesis.

3.6.8 Creativity And Individuality

"The need for creative people who can work effectively together is evident everywhere. Progress makes it essential that we accept and adapt to new challenges, opportunities and complexities ... [and] a more rigorous approach to improving creativity in the workplace is important" according to Fernald (1987, pp. 312, 313). Fernald (1987) insisted that creativity should be linked to individual human values and in so doing a more rigorous and gainful approach to its study would be possible.

Creativity should be seen as a characteristic shared by all people; it was "the human capacity to change one's perception in a productive way" (Fernald 1987, p. 315). It was critical for management therefore to have a thorough understanding of how creativity actually functioned in individuals in order to effectively manage creative employees (Fernald 1987). Values and value systems should be studied because they dominated individual behaviour and significantly affected perception of the working environment; "each person brings to the workplace a unique way of looking at things, that is, a personal frame of reference" (Cruden 1980 cited in Fernald 1987, p. 322). Each individual had different potentialities in terms of creativity that needed to be recognised and understood by both the person and their managers.

Fernald (1987) stressed the importance of management coming to terms with creativity through management styles that would enhance employee creativity, provision of training to encourage workplace creativity and by giving particular consideration to habits and working conditions that may or may not initiate creativity (rigid codes of behaviour, inflexible hours and uniform dress for example). "Whatever can be done to enhance the creative process - and that includes more rigorous research into the creative process through the use of values and value systems - must be given a high priority" according to Fernald, as this approach would be more insightful than historically based approaches that were conceptually too limited or too global (1987, p. 323).

The history of regimentation in nursing in particular has meant that uniform dress, codes of behaviour and shift work have been perpetually inflexible with few exceptions, and training for workplace creativity has rarely been considered. In 1985 Infante described the historical oppression of nurses in terms of their low status, poor image, male domination, poor economic rewards, and generally inadequate educational facilities (cited in Street 1992). It is proposed that little has changed for many.

3.6.9 Creativity And Expertise

"To understand creativity, the person as a whole must be considered" according to Martindale (1989, p. 211). Creativity from Martindale's (1989, p. 211) perspective referred to the production of new ideas; a creative idea "must be original, it must be

useful or appropriate for the situation in which it occurs, and it must actually be put to some use". It was Martindale's (1989) proposition that all creative products had the same quality; they comprised old ideas or elements that were combined in new ways and this theory held for all domains of creativity. His focus though was on the creative person who had achieved this originality.

Martindale (1989) did not believe that domain-specific skills held consequence for creativity, explaining that "a necessary but not sufficient condition for creativity is that one have certain skills or knowledge relevant to the area in which one is working" (1989, p. 213). Martindale (1989, p. 214) acknowledged precursors for creativity, such as a certain set of personality traits in individuals with high levels of "self-confidence and ambition, perseverance, or interest ... [and] able to think in some unusual way". He emphasised that situational factors would hinder or foster creativity and should be considered in any analysis.

Martindale (1989) gave particular attention to relationships between creativity, age and expertise. Martindale (1989) elaborated on the curvilinear relationship that creativity could have with age (after Lehman 1953 and Simonton 1984, cited in Martindale 1989). An individual's optimal creative work occurred typically at an early age with peak of productivity occurring at varying times depending on the field. (Examples included ages 25 to 35 years for physics and mathematics, 30 to 40 years for psychology and the social sciences, and 40 to 45 years for architecture and novel writing.) According to Martindale (1989) not only the best work happened at these times but also the most, as output rose abruptly to this point and then declined throughout the rest of the individual's career.

Martindale (1989, p. 221) advised that not only age per se might be a significant factor, but also "age-within-speciality" because an individual "cannot have any creative ideas until at least some of the elements relevant to a field have been learned". He went on to say that (in line with the knowledge that the best creative work came early) it was most likely that optimal creativity would occur before an individual became an expert. After becoming an expert it was less likely that creative ideas would be at their best because "being an expert means knowing which elements are important and (the potentially disastrous part) which elements are irrelevant and inappropriate" (Martindale 1989, pp. 221, 222).

Creativity according to Martindale's theory (1989) involved combining previously unrelated, old, inappropriate elements or ideas in a new and useful way; the expert may not be as likely to use or respond to inappropriate or unrelated elements and therefore was less likely to produce creative ideas. Martindale (1989) admitted to the lack of empirical evidence for his theory, but provided examples for his suggestion that to overcome possible creativity redundancy a shift of fields would renew capacity for creativity. Festinger was identified by Martindale (1989 cited in Martindale 1989) as one who, having developed important contributions to the field of social psychology, then resigned from this work completely, to commence research on visual perception. Martindale (1989) stressed the need for research in the area of age-within-speciality creativity. Several of Martindale's perspectives (1989) have been addressed in the research for this thesis, in particular novice - expert differences in creativity, age-within-speciality issues, and domain specific skills.

Education also should be considered according to Martindale (1989) following on from Simonton's (1976) finding that an inverted-U relationship existed between creativity and amount of education; the most creative people possessed only a moderate amount of education (cited in Martindale 1989). Simonton suggested further in 1984 that "time devoted to achieving scholastic excellence may be time made unavailable for acquiring the 'irrelevant' knowledge necessary for creativity" and in fact extremely creative individuals tended to dislike formal education and prefer self-education (cited in Martindale 1989, p. 222).

Martindale (1989) also acknowledged Amabile's (1983) intrinsic motivation theory for creativity, but suggested that it was important not to over generalise her findings because of the increasing impetus for fame, publicity, funding and simple survival in the work environment. It was Martindale's fundamental premise that creativity should be viewed as a "general personological trait" not an isolated cognitive skill (1989, p. 228).

Meleis (1991) explored the relationship of scholarliness and creativity in nursing. She insisted that scholarliness required creativity, and that creativity was manifested in nursing in many ways. Meleis described creativity as "the ability to link seemingly unrelated concepts and to link seemingly unrelated variables ... " (after Bronowski

1956 cited in Meleis 1991, p. 120). She added that creativity was most importantly "a leap of imagination" (1991, p. 120). Scholarliness and creativity were necessary in the processes of theorising, philosophising and researching about nursing, through critical and reflective thinking. Creative knowledge development and excellence in practice would be the outcomes (Meleis 1991).

Scholarliness and creativity were not necessarily expert or education-linked, but required commitment and collaboration according to Meleis (1991). Creativity and scholarly productivity embodied curiosity, intellectual objectivity, the ability to be engaged in decision-making, and independent judgement (Meleis 1991). Nursing needed to increase its scholarliness Meleis (1991) insisted, in order to confirm its significance with humanity, determine its own future as a discipline within the health sciences and exert influence over policy-making and political processes.

3.6.10 Creativity And Motivation

In reviewing the empirical evidence relating to creative people, Hayes (1989, p. 143) identified them as "work[ing] very hard ... more disposed to setting their own agenda and to taking independent action ... striv[ing] for originality ... [and] show[ing] more flexibility than others". Hayes (1989) found that all the variables that discriminated between creative and non-creative people were motivational. Hayes insisted that "differences in creativity have their origin in differences in motivation" (1989, p. 144).

Hayes also found evidence that pointed to goal setting as the critical element in many creative acts, and further that creative production in many fields arose after years of preparation (1989). Hayes' (1989) findings presented creativity as an achievable phenomenon, rather than a caprice. It should be noted that in terms of flexibility, Adams (cited in Hayes 1989) proposed that women as helpers, have developed this attribute well by having to deal with difficult situations where others have controlled access to resources; as a consequence women have learned to be innovative in finding alternative resources and accomplishing their goals.

3.6.11 Everyday Creativity

Richards argued that in "its broadest, most everyday sense, creative response helps us adapt to changing environments and conditions; in the extreme case it helps us survive" (cited in Runco and Albert 1996, p. 69). Creativity in this perspective was as diverse as the possibilities of life and the people within them. The tasks were not of importance it was how the task was done that mattered. Here the creative person made a difference, not as an exception but as a simple reality of life; "Many of us have probably had our cars repaired by people representing one extreme of creativity or the other" (Richards cited in Runco and Albert 1996, p. 70).

The aesthetics of life have much to offer creativity in individuals, from the beauty of nature to the everyday realities. They can be restrictive or liberating depending on how they are perceived. Richards warned that "aesthetics may, in fact, carry some ultimate messages of survival" (cited in Runco and Albert 1996, p. 82). In day-to-day living the ordinary can be a focus or the acknowledged challenges of existing can be the impetus for creative responses (Richards cited in Runco and Albert 1996, p. 82):

> We are each attending to different things, the adult and the child. And for totally different reasons. At times, the child may be seeing much further than we do. If there is pathology this time, perhaps it is our own. Through a focus on conscious cognition, mindfulness, and our own 'conscious evolution', we can now attend to expanding our own limits of normality.
>
> Richards cited in Runco and Albert 1996, p. 82

Adults have to rid themselves of fears and threats from the unusual, the unfamiliar and the out of the ordinary to come to know everyday creativity and make the most of it in life (Richards cited in Runco and Albert 1996). With the rethinking of traditional stereotypes as well, there is much to gain for all adults (Richards cited in Runco and Albert 1996, p. 82):

> Here indeed is a message for us as a culture. Many in our society consider science a central intellectual pursuit, and the arts a more expressive, emotional - and often separate and optional - endeavour. It is not so. There are many ways to learn. And so much to wake up and see.
>
> Richards cited in Runco and Albert 1996, p. 82

Richards (cited in Runco and Albert, 1996) presents an uplifting and optimistic yet 'normal' critique of creativity that is highly appropriate for the research for this thesis and its participants.

3.7 Creativity And Psychological Theories

Creativity has also been considered from the perspective of theories of psychological thought, in particular, psychoanalytic theory, humanistic theory and behaviourism. Woodman (1981) provided a useful review of each of these in terms of their approach to incorporating creativity. "For Freud, all cultural achievement, including creativity, occurs through the process of sublimation" with the implication that creativity and the unconscious were closely related (Woodman 1981, p. 44). Creativity from a Freudian perspective would arise from conflict within the unconscious, with creative behaviour seen as "a continuation and substitute for the play of childhood" (Woodman 1981, p. 46). Gilchrist (1972) instead interpreted the psychoanalytic view of creative functioning as emphasising the importance of openness to inner psychic processes, and being able to regress to more primitive forms of thinking.

For Jung (cited in Woodman 1981) there were two kinds of creativity, one a psychological type involved with materials drawn from the realm of human consciousness and experience, and the other a visionary kind which originated from the unconscious. Jung insisted as far back as 1933 (cited in Woodman 1981) that he doubted that science could ever completely explain creativity; "the creative act is the absolute antithesis of mere reaction, [and] will forever elude the human understanding" (Jung cited in Woodman 1981, p. 48).

Rank saw creativity as a construct essential to the understanding of healthy human behaviour; the "creative impulse then may be considered the pressure or desire to be an individual in the service of the individual will" (Rank cited in Woodman 1981, p. 48). Rank's notion of creativity as representing ideal human functioning and mental health development was a mixture of both the psychoanalytic and the humanistic perspectives of psychology theory.

Alfred Adler believed that "the individual possesses a creative power to shape his or her own life" (cited in Woodman 1981, p. 51). Individuals were essentially teleological according to Adler and creativity and uniqueness were fundamental to life itself; "the creative self gives meaning to life; it creates the goal as well as the means to the

goal. The creative self is the active principle of human life" (cited in Woodman 1981, p. 51).

For Maslow, (cited in Woodman 1981) creativity simply arose from striving to achieve self-actualisation. More so, the "capacity for creativity is fundamental to all human beings. Creativity exists as a potentiality present in all persons at birth" (Maslow cited in Woodman 1981, p. 53). Gilchrist (1972) also explored the writings of Fromm, May, Maslow, and Rogers among others, stating that creativity existed in everyone as part of the life force of nature. Self-actualisation was a manifestation of this life force with the potential for creative achievement universally inherent, even if it only consisted of "insights and formulations, which are new to the person himself [sic]" (Gilchrist 1972, p. 43).

Woodman (1981) criticised behavioural psychology for not recognising creativity particularly because of its premise that individuals were reactive rather than creative. The dilemma for Woodman (1981) was that none of the theories actually provided any consensus in explanation of creativity. They have been included here to indicate the continued difficulty of trying to homogenise or universalise creativity; the diversity of approaches present such varied interpretations that one could argue that the essence of creativity is its individualism expressed through the existence of each individual.

In 1965 Mackler and Shontz carried out an extensive review of the major theoretical formulations of creativity (psychoanalytic, associationistic, Gestalt, existential, interpersonal and trait) as well as the research into and assessment of creativity (in particular the work of Guilford, Torrance, and Getzels and Jackson). They concluded most astutely, that "no theory, narrow or broad, adequately describes the process of creativity" and that "creativity is a confusing theoretical and research arena" (p. 236).

3.8 Alternative Approaches To Creativity

Many writers and theorists have taken an approach to creativity that allowed them to combine multiple and/or related criteria rather than limit themselves to one of the previous approaches. Others preferred to view creativity as encompassing all four approaches together.

For writers using alternative approaches, creativity varied from being seen as mysterious, mystical, natural, teachable, and developmental among others. The literature reviewed spans the period of 1963 to 1995 and reflects the changing social and personal contexts over this time. Gollan proposed the need for a developmental understanding of creativity in 1963, with Alpaugh and Birren suggesting a life-span approach in 1977. Hitt and Stock (1965) chose to look at psychological characteristics in male only groups. Taylor (1976) viewed creativity as a natural human quality, as did Torrance and Hall (1980), Young (1985), Feldman (1989) and Torrance (1989) to varying extents. Rump (1982) did consider sex differences in creativity and later (1988 with others) looked at educating for creativity.

Other writers pursued quite different aspects although they still indicated commonalities in thinking in some areas. Isaksen, Stein, Hills and Gryskiewicz (1984) proposed a research matrix for creativity. McCrae (1987) looked to the link with intelligence and confirmed the importance of openness to experience. Sagi and Vitanyi (1987) endeavoured to prove a general theory of creativity that placed it in some type or form in all normal, healthy humans. Rose (1988) emphasised incubation and fulfilment as the foundations for creativity.

Woodman and Schoenfeldt (1989) presented an interactionist model of creativity. From a very different perspective, Barzun (1989) looked upon creativity as a condemnation of modern life, while Gallo (1989) explored the impact of empathy on creativity. Csikszentmihalyi (1990) believed creativity to be a causal chain, and Sternberg and Lubart (1991) explained creativity using the metaphor of financial investment. Bukala (1991) saw creativity as part of the mystery of human consciousness, while Von Oech (1990) and de Bono (1993) linked it to lateral thinking.

These writers and researchers do not represent every possible perspective on creativity. Rather they show yet again the variety of possibilities that may provide more information about or simply present more questions for, understanding the creative person.

3.8.1 Creativity As Natural

In 1963 Gollan reviewed the literature to that point regarding creativity as involving four aspects, namely, products, process, measurement, and personality. He expressed his concern at the lack of organisation and integration within the study of creativity. In a critical overview of the historical research Gollan (1963, p. 559) defined creativity as a "normally distributed trait ... a process culminating in a new thought or insight ... [and] a style of life, the personality in action". Gollan (1963) advised against viewing creativity as a product only, as this he claimed was too limiting. He suggested that what was needed was a developmental understanding of creativity, as well as correlational analyses. Gollan (1963) did not believe that factor analysis would of itself enrich understanding of creative phenomena.

It was the thesis of Taylor (1975; 1976) that creativity sprang from a natural human quality. Taylor (1976) also carried out an extensive review of the literature relating to origins of creativity. Reaction sources (some of the origins as he termed them) placed creativity outside of the control and/or responsibility of the individual making it a rather alien experience. These sources included vitalism, nativism, romanticism, culture, serendipity and the unconscious. Interaction sources involving empirical, personal and interpersonal origins alluded to complex person-environment processes (Taylor 1976). It was Taylor's own (1976) contention that creativity's origins were in transaction sources; individuals possessed both the control and the responsibility for creativity through their internal loci of control and their biological and experiential make-up. The roots of Taylor's "creative transactualization" (which he insisted was inherently natural) were in personal transaction and environmental stimulation (1976, p. 318).

Taylor's (1976) theory for creativity's origins made it quite plausible for individuals to discover their creative potential and then develop it through the process of self-actualisation as part of their motivation to achieve their personal best. This, it

could be argued was a fundamental motive of all individuals from the perspective of humanistic psychology.

3.8.2 Creativity As Special

Hitt and Stock (1965) conducted research using scientists and engineers to investigate the relationship between psychological characteristics and creative behaviour. They concluded a two-factor (originality and logical reasoning) theory of creativity based on participants who were mostly highly sociable and of above average intelligence. Their study could be said to be representative of many studies at that time, with all male subjects who were usually involved in the sciences or were artists. Women were not thought to be creative, nor were they normally employed in such positions. The overall issue was that women did not possess the capacity to be special in terms of creativity. In 1981 Cole expressed concerns about women's continued inability to gain citizenship in the scientific community: "until recently women were considered unfit for scientific work - and certainly for creative scientific work" (pp. 385 - 386). The extent of Cole's (1981) claim is surprising given the time in which it was made, however the overall 'ownership' of creativity still remained firmly in the hands of men.

3.8.3 Creativity Across The Lifespan

Well known for their work in the area of life span development, Alpaugh and Birren (1977) studied variables affecting creative contributions across the adult life span. They utilised Guilford's (1967) components of divergent thinking (cited in Alpaugh and Birren 1977) as indices of creative contribution and regarded high intelligence as a necessary cause of creativity. They found a decline with age of both divergent thinking and preference for complexity. It was Alpaugh and Birren's (1977) belief that these age-related declines were more important than differences in intelligence when considering variations in creative abilities. The relationship of creativity as a whole with age and age-related changes across the adult life span has not been well addressed in creativity research and hence this study has included age within its design as a possible influence in creativity.

3.8.4 Creativity From Potential

Torrance and Hall (1980) explored what they termed the further reaches of creative potential to consider abilities of creativity that went beyond rational thinking. They contended that research had historically failed to recognise creativity as a higher mental process. It was the realm of the supra natural that Torrance and Hall (1980) saw as demanding greater attention. They were referring to experiences that transcended deliberate rational creative processes, such as insight, intuition and revelation. Torrance and Hall (1980) identified past experts who supported their premise including Maslow (1971 cited in Torrance and Hall 1980) with his theory of self-actualisation and peak experiences.

Among the human abilities that Torrance and Hall identified as beyond the bounds of rational thinking, and indicative of creative potential, were "empathy and [with it] superawareness of the needs of another" (1980, p. 9). They were critical of the way in which empathy had in the past been regarded from a rational perspective, and insisted it should be viewed as supra-rational behaviour. They claimed it was an ability that was independent of intellectual ability and associated with "friendliness, compassion, and happiness" (1980, p. 9). Torrance and Hall (1980) added charisma, and a strong sense of the future, as capacities that typified further reaches of creative potential.

Torrance and Hall's (1980) premise was that creativity arose from an individual's inner potential and from the impact of the environment on that potential. According to them there was no logical end to a person's creative capacity, only the limits that individuals imposed themselves. The challenge therefore was for individuals to acquire a 'new way of seeing' to find new understandings of the universe and to learn to create in even more novel ways (Torrance and Hall 1980).

Breunig (cited in Chinn and Watson 1994) referred to the tools of creativity for nurses as empathy, caring, reflection, reframing and metaphor. Breunig described her "new way of seeing" creativity beyond concrete activities, after she re-entered nursing following a long period of working as an artist (cited in Chinn and Watson 1994, p. 197):

> The big creativity, the creativity that permeates one's life, that seeps out of artists' studios and into their lives, expresses itself in creative moments, and caring moments alike. Sometimes there is a product to look at and touch; sometimes there is not. The creative product may be a new way of seeing, a new way of approaching one's life and challenges. Sometimes it is a more authentic way of living - or of dying. In a caring moment, we nurses get to participate in the creative process with our clients, and it is genuine caring that plugs us into it ... Authentic caring is what turns the nurse craftsman into the nurse artist ... It takes courage to create and it takes courage to care.
>
> Breunig cited in Chinn and Watson 1994, p. 197

Torrance moved in 1989 to take a stand on creativity as a natural process with strong human needs at its base. He believed that individuals needed to make the most of their potential for creativity and developed what became known as the Creativity Manifesto to guide individuals in every day living with creativity (1989, pp. 68 - 69):

1. Don't be afraid to 'fall in love with' something and pursue it with intensity.
2. Know, understand, take pride in, practice, develop, use, exploit and enjoy your greatest strengths.
3. Learn to free yourself from the expectations of others ...
4. Free yourself to 'play your own game' in such a way as to make good use of your gifts.
5. Find a great teacher or mentor who will help you.
6. Don't waste a lot of expensive, unproductive energy trying to be well-rounded. (Don't try to do everything; do what you can do well and what you love.)
7. Learn the skills of interdependence.

Torrance 1989, pp. 68 - 69

3.8.5 Creativity And Gender Differences

A study by Rump (1982) using male and female university students investigated relationships involving a link between divergent thinking ability and arts specialisation as compared to the sciences and conventional intelligence abilities. Gender differences were considered, as the sciences traditionally attracted males, although men were generally regarded as being better at divergent thinking and imagination than women. Rump (1982) concluded that a divergent style was associated with artistic tendencies but the cause of this was yet to be determined. It could be that creative individuals were specifically attracted to arts subjects or that creativity was nurtured by some educational programs. Any gender differences found were regarded as small and not significant. As a variable in creativity research, gender difference has been poorly addressed over time in line with historical notions of women's work and roles in society.

3.8.6 Educating For Creativity

Rump, Shepherd, MacNamara and Hutton (1988) reviewed previous studies involving the development of creative abilities through adult education programs, and then carried out their own study using adult education students in the experimental groups and university students in the control groups. Their results indicated that adults had gained in terms of creativity assessed over a variety of tests, and divergent thinking in particular had improved due to a specific training course. There seemed to be 'spin-offs' to this as some individuals indicated that they "had become more innovative in their jobs or in their personal relationships" (Rump et al 1988, p. 55). It was concluded that creativity courses did have an effective role in continuing education. The work of Gendrop (1990), to be discussed in the following chapter, examined the effects of creative problem-solving education on nurses' ability to be creative.

3.8.7 A Matrix For Creativity Research

As a response to the continuing existence of problems in the study of creativity, Isaksen, Stein, Hills and Gryskiewicz (1984) developed a preliminary matrix for the formulation of creativity research. They were concerned about varying definitions, assessment procedures and sampling selections, among others. The only clear thing to be said about definitions of creativity, according to them, was that there was a confusing and often contradictory array. The purposes of Isaksen et al's (1984) matrix were to better facilitate organisation of existing creativity research, improve planning of future projects, enable sharing of data and dialogue among researchers, and assist with evaluation of funding priorities.

The matrix focused on units of analysis (individuals, dyads or groups); the process (focus on problem formulation, ideation and incubation or combinations of process stages); and the principal context (involving theoretical bases, training methods, measurement techniques or exceptional children) of creativity research. Of note was their comment regarding principal contexts, where they advised that developing disciplines should necessarily devote greater attention to fact-finding and measurement than to theory-testing. Their advice has been considered in the research for this thesis in attempting to determine a greater understanding and

interpretation of creativity in nursing and midwifery first, leading on to theory-generation.

3.8.8 Creativity As Challenge

Young (1985) viewed creativity in terms of 'gifts' versus 'skills' (that it was a human ability not an inborn talent), newness, originality, unique expression and value. Young (1985 pp. 77, 78) stated that "creativity always goes beyond any definition of it"; it was like an "expression of ourselves ... our adventure into the unknown". Young (1985) proposed that by using their imagination people could transform what was, into something better, the old into the new, the traditional into the innovative and the outmoded into the improved, leading to new directions, new solutions and a fresh viewpoint. This was not in the realm of the supernatural but within reach of the individual based on the skills they acquired through training and practice in their field of endeavour. It was not striving to be different that did this, but striving to be yourself (Young 1985).

The difficulties of defining creativity were tackled by Young (1985, p.77) who also identified with Maslow, as many others have done in regarding creativity as actualisation of individuals' potentials: "the expression of ourselves in our becoming ... our adventure into the unknown". Young (1985, p. 79) came to see creativity as a flexible encounter with the world involving the three components of skills, newness and value, combined as "the skill of bringing about something new and valuable".

Young (1985) emphasised that it was not correct to say that some fields were creative and others were not; rather it was the individual's attitudes towards work and the achievement of results that exerted an influence. Individuals needed to have an idea of where they were heading in order to be creative in any field, although it was acknowledged that this might not always be easy. One of the characteristics that typified creative people according to Young (1985) was their ability to break away from old patterns, go beyond the rules of the day, and break into new territory and find alternatives. This he insisted was not about striving to be different, but about striving to be oneself as a unique, expressive individual.

Young's (1985) conceptualisation of creativity was grounded in the capacity of the individual to respond boldly to challenge. Appleton described the "gift of self" in the art of nursing; this involved, "being there; being-with each other in understanding; creating opportunities for fullness of being; a transcendent togetherness [and] a context of caring" (cited in Chinn and Watson 1994, p. 91). This expression of self required a move from routine to alternatives, and of seeking to do as Appleton (cited in Chinn and Watson 1994) suggested, be oneself as a unique individual within the role of nurse or midwife. This was a challenging proposition that provided useful stimulus for the research for this thesis. Appleton's (1991; 1993) research and derived theory is explored in more detail later in this thesis.

3.8.9 Creativity And Intelligence

McCrae (1987, p.1258) reviewed research investigating the relationship between intelligence and creativity and found that "creativity is strongly associated with intelligence when the full range of both variables is assessed". Using Divergent Thinking Tests, (to find a link between creativity and intelligence) McCrae (1987) compared previously derived test results (1959 - 1972) with tests conducted since 1980. McCrae (1987) found that divergent thinking was consistently found to be associated with ratings and self-reports of openness to experience. He also found that there was a modest correlation between Gough's Creativity Personality Scale (n.d. cited in McCrae 1987) and divergent thinking and openness to experience.

McCrae (1987) proposed as a consequence that creativity was particularly related to the personality domain of openness to experience. "Individuals closed to experience would have little motivation to be creative, and this might account for the repeated finding that individuals judged to be creative score high on traits in the domain of openness" (McCrae 1987, p.1259). McCrae's (1987) assertion of a relationship between intelligence and creativity was interesting in the light of the conviction of other writers who insisted that they were distinct entities.

3.8.10 Creativity As Universal

The research of Sagi and Vitanyi (1987) established that there was a general form of creativity universal to all normal, healthy human beings. They referred to it as a natural human endowment. Sagi and Vitanyi (1987, p. 58) emphasised that the protection and nurturance of this creativity would "go a long way toward creating healthier and better balanced societies". Modern society they said (1987) had suppressed individuals' creativity by promoting a robotic type environment for people.

Creativity in music was used by Sagi and Vitanyi (1987) to show that even 'ordinary people' (as they called them) had the capacity for musical generativity. Participants were involved in experimental tasks that would reveal their musical abilities, varying from singing words to completing missing texts, through improvisation on the piano to actual construction of harmonies. Sagi and Vitanyi (1987) insisted that the musical creativity they found in their average participants could be generalised to other creative faculties in these people.

3.8.11 Creativity As Illumination

Rose (1988) used quantum physics theory and vedic science theory to develop a model of the creative process based on Wallas's 1926 description (cited in Rose 1988). Rose's (1988, p.140) holistic model enabled integration of "the rational and supra-rational mental functions with all the other variables that influence creativity" leading to a unified field of consciousness where incubation occurred. Rose (1988) saw incubation (the coming together of the creative thinker, the creative process and the creative idea) as the foundation of creativity. Illumination arose out of the differentiation of the unified field according to Rose (1988).

The impact of the physiology of the creative individual was considered by Rose (1988, p.147) who described it as "the vehicle through which personality and consciousness are expressed". If the individual's physiology was not in good working order it would not predispose them to creativity. Rose (1988, p. 148) took a strong stand on the impact of personality on creativity stressing that it was the "nature of the personality that differentiates and determines the type of creative thinking processes an individual will choose". In addition Rose (1988, p. 148) emphasised that

personality "will also determine how the individual expresses and evaluates creative ideas". It was only through this expression and evaluation of creative ideas that new knowledge was achieved (Rose 1988).

Rose (1988) linked fulfilment to the creative process and stated that it would arise out of an individual's transcending, experienced when engaged in effective creative thinking. Rose's (1988) own illumination came from the Maharishi movement and the writings of Jung in particular. Her model is complex and inclusive but never the less it places creativity within each individual's capacity (and physiology) varied by their personality and leading them to greater self-satisfaction.

3.8.12 An Interactionist Model Of Creativity

Woodman and Schoenfeldt (1989) carried out an extensive review of the literature to posit an interactionist model of creativity, which combined elements of personality differences, cognitive ability differences, and social psychology. Their review took them from the work of Roe (1953 cited in Woodman and Schoenfeldt 1989) who looked at the characteristics of creative scientists through to Richardson (1986 cited in Woodman and Schoenfeldt 1989) who investigated sex differences in creativity in Jamaican adolescents among others. They included also the work of Galton (author of *Hereditary genius* in 1869) often regarded as the initiator of the study of creativity, and Cox's (1926) infamous study of three hundred geniuses (both cited in Woodman and Schoenfeldt 1989).

Woodman and Schoenfeldt (1989) determined a set of core characteristics from the literature that typified the creative individual; high energy, independence of judgement, autonomy, intuition, self-confidence, high valuing of aesthetic qualities in experience, and a firm sense of oneself as creative (1989). Important traits identified as influencing creativity included locus of control and self-esteem (Woodman and Schoenfeldt 1989).

What was known about creativity was far overshadowed by what was believed, assumed and postulated, and unfortunately by increasing inconclusiveness according to Woodman and Schoenfeldt (1989). Their (1989, p. 87) model for creativity suggested that:

> Intellect is regarded as a threshold characteristic, a necessary but not sufficient condition for creativity.
> Creative individuals tend to approach problems with greater amounts of intensity, reflection, and persistence than their colleagues of equal intelligence.
> Noncognitive factors, such as intensity, persistence, and interest, play a role in creativity ... [and] contextual and social factors can facilitate or retard creativity.
>
> Woodman and Schoenfeldt 1989, p. 87

This model places creativity within a broad but seemingly realistic spectrum of possibilities for all individuals.

3.8.13 Creativity As Paradox

The first paradox of creativity according to Barzun (1989) lay in the notion of creation. Creation implied the production of something from nothing, even though people know by common sense that nothing could be produced from nothing. Despite this Christians believed that creation came from nothing, the "idea of creation ex nihilo" (Barzun 1989, p. 337).

Barzun (1989, p. 338) almost scathingly criticises modern society for its abuse and misuse of the word, creativity

> The magic of the word creative, is so broad that no distinct meaning need be attached to it; it fits all situations, pointing to nothing in particular. Its sway extends over all of art and science, naturally, and it takes us beyond these to the basic conditions of modern society, to education, to our view of the human mind and what we conceive to be the goal of life itself.
> Creativity has become what divine grace and salvation were to former times. It is incessantly invoked, praised, urged, demanded, hoped for, declared achieved, or found lacking.
>
> Barzun 1989, p. 338

As a consequence, creation and creativity have become a release from compulsion and regimentation; being hemmed in by jobs and the world itself has led people to crave what they identify to be creativity:

> The word is a condemnation of modern life, especially of modern work, organised as it is in vast networks, themselves part of still larger systems. Rigid interdependence has long been cited as the cause of alienation on the factory assembly line; the same controls now hobble the mental worker, whose education and self-esteem make him [sic] resent a faceless coercion, worse than an arbitrary boss. Create, then, means to do one's own thing, to perform by choosing means and opportunity at will ...
> To sum up, the cult of creativity springs from the hatred of abstractness, dependence, repetition, and incompletion at work.
>
> Barzun 1989, p. 338

Barzun (1989) was also critical of the dissection of creativity by psychologists into a

creative process. It was he claimed "characteristic of a technological age to imagine that creation is a series of steps that can be discovered and analysed, like digestion or photosynthesis" (Barzun 1989, p. 347).

The emphasis of Barzun's (1989, p. 351) writing was on restoration of creativity to genuine achievement, because he insisted, "creative power is a phoenix". In spite of his vigorous argument Barzun (1989, p. 351) ended with his definition of creativity as "making something new and making it out of little or nothing"! The paradox has not been resolved, and indeed Barzun (1989) could be accused of capitulation despite being adamant about the ruination of creativity.

Barzun's (1989) critique of the mental malaise of work was not unreasonable and presents useful considerations for nursing and midwifery given their histories. However he failed to present a solution despite refuting the possibilities of creativity.

3.8.14 Creativity And Empathy

Gallo (1989) wrote in a thought-provoking manner on her perception of the relationship between thought and feeling, and between reason, imagination and empathy. Gallo's premise was that "empathy fosters critical and creative thinking and that its enhancement should be adopted as an important educational goal" (1989, p. 99). Gallo (1989) utilised Carl Rogers' (1975 cited in Gallo 1989) work to define empathy, and emphasised the need to broaden the emotional response not intensify it.

Empathy could have a positive effect on reasoning, or critical thinking Gallo (1989) believed. An effective reasoner had a critical epistemology, cognitive flexibility, a desire to understand deeply, curiosity, modest scepticism, and an independent approach to judgement (Gallo 1989). This was all entrenched in self-esteem, courage and self-trust and would be enhanced by the capacity for empathy (Gallo 1989).

Gallo (1989) explored the relationship between empathy and imaginative production, or creative thinking, indicating that "the creative individual possesses unusual perceptual and personal openness, and a marked capacity for empathic identification with the other" (1989 pp. 108, 109). The creative individual was grounded in self-trust

with personally determined values and independence, and the capacity for non-judgemental responsiveness (Gallo 1989).

Using reviews of research, Gallo (1989) provided a portrait of the creative individual as sensitive, tolerant of ambiguity, flexible in ego-control, spontaneous, and possessing perceptual openness, curiosity and an inquiring mind. Gallo (1989) asserted that the attributes of empathy correlated with the attributes of creative individuals. Task motivation and a greater tolerance for disorder and complexity further reinforced their similarity. Empathy, Gallo (1989, p. 114) insisted:

> ... fosters imagination by providing opportunities for immersive, holistic, spontaneous, and novel responses to problems that are engaging and complex ... it exercises and nurtures intrinsic motivation for tasks requiring imagination, a tolerance for complexity and ambiguity, as well as self-esteem and courage.
>
> Gallo 1989, p. 114

Appleton (cited in Chinn and Watson 1994, p. 101) described the power of empathy for nurses working together with patients in a co-creative way:

> In empathy, nurses acknowledge the meaning of the experience for patients. Empathy constitutes skill in nursing and enlarges the bond between nurse and patient. The ability to sense and feel what the patient experiences enhances intimacy, and the nurse intuitively comes to know the patient and what matters more deeply ... intuition entails knowing something 'unexplainable' yet present to the nurse. 'Having another sense' about the rightness of an experience for the patient speaks of the importance both empathy and intuition hold ...
>
> Appleton cited in Chinn and Watson 1994, p. 101

Flint (1986) described the intensity of empathy and identification experienced by midwives in working with and being close to women:

> To be a midwife is to be with women ... sharing their travail and their suffering, their joys and their delights. To be a midwife is to engage in a close and intimate relationship which often lasts only as long as the pregnancy, birth and puerperium but the effect of which travels down through the centuries in the image women have of themselves and their abilities and worth.
> Midwives and women are intertwined, whatever affects women affects midwives and vice versa - we are interrelated and interwoven. When midwives are strong, women can labour safely and without interference. When midwives are weak, women's bodies are taken over and the birth process is interfered with, often to the detriment of women.
>
> Flint 1986, p. viii

Both of these descriptions illustrate strongly the immersive and holistic responses Gallo (1989) saw in empathy and their contributions to creativity.

3.8.15 The Reality Of Creativity

Feldman (1989) took a bold stand on creativity. He challenged the problems of definition and conceptualisation of creativity: "to account for human creativity, then, it is not necessary to assume that something comes from nothing ... genuine, qualitative novel thoughts and ideas do occur [as part of the] critical and unique quality of human experience" (pp. 294, 295). Creativity comprised "transformations", which occurred as a consequence of the natural tendency of the mind to take liberties with what is real (Feldman 1989, p.288). It also comprised the conscious desire on behalf of the individual to make a positive change in something real, and this could be modest and mundane not necessarily grandiose (Feldman 1989). Finally creativity comprised "the crafted world" as it continued to develop, providing inspiration to individuals for further changes or new ideas (Feldman 1989, p. 288).

Feldman saw the "transformational imperative ... the universal tendency to produce new things" as the evidence of individuals' creativity (1989, p. 289). The experience of humans' development over history confirmed for Feldman (1989) the obviousness of their creativity. It was implicit within the human capacity for thinking, reading, writing, counting, speaking, calculating and the like (Feldman 1989, p. 295):

> ... when one looks around at the results of humanity's efforts to transform the world, it is stunning to reflect on how much of our reality consists of a continuously emerging set of humanly crafted new things. Anyone who argues against development in the sense of true constructed novelty must ignore these manifest fruits of human labour and expression to an amazing degree.
>
> Feldman 1989, p. 295

Development as Feldman (1989) referred to it could be at universal, cultural, discipline-based, idiosyncratic or unique levels for any individual. Insight and use of existing knowledge enabled the individual to create change, in addition to their own ongoing development within a constantly changing world (Feldman 1989).

3.8.16 Creativity As A Causal Chain

Csikszentmihalyi (1990) provided a review from his perspective of the previous twenty-five years' progress in creativity research. He was adamant that a "systemic perspective" must be taken into account when studying creativity: "it is not possible to even think about creativity, let alone measure it, without taking into account the

parameters of the cultural symbol system ... in which the creative activity takes place, and the social roles and norms ... that regulate the given creative activity" (Csikszentmihalyi 1990, p. 190).

Csikszentmihalyi (1990, p. 191) asserted that an explanation of the phenomenon of creativity rested very much on three characteristics of the individual: "personality and value system, ability to discover and formulate new problems, and the intensity of interest and motivation in the chosen domain". Personal characteristics such as sensitivity, self-sufficiency, disinterest in social acceptance and being open to experiences and impulses, were indicative of creative persons, and an orientation to discovery and novelty indicated a thought process specific to creativity (Csikszentmihalyi 1990). The essential ingredient according to Csikszentmihalyi (1990, p. 196), was intrinsic motivation, defined as "the ability to derive rewards from the activity itself rather than from external incentives like power, money or fame". Single-minded immersion in the domain and sustained involvement with problem solving were necessary for achieving a creative outcome (Csikszentmihalyi 1990).

Csikszentmihalyi (1990) concluded by referring to creativity as a causal chain. This was not simply a linear relationship, but an intimately connected system involving the individual, cultural transmission (the domain) and social system (the field). Creativity he stated was "not something that takes place inside the head of a person but it is the product of a far larger and more mysterious process" (1990, p. 208). The consistent themes of intrinsic motivation, immersion in practice, openness to experience and sensitivity in particular, were confirmed by Csikszentmihalyi (1990).

3.8.17 Investment Theory Of Creativity

Sternberg and Lubart (1991) described creativity using the metaphor of financial investment, in their attempt to provide a cohesive understanding of the foundations of creativity. Their Investment Theory of Creativity was derived from the parallels they drew between creative endeavour and financial investment. It focused on creative performance defined by them as "creativity that is manifested in an overt form" (Sternberg and Lubart 1991, p. 3).

Using combinations of previous research findings and theories, Sternberg and Lubart (1991, p. 4) proposed that creativity comprised six basic resources: "processes of intelligence and the mental representation upon which they act, knowledge, intellectual styles, personality, motivation, and environmental context". Creativity occurred as a combination of these resources, and their interactions, across varying domains. By processes of intelligence they meant meta-components, performance components and knowledge-acquisition components. Creativity was the "application of these processing components to relatively novel kinds of tasks or situations", or it could be the "application of these components to a familiar task or situation in a novel way in order to adapt to, select, or ... shape the environment" (Sternberg and Lubart 1991, p. 6).

Knowledge was essential for creativity according to Sternberg and Lubart (1991), as one had to know something about a particular area in order to be creative within it. Prerequisite knowledge was valuable but so was "the ability to free oneself of the confines of that knowledge" (Sternberg and Lubart 1991, p. 9). They made some very pertinent comments regarding expert/novice differences in knowledge; whilst experts had the advantage of automaticity as a consequence of their learning, and should be free to direct their spare processing resources to innovation, they could suffer the consequences of increased standardisation with inflexibility. "Experts essentially can become mindless by applying standard solutions to tasks ... and they may have trouble seeing problems in a different way and become victims of set effects" (Sternberg and Lubart 1991, p. 10). Sternberg and Lubart (1991) warned that experts should attempt to find ways in their careers to counteract the effects of entrenchment. This was further support for the research for this thesis's intention to consider any possible differences in creativity across the novice-expert domains.

In terms of intellectual style, Sternberg and Lubart (1991) identified the creative person as one who liked to set their own rules, procedures or ideas. Intellectual style was the way abilities were utilised, and for the creative person, involved having an internal locus of control. Sternberg and Lubart (1991) identified the creative person as being tolerant of ambiguity, willing to surmount obstacles and persevere, open to new experiences, willing to take risks, and individual (proud of being unique and distinctive). The crucial factor for creativity was task-focused motivation according to Sternberg and Lubart (1991), where the task was the vehicle for achieving goals

(intrinsic motivators). The environmental context could provide impetus for creativity in a setting that nurtured creative ideas and regarded them highly.

Sternberg and Lubart's (1991) metaphor provided a vivid albeit complex explanation of the importance of creativity for society and of the need for individuals to recognise and take advantage of creativity to invest themselves more effectively and meaningfully in their endeavours.

3.8.18 Creativity As The Mystery Of Human Consciousness

Consciousness was a basic characteristic of humans, of which creativity was an enmeshed part (Bukala 1991). Consciousness was an ever-changing central point within a human's complex being, unique and irreplaceable (Bukala 1991). Creativity arose from individuals by virtue of their creation by God. It was according to Bukala (1991) a form of development, part of their inner life.

Most self-creation was not recognised by individuals as they went about their lives and work, responding, attending, adjusting, "fashioning and refashioning" (Bukala 1991, p. 25). At the same time they could consciously self-create to similarly achieve and be fulfilled (Bukala 1991). This represented a dialectic in the consciousness and was part of the individual's coming to know themselves. Creating was a part of expressing one's being, and the impetus was from within to do so (Bukala 1991).

3.8.19 Creativity And Lateral Thinking

Von Oech argued that individuals were all "creatures of habit" and that routines were indispensable for them (1990, p.10). He insisted this was because individuals were victims of their education having been taught to think that the best ideas were always someone else's. Von Oech asserted that the "mental locks" individuals subsequently acquired were hazardous to their thinking (1990, p. 10). These mental locks comprised:

1. The Right Answer.
2. That's Not Logical.
3. Follow The Rules.
4. Be Practical.
5. Play Is Frivolous.
6. That's Not My Area.

7. Avoid Ambiguity.
8. Don't Be Foolish.
9. To Err Is Wrong.
10. I'm Not Creative.

Von Oech 1990, p. 10

Individuals needed to move beyond these mental locks and think laterally and creatively to gain new perspectives and be creative. Von Oech (1990) asserted that knowledge was necessary for creativity but cautioned that alone it was not enough, rather it was what was done with that knowledge that mattered: "Creative thinking requires an attitude that allows you to search for ideas and manipulate your knowledge and experience" (Von Oech 1990, p. 6). Von Oech (1990, p.6) insisted that "by adopting a creative outlook you open yourself up both to new possibilities and to change".

de Bono (1993) was the originator of the term 'lateral thinking' and has gained acclaim for his continued writing in this area. In 1993 he wrote *Serious Creativity* because of concerns about the poor quality of teaching in this area and as a response to the devaluing of creative thinking. Creativity, which he defined as "bringing into being something that was not there before", was a messy and confusing subject (de Bono 1993, p. 3). de Bono (1993) stressed that the mystery of creativity should be abandoned. The logic of creativity should be explored instead through focus and intention, to value change, defined as the "something that was not there before" component of creativity (de Bono 1993).

Creativity required a central place in society not reserved for artists or the exceptionally intelligent, but for everyone to gain some benefit from (de Bono 1993). The solution was to teach people how to think creatively and to utilise this in their normal daily affairs. de Bono (1993) acknowledged that to be creative one had to be free of constraints, free of tradition, and free of history. This was usually more idealistic than practical and therefore teaching people about creative thinking would enable them to find better ways of doing things. The impact of history on the efficacy of creativity is highly relevant to the historical contexts of nursing and midwifery.

de Bono (1993) identified the sources of creativity that people should exploit in order to think creatively; innocence, was the classic creativity of childhood and most adults were unable or unwilling to find that freshness and originality in rigid work structures

that dismissed innocence as ignorance; motivation, meant being curious, looking for more alternatives when everyone else was satisfied with the obvious, trying new things out and the willingness to stop and look at things that no-one else bothered to look at; lateral thinking, meant moving beyond the boundaries of past experience and 'reasonableness' which would enable individuals to develop the skills of provocation and become 'moved' to think beyond routine and expectation; and release, from fears and inhibition, and from custom and tradition. Creativity was essential for unlocking the potential of people to gain insight and new perceptions (de Bono 1993). These propositions are pertinent to nursing and midwifery.

Cooke and Bewley (cited in Page 1995) stressed the importance of differences in thinking in midwifery practice. They identified creative thinking, critical thinking and lateral thinking as necessary in "a system which has traditionally valued rational thought and an unquestioning following of instructions" (1995, p. 35). Incorporating these thinking skills in midwifery practice would enable midwives to free themselves from prejudices and uncritically assimilated ideologies; more so to "accept multiple realities instead of searching for the definitive reality" (Cooke and Bewley cited in Page 1995, p. 35).

3.9 Creativity And Women

The whole picture of women and creativity in the literature reviewed could at best be described as unfortunate, at worst highly discriminatory. Helson (1978; 1990) who studied women and creativity over some thirty years, recognised this deficit at the beginning of her work and continues to strive for equity in the recognition and ownership of creativity between men and women. Other writers and researchers who have contributed to the advancement of women and creativity include: Bachtold (1976) who investigated women's personality differences in creativity; Saunders (1987) presented feminist perspectives of creativity; Hollenberg (1991) examined the writing of Hilda Doolittle (1886 - 1961) who used the metaphor of childbirth to deconsecrate the maleness of creativity; Bepko and Krestan (1993) found creativity and love to be the core elements of women leading full and meaningful lives.

It is interesting to note that in two more recent works on creativity, Russ (1993 in her book *Affect & Creativity*) only gave fleeting mention to creativity and women by recognition of Helson's (1985; 1990 cited in Russ 1993) research; and the other by eminent creativity researchers Runco and Albert (1996 in their book *Creativity from Childhood Through Adulthood: The Developmental Issues*) made no mention whatsoever of women. They were presumably subsumed under the title of adult not needing specific identification.

3.9.1 Creativity As Power For Women

Creative women were supposedly rare until at least the nineteen sixties (Helson 1990). It was generally agreed that "women were not sufficiently independent, assertive, ambitious, original, or abstract-minded to be creative. They were - and should be - more interested in their families than in fame or scientific advances" (Helson 1990, p. 46). There was according to Helson (1990, p. 46), "a surprising blindness to the effects of cultural values, social roles, and sexist thinking" in creativity research.

Creativity was viewed as a subtle yet complex form of power by Helson (1990). This power paradoxically involved such feminine qualities as sensitivity and patience yet it was the supposed domain of men (Helson 1990). Power also figured in women's family and social roles to restrict their opportunities and potential as they were controlled by others; girls were controlled by their fathers and women were dependent on their husbands (Helson 1990). Where their siblings were brothers, girls' chances for creative achievement were diminished; "Right from childhood, women are less likely to be picked as special by their parents" (Runco 1980 cited in Helson 1990 p. 48). There were as Helson found in her research (1968 and 1985 cited in Helson 1990, p. 47), a number of problems to overcome if women were to be given status and recognition as creative individuals:

> For a woman to develop a concept of herself as a creative person - in opposition to cultural symbols, environmental influences, and some of her own tendencies [fear of risk and lack of confidence] - is not accomplished without problems. These problems are accentuated by the fact that femininity is closely associated with being pleasing to men, or with pregnancy and child rearing, in the years when adult identity is being formed, and the fact that women rear children in the very years when, in many fields, young men are exerting their most intense effort towards creative achievement.
>
> Helson 1968 and 1985 cited in Helson 1990, p. 47

Even though Helson (1990, p. 49) acknowledged that discrimination had been reduced, three significant problems continued to exist that hindered even ambitious women in their efforts to achieve creativity; "egalitarian intimate relationships; what to do about children; and how to avoid disadvantages in the world of work". The challenge for women was to find their "own force and entitlement" and in so doing acquire the power of creativity (Helson 1990, p. 54). This power could come about in varying ways, such as in strong matriarchal identities, through an understanding of ancient history or myth, or as she referred to it, "the creative power [that] comes through imagery associated with pregnancy and childbirth ... [but] the context has to be such that the childbearing is not in the service of patriarchy" (Helson 1990, p. 55).

"Developing the sense of creative power in a world where power is attributed to men is one major problem for women, [as is] developing scope and authenticity of personality in a world where women's activities are monitored, restricted, and devalued" (Helson 1990, p. 56). This means their creative expressions must be viewed beyond works of art or career success. Helson insisted that "the understanding of creativity in women requires attention to the social world, to individual differences in motivation and early object relations, and to changes in society and the individual over time" (1990, p. 57).

3.9.2 Personality Differences And Creativity In Women

Louise Bachtold (1976) compared eight hundred and sixty three women psychologists, scientists, artists, writers and politicians using various personality factors to determine any possible differences in them with regard to creativity. This was done as a response to the almost exclusive use of men, in male vocations, in creativity research in the past. The groups of women in Bachtold's study (1976) were clearly differentiated by mean scores on personality factors.

The personality differences identified were related to the women's task-related differences (Bachtold 1976). Among these differences Bachtold (1976, p. 74) found:

> ... psychologists [were] characterised by greater abstract reasoning ability; a preference for working alone and hardheaded intellectual approaches; and rejection of compromises.
> The women politicians however, showed more concern ... with moral issues of right and wrong ... and tended more toward cautious statements and a preference for efficient people ... the artists and writers were found to be more imaginative and

> unconventional with a strong preference for making their own decisions. The scientists emerged ... as the more serious and restrained, conventional and realistically tough-minded.
>
> Bachtold 1976, p. 74

These characteristics were not unlike those of males involved in similar previous studies investigating personality characteristics and creativity. It could be argued that the occupations placed demands on these women to perform in order to survive in environments that had traditionally supported men; or that the women felt compelled to perform to the expectations of men's roles in these occupations.

Each group of women in Bachtold's study was identified by "personality characteristics, which appear to be adaptive to their professional life styles and role expectations" (1976, p. 78). A liberal and experimental attitude characterised women who were leaders (Bachtold 1976). Bachtold (1976, p. 77) asserted that for career women, in contrast to women in general, there were shared qualities:

> [These] qualities [were found] regardless of whether the dominant forces are generated by endowment, environment, or serendipity ... [to be] essential elements for women's attainment ... [and] require behaviour that shows good mental capacity, and in opposition to traditional sex-role expectations, such traits as assertiveness and low reactivity to threat, together with an inclination to experiment with problems.
>
> Bachtold 1976, p. 77

The women in Bachtold's (1976) study were all found to be brighter, more assertive, more adventurous and less conservative than women in the general population, which may have suggested notions of their being exceptional.

Bachtold's (1976) study involved women who were a minority in their fields not the dominant group. The whole problem with women in nursing (and midwifery) despite their being the majority group in their profession, is that the image of nurses since Nightingale has been of ministering, sacrificing and altruism, in line with the traditional nurturing roles of women in society, which have been antithetical to creativity; nursing has embodied subjectivity in care-giving, dependence on others for decision-making, and expressiveness in relationships (Meleis 1991).

3.9.3 Women's Creativity As Expressed By Doolittle

The writing of Doolittle brought both creativity and gender together in the tension that epitomised her life from 1886 to 1961 (cited in Hollenberg 1991). Doolittle dared to deconsecrate the 'maleness' of creativity; she "explored the psychological and social consequences of woman's role as nurturer [and] her maternal experience inspired uniquely female images of creativity that countermanded an androcentric myth of language built upon women's subordination and silence" (cited in Hollenberg 1991, p. 5). Doolittle used childbirth as a metaphor to strike poignant images of her life experiences and link artistic creativity with procreation (cited in Hollenberg 1991).

Doolittle endeavoured to "recover childbirth as a source of power for women, to integrate creativity and procreativity in a way that privileges neither" (cited in Hollenberg 1991, p. 67). She was disturbed by the assumption that women were inherently inferior in terms of creativity and that their reproductive capacities reduced their opportunities to pursue intellectual and creative interests (cited in Hollenberg 1991). Much of Doolittle's (cited in Hollenberg 1991) writing expressed the struggles and joys of her own creative role as a woman, mother and poet. It was her strong desire to see women reclaim the intense creativity their own biology gave them and exploit their spiritual and mysterious powers (cited in Hollenberg 1991). Doolittle warned that "when women's natural power is debased by their role, the development of men is impaired, too" (cited in Hollenberg 1991, p. 67).

Doolittle's (cited in Hollenberg 1991) writing has not received attention in the midwifery literature to date despite the significance of her metaphor for creativity. The images and intent of her writing were evident though in the writing of Flint (1986, p. 69) who emphasised that "birth is remembered by the woman forever. It colours her feelings about herself, about her baby and about the rest of her family". This experience could be devastating or it could be ecstatic and miraculous, even if it was long and unpleasant; the sensitivity of the midwife and their willingness to inspire, could make childbirth a confidence-enhancing and joyous experience (Flint 1986).

3.9.4 Creativity Through Women's Worlds

In her book *Glancing Fires An Investigation into Women's Creativity* Saunders (1987) explored the meaning of creativity through the writing of twenty feminist contributors. Saunders (1987) asked each woman to explore the significance and consequence of what it was to be creative and to create; her respondents expressed themselves similarly that "one of the paradoxes of creative work is its dual role, celebratory and confrontational, [and] its location at the heart of both stillness and struggle" (1987, p. 2).

The women in Saunders' (1987) study described their personal interpretations of their creativity and the agendas under which they found themselves as feminists. For these women "deconstructing female body-images, [and] legitimising women's needs for independent space ... within or beyond the margins of male territory" among others, were the main challenges they faced in a climate they saw as increasingly hostile to women's liberation (Saunders 1987, p. 5).

The experience of motherhood arose as a source of contradiction to Saunders' (1987) contributors in their attempts to explore both immediate and long-standing meanings of creativity. They acknowledged the differences there were for women who worked and those who did not, for black and white women, for heterosexual and lesbian women, and for women of varying socioeconomic classes. The political struggle for these women and their identity showed itself as a contentious tension and Saunders (1987, p. 88) recognised their feelings of demoralisation:

> Creativity, stepping outside the bounds of convention and dependence, is dangerous - it makes you visible. You have a job, a position, however tenuous to protect ... [however] you cannot figure how personal development, the exercise of your creativeness, can have anything to do with preventing nuclear war or reversing unemployment trends - except as an ineffectual reaction, an escape.
>
> Saunders 1987, p. 88

Saunders identified the common conception of creativity as "somehow qualitatively different from 'work', both in the sense that it has to do with spontaneity and also that it is not functional but effete" (1987, p. 88). Spontaneity and control persisted as polarised issues of creativity for the women in Saunders' (1987) study. For Liz Hood (cited in Saunders 1987) there was the power of birth as a creative force, as long as women were allowed free will, not oppressed, intimidated, or crushed by the forces of those around them with their insensitivity and control. "The creativity of the [birthing]

act lies in the event of a being entering the world unmolested ... with wholeness and rightness" according to Hood (cited in Saunders 1987, p. 14).

Alix Pirani (cited in Saunders 1987, p.44) expressed the paradox that creativity presented to many women in coming to recognise their reality; "I know the more honestly I accept and express what I am, and put it into relation with what I supposed was intended for my life, the more creative I am. Thus fantasy and reality are continually being set against each other". Pirani gained a sense of personal liberation, courage and of moving beyond the confines of the maternal role by expressing her creativity through writing poetry (cited in Saunders 1987).

It was the contention of Maud Salter self-described as "a blackwoman actively engaged in cultural production" that creativity in its widest and most basic sense was about surviving, as racism, classism and sexism conspired to keep women in 'their place' (cited in Saunders 1987, pp. 147, 148). Salter stressed the notion that women constantly needed to keep in touch with themselves to retain their sense of integrity, value and creativity: "Therefore the only way forward is to forge our own place. Our centre. The need to be centred should not be under-estimated. That is our spiritual home within this body and the spring from which our creativity flows. Lose touch with your centre and you lose touch with yourself" (cited in Saunders 1987, p. 148).

Saunders' own expression of the meaning of creativity was, "sticking your neck out, saying with persistence, even when it seems fruitless or fatal, that your perceptions and demands are valid" (1987, p. 149). Salter (cited in Saunders 1987, pp. 148, 149) identified the despairing struggle of being creative as a black woman: "For our creativity to shimmer golden through the white fog of mediocrity we have first to recognise that for many of us our life will be a constant battle ... Creativity is dangerous. Being visible when you have found your voice in whatever metier can be frightening".

Saunders' (1987) evocative work exposed contexts of creativity that had previously received little if any consideration or credence. Creativity as it related to women at that time was regarded by most writers and researchers through mainly patronising attempts to address a gender mix in research groups but not to divulge women's perspectives and realities.

3.9.5 Women, Creativity And Love

In *Singing at the Top of Our Lungs*, Bepko and Krestan (1993) provided a deep and illustrative exploration of the meanings of creativity and love for the three hundred women who participated in their study. Bepko and Krestan used the work of Fromm (1956), May (1975), Torrance (1979), Amabile (1983), Bachtold (1983), Csikszentmihalyi (1990), and Runco and Albert (1990), among many others, to determine perspectives of creativity unique to women, and provide an overall picture of the richness and challenge of creativity in women (all cited in Bepko and Krestan 1993). Their quest was to discover "what women feel passionately about and how they come to embrace their own creativity" (1993, p. 8).

Bepko and Krestan (1993) perceived creativity and love to be the core elements that determined the courses of women's lives. They were keen to understand how women shaped their lives, made choices, chose careers, gained meaning out of life, achieved passion and more. Passion was identified as the word that "best suggested the power of both love and creativity ... [for] to be passionate means to be authentic, to put the energy that is uniquely one's own into the world ... [and] to be connected with the soul and spirit of the self"(1993, p. 8).

The definition of creativity chosen by Bepko and Krestan (1993, p. 8) affirmed its meaning for women (based on their research):

> ... by creativity we meant the 'act of expressing, constructing, generating something new, putting one's own stamp on one's life, creating a bridge from one's inner world to the outer world'. We make a distinction between what is creative and what is artistic - by creative we mean a type of energy and authenticity, not the forms of artistic creation that may be specific expressions of it.
>
> Bepko and Krestan 1993, p. 8

Their study revealed that most women felt that they were not good at being creative, but that they were 'good at love' and believed relationships to be more important than self-expression. The paradox was that the women showed themselves to be highly creative in the way they dealt with the conflicts of life (Bepko and Krestan 1993).

Four dominant 'patterns' emerged from the data the women provided about their lives; Lovers, Artists, Leaders, and Innovators. Each pattern typified the energy for relationship versus energy for self-expression sense, that women embraced (Bepko

and Krestan 1993). Among the questions asked and general responses received, were, what women had seen themselves to be from early ages; typically the response was teachers, nurses or helping in some way; why would the women give up a creative pursuit; very often this was due to lack of self-confidence, lack of discipline, not a priority, or not being good enough (Bepko and Krestan 1993).

Women described the unfairness of their lives and the balance that creativity could provide: "Creativity, like love, allows us to rise above the constraints of the daily and the mundane, to see beyond the tragic and the defeating energies in our lives. It allows us to transcend and to make meaning of what might otherwise seem senseless" (Bepko and Krestan 1993, p. 261). Bepko and Krestan (1993, p. 262) discovered the passion, courage, commitment and conviction these women mobilised in order to deal with this; "Passion moves within us all, and when we express that energy, when we raise our voices, sing at the top of our lungs, the world moves too".

The research of Bepko and Krestan (1993, pp. 254, 255, 256) challenged long-standing thinking and beliefs about creativity based on their findings, and demanded that creativity be regarded from a different perspective:

> Passion, love, creative expression ... these energies are the essence of our lives. It has been our premise that to live fully, meaningfully, we need to find better access to the power to create, to share our vision, to feel deeply. We need to overcome the cultural stories that imprison us, the divisions in our images of ourselves that lead us to believe falsely that we can love but we can't create ...
> The old language for creativity confined us to ideas like artistic, poetic, talented, problem-solver, insightful, driven to a goal. A new language for creativity includes words like generative, authentic, expressive, transcendent, transformational, in process, joyous, alive ... We need to know ourselves and we need to know we have creative choices ... When we are creative, our inner imperatives can move ourselves and the world to change.
>
> Bepko and Krestan 1993, pp. 254, 255, 256

The expressions of creativity as power and the constraints of cultural expectations, by the women in Bepko and Krestan's (1993) study confirm Helson's (1990) critique of creativity discussed earlier.

3.10 Summary: Diversity And Difference

The diversity of ideas and findings within the approaches presented is obvious. The range of literature reviewed has been included to: indicate the difficulty in defining creativity, identify the issues surrounding creativity, expose some of the history of research in creativity and note some of the possible consistencies within often polarised and conflicting writing and findings. Feldman (1989), Hennessy and Amabile (1989) and Torrance (1989) have been re-included at this point as apt and thought provoking in summation.

The *role of the individual in creativity* was more than that of a bystander or passive receptacle, neither specific to the genius nor the artist, regardless of the approach argued for. Feldman (1989) and many like him recognised the 'normality' of creativity. He was insistent about the polarisation of creativity as he saw it (1989, p. 292): "thinkers since Plato's time have either put the source of creativity outside the individual altogether ... or put it entirely inside the individual, having no other source of inspiration than the individual's own experience".

Feldman (1989, p. 294) and others placed creativity within the perspective of development, a "special form of development" as he referred to it, that is "at once the most individual and the most social developmental process of all". This focus is in keeping with the interest of the research for this thesis. Exploring the meanings and perceptions of creativity in nurses and midwives (as the research for this thesis has done) as a group of mostly women, involved in a professional practice domain that has only attracted scant research interest, has provided valuable information for understanding the nature of creativity at an individual level but at the same time within the reality of their personal and professional development.

The *role of situational factors in creativity* in influencing the individual, also persisted throughout writers' explanations. Hennessey and Amabile (1989) have been able to exert a noteworthy influence in this approach to creativity. They described the dynamics of the relationship between motivation and performance for the individual and their work environment in terms of creativity; "People will be most creative when they feel motivated primarily by the interest, enjoyment, satisfaction, and the challenge of the work itself - not by external pressures" (1989, p. 11). Above all they

insisted it was the "love people feel for their work [which] has a great deal to do with the creativity of their performances" (Hennessey and Amabile 1989, p. 11). Intense involvement, high intrinsic motivation, empathy, sensitivity and constraint were identified by Hennessey and Amabile (1989) and many others, as being very influential on individuals' creativity in their work. Therefore the conditions for creativity needed to be given crucial consideration if creativity was to flourish. Situational factors necessarily have been addressed in the design of the research for this thesis.

Torrance (1989) pursued his belief that creativity defied precise definition and that was how it should be. "Creativity is almost infinite" involving every sense according to Torrance (1989, p. 43). After decades of research in the area, Torrance asserted that any definition of creativity must be placed "in the realms of everyday living and not ... reserve[d] for ethereal and rarely achieved heights of creation" (1989, p. 47). Creativity was inclusive of the unique experience of living expressed through the uniqueness of each individual. Defining either uniqueness was impossible. What mattered was that creativity was recognised, valued and used to its best advantage.

Torrance (1989, p. 68) insisted that *creativity was a natural process* with strong human needs at the basis of it. He also affirmed that most of all creativity was about "being in love with what one is doing" (Torrance 1989, p. 68). Curiosity, sensing difficulties, asking questions, making guesses, testing ideas, talking about them and trying again, were all simple elements of creativity recognised by many writers; this was fed from the tension that arose out of an incompleteness, a gap, or something askew and led individuals to respond (Torrance 1989, p. 47).

Torrance's (1989) beliefs about creativity have influenced the context and intent of the research for this thesis. So that the participants could explore creativity without expectation or influence, a definition of creativity was not provided for them, it was left to their preference and expectation. The intention has been to encourage participants to reflect on and explore both personal and professional practice levels to capture as illustrative a picture as possible of their meanings of creativity, of creativity in their roles, and their creative uniquenesses as individuals.

Creativity is regarded as an inherent capacity of all individuals needing to be discovered, utilised or exploited. Therefore the most meaningful, personal definition

of creativity for this researcher came from Bepko and Krestan (1993, p. 8): "the act of expressing, constructing, generating something new, putting one's own stamp on one's life, creating a bridge from one's inner world to the outer world ... a type of energy and authenticity, not [just] forms of artistic expression". This definition acknowledged the timelessness and self-expressiveness of creativity that was unrestrictive of anyone at anytime.

No writer or researcher was able to be completely immutable about creativity. Despite their differences however, each of them in some way alluded to the context of the individual in creativity, as inexplicable as it may have been for them. There can be no denying that each moment of creativity involves an individual. The mystery of the creative personal instance or the remarkable international endeavour may never be fully uncovered because of our ultimate difference as individuals.

It is essential therefore to try to *understand* the meanings and perceptions of creativity that individuals hold; not to achieve absolute positivism, but to subsequently provide them with meaningful encouragement and support to nurture creativity as an asset for them and, ultimately, society. For some this may mean enhanced self-esteem at a personal level, for others respect for their difference not disdain or ostracism from their colleagues, and for others the opportunity to pursue their ideas to an outcome. For all there must be a sense of freedom, no matter how minimal, in expressing their being and hence their creativity, and most importantly as MacKinnon (1978) identified, having the *courage* to do so.

This writer's personal definition of creativity then most fundamentally centres on the individual in their freedom to be themselves, to be able to see beyond the possible or obvious, to imagine and hope, to be spontaneous, to seek and to achieve for themselves. What society regards as the rights and roles of children in living and play, is all too often lost as adults assume their 'rituals and roles' in living and work.

Mutual regard and respect for *creativity as an individual asset* may enable people to see past other differences that many are unable to absolve; culture, religion, gender preference, colour, age and disability in particular. Difference as equated with creativity makes each individual an original and irreplaceable being, a work of art through creation. It may also allow people to 'find themselves' beyond the constraints

of work and life, to see their lives with new or changed contexts and possibilities and so enrich and appreciate their living, not merely pass by or through it.

This review of the literature pertaining to creativity provides an extensive basis for understanding the myriad of perspectives that encompass it. More so it enables an informed foundation for now focusing on the nursing and midwifery literature relating to creativity. Chapter Four presents a review of this literature to set the research for this thesis securely into the midwifery and nursing disciplines. *The canvas has thus been sized and is ready to be set securely on the easel.*

4 SETTING THE EASEL: CREATIVITY AND RELATED THEMES FROM THE NURSING AND MIDWIFERY LITERATURE

Without creativity, we will labour in vain.
Ashley 1978, p. 27

4.1 Introduction

This chapter examines nursing's and midwifery's interests in creativity over the last forty years. The literature exposes the issues and challenges that have confronted the development of nursing and midwifery over this time. There are numerous authors who have written of their aspirations for the futures of both nursing and midwifery based on their need for creativity. Very often creativity was seen to be the panacea for the problems of nursing and midwifery by the many writers who explored it and the few researchers who have studied it.

Among the themes that emerged from the literature were creativity for scholarship and professional status, for change and overcoming tradition, for individualised care and therapeutic practice, and for strengthening research. As well, creativity was considered in terms of novel insight, the need for aesthetic perception and an appreciation for the arts in practice, and its importance in the education of nurses and midwives. The most significant and enduring theme has been of the conceptualisation of nursing as an art, which has strongly affirmed the nature, and context of the research for this thesis.

While research involving creativity has been conducted in nursing, to date no evidence has been found in the literature of research into creativity in midwifery. Areas that have been investigated in nursing include, creative thinking and problem-solving, creative problem-solving, effects of authoritarianism and routine on creativity in student nurses, assessment of originality, construction of creative projects, and perception of creativity. These studies have been conducted over the past forty

years. Overall though there has been limited research conducted on creativity despite the plethora of writing that has espoused its benefits and necessity.

4.2 Process Of The Literature Review

The literature review commences with the writings of the nineteen fifties (the earliest locatable at the time of the review) and moves through to the late nineties. The literature is not considered in terms of preconceived ideas or expectations despite reviewing it following the writing of the previous chapter. Given the diversity and overall lack of consensus in the general creativity literature the overall valuing-in-common and consensus in the nursing and midwifery literature would not have been predicted. The themes identified in the review provide the means for its organisation. The aim is to convey the variety and yet close agreement of writers and researchers, the conviction attached to their beliefs in creativity, and the optimism and vision implied by the whole idea of creativity in nursing and midwifery.

4.3 Visionary Beginnings

Forty-nine years ago Vera Fry described *The Creative Approach to Nursing*. This was based on creative care which was the "result of the nurse's emotional as well as intellectual understanding of [their] patients as individuals, [but] never as types" (1953, p. 301). Fry (1953) proposed that creative care needed, the formulation of a nursing diagnosis, design of an individualised plan, and implementation of that nursing plan based on genuine understanding of patients and their human needs. This was quite a radical yet visionary proposal for the time as nurses were typically task-centred and driven by routine.

According to Fry (1953, p. 302) only creativity could achieve individualised and professional care grounded in an approach to nursing that "has its roots in a deep and broad understanding of the emotional as well as the physical bases of human

behaviour". Fry (1953, p. 302) insisted that "creative nursing is exciting and dynamic". Creative nursing would enable nurses to cope with changes and demands in nursing and contend with the challenge of meeting individual patient needs rather than engaging in task provision (Fry 1953).

These proposals for creativity were directed towards attempts to lift nurses from their entrenchment in task-based care to individualised patient care that required active thought and undermined routinisation. Fry (1953) likened the response of nurses at that time to such a provocative change in their practice, as similar to the stress of puberty in adolescents. Change and the future were threatening unknowns. Fry (1953) presented her challenge at a time when nursing was beginning to face the struggle of finding a scientific basis for its existence. Her ideas presented notions of intellectualism and professionalism that were not commonly placed in nursing practice.

4.4 Creative Thinking Research

In 1964 Pansy Torrance reported the results of a three year study involving a curriculum change to develop creative thinking skills in nursing students. The Torrance Tests of Creative Thinking were used at the beginning and the end of the three year program of study as pre- and post-test measures. The specific tests used were the Product Improvement Test, Unusual Uses Test, Circle-objects Test, and Ask-and-guess Test involving three aspects of interpretation. The intention was to arouse students' curiosity, and assess their ability in, prediction of consequences, and problem solving. Torrance (1964) believed that curiosity was important for nursing and could lead to better nursing care. This would not have been a typical belief for the time. She also indicated that it was important for nurses to be aware of gaps in their knowledge, to seek to fill them in, and not to continue with arbitrary practice.

All mean scores across all tests were significantly higher for senior students as compared to when they were junior students. Pansy Torrance (1964) concluded that the creative thinking abilities of the students showed continuous growth rather than

impairment and that nursing education did not necessarily reduce the creativity of its students. The most creative students continued the course and the least flexible in thinking dropped out.

Pansy Torrance's research (1964) was somewhat of a landmark study for nursing in terms of creativity research. The study was noteworthy as well with her involvement in nursing education as a non-nursing instructor in interpersonal relations.

4.4.1 Curriculum Differences In Creative Thinking

One of the other possible factors influencing creativity in nursing students was the variation in levels of different nursing education programs in America (Ventura 1979). Programs were conducted at diploma, associate degree and baccalaureate levels (Ventura 1979). Demographic differences had been identified but to no apparent consequence according to Smoyak (1970 cited in Ventura 1979). Roehm confirmed that there were no differences in terms of role conflict, role behaviour or job satisfaction (1966 cited in Ventura 1979). However, directors of nursing had acknowledged differences between the three different award levels and Nelson had found that these three groups perceived their competency differently (1978 cited in Ventura 1979).

Ventura (1979) subsequently conducted an investigation to compare the creative thinking abilities of final year student nurses across the three program levels using the Torrance Tests of Creative Thinking. The Creative Thinking Abilities Test Form A, the Figural Test and the Verbal test were used. Ventura based her study on Torrance's definition of creativity (1966 cited in Ventura 1979, p. 26): that creativity was "a process of becoming sensitive to problems, deficiencies, gaps in knowledge, missing elements, disharmonies and so on ... searching for solutions ... making guesses or formulating hypotheses ... testing and retesting ... and communicating the results". However no attempt was made to investigate differences in teaching methodology or content.

Eighteen Schools of Nursing were involved in Ventura's (1979) study with three hundred and forty four students. Among the statistically significant differences Ventura (1979) found were, that diploma students scored higher on fluency and

flexibility while associate baccalaureate students scored higher on figural elaboration; diploma students scored higher on verbal fluency but baccalaureate students scored higher on verbal originality. Differences in creative thinking abilities did therefore exist between the three nursing education programs (Ventura 1979) but not to any consistent or predictable degree.

Ventura (1979) recommended, that longitudinal studies be carried out to determine creative thinking abilities over the full length of a nursing education program, that follow-up studies be made to assess changes in creative thinking abilities after graduation and that experimental curricula be evaluated to determine their influence on creative thinking abilities, among others. Ventura's (1979) research identified important considerations for the education of nurses. These were addressed by several further studies that are included in this chapter.

4.5 Creativity To Overcome Tradition

In 1969 Aichlmayr warned that the "future of nursing depends upon the quality of creative talent and the cultivation of creative thinking in our future nurse practitioners" (p. 19). Aichlmayr (1969) wrote of her concern about the loss of creative students (those who were intelligent and nonconforming) from a profession that was too traditional. With its authority directed towards convergent thinking, nursing supported only those students who were polite and docile. Creative students should be recognised by their "intelligence, originality, independence, rebelliousness, perceptiveness, intuitiveness, doctrinarism and aestheticism" and it was they who should be supported (Aichlmayr 1969, p. 21). Each of these characteristics were essential assets to nursing students and to nursing, according to Aichlmayr (1969) and their existence should be valued.

The work of Paul Torrance heavily influenced Aichlmayr's writing in particular his work on creative thinking. Aichlmayr (1969) presented an impassioned plea for the nursing profession to strive for creative adaptation and innovation to promote nursing's integrity in times of change and stress.

4.5.1 Conformity Versus Creativity

Continuing concern about rigidity and conformity provoked further studies of nursing students and creativity. Roth and Eddy (1967) found that professional nurses in a rehabilitation setting "were too authoritarian, concerned with petty routines rather than important needs of the patients, and generally interfered with the rehabilitation process by insistence on maintenance of rigid ward schedules" (cited in Eisenman 1970, p. 320). This was in spite of earlier research by Izard in 1962 where nursing students showed a "significant decrease in need for order and significant increase in need for autonomy as education increased, [suggestive] of a more creative, less authoritarian personality change" (cited in Eisenman 1970, p. 321). This increasing need for autonomy was also found by Ketterling and Stockey in their 1968 research of student nurses (cited in Eisenman 1970). It seemed that following their commencement of professional practice, nurses became routinised and inflexible. They were de-socialised out of their aspirations for autonomy and were required to conform to survive.

Eisenman subsequently carried out a longitudinal and cross-sectional study in 1970 involving assessment of originality via an Unusual Uses Test (for a brick) and the Personal Opinion Survey. Eisenman's (1970) participants showed significant decline in originality with their progression through college. There was he believed a "tendency for creativity to decline with increasing nursing education ... [with] subjects socialised into a less original orientation" (1970, p. 323). Eisenman (1970) argued for creativity to be made a higher priority in nursing schools and for hospitals to support the positive advantages of originality in nurses' therapeutic interactions with patients. There had been he suggested too much emphasis on "doing things `the right way' ... [with] a conforming or conventional focus ... inconsistent with creativity" (1970, p. 324). Eisenman's (1970) findings certainly contrasted with those of Pansy Torrance, leading one to wonder if nursing's quest for a scientific foundation had led to positivistic educational changes for student nurses that precluded an arts influence and hence diminution of creativity resulted.

4.5.2 Overcoming Ritual And Myth In Nursing

The more recent work of Walsh and Ford (1992) on rituals in nursing indicated that little might have changed since Eisenman's (1970) research. Walsh and Ford found that "mythology abounds and many aspects of nursing care are ritualistic and demonstrably of no value, if not positively harmful to patients" (1992, p. 150). Examples of such rituals included those associated with pressure area care; routine rubbing of skin with oils or 'meths', use of barrier creams or powders, and use of oxygen were deemed to be of no value and could seriously interfere with the functioning of the skin, yet they were all still being used. A cautionary note here though in that touch and massage could have some effect however intangible that may be from the person-to-person contact and/or presence. The notion of intangible effects arises again later in this thesis.

Walsh and Ford (1992) discussed the myriad of reasons for the perpetuation of rituals; the history of nursing had no research tradition prior to the 1970s, nor any sense of professional knowledge unique to nursing; nursing care was not based on fact, but on what doctors thought nurses needed to know and on the oral tradition of beliefs passed from sister to student; these beliefs involved a commitment to something 'being that way' and to fixed assumptions; the tradition of subservience in nursing meant that few nurses had skills in assertiveness and in lobbying for change. This has all been within a context of strong resistance to change and corresponding inertia.

4.5.3 Evidence-Based Practice In Midwifery

Midwifery has not been exempt from this ritualisation as Enkin, Keirse, Renfrew and Neilson (1995) demonstrated in their book, *A Guide to Effective Care in Pregnancy and Childbirth*. Many forms of care provided to women during pregnancy and childbirth continue to be routine without question, despite Enkin et al's (1995) findings that they are likely to be ineffective or harmful; for example requiring a woman to lay flat on her back for birth, routine or liberal episiotomy for birth, and limitation of suckling time for breast feeding. Breaking the mould of these ingrained practices has presented a threat to the status quo for many long-practising midwives because the

focus of their care has not been the woman. Instead it has been themselves, the institution they worked in or the medical practitioner. Their 'training' led them to this inclination so that service needs would be met and compliance with the job ensured.

4.6 Creative Problem Solving In Nursing

LaBelle (1974) described a curriculum innovation developed to encourage creative problem solving in nursing. The work of Paul Torrance was influential in this development and Pansy Torrance (his wife) was an original planner in the programme. The problem solving process involved five steps; Sensing problems and challenges, recognising the real problem, producing alternative solutions, evaluating ideas, and preparing to put ideas into practice (LaBelle 1974). As problem solving was regarded as most appropriately learned in practice, minimal classroom input was provided in favour of direct nursing application.

Limited investigation of the effectiveness of the program seemed to indicate its usefulness and the need for further studies to take into account possible variables in the teaching-learning process (LaBelle 1974). Considering the context of nursing education and practice at the time, which generally continued to focus on tasks and encouraged unquestioning compliance, the innovation was remarkable, but was not avidly pursued unfortunately.

4.6.1 Using Synectics In Creative Problem Solving

Gendrop (1989) investigated the effect of a creative problem solving strategy on the divergent thinking of professional nurses. Gendrop also examined the relationships between divergent thinking and critical thinking, age, levels of education, and years of experience in nursing (1989). In an interview with Gendrop, she explained that her study framework was grounded in the view that creativity was an egalitarian notion, and that educational strategies could enhance novel production (personal communication, January 1991). Gendrop took her doctoral study design from the research work of Gordon (originator of Synectics, mentioned in Chapter Two) who supervised her (personal communication, January 1991).

The ninety-seven participants in Gendrop's (1989) study were randomly assigned to two groups; an experimental group of 51 who received training in Synectics and a control group of 46 who did not receive any training. The Torrance Verbal Test of Creative Thinking, Gordon's Creative Problem Solving Test and the Watson-Glaser Appraisal of Critical Thinking were used as pre and post-test measures (Gendrop 1989). The majority of participants scored in the lower ranges for divergent thinking on pre-test. The experimental group showed a marked gain on all post-test measures (Gendrop 1989). These differences were all statistically significant using a MANOVA Repeated Measures Design (Gendrop 1989). Significant negative correlations were found between the divergent thinking skills of fluency, flexibility, originality and years of experience in nursing (Gendrop 1989). Gendrop (1989) concluded that use of a creative problem solving strategy promoted more fluent, flexible, original, novel and efficacious methods of thinking in professional nurses. In addition she found that creative thinking and critical thinking were associated, and that age and years of experience had a negative effect on them.

Gendrop (1989, pp. 134 - 135) recommended that:

1. Workshops and seminars in creative problem solving should be developed and offered within the continuing education framework of the nursing profession.
2. Studies should be initiated on a longitudinal basis to evaluate the effect of learning in creative problem solving on the professional nurse and nursing practice.
3. Faculty in schools of nursing should be trained to educate for creative problem solving.
4. Creative problem solving strategies should be integrated into nursing education programs.
5. An experimental curricula [sic] utilizing creative problem solving should be developed, implemented and evaluated for its ability to enhance divergent thinking skills in nursing.
6. Further studies should be done on the variables that correlate with creative thinking in nurses.
7. Further study should be accorded to the effect of learning in creative problem solving on the variables age and years of experience.
8 Nurse theorists should work to create a divergent thinking model for nursing education and practice.

Gendrop 1989, pp. 134 - 135

The research for this thesis has endeavoured to respond to Gendrop's (1989) recommendations by looking at creativity per se rather than creative problem solving. Gendrop (1989) and Pesut (1988) are the only two nurses known to investigate

creativity in nursing practice in depth, and they have provided consequential information about creativity in nurses and nursing.

Gendrop and Eisenhauer have gone onto pursue the concept of creative-critical thinking through development of a Transactional Model of Critical Thinking (1996). The purpose of this model is to address the inappropriateness of applying existing models of critical thinking to the complexity of nursing. One of the significant challenges of the nursing profession identified by Gendrop and Eisenhauer is that it is "caught between two worlds: one extremely scientific and technical, one exquisitely artistic and human" (1996, p. 331). One of their concerns centred on the nursing process:

> The dominant focus on the nursing process tends to reduce nursing to a narrow system of linear ideas and to limit nursing therapeutics to simplistic and technical situations that are amenable to empirical solution. As precision and manageability are achieved by excluding other less scientific ideas and perspectives, the practice of nursing drifts further away from the wholeness and complexity of the human condition. To the extent that the nursing process limits personal insights and limits the scope of nursing thought, the nursing process is an incomplete critical thinking framework for the practice of nursing.
>
> Gendrop and Eisenhauer 1996, p. 331

Their proposition deserves acknowledgment but their paper does not take the issue of the redundancy of the nursing process any further unfortunately. It has been a stifling legacy that will not be easily ameliorated. The premise of their model is that nursing comprises art and science; "the art element is empathic to clients and other perspectives. The scientific element is inquiring and reflective of client situations" (Gendrop and Eisenhauer 1996, p. 336). It is Gendrop and Eisenhauer's (1996) belief that the dichotomies of creative and critical thinking have been eased in their model. This model they claim has provided "an educative and novel vision of thinking based on a transactional view of the individual, personal attributes, and the environment" (Gendrop and Eisenhauer 1996, p. 329).

4.7 Enhancing Creative Expression

Reflections on the impact of personal encounters in nursing led Brainerd and LaMonica to write of the need for educators to "be stimulated to seek aesthetic

avenues that will enable learners to develop personal awareness and creative expression toward the goal of fostering more meaningful learning and more perceptive, creative responses in patient care" (1975, p. 190). Brainerd and LaMonica identified aesthetic perception to mean appreciating the quality of an object; an "aesthetic attitude provides freedom to experience personally, to `see' in new ways, and to bring previous knowledge and experiences to a situation" (1975, p. 191). This also could have been seen to be a kind of aesthetic reflection.

Brainerd and LaMonica (1975) believed that art should make a greater contribution to the development of a nursing student and hence they advocated creative expression; "the process whereby one can explore, express, communicate, and evaluate personal experience through selecting, exploring, and improvising with art, other creative media, and aesthetic elements and forms" (1975, p. 191). In a small study they conducted with nursing students, Brainerd and LaMonica (1975) found that the use of drawings by these students enhanced their understanding of, and empathy for, paralysis in cerebral vascular accident patients. Creative thinking enabled learners to improvise on practical problems rather than be daunted by routine, and to bring a new awareness to nursing care based on an aesthetic attitude and creative expression (Brainerd and LaMonica 1975).

The researcher for this thesis has utilised art in physiology sessions with undergraduate nursing students in the past, with considerable success. Students indicated surprise not only at their abilities to express themselves in this way, but also at the way in which the creativity of the experience served to free their thinking and ideas, and enable less fearful and more enjoyable learning of physiology. In particular the stereotypical dread of the facts and detail of learning physiology was easily removed and students were readily able to acquire a working knowledge of it.

4.7.1 Teaching Creative Expression

"Creative expression is one of the most exciting dimensions of the human experience" according to Manfredi and DeRestie (1981, p. 176). They believed that a course in creative expression could motivate nursing students to realise their creative potential and subsequently influence the future of nursing practice. It was their premise that creativity was an active process and that all individuals possessed the

potential to be creative. They applauded Nash's (1966 cited in Manfredi and DeRestie 1981, p. 177) regard for creativity as a capacity able to be demonstrated in many ways; such as " the manner in which one cares for an elderly citizen, the way one raises one's children, how one interacts with another human being, or even how one bakes a loaf of bread".

Manfredi and DeRestie (1981) used a dialogue based experiment to explore creativity in Baccalaureate nursing students using Nash's typology of creativity (preparation, incubation, inspiration and revision). Students were required to complete an individual creative project (ungraded) for a semester. Students used reflective logs to document their ongoing feelings and experiences about the project. This commenced with a one-to-one dialogue with the researchers, about creativity, the nature of the creative process and the value of creativity in nursing. Students produced poetry, photography, paintings and writing, and expressed "genuine pride in their accomplishments and a sense of awe in their ability to produce such creations, since many of them had been unaware of this untapped potential within themselves. For the first time they had created something that truly reflected a part of themselves" (Manfredi and DeRestie 1981, p. 181).

Manfredi and DeRestie (1981, p. 182) also provided critical questions for the conduct of further research in creativity and insisted that the answers must be 'yes' to all of them:

> Is there a real need to encourage creative expression in nurses? ...
> Do our nurses need to be open and self-aware?
> Will it help their professional practice if they are more receptive to experiences within and around themselves - more sensitive to their own feelings and to those of others as well?
> Do nurses need to be driven by a desire to discover the unknown?
> Should they aspire to additional knowledge about the world around them and the interactions between themselves and those they encounter each day?
> Finally, do our nurses need to be able to generate their own alternatives?
>
> Manfredi and DeRestie 1981, p.182

Manfredi and DeRestie's (1981) goal was to enable nurses to have a better understanding of themselves, to have inquiring minds and heightened abilities to explore alternatives and make decisions according to the options available. These issues were important, yet they remain poorly considered to the present time.

4.7.2 Creative Expression In Pediatric Nursing

Pediatric nurses were encouraged by Feeg (1990) to look more to the arts and humanities as stimuli for creativity in pediatric nursing practice. Feeg believed (1990) that working with children demanded innovation in practice and receptiveness to their needs. Children needed to be able to express their experiences in hospital in some appropriate way such as in music or art. Feeg (1990) encouraged nurses to appreciate their own need for aesthetic stimulation in their lives; "Developing our aesthetic senses not only enriches us personally, but ... [also] produces insights that we internalise with instincts in pediatric care" (Feeg 1990, p. 8).

4.8 Creativity For Change

Myra Levine pursued the artistic aspect of creativity strongly in her 1975 paper on creativity in nursing. Regarding nursing as both a science and an art, Levine (1975) lamented the emphasis on science to the possible detriment of art in nursing because the latter was beyond rational explanation. The artist was always set apart and different; "the essence of human creativity has escaped explanations which would allow it to be scientifically defined or measured" (1975, p. 38).

Levine referred to Bruner's (1966 cited in Levine 1975, p. 38) work on creative thought as a "placing of things in new perspectives" which would come only from a desire to move away from the obvious and derive new images, investing oneself in the act of creativity. Bruner had emphasised the act of the creative individual as being of worth and value, not what was actually produced (1966 cited in Levine 1975). Nurses have confused technological advancement with creativity according to Levine (1975), neglecting the importance of searching for alternatives in care; "creative nursing requires a detachment that allows for an honest view of the state of the Art, but it also rests on the intellectual guidelines which are the substance of its science" (Levine 1975, p. 39).

Levine (1975) admitted that creativity was not an easy concept to suggest to nurses, whereas for artists, poets and the like it was the essence of their work. However she

emphasised the pleasurable achievement that creative endeavours could bring to both nurse and patient: "The nurse and patient share a moment of their lives together. It may be that often the exchange is marked by all the attributes of a creative act ... the artist has brought together the passion, commitment, and singular devotion to a nursing task which creates the poetry of nursing care" (Levine 1975, p. 40). This was the 'stuff' of the art of nursing that had always been there according to Levine (1975), and would always be there as long as creative acts continued to be recognised.

Levine described nursing as a craft that "speaks in a language of its own - the silent language of human exchange which is eloquent and exciting without words" (1975, p. 40). Creativity and excellence were synonymous in nursing practice according to Levine; there was she stated, a "poise, a posture of concern, a detachment which is at once elegant but dedicated which marks the nurse who owns a creative style" (1975, p. 40).

The importance of reasoned knowledge aligned with creative thought and imagination to enable new and varying ideas to emerge in practice (Levine 1975). As artists and poets derived pleasure from their creations, so too should nurses find the same pleasure. For them the creation ultimately would be "a moment in memory reproduced only in reflection. It has been shared. It will not be shared again" (Levine 1975, p. 40).

Levine urged nursing to embrace creativity, and "open its heart and mind to receive it" (1975, p. 40). As an internationally regarded theorist in nursing Levine has been acknowledged for the innovation her 1966 Conservation Model presented to nursing at a time when technical skills and procedural knowledge were seen to be the only requisites for the provision of care. Levine's model made " a substantial contribution to nursing knowledge by focusing attention on the whole person" provoking at the time as well as now a rethinking of the critical dynamics of the nurse-patient interaction (Fawcett 1989, p.162).

In 1997 *Image: Journal of Nursing Scholarship* re-published significant classic papers as part of its anniversary celebrations. Levine's 1975 seminal paper on creativity was one of them. The commentary on Levine's work by Fawcett, Brophy, Rather and

Roos (1997) acknowledged her exceptionally creative contribution to nursing. Fawcett et al (1997, p. 218) reiterate Levine's recognition of the necessity for a supportive milieu to encompass creativity in nursing:

> Such a milieu is made up of individuals and of conditions that are antecedent to creativity, including a habit of inquiry; tolerance of ambiguity, open-mindedness, and a heightened perceptual awareness that combine to generate a number of ideas, confidence, risk taking even if it arouses others' humour or disdain, independence, self-reliance, internal rather than external motivation, ability to toy with ideas and go beyond common solutions, and conscious thought about a defined problem.
>
> Fawcett, Brophy, Rather and Roos 1997, p. 218

This milieu was not just nurses; it included patients as the ultimate audience and recipient of the nurse's creativity (Fawcett et al 1997). Fawcett et al (1997) were adamant that creativity in nursing was possible and essential. The actualisation of creativity was critical for the synthesis of art, science, theory and practice (Fawcett et al 1997). Creativity in nursing went beyond the bounds of patient care though:

> The contemporary health care environment requires *creative* change. Although change evokes excitement about new possibilities, it also evokes feelings of apprehension. Yet, change can affect the giving of care and the development of novel nursing practices. Refinement of existing practices and development of new ones depend on nurses' creative abilities ... [C]reative nursing practice occurs when nurses understand the meaning of creativity and agree that creativity is possible.
>
> Fawcett et al 1997, p. 219

The surprising omission from Fawcett et al's (1997) commentary was an appeal for research in this whole area given its deficiency and their esteeming of Levine's work before her death in 1996.

4.8.1 Creativity As The Answer For The Future

Creativity was nursing's answer for the future according to Kalisch (1975) and everyone needed to work to promote it in all areas of practice and research. Kalisch (1975) insisted that creative research was essential in nursing, along with education that enhanced creativity, and receptive settings that allowed creativity to function.

Kalisch (1975) referred to three types of creativity: theoretical (the testing of hypotheses and ideas), developmental (the testing of ideas of others), and scholarly (the generation of original ideas and the substantiation of these through research to theory development). Creativity was viewed as a process comprising the phases of

preparation, incubation, illumination and verification occurring in no particular order (Kalisch 1975).

Intellectual and creative processes were definitely not the same according to Kalisch (1975), and divergent thinking prowess was essential in nursing. Kalisch (1975, p. 315) identified the creative personality as involving a typical and recognisable collection of traits where creative people:

> ... are capable of great independence, autonomy, and self-sufficiency, free from conventional restraints and inhibitions ... [with a] strong ego ... more assertive and wilful and less acquiescent and submissive than the less creative individual ... [with] openness to one's self, others, and events ... and flexible in their thinking.
>
> Kalisch 1975, p. 315

Such people were also, highly tolerant of ambiguity, sensitive, more comfortable with complexity and disorder, motivated to strive for excellence, self-starters, highly driven to achieve in situations where independent thought and action were necessary, and presented an image of self-confidence and assurance (Kalisch 1975).

Nursing must take responsibility for enhancing creativity through education and administration support. Administrators were the "gatekeepers of innovation" (Kalisch 1975, p. 317) and could promote or inhibit environmental climates receptive to creativity. Kalisch warned of the "rigid authoritarian structures and coercive controls [that] deny freedom, reduce trust, and retard innovation" (1975, p. 317). Instead of seeing creativity as a threat to the status quo, its elements (creative ideas, creative opportunities, and creative work habits) must be recognised and supported, or nursing is in danger of perpetuating redundancy. Creative nurses, obvious for their dedication to their work and zest for creative endeavours (Kalisch 1975), must be acknowledged and nurtured as an investment in innovation and progress.

The nursing profession must shake off traditional constraints, which have stifled creativity and retarded growth, and instead facilitate creativity to expound nursing knowledge and practice (Kalisch 1975). Unfortunately much of Kalisch's (1975) writing remains an unanswered challenge today. In particular the mandate for administration to focus its efforts on creativity. In urging the need for radical changes in midwifery patterns of care to the adoption of team midwifery for example, Campbell and Bailey (cited in Page 1995, p. 142) stressed the vital role played by the organisation:

> For such innovations to work, although a small number of people may take the innovation forward, there needs to be ownership by the organisation as a whole. This requires the genuine commitment and involvement of many people. The clinical leader needs to value all staff and their contribution to care, and sensitivity is required throughout the change as hierarchical and traditional structures are challenged.
>
> Campbell and Bailey cited in Page 1995, p. 142

The reality remains that very few maternity institutions in Australia have moved to implement team midwifery or caseload midwifery despite the evidence that supports them.

4.8.2 Creativity 'Power Tools' For Change

According to Kanter (1985) individuals must count for more in an organisation in order for them to feel trusted as developers of creative ideas and advocates for change. Kanter defined innovation as "the process of bringing any new problem-solving or opportunity-addressing idea into use" (1985, p. 179). Kanter identified "power tools" (based on the findings of her research into the development of innovations in industry) as the means by which innovation could be fostered (1985, p. 180). Information (at all levels, of all sorts) was essential, supported by open communication lines, as Kanter found that "better informed employees were also more resourceful at solving problems and exploring opportunities" (1985, p. 180).

Once an idea emerged Kanter (1985, p. 180) insisted that support was vital from all areas, with "go-ahead signs from key figures, 'blessings' from above ... [and] the willingness of peers to cooperate". Those organisations with flat and accessible executive structures and a commitment to teamwork would be able to support change readily as would those whose structure was stable with a low turnover of staff (Kanter 1985). Kanter emphasised the importance of a "culture of pride" in the organisation's people and efforts with "praise abundance" leading to "high innovation organisations [which] encourage people to stretch to meet new challenges and respect each other's skills and competence" (1985, p. 181).

Kanter's (1985) notion of a 'culture of pride' in an organisation was similar to the ideals of Deming (1982 cited in Glasser 1990). Deming believed in "managing for quality" (1982 cited in Glasser 1990, p. 4) so that all employees experienced quality in their work and, the satisfaction of contributing to that quality. This quality focus enabled individuals to willingly give of their best and hence produce the best.

Deming's ideas were striking at the time (and are no less now) because he endeavoured to bring the Japanese (post World War II) around from a reputation of manufacturing shoddiness to one of high quality (identified by Tribus cited in Glasser 1990).

Kanter's (1985) other 'power tools' included appropriate resources; the funds, time, space, materials and so on to carry out the innovation. Here too, committed organisations did manage often in spite of constraints to provide for extra resources to ensure "successful entrepreneurial effort", because this was valued as an asset for creativity (Kanter 1985, p. 181). A Professor of Sociology and Management, Kanter (highly regarded for developing strategies for innovation) interpreted her research (1985) for a nursing audience, to provide some impetus for innovation success in nursing. According to Kanter (1985, p. 178) "nurses can learn valuable lessons from business on how to succeed in a competitive environment ... [and] become innovators who welcome change as a creative opportunity". Now over fifteen years later these words are even more poignant as nurses and midwives work within an economically rationalised health system that increasingly demands more and gives less. Entrepreneurialism, intellectualism and innovation have much to offer their futures through a professional ethos that values creativity.

4.8.3 Creativity For New Perspectives

The importance of creativity in nursing practice was also emphasised by Cunningham (1989, p. 499) as "an essential ingredient in future change". Cunningham (1989) believed that nursing encompassed creative thinking as practitioners searched for ideas and manipulated their knowledge and experience to seek something new or different. "Creation" said Cunningham, "often requires us to look at the familiar from a new and fresh perspective" which removes narrow-sighted perspectives and opens up possibilities for change (1989, p. 500).

Cunningham (1989) urged nurses to think ambiguously to achieve multiple meanings and to adopt an attitude of curiosity to nurture creativity. The potential for being creative was in everyone if the constraints of habit and mental barriers (after Von Oech 1983 cited in Cunningham 1989) could be overcome. Anecdotal evidence was

provided by Cunningham (1989) of creative practice in the oncology setting and its benefits for staff and patients alike.

4.9 Nurses' Perceptions Of Creativity

Research into perceptions of creativity in nursing and non-nursing university students was initiated by Marriner (1977). She was involved at the time in a curriculum change in nursing, from a traditional mode of lecturing and laboratory work to a flexible problem-solving approach. It was the goal of her nursing faculty to produce creative nurses.

Marriner focused mainly on the 1963 work of Paul Torrance (cited in Marriner 1977) and used his components of creativity (sensitivity, ideational fluency, flexibility, originality, penetration, analysis, synthesis, and redefinition) to guide her questionnaire. Torrance's work (1963 cited in Marriner 1977) also provided support for the curriculum change with his writing on creativity and education. According to Torrance the "most frequently mentioned blocks to creativity at the college level include over-emphasis upon the acquisition of knowledge, memorisation of facts, and finding already known answers to problems" (1963 cited in Marriner 1977, p. 58).

Marriner (1977) compared student groups according to hours completed prior to graduation, education major, grade point average, rank among siblings, and perceived creativity. The major findings of Marriner's (1977) research were that nursing majors considered themselves as significantly less creative than all other majors with respect to fluency, flexibility, originality and penetration. No differences were found between any of the majors for sensitivity, analysis, synthesis, and redefinition. It seemed that nursing majors regarded these factors positively but questioned the value of penetration, fluency, flexibility and originality. However, all students apart from the nursing majors regarded themselves as less sensitive when they neared graduation. Marriner (1977) recommended that future studies should compare perceived creativity with actual creativity.

4.9.1 Nurses' Self-Perceived Creativity

Marriner's (1977) research on perceptions of creativity was followed by the work of Pesut (1984a) with his doctoral dissertation titled *Metacognition: The self-regulation of creative thought in nursing.* The purpose of Pesut's study was to "disseminate information about creativity and creativity technologies to practising registered nurses and to evaluate the effects of a brief self-instructional cognitive behaviour modification creativity training program" (1984a, p. 82).

Pesut (1984a) used a pre- and post-test design involving two groups, one experiment and one control with volunteer participants randomly assigned to either group. All participants initially completed What Kind of Person Are You (WKOPAY), and the Product Improvement Task Form A, from the Khatena Torrance Creative Perception Inventory, Cacioppo and Petty's Need For Cognition Scale, Pesut's Clinical Nursing Problems Creativity Challenge and Henshaw's S-I Creativity Scale (Pesut 1984a). The experimental group then participated in five one-hour creativity training sessions while the control group did not. The control group eventually participated in these sessions on completion of the research. Following the creativity training sessions all participants completed the same tools as in the pre-test period but this time in addition, Form B of the Product Improvement Task, and an evaluation form. A debriefing was also provided to encourage discussion regarding the experience.

Participants in the experimental group statistically significantly increased their Creative Perception Index Scores, Product Improvement Task Scores, and Henshaw's S-I Scale Scores, while the control did not (Pesut 1984a). The brief creativity training program appeared to improve nurses' clinical abilities to generate innovative solutions to clinical nursing problems as judged by an expert panel (Pesut 1984a).

Pesut (1984a) found that cognitive potential related to creativity was underdeveloped in nursing. Few organisations focused on creative leadership or productive change and there was little fostering of originality and resourcefulness in nurses. Pesut's (1984a) research enabled nurses to use curiosity and creative thinking in their practice, something they had never done before and a process they found to be exciting and stimulating.

As a result of his research Pesut (1984a) concluded that creative thinking in the nursing profession was a complex multi-dimensional process that involved a variety of cognitive-behavioural skills and required the development of metacognitive knowledge. Pesut (1984a) claimed that if the development of metacognitive knowledge were not fostered in the nursing profession there would be little hope for the development of nursing theory or a scientific foundation for practice. Pesut (1984a) did not make any specific recommendations for the future but encouraged innovations seminars, and 'think tanks' for examining nursing practice, enhancing curiosity, and for the critical analysis of experience.

Pesut's (1984a) conclusions were held to the belief that nursing's future was based on a to-be-substantiated scientific foundation. Many writers and theorists since would refute this claim; either because they believe nursing to be an art specifically (Chinn and Watson 1994) or because they consider that both art and science have a major contribution to make, in philosophical and empirical terms (Meleis 1991).

From his study Pesut developed a definition of creativity, as well as a definition of generativity in response to the American Nurses' Association dictate that nursing behaviours were to be nurturative, protective and generative in nature (1984b, p. 13):

> Generative nursing behaviours are defined as the development of new behaviours and modifications of environments or systems to promote health conducive to adaptive responses of individuals, groups or families.
> Creativity is that process that results in a new combination, or association of attributes, elements, or images, giving rise to new patterns, or arrangements of products that better solve a need.
> Creativity can be enhanced by training and it has valuable implications for the development of nursing theory, practice and innovation.
>
> Pesut 1984b, p. 13

Pesut (1985; 1988) emphasised the necessity of creativity in nursing, describing it as the key value and attribute for professional nurses, and an essential aspect of nursing practice. He insisted that as "the nursing profession strives for professional identity and attempts to develop scientific foundations for practice, the need for creativity is greater than it has ever been" (1985, p. 6). It was Pesut's (1985) belief that nursing's history had perpetuated the absence of creativity by holding to tradition.

Pesut (1985) asserted that it was up to individuals to self-regulate their creative states and have creative courage. He advocated the use of reflection to critically analyse practice and experiences, and to then organise them into new patterns towards the generation of novel ideas and abstract relations.

Pesut later revised his definition of creativity (still based on his research) to incorporate metacognition, which he saw as the essential ingredient for creative thinking, and critical to effectiveness in nursing (1985). He regarded creative thinking as the "foundation for scholarship in nursing" (1985, p. 5) and implicit in this revised definition:

> [Creativity is] a metacognitive process that ... generates novel and useful associations, attributes, elements, images, abstract relations, or sets of operations, and ... better solves a problem, produces a plan, or results in a pattern, structure or product not clearly present before.
> Nurses with metacognitive knowledge, skills and strategies can self-regulate creative thought and more effectively develop and synthesize concepts that enhance the development of nursing.
>
> Pesut 1985, p. 5

Creativity was a cyclical process according to Pesut (1985) and developing nursing theory was a creative process that required metacognitive flexibility; this was necessary for the creation and verification of concepts that articulated the phenomena of concern to nursing and for nursing. Scholarly knowledge, theory development and creative nursing interventions would be the valuable results of nurses who were able to be metacognitive and creative in their thinking and practice (Pesut 1985). Pesut made a considerable contribution, to understanding the nature and potential of creativity in nursing and, to increasing the awareness of using creative thinking skills to enhance nursing practice. His research provided valuable impetus for the initiation of the research for this thesis.

4.10 Creativity For Scholarship

In 1978 Carper wrote her now classic paper on *Fundamental Patterns of Knowing in Nursing*. This writing arose out her desire to explicate the kinds of knowledge of most value to nurses. Carper (1978) identified four fundamental patterns of knowing as she referred to them as a result of her PhD studies in which she analysed the

conceptual and syntactical structure of nursing knowledge. The four patterns Carper identified (1978, p. 14) were as follows:

> ... empirics, the science of nursing;
> aesthetics, the art of nursing;
> the component of a personal knowledge in nursing; and
> ethics, the component of moral knowledge in nursing.
>
> Carper 1978, p. 14

Carper (1978) chose specifically not to elaborate on the aesthetics pattern in as detailed a manner as she had done for the other patterns. It was too complex and variable to be simplified to a single definition (Weitz cited in Carper 1978). What Carper (1978, p. 16) did do was to take as she explained a 'fluid approach':

> ... art has no common properties - only recognisable similarities. [A] fluid and open approach to the understanding and application of the concept of art and aesthetic meaning makes possible a wider consideration of conditions, situations and experiences in nursing that may properly be called aesthetic, including the creative process of discovery in the empirical pattern of knowing. A recognised aspect of aesthetic knowing was empathy that was heightened by alternative modes of perceiving.
>
> Carper 1978, p. 16

The component of personal knowledge centred on authenticity in the nurse, "in their freedom to create themselves and the recognition that each person is not a fixed entity" (Carper 1978, p. 19). Overall though the four patterns seemed to be balanced by the aesthetics pattern; "creative imagination plays its part in the syntax of discovery in science, as well as in the ability to imagine the consequences of alternate moral choices" (Carper 1978, p. 22). Carper's (1978) contribution to the scholarship of nursing continues to be remarkable and was at the time visionary given the persistent positivist context of nursing in the nineteen seventies.

4.10.1 Creativity As Emancipation

At the same time as Carper (1978) was writing to extol the need for nursing to know and determine itself as a discipline, Ashley (1978) wrote of the crucial demand for nursing to free itself from historical limitations and boundaries embroiled with the repression of women and the mutability of science; these constraints had defined nursing's lowly professional identity, political relationships and existence in the working world. For Ashley (1978, p. 27) the only solution lay in creativity, in breaking away from traditional artefacts and ideas, and moving into new and challenging directions; she used the metaphor of childbirth to elaborate on the challenge and necessary outcome in pursuing creativity:

> The foundations for scholarship in the art and science of nursing must be creativity. Without creativity, we will labour in vain. Without creativity, we will not be fostering scholarship but stagnation, and there will be no new insights to move us forward in thought or in action ... creativity takes time and freedom from excessive pressure and trivial busy work ... creativity is not a totally painless process ... the birth of new insights depends on months of pregnant thought followed by disciplined work to give shape and physical form to that thought. In other words, the birth of anything and everything takes time and is accompanied by some pain and some joy. Those people who wish to avoid discomfort are not likely to be found creating anything.
>
> Ashley 1978, p. 27

Ashley (1978) acknowledged nursing's lack of involvement with creativity as relating to its predominance by women who have historically not been considered, nor expected by society, to generate innovative ideas or create knowledge and products; the time and freedom from pressure and tasks and the provision of an atmosphere that enhanced creativity have not been attributes of the work of women or nurses; nurses themselves would have to broach the challenge of creativity itself, painful, stressful and discomforting as it may be. Ashley referred to Rollo May's descriptions of the acquisition of new insight in *The Courage to Create* (1975 cited in Ashley 1978, p. 28):

> A dynamic struggle goes on within a person between what he or she consciously thinks on the one hand and, on the other, some insight, some perspective that is struggling to be born. The insight is then born with anxiety, guilt, and the joy and gratification that is inseparable from the actualising of a new idea or vision.
>
> May 1975 cited in Ashley 1978, p. 28

Nurses had to experience this struggle to release themselves from the status quo and experience the elegance of new discoveries and achievements (Ashley 1978). Complementing this was Ashley's belief that the "heart and core of nursing is understanding and feeling for others [and] creative use of intellect" and skill (1978, p. 31). Ashley (1978, p. 35) called for nurses to engage in research that would:

> ... provide psychohistorical profiles of living nurses; we need to know their feelings, their thoughts and what has served to give meaning to their lives ... With creativity as our base, and with strong historical knowledge and awareness, nurses can become pioneers in developing new types of inquiry as inquiry itself shifts away from experimental science and turns inward toward self-knowledge and self-understanding.
>
> Ashley 1978, p. 35

Both Ashley (1978) and Carper (1978) presented their theories as inaugural writers in the first issue of *Advances In Nursing Science*. Their works stand as landmarks in nursing knowledge development and continue to provide stimulus for ongoing research, theory exploration, curriculum development and the like.

4.10.2 Scientific Creativity

Using science as an example, Murphy (1985) examined the processes of discovery and innovation as they occurred in that discipline to gain an understanding of how they might occur in nursing. Murphy identified this as scientific creativity and explored its applications to nursing (1985). Murphy (1985) was interested in the factors that helped or hindered creative work. It was her belief that the "integration of personal and contextual factors as well as a deep commitment to one's scientific pursuit are ... the highest manifestation of creative science and scholarship within a discipline" (1985, p. 103).

Murphy (1985) referred to Popper (1981) who insisted that "if we wish to increase the creative potential and creative productivity of a discipline, we must first examine both the process of creativity in science and the contextual factors that foster insight and discovery" (cited in Murphy 1985, p. 103). Two aspects of scientific creativity were postulated by Murphy (1985); the internal (private, speculative, often irrational, intuitive, intellectual, serendipitous) and the external (public, resources, mentorship, freedom, collegiality). She noted in particular the lack of description and understanding of processes such as creative thinking and discovery in nursing.

It was the paradox of nursing that its history was steeped in order, submissiveness, dependency, and discouragement of risk-taking. Despite this nursing's quest was for advancement, demanding creativity, scholarly thinking and innovative practice. This paradox impeded the profession's ability to foster individuals who were independent in their thinking, open to new ideas, tolerant of ambiguity and uncertainty, and sometimes nonconformist (Murphy 1985).

Creative contributions were a fusion of life, work and purpose, integrating internal and external factors in a deep commitment to, and love for, what one was doing, according to Murphy (1985). Nurses needed to "see their work as being integral to the fabric of human health" (Murphy 1985, p.107). Murphy (1985) challenged nursing's understanding of, and beliefs about, itself and aptly identified the contradiction of its development.

4.10.3 The Creative Nursing Scholar

In 1991 Meleis saw nursing to be in a stage of scholarship, with some important gains from a background of tradition, and some greater challenges ahead. Nurses needed to pursue the demands of scholarship by working together and by advancing critical and reflective thinking (after Dewey 1922 cited in Meleis 1991) in practice, education and academia. Meleis defined a scholar as (1991, p. 123):

> ... a person who has a high intellectual ability, is an independent thinker and an independent actor, has ideas that stand apart from others, is persistent in her [sic] quest for developing knowledge, is systematic, has unconditional integrity, has some convictions, and stands alone to support these convictions. A scholar is a person who is flexible and who respects all divergent opinions.
>
> Meleis 1991, p. 123

The influence of the general creativity literature was evident in Meleis's (1991) definition of a scholar. Creativity was essential for scholarship in nursing to ensure the ongoing changes and development necessary did not stifle the richness of the profession and the quality of patient care provided (Meleis 1991).

However there were major problems for nurses in becoming scholars, not the least due to the fact that most of them were women. This reality had led to the image of nursing being "fused with the ministering, sacrificing and altruistic image of women" which had relegated them to secondary status (Meleis, 1991, p. 55). Meleis (1991, p. 55) recognised as had others, that many of women's characteristics were seen to be antithetical to creativity:

> Women are considered more affective, more subordinate, more emotional, less aggressive, and less achievement-oriented, and they are generally expected to apply rather than create ... In addition to this attitude, which has been more than devastating to women, women are also beset with many roles to juggle and many struggles to survive at career oriented jobs.
>
> Meleis 1991, p. 55

The dilemma for women who were nurses was that they had to assume an almost gender-free status to be able to prove themselves and in so doing could be criticised for neglecting their roles within families and the home. Yet their reality in juggling roles and responsibilities actually confirmed their ability to be quite creative! Achieving scholarly status as nurses presented yet another hurdle to jump albeit a vicious cycle for women, as Meleis (1991, p. 55) explained:

> Creativity and scholarly productivity embody curiosity, intellectual objectivity, the ability to be engaged in decision-making, and independent judgement. These are socially desirable attributes as long as they are not adopted by women ... Scholarliness by definition requires creativity ... Because nursing did not insist on independence or

> active striving for success, it has generally been perceived as a profession congruent with what is expected of women.
>
> Meleis 1991, p. 55

The situation in midwifery was no less difficult. It was perhaps made even more demanding because of midwives' continued striving for practice 'with women'. Their relationship with women subjugated their status even more so.

4.10.4 Scholarship In Midwifery

There were other issues to do with scholarship in midwifery apart from its conceptualisation with women. The significance of scholarship in midwifery was emphasised by Page (1995) and elaborated upon by Cooke and Bewley (cited in Page 1995). Traditional midwifery training under apprenticeship produced midwives who were skilful in hands-on care; what was needed increasingly was an apprenticeship of the mind insisted Cooke and Bewley (cited in Page 1995).

Different ways of thinking were essential for midwives to ensure they were able to use their imagination, creativity, and intuition as well as logic and rational reasoning (Cooke and Bewley cited in Page,1995). Lateral thinking, creative thinking and critical thinking along with reflection and critical analysis (after Dewey 1933 cited in Page 1995) would enable midwives to be skilled in making changes towards excellence and scholarship in practice (Cooke and Bewley cited in Page 1995):

> The midwife who uses artistry in her [sic] practice will combine and hold in harmony her [sic] intellectual, personal and practical skills to provide excellence in her care. Artistry in practice is dependent upon a culture that welcomes creativity and innovation and which encourages enquiry, debate and learning.
>
> Cooke and Bewley cited in Page 1995, p. 45

Cooke and Bewley believed that midwifery scholarship was a necessary, worthwhile and collaborative pursuit that would take midwifery from tradition, to creating fundamental and essential changes in maternity services (cited in Page 1995).

4.11 Educating For Creativity

In their book *Creativity in Nursing,* Steele and Maraviglia (1981) presented a very procedural perspective of creativity in nursing. They addressed their book to varying areas of nursing practice, including nursing students and provided schema for actualising creativity at varying levels in the practice setting, with particular emphasis on management. Steele and Maraviglia (1981, p. 69) stressed the importance of nurturing creativity in nurses and of focusing on each nurse as "a freely interacting human being who brings to the nursing profession a free and creative spirit of the mind". They insisted as well that nurses needed to know and understand themselves more, by examining their values, personal needs, coping and interacting styles and ability to accept change. In addition they encouraged the valuing of solitude and of conscious as well as unconscious levels of awareness in personal life. Overall though, despite their appeal for creativity in nursing, their book was unfortunately uninspirational as it attempted to make creativity a reducible, learnable set of schema.

4.11.1 The Paradox Of Tertiary Nursing And Midwifery Education

Following an examination of the creativity literature in other disciplines (to consider the relevance of, and need for, creative attributes in nursing practice) Jones (1983) recognised the paradoxes faced by nurses in being creative. Difficulties already existed with regards to nursing education because of the considerable doubt that surrounded tertiary methods and philosophies of education.

There was much cynicism, according to Jones (1983) about whether education of student nurses could produce scholarly practitioners; let alone whether they would deliver individualistic and imaginative patterns of patient care, with a lively questioning scepticism of all that was involved in nursing, and as well, possess a constructive ability to be creative in the art and science of nursing! Jones (1983) also pointed out that the findings of much of the research into creativity indicated characteristics such as marked independence and self-sufficiency, autonomy of judgement, day-dreaming, lack of conformity to group norms, and non-rational thinking. A call for creativity in nursing could be seen then to be an incitement for discord not enhancement of practice according to Jones (1983).

In the case of novices, tradition determined that practice and theory were controlled by rules and conformity, not imaginative and critical thinking; this would not only usurp long held rituals and beliefs about patient care, but would also be a threat to the integrity of experienced practitioners. In a similar light, Barclay and Jones (1996, p. 134) expressed the hope that Australia's new university educated midwives would have the courage to stand up for and support programs of maternity care seen to be outside the norm; that they would be "well-educated radical midwives who can stimulate and sustain health system change".

Jones acknowledged the significance of Kramer's work (1974 cited in Jones 1983) in describing reality shock in new nursing graduates and the opposition they faced in bringing enthusiasm, curiosity and independence to their new roles. Jones regarded the writing of Guilford (1950 cited in Jones 1983, p. 407) as relevant and challenging to nursing with his reference to creativity as involving "the seeking and reconstruction of combinations of both old and new learning into complete new thought structures".

The work of Paul Torrance (1967 cited in Jones 1983, p. 408) was also identified as relevant to nursing; the elements of sensitivity, ideational fluency, flexibility, originality and penetration were identified as characteristics of creative individuals, and should also be characteristic of nurses. Torrance (cited in Jones 1983 p. 408) identified the potential for creativity in other disciplines apart from those he had studied; "divergent creative thinking in non-artistic contexts is not mere problem solving but involves also the re-defining of the problem area, unconventional analysis and synthesis of the elements in the problem. This frequently will result in a product which is completely novel".

Jones (1983) pointed to the need for creativity in future practice as technology played a greater role in health care systems. The challenge according to Jones (1983) still lay with education, to develop curricula and alternative teaching styles that would promote creativity and creative thinking in students of nursing. Teachers needed to accept the responsibility for being innovative role models and be willing to "explore and find novelty in well-routinized behaviours ... demonstrate elements of non-conformity ... [and explore] new themes and new approaches to old problems" (Jones 1983, p. 410).

4.11.2 Creativity In Clinical Teaching And Learning

"Creativity is the nurse's most valuable resource in coping with the demands of patient care" emphasised Jolly (1983, p. 20) who insisted that creativity should be the objective of nursing education. Learners in nursing should not be restrained or limited by the process of education they experienced, rather they should be encouraged to go beyond this and develop creatively (Jolly 1983). Jolly (1983) suggested the use of mentors in clinical practice and the use of challenge in learning, to potentiate creativity as a resource.

In advocating for creativity as a necessary component of clinical nursing, Stepp-Gilbert and Wong (1985, p. 32) also emphasised the need for nursing students to be "encouraged to think divergently in order to creatively formulate patient care plans". Allowing students "freedom to explore, experiment, question, and try out a variety of approaches" would foster the development of creativity and creative nursing care according to Stepp-Gilbert and Wong (1985, p. 32). Creativity provided a means of promoting change in nursing that was essential. Stepp-Gilbert and Wong (1985) also acknowledged the inherent difficulty confronting nursing (and midwifery) with promotion of the status quo through traditional educational methodologies that educators have often been loathe to change.

4.11.3 Curriculum Development And Creativity

A few schools of nursing in America chose to actively incorporate creativity education into their curricula in the late nineteen seventies. This was done to promote its development and provide graduates with better skills for scholarship and survival. Thomas (1979) investigated the effectiveness of a new nursing education curriculum in fostering creativity by comparing measures of creativity in new and past students. Thomas's (1979) definition of creativity was based on a multi-dimensional interpretation that viewed it in association with personality traits and characteristics, in particular, originality, flexibility, fluency and elaboration. Thomas (1979) used Torrance's (1966 cited in Thomas 1979, p. 116) definition of creativity preferentially as she believed it contextualised creativity beyond the limitations of many others, which were restricted to art, music and writing:

> [Creativity is] a process of becoming sensitive to problems, deficiencies, gaps in knowledge, missing elements, disharmonies, and so on; identifying the difficult; searching for solutions, making guesses or formulating hypotheses about the deficiencies; testing and retesting these hypotheses and possibly modifying and retesting them; and finally communicating the results.
>
> Torrance 1966 cited in Thomas 1979, p. 116

Thomas's (1979) definition was premised on active and developing engagement by the individual in the process of creativity, making it an achievement not a 'gift'.

Thomas (1979) based her study on the proposition that creativity was a complex construct possessed in varying degrees and elements by all individuals. Thomas's (1979) results were somewhat paradoxical, in confirming that beginning nursing students showed more creative strength than graduating nursing students, but with nursing students of the old curriculum showing higher creativity scores than nursing students of the new integrated curriculum. Thomas (1979) admitted to concerns about possible faulty design and data collection in discussing these results. She provided valuable suggestions for further study and implications for nursing, and in particular the context of nursing as it related to creativity (Thomas 1979, p. 119):

> What aspects of nursing require or are enhanced by a high degree of creativity? Conversely, what aspects of nursing require or are enhanced by a high degree of technical excellence? When faculty [members] encourage nursing students to keep up to date in a lifelong commitment to the practice of professional nursing, are they not encouraging them to base their practice on the newest and most reliable theory-based principles, ie., the one best way as supported by empirical evidence? At the same time, nursing students are expected to be creative problem-solvers. There is a need in nursing practice for both, and a study of context that clarifies and delineates the place of each is urgently needed.
> Studies are also needed in which there is explicit provision for promoting growth in creativity [in nursing].
>
> Thomas 1979, p. 119

Thomas's (1979) words remain apt.

The research of Bailey and Claus (1971) was recognised by Thomas (1979, p. 116) for its identification of aspects of nursing that served to inhibit creative behaviour:

> ... the stress on convergent thinking in the nursing process, the technical nature of many nursing tasks, the frequency of nursing problems which require only routine solutions, and the dependence of the nurse on the physician who directs some nursing interventions [stifle creativity].
>
> Thomas 1979, p.116

Thomas acknowledged the earlier research of Eisenman (1970) and Marriner (1977) in assessing creativity in nursing students and also the doctoral research of Ranzau (1970).

Ranzau's study (1970 cited in Thomas 1979) presented different findings in an investigation of correlates of creativity in seventy nursing students. Ranzau (1970 cited in Thomas 1979) found that the traits associated with highly creative nursing students included spontaneity, social poise, self-acceptance, intuitiveness, self-confidence, dominance, perceptiveness, and self-assurance. However, Ranzau's highly creative nursing students did not "identify with the emotional restraint traditionally associated with the nursing stereotype ... [tended not to] identify with the technical skills associated with nursing ... [and did not] perceive nursing as providing opportunities for creative self-expression" (cited in Thomas 1979, p. 116).

Nursing students provided the perfect opportunity for initiating creativity in clinical practice if creativity was incorporated into their curricula as a valued attribute for them to achieve according to Ferguson (1992). It was Ferguson's belief that "creative thinking [would] provide for more holistic and individualised care, and [would be] of great benefit to the client, particularly when there is no definite solution to the designated client problem" (1992, p. 18). Ferguson (1992) saw creativity as the means by which nurses would be able to cope with the rapid changes confronting the health system. Student nurses would be even better placed to do so in the future if creative and critical thinking processes were encouraged in their education.

4.11.4 Creative Projects In Nursing Education

Projects were used to promote creativity in nursing students by Margolius and Duffy (1989). They anticipated that opportunities in creativity such as this would enable students to better understand the balance between the science and art of nursing. Their beliefs about students were founded on Amabile's definition of creativity, (1987 cited in Margolius and Duffy 1989, p. 32) that it was "not a quality of a person but rather a quality of ideas, behaviours, and products, involving a balance between logic and perception".

Torrance's definition of creativity was seen to be most relevant for professional nurses; creativity was "a natural human process of becoming sensitive to problems, deficiencies, gaps in knowledge, and missing elements or harmonies" (1983 cited in Margolius and Duffy 1989, p. 32). The creative clinician was one who had "extensive knowledge and experience with conventional methods of patient care as well as the judgement to know when the conventional is not sufficient and the drive and resourcefulness to find other choices and options" (Papper cited in Margolius and Duffy 1989, p. 32).

The introduction of creative projects (relating to clinical experience) in student assessment proved very successful with some students moving to marketing their ideas. Other students donated their projects to various local venues that had been involved as clinical settings. Student response was very favourable with students acknowledging their surprise at their creative abilities. Margolius and Duffy concluded that creative projects were "another way to stimulate individual creativity and develop professional nurses who are able to design and implement innovative solutions for the problems nursing faces today and in the future" (1989, p. 35). The creative projects exercise enabled students to move beyond typical expectations of their roles.

4.11.5 Educators As Creative Role Models

Nursing education has not encouraged creative ideas often enough according to Geyer and Korte (1990) who emphasised the need for learners to acquire an open and inquiring mind. They insisted that permission to be different should be considered an option and not a threat, as creativity could be rejuvenating.

Geyer and Korte's (1990) writing identified the importance of the nurse educator as a role model for provoking creativity through the educational experience and transferring it to the practice setting. They urged nurse educators to use creativity to stimulate nurses to become innovative in their practice. Their emphasis was based on defining creativity as "the ability to do something original and unique; the capacity to view an object from a different perspective" (Geyer and Korte 1990, p. 112).

4.12 Creativity As Novel Insight

"What does it mean to be creative? Is it possible for nurses to be creative in their present roles? How can creative approaches to nursing problems be fostered?" These were the questions Snyder (1981, p. 239) put to the nursing profession as she insisted that creative interventions in care were called for as nursing's knowledge base expanded. Snyder (1981) directed her attention beyond students and expressed concern that "much creativity is lying dormant and untapped in members of the profession" who became trapped in routine (1981, p. 239).

It was Snyder's (1981, p. 240) belief that creativity could be expressed in all aspects of life both conscious and unconscious and it therefore had much to offer nursing:

> Creativity is more than a breakthrough into awareness; it is felt that specific functions must occur in the unconscious for creative acts to occur. In the creative process, there is a struggle between what one thinks or has believed and this new novel insight. Insight is born with joy, anxiety and sometimes guilt. Unconscious phenomena are original and sometimes irrational. They can prove a threat to our orderly, mechanised world. Nurses tend to be pragmatic in their thinking and try to fit actions into a logical scientific framework. But nursing is also an art and hence needs to cultivate an awareness of the unconscious that presents creative approaches to care.
>
> Snyder 1981, p. 240

Snyder (1981) grappled with the whole notion of what nursing was, in addition to the importance of creativity in nursing. The problem of how to define nursing continues to remain unresolved and presents a schism that perpetuates often unnecessary and protracted argument. The difficulty in defining nursing has not enhanced its struggle for professional status or achievement in scholarship. For as long as nursing struggles with the art versus science debate the folly of the absence of its own clear affirmative definition remains. Midwifery instead has had an internationally recognised definition for twenty-five years, sourced from the World Health Organisation, which has enabled it to focus research attention on a clearly delineated scope of practice (Robinson and Thomson 1993).

Snyder (1981) referred to the area of neurological nursing to provide examples of vexing situations requiring creative responses, including non-compliance, and the confused patient. Snyder (1981) encouraged nurses not to become lost in routine and boredom, but to find the excitement of discovery and creativity as they found new approaches and techniques in the provision of care.

4.13 Nurturing Creativity In Nursing

The need to promote creativity in nursing was of particular interest to Stafford (1981). She was concerned about the apparent lack of relevance for practice and work in the education of nurses. It seemed that their enthusiasm for discovery and their creative spirit dwindled as they progressed through their education. Stafford (1981, p. 28) believed that a milieu to inspire and support a creative spirit was essential in nursing education; "creative expression cultivates human experience and is, thus, basic to adequate development ... [and] the highly complex task of problem solving in patient care situations demands that one be able to think judiciously and creatively".

Examples of obstacles to the creative process identified by Stafford (1981) included, grades in education, lack of individual goal setting by students, and an excessive emphasis on busy work with little or no time for thinking and nurturing creativity. Stafford (1981) advocated application of the ideas of Torrance (cited in Stafford 1981) in nursing; creativity was an ability all individuals possessed in different ways, which must be nurtured. The equation of busy nurse = good nurse has not readily disappeared from nursing over time however.

On reviewing the literature on creativity in nursing, Cournoyer (1990) expressed concern about the lack of any scientific basis or complete understanding of it as most work had been descriptive, and often focused only on undergraduate nursing students. She claimed that the issue of creativity and professional nursing practice urgently required further investigation (Cournoyer 1990). Nursing ritual also needed to be examined urgently as it was a disincentive to creativity. Cournoyer (1990) wrote of creativity as the means for developing new solutions in nursing at a time when nursing shortages threatened quality care.

Cournoyer based her conceptualisation of creativity on Albrecht's definition; "the process of producing new, novel, and occasionally useful ideas" (cited in Cournoyer 1990, p. 581). Cournoyer (1990) encouraged nurses to recognise and strive to overcome the barriers to creativity in their work and to use creative thinking strategies to enhance the possibility for creative practice. Cournoyer made a plea for much needed innovation in nursing as it could "no longer solve tomorrow's problems

with yesterday's solutions ... It is our creative abilities that will ensure our future" (1990, p. 585). These words were strongly reminiscent of Ashley's in 1978.

4.13.1 Creativity As An Investment In The Future

Nursing was the pivotal area for innovation in a hospital, particularly in the face of increasing pressure to reduce costs and improve efficiency with diminished resources (Pointer and Pointer 1985). Maintaining and enhancing health care services in this difficult situation required nursing to become more creative and innovative than it had been in the past (Pointer and Pointer 1985). "Organisations that have the capacity to manage creativity and innovation (and work effectively and efficiently with increasingly less tangible resources) will have a considerable competitive edge in the years ahead" (Pointer and Pointer 1985, p. 73).

Creativity according to Pointer and Pointer (1985, p. 74) meant "coming up with new ideas. [A] process [that] takes place totally within the confines of the human mind". They suggested that if innovation potential was to be explicitly enhanced, an Innovations Office should be established in all hospitals along with a specific Innovations policy; correspondingly there should be a designated budget, management support and staff development involvement through creativity workshops. Innovation should be regarded as "a critical investment for future survival and success rather than an expense begrudgingly paid" (Pointer and Pointer 1985, p. 75).

Creative potential was not lacking in nursing according to Pointer and Pointer (1985). What was needed however was the development of individual motivation for innovation, and an understanding of creativity and personal potential. Encouragement and support for new ideas had to be transformed into reality. Pointer and Pointer (1985) claimed that most creative ideas tended to arise from the bottom of organisations. Executive therefore needed to make a commitment to nurturing their development with specific strategies that acknowledged the value of innovation (Kanter 1982 cited in Pointer and Pointer 1985).

"Creativity and innovation require that people be willing to stick their necks out without fearing that their heads will be cut off at the first sign of trouble ... The

willingness to assume risk cannot result in demotion, transfer, reduction in salary, or loss of regard" (Pointer and Pointer 1985, p. 76). Critical to this would be the use of incentives such as recognition, opportunity to extend, promotion and bonuses among others, to enable creativity to flourish (Pointer and Pointer 1985, p. 77):

> When given the chance, most people are naturally creative. Departments of nursing service must become better at releasing, channelling and rewarding this built-in potential [because] the quality of ... nursing practice in the future depends as much on innovative and creative nursing management as on continually expanding clinical skill and responsibility.
>
> Pointer and Pointer 1985, p. 77

4.13.2 Using Creative Management Support

Kirk (1987) wrote from a management perspective in stressing the value of proactive leadership to stimulate creativity. An organisation that promoted positivity in its goals and sought to choose from alternatives rather than react to them would encourage creativity. Kirk (1987, p. 7) emphasised that a "relaxed no-fail, accepting atmosphere generates bright innovative ideas". According to Kirk (1987, p. 7) creativity "draws on knowledge, logic, imagination, and intuition. It depends on one's ability to see connections and distinctions between ideas and things." Kirk (1987) challenged administrators to be bold, flexible, brave, and adventuresome to foster creativity.

Marszalek-Gaucher and Elsenhans (1988) developed a pilot program within their organisation (a university hospital) to allow innovative individuals to try out their ideas. This was as a response to the prevalent economic constraints and to retain such people on staff rather than lose them to other institutions. They stressed that there was a real need for creativity in the nursing workplace and that their program would enable the "promotion of a supportive culture that fosters experimentation and the pursuit of new ideas within the institution, and enhanced retention of nursing personnel" (1988, p. 20).

Mentors were used to support the innovators as well as advise and counsel them and individualised rewards were provided. Staff were invited to submit proposals, which were sponsored if they met the determined criteria, and ten were selected for the pilot program. Unsuccessful submissions were given feedback and their proposers encouraged to develop their idea further. As a consequence of the program,

creativity was fostered and employees were given the impetus to pursue their innovations with organisational support that extended their contribution perspectives.

The key to excellence in nursing was through empowered employees according to Petrauskas (1997). The success of this depended on creativity; "When a team uses creativity - application of imagination resulting in a novel approach or unique problem situation - innovation results" (Petrauskas 1997, p. 34). The strategies devised by Petrauskas for her Surgical Centre nursing team were adopted from Schermerhorn (1996 cited in Petruaskas 1997, p. 34) but were also reminiscent of Von Oech's Mental Locks (1990):

> Believe in creativity, and make it a self-fulfilling prophecy.
> Look for more than one right answer or best approach.
> Support and encourage non-conformity.
> Don't be afraid of trial and error.
> Avoid being too logical; let thinking wander.
> Let ambiguity help team members see things in a different way.
> Challenge rules and ask why.
> Pose 'what if' questions.
> Discover through experimentation.
> Be open-minded to other viewpoints and perspectives.
>
> Schermerhorn 1996 cited in Petruaskas 1997, p. 34

Productivity would not arise from environments of oppression and domination nor would people grow, take any initiative or try out new ideas (Petrauskas 1997).

The characteristics of a high performing team included, "clarity, creativity, flexibility, focus, interaction, participation, [and] responsibility" (Petrauskas 1997, p. 35). People moved forward with these characteristics resulting in high job satisfaction, very reduced sick time, and long-term commitment to their work (Petrauskas 1997). There would be many managers who would consider such management strategies as reckless and the outcomes not worthy of the assumed risks. Creativity for many still represents an unproven threat to safe nursing and midwifery care, and to order and control in the working environment.

4.14 The Art Of Nursing

Carper (1978) discussed earlier, chided the lack of acknowledgment of the art of nursing as a result of nursing striving to claim itself to be a science based on purely

empirical findings. This reticence was also in part due to the historical apprenticeship training process; here any `art of nursing' was something acquired through possibly mindless imitation rather than through valued and meaningful acquisition of experience and ability. The other problem with aesthetics according to Carper (1978) was the word 'art' itself that was too often aligned with the necessary but not creative manual/psychomotor skills of nursing.

Aesthetics was the essence of the art of nursing and Carper (1978) referred to the work of both Orem and Wiedenbach (cited in Carper 1978, pp. 16 -17), notable nursing theorists, to explicate this expressive aspect of practice:

> ... for Wiedenbach, the art of nursing is made visible through the action taken to provide whatever the patient requires to restore or extend [their] ability to cope with the demands of [their] situation. But the action taken, to have an aesthetic quality, requires the active transformation of the immediate object - the patient's behaviour - into a direct, non-mediated perception of what is significant in it - that is, what need is actually being expressed by the behaviour. This perception of the need expressed is not only responsible for the action taken by the nurse but reflected in it.
>
> Orem and Wiedenbach cited in Carper 1978, pp. 16 - 17

Orem (cited in Carper 1978, p. 17) speaks of the art of nursing as being "expressed by the individual nurse through [their] creativity and style in designing and providing nursing that is effective and satisfying". The art of nursing is creative in that it requires development of the ability to "envision valid models of helping in relation to 'results' which are appropriate" (Orem cited in Carper 1978, p. 17).

Orem's (cited in Carper 1978) words present an image of the nurse as more than a set of tasks or prescribed role; that nursing should be interpretive and projective moving nurses through their interaction with patients to individual end points not generic outcomes. The significance of empathy was also emphasised by Carper (1978) as the only means by which nurses would acquire the singular, particular and felt experiences of their patients.

Carper (1978) endeavoured to describe nursing care as design, involving a sense of form, structure and articulation of the whole perceived picture of the patient's unique scenario. Caring in nursing involved a balanced achievement of both empirical science of the phenomena of health and illness, and creative imagination towards discovery and alternatives.

Carper's (1978) highly regarded work has been a watershed for nursing knowledge and theory development offering an articulate description of the essence of nursing as an art form with scientific complementarity. This was at a time when many nursing writers and researchers had become extremely metacognitive, metatheoretical and empiricist in their interpretation and study of nursing. Chinn and Watson (1994, p. 24) described her work as "a breakthrough that provided a way to envision possibilities for developing nursing knowledge beyond the limits of traditional science".

4.14.1 Nursing And Midwifery Practice As Creative

Nursing care was viewed as a "moral, practical, communicative and creative activity" by Sarvimaki (1988, p. 462). Using the philosophical work of Habermas (1984 cited in Sarvimaki 1988, p. 462) nursing was conceived as a "creative co-action" based on a commitment to other people. Sarvimaki (1988) identified the core values of nursing care as altruism, solidarity, responsibility, and respect for other persons.

In explaining the common action of creativity in nursing, Sarvimaki stated that when patient and nurse interacted and co-acted, something new emerged; for example, "a new insight, a new coping mechanism, a new value, a higher level of health, or a new way of adjusting" (1988, p. 466). It was not possible to predict what would emerge out of the interaction though (Sarvimaki 1988). It was the element of open-endedness that distinguished the action as creative rather than technical (Sarvimaki 1988) Describing nursing in this way was important for its "insight-creating capacity" (Sarvimaki 1988, p. 466).

The experience of the art of nursing was similarly expressed by Appleton (1991); in caring, nurses actually originated nursing with the patient and then cocreated a unique way of helping characterised as liberating and emancipating. This relationship was empowered by the art of nursing which involved empathic and intuitive knowledge (Appleton 1991).

Appleton (1991) identified, preparation for personal wellbeing, the making of responsible decisions, and guiding of self-expression as the ways in which the nurse and patient would cocreate opportunities in nursing care. Implicit within this was trust, respect and reciprocity. A middle range prototype theory was developed by Appleton

(1993) to promote a deeper perspective of the nursing/midwifery relationship than most other theories have done. This was because her research focused on the dynamics of the one-to-one relationship between nurse and woman, rather than the generic relationship of patient and nurse. While Appleton (1993) referred to the titles of nurse and patient, and to the practice of nursing in her theory, this was coincident with the title midwife and the practice of midwifery; her research involved American Nurse-midwives and the women with whom they worked.

It was Appleton's (1993) belief that considerable emphasis had been given over time to supporting the view of nursing as both art and science. The science aspect had received considerable focus in research and publication to derive a unidimensional body of knowledge (Appleton 1993). A similar affirmation of art had been derived anecdotally but not through research to determine what the art of nursing actually was. It is worthy of note though that little research has actually explored the interplay of both art and science in either nursing or midwifery.

Of late, Page (1995) has articulated the art and science of midwifery but has not based this on research. Appleton (1993) utilised both nurses and patients to inquire into the meaning and experience of the art of nursing through a phenomenological-hermeneutical approach. Each provided perspectives that Appleton (1993) brought together to develop her theory.

Appleton (1993) proposed, among many recommendations for practice, research and education, that innovation in practice involved focusing on the promotion of a partnership between nurse and patient; further that nurses needed to change interprofessional relationships so that nurses could originate nursing and create it as art; this required nurses to reconstruct the meaning of nursing and "create a culture of caring distinct from that of medical care" (Appleton 1993, p. 898).

The Named Midwife Scheme was been developed In England to offer a similar context of care to pregnant women. Flint described the development of the named midwife relationship where the woman had a specific midwife responsible for her care and wellbeing throughout pregnancy and thereafter; this was premised on those factors historically absent from normal pregnancy care, continuity, trust, greater personal commitment, love, and choice (cited in Page 1995). This new innovative

relationship would empower women and midwives enabling them both to become stronger and more dominant forces in society (Flint cited in Page 1995) as women and midwives became recognised equal partners in maternity care instead of passive bystanders.

4.14.2 Creative Practice By Nursing Faculty

Creativity was the "expression of the art of practice" in nursing according to Carter (1988, p. 239). Emphasising the importance of intuition, Carter explained that the "creative practitioner is one who causes the patient and others to consider the possibilities of what could be rather than only the reality of what is" (1988, p. 238). Carter urged nurses to consider the impact of, and need for, creativity in their roles as they would find "the capacity to imagine a different world" and the "willingness to push forward toward new horizons" (1988, p. 238).

Carter (1988) provided examples of the innovations implemented within a nursing faculty in America in terms of primary health care for a nearby low socio-economic community. The faculty developed a health promotion program based entirely on the requests from women in the area for learning about skills to deal with their children's symptoms during illness to avoid using emergency departments. These innovations led to empowerment of the women and development of new approaches to practice for the practitioners. "In a health care system that is currently grappling with the quantity of nurses available to provide care, creativity is a measure of quality that must receive additional attention" (Carter 1988, p. 238).

According to LeBreton (1982, p.1) to be creative was "to bring something new into being". The options for nurses were simple in LeBreton's view as "every aspect of nursing [could] be approached in a very conservative or a highly creative way" (1982, p. 2). From a management perspective, LeBreton (1982) stressed the need to capitalise on the innate talents of nurses as individuals, as they may not be likely to do so themselves.

A real commitment to creativity meant including it in job descriptions, organisational goals, and staff development programs. It was vital to be receptive to the ideas and suggestions of staff, to indicate confidence in their ability and be willing to support

them (LeBreton 1982). LeBreton (1982) suggested that his guidelines for creativity had relevance for nursing faculty as well, with a Dean exerting considerable influence over how much or how little creativity was likely to emerge from faculty members.

The issue of creativity for faculty members was taken up by Pettigrew (1988). He carried out a comprehensive study of creativity and cognitive style of nursing faculty and administrators, using Kirton's Adaption-Innovation Inventory and traditional measures (not disclosed) of personality traits in addition to others. The academics in his study showed themselves to be significantly more creative than the general population and exhibiting an innovative cognitive style of creativity; this was understandable given their roles. Their work environment was seen to be only moderately supportive of creativity however.

Further interest was given to this issue by Speedy (1990) in her study on faculty staff development in Australia. She claimed there was a need for nursing faculty development to be given high priority given its young history in academia, and nursing academic roles needed to be explored and examined in a creative way. Heads of faculty exerted considerable influence over this process (Speedy 1990). The ideal nursing faculty was described by nursing academics as, "flexible, committed, creative, enthusiastic, intelligent, knowledgeable, innovative and caring" (Speedy 1990, p. 80) but this was often not the reality.

4.15 Creativity To Strengthen Nursing Research

As an acknowledged theorist in nursing, Leininger's focus has been on transcultural nursing, but Leininger also acknowledged the importance of creativity; (1983, p. 21) she defined it as "the art of developing something new or different from that which exists, and often with limited material and human resources" (1983, p. 21) Her definition was in response to the difficult economic circumstances in America at the time.

Leininger (1983) insisted that it was vital to support creative nurse researchers as nursing research attempted to make its impact felt in the world. Nursing had to "find

innovative means to maintain a vigorous nursing research subculture" to confront the challenges brought to bear by governments with economic restraints and overcome nursing's own reticence towards research (Leininger 1983, p. 22). "Maintaining a positive, economical and innovative approach in these austere times may yield many breakthroughs for nurse researchers" (Leininger 1983, p. 22).

4.16 Overcoming Obstacles To Creativity

Provoked by the desire for encouraging creativity in nursing, McMillan (1985) identified ten obstacles that needed to be overcome to achieve professional creativity. According to McMillan (1985, p. 14) creativity "has a definite role in the nursing professional's environment". McMillan's stated obstacles were, reluctance to play, resource myopia, over-certainty, frustration avoidance, custom bound, fear of the unknown, need for balance, fear of failure, reluctance to exert influence and reluctance to let go (1985). Not only would professional practice be enhanced according to McMillan (1985), but also people actually would be able to enjoy themselves and contribute to their own success in achieving creativity in their work, if they were able to overcome these obstacles.

4.16.1 Nursing Education And Nursing Process As Hindrances

Skeet and Thompson (1985) blamed both nursing education and the nursing process for hindering creativity in nursing. Nursing students were not using common sense and natural knowledge in their clinical practice, (the educational process neglected to optimise this) and the nursing process was "limiting the creativity of nursing practice" through standardisation (Skeet and Thompson 1985, p. 15). Curriculum revision was necessary to incorporate the life experiences and qualities that students brought with them into a nursing degree program, based on a staged learning process (Skeet and Thompson 1985). Skeet and Thompson's (1985, p. 18) goal was creative nursing care that:

1 has a positive dynamic aim, rather than problem-solving objectives;
2 provides for continuity of care between levels of a health service ...
3 includes the contributions of other members of the health team ...

4 facilitates one of the nurse's major roles - that of coordinator of all contributions to the patient's overall care;
5 enables the nurse ... to use intelligently [the contributions of others] to achieve the overall aim;
6 maximizes the nurse's natural knowledge of intuition and commonsense; and,
7 assists in the personal development of the nurse by exercising her [sic] innovative, interpersonal and creative skills.

Skeet and Thompson 1985, p. 18

Skeet and Thompson (1985) insisted that creative nursing shifted the emphasis from diseases to people. They provided a conceptual model for creative nursing based on the synthesis of nursing through nursing theory informed by knowledge of nursing art and nursing science. This would lead to nursing actions via innovation, intuition, common sense, and consultation with the individual. Creative nursing with the individual would be the outcome. Staff involved in the new curriculum design found the different approach to be exciting and stimulating. Students confirmed via evaluation that they enjoyed it and felt a sense of achievement (Skeet and Thompson 1985).

4.16.2 Compliance And Self-Doubt

Kuhn (1986) also viewed creativity as one of the challenges facing nurses at that time, with the potential to impact on corporate strategies, cost containment, nursing care and patients. Kuhn (1986, p. 24A) referred to Leininger's (1983) previously mentioned definition of creativity indicating that discovery was vital in this creativity process as an element of creative thinking so necessary in nursing.

The barriers to creativity needed to be overcome though if creativity was to flourish in nursing. Kuhn (1986) pointed to the danger of always looking for the right answer, rather than alternatives. The need to follow rules and function with conformity would also stifle creativity, as would the belief that one could not be creative (Kuhn 1986). Kuhn (1986) believed that creativity could be achieved with many opportunities in practice and research to do so. Kuhn (1986) referred to the power tools emphasised by Kanter (1985) as mechanisms for facilitating creativity. It was Kuhn's challenge that the "successful nurse of tomorrow will be the creative, unconventional, independent thinker who can adapt to the new situations that the future will undoubtedly hold" (1986, p. 31A).

4.16.3 Permission To Be Creative

Nursing students needed to be given permission to be creative unfortunately, in a system that encouraged them to be passive and expected them to conform (Schuster 1987). Nurse educators therefore had "a unique and challenging opportunity to help neophyte nursing students discover the wonders within themselves and within the world of nursing" (Schuster 1987, p. 16). An integral part of creativity according to Schuster (1987, p. 16), was creative permission; "permission from oneself, one's institution, and one's peers to unleash the creativity that lies within each of us". Lack of this permission led to inhibition of personal and professional growth (Schuster 1987).

Schuster (1987) based her beliefs about creativity on the work of Torrance (cited in Schuster 1987); this was as a naturally occurring process in a facilitative environment. Among the blocks to facilitative environments in nursing identified by Schuster (1987) were, administrative policies, fear of failure, environmental influences and inadequate preparation of nursing academics, for whom creativity offered the ultimate challenge.

4.16.4 Motivation To Ease The Barriers

Combining their resources as a nurse and a psychologist, Leff and Leff (1987) provided an anecdotal recipe for heightening creativity awareness and easing the barriers. They suggested the use of creative awareness plans by nurses for making the routine more enjoyable and finding unique value in their job. Leff and Leff (1987, p. 1363) stressed that motivation was essential as it "takes motivation to change ways of thinking that have been reinforced by years of use". Again the impact of routine and habit emerged as obstacles to creativity in nursing as well as the fact that the challenge for nurses to free themselves from them was not easily accepted.

4.17 Creativity And Critical Thinking

In following an interest in critical thinking, Sullivan (1987) conducted a study to determine if critical thinking, creativity and clinical performance improved during nursing bachelor studies for a group of hospital trained registered nurses. Previous research in this area had only involved nursing students, so Sullivan (1987) presented a different perspective. Sullivan asserted that critical thinking and creativity would enable nurses to develop alternative and innovative solutions to patient problems (1987). She also believed that a high degree of creativity would enhance nurses' responsiveness to both routine and unusual clinical situations (1987).

Sullivan (1987) used the Watson-Glaser Critical Thinking Appraisal, Torrance Tests of Creative Thinking and the Stewart Evaluation of Nursing Scale to evaluate nursing performance. The first two were administered to nurses at the beginning and the end of their program, and the third to assess clinical performance throughout. Forty-six registered nurses participated in the study. The main results showed that creativity scores were lower at graduation than entry, with no difference in critical thinking scores. At graduation, scores for flexibility and clinical performance were significantly higher. The clinical performance scores were to be expected as part of the learning requirements of the course. The increased flexibility was indicative of "improved ability to explore a wide range of alternatives and to use a variety of strategies", but in what, was not specified by Sullivan (1987, p. 15). Sullivan (1987) encouraged further research in a variety of other areas.

4.18 The Value Of Creative Reflection

Creative reflection for professional growth and development of intuitive insight in nursing was recognised by Masson (1989) as an important endeavour. Nurses, according to Masson (1989) should exploit their free time and allow their minds to wander, to think for themselves, to consider their creative potential and perhaps even develop a shift in perspective.

4.18.1 Reflection To Release Powerlessness

In 1990 Street (pp. 5, 11) described the plight of nursing in Australia in terms of being a product of its history having followed unquestioningly the positivist paradigm:

> Nursing, in oversubscribing to externally derived understandings of practice, has lost sight of the intrinsic realities and richness of its practice heritage. This neglect of the domain of practice has resulted in its devaluation ... [possibly] the most significant issue before Australian nurses today ... the application of purposeful rational techniques denies recognition of the artistry and the richness in clinical practice.
>
> Street 1990, pp. 5, 11

Street (1990) encouraged nurses to value the worth of their expertise and the knowledge they derived from practice to move from a procedural approach to creative and reflective thinking about practice; they would escape from their false consciousness to rely instead on their intuitive knowledge, improvisation, inventions, and new strategies to provide care that was responsively unique to clients not routinised. This was a strong claim indeed.

Street (1990) believed that these processes of creative and reflective thinking would also enable nurses to move from "passivity in the face of authority, pessimism in the face of challenges and dilemmas, and victimisation of their peers". This was confrontational and threatening, but extremely critical for nurses, as unreflected practice transformed empowering practices into oppressive routines (Street 1991). The end result of creative and reflective thinking for nurses would be valuable in personal and professional perspectives (as yet to be proven though) (Street 1990, p. 30):

> ... the richness of this process will equip nurses with the knowledge from which to build theory and allow them greater freedom for development of creative practices which make a difference for those in their care. Collective engagement by nurses in this process of becoming critical challenges the profession to collaborative care that is just, liberating and loving.
>
> Street 1990, p. 30

The critical ethnography research of Street into clinical nursing practice in Australia in 1992 (p. 11) found that "nurses think and act in meaningful ways within the rich tapestry which constitutes clinical nursing practice". However Street (1992, p.11) warned again that "these ways of thinking and acting need to be the subject of scrutiny and contestation in order to uncover the taken-for-granted habitual actions and the contradictions between intent, meaning, and action".

The focus of Street's (1992) research was on the hegemony in nursing by which oppressive practices were maintained, accommodated or resisted. Street's (1992) study served to heighten the consciousness of those nurses she was involved with, as their reflections led to changed understandings and then changed actions. The process of the research in involving nurses in a personal and disclosing way, gave them permission, or freed them, to move beyond their taken-for-granted activities as Street (1992) called them.

Street (1992) elaborated on the paradox of nursing as female dominated but subordinated to the male dominated medical profession. The historical consequences of this had been the esteeming of medical knowledge as value-free and scientific, and the resultant oppression of nursing knowledge. Nurses had continued to subscribe to the externally derived development of nursing knowledge through the acceptance of the know-how and superiority of doctors (Street 1992).

Street (1992, p. 217) wrote of the dismissive attitude of nurses to change, of the common complaint that they were "powerless to change anything" and hence the common response in their language, "yes, but ... ". Street's research centred on power, knowledge, culture, and relationships in nursing. Street (1992) proposed a critical social theory approach to analyse and interpret nursing practice to challenge the hegemony of the health care system. Nursing was urged again to emancipate itself from the hegemony that threatened it; critical analysis and reflection would lead this transformation. It was Street's (1992) belief that this hegemony was steeped in medicine's oppression of nursing; however Chapter Two of this thesis has revealed a different perspective to this hegemony based on the critical history conducted. In addition, Street (1992) has placed a huge expectation on reflection to emancipate nurses from their powerlessness. Something this pervasive and significant would surely need more than reflection, or reflection was certainly awesome.

4.18.2 Reflection To Be With Women?

Reflection has more recently entered the language of midwifery, given its later transfer to university education in Australia and overseas. Kirkham (1997) challenged midwives to both critically examine reflection and incorporate it into their practice. Reflection would enable midwives to achieve more ways of thinking beyond

traditional means. Furthermore it would assist midwives to gain greater insight into their practice (Kirkham 1997). The most desirable goal of reflection in midwifery was to be woman-centred in thinking and in practice, to see with women.

The ability to secure a creative pause as Kirkham (1997) referred to it, was important in midwifery practice for debriefing and critically analysing experiences, and helping women work through birth stories among others. Here reflection takes on a therapeutic role as women revisit and reconcile their experiences of birthing through the guidance and patience of a sensitive midwife. However Kirkham (1997) does caution the use of reflection because of a lack of rigorous examination of it in midwifery. The possibilities of its effects for midwives could move from enhancing being with women, to "professional narcissism" (Kirkham 1997, p. 259).

4.19 Therapeutic Creativity

In a reflection on her role, Callahan (1990, p. 63) urged her colleagues to applaud "the artistry of nursing". Callahan (1990) engaged in critical analysis of herself as a practitioner and her interaction with her clients. Her reflections enabled her to achieve valuable insight into her abilities and the potential she had to offer in her role as a nurse and as a teacher of nursing students.

Callahan (1990) wrote of the significance of nurses as not only agents of caring but also in having the opportunity to use themselves therapeutically for the benefit of clients' coping; "we add our personality to the human situations we encounter to create something better than there would have been without us" (Callahan 1990, p. 64). The therapeutic use of self has been expounded by many in the nursing literature, but not as a manifestation of creativity and artistry. Given the consideration of reflection above, its combination with creativity could precipitate enhanced therapeutic interactions between women and midwives, and nurses and patients; creativity could enable both professional groups to 'see and perceive' beyond the obvious to facilitate perspective transformation (after Mezirow and Associates 1990) in women and patients for experiences that have been traumatic or confusing for them. Creativity here offers significant potential for not only changing perspectives,

but also for meaningfully changing any person's life, which needs to be substantiated.

4.20 Nursing, Ideology And Creativity

In coming to the summation of the literature review, the work of Margretta Styles (1982; 1989) and a synopsis of the Interaction Theorists (by Meleis 1991) has been used to bring together and give meaning to the ideas and findings presented in the literature in terms of nursing's status and position. Styles' (1982; 1989) writing was considered by many to be a watershed for nursing's development. A synopsis of the Interaction Theorists has been chosen because of their focus on what it is that nurses actually do, the process of care and the ongoing interaction between nurses and clients (Meleis 1991).

In 1982 Styles made a strong appeal to the nursing profession internationally to reclaim and rejuvenate itself. Styles (1982, p. 4) acknowledged her "overpowering conviction that nursing has a great destiny but one that cannot be fulfilled until nurses ... change what we are. For us to change what we are, we must change the way we think, the way we feel, and the way we act". Styles (1982, p. 113) described nursing for her as an "exquisite, excruciating obsession". She was striving for a resurgence and manifesto of nursing so that the profession could acclaim and distinguish itself from the threat of obscurity in the health disciplines and within society.

It was time for "the investment of fresh perspective, natural capacity and power in ourselves - in nursing" Styles insisted (1982, p. 188). The new endowment as Styles referred to it, would overcome the deficit nursing has continued to perpetuate in lack of solidarity, coordination, reciprocity and sociopolitical organisation (1982). This would be a re-creation of nursing, if nursing discarded the medical model, along with 'dependency', 'apprenticeship', and 'training', all of which were "pariahs of the professional lexicon" (Styles 1982, p. 189). Styles (1982) included creativity in her writing as an implied means of gaining change and overcoming the status quo.

The model of nursing proposed by Styles (1982) centred on critical qualities necessary to activate and energise nursing. The first, Social Significance, was essential if nursing was to be seen as vitally important to society. The sense of purpose, confidence and capability that would follow from this would lead nursing to an impressive social presence and enhance nurses' self-actualisation (Styles 1982). The second quality, Ultimacy, required nurses to give of their utmost and best with a commitment to "knowledgeable, creative, sensitive caring for patients" (Styles 1982, p. 131). Ultimacy was about nursing as a career not a job, and as a moral imperative.

In 1989 Styles extended her analysis of nursing towards striving for self-regulation and recognition of the specialisations within nursing. She conceptualised nursing as a complex social system (as many theorists do, see Meleis 1991). Styles (1989) used conflict theory (after Duke 1976 cited in Styles 1989) to give insight to her conceptualisation. Her assumptions about nursing were: that conflict of interest was normal, inevitable and ubiquitous; that a legitimised power elite existed which was generally stable and unchallenged, and that differential rewards accompanied different roles within nursing. If nursing became a specialised social system it would become empowered in recognising that specialisation was a natural response to progress and development.

It is worth remembering that Styles first began writing her conceptualisation of nursing twenty years ago; very little, it could be argued, has changed, particularly in Australia over that time as Chapter Two of this thesis has indicated. The inspiration and effect of Styles' (1982; 1989) writing has been severely diluted by those of whom she wrote, the legitimised power elite, who were not doctors, but nurses who have worked to maintain the status quo.

The Interaction Theorists included are King, Orlando, Patterson and Zderad, Peplau, Travelbee, and Wiedenbach (Meleis 1991). Their general assumptions were: that nursing was a deliberate explainable process; that nursing was an interpersonal process which involved nurses as helpers assisting clients who were helpless; that illness was an inevitable experience from which one could grow if meaning could be found in it; that the client perspective was significant, and that nurses should use themselves therapeutically and be involved in the care they provide (Meleis 1991).

The Interaction Theorists presented new challenges to nursing with their different perspectives of interaction and care. They were particularly noted for their focus on the relationship between client and nurse (the *how* of nursing) rather than the problems and needs of clients (the *what* of nursing), or the outcomes of nursing care (the *why* of nursing) (Meleis 1991). The nurse, according to the Interaction Theorists was process and present-oriented, with a humanist intention (Meleis 1991). Regardless of their perspective, Meleis (1991) saw all of these nursing theorists as enhancing creativity in the discipline of nursing by promoting insight into, and synthesis of, nursing knowledge and research. This was what scholarship in nursing was all about according to Meleis (1991).

Creativity and scholarship have already been discussed, yet the extent to which any number of nurses have internalised a model of practice let alone a theory to further guide their thinking, decision-making and professionalism on this basis, is extremely limited. Extending nurses to move beyond the rhetoric of change (why should things change when they have always been fine, for example) presents as a critical challenge; too many are fulfilled in their own static history, willingly or unwillingly, or too few are caught in the frustration of the visionary treadmill trying to achieve change, use and conduct research, and improve their professional status; meanwhile those who hold the sway endeavour to overtly appease both groups (promoting individuals to redundancy or encouraging new ideas with empty words) as they covertly maintain the status quo; the more things change the more they stay the same. Whither creativity?

4.21 Midwifery, Ideology And Creativity

In bringing the literature review together in terms of midwifery, the works of Flint (1986), Page (1995), Kennedy (1995) and Bryar (1995) have been used. Their theories give meaning to and explain the status and position of midwifery and also illustrate its differences from nursing.

Flint (1986) responded to the difficulties and issues surrounding the midwifery profession in the early eighties through her internationally regarded book, *Sensitive*

Midwifery. Flint's (1986) writing was influenced by her humanistic approach to midwifery practice and research. She believed that it was a fundamental necessity for midwives to enhance their roles and their practice through self-love and cherishing, support, respect and confidence for and with each other, and most importantly, for and with women. Flint (1986, p. 220) warned that while midwives saw their work as 'normal', while they remained uninvolved and regarded women as 'others' in their practice, they would suffer "a huge and painful denial ... [that would] cripple [themselves] emotionally and limit [their] effectiveness and growth".

Much of the problem of midwifery's situation, according to Flint (1986) was the artefact of nursing. This intractable handicap confounded midwifery practice, bringing with it undesirable and irrelevant practices and thinking pervaded by the medical model. Flint (1986) centred the focus of her writing on the strength and sensitivity of the midwife. The need for impetus and change must arise from within the acknowledged capacity of the midwife in a humanistic and self-actualising, innovative approach (Flint, 1986, p. viii):

> Midwives and women are intertwined, whatever affects women affects midwives and vice versa ... When midwives are strong, women are able to labour safely and without interference. When midwives are weak, women's bodies are taken over and the birth process is interfered with often to the detriment of women.
>
> Flint 1986, p. viii

Kennedy (1995, p. 410) insisted that "midwifery is a profession that does not provide care to women: it provides care with women". She used the domain of feminist ideology to frame her theory of midwifery care which involved nine themes including: that the woman as an individual determines and directs her care; that the woman feels cared for within the domain of her family; the development of a relationship built on mutual respect, trust and alliance; that the qualities and behaviours of the midwife laid the foundation for the richness of the woman's experience and that health and normalcy of pregnancy were the focus of care. Empowerment of women was an essential feature and the midwife was seen as a determined advocate who "championed for what she [sic] believed was possible [for the woman] even when it meant going against the medical majority" (Kennedy 1995, p. 414).

Three principles to guide midwifery practice were determined by Lesley Page (1995, p.12) based on her acknowledgment of the meaning of midwife as 'with woman'. Page's principles of care were: choice, control and continuity; effective care; supporting the normal and detecting the abnormal (1995). Pregnancy and birth were social contexts and continuity of care provided social support and enabled women to exercise choice and control (Page 1995). Each of them was intertwined with satisfaction, which was closely related to emotional well being and high self-esteem (Page 1995). Effective care meant care that was up-to-date, evidence based and safe, but watchful not interventive (Page 1995).

Supporting the normal represented the difference between midwifery and obstetrics according to Page (1995). The midwife should be the lead clinician where pregnancy is normal, able to refer women to additional appropriate clinicians if abnormalities arise (Page 1995). Midwives integrated into their practice simple but essential aspects such as giving, encouragement, support, comfort and companionship as well as complex elements such as interpretation of screening and monitoring, and decision-making. But, as Page (1995) described it, the ultimate in psychological sensitivity is demanded from midwives in ensuring the woman's autonomy, leaving families cherished by their care, proud of their accomplishments and with the joy of love in their hearts.

Bryar (1995) has taken the most emphatic stand on the status and differentiation of midwifery from nursing. The defining point lay in the reality that to be a midwife was to be with woman, but never has it been said or intended that to be a nurse was to be 'with patient'. The other fundamental difference centred on the necessity for midwives to practise in partnership with women without facades of role or expertise to imbalance their relationship (Bryar 1995, p. 2): "To be a midwife is to use the self, the person who is the midwife, in the practice of midwifery and the care of women and their families. Being a midwife becomes an inextricable part of the person".

Creativity has a consequential part to play in enabling midwives to be themselves and embody the art of midwifery practice (Bryar 1995, p. 4):

> ... this is the essence of the art of midwifery: informed intuition, informed empathy. Empathy that is uninformed by theory, knowledge and reflective thinking is, at its best, sympathy and support that does no harm; at its worst, sympathy and failure to recognise serious problems that require skilled action. The midwife who is empathetic but lacks up-to-date knowledge, who does not think about and reflect on day-to-day practice, is unable to be fully with woman and exercise the art of midwifery.
>
> Bryar 1995, p. 4

4.22 Summary

The acknowledgment of the value and consequences of creativity as an asset for nurses and midwives has certainly been identified in the literature. Despite its recognised potential and worth, limited research to explore and/or support creativity has emerged. Given the history and image of creativity as something beyond the capability of the 'ordinary person' and beyond women, this absence of investigation is not surprising.

From this review has come an understanding of the published and often symbolic interpretations of creativity in nursing and in midwifery. The personal experiential interpretations have been absent. Whilst creativity frequently has been seen either as a panacea or a charm for the profession, its meaning for individuals is not really known. This uncertainty demanded exploration.

A recognition of the contexts and issues relevant to nursing and midwifery has also emerged from this review. Whilst internationally they are regarded as two distinct disciplines, the situation in Australia is that nursing is seen as a prerequisite for midwifery, without proof of this relationship, and despite the negative artefactual effects of this. They are as polarised as they are the same.

What has been distinctive from the literature though has been the differences in portrayal of the two health professionals. The nurse has been the care-provider *for the patient*; personal, professional, prudent and proficient. The midwife has been *with the woman*; empowering, empathising, embracing and eclectic. These two fundamental differences in the expression of roles are embodied in the reality that for midwives best practice comes certainly from evidence but most consequentially from

themselves, their personality and sensitivity, as they interact with women. For nurses best practice comes also from evidence, but more from their doing and caring for people through an understanding of nursing as a human science, not an understanding of themselves as nurses.

Nursing is still interlinked in a necessary engagement with the medical model because of the structure of the hospital system and diagnostic and prescriptive processes. Midwifery has always been able to exercise degrees of freedom from the medico-obstetric model because of legislated practice and midwives' ability to work with women without need for a doctor unless they deem it necessary. To explain this through the artist's metaphor, as nursing appears to move through futurism and back in its genre, midwifery seems to be moving into a genre of renaissance for women and midwives (*The Penguin Dictionary of Art and Artists* 1991) seeking a partnership between them and a return to the 'unique ordinariness' of pregnancy and birth.

The history of both disciplines has tainted their progress despite the often euphoric literature promoting creativity and change for the professions' future advancement. The need to more definitively substantiate nursing and midwifery's relationship with, and potential for, creativity is clear to ensure that both can actually take advantage of this and take control of their destinies beyond rhetoric and hegemony.

Taking control is about emerging proactively and innovatively in a competitive and economically and intellectually demanding health environment (after Kanter's warning in 1985):

- about abolishing the stereotypical and perpetual images, and all too often reality, of nurses and nursing as process and task oriented and particularly routine, and of midwives and midwifery as accessories to doctors and obstetrics;
- about nursing coming to a clear and unified consensus of a definition for itself to confirm its solidarity and integrity;
- and, about midwifery taking hold of its discipline in affirmative distinction from nursing for its own solidarity and integrity.

Thus reviewed, the literature surrounding creativity in nursing and midwifery presents as an easel to support the canvas. The scene is set the artwork can begin. Before it

does however, *the artist has to decide whether or not to use a brush for wide strokes that might sweep everything into the picture; to use a pencil instead to finely bring out the particulars and achieve a detailed drawing; or perhaps to use a palette knife to create texture, colour and depth in an oil painting*. Similarly the research for this thesis required careful consideration regarding approach, methodology, design and ethics before the study itself could be initiated.

5 SELECTING THE MEDIUM AND TOOLS: APPROACH AND METHODOLOGIES OF THE STUDY

... looking less for the sort of thing that connects planets and pendulums and more for the sort that connects chrysanthemums and swords

Geertz 1983, p. 19

5.1 Introduction

This chapter explains the decisions made regarding the approach to the research for this thesis and the methodologies that have been used within it. Issues relating to ethics and rigour have also been discussed, as well as the overall organisation of the study design.

The writings of Eisner (1991) and Geertz (1983) have been informative in their enabling a re-thinking of research as inquiry rather than in terms of singular paradigms or approaches. Morse (1991b; 1992; 1994; 1998) a well acknowledged qualitative researcher has further advanced this re-thinking, including consideration of triangulation with quantitative approaches. Similarly, Hicks and Hennessy (1997) have called for the bringing together of quantitative and qualitative approaches for enhanced research. This follows from Hicks' well-established reputation in quantitative research in midwifery.

The work of Colaizzi (1978), among others, has provided thoughtful and practical advice regarding phenomenological analysis and also about approaching research. Sandelowski (1986; 1993; 1994; 1995a; 1995b) and Munhall (1994) have presented challenging ideas concerning rigour and ethics, and for re-thinking research in general. Glaser's (1978; 1992; 1994) and Stern's (1994a; 1994b) writings have contributed to the grounded theory process of the research.

These have been the major influences on the study's development. A number of other writers' works also have been of influence in lesser or other ways, and they will be introduced as they are discussed.

5.2 The Approach To The Study

What is seen to be the important consequence or concern in the researcher's mind, will influence the way in which the research itself is approached (Colaizzi 1978). The starting point for all of this should be the researcher's question of interest in the phenomenon to be investigated, not the desire to take an approach and make the research question fit accordingly. The origin of the approach and its methodologies should emerge from the origin of the research idea. Such a stance will enable the researcher to move into the question/idea of interest without the constraints of a predetermined research approach and instead be open to diverse possibilities of exploration.

A tendency towards polarisation of the two main research approaches in nursing and midwifery has persisted. This has been commonly referred to as the qualitative versus quantitative research controversy (Morse 1991b). This controversy has been fuelled by the general belief that qualitative research addressed the human elements of investigation in trying to understand life and experience from individual perspectives, and that quantitative research was based on statistical procedures and rigorous positivist quantification, which dehumanised individuals. Such polarisation does not work in anyone's best interests especially if the two are seen to be diametrically oppositional.

If all research is viewed as Eisner (1991) suggested, as inquiry, (ideally arising out of a commonly held spirit of inquiry) an all-encompassing approach arises. Eisner (1991, p. 29) argued that taking an 'inquiry' approach opened up the researcher to the *realm of qualitative thought* that should be a part of all research not just a qualitative approach:

> All empirical inquiry is referenced in qualities. Even inquiry in the most quantitative of the sciences results in claims that refer to qualities. The truth or falsity of the claims one makes is determined by relating them to the qualities to which they purportedly refer. These qualities and the meaning we assign to them constitute the content of our experience ... Neither science nor art can exist outside of experience, and experience requires a subject matter. That subject matter is qualitative.
>
> Eisner 1991, p. 29

There was a degree of parody in Eisner's (1991) writing which implied that the more different quantitative and qualitative approaches were seen to be, the more they were actually the same. Eisner (1991) acknowledged that although the two approaches were not the same, research would be more effective if it was premised on his belief that experience depended on qualities and all inquiry would in some way address them. This removed the digressive tendency of the two approaches and meshed them together in the seeking of meaning at 'person' not study level. Experience was given primacy vested in the qualities of the individual. The individual has similarly been given primacy in the research for this thesis within an inquiry-based approach.

5.2.1 Unblurring The Research Genres

The blurring of genres in intellectual life and in research was also recognised by Geertz (1983, p. 19):

> ... many social scientists have turned away from a laws and instances ideal of explanation toward a cases and interpretations one, looking less for the sort of thing that connects planets and pendulums and more for the sort that connects chrysanthemums and swords.
>
> Geertz 1983, p. 19

Being able to absolutely differentiate between 'things scientific' and 'things social' was no longer a simple, single, reducible process. Juxtaposing science and art enabled their kinships to be revealed (Nisbet cited in Sandelowski 1995c). It was Geertz's (1983) belief that a critical consciousness needed to be developed to respond to this research genre blurring to ensure that meaning would not be lost as thought was 'unpacked'. Diversity in research approaches could enhance understanding as long as it did not lead to lack of clarity in intention and process. Geertz (1983, pp. 23, 33) warned of the use of new interpretive analogies for describing human behaviour that could become unfocused:

> The instruments of reasoning are changing and society is less and less represented as an elaborate machine or a quasi-organism and more as a serious game, a side-walk drama or a behavioral text ... the interesting question is not how all this muddle is going to come magnificently together, but what does all this ferment mean.
>
> Geertz 1983, pp. 23, 33

Blurred genres could make research problematic and steeped in extremes or they could enable research to benefit from interdisciplinary and dialectical discovery. Geertz (1983) recognised in the social sciences for example, that varied approaches were essential. However he added that what was needed most was finding the best way of synthesising them (1983). It was time for the end of "double narrowness" (Geertz 1983, pp. 26, 34):

> ... the end of passioned restatements of hallowed truths, quoting the scripture against the sun to seek meaning and interpretation ... a sea of change in our notion not so much of what knowledge is but of what it is we want to know [is needed] ... it just may be that the road to discovering what we assert in asserting this lies less through postulating forces and measuring them than through noting expressions and inspecting them.
>
> Geertz 1983, pp. 26, 34

The need for re-thinking thinking about research was vital (Geertz 1983); starting with the questions or concerns of inquiry would lead to further questions about how best to gain this understanding without being narrowed by an expected methodology to direct the approach. But the end result would not be easily attained because of the whole difficulty of the concepts of meaning and interpretation. No one has yet found the right answer regardless of their discipline or paradigm (Geertz 1983, p. 35):

> The relation between thought and action in social life can no more be conceived in terms of wisdom than it can in terms of expertise. How it is to be conceived, how the games, dramas, or texts that we do not just invent or witness but live have the consequence they do remains very far from clear. It will take the wariest of wary reasonings, on all sides of all divides, to get it clearer.
>
> Geertz 1983, p. 35

5.2.2 The Aesthetics Of Qualitative Research

Sandelowski (1994, p. 59) argued for a "poetic for inquiry" to dissipate the divisions between science and art in research. Both science and art were searching for the truth, trying to illuminate reality and explore the unknown (Sandelowski 1994). The self could not be denied in either despite claims for objectivity for example (Sandelowski 1994). People were always involved and with them came their facts,

fictions and feelings. The only real differences between science and art lay in the kinds of truths for which they were searching (Sandelowski 1994).

Sandelowski (1994) issued a warning though about the potential to abuse the supposed freedom of qualitative inquiry. This was not an opportunity to exploit others, to falsify, to be devoid of scholarship or to misrepresent for example (Sandelowski 1994). Significant effort was involved in qualitative inquiry as much as in quantitative inquiry; "scholarship can be both rigorous and imaginative, true and beautifully rendered" (Sandelowski 1994, p. 60). Neither came easily nor should they. From either approach the researcher should be able to affirm their aesthetic and intellectual intent, and their elegance and accuracy. Beyond this, the "quintessential qualitative piece [of research]" according to Sandelowski (1994, p. 59) was:

> ... both representative and evocative; it tells an interesting and true story, it provides a sense of understanding and sometimes even personal recognition, and it conveys some movement and tension - something going on, something struggled against.
> Sandelowski 1994, p. 59

Sandelowski (1995c) continued to argue for a re-consideration of both quantitative and qualitative research approaches in terms of aesthetics. There was a sharing of attractiveness, style, and originality in both (Sandelowski 1995c, p. 206); getting rid of "binary chains that bind and may even blind us" was essential for removing the preconceived ideas that were held about both science and art. Sandelowski (1995c) referred to Eisner's recognition of quantitative and qualitative research as "forms of representation that are emphasised in presenting of a body of work" (1991 cited in Sandelowski 1995c, p. 207).

Eisner's work influenced Sandelowski to rethink her own context of research, in particular his belief that products of art were like products of science, their form and the way they were formed having aesthetic properties (1985 cited in Sandelowski 1995c). Science was more of an art and art more of a science than was usually acknowledged (Eisner 1985 cited in Sandelowski 1995c). Scientific inquiry could really be considered a form of artistic engagement (Eisner 1985 cited in Sandelowski 1995c). Each demanded attention to detail and a meaningful capturing of the essence of reality.

5.2.3 Reconsidering Research Approaches`

Both Eisner (1991) and Geertz (1983) challenged the sanctity of research approaches as entities in their own right. The metaphor of a journey can usefully explain their propositions. What should follow when one decided to pursue a research idea, would be thoughts about the quality and nature of the journey that enabled the best scenery to be discovered in the inquiry along the way. The journey need not be confined to the shortest straightest route if that did not ensure optimum landscape possibilities and hence enhanced understanding through the research approach. An harmonious interaction between qualitative and quantitative approaches could enable researchers really to see and feel, actually experience the journey, rather than just look at where they were going.

Researchers all have diverse perspectives and considerations regarding the nature of their journey of inquiry; their deliberations could be far less onerous if they were not obliged or constrained to use known or preferred methodologies, but rather allow the research to guide them in deciding how best to approach and then explore it. Their knowledge development could be richer and deeper by virtue of the creative possibilities they may discover in their journey. Morse summarised this different relationship between methodologies aptly (1991b, p. 122):

> Researchers who purport to subscribe to the philosophical underpinning of only one research approach have lost sight of the fact that research methodologies are merely tools, instruments to be used to facilitate understanding. Smart researchers are versatile and have a balanced and extensive repertoire of methods at their disposal.
>
> Morse 1991b, p. 122

5.2.4 Triangulation And Methodological Pluralism

Triangulation was offered by Morse (1991b) as an important way to undertake a comprehensive approach in research linking qualitative and quantitative methodologies. Simultaneous Triangulation was defined by Morse (1991b) as the use of qualitative and quantitative research processes at the same time, so that the findings complemented each other at the end of the study. In the research for this thesis the phenomenon of creativity has been explored through individuals' descriptions concurrent with the use of four self-administered creativity assessment instruments, and this has been followed by grounded theory research.

"Blending or merging of the data does not occur in the process of analysis but in the fitting of the results from each study into a cohesive and coherent outcome" (Morse 1991b, p. 121). This would work successfully if appropriateness and adequacy were ensured in the study's participants (Morse 1991b). In a qualitative research approach appropriateness was ascertained by "how well the sample can represent the phenomenon of interest ... and the sample is deemed adequate when saturation of data is reached" (Morse 1991b, p.121). In a quantitative research approach the participant group needed to be representative of the population.

Morse identified varying combinations of methods that could be utilised in triangulation (1991b). In Simultaneous Triangulation for example, the intention was not simply the combination of narrative (qualitative) and numeric (quantitative) data; the results should fit together like the pieces of a puzzle, according to Morse (1991b, p. 122) using an "informed thought process, involving judgement, wisdom, creativity, and insight".

Morse (1991b) warned that triangulation was not to be used if speed and expediency were the priorities of the research. In fact this approach would greatly increase the workload and duration of the project (Morse 1991b). Nor was triangulation about maximising the strengths and minimising the weaknesses of either approach. Instead, according to Morse (1991b) the long-term gains achieved from such a thorough undertaking would be immeasurable.

Morse (1991b) also refused to be bound by the narrowness of a single-minded method approach to research. Morse (1991b) encouraged movement away from traditional constraints and expectations to consider varying possibilities in complementing approaches to gain a comprehensive approach. This broadening of approaches has been much needed as many nurses and midwives continue to view research as one desired or known approach only; generally this has been qualitative. There has been a blatant denigration of positivism in nursing research as a rejected relic of the medico-scientific model of practice. Valuing the quality of the inquiry process would lead to undermining the fear of quantitative methods and a loosening of the expectancy of qualitative methods. This would enable creative discovery to emerge from a connection of the chrysanthemums and swords (after Geertz 1983); that is a connection of the unexpected not the anticipated.

Among the various arguments put forward by Oiler Boyd (1993) was the advisability of using qualitative and quantitative approaches jointly to arrive at a superior research product. The main purpose of using triangulation should be to "increase the reliability and validity of a study and/or to increase the comprehensiveness of a study" (Oiler Boyd 1993, p. 455). In the research for this thesis the specific intent has been to investigate creativity in nursing and midwifery as inclusively as possible. Triangulation enabled this in ways that a single approach could not (Oiler Boyd 1993, p. 456 - 457):

> To provide qualitatively derived richness or detail in description and/or explanation of a phenomenon.
> To achieve a more complete understanding of the phenomenon under study, especially when the phenomenon has multiple aspects or perspectives to consider ... to maximize validity of a quantitative study or to achieve a holistic understanding in a qualitative study.
>
> Oiler Boyd 1993, p. 456 - 457

Oiler Boyd (1993) used Gortner (1990 cited in Oiler Boyd 1993) to support the value of triangulation and emphasised that there were many possible modes of awareness that contributed to knowledge development in nursing. Further to this, that qualitative research did not have "an exclusive corner on the truth" (Oiler Boyd 1993, p. 467). Both Oiler Boyd (1993) and Gortner (1990 cited in Oiler Boyd 1993, p. 474) have recognised the potential research narrow-mindedness that will continue to dog nursing and midwifery unless researchers of both disciplines can open their mindsets to greater possibilities for expanding knowledge in their disciplines:

> ... the interests and concerns of qualitative researchers are not irrelevant to quantitative researchers. There can be productive dialogue between the two. Neither school of thought need necessarily block the other; multiple paradigms within a single discipline are characteristic of our world anyway. We can live with blatant conflicts in our ways of thinking about the discipline, and might profit from it ... researchers who locate a rationale in the purposes of triangulation explicated in the literature should be welcomed to the discipline's exploration of research methodologies. Appeasement and compromise are among our possibilities as is the purist approach to qualitative research.
>
> Gortner 1990 cited in Oiler Boyd 1993, p. 474

Triangulation according to Cowman (1993, p. 791) has critical strengths and most importantly "encourages creativity, flexibility and insightfulness in data collection and analysis". Using triangulation as a research approach would enable nurses and midwives to build bridges between methodologies instead of dividing them with isolationary walls (Cowman 1993). No methodology in isolation would provide the

understanding of humans and their problems and needs in health care that was so necessary in nursing and midwifery. Only triangulation would give the rich and productive data that was essential in health care research (Cowman 1993).

In 1998 Morse reconceptualised her view of triangulation to what she termed methodological pluralism, the use of multiple ways to explore a problem. Methodological pluralism was essential in order to capture the whole of what was being investigated (Morse 1998). Versatility was important because a singular approach, methodological orthodoxy as Morse (1998) referred to it, only gave one way of seeing things, one way of knowing life. This re-viewing of triangulation came without the prescriptiveness of her previous writing and presented an even more liberal way in which to approach research beyond the confines of 'purism'. Viewing research in nursing and midwifery as a necessary means of knowing life was highly apt given both disciplines' total involvement with people. The diversity of life went beyond simple, single paradigms of conceptualisation.

Cohen, Manion and Morrison (2001) present triangulation as a much subscribed to but little used research approach, that is "not without its critics" (2001, p. 114). They acknowledge its strengths when studying complex phenomena and note that there should be studies where various levels of analysis are employed which enable researchers to avoid being "taken to task for their rigid adherence to one particular theory or theoretical orientation to the exclusion of competing theories" (Cohen, Manion and Morrison 2001, p. 114). Conversely though, Silverman (1985) proposed triangulation as positivistic in presuming that multiple data sources are superior to single. Likewise, Paton (1980) suggested that multiple data sources did not confirm consistency or replicability. More recently Oakley (2000) has critiqued triangulation within her analysis of the qualitative/quantitative dichotomy indicating that triangulation is often taken by qualitative researchers to address the issues of credibility. Oakley (2000) cautions that when data is obtained via different methods it may conflict, and does not lead to "sounder explanations in simple additive fashion" (2000, p. 70). It is noteworthy given Oakley's (2000) concerns that the research for this thesis did not find conflicting results within a complex compilation of data. Oakley (2000) concedes the contradictions and challenges of paradigms, choices and decisions in research and acknowledges that ultimately, "researchers are the ones with the power to define" (2000, p. 72).

5.2.5 Mutually Informative Approaches

Hicks (1996) similarly urged midwives to view research methodologies as complementary and mutually informative. Hicks' (1996) own strength lay in quantitative research but she emphasised the need for midwives to consider the broad spectrum of research methodologies available not in competition but in conjunction with each other. To that end Hicks (1996, p. 4) defined research as "asking questions and finding answers to those questions in a systematic way".

In 1997 Hicks and Hennessy stated their belief that the continuing hiatus, as they referred to it, between evidence and practice, was exacerbated by mixed messages regarding what research actually meant. They called for a more eclectic approach that would provide balanced and comprehensive information. Any definition of research for example should include all its variants not just the hypothetico-deductive (Hicks and Hennessy 1997).

An understanding and subsequent application of complementary methodologies would strengthen the professions' confidence and integrity with regards to research and their involvement in it. Research should be viewed as a "multi-faceted activity with each facet bringing its own constellation of strengths and weaknesses to the situation" (Hicks and Hennessy 1997, p. 600). Hicks (cited in Hicks and Hennessy 1997, p. 600) described the move to advocating for eclecticism in research as a "rite of passage" for her as a researcher with a track record devoid of qualitative methodology. There was a clear acknowledgment that a new window of research opportunity had opened up for Hicks (cited in Hicks and Hennessy 1997) with her re-viewing of research as more than the traditional constraints of only quantitative approaches.

5.3 The Approach Decision - An Eclectic Inquiry

In the research for this thesis, triangulation of approaches and methodological pluralism has been brought together. It has therefore been termed an *eclectic inquiry* (after Hicks and Hennessy 1997) to indicate the reciprocity of the varied ways of inquiring that have been brought together to achieve an inclusive informed study. The research commenced with qualitative inquiry framed on phenomenology that was conducted simultaneously with a quantitative correlational investigation. This was subsequently followed by a grounded theory inquiry. Table 1 (over) details the configuration.

TABLE 1

Approach And Methodology Configuration

APPROACH	METHODOLOGY	DETAILS
	STAGE ONE Structured Self-Report Process	
TRIANGULATION	METHODOLOGICAL PLURALISM	
Qualitative	Phenomenology	Colaizzi (1978)
Original large sample group		*Analysis of written descriptions*
Quantitative	Correlational research	*WKOPAY
Original large sample group		*SAM
		*SDF
		*CCI
		**SPSS analysis*
	STAGE TWO Interview Process	
Qualitative	Grounded Theory	Glaser (1978; 1992; 1994)
Sub-group of Stage One group		*Constant comparison*
		analysis of interview
		data
		*Definitions and details in Section 5.6

5.3.1 The Researcher's Context In An Eclectic Inquiry

Gadamer warned that "it is a question not simply of defining a specific method, but rather, of recognising a different notion of knowledge and truth" (1979 cited by Lynch-Sauer in Leininger 1985, p. 93). The intent in the research for this thesis was to start from individuals and move to an insightful understanding of each of them through careful analysis of their descriptions, without loss of their individual consequences.

"Human existence is complicated, ambiguous and mysterious" and the challenge must be taken up to, as Munhall (1989, p. 27) put it, "ferret out meanings [and] glean insights". Munhall (1994) wrote at length on phenomenological research influenced by the past work of van Manen (1990) and Colaizzi (1978). Munhall's (1994) writing has contributed to a rethinking of the role of the researcher, the roles of the participants and the nature of the research process beyond typical stereotypes and fixed expectations.

Munhall (1994, p. xiii) insisted that "the icons of research - method, hypothesis and proof - belong to the age of modernism". The intent should not be "to abandon these sacred beliefs" but to meet the challenge of post-modern times and become more human in research, writing and understanding (Munhall 1994, p. xiii). In particular the distance between writer and reader, must be reduced (Munhall 1994). It is argued that the 'tyranny of distance' and need for detachment in traditional positivism would be most effectively reduced by allowing qualitative and quantitative research to travel together.

The essential characteristics for the researcher should be imagination and openness practised though mindfulness (Munhall 1994). It was also important to become "mapless, so that we can discover what lies beyond the boundaries [so the research] turns and questions the maps, the theories, the taken-for-granted and looks to put meaning into our somnolent world - if meaning could be given a chance" (Munhall 1994, p. 169).

The purpose of inquiry should be to gain authentic interpretations not superimposed understandings of each individual involved. This required a move from rigid

objectivity to acknowledgment of meaningful and valid subjectivity. The acquisition of meaning was political according to Munhall (1994) as researchers were continually required to demonstrate the usefulness of their findings. Research needed to restore the human element to meaning through an outcome of greater understanding, not just singular proof.

Returning to the genre of the artist's studio, the focus on creativity as the phenomenon of interest in this research provided the contour for the painting (the findings of the study) that would emerge. However the diversity of definitions and interpretations of creativity already known, and the infinite variety expressed within individuals meant that this research and its researcher could neither be single-minded nor expectant about that contour. Its fullness, form, colours and texture would transpire from the contributions of the individuals participating. For the artist, "an attentive study of any good drawing ... will reveal that the modulation of the contour traced by the point of the pencil can express the fullness and recession of the forms and even the variety and texture of surface" (*The Penguin Dictionary of Art and Artists* 1991, p. 86). The artist moves from the contour to give life to the painting. The participants in the research for this thesis have similarly given life to its contour.

The lives of nurses and midwives are all extraordinary, rich with variety and meaning that has been inadequately shared, acknowledged or valued in research, and in practice. A history which viewed them as means to an end not ends in themselves has caused this. Nurses and midwives have been particularly invisible as individuals during the decades of research that focused on the quest for theory and model development; they were generally more like utilities in the scheme of things rather than unique contributors. Their personal meanings and perceptions have much to offer professional understanding by heightening an awareness of their 'being in the world' as individuals not as functions, and valuing the worth of their potential as creative beings within the health system. There was a challenge for this researcher then to capture the essence of their individualism and their expressions in giving life to the research for this thesis.

5.4 Stage One - The Structured Self-Report Process

The strongest argument for using the self-report method in research has been that it frequently provides the best information that otherwise probably would be impossible to obtain by any other means (Polit and Hungler 1993). In particular, information about people's feelings, attitudes, opinions, values and motives (that is their states of mind) cannot always be inferred from their actions or reliably from their responses at interview. While the influence of 'social desirability' can lead individuals to reply or behave in the ways they believe put them in the best light, not what they honestly think or feel (Hicks 1996), using a self-report process may alleviate this effect because the researcher is not actually present.

A self-report method can as well, provide protection for anonymity and glean diverse and open perspectives from varied individuals involved without the logistic and sometimes implicating constraints of interviews (Polit and Hungler 1993). The aim in the first stage of the research for this thesis was to enable participants to freely and spontaneously express their individual interpretations and feelings regarding creativity without any expectant bias or concerns about revealing personal information.

The self-report process was conducted via the use of a composite Research Set, which comprised twelve pages. This was inclusive of information sheet, consent form, one and a half pages of items requesting demographic details, two and a half pages of open-ended items and questions, a Creativity Characteristics Inventory (CCI) requiring preferential rating, Something About Myself (SAM) and What Kind Of Person Are You (WKOPAY) Inventories from the Khatena Torrance Creative Perception Inventory (Khatena and Torrance 1976) requiring personal applicability and characteristic ratings, The Self Description Form (SDF) developed from Dagenais and Meleis (1982) requiring personal characteristic ratings, and a signed declaration by the researcher for individuals to retain, affirming confidentiality (See Appendix 1 for a copy of the Research Set). These forms have been used in recognition of minimising effects such as social desirability and expectant bias.

An Information Sheet was also included in the Research Set providing details of the nature of the study, its purpose, and the nature of the participants' involvement. This

information was important for ensuring the participants understood the intent of the research for this thesis, and for setting the scene for their involvement. The Information Sheet communicated the researcher's desire for spontaneity and honesty from participants in their deliberations. It was emphasised that their responses would not be considered in terms of accuracy or goodness, as the study was concerned with personal feelings and thoughts.

The supervising university for the research for this thesis determined the consent form. Written consents were obtained from all participants in anonymity and sent to the researcher via reply paid envelopes separate from the returned Research Set. Consent has been discussed further in the ethics section following.

A section of the Research Set was devoted to obtaining demographic data from participants. They were asked to indicate their title, level and area of practice, and skill acquisition level, type of workplace and work status, age, gender, years of professional experience, length of time at current workplace, type of general nursing and midwifery education, and higher/other education qualifications if any.

5.5 The Phenomenology Component

The work of Colaizzi (1978) provided the greatest influence in this aspect of the research for this thesis. Lesser but still important influence came from van Manen (1990), Munhall (1994), Ray (1994), and Morse (1992). The intent for this component of the research was to gain an understanding of creativity as experienced, that is 'lived and worked with' by the nurses and midwives involved.

5.5.1 Colaizzi's 'Being-In-The-World-With-Others'

The traditional profundities of scientific enterprise and their distance from ordinary experience frustrated Colaizzi (1978). He urged the need to value experience and neither deny nor denigrate it through research (1978); the researcher should remain with the experience of the individual as they experienced it, and sustain contact with it. Heidegger had expressed this as letting "that which shows itself be seen from itself

in the very way in which it shows itself from itself" (1962 cited in Colaizzi 1978, p. 53); Colaizzi regarded this as "being-in-the-world-with-others" (1978, p. 56). Phenomenology was considered by Colaizzi (1978) to be the answer to psychology's research problems with theoretical distance, precision, exactitude and de-emphasis of experience. Experience had been doubted and distrusted as subjective. However phenomenology enabled the psychologist to enter the world of the research participant and see their perspective, not view it from afar.

Objectivity was used by Colaizzi (1978) as an example of the absurdities of psychological research; to be objective meant to negate experience in striving for universality. Colaizzi explained what he meant by objective research (1978, p. 51):

> [It was] justified on the basis that it eliminates subjective opinions and value judgements [and] objective because it is not burdened by the complications of the various ways people might experience [something]; objectivity resides wherever experience is not ... In other words, according to this queer notion of objectivity, to be objective means to eliminate and deny what is really there.
> Being objective in the traditional sense was an impediment to the true exploration and understanding of humans.
>
> Colaizzi 1978, p.51

Colaizzi (1978, p. 52) insisted that experience was not just internal states; "it is always of how we behave towards the world and act toward others". As people are, so they must be understood, not within the confines of aloofness, doubting and distrusting their emotions and feelings, but valuing their implicit humanness. For Colaizzi (1978, p. 52) this was being "in and of the world".

Colaizzi's (1978) written protocols for analysing phenomenological data have been followed in the research for this thesis. There has been some adaptation for the nature of the research, which Colaizzi advised all researchers to do to avoid a standardised effect (1978). Colaizzi (1978) used seven overlapping steps in his practice of phenomenology; these were 'typical' as he described them but not definitive. They were to be flexible and modified as appropriate to the individual researcher (1978, pp. 59, 61, 62):

> (1) Read all of the [participants'] descriptions, conventionally termed *protocols*, in order to acquire a feeling for them, a making sense out of them.
>
> (2) Return to each protocol and extract from them phrases or sentences that directly pertain to the investigated phenomenon; this is known as *extracting significant statements.*
>
> (3) Try to spell out the meaning of each significant statement, known as *formulating meanings.* Here [the researcher] is engaged in that ineffable thing known as creative

> insight; [the researcher] must leap from what [the participants] say to what they mean. This is a precarious leap because, while moving beyond the protocol statements, the meanings [the researcher] arrives at and formulates should never sever all connection with the original protocols; [the] formulations must discover and illuminate those meanings hidden in the various contexts and horizons of the investigated phenomenon which are announced in the original protocols.
>
> (4) Repeat [this] for each protocol, and organise the aggregate formulated meanings into *clusters of themes* ... there is an attempt here to allow for the emergence of themes which are common to all of the [participants'] protocols. Refer these clusters of themes back to the original protocols in order to *validate* them ... the researcher must rely upon [their] tolerance for ambiguity [and] must proceed with the solid conviction that what is logically inexplicable may be existentially real and valid.
>
> (5) The results of everything so far are integrated into an *exhaustive description* of the investigated topic.
>
> (6) An effort is made to formulate the *exhaustive description of the investigated phenomenon in as unequivocal statement of identification of its fundamental structure as possible.*
>
> (7) A final validating step can be achieved by returning to each [participant] ... and asking each about the findings thus far.
>
> Colaizzi 1978, pp. 59, 61, 62

The core of this process was the researcher's "seeking to, understand the phenomenon by staying with it ... [and being] content to understandingly dwell" (Colaizzi 1978, p. 68).

Kennedy (1995) utilised Colaizzi's (1978) process in her research to determine the essence of midwifery care from women's perspectives. Kennedy (1995) chose Colaizzi's phenomenology (1978) to guide her research in order to achieve an exhaustive description of women's experiences of midwifery care, which she was able to do most effectively. The desire for an exhaustive description of creativity in this research lent itself to using Colaizzi (1978).

Research could never be complete according to Colaizzi (1978) and therefore any phenomenon could never be exhaustively researched. "Spiralling and ever-expanding horizons" could be reached but never to the point where full significance was uncovered or achieved (Colaizzi 1978, p. 70). As Heidegger put it so aptly, "it never 'arrives' but is always only 'on the way' " (cited in Colaizzi 1978, p. 70). The plausible paradox for the researcher was that there would be "a certain empty but distinct feeling of being satisfied that the approach phase is adequate in the face of simultaneously experiencing the tension of its not really being complete" (Colaizzi

1978, p.70). Colaizzi's (1978) ideas were pertinent for all research methodologies not just phenomenology.

This paradox of achieving meaning without achieving circumspection is grappled with by the artist as well. The intent is to form a harmony that pleases the eye and combines the elements into a satisfactory whole (*The Penguin Dictionary of Art and Artists* 1991) and yet enables the artist to express their creativity. But a work of art once 'completed' is under much scrutiny to prove its effectiveness or worth, and to explore its meaning regardless of the intentions of its creator; it remains as such incomplete.

5.5.2 Phenomenology Through The Eyes Of Others

Phenomenology enabled researchers to achieve deeper understandings about the nature and meaning of our everyday experiences according to van Manen (1990). These insights would bring research into more direct contact with the world (van Manen 1990).

Lived experience was the starting point and the end point for phenomenological research (van Manen 1990). The aim was to "transform this lived experience into a textual expression of its essence" (van Manen 1990, p. 36). van Manen defined lived experience as the breathing of meaning in the flow of life (1990). Thus lived experience had a certain essence, a 'quality' recognised in retrospect (van Manen 1990, p. 36).

van Manen's (1990) emphasis on valuing individuals' realities and the need to explore the quality embedded in each of them required the researcher to be free of expectation and anticipation. In the research for this thesis each participant's contribution was regarded as a novel and discrete entity with inherent qualities of importance, not a generic part of an amorphous mass of subjects.

van Manen (1990, p. 30) identified six themes in what he termed the dynamic interplay of phenomenology. These themes (van Manen 1990, pp. 30 – 33) formed the means by which phenomenological data would be considered:

> (1) turning to a phenomenon which seriously interests us and commits us to the world ... to make sense of a certain aspect of human existence;
> (2) investigating experience as we live it rather than as we conceptualise it;
> (3) reflecting on the essential themes which characterise the phenomenon ... a true reflection on lived experience is a thoughtful, reflective grasping of what it is that renders this or that particular experience its special significance;
> (4) describing the phenomenon through the art of writing and rewriting ... and thoughtfulness;
> (5) maintaining a strong and oriented pedagogical relation to the phenomenon ... the researcher cannot afford to adopt an attitude of so-called scientific disinterestedness;
> (6) balancing the research context by considering parts and whole ... step back and look at the total, at the contextual givens and how each of the parts needs to contribute toward the total.
>
> van Manen 1990, pp. 30, 33

There is a sense of moving through the participants' experiences rather than looking at them, in the same way that Colaizzi (1978) insisted on removing the distance between researcher and researched. The effectiveness of this process depended on the interpretive sensitivity, inventive thoughtfulness, scholarly tact, and writing talent of the researcher (van Manen 1990). In turning to explore the experiences of nurses and midwives within the phenomenon of creativity, a determined move has been made in the research for this thesis from resting on assumptions, to gaining an insightful and respectful understanding of their feelings and meanings.

It is apparent from both Colaizzi (1978) and van Manen's (1990) explanations of phenomenology as they see it, that it is really a philosophical approach rather than a true research methodology. Phenomenological researchers thus do not generally provide explicit details about their techniques in fear of application of rigid rules and loss of flexibility (Holloway 1997). An open mind and the suspension of prior assumptions were necessary for following participants' ideas rather than imposing ideas upon them (Holloway 1997). In this way the essence of meaning would emerge.

The importance of 'giving meaning a chance' (mentioned earlier) was emphasised by Munhall (1994). Explicating the method of attaining this meaning through phenomenology was neither easy nor critical. What mattered was that meaning was reached and hence the value of understanding achieved, as Munhall (1994, pp. 182, 183) stated; "Understanding is perhaps one of the most important gifts one human being can give to another. If we learn not only with our minds but with our spirits, the meanings of experience, we might better be able to say 'I understand' ... Isn't that

what we all wish for ... to be understood". Fundamentally phenomenology was about "the study of being human" (Munhall 1994, p. xv). This was part of the whole search for meaning that post-modern thinking had moved to, in response to increasing technology, power structure changes and the need to balance science with caring, compassion and understanding (Munhall 1994).

Ray argued that there were different ways to apprehend and understand experience (cited in Morse 1994). Phenomenology could be interpretive, descriptive or both. Regardless of how the meaning was captured, phenomenology's excellence came from the researcher's intent to engage in "scrupulous philosophical scholarship" (Ray, 1994, p. 132). Ray called for a "sensitive attunement to opening up the meaning of experience" to avoid fitting data to the purpose of the researcher instead of discovering the true essence of meaning as portrayed by the participants of a study (1994, p. 129). Scrupulous attention to the revelation of truth as personified was the absolute goal (Ray, 1994). Ray's (1994) emphasis on scholarship and truth echoed the words of Sandelowski discussed earlier (1994).

The power of phenomenology according to Morse (1992, p. 91), was in its "sharing"; "not because the experience is shared, but because the glimpses of pain, indecision and uncertainty revealed by the writer during his or her own exploration are imprinted on our souls". This was a methodology of direct inquiry that necessitated the researcher's deep probing to achieve insights into the lived experience of others (Morse 1992).

For Morse, (1992, p. 91) excellent phenomenology touched its readers and took them past the superficial to "the uniqueness of living that is vital, that makes our life ours"; this was reaching the 'that's it!' point. This uniqueness was qualified though within the fabric of society. Phenomenologists should "not seek the human common differences, but seek the differences that make us common, that make us human" (Morse 1992, p. 92). Interestingly Morse (1992) insisted that she did not believe that anyone could conduct a phenomenological study without having some personal knowledge about the phenomenon being pursued, despite varying writers' claims about the necessity to 'bracket assumptions'.

Phenomenology could be seen to be as complex and insatiable as creativity; both are neither easily defined nor explained. As a methodology it lent itself well to a study of creativity!

5.5.3 Achieving A Basis For Dialogue

The critical challenge in working with phenomenology was actually making it happen; gaining the interest and trust of the individuals involved so that they are willing to share their 'lived experiences' to bring the research itself into life. A greater challenge for the research for this thesis was that the dialogue between researcher and participants was via their written expressions. Establishing a meaningful basis for this was essential for the research for this thesis to achieve its purpose; as phenomenology within the context of triangulation with all of the individuals involved. A discussion regarding numbers of participants has been included in a later section.

Considerable attention to detail must be given to the construction of questionnaires if they are to effectively achieve their purpose (Polit and Hungler 1993). Throughout, critical issues relating to clarity, sensitivity, purpose, bias, understanding, sequence, organisation, cohesion and interest (among others) must be addressed to ensure the end result is balanced, meaningful, easy to follow and complete, and encouraging of the candid participant's contribution (Hicks 1996; Polit and Hungler 1993). The development of a questionnaire that aimed to explicate individuals' personal feelings and experiences regarding creativity therefore required crucial attention to detail (see Appendix 1). Along with this though, was the whole meaning of people's involvement in the research and their valuing of it.

How one can determine the worth individuals place on a particular research project and their involvement in it is probably subjective and variable. However, that many of the participants in the research for this thesis wrote pages of information, that numerous participants actually keenly requested to be involved having heard about it from others not the researcher, and that over two hundred individuals eventually gave considerable time and thought to participate, must indicate some level of enthusiasm for, and valuing of, this study on creativity. The questionnaire actually worked well to provide a very effective platform for their expressions. The questions stimulated thought-provoking and lengthy responses that were strong affirmations of

the participants' commitment to the information they were sharing, the outcomes it may lead to and their desire to see something come from this research.

The lead-in item to the questionnaire asked participants to indicate whether they considered nursing or midwifery to be an art, science, neither or both and why they felt this way. This question arose out of the ongoing debate within nursing (less so in midwifery), as to whether their discipline foundations were in the sciences or in the arts. This item also provided a 'warm up' to the questionnaire to initiate and focus participants' reflection. Following this came a series of questions put to arouse a stream of thinking centred on creativity but directed towards participants' unique contexts and experiences:

- How do you see your role/work as being creative?

- What factors effect your ability to be creative in your role/work?

- How necessary is creativity in nursing/midwifery?
Please explain the reason for your response.

- What do you think creativity has to offer to nursing/midwifery?

- How creative do you consider yourself to be as an individual?

- How important is creativity to you in your life?

- How important is creativity to you in your role/work?
Please explain the reason for your response.

- In what ways do you feel you could be more creative in your role/work?
Please explain the reason for your response.

- If you could do anything else apart from nursing/midwifery,
what would you like to do?
Please explain the reason for your response.

- Have your feelings about your role/work changed with increasing experience? Please explain how.

Participants were welcome to add any other comments relating to creativity in nursing/midwifery or the research itself if they wished to. The questions were developed to enable the participants to compose as illustrative, introspective and reflective a picture as possible of 'their experiencing' and understanding of creativity in nursing and midwifery.

5.6 The Quantitative Component

A review of the existing designs for studying creativity indicated on the one hand, great diversity in terms of types and measurements, but on the other, considerable restriction and consistency in terms of usage; children and students particularly those gifted and/or talented were very often the favoured targets. Nothing had ever been developed for the purpose and/or applicability of studying creativity in nursing and midwifery (Eisenhauer and Gendrop 1990). On the basis of their past usage and substantiation, three existing inventories were utilised along with a questionnaire and new inventory specifically developed as part of the research for this thesis. All were able to be easily self-administered in a 'pen and paper' fashion under the control of the individuals involved. The intention in using these tools was to provide a diversity of ways for participants to consider creativity, as well as enable the identification of possible relationships that may be exist regarding creativity in nursing and midwifery; not for the purposes of deriving causative connections however. Accordingly no longitudinal measures have been made in line with this intention.

The decision was made to use the Khatena Torrance Creative Perception Inventory (KTCPI) after an extensive review of creativity research and creativity assessment tools (Khatena and Torrance 1976). The two tools, What Kind Of Person Are You (WKOPAY) and Something About Myself (SAM) were developed by Torrance in 1963 and Khatena in 1971 (respectively) and subsequently combined to form the KTCPI (1976). This inventory was developed for general creativity assessment. It was not tied to any particular age (beyond 12), gender or vocation. The KTCPI was obtained

through Scholastic Testing Services in Bensenville, Illinios in the United States of America as an acknowledged component of the research for this thesis (see Appendix 1).

Along with the KTCPI, the Self Description Form (SDF) was included. This was modified from the Nurses Self Description Form (NSDF) developed by Dagenais and Meleis (1982). The NSDF came from a tool used in aeronautics which had "demonstrated validity when used to study productivity and creativity of highly trained professionals" (Dagenais and Meleis 1982, p. 410). Dagenais and Meleis (1982, p. 410) found after trials of their modified tool that it was highly applicable to use it in nursing because of its high construct validity; the items it comprised actually described facets of professional activity of great relevance to nursing. The SDF has been used in this research across nursing and midwifery for the same reasons of expanding knowledge of creativity in both disciplines. Written consent was obtained from Meleis (August 13 1991) to do so.

The fourth inventory utilised was designed by the researcher for this thesis to determine creativity characteristics deemed to be most highly desired by nurses and midwives as necessary in nursing and midwifery. At the time of its development there was not (to the best knowledge of the researcher) anything in existence that specified creativity characteristics necessary for nurses and midwives. All of the inventories known to be in use were derived to meet the needs of either generic creativity assessment requirements or, age, vocation or intellectual creativity assessment requirements. This new inventory was named the Creativity Characteristics Inventory (CCI). As part of the research for this thesis the CCI was assessed through a separate sample group for initial reliability and validity. Details regarding this are provided in the following chapter.

The inventories, all self-report instruments, were used concurrently in the first stage of the research for this thesis. Exact details relating to each of them now follow.

5.6.1 The Khatena Torrance Creative Perception Inventory

The Khatena Torrance Creative Perception Inventory (KTCPI) comprised 2 tools, What Kind Of Person Are You (WKOPAY) and Something About Myself (SAM).

WKOPAY was "based upon the rationale that the individual has a psychological self comprising of sub-selves relative to creative and non-creative ways of behaving" (Khatena and Torrance 1976, p. 10). This psychological self is explored through five factors:

> *Acceptance Of Authority (Factor I)* relates to being obedient, courteous and conforming and to accepting the judgement of authorities;
>
> *Self-Confidence (Factor II)* relates to being socially well-adjusted, self-confident, energetic and curious, thorough and remembering well;
>
> *Inquisitiveness (Factor III)* relates to always asking questions, being self-assertive, feeling strong emotions, being talkative and obedient;
>
> *Awareness Of Others (Factor IV)* relates to being courteous, socially well-adjusted, popular or well-liked and considerate of others, and preferring to work in a group;
>
> *Disciplined Imagination (Factor V)* relates to being energetic, persistent, thorough, industrious, imaginative, adventurous and never bored, attempting difficult tasks and preferring complex tasks.
>
> Khatena and Torrance 1976, pp. 18 - 19

Of these factors, Khatena and Torrance (1976) identified Factor I as a non-creative orientation, Factor V as a creative orientation, and Factors II, III and IV as combined creative and non-creative elements. According to Khatena and Torrance (1976) the more creative individual would have a low score for Factor I and a high score for Factor V with a less creative individual being the opposite. Individuals who scored in the average range for Factors I and V are more likely to score at an average or higher level for Factors II, III, and IV (Khatena and Torrance 1976).

WKOPAY was chosen for this research because the five factors were typical of the characteristics nurses and midwives were maligned for either in their absence or excess. (The background to the research for this thesis in Chapter Two has illustrated this.) Given a history of subjugation, it was important that the individuals involved in the study actually rated themselves and interpreted their own creativity characteristics instead of being assessed by others. This research was about self-perceptions and any imposition of valuing by others would be just another symbol of oppression. It was hoped that the tool would be something different and thought provoking for those involved.

SAM was "based upon the rationale that creative functioning is reflected in the personality characteristics of the individual, in the way [they] think or the kind of

thinking strategies [they] employ, and in the products that emerge as a result of [their] creative strivings" (Khatena and Torrance 1976, p. 10). SAM contains six factors:

> *Environmental Sensitivity (Factor I)* involves openness to ideas of others, relating ideas to what can be seen, touched or heard, interest in beautiful and humorous aspects of experiences and sensitivity to meaningful relations;
>
> *Initiative (Factor II)* involves directing, producing and/or playing leads in dramatic and musical productions, producing new formulas or new products, and bringing about changes in procedures or organisation;
>
> *Self-Strength (Factor III)* involves self-confidence in matching talents against others, resourcefulness, versatility, willingness to take risks, desire to excel and organisational ability;
>
> *Intellectuality (Factor IV)* involves intellectual curiosity, enjoyment of challenging tasks, imagination, preference for adventure over routine, liking for reconstruction of things and ideas to form something different, and dislike for doing things in a prescribed routine;
>
> *Individuality (Factor V)* involves preference for working by oneself rather than in a group, seeing oneself as a self-starter and somewhat eccentric, critical of others' work, thinking for oneself, and working for long periods without getting tired;
>
> *Artistry (Factor VI)* involves production of objects, models, paintings, carvings, musical composition, receiving awards or prizes or having exhibits, production of stories, plays, poems and other literary pieces.
>
> Khatena and Torrance 1976, pp. 30 - 31

Each of these factors comprises elements of creative behaviour and mental functioning identified by Khatena and Torrance (1976). This inventory was utilised because of the novel stimuli it presented to participants for their consideration. It was aimed at a personal and non-competitive level.

The average time required to complete the KTCPI is twenty to forty minutes (Khatena and Torrance 1976). The format of both is forced choice between two items. The measures on each are non-threatening, requiring the participants' honest responses based on their own perceptions (Khatena and Torrance 1976). Khatena and Torrance (1976) acknowledged that honesty could be the only contaminating factor in terms of the reliability of the tools, but anonymity would guard against that. The fact that both tools were not going to implicate participants in any way, were not compromising or intimidating and, that they were not in any way linked to their work/roles, hopefully enhanced the likelihood that they were completed honestly and spontaneously in this research.

Both inventories present words or statements as options for participants to respond to, according to the relevance of the option to them. The expectation was that the chosen responses reflected the extent to which people tend to function in creative ways (Khatena and Torrance 1976). Khatena and Torrance (1976) stated that an important advantage of the inventories was that the measures were non-threatening and thus able to gain the cooperation of those involved to give honest responses.

The inventories were scored on a point per item basis according to the positive responses, with the total score forming a Creative Perception Index (CPI). Khatena and Torrance (1976) indicated that the reliability for WKOPAY determined by the test-retest method obtained *r*s ranging from 0.71 to 0.97 ($p < 0.01$). In the same way, the reliability of SAM was found to have *r*s ranging from 0.77 to 0.98 ($p < 0.01$).

In later reflection on creativity research, Torrance (1989) advised that individuals involved in such studies should always be advised on what and why they were being assessed. In order to gain a valid measure of creative thinking, participants should clearly understand the intent and be motivated to express fluency, flexibility, originality, elaboration and so on, and not be deceived or misinformed (Torrance 1989). In acknowledgment of his advice an information sheet was provided to participants to inform them of the nature and context of this research.

5.6.2 The Self-Description Form

The Nurses Self-Description Form (NSDF) primarily devised by Meleis (1974 cited in Dagenais and Meleis 1982) originated from an instrument used for studying creative performance of scientists and engineers in the National Aeronautics and Space Administration (NASA) in America. The purpose of the NSDF was to enable exploration of the perceptions of the professional self of nurses as compared to their colleagues (Dagenais and Meleis 1982). This comparative basis was not for the purposes of evaluation or competition but merely as a guide for personal exploration of self.

The NSDF contained nineteen items on a seven point Likert Scale, which respondents utilised to self-report in comparison to other members of their

profession. These items centred on the following criteria (from Dagenais and Meleis 1982):

- Drive
- Reliability and dependability
- Degree of objectivity
- Ability to change
- Ability to grasp ideas and solve problems
- Ability to inform, teach and explain ideas and complexities to others
- Ability to stay with a problem consistently
- Desire to adapt yourself to the needs and wishes of others
- Independence of thought and action
- Resourcefulness in thinking and acting
- Ability to discriminate between relevant and irrelevant, fruitful and barren
- Ability as a leader
- How sociable you are
- Overall interest in and concern for others
- How sensitive you are to the reactions and motives of others
- Desire to master the known body of scientific principles and theories pertaining to nursing
- Desire to add to the available insights in nursing through experimental studies
- Intuitiveness
- Power to create, nurture and implement a new idea.

The NSDF generated reliability coefficients for each of the items ranging from 0.80 to 0.92 using Cronbach's alpha (Dagenais and Meleis 1982). Empathy, Professionalism and Work Ethic emerged as salient factor scales derived from clustered NSDF items and were made sub-scales (Dagenais and Meleis 1982). Noteworthy correlations were found between the professionalism and work ethic scales ($r = 0.71$), the professionalism and empathy scales ($r = 0.54$) and the empathy and work ethic scales ($r = 0.46$) (Dagenais and Meleis 1982). According to Dagenais and Meleis (1982) the NSDF was reliable for research purposes and the items conveyed meaningful descriptions of areas of professional functioning (1982, p. 420).

The NSDF was utilised in the research for this thesis to provide an opportunity for alternatives in exploration of creativity by the participants. The original tool as designed by Dagenais and Meleis (1982) was modified slightly by this researcher to suit the purposes of both nurses and midwives and titled the Self-Description Form (SDF) (see Appendix 1).

5.6.3 The Creativity Characteristics Inventory

Krueger, Nelson and Wolanin (1978 cited in Dagenais and Meleis 1982, pp. 419 - 420) suggested that when designing an inventory for data gathering for evaluation of professional identity, consideration should be given to, use of items in a measurable form, that will "stimulate responses that vary across subjects" and an inventory that will be dependable; that is the "resulting 'scores' ought to meet acceptable standards of scalability, reliability and validity".

The CCI was developed by this researcher in response to a recurring set of characteristics that had emerged in the literature review as typical of individuals regarded as creative. Whilst they had been identified frequently as necessary for creativity, they had not ever, to the best of the researcher's knowledge, been considered in terms of their relevance to creativity in nursing or midwifery. These characteristics were compiled (in no specific order) to form an inventory, which could be relevant to creativity assessment in nursing and midwifery. The CCI also contained four distracter characteristics (indicated as *(d)* below). These were included to determine if participants were simply moving down a response column without really considering their choice. The list of characteristics was as follows:

flexibility
originality
independence
critical thinking
spontaneity
control *(d)*
sensitivity
creative thinking
autonomy
acceptance *(d)*

fluency
intuitiveness
curiosity
obedience *(d)*
novelty
tolerance of ambiguity
perceptiveness
compliance *(d)*
insight
empathy

Individuals were asked to rate each characteristic's importance for creativity in nursing and midwifery with a choice of very important, important, desirable and irrelevant. They were also able to add any other characteristics they considered to be important or make any comments if they wished to.

5.7 The Pilot Studies

In order to assess the feasibility of the Research Set, a pilot study was conducted with five voluntary consenting individuals. Their involvement was in complete alignment with that intended for all who would eventually be in the study. The returned Research Sets were carefully scrutinised for any evidence of misleading, confusing and/or problematic items/sections according to their responses. Each of the five Research Sets was responded to by the pilot study participants without any evidence of difficulty and/or misunderstanding. Accordingly these five were retained to be involved within the overall study, and the Research Set remained unchanged from its original design.

In addition, prior to using the CCI, a separate study was conducted to assess both the characteristics and the rating scale with regards to their reliability and validity. The results will be discussed in the following chapter.

5.8 Stage Two - The Interview Process

Interviews represent a conversation between researcher and participant that forms the essence of the research. How, when, where, why and by whom the interview is conducted are therefore critical features of its success or failure. An interview does not sit in isolation within a research project however. Hutchinson and Wilson (1994, p. 313) referred to interviews as "processes situated in culture and context and socially constructed by the participants involved". Within this culture and context was the necessity of the researcher to ensure sensitivity, confidentiality, depth, breadth, flexibility, consistency and awareness (Hutchinson and Wilson 1994).

Interviews also need balance between objectivity and interaction, which is neutrality (Hutchinson and Wilson 1994). Within this was the need to minimise bias and be true to those involved. Where self-reflective consideration was involved Wilson and Hutchinson (1991) suggested the provision of the interview schedule to those involved prior to the interview. This would enable time and space to think through responses as well as allow more opportunity for clarification by the participant. This process has been utilised in the research for this thesis.

The interview participants comprised thirteen individuals, one male and twelve females. Of the participants, two were from rural areas, one resided overseas having moved since Stage One of the research for this thesis, and the remainder resided in the metropolitan area. Prior to the commencement of interviews, each participant received a second information sheet and was also asked to sign a second consent form confirming their intention to be interviewed and for the interview to be audio-taped. None of the participants refused to be interviewed or audiotaped. The researcher for this thesis conducted all of the interviews (See Appendix 2 for the Interview Schedule). The three participants who were separated by distance from the interviewer were interviewed by telephone. All interviews were conducted at times, dates and venues of the participants' choice. On average the interviews lasted for one and a half to two hours, some a little less some considerably longer, all at the discretion of the interviewee.

The questions presented to the participants involved in the interviews moved from general aspects surrounding creativity to particulate aspects, and evolved into more explicit items as the interviews proceeded, in line with grounded theory methodology. The purpose of the interview questions was to explore in more detail and depth the issues and contexts identified in the phenomenology stage of the research for this thesis. The questions centred on;

- *Referring back to the first stage of the research and re-exploring that context of creativity*
- *Defining creativity*
- *Differing between personal and professional definitions of creativity*
- *Considering creativity in terms of working roles including examples*
- *Considering whether nurses and midwives are 'artists'*
- *Identifying what issues surround creativity in nursing and midwifery*
- *Considering where creativity 'fits' in nursing and midwifery*
- *Identifying present and future challenges regarding creativity in nursing and midwifery*
- *Providing any other comments.*

The aim was to enable each participant to provide individually oriented explicit and expanded responses to considerations of creativity in their practice and their lives. This would allow the exploration of creativity in nursing and midwifery to move from that of the perspective of lived experience to a further dimension, that of seeking to understand and explain how creativity can and may impact on practice and the manifestations and corollaries of this, now and for the future of both professions.

5.8.1 Grounded Theory Research

Glaser and Strauss have been recognised generally as the leaders in grounded theory research; the fundamentals of the process itself have been acknowledged as emerging from the work of sociology researchers and students at Colombia University (in the United States of America) during the fifties and sixties (Glaser 1992).

Glaser (1992) asserted that all research was in some way grounded. It was the emergence of theory that gave grounded theory research its value; "Grounded theory does justice to the data" (Glaser 1992, p. 5). The necessary skills for conducting grounded theory research were to "absorb the data as data, to be able to step back or distance oneself from it and then to abstractly conceptualize the data" (Glaser 1992, p. 11). The distance was analytical with theoretical sensitivity not aloofness, and the ability to draw on knowledge and assimilate the data to allow concepts to emerge (Glaser 1992).

It was essential to be "open to the emergent" without preconceived ideas or forced intentions for the data (Glaser 1992, p. 15). If the process of grounded theory worked it would "explain the major variations in behaviour in the area with respect to the processing of the main concerns of the subjects" (Glaser 1992, p. 15). According to Glaser (1992, p. 15) a well-constructed grounded theory would then meet its four central criteria of "fit, work, relevance and modifiability". Grounded theory research also offered "parsimony and scope" (Glaser 1992, p. 18) which enabled it to account for as much variation in behaviour as possible without the development of innumerable categories and properties (Glaser 1992).

Charmaz (1994) emphasised the importance of discovery and theory development rather than logical deductive reasoning as the consequential aspects of grounded theory research. This occurred through a process whereby the researchers "shape their data collection from their analytic interpretations and discoveries, and therefore, sharpen their observations" (Charmaz 1994, p. 96). Charmaz (1994, p. 112) identified the following strategies for the use of a grounded theory research approach:

> First, discovering and analyzing social and social psychological processes structures inquiry. Second, data collection and analysis phases of research proceed simultaneously. Third, analytic processes prompt discovery and theory development rather than verification of pre-existing theories. Fourth, theoretical sampling refines, elaborates, and exhausts conceptual categories. And last, systematic application of grounded theory analytic methods progressively leads to more abstract analytic levels. Taking analysis to more abstract levels would enable the researcher to develop formal theories.
>
> Charmaz 1994, p. 112

Grounded theory was best placed in the milieu of interpretive methodologies that share the common philosophy of phenomenology according to Stern (1994b). As such grounded theory research provided the opportunity for a meaningful relationship

with phenomenology in methodological pluralism. Having arisen from a framework of symbolic interactionism, grounded theory research enabled the researcher to identify symbolic meanings people attached to artefacts, clothing, gestures and words for example (Stern 1994b). Stern (1994b) saw grounded theory research as an act of creativity in itself; bringing the truth of a social situation out into being.

One of the important safeguards of grounded theory research was that its "explanation of key social structures or processes is derived from, or grounded in, the empirical data themselves" as compared to speculative theory which "originates and develops in the researcher's mind" (Hutchinson 1993). The aim of grounded theory research was to develop inclusive general theory from an analysis of specific social phenomena (Hutchinson 1993). The assumptions include the following: that people do order and make sense of their world and that reality is a social construct (Hutchinson 1993).

Data is generally gathered via formal, semi-structured interviews with interview questions moving from the general to the particular (Hutchinson 1993). A diversity of perspectives was necessary to account for all of the behavioural variation within a group; having participants with different ages, socioeconomic status, educational backgrounds, and cultures for example, necessarily achieved this (Hutchinson, 1993). Discovering the core variable was essential for quality grounded theory, and this comprised six essential characteristics (Strauss cited in Hutchinson 1993, p. 193):

> It recurs frequently in the data;
> It links the various data together;
> Because it is central, it explains much of the variation in the data;
> It has implications for a more general or formal theory;
> As it becomes more detailed, the theory moves forward;
> It permits maximum variation in analysis.
>
> Strauss cited in Hutchinson 1993, p. 193

The core variable provided the basis for the generation of theory (Hutchinson 1993). The process of analysis of the data was circular as the researcher concurrently collected, coded and analysed the data from the initiation of the first interview (Hutchinson 1993). This was a process that could see the researcher alternating in their feelings between "confusion and enlightenment" as the theory finally emerged (Hutchinson 1993, p. 206).

For Hutchinson (1993) grounded theory research was critically important because of the deficit of middle range substantive theories in nursing and midwifery that could explain the everyday world of patients, women, nurses and midwives. Grounded theory research provided "systematic, legitimate methods to study the richness and diversity of human experience and to generate relevant, plausible theory that can be used to understand the contextual reality of behavior" (Hutchinson 1993, p. 210).

5.9 Thoughts On Samples And Subjects

Sandelowski (1995a, p. 180) identified the historical differences of sampling between quantitative and qualitative research; "qualitative approaches typically involve purposeful sampling, while quantitative approaches usually involve probability sampling". Sandelowski elaborated on this difference as related to the need for "deep understanding permitted by information rich cases" in qualitative research, and the need for "generalizations to larger populations permitted by random and statistically representative samples" in quantitative research (1995a, p. 180). Sandelowski tempered this difference by reminding health sciences researchers that people were central to all forms of inquiry in their area (1995a). As such they should be affirmed as significant sources of information. A suggested principle to follow for qualitative research was put forward by Sandelowski (1995a, p. 183):

> An adequate sample size in qualitative research is one that permits - by virtue of not being too large - the deep, case oriented analysis that is a hallmark of all qualitative inquiry, and that results in - by virtue of not being too small - a new and richly textured understanding of experience.
>
> Sandelowski 1995a, p. 183

Resolution of the dilemmas involved in sampling (purposeful versus probability, completeness versus confirmation and so on) would ultimately depend on the researcher's belief regarding the compatibility of the philosophies and practices of qualitative and quantitative forms of inquiry, according to Sandelowski (1995a). Good advice that may be, but the literature is indeed sparse when it comes to advising on the context and nature of sampling in triangulation or methodological pluralism, unfortunately.

Eysenck (1975, p. 195) contested that "there has never been a 'true' sample of the general population... [and] the notion of a 'true' sample is a myth". Eysenck (1975) challenged whether it is really necessary or desirable to have a true sample, and questioned the demand for randomised samples regardless of the research hypotheses.

In his discussion of voluntary versus non-voluntary subjects, Eysenck (1975) acknowledged that there may well be "personality and other differences between volunteers and non-volunteers" but that these differences "would be irrelevant to the prediction made by the [research], and consequently the [research] can be tested equally well with volunteers as with conscripts" (Eysenck 1975, p. 196). Eysenck (1975, p. 196) put it aptly with the question, "What would a random sample tell us that a non-random sample would not tell us just as well?" Eysenck's (1975, p. 198) assertion was that the "selection of a proper sample should derive from one's theoretical position, and not be imposed by irrelevant Baconian principles". Given the era of his writing Eysenck's (1975) thoughts were forward thinking and provocative, regardless of his motives.

In grappling with the notions of adequacy and representation in sampling for triangulation of approaches, Morse (1991b) acknowledged the problems of deciding how to achieve appropriateness. Inevitably when using Simultaneous Triangulation the qualitative sample will be inadequate for quantitative data analysis purposes (Morse, 1991b). Morse (1991b) suggested using normative data in this situation for comparison of results. In the research for this thesis a large number of participants were sought for the first stage in recognition of the quantitative data aspects while still inclusive of the qualitative aspects. Correspondingly a small number of participants were involved in the second stage in recognition of the qualitative data aspects. These decisions regarding the samples were made in terms of adequacy, representation, appropriateness and saturation as advised by Morse (1991a; 1991b).

All participants in the research for this thesis were volunteers, invited from as many areas of practice as possible including rural areas. Rural nurses and midwives have frequently been the after-thoughts in research or not considered at all. Too often research is restricted to an urban perspective only for convenience, and several rural participants actually commented in responding on their pleasure in being able to be

involved; research, they said, was too often remote from them in theory and practice. The desire to achieve a comprehensive understanding of creativity meant that breadth and diversity in the sample was imperative to avoid any kind of homogenisation effect in the findings.

There are issues regarding the use of volunteers in research and their possible biases. Sandelowski (1986, p. 35) wrote of the resulting "elite bias" in qualitative research, which is relevant to this inquiry as a triangulated study; participants could often be the more prominent, involved, or motivated or higher degree students themselves. However they all had a contribution to make that was meaningful and of value, and researchers had to place them in perspective and balance in their studies (Sandelowski 1986). Representativeness in qualitative research came from the data generated by the subjects not the subjects themselves, and was ascertained by how typical or atypical the responses were in the lives of the subjects involved (Sandelowski 1986).

Morse (1991a) suggested that to determine the appropriateness of a sample, the researcher should ask, if the methods used to select the sample facilitated understanding of the research problem. In determining adequacy, the researcher needed to assess "the relevance, completeness and amount of information obtained ... [so that] there are no 'thin' areas in the data" (Morse 1991a, p. 135). Morse (1991a) referred to this as saturation, the point at which everything seems to have been said and the findings make sense (Morse 1991a).

Morse described a "good informant" in research as (1991a, p. 132):

> [Someone who] is able to reflect and provide detailed experiential information about the phenomenon ... willing and able to critically examine the experience and their response to the situation ... willing to share this experience ... [by having] sufficient patience and tolerance to answer the researcher's questions.
>
> Morse 1991a, p. 132

People participated in research for varying reasons not all of which were egalitarian. They may be, curious, suspicious, wanting attention, status or variety in their lives, wanting to enhance their self-esteem or self-concept, wanting to learn, wanting to sabotage, hinder or defame the study, among many other reasons (Morse 1991a).

Polit and Hungler (1993) insisted that there was no way of determining or guaranteeing that a sample was absolutely representative without obtaining data from the entire population. Error was always possible and therefore had to be acknowledged. Polgar and Thomas (1991, p. 45) suggested when discussing sampling bias, that "not much is gained from a sample size of over, say, 250 [subjects]" and acknowledged further the high costs that could be involved with data collection from very large samples.

Those who participated in the research for this thesis have been regarded as individuals and as participants, not as subjects; their personal contributions constituted the worth of the findings and thus they were involved and mattered as individuals. Those who participated were keen to be involved in something they saw as "very different and refreshing from the usual" range of research (personal comment of a participant – typical of others). Within the two discipline groups of nurses and midwives were a variety of different sub-groups from varying practice domains and work environments. Overall they presented a very textured broad brush of the multiplicity of nursing and midwifery in South Australia.

5.10 Interpretations Of Rigour

The notion of rigour could be considered as Marshall (1990) suggested, in terms of how 'properly done' the study was. There was a need to "build offensive weaponry to demonstrate the importance of post-positivist research" to ensure that alternative paradigms were not "beaten into submission" according to Marshall (1990, p. 196). This 'beating into submission' applied to the competitiveness of positivist versus post-positivist research as well. Marshall's plea for appropriate goodness criteria in qualitative research held relevance for the research for this thesis in terms of issues with rigour in triangulation (1990, p. 191):

> ... every study has biases and presuppositions and research involves the interpretation of the interpretations people give to their own situations ... We are merely making a judgement when deciding whether one study is more valid than another. We have to decide whose biases were more correct ... [the] reality [is] evaluating the goodness and value of research requires a judgement call.
>
> Marshall 1990, p. 191

Marshall (1990) stressed the need to uncover hidden meanings, give voice to the powerless and explore beyond the dominant research paradigms and their imposed expectations.

Sandelowski (1986, p. 27) acknowledged the criticisms of qualitative research as "failing to achieve or to make explicit rules for achieving reliability, validity, and objectivity - criteria of adequacy or rigour in scientific research". Sandelowski (1986, p. 29) described qualitative inquiry as taking an artistic approach:

> ... every human experience is viewed as unique, and truth is viewed as relative. The artistic integrity, rather than the scientific objectivity, of the research is achieved when the researcher communicates the richness and diversity of human experience in an engaging and even poetic manner.
>
> Sandelowski 1986, p. 29

The significance of meaningfulness in the outcome, rather than control of the process was of importance. Faithfulness to the unique expressions of those involved in the research was fundamental to this form of artistic inquiry (Sandelowski 1986). Meaningfulness is of importance in the research for this thesis as is the need to be faithful to the dialogues of the participants so that the quantitative inquiry does not deny their individualism and the qualitative aspects are true to their intentions.

Truth value, applicability, consistency, and neutrality were identified by Guba and Lincoln (1981 cited in Sandelowski 1986) to evaluate rigour in qualitative research. Truth value "resides in the discovery of human phenomena or experiences as they are lived and perceived by subjects, rather than in the verification of a priori conceptions of those experiences" (Sandelowski 1986, p. 30). Truth was therefore subject-oriented not researcher-defined and should be considered in the context of credibility not internal validity (Sandelowski 1986). Credibility was demonstrated when a study was able to portray descriptions or interpretations of human experience in such a faithful manner that people involved would have an immediate recognition of their contribution; as well as those not involved being able to recognise the experience after reading about it (Sandelowski 1986).

Where quantitative research was very concerned with external validity in applicability, qualitative research found little threat with external validity because phenomena were studied in their natural settings. Context free situations did not exist nor could multiple realities in any situation be controlled (Sandelowski 1986).

In discussing the issue of reliability, Sandelowski (1986) stressed the significance of the uniqueness of human experience, which cannot be assessed by the usual quantitative research expectations. The use of auditability in determining the "decision trail" of the researcher was much more appropriate; that is being able to follow the initiation, perspective, process and findings of the study and make sense of the analysis (Sandelowski 1986, p. 34). Credibility and fittingness in qualitative research was achieved by the following strategies according to Sandelowski (1986, p. 35):

> ... checking for the representativeness of the data as a whole and of coding categories and examples used to reduce and present the data;
> triangulating across data sources and data collection procedures to determine the congruence of findings among them;
> checking that descriptions, explanations, or theories about the data contain the typical and atypical elements of the data;
> deliberately trying to discount or disprove a conclusion drawn about the data, and;
> obtaining validation from the subjects themselves.
>
> Sandelowski 1986, p. 35

However the "problem of rigor [sic] continues to arouse, beguile, and misdirect" (Sandelowski, 1993, p. 1). There was a real danger of making rigour an unyielding end in itself that would separate researchers from "the artfulness, versatility, and sensitivity to meaning and context that mark qualitative works of distinction" (Sandelowski 1993, p. 1). The choice would be "rigor or rigor [sic] mortis"; either the rules and procedures, in particular, for seeking reliability and validity constrained and stifled researchers or they gave emphasis to the need for "fidelity to the spirit of qualitative work" (Sandelowski 1993, pp. 2, 8). The remarks were made for qualitative research but were relevant for all forms of inquiry. The crucial role of research (qualitative and quantitative) was described by Sandelowski (1993, p. 8):

> Research is both a creative and a destructive process; we make things up and out of our data, but we often inadvertently kill the thing we want to understand in the process. Similarly, we can kill the playfulness, soulfulness, imagination, and technique we associate with more preserve or kill the spirit of qualitative work; we can soften our notion of rigor [sic] to include artistic endeavours, or we can further harden it by the uncritical application of rules.
>
> Sandelowski 1993, p. 8

In personal advice, Sandelowski (1996) explained her belief that rigour should be considered, but not out of control, to the over-riding value of the research: "take the data like a painting or a piece of art. Feel it, see it, perceive it, accept it, appreciate it, puzzle over it, but don't attempt to make it something it is not".

Truth value was also identified as important by Morse and Field (1995, p. 146). They saw this as "subject oriented and not defined in advance by the researcher" so that multiple realities were acknowledged and perspectives reported as clearly as possible. Applicability, consistency and neutrality also must be addressed, under the whole concept of trustworthiness (Morse and Field 1995). Morse and Field also advised the use of an audit trail to "document the researcher's decisions, choices and insights and assist the researcher in demonstrating theoretical rigour" (1995, p. 147). They also warned of the need not to be dominated by rigour (1995). Polit and Hungler (1993) provided further thoughts on quality in quantitative data collection and measurement. They stated that the "ideal data collection procedure is one that results in measures of the constructs that are credible, accurate, unbiased, and sensitive" (1993, p. 241). They did acknowledge that achievement of this ideal was highly unlikely because no method was perfect, and no instrument immune from error.

Errors of measurement in quantitative data collection were multifactorial according to Polit and Hungler (1993). Among many, they indicated, situational influences (environmental factors, anonymity, familiarity with the researcher, and so on); response-set biases (acquiescence, social desirability, and so on); transitory personal factors (fatigue, anxiety, motivation, and so on), and instrument clarity (how vague or clear instrument instructions are).

Like reliability, Polit and Hungler (1993, p. 252) acknowledged that validity was not infallible; "validity is not an all-or-nothing characteristic of an instrument". They suggested that validity should be seen as an ongoing process; the more evidence that can be obtained that an instrument is actually measuring what it is intended to measure, the more confidence there can be in its validity.

There was a significant challenge in the research for this thesis (given the triangulation) to ensure the reality and necessity of rigour was preserved throughout, without it becoming tokenistic rhetoric. In particular meaningfulness, faithfulness, credibility, impartiality, sensitivity, and accuracy as discussed above have been considered paramount to the research's effectiveness and respecting of the valuable contribution of the participants involved.

5.11 Issues Of Ethics

A detailed description of the issues surrounding ethics in qualitative research was given by Ramos (1989) who wrote in response to the need for greater address of ethical implications in this area. Ramos's (1989) writing provided important considerations regarding ethics in the research for this thesis.

The positivist paradigm held the role of research and the researcher to be value-free; any "acknowledgment of humanity, personality, or emotion on the part of any of the principals in the research ... was considered a contaminant" (Ramos 1989, p. 58). The qualitative paradigm acknowledged the subjective realities of the researcher and the participant as inclusive of the environment as well as the data set (Ramos 1989).

The participant should actually be viewed as more knowledgeable than the researcher in terms of the phenomena under study (Ramos 1989, p. 59):

> Thus, the knowledge balance and power balance change. The respondent retains considerable autonomy and free will within the relationship, making choices about disclosure. This more balanced research relationship is the key to effective meaningful data collection. [This] paradigm preserves individual reality, with an appreciation of subjective truth, and gives high priority to fostering openness on the part of both the researcher and the respondent.
>
> Ramos 1989, p. 59

Ramos (1989) warned of the potential for undermining this relationship; roles should be carefully defined and as the researcher 'moved into the world' of the participant they must guard against any invasion of privacy that went beyond 'normal social discourse'. Participants in qualitative research could expose large and often personal amounts of information that might not otherwise have been disclosed (Ramos 1989). Sonnefield (1983 cited in Ramos 1989, p. 59) suggested that "the listening ear of the researcher actually stimulates disclosure, often of many extraneous, intimate details [and] this effect may even be construed as manipulation". Ramos (1989) encouraged the use of insight by the researcher and anticipation of possible negative effects and problems, in confronting these ethical issues.

Ramos (1989, p.60) identified subjective bias as another issue for the qualitative researcher, as it infiltrated the whole research process; "in order for the final data to be trustworthy, the investigator must evaluate [themselves] as a data collection

instrument. Although one cannot purge oneself of bias, to be cognisant of one's tendencies helps to minimise the shaping of what is eventually reported".

Informed consent was often seen as the safeguard in research in releasing the researcher from some responsibility (Ramos 1989). However, the reality of informed consent according to Ramos (1989) was shared responsibility. The signed consent form did not absolve the researcher. Deception and coercion should not be allowed to violate the consent process (Ramos 1989). The dogma of utilitarian morals should be over, according to Ramos (1989); with them the traditional ideas of research deception, control, external validity and the like would go. The use of reciprocal openness, honesty and co-valuing of the research process by participant and researcher would promote mutual trust and respect (Ramos 1989). The "most precious resource we have [in research is] a willing body of research participants, free of the implications of the label subject" (Ramos 1989, p. 61).

Polit and Hungler (1993) saw beneficence, respect for human dignity, and justice, as the three principles of concern in ethics in research. Beneficence should include freedom from harm, freedom from exploitation, and careful assessment of the risk/benefit ratio by the researcher. Polit and Hungler (1993, p. 357) regarded minimal risk as "anticipated risks that are no greater than those ordinarily encountered in daily life". They urged great caution in proceeding with research if this could not be assured.

Respect for human dignity included the right to self-determination, the right to full disclosure, informed consent, and the principle of respect itself (Polit and Hungler 1993). Informed voluntary decisions by individuals to participate in research must be accompanied by a thorough understanding of the study with full choice to continue or terminate their involvement at any time (Polit and Hungler 1993).

Justice incorporated the right to fair treatment and the right to privacy (Polit and Hungler 1993). This meant equity, in involvement, access to researchers, honouring of agreements, access to debriefing or counselling and "respectful and courteous treatment at all times" (Polit and Hungler 1993, p. 363). With this came the assurance that anonymity would be preserved or the promise of confidentiality if anonymity was not possible (Polit and Hungler 1993).

In discussing ethical issues in phenomenological research, Munhall believed the most critical ethical obligation of the researcher was to ensure they "describe and interpret in the most authentic manner the experience that unfolds even if that interpretation is contrary to your aims" (1994, p. 153). Munhall (1994) cautioned against undervaluing the contribution of research participants who would inevitably share and divulge much in the way of personal and professional thoughts, perceptions and experiences. There was an obligation for the researcher to really acknowledge the richness brought to their study by its participants.

Ethical rigour as Munhall (1994, p. 49) referred to it, was centred "on a profound reverence for human beings and their experiences". Motivations for finding 'meaning in being' must be balanced by protection for those who had chosen to involve themselves in phenomenological research and tell their stories (Munhall 1994). The researcher needed to be sensitive and intuitive in facing the "nitty gritty, the serendipitous, the passions, the complexity of subjectivity, and attachment to people and their vicissitudes" (Munhall 1994, p. 150). 'Doing good' for those involved, may well mean that the researcher has to reconcile their own aims with the reality of uncovered meanings that may be oppositional, unexpected or even damning.

The Australian Health Ethics Committee of the National Health and Medical Research Council (NHMRC) in its information paper on *Ethical aspects of qualitative methods in health research* (NHMRC 1994) indicated the need for informed consent (not necessarily written) that made clear to participants that they would not be pressured to reveal or discuss matters they wanted to avoid on sensitive or other topics. Confidentiality of data must be assured by the researcher as well as safe storage of the data (NHMRC 1994). With regards to sampling, the NHMRC (1994) advised that sampling size was not a sufficient criterion for judging the rigour of a sampling strategy. The aim should be to reach saturation whereby no new insights or information were likely to be obtained (NHMRC 1994). Their guidelines were applicable to other forms of inquiry apart from qualitative.

The issues of trust, respect and openness were significant for the research for this thesis; in encouraging the individuals involved to be reflective and spontaneous in their contributions, they were implicitly being asked to trust and respect the

researcher as 'holder of the information' and to feel safe in their openness and disclosure. Written consent was utilised for this study, and a personally signed declaration was provided for each individual affirming the researcher's commitment to confidentiality. This was seen as an important gesture in indicating sincerity about the worth of their genuine involvement. These individuals were the vital keys to the research for this thesis, their expressions and sharing providing its essence. The researcher's ethical imperative was to read, respect and understand their thoughts without expectation, and to interpret them authentically, preserving their originality, without exposing their origins.

5.12 The Individuals Involved In The Research For This Thesis

The possible overall population for involvement in the research for this thesis comprised all of the registered general nurses and registered midwives who held Annual Practising Certificates with the Nurses Board of South Australia over the period 1991 to 1994. From that very large group, the research concentrated on those registered nurses and registered midwives who were currently employed in the clinical/community workplace of nursing and midwifery in South Australia.

As of June 30 1994 there were 17054 total nursing registrations with the Nurses Board of South Australia (NBSA) excluding Enrolled Nurses (NBSA 1994). This figure was based on Annual Practising Certificate (APC) renewal for the previous year. Of this total group, 15635 were females and 1419 were males (NBSA 1994). As percentages of the whole, these represented 92% females and 8% males.

According to workforce model estimations (South Australian Health Commission (SAHC) 1994), it was known that there were 14650 (error range of less than 3%) registered general nurses who were actually involved in the workplace. Of these, 5015 individuals were registered as midwives (NBSA 1994) with, 4905 females (98% of the total) and 110 males (2% of the total). There was and always has been a noticeable extreme in the number of females and males in midwifery. This difference has traditionally been ascribed to the nature of the discipline in its intimate

involvement with women in preconception, pregnancy, birth and thereafter. Interestingly though, in comparison with the numbers of males and females in obstetrics, the reverse has always been the case. In 1994 in South Australia of a total of 108 Obstetrics/Gynaecology Registrations (Medical Board of South Australia 1994) 92 were males (85% of the total) and 16 were females (15% of the total). This was typical of the situation within Australia.

It could be thought from the NBSA (1994) figures that 12039 individuals held nursing registration only, but many of these would hold a midwifery qualification without maintaining currency of it through an APC. This was an artefact of the traditional hospital-based training system where midwifery was seen to be the 'finishing qualification', gained for status, but rarely utilised.

Of the 5015 registered midwives it was known through workforce model estimations (SAHC 1994) that only 1717 (with an error range of 5%) were actually practising midwifery. It was likely that individuals were retaining their APC for midwifery in lieu of future career change, transition during parenting, possible transfer to the country or overseas and the like.

Individuals involved themselves as consenting volunteers, in response to a request for interested people to take part in a study on creativity. Well supported permission was obtained from Directors of Nursing/Chief Executive Officers and the like, to make a call for volunteers, within the public and private health sectors, in both hospitals and community settings, located in the metropolitan and country areas of South Australia. Participants were invited through distribution of flyers, various newsletter advertisements, or through staff meetings, unit meetings and so on.

As volunteers, individuals were completely free to withdraw at any time from the research. There was never any compunction that once interested they had to become involved, and see it through to the end. The research did not need them to do that. Its value came from their willing decision to make a contribution and participate freely and comfortably.

All participants were asked to sign a consent form indicating their willingness to be involved in the study and their understanding of it as volunteers; that it intended no

deception or harm and sought their personal perspective only, with no expected appropriate or desirable responses. Individuals were involved in their own time and no payment or gratuity was made in any way to either attract and/or reward them. Involvement was by their inclination only. As part of ongoing consent-seeking, individuals were asked to indicate their willingness to be involved in follow-up interviews for the grounded theory research component.

As individuals indicated their willingness to be involved they were provided with the Research Set and a sealable envelope for security and privacy. Completed Research Sets were returned via secured collection boxes at work places or where preferred, (or necessary, for rural participants) stamped, addressed envelopes were provided for direct return without workplace involvement.

Research Sets could be completed anonymously if desired by participants or in the case of those consenting to be involved in interviews, their names and addresses were required for follow-up correspondence but were provided by them for this purpose if they wished. Each individual involved was given the researcher's address and telephone number, to contact for any clarification of concerns or questions, or anything else necessary. Different participants chose to correspond, or telephone the researcher over the time of the research for this thesis to discuss issues, clarify matters of the Research Set or simply provide encouragement and congratulations for the undertaking of what they saw to be a very important study.

5.13 Seeking The Luminescence Of Creativity

In the same way as the impressionists first sought to gain greater naturalism through light and colour in their paintings and the mid-19th century American painters worked to achieve a certain sensibility to light in their paintings *(The Penguin Dictionary of Art and Artists* 1991) the research for this thesis was seeking to achieve a certain sensibility to creativity; that the participants' contributions would be deep in realism (and enhancing through disclosure and sharing), not steeped in illusionism (and empty with expectation).

Much was asked of the individuals who participated in terms of time, effort, commitment, and contribution. The involvement of the participants has been kinetic (*The Penguin Dictionary of Art and Artists* 1991). Their contributions have given light and integrity to understanding the importance and consequence of creativity in nursing and midwifery; clearly the choices made regarding approach, methodology and design in the research for this thesis have been highly effective enabling the conception of the work of art that is their input and hence the data of the study that follows. *The selection of medium and tools has been made and the composition of the artwork can begin.*

6 FROM BRUSH TO IMAGE: FINDINGS FROM THE QUANTITATIVE COMPONENT

Interpretation is the revenge of the intellect upon art.

Sontag cited in The New International Dictionary Of Quotations 1988, p. 28

6.1 Introduction

Analysis of the quantitative data is presented in this chapter as eulogistic to the analysis of the qualitative data, which follows in Chapter Seven. Sontag (cited in The New International Dictionary Of Quotations 1988) warned that any process of interpretation can undermine the integrity of a creation or a work of art for example, like an act of retaliation, intended or unintended. Trying to 'see' and 'find' more or less than the artist felt and intended, can be like an intellectual assault on a work of art. Considerable care has therefore been taken in the interpretation of data from the research for this thesis to ensure it has been explicit and respectful, as well as creative and inclusive, in its diversity and scope.

Researchers in their analysis of data can be guilty of intellectual assault; the endeavour to seek evidence can become pathological not productive if the effort is single-minded, manipulated or pressured. The warning of Sandelowski (1995c, p. 208) to avoid destroying that which will give meaning in research, is most apt:

> Research is both a creative and destructive process. To make things up and out of their data (that is, interpret them), researchers have to break their data up (that is, analyse them). Accordingly all researchers risk inadvertently destroying the things they want to understand.
>
> Sandelowski 1995c, p. 208

The paralysis of analysis too often disables the research, the researcher and the researched. The process of analysis can also demean those who have contributed to the research if the integrity of their participation is undermined or undervalued in the analytic assault. Interpreting data and analysing findings could better be considered

as an artistic process in itself requiring a sensitive and sympathetic engagement of the researcher with the data, as the artist with the canvas and medium.

Analysis of the quantitative data from the research for this thesis has been made in full cognisance of the previous chapter's discussions regarding ethics and rigour. As well, full acknowledgment is made of the reality and context of the subject being explored in the research for this thesis; creativity is, in and of itself, an often elusive yet provocative and appealing phenomenon and as such it is open to innumerable possibilities and yet still unique to each individual.

Abercrombie (1979) in her classic book *The Anatomy Of Judgment,* provides insight into exploring the research data for this thesis, both quantitative and qualitative. The intent has been to try to move away from the stifling constraints of value-free empirical analysis and consider the effects of context and schemata in particular, on nurses' and midwives' ways of seeing and perceiving in terms of creativity.

Data, like works of art, can be thought of as lying in a kind of continuum (Abercrombie 1979); the representational at one end (easily interpreted because of their familiarity and fit with expected schemata and hence less likely to be influenced by extraneous circumstances); the fantasy at the other end (non-representational and open to varying interpretations because they fit into diverse and unexpected schemata). Analysis therefore requires a careful balance and respectful harmony of the two ends of the continuum so that data can meaningfully convey its information and tell its story, while those who read it will also construct their own meanings.

The endeavour in the research for this thesis has been to capture the essence of meaning in the quantitative data as a puzzling, inquisitive mind tries to capture the essence of meaning in an artwork; without malice but with respectful consideration. The data also has been considered in the reality and context of the participants' practice and their personal and professional worlds so that their perspectives have given it further meaning.

Because of the extent and diversity of data derived and analysed, the demographic data has been reported on first and concurrent with discussing the findings, as with

the remainder of the chapter. This has been done to enable the reader to follow the analysis and discussion relating to creativity more easily and effectively, and with minimal disjointedness.

6.1.1 Data Analysis Method

The Statistical Package for the Social Sciences (SPSS) (Norusis 1990) was used to analyse the quantitative data. The database established contained 227 cases with 182 variables. Value labels were assigned to each of the variables and in some cases value labels became variables in themselves, in order to explore possible relationships and effects within the data and the participants.

All of the variables were determined by the design of the research and the desire to explore the nature and dynamics of creativity within nursing and midwifery. The Research Set provided the context and the variables became explicit when the database was created and the potential for exploration became obvious. However the overall desire was for exploration in complementarity to the qualitative component, not as a statistical, 'number-crunching' exercise in itself. Accordingly not every variable has been analysed to avoid the thesis becoming a statistics endurance test rather than a presentation of findings of relevance and significance.

6.2 Socio-Demographic Details Of The Participants

In the research for this thesis, 227 individuals participated, all of whom were Registered and held Annual Practising Certificates with the Nurses Board of South Australia (NBSA) at the time of the research. They represented a response rate of 51.6% from a total Research Set distribution of 440. The response was beyond that anticipated as it was not thought that people would be as interested in reflecting on or being involved in research on creativity in nursing and midwifery as they were. The involvement of such a large number of participants was evidence of their enthusiasm and support for the research. They provided a colourful picture of the tapestry of

creativity in nursing and midwifery in South Australia through their individual perspectives.

Interest in the research for this thesis extended beyond the participants. Several individuals unable to be involved for numerous reasons actually corresponded with the researcher to applaud the research and provide encouragement.

Of the total group of participants, 125 were Registered Nurses (55%) and 101 were Registered Midwives (45%) with one person not identifying their registration. As a percentage of the total South Australian workforce numbers of registered nurses, the Registered Nurse (RN) group represented 0.85%. The Registered Midwife (RM) group represented 5.8% of the total midwifery workforce numbers within South Australia (SA) (The Nurses Board of South Australia 1994; The South Australian Health Commission 1994).

There were 206 females (91%) and 20 males (9%) involved overall, with one participant not specifying their gender. This variation of genders closely resembled the overall gender variation mentioned earlier. This was not an intended outcome as individuals were involved on the basis of their interest in participating in the research.

6.2.1 Area Of Practice

Participants were asked to identify their Area Of Practice to determine what possible diversity there was in the areas in which they worked. This enabled exploration of Area Of Practice as a possible influencing factor on creativity in nurses and midwives. Table 2 identifies the Areas Of Practice of those involved in this research.

The participants came from a wide but not unusual variety of practice areas within South Australia, city and country. Where participants were working in smaller institutions requiring varying practice areas they indicated this as 'general'. Participants from country regions are shown as 'country' where they identified as such apart from those who identified themselves in terms of midwifery or general rather than the generic notion of country. There was no attempt to restrict or control the areas of practice participants worked in, and everyone who wanted to be, was

included regardless of the tyranny of their distance, to enhance the diversity and richness of the data.

TABLE 2

Area Of Practice Of Participants and Frequency In Each Group

AREA OF PRACTICE	FREQUENCY
Self-employed	2
Pediatrics	2
Gerontics	3
Emergency	4
Surgical	5
Community	7
Medical	11
Psychiatric	11
Theatre/Recovery	12
Intensive/Coronary Care/Angiography	16
Education/Staff Development	18
Country	19
General	23
Administration/management	34
Midwifery	55
Missing	5
TOTAL	227

6.2.2 Level Of Practice

Participants were also asked to indicate their level of practice according to the choice provided in the Research Set. These are shown in Table 3. Level of Practice was requested to identify any influences it may have had on participants' creativity.

TABLE 3

Level Of Practice Of Participants And Frequency In Each Group

LEVEL OF PRACTICE	FREQUENCY
Level Five	12
- Director of Nursing	
Level Four	13
- Assistant Director of Nursing	
Level Three	62
- Nurse Educator	
- Clinical Nurse/Midwife Consultant	
- Nurse/Midwife Manager	
Level Two	28
- Clinical Nurse/Midwife	
Level One	104
- Registered Nurse/Midwife	
Other	
- Lecturer	1
Missing =	7
TOTAL =	227

The classification levels determined through the Career Structure Model (Nursing Branch 1989) were used to provide choices for Level Of Practice. The majority of the participants (89%) were at Level Three or below, with 11% at Levels Four and Five. No efforts were made to control numbers of participants within practice levels. They occurred spontaneously.

The large number of Level One participants was pleasing as they are often overlooked in research because they are not considered to provide an expert or experienced perspective. That they responded with such prominence indicated their

wish to express themselves and state their cases, and showed a more than passing inclination towards creativity.

6.2.3 Practising Position

In order to ascertain the variations within their Level of Practice, participants were asked to nominate their specific position. These positions varied across all possible types including Director of Nursing through to Registered Nurse or Midwife as Table 4 shows. Overall, 62% of participants held a Practising Position within clinical or community settings with the other 38% involved in positions of management, administration or education. Again no attempt was made to control for Practising Position with the hope for volunteers from all possible positions being involved. They represented a broad but typical range of Practising Positions overall.

TABLE 4

Practising Position Of Participants And Frequency In Each Group

PRACTISING POSITION	FREQUENCY
Director of Nursing	12
Assistant Director of Nursing	13
Nurse/Midwife Manager	14
Clinical Nurse/Midwife Consultant	30
Nurse Educator/Staff Development Consultant	14
Clinical Nurse/Midwife	26
Community Nurse/Midwife/Designated Role	15
Registered Nurse	49
Registered Midwife	47
Academic	1
Missing =	6
TOTAL =	227

6.2.4 Age

The ages of participants ranged from 20 years to 56 years. Individuals aged 30 to 39 years comprised the largest age group (45%) and those aged 50 years and above, the smallest age group (10%). The mean age of the participants was 37.09 years and the age distribution standard deviation was 7.79. Table 5 shows the age groups of participants and the frequencies in each group.

TABLE 5

Age Groups Of Participants And Frequency In Each Group

AGE GROUP IN YEARS	FREQUENCY
20 - 24	4
25 - 29	39
30 - 34	51
35 - 39	49
40 - 44	33
45 - 49	29
50 - 54	14
55 and above	3
Missing =	5
TOTAL =	227

6.2.5 Work Status And Workplace

The majority of participants (N = 128) were engaged in full-time employment with 57 in part-time or casual employment. A number of participants did not identify their work status (N = 42). The large number of participants employed full-time may have been a product of their being available at the time of calling for volunteers rather than

being typical, as increasingly many nurses and midwives are choosing to work part-time or casual.

Individuals were employed in a variety of places of work in South Australia. 68% of the participants (N = 154) were employed in the public sector and 31% (N = 70) in the private sector (3 individuals did not identify their Workplace). Again participants' places of work and status of work arose spontaneously. Table 6 shows the Workplace groups of participants.

Table 6

Workplace Groups Of Participants And Frequency In Each Group

WORKPLACE GROUP	FREQUENCY
PUBLIC SECTOR (Hospitals)	
Country	10
Metropolitan	7
Outer metropolitan	4
PRIVATE SECTOR (Hospitals)	
Metropolitan	11
OTHER WORKPLACES	
Community Health Centre	2
Aged Care/Rehabilitation Centre	1
University	1
Psychiatric Institution	1
Private Practice (Metropolitan and country)	1
TOTAL	38

6.2.6 Skill Acquisition Level

Participants were asked to nominate their Skill Acquisition Level according to Benner's (1984) identified levels of novice through to expert. Benner's (1984) classification has been well known in nursing (less so in midwifery) in South Australia, with many evaluation tools and education programs based on her criteria. Participants therefore would be likely to be familiar with it. The intention was to see how participants rated themselves across the range of levels to ascertain if there were any differences between them in terms of self-perceived creativity compared to 'usual' expectations about individuals' Skill Acquisition Levels. Table 7 indicates participants' Skill Acquisition Level groups and the frequencies in each group.

TABLE 7
Skill Acquisition Level Groups Of Participants
And Frequency In Each Group

SKILL ACQUISITION LEVEL	FREQUENCY
Novice	13
Advanced Beginner	10
Competent	53
Proficient	79
Expert	64
Missing =	8
TOTAL =	227

There were 104 participants who identified their level of practice as at Level One (See Table 3) but despite this they were more likely to have identified themselves as Competent or Proficient in Skill Acquisition Level, than as Novices or even Advanced Beginners. They did not therefore align themselves with a lower position level in

terms of skills acquisition. This was an interesting finding in that many nurses and midwives have traditionally held the belief that senior positions were only and always held by those with advanced skill acquisition levels with the least experienced and least advanced in skill acquisition level in the lowest positions.

For new graduates this has meant their entry into a 'pecking order' of expertise where experience was a status and value-laden category that worked against them until they had 'served their time'. Individual excellence and expertise at a beginning level was supposedly exceptional and novel beyond the expectation that new graduates had to do their job well but maintain the status quo. Expertise was not specific to individual ability therefore, but it was assumed to accompany experience. This was an unfounded correlation of qualitative aspects of practice with quantitative aspects. The effects of this 'pecking order' and 'subjugative correlation' have been oppressive and devaluing as indicated by some of the participants in their dialogues in the following chapter.

6.2.7 Years Of Professional Experience

The total number of years of professional experience of each of the participants ranged from 0.1 of a year to 39 years. The average number of years of professional experience was 16.28 per participant with a standard deviation of 8.55. Two participants did not identify their number of years of professional experience. Table 8 shows the frequencies for the participants' years of professional experience.

TABLE 8

Participants' Years Of Professional Experience

YEARS OF EXPERIENCE	FREQUENCY
0 - 9	49
10 - 19	97
20 - 29	57
30 - 39	22
Missing =	2
TOTAL =	227

The greater number of participants had ten to nineteen years of experience, with the smallest group comprising those with thirty years of experience or more. This was not unlike the proportionate general mix of years of experience of practising nurses and midwives in South Australia overall.

6.2.8 Length Of Time At Current Workplace

The length of time participants had been at their current workplace ranged from 0.1 of a year to 26 years. Over 50% of the participants (123) had been employed at their current workplace for 4.5 years or less, with 21% employed for 10 years or more. The average number of years of employment of participants at their current workplace was 5.74 with a standard deviation of 5.54. The interest here was in ascertaining if length of time at their workplace influenced an individual's ability to be creative. Table 9 shows the frequencies for years of employment of participants at their current workplace.

TABLE 9

Participants' Years Of Employment At Their Current Workplace

YEARS OF EMPLOYMENT	FREQUENCY
0 - 5	139
6 - 10	47
11 - 15	23
16 - 20	14
21 - 25	3
26 - 30	1
TOTAL	227

It is of interest to note that at the time of this research a large number of participants (86) had been at their workplace for two years or less. Over half of the participants (139) had only been in their current workplace for five years or less. Given (shown earlier) that only a small number of these were new graduates, those who were attracted to participate in this research were relatively new to their work environment. It was of value therefore to know if there was any association between creativity and length of years in the participants' workplace.

6.2.9 Tertiary Qualifications

Participants were asked to identify any tertiary qualifications they held or were studying for. Qualifications varied from hospital based training certificates through Tertiary And Further Education (TAFE) courses to Master's degrees. Only 7.5% of the participants (17) were educated in the higher education sector for their general nursing registration, with 205 participants having trained in hospital based programs. Table 10 details the types and frequencies of the highest tertiary education qualification achieved by participants.

TABLE 10

Tertiary Qualifications Of Participants

QUALIFICATION	FREQUENCY
Master	18
Graduate Diploma	21
Bachelor	83
Associate Diploma/Diploma	22
TAFE/Certificate	17
None	65
Missing =	1
TOTAL =	227

In 1993/1994 (1993 being the final transition year for the general nursing transfer to the higher education sector in South Australia) 433 new graduates entered the workforce from South Australian university programs, representing 0.3% of the workforce numbers of registered nurses. Given a twenty year history of college, then university, education of nurses within South Australia, an approximation of numbers of these graduates overall could be 6 to 8% of the workforce (exact numbers are not available). The 7.5% of participants who were educated in the higher education sector are an unintended but representative number in this research group. Of those participants who were midwives, 124 were trained in hospital based programs (5 did not specify their training institution). This was not unusual as university midwifery education only commenced in South Australia in 1993.

161 participants (71%) held or were currently studying for higher education awards. At least half of those (84) possessed or were currently studying for a Bachelor's degree, with the others fairly evenly distributed across the other award levels. It is noteworthy, given the very short history of availability of, and access to, Master's

level studies for nurses or midwives, that 18 (11%) of the participants were located at this level.

6.3 Initiating Thinking About Creativity: Is Nursing/Midwifery An Art Or Science Or Both?

Participants were asked to identify whether they considered nursing or midwifery (as relevant to them) to be an art or science or both, and to explain the reason for their response. This question was used as a 'warm-up' for the open-ended questions that followed to enable participants to start thinking about, and reflecting on, creativity.

Overwhelmingly participants (81%) rated Both as their view of their practice field; that nursing and midwifery were each seen to be a combination of art and science. The least preferred option was that of Art (3.5%) with Science (6.2%) and Neither (7.5%) similar in rating, while 1.8% of participants did not respond. Given that 71% of the participants had tertiary qualifications or were studying at university this could have contributed to the predominant feeling about both disciplines being seen as combining art and science, having possibly read or discussed this issue in their studies. The dialogue responses to this question are contained in the next chapter.

6.4 Determining Creativity Characteristics For Midwives And Nurses Using The Creativity Characteristics Inventory

The Creativity Characteristics Inventory (CCI) enabled the participants in this research to indicate their preferences for a group of characteristics in terms of their relevance for creativity in nursing or midwifery. The rating options (very important, important, desirable and irrelevant) devised for the CCI were first examined in a separate investigation to determine the appropriateness of their relationship with each other as preferences and hence the validity of their use.

6.4.1 Assessing Validity And Reliability Of The Creativity Characteristics Inventory Ratings

40 individuals (not involved in the research for this thesis) were invited to participate in a separate pilot investigation to assess the validity and reliability of the relationships between the four rating options of the CCI. Participation was entirely voluntary and participants were fully informed of the nature of the investigation and were free to withdraw if they so desired at any time. The participants comprised Registered Nurses and Registered Midwives (their role was not specified in the data collection) who were currently practising and engaged in university studies. They were asked to indicate four vertical marks on a horizontal line they drew underneath the four rating options, to show each rating's relationship to the others; that is whether they saw them to be equally related, varyingly related, or unrelated.

Of the 40 participants who agreed to be involved, 19 were included in the final analysis with assessable data. One participant stated (rather than indicating on a line) that they saw the relationship between each rating to be equal. The other 20 were excluded, as they did not complete the exercise. The rating relationship assessment was based on the distance along the drawn horizontal line from zero, (commencing immediately before Irrelevant), to 100, (located at Very Important), as single units of measurement. If each of the ratings was assessed to be equal in relationship across the drawn horizontal line, the unit of measurement for each of them should be 25 (Personal communication, Rump, October 1994). The participants assessed the relationship between the ratings to be as shown in Table 11.

TABLE 11

Assessment Of Relationship Between Rating Options In Creativity Characteristics Inventory

(N = 19)

CCI RATING	Very Important	Important	Desirable	Irrelevant
MEASUREMENT	31	25	26	18

The participants assessed the relationship between Important and Desirable to be very similar. The relationship between Very Important and Important was seen to be slightly more distant, whereas the relationship between Irrelevant and Desirable was seen to be closer but not as similar as between Important and Desirable. This meant that overall the variation between the options is closest between Very Important, Important, and Desirable, with a measure of 6 units difference between Very Important and Important, compared to 8 units difference between Desirable and Irrelevant. However, these differences were not considered to be so discordant as to invalidate the inventory, particularly given the way that the CCI ratings themselves were distributed in the research for this thesis. Having determined the ratings to be appropriate for use, the Creativity Characteristics Inventory was included in the Research Set for inaugural use in this research.

6.4.2 The Creativity Characteristics Inventory Data

Table 12 indicates the ratings participants in this research subsequently gave to the items in the Creativity Characteristics Inventory.

TABLE 12

Participants' Ratings For The Creativity Characteristics Inventory

(N = 227 except where indicated as *m*)

CCI ITEM	RATING AND FREQUENCIES				CHI-SQUARED
	very important	important	desirable	irrelevant	
Flexibility	187	34	6	0	410.2***
Originality	53	109	61	4	97.7***
Independence	83	103	38	3	106.9***
Critical Thinking	155	55	13	4	252.9***
Spontaneity	82	102	36	7	98.5***
Control *(d)* (*m* = 3)	97	91	27	9	106.4***
Sensitivity	189	35	3	0	424.2***
Creative Thinking	106	82	35	4	111.3***
Autonomy (*m* = 4)	90	96	28	9	103.1***
Acceptance *(d)* (*m* = 1)	92	84	39	11	77.8***
Fluency (*m* = 3)	79	107	37	1	116.4***
Intuitiveness (*m* = 1)	136	74	16	0	202.8***
Curiosity (*m* = 1)	101	85	37	3	106.8***
Obedience *(d)* (*m* = 3)	18	53	78	75	41.0***
Novelty (*m* = 4)	15	49	82	77	51.0***
Tolerance Of Ambiguity (*m* = 9)	33	68	75	42	22.4***
Perceptiveness	161	60	6	0	293.8***
Compliance *(d)* (*m* = 3)	28	78	81	37	40.3***
Insight	144	73	10	0	234.1***
Empathy (*m* = 1)	196	27	3	0	467.0***

***p<0.001

(d) = distracter item

(*m*) = missing value(s)

In terms of overall rating attraction, all participants (227) were attracted to rating 9 of the 20 items; flexibility, originality, independence, critical thinking, spontaneity, sensitivity, creative thinking, perceptiveness and insight. From 1 to 9 participants chose not to rate 11 out of the 20 items namely, control, autonomy, acceptance, fluency, intuitiveness, curiosity, obedience, novelty, tolerance of ambiguity, compliance, or empathy. The reasons for this could be many given they are a mixture of distracter and characteristic items. It is possible that apart from empathy, participants may not have known what was implied by the characteristic. However given the very small number of missing responses overall this did not seem to be a problem for all other participants. Some of these characteristics were seen to have double meanings as discussed in the following sections, so this may have contributed to them not being rated.

Some individuals indicated their concern about possible double meanings of the characteristics, obedience, control, compliance and acceptance; to whom did each of them pertain, self or others, was a common comment. Where participants did rate these characteristics they did so on the stated proviso that it meant self-control and acceptance of others in terms of their ability/inability not as an act of passivity. The fact that participants did acknowledge some contention or irregularity over these four distracter characteristics indicates that they considered their responses carefully and thoughtfully and affirms validity in their responses. As an inaugural use of the inventory these characteristics appeared to serve their purpose effectively and the significant associations found in all chi-squared calculations further confirms this.

Those items receiving individual predominant preference (that is over 114 participants (more than 50%) selected very important) are shown in Table 13 (in order of preference) with their frequencies.

Table 13

Individual Predominant Preference Items In The Creativity Characteristics Inventory

CCI ITEM	FREQUENCY
Empathy	196
Sensitivity	189
Flexibility	187
Perceptiveness	161
Critical thinking	155
Insight	144
Intuitiveness	136

Those items attracting predominant least preference, (that is more than fifty participants rated them as irrelevant) were obedience (75) and novelty (77).

15 items emerged as favourable overall (that is with 80% or more of the participants rating them as very important or important). Of these 15 items control and acceptance were removed (having been shown to be contentious and attracting attention as distracters) to leave 13 items (shown in Table 14). These 13 characteristics, all derived from the literature review as substantially and consistently acknowledged in terms of creativity, have now been similarly confirmed by the nurses and midwives in the research for this thesis as fundamental for creativity in nursing and midwifery.

Table 14

Most Favourable Items In The Creativity Characteristics Inventory

CCI ITEM	FREQUENCY	PERCENT
Sensitivity	224	99%
Empathy	223	98%
Flexibility	221	97%
Perceptiveness	221	97%
Insight	217	96%
Intuitiveness	210	93%
Critical thinking	210	93%
Creative thinking	188	83%
Curiosity	186	82%
Autonomy	186	82%
Fluency	186	82%
Independence	186	82%
Spontaneity	184	81%

The picture is of an individual who is sensitive, insightful, intuitive, empathic and perceptive, as well as flexible, independent, autonomous, and fluent in their discipline, spontaneous, curious, and a critical and creative thinker. Certainly Flint (1986) would affirm that this was the description of the 'sensitive midwife' she wrote of; the midwife who was able to be 'with women' through their personality, inclination and feelings, regardless of level or experience. Creativity therefore was a personal asset brought to being with women by the midwife according to Flint's (1986) propositions. Benner (1984) would have affirmed this as the description of the 'expert nurse' derived from expertise; however creativity was dependent on level and experience in her model.

6.5 How Do Midwives And Nurses Perceive Themselves In Terms Of Their Creativity?

The What Kind Of Person Are You (WKOPAY) and Something About Myself (SAM) Inventories from the Khatena Torrance Creative Perception Inventory (Khatena and Torrance 1976) were used to gain quantitative data about how the participants perceived their creativity and to complement their dialogues regarding self-perceived creativity (detailed in the next chapter). As stated earlier, the WKOPAY Inventory was designed to indicate the extent to which individuals tend to function in creative ways; the participants were asked to consider the personal relevance of a variety of characteristics to yield an index of their inclination to function in creative ways (Khatena and Torrance 1976). An overall Creative Perception Index is determined from the total score of the WKOPAY. Within WKOPAY Khatena and Torrance (1976) identified 5 factors, both creative and non-creative in their orientation (as indicative of the fact that people incorporate both creative and non-creative ways of behaving and thinking) which attract scores indicating an individual's disposition towards each of them (Khatena and Torrance 1976).

In considering the different effects and responses from the CCI as compared to WKOPAY and SAM it may be that participants were able to consider creativity characteristics 'at a distance' without difficulty in the CCI, as it was asking them to rate the characteristic, (which for them may have been personified in the 'ideal' nurse or midwife), not themselves. However, when participants were required to reflect upon the characteristics in WKOPAY and SAM in terms of their own personal disposition, they may have felt several different thoughts; a desire to indicate that which seemed to be the best or most socially desirable (particularly given that WKOPAY presents a variety of characteristics, creative and non-creative, whereas the CCI presented only creativity characteristics apart from the distracters); a desire to be honest as WKOPAY and SAM were directed specifically at them not at, or in comparison to an anonymous group, as well as which, their spontaneous honest responses had been requested; or a desire to be evasive to avoid disclosure of personal inclinations which could identify them or bring to reality possible areas of

discomfort. Given the very affirmative responses from participants regarding the whole Research Set the latter would probably have been unlikely. Reliance on participants' honesty in any research is fundamental but challenging, as it can never be guaranteed.

6.5.1 The What Kind Of Person Are You Data

The ten most frequently chosen characteristics from WKOPAY in rank order were in the main creative in their orientation, with only 3 non-creative characteristics chosen, as Table 15 indicates.

Table 15

The Ten Most Chosen Characteristics Of WKOPAY

WKOPAY CHARACTERISTIC	FREQUENCY	ORIENTATION
Receptive To Ideas Of Others	222	c
Courteous	213	nc
Self-Confident	201	c
Unwilling To Accept Things On Mere Say So	195	c
Determined	193	c
Popular, Well-Liked	191	nc
A Self Starter	192	c
Socially Well-Adjusted	188	c
Considerate of others	184	nc
Sense of humour	180	c
	c =	creative
	nc =	non-creative

It is interesting to note that the only dominant consistency between WKOPAY and the CCI was sense of humour; this was requested as an addition to the CCI by the participants and they correspondingly rated it highly in WKOPAY. Curiosity,

intuitiveness, and independence whilst rated highly in the CCI were rated less so in WKOPAY. (This is commented on further below).

Overall, participants saw themselves as polite, confident, determined yet amiable individuals who were thoughtful and responsive, possessing initiative and a sense of humour, based on the Khatena Torrance (1976) characteristics. They indicated that they were very inclined to these 7 important creativity characteristics but at the same time were also strongly motivated towards 3 non-creative characteristics; being courteous, popular and well-liked, and considerate of others. These characteristics whilst labeled non-creative by Khatena and Torrance (1976) as they are generally seen as conforming and socially desirable, would however be seen by many nurses and midwives as highly desirable characteristics for their practice and professions.

The emphasis on strong interpersonal and communication skills in both disciplines places great value on the 'obviousness' of, popularity and being well liked (by patients and women), as well as being constantly considerate of their needs. The need for courtesy is a relic of the influence of both the church and military on nursing and midwifery requiring dutiful and polite service-providers who were ever mindful of their status, particularly as most participants were women, and many still play the 'doctor-nurse game' (Stein1967). Society also places great emphasis on manners and mores, so courtesy is in-built from an early time in education in general.

The eleven (2 characteristics were chosen equally) most frequently chosen creative characteristics (as compared to characteristics overall in Table 15) selected by the participants varied by the inclusion of versatile, always asking questions and self assertive with imaginative, as Table 16 shows.

Table 16

The Eleven Most Chosen Creative Characteristics Of WKOPAY

WKOPAY CHARACTERISTIC	FREQUENCY
Receptive to ideas of others	222
Self-confident	201
Unwilling to accept things on mere say so	195
Determined	193
A Self Starter	192
Socially well adjusted	188
Sense of humour	180
Versatile	179
Always asking questions	175
Self assertive	173
Imaginative	173

Now that creativity was being considered at a personal level, the picture that emerged was of a nurse or midwife who was, open-minded, confident, not prepared to accept things without some substantiation for them, determined, able to take some initiative, socially adept and self assertive, considerate with a sense of humour and an imaginative and inquiring mind. This is a more pragmatic, responsive and interactive image of the creative nurse or creative midwife, different to the 'idealised' picture that emerged from the CCI of a more contemplative and introspective individual who has a high acuity to their practice and their thinking.

Whilst they had an ideal conceptualisation of creativity centred on excellence in quality characteristics, nurses' and midwives' self-perceived creativity was centred on their reality and hence, probably the demands of their practice and lives. It was important therefore for the second stage of the study to address the possible

dissonance between the ideal, that which may be aspired to, and/or educated for, and the reality.

For interest, the responses of the participants in the research for this thesis were compared with those of Khatena and Torrance in their research (1976). Table 17 identifies the ten most frequently chosen creative characteristics in the Khatena Torrance (1976) group (in order of frequency).

Table 17

The Ten Most Chosen Creative Characteristics In The Khatena Torrance Group

WKOPAY CHARACTERISTIC	
Receptive To Ideas Of Others	ic
Affectionate	
Sense Of Humour	ic
Determination	ic
Versatile	ic
Feels Strong Emotions	
Competitive	
Curious	
Unwilling To Accept Things On Mere Say So	ic
Sense of Beauty	

ic = in common with the nurse/midwife participants

The Khatena Torrance (1976) group of college adults was more inclined towards some of the emotional/aesthetic aspects of creativity than the participants in the research for this thesis. That could have been a product of the era when Khatena and Torrance (1976) conducted their studies, and/or the possible ages (undisclosed)

of the college students as younger adults. However the expectation was not that they would be the same. That the participants in the research for this thesis were less inclined to the more emotional/aesthetic aspects of creativity could indicate that the relics of traditional nursing and midwifery, which espoused detachment from and non-involvement with patients and women, still persist, despite university education. Five of the characteristics (those identified as ic) have been consistently identified across two decades and across two very different groups as creativity characteristics in common, indicating that creativity characteristics are neither within the exclusive domain of the artistic or talented, nor significantly influenced by the passing of time.

The five factors within WKOPAY (described in the previous chapter), Acceptance of Authority, Self-Confidence, Inquisitiveness, Awareness of Others and Disciplined Imagination were analysed to determine the overall diversity of creative and non-creative ways of behaving and thinking within the nurse/midwife participants. Table 18 indicates the means and standard deviations for these participants, the maximum scores possible for each factor and the range of participants' scores. The minimum score for each factor is zero.

Table 18

Means, Standard Deviations And Maximum Score Levels For The Five Factors Of WKOPAY

	WKOPAY FACTOR	MEAN	SD	MAX SC	RANGE
I	Acceptance of Authority	2.05	1.66	7	0 - 7
II	Self-Confidence	6.56	2.33	12	1 - 11
III	Inquisitiveness	3.28	1.45	6	0 - 6
IV	Awareness of Others	7.22	1.30	11	3 - 8
V	Disciplined Imagination	5.72	2.06	9	1 - 8

SD	=	Standard Deviation
MAX SC	=	Maximum score possible for factor
RANGE	=	Lowest score and highest score of participants
Number	=	225
Missing	=	*2*
TOTAL	=	227

Khatena and Torrance (1976) advised that the more creative people would be expected to score low on Factor I (as a non-creative orientation) and high on Factor V (as a creative orientation) with the opposite the case for less creative people. Factors II, III, and IV as mixed orientations (creative and non-creative) would attract higher than average scores from people who gained average scores on Factors I and V. These would be people in the average range of creative personality according to Khatena and Torrance (1976).

The mean for Acceptance of Authority (in the group from the research for this thesis) at 2.05 was quite low based on Khatena and Torrance's (1976) findings (minimum of 0 and maximum of 7). This was indicative of a noteworthy creative orientation given that the higher the score the less creative the individual was likely to be and the more

accepting of authority. In addition the standard deviation was low indicating that scores were fairly similar overall. The participants in this research were only mildly disposed to being obedient, polite, courteous and conforming, and to accepting the judgment of authorities, and as such had only limited acceptance of authority. The history of nursing and midwifery, early and late, as the second chapter describes, has been one of submission, oppression and subversion of varying contexts. It was not surprising therefore to see the intolerance of authority indicated by the participants. The following chapter vividly elaborates on the frustration and angst felt by participants regarding their perceptions of authority and the constraints they saw it placing on their practice.

The mean of 6.56 for Self-Confidence indicated an average degree of creativity overall in the group from the research for this thesis. The range of scores determined by Khatena and Torrance (1976) was from a possible minimum of 0 to a maximum of 12, with the higher the score the more creative the individual. The standard deviation for the nurse/midwife group indicated that scores were quite varied ranging from 1 to 11. Self-Confidence was one of the three combined orientations in WKOPAY identifying participants who were socially well adjusted, self-confident, energetic and curious, thorough and able to remember well. The range of these scores reflected the "degree of conflict between self-criticism and self-confidence [and] between socially withdrawn and socially integrated tendencies" that creativity research has found to date (Tardif and Sternberg cited in Sternberg 1989, p. 436). Given the vast range of years of experience of the participants it was not unreasonable to see differences in scores, and particularly given the diversity of characteristics combined to form this factor. It would not seem unreasonable however to suggest some refinement of this factor by future researchers.

Inquisitiveness was also a combined orientation involving the characteristics of obedience, talkativeness, self-assertion, feeling strong emotions, and always asking questions. The mean of 3.28 in the nurse/midwife group, indicated an average degree of creativity overall. The scores were generally similar for this factor with low dispersion as indicated by the low standard deviation. In general therefore participants were moderately inquisitive, tempered with obedience (beyond what they may have felt about situations or issues perhaps, given their responses in the next

chapter) but had a proclivity to the "questioning of norms and assumptions in their domain (asking 'why')" which is a widely acknowledged feature of creative cognitive processing (Tardif and Sternberg cited in Sternberg 1989, p. 435).

The nature of nursing and midwifery is such that being aware of others has always been an essential characteristic. It could be argued therefore that the participants should have scored highly on this factor. The mean of 7.22 for Awareness of Others indicated a level of creativity beyond average. The standard deviation confirmed low dispersion and close similarity in scores. As a combined orientation, this factor involved courtesy, popularity, consideration of others, being socially well-adjusted, well liked, receptive to the ideas of others, having a preference for working in a group, being non-conforming, having the courage of their convictions and being truthful even if it gets them into trouble. This was an unusual combination of characteristics and given the apparent extremes it is not surprising that the mean is not higher as not all of the options may have been preferable to the nurse/midwife participants.

Disciplined Imagination was a creative orientation that would identify the more creative people by higher scores. The mean for the nurse/midwife participants at 5.72 indicated a moderately high creativity level. The scores were quite varied from the mean though and given the nature of the characteristics involved this was not unusual. Disciplined Imagination identified individuals who were industrious, persistent, adventurous, imaginative, never bored, energetic, thorough, preferred complex tasks and attempted difficult tasks. While nursing especially has been associated with an image of 'busyness' with tasks, energy and industry, the characteristics of imaginative and adventurous have not typically been aligned with it. Social perceptions of nurses and midwives do not necessarily correspond to nurses' and midwives' self-perceptions. Society has long held stereotyped views about nurses, midwives and women and their supposedly similar and transparent roles, as Street (1992, p. 183) recognised:

> ... the relationships that society constructs between nursing, mothering, homemaking and femininity have meant that the role of nursing [and midwifery] has been culturally submerged into what women do within our culture. The development of an understanding of the distinctive role of the nurse [and midwife] is difficult.
>
> Street 1992 p. 183

The relics of this construction and its expectations may have had a self-fulfilling effect on many nurses and midwives who 'act' out their roles according to expectation but inwardly seek a 'leap of faith'.

The grand mean of the WKOPAY score for the nurse/midwife participants (N = 225) was 27.81. Khatena and Torrance (1976) regarded scores from 21 to 33 for WKOPAY to be in the middle range for creativity, with high creativity at scores of 33 and above, and low creativity at scores below 21. This was based on a maximum score possible of 50 and minimum score of 0. The participants in the research for this thesis were overall therefore a moderately creative group (with 86% at middle range to high levels of creativity) according to their WKOPAY scores, which ranged from a minimum of 10 to a maximum of 45.

This extent of self-perceived creativity would not have been anticipated by many, with typical expectations of nurses and midwives as efficient and organised, not inventive and artistic. As the majority of the participants in the research for this thesis were women, this degree of self-perceived creativity also counters the stereotypical images of women as nurturing and accepting, not imaginative and adventurous. This level of creativity demands more than acknowledgment. This represents an asset for both nursing and midwifery that must be used to the benefit of nurses and midwives, their patients and women. Table 19 shows the frequencies for the scores of all participants for WKOPAY and creativity level and percentage totals.

Table 19

Frequencies Of Scores For WKOPAY Across Creativity Levels

WKOPAY SCORE	CREATIVITY LEVEL	FREQUENCY	% TOTAL
10	*low*	1	
13		1	
14		2	
15		2	
16		2	
17		4	
18		6	
19		7	
20		6	14%
21	*middle range*	5	
22		7	
23		22	
24		12	
25		7	
26		15	
27		8	
28		10	
29		10	
30		18	
31		15	
32		10	62%
33	*high*	8	
34		7	
35		9	
36		11	
37		4	
38		8	
39		4	
40		2	
41		1	
45		1	24%
	Missing	= 2	
	TOTAL	= 227	

6.5.1.1 Gender

Khatena and Torrance (1976) cited evidence in their documentation regarding WKOPAY that highly supported it as a measure of creative self-perception based on individuals' reflections on their propensity for creative behaviour. Given this, the nurse/midwife participants have indicated that they have a moderate to high disposition or motivation to function in creative ways (Khatena and Torrance 1976). They could be regarded as much more motivated and creative than any other group of nurses and midwives would be, particularly given their inclination to be involved in the research for this thesis. However, they were predominantly females and as the literature review of this thesis shows, they could typically be assumed to have lower not higher creativity scores and limited creativity dispositions.

As a group of 225 of whom 194 were in the middle to high range this could be a large number of exceptional individuals, or an indication that nurses and midwives (again mostly women), despite the conceptions or misconceptions of others to the contrary, do perceive themselves to be, and are, quite creative. And, their scores confirm this. This important creativity potential needs to be exploited and is discussed further later in this thesis.

In comparing females (N = 206) and males (N = 20, with one participant not indicating their gender) for WKOPAY, the group mean for females was 27.73 and for males it was 28.95, but they were not significantly different ($t = 0.80$, $p > 0.05$) indicating that gender did not exert an effect. Both means were well within the middle range of creativity. Table 20 shows the five individual factors for WKOPAY comparing the means for males and females with their t values. While the numbers in the female group are clearly much larger than the male group and seemingly disproportionate, they do, as indicated earlier in this thesis, represent the reality of the professions in terms of gender numbers and proportion.

TABLE 20

Means Of WKOPAY Factors For Females And Males

WKOPAY FACTOR		FEMALE MEAN	MALE MEAN	t VALUE
I	Acceptance of Authority	2.08	1.65	1.11
II	Self-Confidence	6.51	6.90	0.70
III	Inquisitiveness	3.31	3.15	0.50
IV	Awareness of Others	7.24	7.00	0.80
V	Disciplined Imagination	5.72	5.85	0.30

6.5.1.2 Role

Role was similarly examined for relationship to WKOPAY. Registered Midwives (RM) had a group mean (N = 101) of 28.34 and Registered Nurses (RN) had a group mean (N = 125, with 1 missing) of 27.44. This difference was not significant (t = 1.04, p>0.05). Each of the five factors for WKOPAY were assessed in terms of Role as shown in Table 21 but were not significantly different.

Table 21

Factor Means Of WKOPAY For Role Of Participants

WKOPAY FACTOR	RN GROUP	RM GROUP	t VALUE
I Awareness of Authority	2.06	2.02	0.20
II Self-Confidence	6.77	6.27	1.61
III Inquisitiveness	3.37	3.2O	0.88
IV Awareness of Others	7.11	7.35	1.36
V Disciplined Imagination	5.68	5.79	0.41

6.5.1.3 Workplace And Work Status

The two Workplace and the two Work Status groups were compared for WKOPAY and its factors, to determine if place of work (public or private) and status of work (full-time or part-time/casual) had any effects. Public sector participants had a WKOPAY mean of 28.42 (N = 154) and private sector participants (N = 70, with 3 missing) had a mean of 26.39. This difference was significant ($t = 2.21$, $p<0.05$) with participants working in the public sector having a higher level of self-perceived creativity than participants who worked in the private sector. Given the diminished economic and physical resources in the public health sector it could be that these individuals were provoked to be creative in their thinking and perhaps their practice, to respond to these challenges. None of the individual means for the five factors of WKOPAY for Workplace of participants were statistically significantly different.

In terms of work status, for those participants who identified this, full-time participants (N = 128) had a WKOPAY mean of 28.67 with the part-time/casual group (N = 57) having a mean of 25.53, which was a statistically significant difference ($t = 3.06$, $p<0.01$). It could be that working full-time contributed to a higher self-perceived creativity level than working part-time/casual. This could simply be due to the increased opportunity for expression of creativity by full time participants in their work. It could also be though that part-time/casual participants were able to express their creativity in ways other than at work as they may have had more time to do so; their work may not have been the full focus of their lives given their part-time/casual status and thus may be less likely to stimulate them to be creative. None of the individual means for the five factors of WKOPAY for Work Status groups were statistically significantly different.

6.5.1.4 Area Of Practice

Participants' diverse areas of practice were also assessed for effects on WKOPAY. Table 22 identifies the areas of practice of the participants (with frequencies in each group) and the means for each area of practice for WKOPAY in order from highest mean to lowest. The differences between these means whilst contrasting, were not statistically significantly different (ANOVA, $F = 1.64$, $p > 0.05$).

Table 22

Area Of Practice Of Participants With Frequencies And Means For WKOPAY

AREA OF PRACTICE	FREQUENCY	WKOPAY MEAN
Self-employed	2	39.0
Emergency	4	32.5
Community	7	30.6
Administration	34	30.12
Education	18	30.11
Country	19	28.0
Surgical	5	27.6
Psychiatric	12	27.17
Midwifery	54	26.91
Theatre/recovery	11	26.45
Intensive/coronary care	16	26.44
Medical	11	26.27
General	24	26.21
Gerontics	3	25.33
Pediatrics	2	23.0
Missing	5	
TOTAL	227	

The Self-employed participants who achieved the highest mean for WKOPAY were Independently Practising Midwives (IPMs) and with a mean score of 39 they were well within the High range of creativity according to Khatena and Torrance (1976). All other remaining groups scored across the Middle range of creativity, although the lowest mean coming from the Pediatric nursing participants was at the lower end of this range.

Independently practising midwives affirm their practice to be about providing alternatives for women who do not wish to be cared for within the hospital managed system (South Australian Independent Midwives Association, np, nd). It may be that their desire to function beyond the hospital bureaucracy provokes them to be creative in order to stake a claim in the health system, attract clients, gain rebates, and simply survive. In addition, they may feel more able to be creative because they are able to function without the constraints of the hospital system. They may also be stimulated to be creative by virtue of the women and families they work with whose individual needs and demands shape and determine their practice not an institutional structure.

6.5.1.5 Practising Position

In considering possible effects of positions held by the participants on their self-perceived creativity, there were statistically significant differences (ANOVA, $F = 3.83$, $p < 0.05$) in the WKOPAY scores as Table 23 shows.

Table 23

Practising Position Of Participants With Means For WKOPAY Scores

POSITION	WKOPAY SCORE
Director of Nursing	32.45
Assistant Director of Nursing	32.38
Nurse/Midwife Manager	27.71
Clinical Nurse/Midwife Consultant	27.72
Educator/Staff Development Consultant	31.71
Clinical Nurse/Midwife	27.04
Community Nurse/Midwife/Designated Role	30.33
Registered Midwife	26.69
Registered Nurse	25.65
Missing = 3	

The commonly held belief that creativity was only possible in positions of power, influence and/or autonomy was evidenced in these means. Being a Director of Nursing or an Assistant Director of Nursing does appear to make a difference to self-perceived creativity. The following chapter indicates the feelings of frustration and angst many participants had about their inability to create change or the lack of receptiveness by administration to their wanting to do so, because they were not in a position of authority and recognition, or not considered capable due to lack of experience or expertise. However, this could also be regarded as a self-fulfilling philosophy if beliefs about redundancy or lack of capacity to be creative were conveyed persistently, leaving individuals to be dismissive about their self-perceived creativity because nothing could come of it anyway, despite their inclination or potential.

Despite their higher self-perceived creativity scores, Directors of Nursing and Assistant Directors of Nursing, including those who participated in the research for this thesis, were actually seen as resistant to innovation by many of their staff (who were likewise participants in this research). Participants, despite their own self-perceived creativity, felt disempowered to be creative by their higher scoring employers, or by the actual bureaucracy they worked in, or by the effect of the group they actually worked within. Elaboration of this incongruity follows in the next chapter.

The possible influence of liberalism in practice (as discussed for Independently Practising Midwives) could be further indicated in the high creativity scores for the Community positions. The capacity to work in a relatively unsupervised, unroutinised and less bureaucratically structured role could enhance creativity and the individual's expression of it.

6.5.1.6 Skill Acquisition Levels

Skill acquisition levels of participants were assessed for effects on WKOPAY and were generally associated with incremental effects on self-perceived creativity as Table 24 shows. The differences between skill acquisition levels were statistically significant (ANOVA, $F = 4.19$, $p < 0.01$). Apart from the Advanced Beginner group, increased skill acquisition level was accompanied by increased WKOPAY Score.

TABLE 24

Skill Acquisition Level Of Participants With Means For WKOPAY Scores

SKILL ACQUISITION LEVEL	WKOPAY SCORE
Novice	25.67
Advanced Beginner	24.40
Competent	26.11
Proficient	27.70
Expert	30.20

The nature of these differences gives some cause for concern and deserves some deliberate attention, as several important issues could be contributory. As indicated previously, it seemed that one could only be really creative in nursing and midwifery, when one had the power, control and/or influence to do so; alternatively personal acknowledgment of increasing skill acquisition level by individuals may actually foster an enhanced belief in their ability to be creative (intrinsic motivation would further stimulate this).

Advanced Beginners however (those nurses or midwives likely to be in their second year of professional practice) do not follow this sequence. Their self-perceived creativity levels were actually lower after their first year of professional practice. It may be that in moving from the obvious base of novice, individuals initially waver in their self-confidence and self-perception in terms of creativity; grappling with the desire or need to advance in practice ability may actually provoke hesitation about whether they will be able to move on from being a novice, how to advance and how soon to advance. There is no pre-determined structure or process for this to happen; it is expected but incidental and personal within an institution that may or may not nurture individual development, let alone provide support beyond the first year of professional practice.

It may also be that the notion of the Advanced Beginner is redundant and that novices should aspire to move towards some notion of competency as a 'single step' not a 'double jump'. Another confounding issue here is that despite Benner's (1984) skill acquisition levels, nursing in Australia has designated competencies for graduating nurses to achieve to be eligible for registration. This is in effect a 'triple jump' without any episode of professional practice in between to provide a bridge between university study and reality as the new graduate moves from beginner to being competent to commence professional practice.

A cautionary note is important here in that competencies in themselves are not highly evidence-based particularly so in nursing and midwifery. The application of competencies is far removed from their original intention, which was to ascertain overseas applicants' suitability for positions of professional employment in Australia. Competencies were subsequently 'snatched' up by the nursing profession as a supposed means of assessing potential nursing graduates' preparedness for professional practice. They have since been applied with remarkable speed to many and varied specialties and levels of nursing practice with little or no evidence to support this sweeping move. Midwifery competencies have only just emerged after considerable debate within the midwifery profession; their effectiveness and value remain to be established. What was probably taken as a good idea originally by nursing and promulgated vigorously following much debate and discussion has been backed up by little actual research.

In expecting beginning graduates to be prepared for professional practice through the application of competencies it is quite possible that these nurses and midwives are being homogenised into a generic form of 'appropriate' nurse or midwife whose creative inclinations for professional practice are accordingly being thwarted or extinguished. The current demanding circumstances of the health system need more than accepting, concordant and competent nurses and midwives. It would seem very timely given significant changes in midwifery practice particularly (the move to case loads for example) as well as nursing (the nurse practitioner role), that the whole notion of competencies be revisited and thoroughly scrutinised towards some sort of model that heightens and extols individual potential rather than standardising and conforming it. An additional critical advantage of this could also be a change in the

current high attrition in nurses especially, and midwives, leaving their professions in frustration and despair.

A further perspective for consideration is the reality of what may happen once novices have completed their first year of professional practice under a Graduate Nurse or Graduate Midwife Program. There has been a proliferation of Graduate Nurse and of late, Graduate Midwife Programs in hospitals across South Australia, (and other states as well) both metropolitan and rural. These programs provide employment for new graduates over an approximate yearlong period for their beginning year of professional practice. To varying degrees these programs involve further learning experiences and assessments, along with performance evaluations to determine the graduate's ability to practise at a designated level that is usually based on institutional cum professional competency standards.

There are a number of issues with regards to these programs, none the least of which is their lack of evidence-base for supposedly proving that because of them, new graduates complete the programs to 'become' professional, safe and competent. This is regardless of the fact that they have already completed at least three years of university study (four if they have studied midwifery) and will also have amassed diverse life and possibly, past work experiences.

Graduate Nurse/Midwife Programs are believed to be necessary to ensure new graduates can 'do the job' properly. However, the potential and enthusiasm new graduates bring with them may be thwarted by the socialisation and indoctrination that hospital graduate programs and in particular, entrenched hospital nursing/midwifery staff, may impose. There remains no evidence confirming any significant benefits of Graduate Nurse or Graduate Midwife Programs. They do serve to maintain a cheap contract employment base for institutions and for them to scrutinise new graduates for long term employment prospects and vice versa. Despite the absence of proof that they achieve significant gains for new graduates, graduate programs persist as a form of manipulative control and approval processing by employers over both the new graduates and the universities they emerge from. If then, at the end of their first year of professional practice, graduate nurses and graduate midwives perceive themselves to be less creative than they were at the

beginning, the value and effects of graduate programs must be seriously reconsidered.

Of additional consequence is the significance of context for new graduates. They leave their years of study with an ideology of what nursing or midwifery could and should be like. This ideology can be grounded in various desires to succeed, achieve, change, energise, fulfill, innovate, research, revitalise, and among others, simply commit themselves to professional practice. They enter a context that is currently, severely economically driven, still steeped in tradition and dubious, even refuting, of research and change, mistrusting of 'new' graduates anyway, and continues to be regimented and set in its structure and process despite claims to the contrary. Here is a context at odds with their own enthusiasm, commitment and drive. Indeed this is evidence of their meeting the *professional ageism*, *the culture of cynicism, mistrust and perpetual reality*, and the *retrograde hegemony* described in Chapter Two, as they encounter the worlds of nursing and midwifery.

The futures of both professions rest with their new graduates and something is happening to significantly influence their perceptions regarding creativity. If they perceive their present situation and/or their future to be limited, controlled, uninspiring even dogmatic, they will either not last or perhaps worse, simply capitulate to the forces of socialisation that would have them comply and conform. If the past is allowed to dominate in this way, the future for both professions is bleak and narrowed.

6.5.2 The Something About Myself Data

As described in Chapter Four, Something About Myself (SAM) has been designed on the basis that creativity is reflected in individual personality characteristics, thinking strategies employed, and creative products that result out of creative endeavours (Khatena and Torrance 1976). The approach rests on the relationship between self-reported creative characteristics and the propensity for originality, and between creative self-reports and various personality orientations (Khatena and Torrance 1976). SAM thus has a more personal orientation than WKOPAY.

In considering SAM overall, the grand mean for the participants (N = 225) in the research for this thesis was 25.13. The grand mean for the Khatena Torrance (1976) combined adult group (N = 1277) was 28.77. Khatena and Torrance (1976) regarded high creativity scores for SAM to be at 29 and above, middle range creativity scores from 15 to 29 and low creativity scores to be below 15. The participants in the research for this thesis would therefore be in the upper middle range for creativity that is reflected in their personality characteristics, thinking strategies and outcomes produced as a result of creative striving (Khatena and Torrance 1976). Their interpretation of creativity is a combination of 'person' in particular, as well as, 'process', 'product' and 'press' (Khatena and Torrance 1976, p. 26). This level of creativity represents an important resource existing in professional environments that do not exploit it, let alone, as stated above, even recognise nurses and midwives as creative. The participants in the research for this thesis have much more than a meager capacity to be creatively productive.

The ten SAM items most chosen (in rank order) by the participants in the research for this thesis are shown in Table 25. There is strong consistency across 9 SAM items with the WKOPAY preferences in terms of receptiveness to the ideas of others, sense of humour, not accepting information on mere say so, being a self-starter and being versatile. The items chosen are all very much person-centred. The disposition of the participants in the research for this thesis to function in creative ways was, it certainly seemed, closely aligned with their personality characteristics and to some extent their 'press'; the term Khatena and Torrance (1976, p. 26) referred to for response to stressful situations. The paradox however for the nurse/midwife participants is that what they have said about themselves compared to the 'persona' they present in practice, may be very different and possibly conflicting. Their dialogues in the following chapter indicate the constraints they believe exist in their roles and work that inhibit or even oppose their inclination to be creative.

According to these SAM characteristics, the group of individuals involved in the research for this thesis were attentive to others; open to alternative possibilities whilst at the same time constructively skeptical when necessary; believed in their abilities to initiate and organise, and were able to see the funny side of things in life and work that can vary from tragedy to triumph. However achieving these ideals in their

nursing or midwifery practice was not without struggle or compromise as the next chapter relates.

Table 25

The Ten Most Chosen Characteristics Of SAM

CHARACTERISTIC	FREQUENCY
I am prepared to review my judgments when new information turns up	206
To be able to laugh or see the funny side of things helps me cope with everyday problems	203
I am very interested in and open to the ideas of others	198
I do not take for granted the accuracy of what others tell me	194
I think for myself though I may not always be right	191
To make an idea more easily understood I try to relate it to what can be seen, touched or heard	185
I have shown organisational ability	183
I am resourceful	177
I am a self-starter and do not have to depend on others to maintain my interest level	175
When I am faced with a problem I try to think of original ideas	171

The ten items least chosen by the participants are shown in Table 26. These items are particularly 'product' centred, and to a lesser extent 'process' centred. They are 'artistically' focused overall though and their selection by participants albeit less, does show that creativity is not the sole preserve of the talented artist. There is an indication of quite diverse creative productions for these individuals who have been engaged in activities not stereotypically associated with the 'routines' of nurses or midwives. Khatena and Torrance (1976) did not review their data for SAM in terms of most and least chosen characteristics, despite having done so for WKOPAY.

Table 26

The Ten Least Chosen Characteristics Of SAM

CHARACTERISTIC	FREQUENCY
I have designed stage lighting for a dramatic or musical evening	4
I have produced a new formula	8
I have invented a new product	12
I have designed sets or scenery for a dramatic or musical evening	12
Others consider me eccentric	40
I have composed a dance, song or musical piece for voice or instrument	42
My productions were on exhibitions or won prizes	43
I have improvised in dance, song or instrumental music	48
I have played the lead role, directed or produced a play or musical evening	49
I like breaking down something organised in a certain way into its component parts and reorganising it in a different way to make it something no one else would have thought of	51

The six factor items for SAM, (Environmental Sensitivity, Initiative, Self-Strength, Intellectuality, Individuality and Artistry were analysed for the overall group as shown in Table 27.

Table 27

Means, Standard Deviations And Maximum Score Levels For The Six Factors Of SAM

FACTOR		MEAN	SD	MAX SCORE	RANGE
I	Environmental Sensitivity	4.86	1.06	6	2 - 6
II	Initiative	1.36	1.11	6	0 - 5
III	Self-Strength	6.35	9.02	10	0 - 9
IV	Intellectuality	5.20	9.20	10	0 - 9
V	Individuality	3.26	1.34	6	0 - 6
VI	Artistry	1.47	1.38	5	0 - 5

SD = Standard Deviation

MAX SCORE = Maximum score possible for factor

RANGE = Lowest score and highest score of participants

Number = 225 (Except for Self-Strength = 227)

Missing = 2 (Except for Self-Strength = 0)

TOTAL = 227

The Khatena Torrance (1976) group mean for Environmental Sensitivity was 4.84, almost identical to that of the participants in the research for this thesis. The variance of the scores for Environmental Sensitivity was small indicating the similarity of scores for each participant. Khatena and Torrance (1976) emphasised that the particular characteristics of openness to the ideas of others, relating ideas to what is seen, heard or touched, interest in beautiful and humorous aspects of experiences, and sensitivity to meaningful relations are important in the creativity factor of Environmental Sensitivity. These characteristics have been consistently acknowledged in dialogues by the participants in the research for this thesis as valued in practice as well as personally. Given that Khatena and Torrance (1976) saw these characteristics as present in individuals to some extent, nurses and midwives would bring with them important characteristics of creativity. It would seem

to be highly advantageous and efficacious to extend these characteristics as assets for effective and sensitive practice. The implications of this are discussed further in the final chapter.

The participants' scores for Initiative were overall fairly low and also very similar as shown in the small standard deviation. Given the composition of this factor the low score and variance similarity is important in indicating the overall perceptions of the nurse/midwife participants with regards to these elements of creativity. Khatena and Torrance (1976) centred Initiative specifically on involvement in dramatic and musical productions, the production of new formulae or products, and the bringing about of change in procedures or organisation. The first two elements are acknowledged as very directional to artistic/creative production, but the last is very contentious for both nurses and midwives. The first chapter of this thesis indicated the struggle surrounding change and the oppressive nature of this struggle over time in both nursing and midwifery. In the following chapter, the participants in the research for this thesis have described their personal distress regarding their lack of choice and control within and surrounding change in their professional lives.

It is noteworthy that the Khatena Torrance (1976) group mean for Initiative was also fairly low at 1.41. This factor and Artistry are the most extreme in terms of creative orientation centering on dramatic and artistic productions. This may also explain why the means are low, as most people are not commonly involved in either.

Self-Strength focused on self-confidence, resourcefulness, versatility, willingness to take risks, desire to excel and organisational ability. The Khatena Torrance (1976) group mean for Self-Strength was 5.43, notably less than the participants in the research for this thesis. The variance for this factor was quite large in the nurse/midwife group despite the high mean. The diversity of the elements involved in this factor may explain the large variance; organisational ability (the epitome of 'good' nursing in a mechanistic model of care) and willingness to take risks (contrary to 'good' nursing in a model of care based on oppression) could well have presented participants in the research for this thesis with a conflict of ideologies. Their receptiveness to creativity would lead them to regard risk-taking as part of the

creative process but their practice environments could lead them to repress it as highly undesirable.

Regardless of this, the participants in the research for this thesis have indicated themselves to be equipped with very worthwhile capacities that enable them to affirm their self-strength as well developed, and enhancing of creativity. However, as the following chapter indicates it is a grave state of affairs that they feel so despondent about change; their personal attributes present the potential for innovation that is badly needed in times of economic constraint, yet their power to initiate and effect change is displaced by those above them.

Intellectuality centred on characteristics of difference and lack of conformity; imagination, dislike for doing things in a prescribed way, preference for adventure over routine, curiosity, enjoyment of challenging tasks, and a liking for reconstruction of things and ideas to form something different, were the important features. The Khatena Torrance (1976) group mean for this factor was 6.48 which was only slightly higher than that of the nurse/midwife and both are above average,

The elements of this factor focus on the very activities that would typically not be condoned in nursing practice, particularly non-conformity and dislike of routine; these deviant activities strike at the relics of traditional nursing and midwifery, namely compliance and routinisation. Yet for the participants in the research for this thesis there was more than a moderate inclination towards these characteristics of difference and non-conformity. This inclination raises further questions about the application of competencies to nursing and, of late, midwifery; the attempt to locate the nurse or midwife within a set of generic criteria deemed to be expected for practice at a certain level might simply be another covert form of control. Competencies can in reality present as a disconcerting paradox to the many nurses and midwives who do value difference, lack of conformity and as the next paragraph shows, individuality. The following chapter sees both nurses and midwives expressing clearly the necessity and desire to be individualistic and humanistic, not mechanistic and distant, in the provision of professional and meaningful care to patients and women.

The characteristics specific to Individuality focused on preferences for singularity personally, and in one's work. These included, seeing oneself as a self-starter and as somewhat eccentric, preferring to work alone rather than in a group, being critical of others' work, thinking for oneself and working for lengthy periods without getting tired (Khatena and Torrance 1976). The Individuality mean for the nurse/midwife participants was essentially mid-range. Given the nature of the characteristics for this factor, the mean is indicative of a group of nurses and midwives who do acknowledge their capacity to be individual in their thinking and working to a moderate extent. A sense of individuality therefore seems to matter in spite of the relics of nursing and midwifery's traditions. This individuality is expressed through characteristics that neither profession would probably actively encourage, as interpersonal skills and group processes have been promoted as vital in nursing and midwifery. Being single-minded, critical and most certainly being eccentric are not typically (socially or professionally) expected attributes of nurses or midwives.

Given that the nurse/midwife participants have a reasonable propensity towards individuality, the issue of uniforms for example, presents a timely challenge. In midwifery there has been a trend in the United Kingdom to replace uniforms and work in civilian attire. In Australia the withdrawal of 'delivery' attire such as theatre apparel for midwives (as opposed to some 'birthing' centres where no uniform is worn at all at any time) is notably albeit slowly happening. This has been for the belief that midwifery essentially involves working with (well) women and the facade of the uniform presents as an unnecessary deterrent to this partnership. Bryar (1995) advocates strongly for the use of self in midwifery; not the relic of the role of the nurse, not the facade of the role of the midwife, but the personal being and inclination of the individual who is the midwife, expressing themselves as they are.

Overall the scores for SAM were widely distributed ranging from a minimum of 3 to the maximum of 43. The majority of participants (131) were in the mid range level for creativity with scores from 15 to 28, with 19 participants in the low range and 73 in the high range. Overall, 55% of the nurse/midwife participants were in the upper middle to high range for self-perceived creativity based on their SAM scores. This further confirms the creative perceptiveness of the participants in the research for this thesis. Table 28 shows frequencies of the SAM scores across creativity levels.

Table 28

Frequencies Of Scores For SAM Across Creativity Levels

SAM SCORE	CREATIVITY LEVEL	FREQUENCY	% TOTAL
3	*low*	1	
8		1	
9		1	
10		2	
11		3	
12		2	
13		5	
14		4	8%
15	*middle range*	6	
16		6	
17		7	
18		9	
19		10	
20		12	
21		9	
22		9	
23		6	
24		8	
25		16	
26		7	
27		14	
28		14	
29	*high*	4	59%
30		9	
31		13	
32		7	
33		6	
34		7	
35		6	
36		5	
37		1	
38		6	
39		2	
40		2	
41		3	
42		1	
43		1	33%
	Missing =	2	
	TOTAL =	227	

6.5.2.1 Gender

The six factors of SAM were assessed for effects of gender and the means compared. The group mean for females (N = 204) for SAM was 24.84 and for males it was 28.6 ($t = 2.08$, $p < 0.05$). This was a significant difference. The grand mean for SAM (as discussed earlier) was 25.18. Table 29 shows the means of the six factors of SAM across gender, two of which were also significant, as indicated.

Table 29

Means Of SAM Factors For Females And Males

SAM FACTOR	FEMALE MEAN	MALE MEAN	t VALUE
I Environmental Sensitivity	4.84	4.95	0.40
II Initiative	1.30	2.05	2.90*
III Self Strength	6.33	6.60	0.34
IV Intellectuality	5.20	5.50	0.37
V Individuality	3.18	3.75	2.05*
VI Artistry	1.46	1.70	0.62
			*p< 0.05

Across all SAM factors males' self-perception scores were higher but only significantly so for, Initiative and Individuality (in addition to the significant group mean difference). Clearly, males saw themselves as, confident, wanting to excel, resourceful and versatile, willing to take risks, and having organisational ability, as well as preferring to take adventure over routine, enjoying challenging tasks, and disliking of routine, much more so than the females in the research group for this thesis. This self-perception is consistent with an ongoing pattern of male predominance in administrative positions in nursing and midwifery. Despite the

general acknowledgment of this dominance there are no apparent changes or pushes being made in education or in professional groups to address this inequity.

In the early eighties Game and Pringle (1983) criticised the sexual (as they referred to it) division of labour that existed in nursing; male nurses quickly succeeded in moving to the powerful positions to dominate the female nurses. Game and Pringle (1983) saw the administrative/clinical division in nursing becoming a male/female division with its strong sexual division of labour and power. In 1994, Peterson reiterated the persistence of Game and Pringle's (1983) assessment; it would seem that little has changed and little if anything has been done about it as others have identified.

Oakley (1993, p. 43) also explored the gender division in nursing and in medicine, acknowledging that women do become doctors and men do become nurses, but, "there is a tendency within both professions for men to monopolise the top jobs". Oakley (1993, p. 44) recognised how this was feasible in medicine where history gave men dominance and status, but she found it "much harder to understand why nurses should allow their male colleagues to take an undue share of the top jobs". She suggested that female nurses should take assertiveness training to overcome the obedience inculcated since Florence Nightingale, not so much to advance beyond males, but to achieve change; "nurses, like all women, have to contend with one important obstacle to change: real women are not supposed to be revolutionaries" (Oakley 1993, p. 44).

The issue of change remains a highly critical factor in the dynamics and progression of nursing and midwifery and, significantly so in terms of creative thinking and creative practice. In both nursing and midwifery, women dominate in numbers, change is regularly thwarted and creativity is highly valued but deemed improbable in other than exceptional circumstances; So, is the problem of nursing (and midwifery), as Oakley (1993) suggests in provocation, that it needs more males to become a profession? The reality is that both nursing and midwifery need to re-vision themselves beyond the historical stereotypes that continue to indenture them. Oakley (1993, p. 51) refers to the world of nursing (and likewise midwifery) that people know

versus the world that people do not know and the imperative for them to "lift off the veil":

> Nurses and nursing [and midwives and midwifery] deserve more serious attention and research from all of us than they have hitherto received. A good nurse [nor a good midwife] is not invisible, nor is she [sic] a ghost from the past ... [we need to] make everyone see and understand how important they really are.
>
> Oakley 1993, pp. 50, 51

More recently a study commissioned by the Department of Health in the United Kingdom revealed that gender bias continues to exist in nursing (Nursing Review 1998). The study found that male nurses were twice as likely to hold higher-grade positions than female despite females having better qualifications. It was also found that males were more confident of early promotion than females (Nursing Review 1998). The study's report identified causes of gender bias to include, inadequate provision of child care, lack of opportunity for part-time work in senior positions, and lack of opportunities for promotion from female dominated specialties (Nursing Review 1998, p. 14).

The dominant male ideology persists and sustains effective obstacles that prohibit the career advancement of many females in nursing and midwifery. The reality for too many females is the 'spinning jenny' effect of trying to sort out and manage family, work, study, aspirations to career advancement, and personal sanity, among others, in their efforts to gain a satisfying weave of combinations and achieve their potential.

The following chapters propose a renaissance for nursing and midwifery that supersedes gender, and along with this chapter, present an exposé and understanding of nursing and midwifery that really does take them beyond the proverbial veil.

6.5.2.2 Role

The Registered Nurse (RN) participants' mean for SAM (N = 123) was 25.82 with the Registered Midwife (RM) participants (N = 101) having a mean of 24.40 ($t = 1.35$, $p > 0.05$). Neither their overall means nor the factor means were statistically significantly different. Table 30 shows the factor means of SAM for participants' roles.

Table 30

Means Of SAM Factors For Role Of Participants

SAM FACTOR	RN GROUP	RM GROUP	t VALUE
I Environmental Sensitivity	4.94	4.74	1.41
II Initiative	1.47	1.25	1.51
III Self Strength	7.15	5.38	1.47
IV Intellectuality	6.00	4.27	1.41
V Individuality	3.26	3.20	0.34
VI Artistry	1.62	1.31	1.68

6.5.2.3 Workplace And Work Status

The SAM mean for participants from the public sector (N = 152) was 25.70, while for the private sector participants (N = 70) it was 23.71 (t = 1.96, p = 0.05). Workplace did exert a significant effect on SAM scores for participants' workplace group means as it did likewise for WKOPAY. However there were no significant differences between means at the factor level for SAM.

For participants working in the public sector it could well have been that the difficulties faced by the public health system 'forced' these nurses and midwives to seek alternatives to standard routines and diminished resources to become audacious and innovative in practice to achieve effective care provision. Perhaps their own intrinsic motivation led them to do so as well in the face of such adversity. The apparent well-appointed environments offered by the private sector did not, for these participants, arouse their creativity (in terms of their curiosity, imagination, versatility, resourcefulness, and desire to excel for example) to the extent it did their public sector colleagues. That raises a caution for private sector employees; either their workplaces do not arouse creativity because of their 'comfort', or their organisational/administrative structures do not facilitate creativity (or the

characteristics that enhance it) even if the environment stimulates it. They may present more prescribed work constraints because of the heavy reliance on medical/surgical specialisation that determines bed usage in the private sector. This may thwart creativity to the extent that individuals may be frustrated and/or encumbered by work environments that are centred on doctors' needs not patients' or women's. Given the reality that overall the nurses and midwives involved in the research for this thesis are all to some extent creative, some of them very much so, the private sector needs to give particular consideration to the context and dynamics of their organisations in terms of fostering creativity amongst their employees; that is if they want their employees to excel creatively and be innovative.

In comparing work status groups, the total SAM mean for full-time participants (N = 128) was 25.89 with the part-time/casual group (N = 57) having a mean of 23.07, and these means were statistically significantly different ($t = 2.36$, $p < 0.05$). At the individual factor level there were no significant differences between work status groups.

There have been long held beliefs in nursing and midwifery that part time/casual workers had the 'best of both worlds', working part of their time and having the rest of their time away from work. This, it was presumed, enabled them to compensate for the diminished energy and/or enthusiasm that full time workers would experience due to tiredness, prolonged hours and demands of working, less time away from work and the like. However the differences between the work status groups here are interesting.

These differences are a likely corollary of the effects of workplace in terms of the exposure and demand (and hence stress) that is continually inflicted on individuals in their roles. Part-time/casual workers either experience this to a lesser degree and are therefore aroused less in terms of creativity; or they have the opportunity to avoid this because of the hours they work. It could also be that their mobility (if their roles frequently involve relieving work) provides a buffer zone (not necessarily enhancing) from involvement in the constant exigencies of practice and organisational challenges in each unit or ward. Regardless of the reason, the increasing numbers of part-time/casual workers in all areas of nursing and midwifery necessitate a

rethinking of the roles of these individuals so that their creative abilities can be utilised more effectively and provide more harmonious balance with full-time workers.

6.5.2.4 Area Of Practice

The highest SAM mean of 34.33 in the area of practice groups came from the participants working in Gerontics, with the lowest mean of 15.5 from the Pediatric nursing participants with a significance difference found between these means (ANOVA, $F = 2.38$, $p < 0.01$). Table 31 shows the SAM means for all areas of practice and their frequencies.

Table 31

Area Of Practice Of Participants With Frequencies And Means For SAM

AREA OF PRACTICE	FREQUENCY	SAM MEAN
Gerontics	3	34.33
Community	7	28.86
Administration	34	28.65
Education	18	28.22
Self-employed	2	28.00
Emergency	4	27.00
Medical	11	26.82
Psychiatric	12	26.27
Theatre/recovery	12	25.00
Country	19	24.84
Midwifery	54	23.22
Surgical	5	23.20
Intensive/coronary care	16	22.56
General	24	21.70
Pediatrics	2	15.50
Missing	= 4	
TOTAL	= 227	

The shift in self-perceived creativity for those participants in the Gerontics area is quite marked from their lower scores in WKOPAY; bearing in mind though that overall the scores for WKOPAY were all in the mid to upper range for self-perceived creativity. The range of scores for SAM varied slightly more than the WKOPAY scores with the pediatric group on the end point between low and middle level.

The change in Gerontics participants' scores may be explained by some influence of area of practice; their WKOPAY scores indicated lesser disposition to function creatively perhaps because of an environment they do not perceive to be conducive to, or relevant to, creativity (discussed further in the following chapter). However on considering creativity at a more personal level, which SAM does, it is clear that these participants do indeed perceive themselves to be capable of creative thinking and creative production. Quite likely this creativity is an outlet for work that may be apprehended to be mundane or monotonous. They are therefore an under-utilised resource, and the gerontics area stands to gain considerably by recognising this and encouraging creative development in practice for the benefit of clients and staff alike. The other high scoring areas of practice are similar to WKOPAY with the groups that have the greater degree of autonomy having the higher levels of self-perceived creativity.

Of further important note are the consistent low self-perceived creativity scores of those participants working in General areas of practice; that is where they are likely to be doing 'bits' of everything. The current push for multi-skilling in nursing presents a liability here if being a 'Jack of all trades and Master of none' is in fact a disinclination to creative thinking and creative practice. Finding intrinsic motivation in this context may well be compromised and further limit any potential for creativity. It is worth considering if the notion of the generalist nurse is no longer relevant or appropriate for the ongoing challenges of changing health care and the need for innovation in nursing.

6.5.2.5 Practising Position

As with self-perceived creativity in WKOPAY, position also had an effect on SAM. Again Directors of Nursing achieved the highest scores followed generally (not in all positions though) by those 'down below them' as Table 32 shows, with these differences being significant (ANOVA, $F = 2.08$, $p < 0.05$).

Table 32

Practising Position Of Participants With Means For SAM Scores

POSITION	SAM SCORE
Director of Nursing	29.09
Assistant Director of Nursing	28.69
Nurse/Midwife Manager	26.57
Clinical Nurse/Midwife Consultant	24.56
Educator	31.00
Clinical Nurse/Midwife	23.42
Community	23.80
Registered Midwife	24.04
Registered Nurse	24.25

Across both WKOPAY and SAM the Educator group were consistent with scores of 31.71 and 31, in the high levels for both. It may be that creative individuals move into education to make the most of their creative abilities and aspirations, or that their role stimulates and necessitates creative thinking and creative production which heightens their own creative capacities. Either way they are well placed to optimise creativity in a way that is not achieved by other nurses and midwives. Again autonomy is a feature of their role and its mediating effects on creativity in practice must be very seriously considered across all facets of nursing and midwifery.

Directors of Nursing and Assistant Directors of Nursing further affirm the reality of autonomy as an influence on creativity with their high self-perceived creativity levels for both WKOPAY and SAM. The paradox of their application of control on their employees demands attention if they want to promote innovation and creativity in practice as the next chapter discusses.

6.5.2.6 Skill Acquisition Level

A noticeable and disconcerting shift is seen in the SAM scores across skill acquisition levels. Those entering the work force, that is the novices indicate high levels of self-perceived creativity which fall away markedly as skill acquisition level increases and do not return to these levels again. The differences between skill acquisition levels were statistically significant (ANOVA, $F = 6.47$, $p < 0.001$). Table 33 shows the skill acquisition levels and the means for SAM scores

Table 33

Skill Acquisition Level Of Participants With Means For SAM Scores

SKILL ACQUISITION LEVEL	SAM SCORE
Novice	30.67
Advanced Beginner	23.30
Competent	21.89
Proficient	24.94
Expert	28.38

That new graduates possess such high self-perceived levels of creativity, which are lost to such an extent, is a disturbing finding. As the future key players for nursing and midwifery their potential not only must be recognised and valued, it also must be exploited to their and their clients' advantages. Persistently though (as the next

chapter shows) the practice reality for new graduates is one of oppression at worst, or at best restrained tolerance, which serve only to demoralise them and lead many to depart from nursing and midwifery disillusioned.

To get to the edge of acceptance in the practice environment as a new graduate, even at a level of competency, may mean the abandonment of so much personal ideology and spirit that self-perceptions are by then compromised to an unforgiving extent. This makes any return to the excitement and drive of their new professional journey impossible to achieve. It may be like going down a dead end road without ever actually finding the end, moving along only on blind hope.

Another cause for concern here is the reality of redundancy in labeling. The assumption has long been held that as skill acquisition level increases in nursing or midwifery so too does expertise, innovation, scholarship and the like. However the securing of a label conferring an assumption of ability lacks evidence to prove its validity. The label may in itself promote the closure or diminution of advancement as individuals become nonchalant and mediocre in environments that do not stimulate their potential for creativity or due to their own indifference. The process of 'getting there' up the levels may culminate in or predispose to a perpetuation of sameness that simply contributes to personal and professional redundancy; years of experience do not therefore validate creative practice.

New graduates in either nursing or midwifery are the prospective of both professions. They complete years of study in the discipline they have hopefully chosen to make a long-term career investment in, completing their awards with again hopefully high aspirations for work and role satisfaction, motivation, commitment and professional endeavour. Their high SAM scores demonstrate the creative potential they have to offer their professions, and even more importantly their patients, and for midwives, women and their families. Yet it is possible that in attempting to assimilate into their new practice environment, confront the ongoing demands and effects of institutionalisation and desocialisation from their scholarly values and beliefs, they become less confident of themselves and their creative abilities, and become more like those around them who may be, as discussed previously, disinclined and mediocre. This is a finding of concern that must be given serious address by both

professions; or, as new graduates continue to experience extinguishment of their creative potential they will be less and less likely to stay on, and most likely encourage others not to even join them.

6.6 The Self-Description Form

The Self-Description Form (SDF) results were reviewed by item and factor for the nurse/midwife group overall, as well as by individual variables. They were also assessed by comparison with the data from the Dagenais and Meleis (1982) study. For each of the individual SDF items (if responded to) the minimum score is 1 (to a response of definitely less than most nurses) and the maximum score is 7 (to a response of to a degree rarely equaled), with the median at 4 (to a response of somewhat more than most nurses).

Table 34 shows the frequencies for each of the SDF items and the calculated Chi Squared for each. (N = 221 in every item except for Reliability N = 220, for Sociability N = 219 and for Knowledge Mastery N = 220.) The large Chi Squared results were all significant ($p < 0.001$) as the nurse/midwife group considered themselves to be at least comparable to, and, for many of them, surpassing their colleagues on the range of SDF characteristics. Given that the SDF implied that "knowledge of one's self in relation to others should influence personal performance and future achievement" (Dagenais and Meleis 1982, p. 410) the participants in the research for this thesis also indicate the capacity to be generally more than able to advance in their professions both in present and future contexts. They are thus important resources.

Table 34

Frequencies For The Items Of The Self-Description Form

SDF ITEM	FREQUENCIES							CHI SQUARE
SCORE	1	2	3	4	5	6	7	
Drive	1	2	39	80	63	35	1	194.60***
Reliability	1	2	37	75	65	36	4	178.87***
Objectivity	0	2	90	63	40	26	0	233.49***
Flexibility	1	1	33	78	62	41	5	182.05***
Grasp ideas	0	6	62	65	62	23	3	174.52***
Teach	1	3	55	65	50	43	4	147.21***
Persistence	2	2	55	77	48	34	3	172.74***
Adaptability	4	17	70	70	48	11	1	175.91***
Independence	1	4	55	74	52	33	2	169.07***
Resourceful	1	2	66	70	48	30	4	174.33***
Discrimination	1	3	69	82	41	24	1	214.62***
Leadership	2	7	58	75	51	27	1	170.91***
Sociability	2	16	81	67	41	12	0	200.84***
Consideration	2	1	46	101	42	27	2	248.40***
Sensitivity	1	3	41	80	65	30	1	197.64***
Knowledge	1	8	98	45	42	24	2	226.66***
Desire to experiment	2	18	96	54	29	19	3	212.02***
Intuitiveness	1	3	62	77	47	26	5	181.04***
Creativity	1	6	78	60	50	24	2	184.46***

***p< 0.001

There were three exceptions to the nurse/midwife participants' strong self-affirmations in the SDF:

Desire to adapt to the needs and wishes of others;

How sociable they were and how easily they got along with many different kinds of people;

Desire to master the known body of scientific or technical principles and theories pertaining to nursing/midwifery.

In these 3 characteristics individuals tended to see themselves at a level equal to or less than comparable to their colleagues. They were similarly less in rating these characteristics when compared to the Dagenais and Meleis (1982) research group as Table 35 shows.

Each of the above three characteristics imply a sense of cooperativeness (possibly compliance) in putting aside personal feelings and ideas, and accepting those of others regardless of their own, desiring to be in the company of and working with others in preference to being or working alone, and desiring to take hold of the body of principles and theories that are relevant to nursing or midwifery (Dagenais and Meleis 1982). These inclinations set aside feelings and aspirations of individualism and self empowerment for example, which are important to creative people, and which many of the participants in the research for this thesis have indicated they value. Across the entire SDF therefore, the nurse/midwife participants have been most consistent in their acknowledgment of those characteristics and behaviours that are of consequence in terms of their self-perceived creativity and those that compromise it.

The means and standard deviations for the nurse/midwife participants (NM Group, N = 222) were compared to the Dagenais and Meleis (1982) group (DM Group, N = 188) and are shown in Table 35. This comparison was for interest only, not statistically, due to absence of the necessary data from the Dagenais and Meleis (1982) group.

Table 35

Means And Standard Deviations For Self-Description Form Items For NM Group And DM Group

SDF ITEM	NM GROUP		DM GROUP	
	MEAN	ST DEV	MEAN	ST DEV
Drive	4.39	1.07	4.20	1.10
Reliability	4.46	1.11	4.39	1.02
Objectivity	3.97	1.08	3.89	0.97
Flexibility	4.53	1.11	4.12	0.98
Grasp ideas	4.18	1.12	3.96	1.04
Teach	4.36	1.21	4.00	1.11
Persistence	4.25	1.15	4.13	1.03
Adaptability	3.79	1.13	3.93	1.05
Independence	4.24	1.14	3.95	1.10
Resourcefulness	4.19	1.16	3.77	0.91
Discrimination	4.05	1.07	4.03	0.98
Leadership	4.12	1.14	3.66	1.05
Sociability	3.74	1.07	4.05	1.16
Consideration	4.20	1.05	4.52	1.04
Sensitivity	4.33	1.06	4.25	0.99
Knowledge mastery	3.89	1.18	4.10	1.12
Desire to contribute	3.70	1.19	3.42	0.98
Intuitiveness	4.18	1.14	3.90	1.03
Creativity	4.03	1.15	3.62	0.95

NM GROUP = Nurse/midwife group
DM GROUP = Dagenais Meleis (1982) group
ST DEV = Standard Deviation

Overall, the nurse/midwife group rated themselves above the Dagenais Meleis group on each SDF characteristic, apart from, Adaptability, Sociability and Knowledge Mastery, which were rated lower as indicated earlier. In addition the nurse/midwife group were also lower for Consideration; this characteristic looked at their overall interest in and concern for other people. Apart from the influence of creativity on these findings, these differences may be a product of the changing times from 1982 to the late-nineties; greater demands placed on nurses and midwives to strive for quality care and professional excellence within resource strained and economically challenging environments now, as compared to then, may compel nurses and midwives to compromise their care, despite their motivations.

Grand means were determined for the nurse/midwife group involved in each of the SDF Factors, although Dagenais and Meleis (1982) did not do so for their group. For Factor One, Professionalism, the grand mean was 45.57 (N = 221, with a minimum of 17, maximum of 73, and Standard Deviation of 9.42). The possible minimum, maximum and median scores for this factor are, minimum of 1, maximum of 77, and a median of 44. The score at which participants would rate themselves as about the same as most nurses/midwives is 33 (Dagenais and Meleis 1982). Overall therefore, the participants involved in the research for this thesis saw themselves as having a stronger professional identity than their colleagues. According to Dagenais and Meleis (1982), professional identity is an integral component of personal integrity and a stronger sense of this could contribute more to the individual's sense of self-achievement.

For Factor Two, Empathy, the nurse/midwife group had a grand mean of 17.16 (N = 221, the minimum was 4, maximum was 24, and the standard deviation was 3.37). The possible minimum, maximum and median scores for this factor are, minimum of 1, maximum of 28, and median of 16. The score at which participants would rate themselves as about the same as most nurses/midwives is 12 (Dagenais and Meleis 1982). Here again the participants involved in the research for this thesis have indicated a greater overall inclination towards consideration of their impact on others, as compared to their colleagues.

For Work Ethic, Factor Three, the nurse/midwife participants had a grand mean of 16.1 (N = 221, with a minimum of 5, maximum of 26, and a standard deviation of 3.20). The possible minimum, maximum and median scores are a minimum of 1, maximum of 28, and median of 16. The score at which participants would rate themselves as about the same as most nurses/midwives is 12 (Dagenais and Meleis 1982). Again the participants in the research for this thesis saw themselves as more inclined towards their work in terms of drive, reliability and persistence than their colleagues.

Dagenais and Meleis (1982, p. 408) maintained in their work on the NSDF that "the self is a major unit of analysis"; the self evolves through interactions with others and through perceptions of how others view the self. The "core of self" according to Dagenais and Meleis (1982, p. 408) "does not interact with others directly; it interacts with perceptions of evaluations of the self, and these perceptions of the self are measured in relationship to others in the environment". Therefore realistic expectations of the self and others will be enhanced by accuracy of self-knowledge and congruency with others' perceptions (Dagenais and Meleis 1982). The NSDF, and hence the SDF, therefore enable participants who use them to further their self-awareness through an analysis of how they see themselves compared to others across multiple dimensions related to their practice.

The picture that emerged for those involved in the research for this thesis was of a group of nurses and midwives who have a strong sense of personal identity. This is articulated through their well-acknowledged professional identity, an astute awareness of their relatedness to others, and their commitment to their work. Knowledge of one's self in relation to others could influence personal performance and future achievement according to Dagenais and Meleis (1982). Given that the participants involved in the research for this thesis indicated through the SDF a greater inclination towards productivity and creativity than their colleagues, they have the potential to excel in their work and advance themselves well for the increasingly demanding challenges of the future. Dagenais and Meleis (1982) stated that the NSDF (and thus the SDF) demonstrates validity for the productivity/creativity inclination so this finding is not inconsequential.

Of further significance is the finding of positive correlations between each of the SDF Factors for the participants in the research for this thesis. Dagenais and Meleis (1982) also found these factors to be correlated. Given their common direction towards sense of self and perceptions of self by others, these correlations are not surprising. However they convey a very potent message and further affirm the strength of effect of the relationship between personal integrity, professional integrity and sensitivity to others. The following chapter provides elaboration of this strength of relationship through the descriptions of the nurses and midwives involved in the research for this thesis. Table 36 shows the correlation data for the nurse/midwife group (NM group, N = 222) and the comparative data from the Dagenais and Meleis (1982) group (DM group, N = 188).

Table 36

Correlation Data For The Self-Description Form

Comparing NM Group And DM Group

FACTOR	COEFFICIENT OF CORRELATION		
▪ **NM GROUP**	(1) Professionalism	(2) Empathy	(3) Work Ethic
(1) Professionalism	-	0.54**	0.77**
(2) Empathy	-	-	0.55**
(3) Work ethic	-	-	-
▪ **DM GROUP**			
(1) Professionalism	-	0.54**	0.71**
(2) Empathy	-	-	0.46**
(3) Work ethic	-	-	-

** P< 0.01

In both groups the correlation between Work ethic and Professionalism was strong. In the corollary of this correlation lies an important message for both employer and employee in nursing and midwifery. The better an individual perceives their personal

identity to be, the better they will perceive their professional identity to be, and the better the conviction that they have for their work will be. Enabling nurses and midwives to feel good about themselves therefore has distinct advantages for their professional commitment and their effective functioning in their work.

6.6.1 Role

In considering the effects of role, the means of the Registered Nurse group (N = 120) were compared to the Registered Midwife group (N = 100) for each of the SDF Factors as indicated in Table 37.

Table 37

Self-Description Form Factor Means For Role Of Participants

SDF FACTOR	RN GROUP	RM GROUP	t VALUE
Professionalism	45.76	45.45	0.24
Empathy	16.26	15.94	0.73
Work Ethic	17.18	17.17	0.01

None of the group means' differences were significant. The two groups were in fact very similar in their consideration of each Factor indicating that role of participant did not effect their self-perception analysis in the SDF.

6.6.2 Gender

Table 38 indicates effects of gender (the Female group of 200 participants and the Male group of 20 participants) on the Factor items of SDF. Overall the males did identify themselves as stronger in terms of Professionalism with a significant difference here ($p < 0.01$, $t = 2.5$).

Table 38

Self-Description Form Factor Means For Females And Males

SDF FACTOR	FEMALES	MALES	t VALUE
Professionalism	45.22	49.60	2.50**
Empathy	16.05	16.75	0.93
Work Ethic	17.08	18.10	1.29
			**P< 0.01

Given that males are more likely to be in positions of administration and authority, in nursing and midwifery than females, they may therefore deem themselves to be more professionally inclined. There are the further issues of women in terms of their own sense of reality and in particular their altruism. Oakley (1993, p. 47) writes of female nurses' altruism, on one hand as a social strength, but on the other a weakness, as "altruism serves the community but often gets the individual nowhere". For women this means that despite being altruistic (Oakley 1993, p. 47) they:

> ... nevertheless often feel quite bad about themselves and what they are doing, and somehow end up in a position where they are not at all equal shareholders with men in the world's economic and political wealth.
>
> Oakley 1993, p. 47

More poignantly, Baker Miller makes the point that "serving others is for losers, it is low-level stuff" (cited in Oakley 1993, p. 47).

6.6.3 Workplace And Work Status

In comparing the public sector group (N = 149) with the private sector group (N = 69) there were, as before, in the analysis of WKOPAY and SAM, some significant differences. In Professionalism and Work Ethic the public sector group perceived themselves to be significantly more professionally oriented and more driven in terms of dedication to their work, than those participants in the private sector. These differences need to be explored further in the face of diminishing resources and increasing stressors in the public health sector and paradoxically well-appointed facilities and services in the private sector, along with an increasing push by governments for more privatisation in the health system. Correspondingly, the implications of the differences for the nurses and midwives themselves need address, as there is a real and concerning potential for negative exploitation of committed staff in the public sector. Table 39 shows the group means for each workplace sector according to SDF Factor.

Table 39

Self-Description Form Factor Means For Participants' Workplace

SDF FACTOR	PUBLIC SECTOR	PRIVATE SECTOR	t VALUE
Professionalism	46.65	43.45	2.35*
Empathy	16.19	16.00	0.40
Work Ethic	17.70	16.08	3.38***
			*p<0.05
			***p<0.001

The effects of work status on the SDF were also considered. Table 40 shows the group means for work status groups of full-time (N = 125) compared to part-

time/casual (N = 56) across the SDF Factor items. The differences between these groups were significant for Professionalism (t = 3.59, p, 0.001) and Work Ethic (t = 2.68, p< 0.01).

Table 40

Self-Description Form Factor Means For Work Status Groups

SDF FACTOR	FULL-TIME	PART-TIME/CASUAL	t VALUE
Professionalism	46.77	41.64	3.59***
Empathy	16.30	15.68	1.23
Work Ethic	17.40	16.00	2.68**
			**p<0.01
			***p<0.001

Full-time participants considered themselves to be much more inclined towards professionalism than the part-time/casual participants and likewise more disposed to conscientiousness in their work than part-time/casual participants. The reality of their greater involvement in work could contribute to these differences along with increased opportunities for participation in committees, activities, projects and similar that may heighten their perceptions towards professionalism and work ethic. Alternatively, part-time/casual participants may not have derived the same or a greater sense of professionalism and work ethic due to commitments and diversions that exist outside of work because of the time they have away from it, leaving work as a lesser focus or priority.

6.6.4 Level

Given the previous findings in the WKOPAY and SAM data analysis related to new graduates and their self-perceived creativity, the effects of level on analysis of the

SDF give further cause for concern. Table 41 shows the means for the three SDF Factors by level of participant.

Table 41

Self-Description Form Factor Means For Level Of Participant

FACTOR	PROFESSIONALISM	EMPATHY	WORK ETHIC
LEVEL			
Level Five	55.33	16.82	21.17
Level Four	53.31	17.92	20.62
Level Three	48.07	16.34	17.82
Level Two	46.96	16.54	17.79
Level One	41.68	15.56	15.70
F VALUE	10.92***	1.77	14.05***
		***p<0.001	

For Factor One Professionalism, the maximum mean (55.33) was at the level of Director of Nursing (Level Five, N = 12) and the minimum mean (41.68) was at Level One, that of the Registered Nurse/Midwife (N = 104). The differences between the Professionalism means were statistically significant (ANOVA, $F = 10.92$, $p < 0.001$). In addition, the Professionalism mean decreased as level lowered with a medium correlation between Level and SDF Professionalism of $r = 0.45$, $r^2 = 0.20$.

Given the previous discussions in this chapter regarding the contexts of Level One nurses and midwives (and novices), the statistically significant different means for level of participant and their correlation confirm yet again that the situation of these individuals is not a favourable one. Indeed it would not be impertinent to state that grave concern should be expressed about the reality of their probable low personal

identity and hence low professional identity and diminished work commitment. As the future of both the nursing and midwifery professions lies in their new graduates, the fact that they may perceive themselves as devalued and compromised does not speak well for their transition and progression into professional practice.

For Factor Two, Empathy, the maximum group mean (17.92) was in Level Four (Assistant Director of Nursing, N = 13) with the minimum group mean (15.56) in Level One (Registered Nurse/Midwife, N = 104). Across Empathy all levels were similar and the differences between them were not statistically significant (ANOVA, $F = 1.77$, $p > 0.05$). The common perception towards Empathy may be indicative of the professionalism of caring (for patients, and with women), although this does not seem to deflect towards colleagues though.

The maximum group mean (21.17) for Factor Three, Work Ethic, was in Level Five (Director of Nursing, N = 12) with the minimum group mean (15.70) in Level One (Registered Nurse/Midwife, N = 104). The differences between these means were statistically significant (ANOVA, $F = 14.05$, $p < 0.01$). Earlier chapters in this thesis have discussed the important relationship between creativity, love of what one is doing and intrinsic motivation. There is a jeopardy for Level One nurses and midwives if their creativity is being thwarted to a point of disinclination towards commitment to work. The following chapter does identify strong expressions of exasperation about the inability to be creative in practice, to be oneself and to express oneself individually in practice, by both midwives and nurses. Their diminished Professionalism and Work Ethic means indicate an urgent need for consideration of not only their perspective in the health system but also their untapped capacity to be creative that is likely to be turning them away from their own professions.

These differences could also indicate the need for serious reconsideration of the education experiences of nursing and midwifery students. It could be that their undergraduate education has not prepared them futuristically for professional practice. Given their previously discussed higher self-perceived creativity scores, their correspondingly lower scores for Professionalism and Work Ethic particularly, as well as Empathy, give cause for concern. The inevitability of being the most junior

person can serve to undermine new graduates' self-esteem as health professionals. This can be further exacerbated by the de-socialisation that the institution itself applies to their ideologies for practice as well as unsubstantiated graduate nurse/midwife programs which can serve to mould them into efficient, regimented workers not liberal minded professional individuals. Within this context, as discussed earlier in this thesis, is the persistent culture of mistrust, cynicism and perpetual reality that sabotages newly graduated midwives and nurses particularly, as well as susceptible others.

There is another consideration that needs heeding in this concern. University education may aim to equip nursing and midwifery students with the knowledge, skills and attitudes they need to commence practice as a professional along with an awareness of the need for lifelong learning, but not for the similarly demanding challenges of ignorance; in the sense of what it means to discover how little one actually knows when a program of study is completed for example, compared to how much one thought one really knew. Additional to this is the unsettling reality that professional knowledge is escalating while it simultaneously competes with ongoing knowledge redundancy and the reality of this in the absence of abilities to be respectful of and stimulated by ignorance could prove very intimidating for new graduates. Ignorance is the shared reality of everyone, an unavoidable and abundant resource (Kerwin, personal communication 1994). Ignorance involves curiosity, exploration, creativity, learning and discovery among many other assets (Kerwin, personal communication 1994), and if new graduates especially (and clearly also those who they work with) were educated to recognise it as a reality to arouse their development not as evidence of their stupidity, it could provide much-needed impetus for them to be innovative and strive for advancement without fear or penalty, and retain their sense of professionalism and work commitment.

6.6.5 Skill Acquisition Level

In assessing the effects that skill acquisition level may have on the SDF Factors, significant differences were found again between group means as shown in Table 42.

Table 42

Self-Description Form Factor Means Across Skill Acquisition Level

FACTOR	PROFESSIONALISM	EMPATHY	WORK ETHIC
SKILL ACQUISITION LEVEL			
Expert	52.16	17.13	19.42
Proficient	45.46	16.19	17.03
Competent	39.17	15.02	15.30
Advanced beginner	44.40	16.40	15.90
Novice	31.00	11.00	12.00
F VALUE	21.75***	5.50***	17.43***

***p< 0.001

For Factor One, Professionalism, the maximum group mean of 52.16 was in the Expert group with the minimum group mean of 31.00 in the Novice group (ANOVA, $F = 21.75$, $p < 0.001$). As well, a medium correlation between lowering of level and decreasing factor score persisted ($r = 0.54$, $r^2 = 0.29$).

The maximum group mean for Factor Two, Empathy, was in the Expert group, while the minimum group mean of 11.00 was again in the Novice group (ANOVA, $F = 5.50$, $p < 0.001$). There was only a small correlation for lowering of level and decreasing factor score ($r = 0.31$, $r^2 = 0.09$).

For Factor Three, Work Ethic, the maximum group mean of 19.42 was again in the Expert group, with the minimum group mean of 12.00 in the Novice group ($F = 17.43$, $p < 0.001$). Lowering of level and decreasing factor score showed a medium correlation ($r = 0.50$, $r^2 = 0.25$).

Position of participant showed similar findings to that of Level of participant and Skill Acquisition Level and therefore the specific details have not been reported. The

persistence of low means for the Level One nurses and midwives should serve as a critical caution for rethinking the whole context of their place and functioning in both professions. Urgent review should demand the determination of a critical harmony of nurturing acceptance and respect for new graduates in nursing and midwifery. They must, of necessity, be sustained to esteem their individuality beyond institutionalisation and regimentation. They must be supported in finding their way through the professional inculcation they meet to discern a valued meaningful role. They must be protected in matching expectation with reality, blending ongoing learning and developing with working and change, coping affirmatively with ignorance and being able to express their creativity, and much more. The very survival of midwifery and nursing depends on this vital harmony. Further discussion of these issues follows in the next and final chapters.

6.7 Bringing It All Together

Having reached this point, considerable data and findings have been negotiated. However despite the breadth, there are clear, surprising, pleasing and disconcerting findings that emerge overall. The sample group of participants were a diverse and spontaneously involved group of individuals, who despite their creativity were not outstandingly disparate from their non-participating colleagues. Even if all nurses and midwives in South Australia had been required to participate in this research there could have been effects from coercion and/or compulsion. Whilst volunteers may be thought to have positive attitudes towards creativity, nevertheless no-one was precluded from volunteering even though they may have had a negative attitude towards the focus of the research. Numerically all sections of nursing and midwifery were proportionately reflected.

The nurses and midwives involved in the research for this thesis are indeed creative and pleasingly perceive themselves to be so. They are placed in the mid to high range of creativity overall for WKOPAY and SAM and identify themselves to be generally more creatively productive, personally achieving and professionally committed than their colleagues.

The question remains then as to whether the participants in the research for this thesis are therefore an inherently creative and distinctive group of people different to their colleagues; whether they are creative by virtue of their professions and functioning and therefore are typical of their colleagues; or whether they like all individuals possess the potential for creativity and this capacity has now been recognised by them (not necessarily by others) in the course of their being a nurse or a midwife, or in the course of their being themselves.

Particular variables have exerted effects to varying degrees on individuals' self-perceived creativity, that of gender, and most notably level of practice and skill acquisition level. This has not always been within the assumption that those in power are able to be more creative. New graduates have shown high scores for self-perceived creativity that diminish markedly over skill acquisition advancement. At the same time though, new graduates have a much lower sense of personal and professional identity than those above them and thus their professional transition experiences demand rescrutinisation. Something is happening to their enthusiasm and creativity that leads them to low levels of sense of self-achievement. This is an alarming reality that must be addressed urgently and is explored further in the following chapter.

In terms of the hypotheses identified in Chapter One, the following can be accepted as supported by this research:

2. That nurses and midwives understand and value creativity in nursing and midwifery.
3. That nurses and midwives perceive themselves to be creative.
4. That nurses and midwives perceive their roles/work to be creative.
5. That organisational factors effect nurses' and midwives' abilities to be creative in their roles/work.
6. That nurses and midwives can specify certain characteristics of creativity to be important for nursing and midwifery.
8. That creativity is important to nurses and midwives.
9. That nurses and midwives could be more creative in their roles/work.
10. That nurses and midwives have changed their feelings about their

roles/work over time.

11. That creativity has a valid place in nursing and midwifery.

The following hypothesis can only be partly supported by this research:

1. That nurses and midwives understand but underestimate creativity at a personal level.

The nurses and midwives involved in this research did understand creativity at a personal level and they certainly indicated that they do not underestimate it at a personal level either.

The following hypothesis can not be supported by this research:

7. That at an individual level nurses and midwives consider themselves to be less creative when compared to other nurses and midwives.

Overall the nurses and midwives involved in this research did consider themselves to be generally more creative than their colleagues.

The stereotype images of the routinised nurse or midwife dependent on others for role and function has not been proven. Instead a vibrant group of open-minded, inquiring, determined, confident, imaginative and self-assured people has shown their true creativity colours. *The image emerging from the brush of the artist is refreshing and exciting, and its appeal demands depth and enhancement,* which the following chapter provides.

7 FROM IMAGE TO ILLUSTRATION: PHENOMENOLOGY THROUGH GROUNDED THEORY

A thousand thousand glancing fires
Seemed kindling in the air:
A thousand thousand silvery lyres
Resounded far and near:
Methought the very breath I breathed
Was full of sparks divine,
And all my heather-couch was wreathed
By that celestial shine…

From *A Day Dream* by Emily Bronte March 5 1844
cited in Hatfield 1941, pp. 198 - 199

7.1 Introduction

Bronte's (1844 cited in Hatfield 1941, pp. 198 - 199) words vividly express the sentiments and release conveyed by many of the participants through both the phenomenological and grounded theory inquiries in the research for this thesis. This was for participants a time of contemplation that many of them had not ever engaged in before. Their comments typically indicated how rarely they took the indulgence of time to appreciate their inner selves, especially their creative selves, with personal lives and work too frequently dominated by constraints of time and demands of existing. Yet in encountering their creative potential and musing over their professional roles and work, their discourses were like Bronte's (1844 cited in Hatfield 1941, p. 200) breath "full of sparks divine" and surrounded by a "celestial shine" as they mused over liberating possibilities (to balance some of their dismaying realities). One of the participants actually described her feelings of "spinning the magic" in being able to be creative in working with women in birth and beyond as a midwife, in this unique encounter of life.

The phenomenological inquiry in the research for this thesis involved participants in providing written descriptions of their personal perceptions and professional perspectives of creativity. These descriptions were in many cases lengthy and detailed. The participants' disclosures have shown pervasive and powerful influences, intense feelings, vexing frustrations, passionate aspirations and revealing honesty. It was a privilege to share their insights and thoughts.

For many of the participants in this research, there were strong experiences of introspection, stimulated by the notion of creativity; as mentioned, this was the first time most of them had ever closely considered it, either personally or professionally. A sense of self-discovery was evident, frequently accompanied by questioning and challenging, as participants explored their feelings and realities regarding creativity, and themselves.

A grounded theory inquiry followed, involving in depth interviews on the aspects of creativity that had arisen out of the phenomenological inquiry, with a small group of consenting volunteers (midwives and nurses) from the first stage of the research. Grounded theory was utilised, as it became apparent during the interpretation of the participants' descriptions that a possible theory of creativity may emerge with further investigation. This was an unintended but exciting discovery that was confirmed during interpretation of the interview data. There were in fact other unexpected but significant findings that emerged as well, as participants were able, and were moved, to disclose apprehensions and assertions about their situations in midwifery and nursing. This chapter reveals those findings.

The work of Colaizzi (1978) guided the analysis and interpretation of the phenomenological inquiry and this was further informed by the writing of Munhall (1994) and Sandelowski (1995b; 1995c). Glaser (1978; 1992) provided initial direction for the grounded theory analysis with influence taken from Stern (1994a; 1994b). The work of Hutchinson (1993 after Glaser 1978 and Strauss and Corbin 1990) provided the actual framework for data analysis, along with Glaser (1992 and 1994). Suffice to say though, there are a diversity of variations on a theme when it comes to data analysis for grounded theory research. This probably has a lot to do with the diversity of usage of grounded theory itself as a research methodology.

Hutchinson claims that it can be used as well for evaluation of any aspect of nursing work because of its ability to take into account people as well as their experiences (1993).

7.2 Analysis And Interpretation – Closure Or Exposure?

In moving through the data amassed from both the phenomenological and grounded theory inquiries, heed has been taken of the caution offered by Sandelowski, that, one "of the most paralysing moments in conducting qualitative research is beginning analysis" (1995b, p. 371). Further, Sandelowski advises that "cookbook applications of techniques and lack of imaginative play" will only serve to undermine the spirit of qualitative analysis (1995b, p. 371).

The initiation of analysis of phenomenologically derived data on its own, is indeed daunting particularly if the researcher is committed to truthfulness and authenticity for those involved. Using a closed and rigid formula to make sense of all of this would be easy and reductionistic leaving a simplistic generic representation of what might have been. However, a genuine desire to explore and seek meaning and understanding from the considered thoughts of research participants demands serious attentiveness, not to a standardised, structured process, but to the intention and nature of the inquiry, the contexts of the participants and the depth and diversity of their contributions.

This is a critical, formidable task for researchers that can either negate the very essence of what they are trying to discover or open them up to the worlds and experiences of others in vivid revelation. The challenge is to then face these truths as they are and take their provocations respectfully on to the worlds and minds of those who impinge on or underestimate them.

The researcher must also consider the need to make clear to those who want to learn from both their research experience and from their analysis, the pathway that

has been taken to reach the points of understanding achieved and the derivation of theory attained. There has been in the research for this thesis a challenge to the conservative beliefs that may exist about research approaches and methodologies and their combinations, and hence the analysis of the data derived.

Throughout this research, conscious decision-making has guided the need to be respectful to the participants, the data they have provided and the research questions that provoked the study in the first place. As well the need to be clear and articulate the processes utilised has been paramount in considerations. The aim has been to genuinely convey the expressions of the participants to illustrate their images and experiences of creativity, in the same way that the artist applies their oils to paint an artistic composition.

7.3 Phenomenological Analysis And Interpretation – Some Thoughts And Issues

Colaizzi's (1978) ideas provided insight for interpretation that in itself was creative and liberal-minded. Colaizzi (1978, p. 58) proposed that the effectiveness of research questions could be determined by the "extent that they tap the subjects' experiences of the phenomenon as distinct from their theoretical knowledge of it". It is not just a matter of asking questions, it is a critical matter of presenting questions as stimuli that enable research participants to enter their experiences and reality and then share that with the researcher honestly and openly. In the research for this thesis the questions posed were for provocation and contemplation not the seeking of answers; rightness or wrongness were irrelevant (and participants were specifically informed of this); personal and professional perspectives as they related to individual participants were of the utmost importance.

It is the researcher's imperative to then recognise and affirm the experience of their participants and to convey the meaning and reality of this as legitimate in interpretation. No single method would do this according to Colaizzi (1978); flexibility, tolerance of ambiguity, and a refusal to ignore that, which does not 'fit' or

is inexplicable are among the necessary requisites for truly meaningful interpretation. As well, the researcher's ability to *be-in-the-world-with* (Colaizzi 1978) their research participants enables the researcher to really contact the phenomenon as the participants experience it. So the method of interpretation needs to be creative in and of itself, responsive to the descriptions of participants and able to faithfully embrace what they have to say across all possibilities without need for constraint or control. Likewise, Sandelowski (1995b) wrote of the disciplined dimensions within qualitative analysis that need to be balanced with what May (1994 cited in Sandelowski 1995b, p. 375) referred to as "artistic dimensions that are often inchoate and uncommunicable, involving playfulness, imaginativeness, and creativity". The important points to remember were the need to see all the data in a new way, not close off interpretation prematurely, and be true to the data as it presents according to Sandelowski (1995b). Indeed, a daunting task!

Colaizzi (1978) provided the essential framework for the following analysis pathway. This analysis pathway was used to interpret the written phenomenological descriptions from the participants involved in the research for this thesis:

Gaining a sense of the whole

The written descriptions of all participants were read numerous times in order to gain a sense of the whole, of their thoughts and feelings and the overall picture of creativity they were painting in their expressions. This process was about looking at *what* they were saying, in order to then understand *why* and *how* they were saying it and then, what meanings they were endeavouring to convey.

Identifying significant statements and phrases

Following this, the descriptions were read again but this time very carefully so that significant statements and phrases directly pertaining to creativity could be identified. This required a process of mindful examination to ensure every participant's description was addressed and their expression recognised.

Formulating meanings

Meanings were then derived from these significant statements and phrases through a process of critical and hopefully impartial analysis: a conscious consideration for rigour, and commitment to research ethics and honesty by the researcher for this thesis, ensured that the data remained true to the participants' expressions as they put them not as may have been anticipated, or wanted by the researcher. Colaizzi

(1978, p. 59) referred to this activity as "that ineffable thing known as creative insight; ... [where the researcher] must leap from what his subjects [sic] say to what they mean. This is a precarious leap" because the "formulations must discover and illuminate those meanings hidden in the various contexts and horizons" of creativity (in this case) as it has been investigated. The data Colaizzi (1978) warns must speak for itself.

Forming theme and foci clusters

These formulated meanings were then clustered into themes and foci according to their commonality in meaning. This required a re-engagement with the participants' descriptions again several times, to ensure that extracted themes and foci were consistent with and true to their intentions and meanings. This meant going back to the original data to ensure no incorrect inferences had been made and therefore no extraneous themes had been derived.

Achieving a comprehensive description of creativity

An inclusive and thorough-going description of creativity as it related to the participants was then developed through this process of analysis: the final description was therefore the participants' essence of creativity not the researcher's. Colaizzi (1978) referred to this as developing an exhaustive description of the investigated phenomenon; the essence of the picture of creativity to be illustrated.

Interpretation for knowledge development

From this analysis a deeper move was made into the description itself to interpret it; to bring the meanings it comprised into being. That is, from being analysed data to being illuminated realities that reveal new understanding and knowledge regarding creativity per se, and creativity in nursing and midwifery in particular: Sandelowski (1995b) distinguished between analysis as the means to knowledge production and interpretation as the knowledge actually produced. The act of interpretation in this portrayal of creativity specifically illuminated the participants' realities, deemed them to be unique and original, not just 'there', and gave credence to creativity as they experienced and regarded it.

The role of the researcher for this thesis throughout the analysis process was to set aside expectations about participants' thoughts and feelings in order to be able to be conscientiously loyal to their expressions and convey the meanings they actually

intended. Necessary caution involved the need to avoid preconceived ideas about individual participants and creativity as they experienced it (Sandelowski 1995b) and to prevent a shallow or misinformed analysis with a tainted portrayal of participants' descriptions.

7.4 Setting The Scene

The phenomenological inquiry began with a 'simple' question to set the scene regarding creativity; that was, whether participants considered nursing/midwifery to be an *art,* a *science, both* or *neither.* It was a classic question that has persisted seemingly unresolved in midwifery and nursing. The greater majority (81%) of the participants (N = 227) regarded their practice as *both.* For 7.5% of the participants it was *neither,* while 6.2% saw it to be a *science.* Only a very small number of participants (3.5%) considered nursing/midwifery to be an *art* with the remainder not responding to the item.

Those participants who saw midwifery/nursing as both art and science viewed their practice as a combination of knowledge of the physiological sciences and the humanities. The notion of art embodied the expressive, individualistic, intuitive, interpretive and performance aspects of care. Science involved the evidenced, theoretical, technological, economic, and efficacious aspects of care. Despite the paradox they seem to present to each other, participants felt that both art and science could be harmoniously synchronised in the provision of professional and individualised care through the inclination of each midwife or nurse. The corollary to this is whether nursing and midwifery are scientific arts or artistic sciences; more so whether they are the same or different. In terms of numbers the groups were almost identical with 93 nurses and 90 midwives seeing their professions as both art and science. This is where their descriptions (the analysis of which follows) were instrumental in graphically depicting distinctly different and rich pictures of each profession.

Those participants who saw art and science as opposites were unable to align them in practice. Of note, 13 nurses saw their profession as a science, compared to only 1 midwife who shared this view. Since its beginnings midwifery has been seen and regarded as an art by women and midwives alike, in line with its definition of being with women. For both groups 4 individuals each saw their profession as an art only. Again of note, 14 nurses saw their profession as simply a job and neither art nor science. One midwife also saw midwifery as neither art nor science but rather as encompassing humanities, economics, and politics. This midwife was the only participant to extend on the notions of art and science in this way. So at the point of scene setting both midwives and nurses in the main, share a sense of their professions as art and science, however as indicated, the way they embody and practise that shared sense defines and determines their difference.

7.5 Gaining A Sense Of The Whole

Reading and re-reading participants' descriptions overall provided a strong engagement with their perceptions of creativity. Regardless of how they expressed it, their consensual feeling about creativity was towards what it could offer their practice as professionals and themselves as individuals; that it could enable them to make the difference so often needed but too often not possible. This anachronism of reality persisted throughout a number of the themes that emerged. Creativity was repeatedly recognised as an asset, which was highly valued and desperately needed by both midwifery and nursing across all perspectives of practice and care; notably though midwives and nurses construed the elucidation of how creativity could empower and enhance their actual practice very differently from each other.

7.6 Identification Of Significant Statements And Phrases

The participants' descriptions contained a myriad of expressions both personal and

professional that traced their lived experiences and relationships (desired and forced) with creativity. They emphasised their feelings and conviction about creativity in their roles, work and personal lives and presented a remarkable amount of often intimate and incisive disclosure. The Significant Statements (SS) that follow exemplify the repeated thoughts of all those involved.

These statements have been extremely carefully considered through exhaustive reviewing of the 154 pages of written descriptions provided by the participants. This was of course a very large participant group for a phenomenological study. However making a decision to exclude some participants after the quantitative data had been derived was very disconcerting given the splendid support the research for this thesis had received. The enthusiasm and interest engendered by participants with their involvement affirmed the decision to include all contributions from all participants in the phenomenological inquiry.

When it occurred, saturation of data was clear, following attentive analysis. A full picture (of creativity) emerged, as Holloway (1997) refers to saturation. This picture portrayed an array of discerning and inclusive SS. Some of these SS follow as exemplars, while the remainder are included in Appendix 2. Additional SS are included in the Formulated Meanings sections where they are relevant. In identifying these SS, this researcher presented a completely open mind to the possibilities that might emerge. In every sense this was, as one of the participants stated "uncharted territory"; there were no predeterminations for what the findings might be.

The bracketed letter after each SS acts as an Identifier to indicate whether it was a midwife [M] or a nurse [N] who made the statement. This has been done because while there have been shared meanings formulated, there have also been some diversities in formulated meanings between nurses and midwives, and the Identifiers enable those meanings and hence SS to be understood in the light of the person who made them. The participants' statements have been transcribed as made without correction for grammar or expression. They are intact as original. Where necessary words have been relieved to ensure no identification of the person, their title or workplace has been divulged, but this has been done without any alteration to meaning or context.

Significant Statements

- Creativity is vital in midwifery practice for the survival of the profession. Our practice needs to be constantly challenged by others and ourselves and to be responsive to the needs of the women we serve. [M]

- I believe that people need to be commended to their work to be creative ... Thus a person who has little control over their destiny has limited opportunity to be creative at work. These people require a management structure that promotes creativity in the workplace. [M]

- ... creating opportunities for the childbearing couple to achieve their goals in an environment that is not natural to their everyday lives ... Some midwives are less encouraging of alternative methods of problem-solving and may have tunnel vision and thus they could do with a dose of creativity. [M]

- Creativity is my personality stamp. It enables me to be different to the next person. An opportunity to be individualistic in our role - otherwise we would all be robots. Creativity gives me freedom of choice and action. [M]

- It is the creative thoughts in midwifery that will bring about constructive change. New thoughts. New blood ... It adds variety, and excitement when my creativity is at its best. [M]

- Letting your mind go berserk - moving away from traditional approaches, trying new ways of doing things ... we need to be creative - we are dealing with individuals from all areas of life - we need to be more flexible rather than expecting patients to conform. [N]

- Creativity is very necessary if we are to promote nursing as a profession per se, rather than merely an adjunct to medicine. It is necessary because we are working with people ... No two clients can be treated exactly the same. Some clients defy all 'normal' treatments and demand our utmost creativity. [N]

- I constantly need to use lateral thinking to solve problems which arise in the community ... [We] should be free to practise unhindered of Victorian attitudes/rules/regulations ... [Creativity] leads people to be more autonomous and accountable for their decisions and actions which leads to professionalism. [M]

- By handing back responsibilities, by valuing people's ability to make their own decisions, by letting people work through problems. By valuing what other people have to give and utilising it. To move away from routine and rigid protocols which don't allow for the needs of the individual ... I believe we should stop taking charge of situations and not do things because they are done that way. We should facilitate and move forward with the people we deal with. [M]

- The fact that I am very low in the hierarchical 'pecking' order, I am not seen as having worthwhile ideas to share. Senior staff don't want to listen, especially if a new idea might bring about a change in current thinking or practice. *Senior staff eat their young*! [Creativity] makes work challenging and stimulating. We should all be able to extend ourselves in pursuit of excellence. Each time we meet a challenge and succeed (or fail) we grow from that experience. To be listened to with credence. To be allowed to 'test the water' with new ideas so that learning can be experiential rather than spoonfeeding. Also to be amongst those who are likeminded! I started out positive and ended up frustrated. In order to be accepted I have had to become 'one of the natives'. My objectives were not reached. I've lost a lot of confidence in nursing and I've become very frustrated with old attitudes and old Registered Nurses. My enthusiasm is often mistaken for 'overstepping your mark'! I feel directionless. **[N]**

- The difference between a job and a joy to nurses, and the difference between treatment and care to patients ... and promoting a positive powerful image of nurses ... the 'wellspring of joy' comes from the creativity. **[N]**

- Self-expressing is creativity. Using your talents to the fullest self-worth. [M]

Overall the Significant Statements held remarkable similarity for considerable numbers of others, not only in content, but also in vehemence, intent and repetition, and across diverse contexts. They were not constructed lightly or trivially; their text and semantics as conveyed by the participants, evoked strong feelings and concerns. There were very recondite assertions, which demanded attention; the genesis of some of them goes back to nursing's origins.

7.7 Formulating Meanings

In proceeding to derive meanings from these Significant Statements, the need for prudent scrutinisation to elicit genuine understanding remained paramount. Munhall advised that the "aim of phenomenology is understanding the meaning of being human. We understand the meaning of being human by understanding the meaning specific experiences have for humans" (1994, p. 173). Accordingly understanding these meanings must be towards some greater pursuits than simply analysis and interpretation.

The time and effort given by the individuals who participated in this research needs to be not only acknowledged but actualised through changes in practice, education, administration and elsewhere. These changes and new directions arise from the learning and understanding gained from "giv[ing] meaning a chance" as Munhall referred to it (1994, p. 169). That requires the researcher to be committed enough to really engage with what people are telling them regardless of the researcher's preconceived or contrived ideas; "Be mindful" said Munhall (1994, p. 67) and then be courageous enough to respectfully and resolutely reveal the findings.

Each of the 10 groups of Formulated Meanings that follow is headed by the derived theme and accompanied by particular relevant Significant Statements, some already identified, or others as appropriate. The complete list of Significant Statements for each group of Formulated Meanings is found in Appendix 3. In many cases individuals' descriptions were intermingled with various meanings and thus

numerous Significant Statements have been repeated to ensure each of the meanings are appropriately transferred.

7.7.1 Formulated Meanings - Structure

- The constraints and impingements of institutional and administrative structures and processes serve to prohibit creativity in midwifery and nursing overtly and covertly.

- The obduracy and partisan protectionism of these structures makes creative thinking and creative practice in nursing and midwifery appear deviant.

Significant Statements

- I believe that people need to be commended to their work to be creative ... Thus a person who has little control over their destiny has limited opportunity to be creative at work. These people require a management structure that promotes creativity in the workplace.[M]

- ... the hierarchy in nursing is uncreative and perpetuating this lack of imagination by choosing 'safe' like-thinking people for key positions. Therefore I see little hope for change - Nursing administration doesn't like its boat rocked. [N]

- I constantly need to use lateral thinking to solve problems which arise in the community ... [We] should be free to practise unhindered of Victorian attitudes/rules/regulations ... [Creativity] leads people to be more autonomous and accountable for their decisions and actions which leads to professionalism. [M]

- By handing back responsibilities, by valuing people's ability to make their own decisions, by letting people work through problems. By valuing what other people have to give and utilising it. To move away from routine and rigid protocols which don't allow for the needs of the individual ... I believe we should stop taking

charge of situations and not do things because they are done that way. We should facilitate and move forward with the people we deal with. [M]

- [Creativity is] freedom from the paramilitary thought structures imposed under the neo-Nightingale system. True professionalism is in autonomous practice ... Creativity enhances growth, expands awareness, motivates change. [N]

- Hierarchical interference, lack of flexibility in allowing freedom to create, try new avenues etc. Restrictions and rules in the workplace - for the sake of rules (no rationale behind them), closed minds, inability to or unwillingness to accept change or new ideas. [N]

- Nursing and midwifery are still dominated by a hierarchical structure, which stifles creativity. Administrators should be more open to and encourage ideas coming from their underlings. [M]

- There is very little scope to be creative, a fact I find almost stifling ... Historically nursing has been very regimented with obvious and oppressive pecking orders and confined individuals to certain tasks and performing those tasks in an exact way. People need to be given room to express themselves and gain recognition for their achievements. Everyone [from the beginning up] has something to offer ... I admire your tenacity and courage [for doing research on creativity]. [N]

Consistently, participants expressed their frustration and anguish with a 'system' that appears to work against them as individuals and as groups; maybe even in spite of them and seemingly 'uncaringly', despite its apparent mission to work for the best 'care' it can provide its patients/clients. This antilogy of care was played out through consistent descriptions that clearly showed nurses' and midwives' commitment to high quality creative caring was all too often repressed under increasingly demanding circumstances in institutions that seemed to care little for them as unique individuals; economic rationalism and priorities for high turnovers, reductionistic staffing levels and rigid, dependent, routinised patterns of care served to value them as dispensable commodities not worthwhile humans.

The pertinacious existence of policies, protocols and procedural guidelines albeit frequently without evidence-base or rationale serves to maintain austere controls, for uncertain or cynical purposes. A number of assumptions, all unfortunately sinister, could be proposed, none unjustifiably; that nurses and midwives are inherently deviant and need to be controlled to prevent misdemeanours; that they are unable to practise in a safe, effective manner and need to be controlled to ensure they do not provide inferior quality care; that they are inept at thinking and decision-making and thus need to be controlled to forestall any chance of cognitive paucity; that they cannot be trusted to practise under individual legal and ethical accountability to their patients/clients, their professions and the Nurses Board, and thus need to be controlled to keep them compliant; that nurses and midwives can only function efficiently and properly under systems of tight control as they would be lost without them. The retrograde hegemony and culture of mistrust, cynicism and perpetual reality that emerged through the critical history analysis in Chapter Two, has been sadly, strikingly confirmed.

The differences between nursing and midwifery, and other health professions in the ways in which their new graduates commence professional practice, as well as in the ways in which their professions manage themselves is further confirmation of this culture of mistrust. For nurses and midwives the completion of their respective degrees does not really distinguish the beginning of true professional roles even as the legislation that prescribes their practice might permit. They are covertly but powerfully coerced into competing for limited numbers of graduate program places in hospitals and allied institutions, under the premise that if they do not they will not be employed anywhere, despite the absolute absence of evidence to support this. In the greater majority of circumstances, these programs serve to locate new graduates at the lowest level of intellectual, attitude and skills ranking, reinforce that lowly status by requiring them to capitulate to passivity or amelioration for maintaining things 'as they always have been', and dissipate their enthusiasm and vigour so that any nuances for change or innovation they might have had will be efficiently subdued.

The historical relics of 'initiation' into the professions continue, if not by means of actual physical indignities that used to occur, through mental and emotional disdain.

If this were not happening there would be no need for the extreme concern that currently exists regarding bullying (or horizontal violence as it is also termed) in nursing and midwifery. And as the new graduates of the past who have now become the leaders, were despotised, so too must the new graduates of the day. The cycle continues and the subjugation, control and 'sameness' are sustained. If there was anything to the contrary there could be a revolution in thinking, practice, management, and even education. Ongoing Formulated Meanings and the resultant themes that have been extracted, further attest to the prevarication that confronts new graduates and those who would be champions for change and innovation; the recognition of creativity as a crucial regenerator for nursing and midwifery, that for too many should be symbolic and illusionary only but never activated.

For occupational therapists, physiotherapists and social workers for example, the transition to professional practice is about choices, plans and processes and then moving into achieving them, not indoctrination and devaluing. They have 'made the distance' and are afforded the right to prove themselves as professionals in their own right. There is no 'rite of passage', rather a new but respectful and exciting beginning to which they are encouraged to proceed.

7.7.2 Formulated Meanings - Culture

- A perceived 'gap', between senior staff (either as Directors of Nursing and similar and/or as those deemed 'senior' by virtue of accumulated years of experience) and midwives and nurses working within functional units, particularly those in Level One (new graduate) positions, operates as a schism between the perpetual and virtual realities (as discussed in Chapter Two's critical history) of creative professional practice.

- This schism is emulated between peer groups (again often differentiated on the basis of seniority/experience) in nursing and midwifery based on a need for maintenance of the status quo as a preservative against change and destabilisation.

Significant Statements

- ... the hierarchy in nursing is uncreative and perpetuating this lack of imagination by choosing 'safe' like-thinking people for key positions. Therefore I see little hope for change - Nursing administration doesn't like its boat rocked. [N]

- The fact that I am very low in the hierarchical 'pecking' order, I am not seen as having worthwhile ideas to share. Senior staff don't want to listen, especially if a new idea might bring about a change in current thinking or practice. *Senior staff eat their young*! [Creativity] makes work challenging and stimulating. We should all be able to extend ourselves in pursuit of excellence. Each time we meet a challenge and succeed (or fail) we grow from that experience. To be listened to with credence. To be allowed to 'test the water' with new ideas so that learning can be experiential rather than spoonfeeding. Also to be amongst those who are likeminded! I started out positive and ended up frustrated. In order to be accepted I have had to become 'one of the natives'. My objectives were not reached. I've lost a lot of confidence in nursing and I've become very frustrated with old attitudes and old Registered Nurses. My enthusiasm is often mistaken for 'overstepping your mark'! I feel directionless. [N]

- We must be creative to be the owners of our destiny ... [and gain] cohesiveness as a professional group ... Nursing needs to stop being its own worst enemy! [N]

- Negativity of fellow workers [and] nurses clinging to ideas and routines to prevent change. [N]

- [Ability to be creative is affected by] some nursing staff who hold the view 'but we have always done it this way'. [N]

- Intimidation by senior staff [makes creativity difficult]. [M]

- Old traditional attitudes towards nurses are still prevalent. 'Weak mind, strong back' is how nurses are viewed. However nurses' behaviour in many instances

has not helped to alter this. Creativity in nursing is hampered by attitudes, and the need to conform to the prevailing customs and practices of the system in which nurses work. [N]

- I feel nurses in the main are not allowed to use their creativity as they are sometimes perceived to be 'troublemakers' etc if they do. Also some senior members of staff appear to be threatened at times by nurses exhibiting creativity. I believe creativity is a must in nursing. [N]

Professional ageism continues to dog the enthusiasm and vigour of those who would dare refute it, especially those who are new, young and/or inclined to be innovative and hungry for change. As the midwifery and nursing professions move through the new millennium they will slowly but surely create their own extinction if they continue to thwart the aspirations and extinguish the passion of the new graduates of both groups. The lack of volition by nursing and midwifery leaders to even have a vision of a different albeit better world for nursing and midwifery, let alone strive to overcome the incessant sameness that pervades is indeed a blight on the professions. In securing their own strongholds they are actually creating the decline of their own professions; if they cannot ultimately go on forever perhaps then no one else should either it would seem.

The participants in the research for this thesis are not just a select group of dissatisfied individuals either in terms of how they find themselves in the 'pecking order' or how unforgiving their peers and leaders can be. In May 1998 the Office of the Chief Nurse of the Department of Human Services in South Australia made very clear the "negative impact on recruitment and retention [that] work practices and conditions of work" were having on midwifery and nursing; "hierarchal structures of nursing that reinforce fixed restrictive management practices ... inflexible rostering ... lack of role models/mentors, poor management practices of senior nurses and managers [and] few incentives among others (1998, p.15). All of this in the acclaimed 'caring professions'. All of this in spite of the promises of the Career Structure development (as discussed in Chapter Two). Several years on, nothing has changed and the decline of nurses and midwives is worse.

The 'bears' referred to by one of the participants do exist and are rapacious; little wonder then that new graduates feel like they are 'being eaten' as they are required to succumb to the rancour of their peers and abandon their favoured ideologies of genuine caring, empathy and quality professional practice (their *virtual realities*); they have to either survive unscathed but possibly demoralised and certainly desocialised or leave. The homogeneous *perpetual reality* of unchanging sameness is safely retained and the extinction quietly continues.

7.7.3 Formulated Meanings - Medical Profession

- The medical profession exerts varying influences on nurses' and midwives' capacities to be creative in their professional roles.

- The medical model symbolises a dominant ideology that is no longer a reality in all situations, for nurses and midwives.

Significant Statements

- [Creativity enables nurses] to view health as other than from a strict medical view. [N]

- [Creativity is] very necessary ... If [only] the medical team could be more open-minded and not threatened by this ... [N]

- Some nurses aren't willing to do anything without a doctor's signature. [N]

- [Need to] break away from the medical model ... develop greater independence from medical staff. [N]

- I would like the hospital and doctors to trust our professional judgement more and give us credit for our experience and abilities. [M]

- We've followed the medical model, the scientific model, the management model and developed growing skills - now its time to focus [creativity] on the woman and what they see is best for them, not lose them on the shuffle. [M]

For many nurses and some midwives, the medical model and doctors represent an enduring fiction that holds to unsubstantiated deference (of nurses and midwives to doctors) with communication and professional estrangement leading to the preservation of a disabling status quo. For some nurses and midwives, the medical profession represents a challenge to their practice that is formidable and frustrating leading not infrequently to conflict and/or consternation with limited progress. For a few midwives and nurses, doctors are a part of a rigid hierarchical structure that does not serve in the best interests of any of them and at a personal level they have sought to find an appropriate mediation that can put them in a professionally respectful balance.

In their exploration of nursing rituals, Walsh and Ford (1992) have postulated that the nursing-medical dichotomy is about fear of competition by doctors who perceive nurses to be a "diluted form of medicine which the medical profession must control"; in addition they say too many nurses see medical domination as "the natural order of things" (p. 137). Regardless, the ascendancy invested either way promotes a running struggle that neither group will benefit from and clients and women will more likely be compromised by. The energy consumed by this struggle or mediation could be better converted into the creativity with which so many nurses and midwives want to emancipate their practice.

Overall though, participants in the research for this thesis have not been absolutely damning of the medical profession; they are perceived to be more of a nuisance (for want of a better word) than they are a threat, and more so for nurses than midwives it would seem. This finding does not follow the literature, which interprets much of the blame for nursing's subordination on the dominance and control of the medical profession (for example, Grbich 1996; Street 1992). It is time for a rethink of this perennial discourse, which can promote an ideology of nurses and midwives as victims with doctors as iniquitous. It is also time for a rethinking by nurses and midwives themselves (which they do acknowledge in a following section) to shake off

this chimera of disempowerment. The following chapter presents a number of strategies to supersede the nursing/medical and midwifery/medical divergence.

7.7.4 Formulated Meanings - Time And Workload

- Time and workload issues present as formidable adversities to nurses and midwives in their desire for effective and creative professional practice.

- Time is necessary for thinking, creative thinking, valued thinking, aside from the ongoing pressures and demands of roles; timing and time affect creativity.

- Time and creativity present therefore as critically reciprocal in nursing and midwifery.

Significant Statements

- If we had more nursing time per patient creativity would be more spontaneous, more thoughtful and more beneficial to both nurses and patient ... Our workload over the last ten years has increased dramatically leaving limited time with each patient. [N]

- I am always willing to learn or try new concepts, to improve my knowledge and skills, be creative. I want to be a good nurse and midwife and impart my knowledge to others. It is very important for me to do my best at whatever I set my mind to ... Being in the country with only one Enrolled Nurse you barely find the time to do all you have to do in a shift without having to do extra. The patients are missing out and staff are getting stressed out ... [We need] time to experiment, [and] willingness of others to persist with a new method so reliable responses can be gathered. [M]

- At work creativity depends on the circumstances ... Creativity doesn't work well for me if I am rushed, or have an urgent problem to attend. At work creativity is governed by my ability to deal with the situation at hand and tends to be a 'fair weather' concept - not for troubled times ... I could be more creative if I had time

to think about what I was doing ... It's hard to take pride in your expertise these days ... Once upon a time there were (sic) sufficient time, staff and money to work quickly without stress, those days have gone. Now it's a matter of doing as much as possible in as little time as possible. [M]

- [Need] the time to have the ability to create alternate plans to deliver high standard of client care with a rapidly shrinking budget. [M]

- In a constantly changing environment one is always being summoned to be creative. [N]

- I guess if I had more time to sit and think and was not so bound by financial constraints I could implement many programs that I have had in my head for years. [N]

Time and workload issues present as two increasingly 'impending dooms' for nurses and midwives. That does not however make them impossible to resolve. Time can well be argued to be an ongoing threat to nursing and midwifery practice. The rationalisation of time however must be determined to be the 'business' of nursing and midwifery practice not the 'aftermath' of it. Rethinking time is most crucially about rethinking roles and practice as already mentioned, and also about taking hold of each profession's functioning not letting it be manipulated as a commodity, worse still, a 'consumable' in the health system and its budget.

The gap between the fundamental workers, typically nurses and midwives, and the fiscal executive, in the health system, has always been great. How much economics and accounting education for example is received by either nurses or midwives is an unknown, but likely to be minimal if at all. The assumption is possibly that midwives and nurses don't need it, couldn't learn it or don't want it. Certainly this absence of knowledge and understanding only provokes frustration and reactionary behaviour in times of budget restraint instead of creative strategic planning and response.

It could be argued that this is the 'stuff' of unions but given the immediacy of many of the time and workload changes continually impinging on nursing and midwifery practice, delayed arbitration is not going to be the answer any more; enterprise bargaining has reinforced that as well. Nurses and midwives have to be able to argue with informed credibility at their level of practice proposing and substantiating their own solutions and innovations to ensure caring professionalism for women and patients does not become an impossibility, worse, an extravagance for only those who can pay, or sadly for anyone.

This necessitates vital changes in education, practice thinking and management of nurses and midwives, which the following chapter will discuss. Midwives in particular, in their Significant Statements, have recognised the critical nature of creativity in helping them to cope with and address the difficulties of time and workload, so they are not naive to the possibilities. Likewise nurses, while expressing frustration with the system, have indicated that they can see there has to be another way around for them.

While time and creativity are not correlated, the context of time in the working environment can have an effect, notably on stress, as the participants in the research for this thesis have indicated, and especially so if it is constantly diminishing or being reconfigured. The environment itself, both physical and social, as discussed in Chapter Three, can influence an individual's motivation and self-esteem (Hennessey and Amabile 1989) as well as their self-confidence and sense of value, with resultant effects on their ability and inclination to be creative. Most importantly however, time must be reconsidered within the working environments and intellects of nurses and midwives, as a discernible, valued quotient, beyond the clichés of time management and task/client prioritisation. Nurses and midwives must become informed and astute enough regarding time and workload issues to effect this reconsideration themselves, or they will themselves, be reconsidered in terms of the time they take to simply do things or be replaced to do things, devoid of intellectual and professional acumen. This is not an idle threat in the present climate of cost cutting.

There are salient messages here for everyone with regards to the professional working of nurses and midwives, given the limited research that does exist on creativity and the working environment. If the rigidity, regimentation and stasis that persist are not recognised for what they are, autocratic mechanisms of control and conservatism, nursing and midwifery will be dissipated by those wielding political and executive power, into amorphous tasks to be carried out by a variety of compliant lower paid or voluntary workers. The oppression of the professions by those within who seek to control them will be to their own ultimate undoing, as nothing will ever change the conundrum; time and workload dilemmas will always be 'ever-green' and unresolved.

7.7.5 Formulated Meanings - Job Satisfaction

- Despite intimidating interpersonal contexts, inflexible management, reduced finances, staff cuts, perpetuation of sameness and the like, both nurses and midwives ultimately stay at their work because of their love for and enjoyment of it, and most poignantly for midwives, their love for women (and their families).

- Job satisfaction is a crucial factor in promoting and enhancing creativity in nurses and midwives.

- Creativity and job satisfaction have an important mutually reciprocal relationship.

Significant Statements

- To develop ways of inspiring staff to aim for uncharted territory by trying something new. To maintain an enthusiasm for turning up to work every day. [M]

- The difference between a job and a joy to nurses, and the difference between treatment and care to patients ... and promoting a positive powerful image of nurses ... the 'wellspring of joy' comes from the creativity. [N]

- [Creativity is] necessary to make people satisfied with their jobs, attract people, improve self-esteem and confidence ... otherwise [there will be] high turnover of staff, absenteeism, poor job satisfaction. [N]

- Creativity enables new discoveries, it pushes the boundaries of current knowledge and practice. It makes work more enjoyable. It provides for a new way of doing something. It challenges tradition ... it prevents the job from becoming boring and mundane. [N]

- If I feel I can't be creative and inspired by my work I just lose the enthusiasm that is essential food for my spirit and I can't give away what I haven't got. [M]

- [Creativity] must be highlighted and promoted as an integral factor in job satisfaction and ultimately job retention ... Creativity equals progress, happy and dynamic staff. [N]

- Work can become habitual and drudgery [can happen] too easily - creativity helps keep one alive and vital and interested enough to make an effort. [M]

There are strong messages here (and in the other Significant Statements in Appendix 2) about how important it is to nurses and midwives that their work enriches and invigorates them through their ability to be creative. The critical nature of creativity in everyday work and life, in particular with simply surviving, as Richards (1996 cited in Runco and Albert 1996) emphasised in Chapter Three, is clearly indicated by the participants in the research for this thesis. High intrinsic motivation arises out of the satisfaction and inspiration of creativity (Hennessey and Amabile 1989) and nurses and midwives have shown that often it is this alone that helps them 'get through' in their work.

However if increasing demands on the health system are going to persist, the motivation of nurses and midwives will be compromised as they have already recognised. Being expected to keep making a greater effort for no recompense will not keep nurses and midwives in their roles. Historically the 'nurses are born not

made' myth has perpetuated a fallacious belief that nurses and midwives would just keep working for the love and dedication of it. The completion of three years of university study to achieve a degree, inspired by the ideology of providing excellence in caring will not enable nurses and midwives to endure inhospitable conditions nor provoke their impetus to keep going under increasing duress. Their own 'human-ness' can not be negated in the business they provide of human caring. Yet the potential, unfortunately in some cases, the reality, for exploitation of their commitment and caring because of increasingly demanding work environments, is sinister. The corollary is that managers and administrators 'know' that because nurses and midwives do care they will always give that bit extra, so that patients and women don't miss out. A context of this sort of imbalance can provide tangible reasons for the 'burnout' that too many nurses and midwives experience.

For nurses, creativity and job satisfaction are about the difference between the routines and problems of work, and the happiness and interest that moving out of the norm brings, along with the pleasure of doing well for their patients in a non-mundane manner. Midwives have expressed job satisfaction and creativity in terms of fulfilment and giving in working with women, and the enthusiasm and interest it enables them to bring to their roles.

7.7.6 Formulated Meanings - Nursing

- Creativity in nursing practice is about the essential importance of individualising patient care; not just about knowing the patient as an individual, but about going beyond the bounds of the standard or the routine to actually create empathic care that harmonises with each person in an extraordinary interaction of individualism, not mere patient service.

- Creativity in nursing practice is also about the innovation, imagination, flexibility and adaptability that facilitate this interaction of individualism.

Significant Statements

- [Creativity is about] using imagination to solve or just discuss emotional problems. Or just creating the right atmosphere to treat different kinds of people ... The ability to see each patient as an individual who has differing needs. [N]

- We need to be able to adapt to many different situations. [N]

- ... we need to be creative - we are dealing with individuals from all areas of life - we need to be more flexible rather than expect patients to conform. [N]

- People are individual with individual problems. No two patients can be treated exactly the same. Some clients defy all 'normal' treatments and demand our utmost creativity. [N]

- It is necessary to be creative in order to reach a comfortable relationship with your patient. If you show no creativity you become task-oriented and miss many clues from your patients. [N]

- [Creativity is about] enabling patients to express openly fears, emotions, etc - formation of solid empathic relationships - quicker recovery. [N]

- A large part of our work is routine and regimented, but creativity helps us tailor this to our individual clients and their needs. [N]

- [It is] important to look at the holistic person not just the immediate problem and explore different varied ways of dealing with issues for that person or community. [N]

- The difference between a job and a joy to nurses, and the difference between treatment and care to patients ... [N]

- To be creative allows nurses to go beyond that which is found in textbooks. Creativity allows the nurse to go beyond what could essentially become a 'cattle line up' to patient care. [N]

- Nursing requires much creativity. Situations when dealing with people rarely repeat themselves; every situation is new and needs a different approach. Nurses can encourage their patients to be creative, especially if the patient suffers from chronic disease. Often these patients need more than medication and a weekly doctor's visit, they need inspiration, ways to live and make the most out of situations. [N]

- Nurses need to be innovative and are constantly exploring new methods to solve problems and needs and improve patients' quality of life. [N]

- With some difficult patients all creative energies are used to improve their physical and mental state. [N]

- Our creativity is sometimes the only thing that works when normal channels/standards don't. [N]

- It would be a sad day when we lose the chance to be creative as we rely more and more on computers and are less and less at the patients' bedside. [N]

- [Creativity means] a different approach to all situations - more insight [and] tolerance. [N]

- [Creativity is] change, efficiency, alternatives and pride. Pride in that we all as individuals can influence how we care for our patients. [N]

- Innovations are needed in the development of unit services and fulfilment of goals. Need to create a continuous run of individual responses and interventions to a fluid group of clients and situations ... Nurses must not only react but also anticipate patient needs and this takes sensitivity, flexibility and imagination. [N]

- [Creativity] provides unlimited possibilities to improve and update current trends and care. [N]

A larger range of Significant Statements have been included here because of their distinct impact. There is a clear recognition by nurses of the worth that being creative can bring to their practice. This means using such assets as imagination, flexibility and adaptability to enable innovation to be an inevitable part of their practice not a peculiar rarity. They see creativity as making the difference between a mundane task orientation and the impunity to practise beyond that archetype of inhibition. With this comes enhanced empathy and recognition of the need to release patients from the paradigm of conformity, to be free to be themselves, to be individuals in their own right; not diagnoses, not room numbers, neither doctors' nor nurses' possessions.

There is still a sense of cognitive dissonance here though for some nurses, in that their being creative is tied to 'doing things'. This is despite their acknowledgment that being creative is about imagination and atmosphere, being liberal and individual in their roles, going beyond the confines of routine and the like. They do still feel a need or a compulsion to render care and activities that may solve a problem or address a need.

The whole problem/need perspective that was foisted upon nursing with the inception of the Nursing Process may have become so ingrained that nurses cannot rise above or beyond its influence. So their practice is set in notions of 'doing for needs' and/or 'fixing up problems', either the patients' or their own. This need to be busy or do something is one of the stereotypes that de-intellectualise nursing, emptying it of significant cognitive input and effect, leaving it as a set of tasks, functions or responses. Hence the inception of the Patient Care Assistant, the institutional task expediter (despite the title), whose existence poses an ongoing threat to the status and integrity of nursing. Unless nurses themselves re-claim and acclaim the discipline and pursuit of nursing, no amount of creativity and vision will salvage the diminishing tangibles (let alone the intuitive intangibles) of their roles. The finesse of the creative individualistic/holistic care so aspired to by the

participants in this research represents the very essence of what they must defend for nursing's survival.

Much of the rhetoric of nursing care centres on notions of holistic or individualistic care. What they actually constitute and how they really happen, are steeped in theory far more than in practice. Certainly here the participants have expressed the crucial feasibility of individualistic/holistic care through the liberation in practice that creativity can promote; that being creative as a nurse actually means not 'seeing patients' as such but discerning them as unique human beings at a sensitive and personal level. Responding on the basis of that authentication means that nursing care is an exceptional and dynamic interaction, not a replicated mass production process. The re-conceptualising of nursing in this way offers consequential freedom and a vision for emancipated practice, to nurses, from the oppression and rigidity they experience. This could be a veritable means for breaking the vicious cycle. The following chapter describes how this might be possible in a new millennium of nursing.

7.7.7 Formulated Meanings - Midwifery

- Creativity in midwifery practice is an implicit expression of the affinity and sensitivity that midwives can achieve with women during pregnancy, birth and beyond.

- Midwives express their creativity through their relationship with women, and in particular through the control, sense of responsibility, and achievement women experience in this relationship.

  (Being with women also means being with their families how and whatever they may be.)

- Creativity in midwifery practice also involves imagination, aesthetic appreciation, mutuality and flexibility, but not necessarily doing anything specifically, just being there, with women.

Significant Statements

- ... creating opportunities for the childbearing couple to achieve their goals in an environment that is not natural to their everyday lives ... Some midwives are less encouraging of alternative methods of problem-solving and may have tunnel vision and thus they could do with a dose of creativity. [M]

- To find something positive and beautiful about what we do takes effort and energy. Delivering babies in my book is the ultimate creativity ... to find that something special, that is the key to [women's] treatment, recovery or relief is very exciting and fulfilling. [M]

- By handing back responsibilities, by valuing people's ability to make their own decisions, by letting people work through problems. By valuing what other people have to give and utilising it. To move away from routine and rigid protocols which don't allow for the needs of the individual ... I believe we should stop taking charge of situations and not do things because they are done that way. We should facilitate and move forward with the people we deal with. [M]

- [Creativity is] better methods of care, less costly care, letting go of the past, finding ways to assist women to gain more control and responsibility for their own health, emphasis on wellness model ... midwifery is starting to use its creativity, intuition and empathy as it moves to empower both itself and the women it serves ... Creative ways of influencing [midwives] into accepting and revelling in the freedom this can give should have a high priority. [M]

- Women today are more interested in having input into their pregnancies so it is up to the midwives to create the appropriate atmosphere required for the individual. [M]

- Creativity is important because without staff who work in the midwifery field being creative, for example, non-interventive, imaginative and talented, then there would be very little progress and improvement for the client. [M]

- [Creativity is] very necessary so that each individual client and her family are treated with equal respect and flexibility. They should be able to formulate their own plan of care in conjunction with the midwife. [M]

- All women have unique needs and reactions to different circumstances, and need to be treated in a way that is appropriate to them and their families. [M]

- Having a baby is such an individual experience - each labour is its own masterpiece. [M]

- For a basic level of care [creativity] may be overlooked - for a holistic and fulfilling (mutually) level of care it is essential. [M]

- [Creativity is] giving the women what they want for their birth experience. [M]

- I do less and listen and watch more. I do my damdess [sic] not to make decisions for people. I hand over the blank piece of paper much more, and watch them create. I'm learning much more. [M]

- Each time I meet a new couple and their family a new different experience begins, never quite like the one before, together we create a rapport, a learning experience, a life journey together. [M]

- Midwives have a head start with new parents to help make their new roles to be seen as purposeful, special and rewarding ... [I] enjoy the input of creative thinking to new parents and their accomplishments. [M]

- Unique individuals, their backgrounds, family structures, are diverse, [they] should have [the] opportunity to have ownership and decision-making in their role, which allows marrying of their perception with what the health professional has to offer. [M]

- [Creativity is] assisting an individual in extending their skills. Each needs different levels of skills from me, [a] creative response to present knowledge in a useable way for each person. [M]

- A woman in labour is a unique person, and as such requires a creative and honest approach ... Enthusiasm and an open mind helps the midwife to be creative. [M]

- I think creating a harmonious atmosphere for people to begin family life is essential and letting their knowledge be heard first instead of imparting ours first all the time. [M]

- A profession whose main raison d'etre is to provide a service for people must be creative to meet individual as opposed to overall needs. [M]

- [Creativity is about] bending the rules and routines to suit the individual. Thinking laterally ... Keeping eyes and ears open always on the lookout to improve my practice. [M]

- [To be creative is] to be able to assess and manage situations individually to suit the time, people, place and equipment available ... [It is] the difference between 'functioning' and offering an individual approach [that is] more constructive and rewarding to midwife and client alike. [M]

- By being creative one is able to cater to people's different needs ... when one is creative, sensitive, these needs will be met. [M]

- Nothing is ever the same and you are never given the same tools or situations so you have to adapt constantly using your imagination and skills and knowledge, to achieve your goals, and the goals of others. [M]

- I like to create something uniquely suited to the person. [M]

- Everyone is individual and should have the freedom to be treated in whatever manner they desire. [M]

- It's a great challenge to walk into an individual's life with the aim of achieving their better health and to be of service in some way with the tools that I have. How to fit my tools to each situation is what calls on my creativity. [M]

- Every mother is different/every birth/every baby, so it is impossible to have 'blanket rules'. [M]

- Women, partners, families provided with information can make choices. Midwifery is about empowering others to be effective caregivers ... [a] mutual goal-setting relationship ... there is not only one way to promote this. [M]

- Women have had babies for years, so it is not new. We need to make a woman feel as if she is doing something new and creative when she becomes a mother for the first time, let them try something new if they want to. Give them encouragement when they want to try their own ideas, if it is safe for baby ... we need to let the mothers know we are not strict, black and white policy believers. [M]

- By helping mums with their new role I can help them create a new image of themselves. [M]

It was at the level of articulation of creativity in practice that midwives and nurses conveyed different expressions of what that meant for them in their respective disciplines. Accordingly a larger range of midwives' Significant Statements has been included to portray these distinctions. As previously indicated, nurses signify their creative practice through the provision of care that is individualistic/holistic, imaginative, flexible, innovative and adaptable. For midwives, creative practice is about the achievement of a very sensitive affinity with women and their families.

This woman-midwife alliance is not about 'doing' things, or 'looking after and taking care of' things, it is about being there with a woman as an advocate, a sage (in the true definition of the French word for midwife, sage femme), a friend. The intention is to attain the choices and goals of women and their families through midwifery practice that is unintrusive but present, imaginative and effective, individualising and distinctive. Individualising (with each individual woman and her family) is used in the midwifery context as different to individualistic (to and for the individual patient) in the nursing context. A creative midwife is able to transcend issues of control, dominance and responsibility and leave these with women, as practice is about handing over not taking over. Creative practice here enables women to lead the way as midwives can see, and think about, other ways to practise that are not constrained by unyielding protocols that prohibit options.

For midwives creativity is also about the aesthetics of the whole pregnancy and birth experience. The beauty of this remarkable aspect of nature is recognised as something to treasure and protect, not trivialise and threaten. Therefore being a creative midwife requires an ethos of appreciation and mutual respect in the genius of both women and nature, and being confident in the ordinary miracle of their transpiring.

7.7.8 Formulated Meanings - Self-Expression

- The effects of creativity and of being creative, on nurses and midwives, are symbiotic; being creative enables nurses and midwives to realise greater prowess in confidence, autonomy, responsibility, self-satisfaction, originality, versatility and verve.

- The experience of creativity heightens self-confidence and gratification, and extends the sense of autonomy, accountability, empowerment, and personal and professional growth, that nurses and midwives value highly in their aspirations for innovation and excellence in practice.

- Being creative is also vitally important to nurses, and midwives especially so, for the self-expression and distinctiveness it facilitates. Being able to place one's

own 'stamp of distinctiveness' within one's practice, enables nurses and midwives to advance their self-esteem and sense of spirit. This is about being free and trusted to be themselves, not a generic role or facade.

Significant Statements

- Creativity is my personality stamp. It enables me to be different to the next person. An opportunity to be individualistic in our role - otherwise we would all be robots. Creativity gives me freedom of choice and action. [M]

- I love autonomy ... I like to create something uniquely suited to the person ... I do less and listen and watch more ... I hand over the blank piece of paper much more, and watch [people] create. I'm learning much more. [M]

- Self-expressing is creativity. Using your talents to the fullest self-worth. [M]

- I believe everyone has a degree of creativity, it is just suppressed to various degrees ... Creativity enables one to be empowered. [N]

- [Creativity is] extremely important to my personal and professional growth ... I believe I have grown, faced problems that perhaps I did not wish to believe were there, taken control of my personal and professional life, become more thinking, critical, forgiving of myself. [N]

- [Creativity] makes me what I am; it gives me integrity, peace and allows my compassion to flow from deep within. That small particle of gold has to be searched for in one's daily life, rare [sic] does it come from nowhere. [N]

- I think creativity is necessary as it gives nurses and midwives a chance to enhance their work by their individuality - so each of us has something different to offer, as well as our acquired knowledge and experience. [M]

- I am sensitive, aware of aesthetic detail, often aware of nuance and unspoken needs in myself and others. I am drawn to the beautiful and unique. I possess a

sense of theatre and a strong regard for knowing and understanding history and being aware of our place in it. I am a student of life, I want to be alive and live not exist - I believe I need to be creative to feel alive. I hope I am creative! [M]

- There is a great sense of satisfaction in discovering a new effective, simple or interesting way of doing something. There is a lot of fun to be had in exploring options and making discoveries, although sometimes [also] frustration. [N]

Revealed here are midwives' and nurses' personal descants of creativity and the conviction with which they are held. Clearly nurses and midwives yearn to exploit the emancipation that being creative brings to their practice and to themselves. This is about being free to practise as an individual, not a title, role, uniform or facade. Despite the constraints that exist, these nurses and midwives have a determined commitment to bring more to their work than completion of tasks and getting to the end of the shift.

Being creative for some is 'risky business' even deviant behaviour, for others it is sanctioned albeit quaintly, for a few it is a valued activity. Regardless of the context in which it occurs, creativity provides something so sufficiently intrinsically motivating and gratifying, that is strong enough and sagacious enough, to enable midwives and nurses to rise above the malady of their circumstances and survive, cope, flourish, elaborate even innovate and be original. The extremely beneficial feelings of enhanced self-sufficiency and self-esteem, in addition to the advantages for patients and women and their families, are of vital importance. The following chapter will advance on this importance in recommendations for practice and education.

The autonomy that being creative promotes and is promoted by, represents a significant threat to those who aim to perpetuate unchanging sameness, or it symbolises a critical proponent for instigating much-needed change that is more than mere rhetoric and tokenism. Autonomy has been a denied attribute of nurses in particular, less so midwives as they have achieved the reality of independent practice. To grant this kind of liberty to nurses and midwives, would be disputatious for many managers and administrators. The perennial culture of mistrust tenaciously determines that neither nurses nor midwives could be allowed such extended

professional scope and responsibility. It is supposed that they need to be directed, proceduralised and instructed, not liberated.

Both nurses and midwives have clearly expressed the opportunities and risks ahead of them and their recognition of the need for an affirmative move through the new millennium with courage for a new future not a recycled repeat of the past. Coupled with the urgent call for a change in thinking which follows, nurses and midwives have the absolute potential to actually achieve their emancipation from the retrograde hegemony of which they are victims.

7.7.9 Formulated Meanings - Change

- Creative thinking and creative practice greatly and necessarily advance professional development, research, and knowledge development in both midwifery and nursing.

- Progress and creativity are synonymous and essential for professional fortitude and survival in midwifery and nursing.

- Change is recognised as a crucial imperative in both nursing and midwifery.

- Creativity provides a viable and exciting means of confronting the present impasse in midwifery and nursing, and apprehending the future with determined optimism.

Significant Statements

- Creativity is vital in midwifery practice for the survival of the profession. Our practice needs to be constantly challenged by others and ourselves and to be responsive to the needs of the women we serve. [M]

- To adapt, progress and stimulate thought for change - without [creativity] the profession would stagnate. [M]

- A way around an inflexible system ... a starting point for change and research in nursing. [N]

- Perhaps it will help nursing to find its own identity. [N]

- Creativity would promote nursing to a more intelligent professional level, which would be influenced by more advanced minds and sensitivities. [N]

- Creativity, flexibility and lateral thinking in nursing elevates nursing from a task-oriented job to a personalised problem solving profession. These qualities make 'nurses' people not people 'nurses'. [N]

- Creativity allows midwifery new ways of delivering care, new thought patterns, a challenge to tradition, more satisfaction for midwives, a delight in new ideas or projects ... In midwifery as well it is important to develop new structures of working. [M]

- As nurses strive to be acknowledged as professionals they need to be creative and proactive, in presenting themselves and the work they do ... in promoting a positive powerful image of nurses. [N]

- Midwifery is starting to use its creativity, intuition and empathy as it moves to empower both itself and the women and families it serves ... Creative ways of influencing all midwives into accepting and revelling in the freedom this can give should have a high priority. [M]

Creativity and professional development, and creativity and research are not new partnerships. However they are underestimated opportunities for nursing and midwifery. Recognition has been made by both groups of the essential need for progress in midwifery and nursing for their fundamental integrity and endurance. Nurses and midwives both need to take decisive steps to determine their own destinies if they are to assure their own status and prowess in the health system. Clinging to scapegoat excuses and historical malevolence will not enable either group to move anywhere let alone adapt and advance. As one of the nurses so incisively acknowledged, nursing is very much trapped in a time warp.

Current thinking and current functioning are not taking either group on or around the present system of inculcation. New, different and better ways of thinking, practising, learning, researching and developing are essential for both nursing and midwifery to affirm their identity as key stakeholders in the health system, not mere impassive, service providers. Thus far, over the recent history of both, nothing has really had any significant impact on affirming the reputations of nurses or midwives, either in the public arena or within the health system; they remain defined and understood as amenable appendages to the medical profession. As nurses and midwives alike recognise this they must and can transcend this image and re-create themselves and their futures.

7.7.10 Formulated Meanings - Creative Thinking

- The most outstanding necessity and asset acclaimed overall by midwives and nurses is creative (and lateral) thinking.

- It is creative thinking that provides the quintessential impetus and embodiment for;
  - overcoming the inflexibility of institutional and administrative structures;
  - joining the schism between those for change and those opposed to it;
  - achieving effective collegiality with the medical profession;
  - expediting innovations in adverse work practices;
  - heightening job satisfaction;
  - inspiring creative nursing and midwifery practice;
  - ensuring intrinsic motivation, high self-esteem and self-sufficiency;
  - ongoing advancement and development of both nursing and midwifery.

- Creativity is seen and perceived as a panacea, but not unrealistically. Nurses and midwives alike acknowledge the potential impact of their roles as creative thinkers and the urgent need for them to 'break the mould'; not an easily accomplished feat but possible.

- The varied components identified by nurses and midwives as comprising creative thinking are referred to compositely as intellectual ingenuity.

Significant Statements

- Letting your mind go berserk - moving away from traditional approaches, trying new ways of doing things ... we need to be creative - we are dealing with individuals from all areas of life - we need to be more flexible rather than expecting patients to conform. [N]

- Creative thought and practice can sometimes prevent complications or further intervention ... Visual creativity has always been a part of my life however I am only now realising the benefits of creative thought. For many years my thoughts have been governed by what other people think rather than what I think ... To be creative gives one confidence in dealing with other people. However low self-esteem often stifles creativity. [M]

- Creativity can be in many forms, from artistic to creative thinking. In nursing we need creative thinking to achieve an harmonious working atmosphere, which can lead to a relaxed happy environment ... An environment, which allows staff to think and use alternative methods for patient care and staff contentment. [N]

- To be creative in thought and action is very rewarding. Creativity is nearly always successful because it requires the individual to think, and to think of alternatives. There is only one correct way to program a computer, but there are a thousand different ways to provide nursing care. [N]

- Midwifery is about empowering others to be effective caregivers, and there is not only one way to promote this ... Creativity removes myth and ritual. Creativity means being free to think in wider dimensions ... [and] developing/encouraging entrepreneurial activities. [M]

- Being creative for me involves me constantly questioning, looking for easier or more improved ways. I am critical and also scrutinise my values, attitudes, and perceptions ... I would like to have the opportunity to use my brain more freely and act on my knowledge and not have restrictions on my thinking. [N]

- [Creativity] is thinking laterally and not within traditional frameworks. By being prepared to accept 'way out' alternatives. [M]

- Midwives have to frequently think up new ways of getting their message heard ... fostering free thought [is needed].[M]

Despite the obstacles and difficulties, both nurses and midwives expound the excellence of creative thinking for giving them a sense of the possible, as well as a strong present sense of intellectual well-being enabling them to surmount the daily goals and challenges they face. The sense of optimism and hope they find in creative thinking is striking, as is their resounding acknowledgment that this is the thinking they need in order to move forward. Traditional and current thinking processes are not achieving the momentum that nursing and midwifery need to create and achieve change.

The qualities of thinking that are most elaborated upon are, lateral thinking, open-mindedness, spontaneity, imagination, honesty, increased outlook and novelty, accompanied by personal flair and empowerment. This intellectual ingenuity does not identify the typical stereotype of either nurse or midwife. This is a free thinking, liberal minded person inclined to trying new ideas and new ways of practising. Not a reckless individual though, but one who is motivated to quality caring beyond the constraints of an inflexible system. These nurses and midwives are committed to moving out of the redundant darkness of their professional history and tradition, and into the visionary light of what must become a new era of invigoration for nursing and midwifery.

7.8 Theme Clusters

In moving to cluster the Formulated Meanings into Themes, a thorough review of the written descriptions was carried out again to ensure that this further stage of refinement continued to remain true to the intentions of the participants. The

Formulated Meanings and Themes could be comfortably grouped into three discrete clusters. These were, Practice, the System, and the Thinking Self.

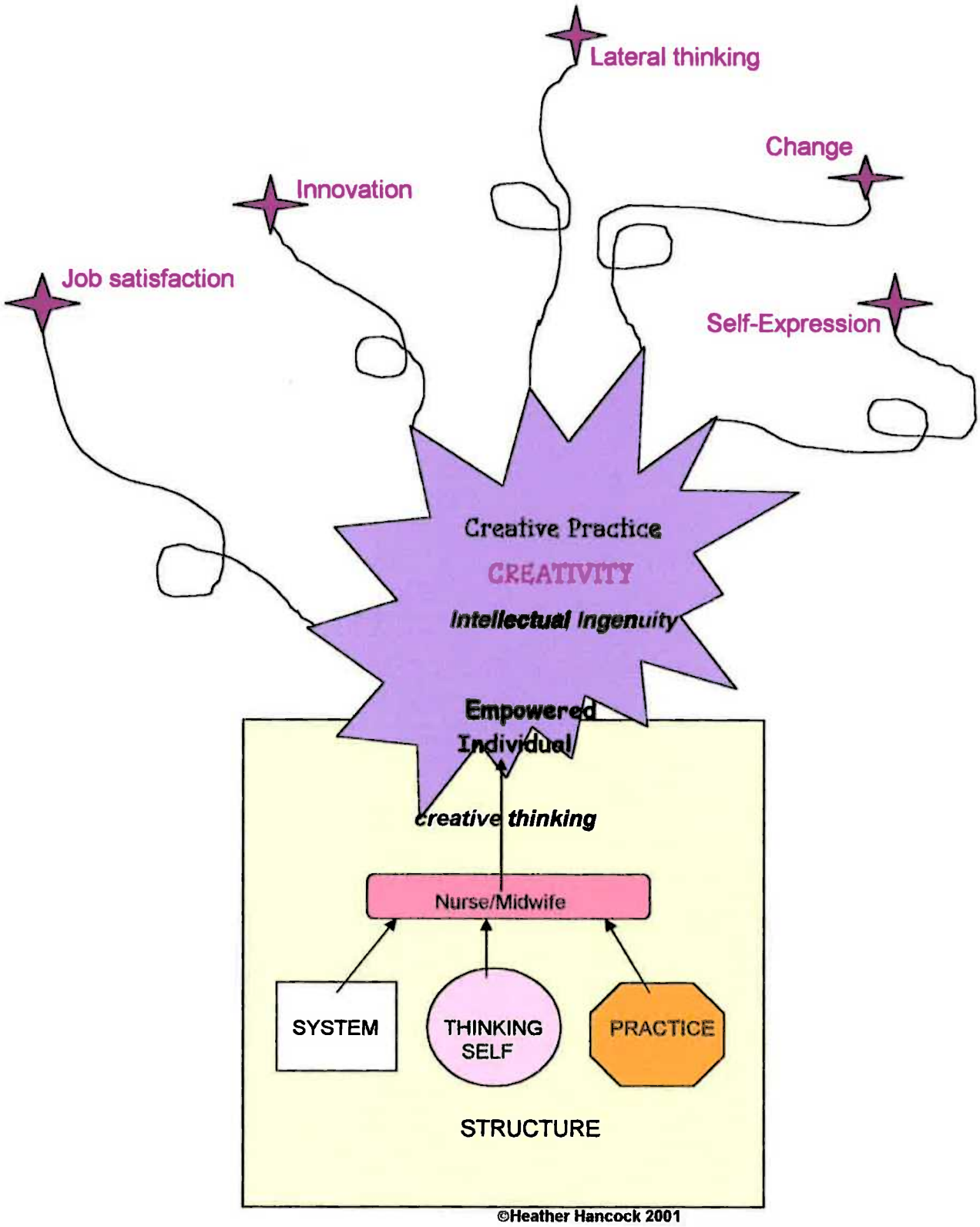
The following sections explain these Theme Clusters and their dynamics, and illustrate the phenomenological nature and context of creativity in midwifery and nursing. An illustration of how these Theme Clusters and the interplay of surrounding factors may take shape is depicted in Figure 3. This figure also illustrates the continued reality of the culture of nursing and midwifery as described in the first two chapters of this thesis.

The purpose of Figure 3 is to provide a visual interpretation of the potential of creative thinking and creativity for midwives and nurses in enabling them to liberate themselves (through a kind of intellectual implosion) from the constraints of the System, the Thinking Self and Practice, and most particularly from the 'square box' effect of the structure and its culture that envelopes them. If each nurse or midwife is able to rise above all of this as an esteemed creative thinking individual they have the potential through the use of their intellectual ingenuity to become a creative individual in their own right not 'just another nurse' or 'just another midwife'. The possibilities of their potential for their practice excellence, for quality caring for women and patients and for the eminence of the midwifery and nursing professions are probably limitless; every individual is a rich repository of creativity not a task provider, employee, worker, or pair of hands, as they are too frequently viewed. While only a few of the 'sparks' of creativity are shown (job satisfaction, innovation, change, self-expression and lateral thinking) they are representative of much more that could be achieved.

This figure and its meaning are by no means set only to the clinical structure and its culture in a hospital. Any and every working environment in which nurses and midwives function should be scrutinised in terms of how anti-creative it may be and therefore how much environments need to be re-considered and re-viewed if nurses and midwives are to practise with brilliance not commodified disregard.

FIGURE 3

Dynamics And Interplay Of Creativity In Midwifery And Nursing



7.9 From Theme Clusters To A Description Of Creativity

Each Theme Cluster presents as a crucial aspect of the whole picture of creativity in nursing and midwifery. They interact within and around the individual nurse or midwife in their personal and professional domains. If creativity is actually able to achieve its potential within the individual, a significant fulfilment of effect is possible, as *intellectual ingenuity*. That nurses and midwives need to exploit their intellectual ingenuity is an understatement in the current climate of low morale, high staff turnover, low retention rate of new graduates and persistent poor or misinformed images of both groups by society.

7.9.1 Creativity And The System

The System, represents a collection of factors and issues that despite passing time and supposed change, remains essentially the same, or in some cases even more entrenched; the unchanging sameness identified in the critical history in Chapter Two is affirmed and uncompromising (the perpetual reality). The Structure surrounding this System, through its institutional and administrative frameworks serves to protect itself from any deviation from the status quo (the virtual reality); to sustain control, predictability, rationalism (economic and intellectual) and dogma (the retrograde hegemony and mistrust).

From the level of government policy development through to the varied Nursing Administrations and thence to the level of the workers, nurses and midwives, a focus persists on 'minimalism for maximum effect' across contexts of resources (physical and human) and support processes. Despite claims that might be made by administrators in particular and other lower level managers about caring for staff in difficult times, this is not realised in the contexts of the nurses and midwives struggling to make caring a passionate reality in their work.

The essential mainstay of this Structure, nurses and midwives, actually have to provide their own stimulus for functioning and sustenance in this System. Their internal gratification, love for their work, and intrinsic motivation carried through their desire for creativity and creative thinking, keeps them going; even in the face of

diminished resources and staffing. Despite the relentless nature of this System, nurses and midwives have been adamant that change is urgently needed and the only saving grace for their professions in such a quandary is creativity. Creative vision and risk-taking must occur even though they present under the current circumstances as deviant and disagreeable.

Meanwhile the System is able to keep going on the credit of those nurses and midwives who do not want to or know to create change, and on the balance of those who do, even though they are covertly or overtly prevented from it; they continue working because of their passion and fervour for ultimately achieving it. These impassioned midwives and nurses do have a picture however limited or grandiose it may be of how better their practice and professions could be. This is very much a buried, and at the same time insidiously exploited treasure of creativity. That they do endure is a testament to their individual tenacity, to the hope they place in their desire for ultimate creative change, and the belief that it may eventually occur.

This is indeed a remarkable test of creative vision and an absurd waste of resources in a system that is inherently recycling itself; but for ersatz progress not for rejuvenation. Over twenty years of tertiary education for nurses and seven years for midwives have not ultimately made the critical differences to the System that might have been aspired to. Its subliminal capacity to assimilate those within it and maintain a form of egocentrism has enabled the System to insulate itself.

But in every sense this is entirely superficial, like a shadow box picture with all the characters hiding behind their shadows. What you see is not what you get. The shadows are only people not an impenetrable force. Within them there is inconsistency and irrationality. This is a facade of power that succeeds through myth much more than actuality to maintain the perpetual reality that nursing and midwifery are suspended in.

Nurses and midwives must urgently overcome the psychological and historical barriers that persist to convince themselves that they can change history and their presumed inevitability, to actually supersede the System. For as much as the System presents as some kind of omnipotent tyrant, creativity quite paradoxically

presents not as an esoteric intangible, but as a heartening lifeline. The optimism displayed by participants about creativity in the face of their adversity indicates the potential they do have to effect a cultural renaissance in nursing and midwifery. Why do they persist with this optimism? Can this optimism be channelled into their peers? How can the facade of power and the perpetual reality of unchanging sameness be dispelled completely? How can the lifeline effect of creativity be instilled into all nurses and midwives for their benefit and the benefit of those they care for/work with? These are critical questions that must be addressed if the System's status quo in nursing and midwifery is to change absolutely.

7.9.2 Creativity And Practice

Practice comprises the qualities and complexities of discipline and performance differences between and within midwifery and nursing. Practice also includes the influence of the medical profession on this context of creativity. While midwifery currently requires a nursing base in South Australia (and Australia) this beginning is not echoed in the expressions of midwives regarding creativity, as distinct from nurses. It was not the intention of this research to compare participants qualitatively at a discipline level. However clear descriptive differences between nurses and midwives have emerged. These differences are illustrated through the nursing descriptions of a focus on helping and healing, caring *for* and tending *to* patients, and the midwifery descriptions of a focus that is more like positioning, being *with* and working *with* women (and their families) but not doing for or to.

The medical nexus with nursing and midwifery is troubling but not sinister. For many nurses and midwives the medical presence is manageable albeit frustrating or vexing. The whole adage of the medical model while persistent seems not to be insurmountable for those who have the creative resolution to rise above it. Their quest for creativity in their Practice seems to provide them with a sense of confidence in themselves and their practising that enables them to see the medical model as yet another ploy in the System but one they can be strategic and intellectual about. It is not an unequivocal impediment. Being creative means getting around, over, or on with doctors to achieve greater altruistic gains, without playing the doctor-nurse game which is seen as being subservient not being creative.

For midwives creativity is embodied in the unique experience of pregnancy and birth itself, and at the same time in the imagination, sensitivity and aesthetics that they can bring to this experience. The image is that of something almost metaphysical, (yet it is the 'ordinary miracle of birth') if midwives are able to facilitate women's natural responses and outcomes. Creative sensitivity is a crucial asset for midwifery; creatively sensitive midwives need to be able to appreciate and perceive the intimate and personal cues of women and translate them into safe, privileged, meaningful, original and triumphant experiences of pregnancy, birth and beyond.

Midwives have very clearly expressed their urge for creativity and its potential, through their distinctive interactions with women. These interactions are not always active in the physical sense but very much more about simply *being there* for and with each woman, creating an experience of singular importance for each woman and her family and appreciating the control and empowerment they can distinctively proffer to them. Midwives see themselves in creative practice as being the woman's stimulus for fulfilment not caretakers of it, privileged participants in her life experience not managers of it, and attentive facilitators not tending nurses in their caring.

This is also about appreciating the aesthetics of birth itself and of the unique ability of each woman to be able to traverse the entire pregnancy, birth and postpartum experience with integrity and satisfaction, and with a respectful, supportive creative midwife. This is neither easy nor simple as women, and midwives who aspire to such creativity and sensitivity, struggle on a daily basis for control, responsibility, originality, reciprocity and beneficence among others, in an environment that can be sadly averse to such matters of the intellect, heart and soul. For both groups their endurance is too often a test of the courage of their convictions. It is the creative sensitivity, imagination and distinctive affinity that midwives express as inherent in their Practice that seems to take them through all of this and certainly gives them the passionate optimism to believe that things will change further for the betterment of women and for lasting creative midwifery practice.

For nurses, creativity symbolises the essence of true individualised care, beyond the rhetoric of that which the nursing process promises but rarely delivers. By being flexible and bold enough to rise above routines, nurses use their creativity to bring more than task completion and service provision to patients. Creative nursing Practice is what singularly distinguishes each patient rather than homogenising them. In an environment that favours standardisation and efficacy, distinguishing care enables daring, adaptable, and innovative interactions and effects, for those who would be bold enough to do it.

Practising beyond routines demands flexibility and imagination to achieve an extraordinary interaction. The intent is for patients to receive care that is original and meaningful for them and their situation, not their incapacity, so that they remain who they are, not patient with labels. In this context nurses perform not serve, empathise not sympathise and practise creatively not habitually. This is difficult work. This is about not taking the easy way out, not keeping a distance from patients, not doing for the sake of it; it is about an ongoing commitment to make a difference by achieving all that can be gained through creative nursing Practice.

These resolute nurses and midwives are not abstruse beings. They are as human as their peers are. However their expressed motivation and inclination towards creativity in their Practice and their professionalism, towards wanting to go that bit further, do that bit more, extend their ability to care and support beyond the ordinary, and the impediments, presents them as remarkable. What is it about them that makes them want to do this? What is it about creativity that enables this to happen? How does it happen? How can it happen for all other nurses and midwives? Again, more critical questions that must be addressed for the distinguishing of nursing's and midwifery's integrity.

7.9.3 Creativity And The Thinking Self

The foundations of nursing and midwifery practice are obviously those individuals who comprise them, nurses and midwives. Yet their obviousness is too frequently negated or unacknowledged. Nurses and midwives have over history been conveniently 'boxed under their titles', and made anonymous in terms of what they

individually and personally bring to their practice. As an example of this, despite more than twenty years of university education, the title 'Sister' continues as a relic of the religious orders of the past from which nurses were called to practise humbly and obscurely. Not even the influences of feminism and post-modernism for example, have changed this.

The dearth of research that exists regarding nurses and midwives as individuals confirms the acceptance of, or simply lack of thought about, their anonymity. This continues despite literature that now insists that midwives in particular should endow their women-centredness through their personalities and characteristics, not their titles or roles. Bryar (1995, p. 2) is quite explicit that, to "be a midwife is to use the self, the person who is the midwife" and this "identification of the self [is] of central importance in midwifery". Bryar (1995, p. 2) claims that this is one of the features that differentiates midwifery from nursing; the latter has for too long been "concerned with conformity and suppression of the individual".

The individuals involved in the research for this thesis have been blatant about the impact of the Thinking Self on Practice, and Professionalism, and its exigency within the System. Both midwives and nurses have clearly acknowledged their love for their work and how important therefore job satisfaction is to them despite the effects of the System. The relationship between job satisfaction and creativity is quite striking and mutually reciprocal. They each invigorate the other to more than a mere coincidental effect. Given the challenging reality of their current working environments, this reciprocal relationship presents as a significant incentive that is worth protecting and nurturing for the advantage of everyone involved.

The context of the Thinking Self necessarily involves development. Both nurses and midwives must advance their knowledge and prowess in their disciplines as well as their Practice, to ensure their readiness to progress through the new millennium with fortitude and vigour not continued ambivalence. They have clearly identified the impact of creative thinking on provoking their motivation for development and their ability to move through change as an imperative for progress not a grim peril. This gives them as individuals, a sense of empowerment to believe in themselves more and their ability to aspire to much more. Theirs is not a situation of 'vacuum of

practice' as has been promulgated over history where selfless nurses tended to the sick and needy in acts of humility under militaristic type circumstances.

The overarching distinction for the consequence and worth of the Thinking Self was recognised to be creative thinking. From the emancipation of creative thinking and lateral thinking came the freedom to think for oneself and accordingly boost one's self-esteem and self-belief. The chance to express oneself in Practice was affirmed as a vital part of the whole experience of being creative, of being a singular individual with something distinctive to bring to their role that no one else could. Just being able to be themselves was in itself an act of satisfying freedom that naturally enabled creativity to flow.

The power the nurses and midwives in this research have vested in creative thinking is quite extraordinary. It is seen as the means by which all the afflictions of their Practice and the System under which they function, can be intellectually and then pragmatically apprehended. Yet again critical questions arise out of this, demanding address. How can nurses and midwives come to appreciate the consequences of freeing themselves up to 'be themselves' in their work? How can creative thinking become an asset for all nurses and midwives towards creative practice? How can creative thinking be valued and supported in Practice and within the System? Apart from lateral thinking, what is creative thinking really all about?

7.10 Creativity In Midwifery And Nursing – More Insight But More Questions

Having come this far much has been revealed, but much remains unexplored or unknown. Given the genius both nurses and midwives in this study bestowed upon creativity (and creative thinking), it was imperative to pursue a greater explanation of both of them. The numerous questions arising out of the phenomenological analysis deserved consideration beyond mention. As well the findings of the quantitative analysis indicated that a valuable treasure of creativity does exist within both midwives and nurses and this must be distinguished and celebrated. If both

professions are going to excel in their own right, within a challenging health system, and within a society that still holds misconceptions about both of them, all their creative talents need to be exploited to their optimum.

The possibility of a theory of creativity to emerge from the depth of human experience and perception revealed through the quantitative and phenomenological enquiries inspired the decision to follow on with a Grounded Theory inquiry. The aim was to pursue further analysis towards actually explaining the dynamics and processes of creativity in nursing and midwifery. This would enable the generation of a substantive middle-range theory that could explain creativity in nursing and midwifery (Wilson and Hutchinson 1991).

7.11 The Grounded Theory Journey

This has not been a typical grounded theory journey. However as an eclectic study and one exploring creativity, the process should have been expected to be typical. The intention has not been to 'break rules' (whatever they may be) in the research process, but to explore creativity creatively and diversely. Hutchinson (1993, pp. 180, 181) warned that while "research methodology is not a haphazard bag of tricks" it is vital to "shed dogmatic beliefs in order to perceive reality more clearly".

If research is to be truly driven by the questions and curiosity that stimulate it, the journey undertaken in the discovery process will be responsive to those questions not to the researcher's comfort or bias with a particular approach and methodology. This requires courage and conviction on behalf of the researcher to follow a coherent but possibly variant path towards the achievement of valuable and meaningful findings for professional practice.

There has not been any tension nor has there been compromise, between the methodologies utilised. The overall journey has been evolutionary, harmonious and

insightful and most importantly transcending of any doctrinal and/or territorial controversies about research and knowledge development.

7.11.1 Grounded Theory Analysis And Interpretation – Some Thoughts And Issues

The decision as to which process of analysis to use, as discussed earlier, was influenced by the reality of the inquiry itself. The grounded theory inquiry followed two other different methodologies and as such necessitated careful consideration so that the essence of creativity and the resultant data did not end up being completely degenerated. The "point of theory generation is to offer a new perspective on a given situation and good and useful ways of looking at a certain world" according to Hutchinson (1993, p. 190). The reality of this analysis and subsequent theory generation is as Hutchinson (1993, p.190) recognised, that it is "highly unlikely that two people would generate the same theory". However replicability has not been the aim. Discovery, illumination and exploration of creativity in terms of those who contributed towards an understanding of their respective professions, remained the ultimate goal in the research for this thesis.

In this final section of the research the focus was now on explaining the processes at work surrounding creativity, having already explored individuals' self-perceptions and their experiences of it. The analysis began immediately with the commencement of interviews (as explained in Chapter Five). This has been a dynamic process involving constant comparison of the data, looking for patterns and using "rigorous analytical thinking" to discover the core variable that is essential for the generation of a quality theory (Hutchinson 1993, p. 192).

In reading, re-reading and searching the data, the following questions from Hutchinson (1993, p. 200) and, Morse and Bottoroff (1992, p. 321) were applied to enhance the theory generation process:

What is going on in the data?

What are these data a study of?

What is significant?

In addition memoing was used as a means of spontaneously recording ideas, insights and possible connections along the way. This also enabled conceptualisation processing to occur from the beginning and at the same time acted as an audit trail for the researcher for this thesis and the analysis.

Thirteen interviews were conducted with consenting participants (7 midwives and 6 nurses) from the original group involved in the quantitative and phenomenology aspects of the research. These individuals had previously indicated their interest in being interviewed and were drawn at random for involvement by one of the supervisors for this thesis. They crossed all levels of practice and came from urban and rural regions. No specific number for interviewing had been pre-determined. The intention was to continue interviews until saturation of data was achieved. Hutchinson explains saturation as "completeness of all levels of codes when no new conceptual information is available to indicate new codes or the expansion of existing ones" (1993, p. 204). At this point repeated checking and questioning of the analysis and data confirmed the achievement of "a sense of closure" (Hutchinson 1993, p. 205).

7.11.2 Into The Picture - Coding

The three levels of coding and process advised by Hutchinson (1993) have been used in working through the data. To achieve them the interview transcripts were coded line by line to determine Level 1 Substantive Codes first, followed by Level 2 Categories secondly and then Level 3 Theoretical Codes finally (and they have accordingly been discussed in that order). Overarching this is the search for the Core Variable that became the basis for theory generation. All the codes were "inextricably related to the core variable" (Hutchinson 1993, p. 193).

Throughout the discussion of the findings, participants' varied responses have been used to illustrate their perspectives and relate them to the coding that has been undertaken. Pseudonyms have been applied to each participant to ensure they are not identified. These pseudonyms have no correlation whatsoever with the real name, title or any other identifying factor of the participant. Where necessary

wording has been relieved to ensure the same anonymity, but without any alteration to meaning or context.

7.11.3 The Core Variable – Creative Thinking

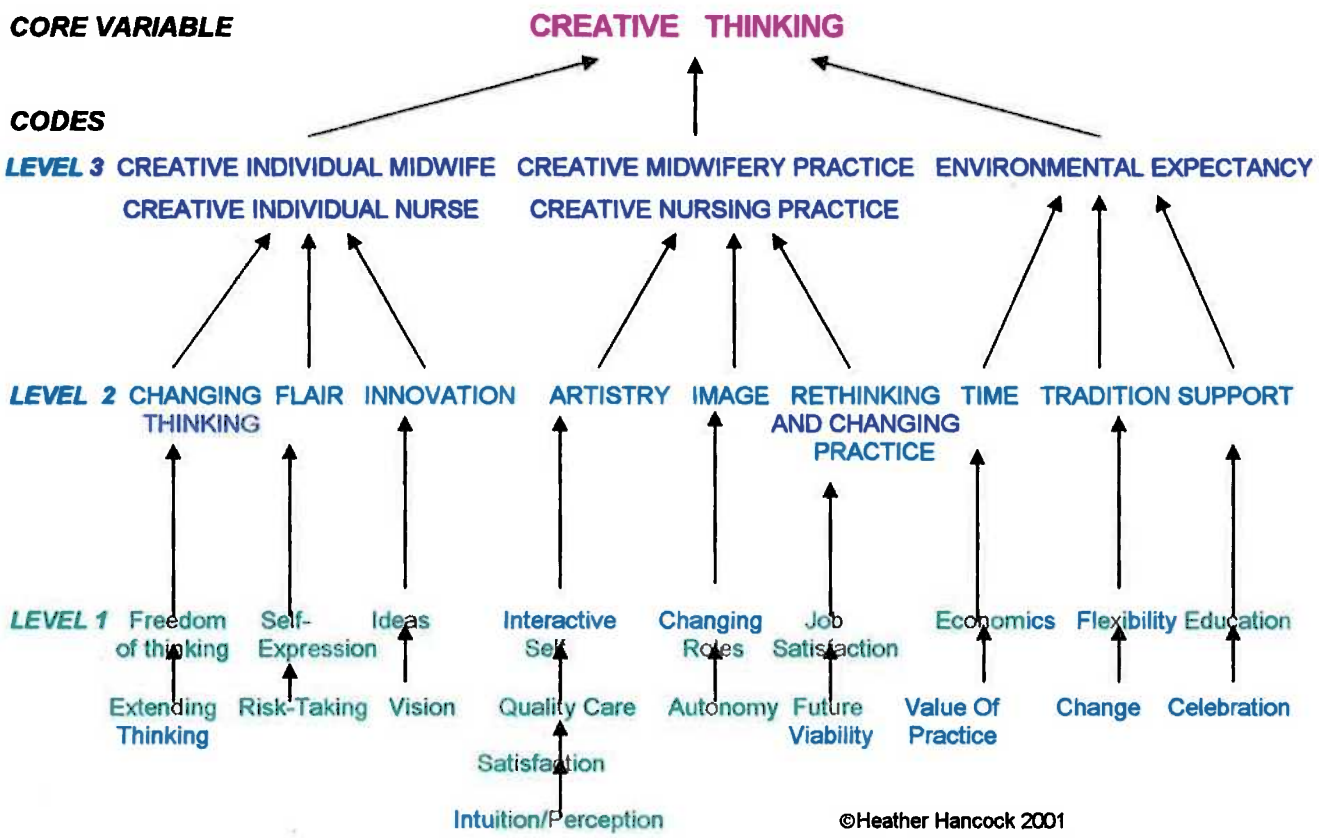
The core variable was clearly identified to be *Creative Thinking*. Each participant spoke at length and unequivocally about the need for and significance advantages of, creative thinking; its critical meaningfulness continued to ring through. Their adamacy regarding creative thinking extended through every other aspect or issue they discussed about creativity in nursing and midwifery, and in themselves as nurses or midwives. Figure 4 indicates the relationship between the core variable and the other levels of codes in a conceptual framework for understanding the creativity links and influences in nursing and midwifery.

As the core variable, creative thinking satisfies the essential characteristics identified by Hutchinson (1993) and discussed in Chapter Five. Creative thinking recurs frequently in the data and links all of the data together, as well as explaining much of the variation in the data. Creative thinking provides clear implications for a general theory linking it through development and practice to enlarge on its detail. Creative thinking also allows maximum variation in the analysis.

FIGURE 4

Relationship Between Core Variable And Levels Of Codes Forming

A Conceptual Framework For Understanding Creativity In Nursing and Midwifery



Among the participants' many specific thoughts on creative thinking (in addition to those linked to various other aspects) were the following:

- [Students need] to start to think creatively from the time they enter nursing.

- We have to stop what we are doing [in reflective practice] and think about how we could do it differently ... It's a mind set.

- Creativity is just part of that coming up with answers when you haven't got something black and white to start up with ... that's a different way of thinking about nursing.

- Creativity to me is about thinking skills ... it's actually about that whole thing like creative tension, like being able to be challenged intellectually and think more broadly than the square. It's having a licence to go beyond the normal parameters and really explore and just think differently ... And we know full well that the world would be a better place and our organisation would be a better place if we gave them the opportunity to think more laterally and more creatively.

- ... it is a willingness to look at things outside the norm. To think there are other influences, other ways to explain something. You need to explore these.

- It is actually allowing yourself to think outside the square. To not be bound by what you think is right ... it is actually allowing the taking the reins off enough to allow free flow of thoughts so that you can actually let ideas come in.

- The profession has tried to take [changing thinking] on board to some extent with reflection but this way of thinking about the world is seen by some as academic and others as dubious. Whereas it would be good to build it in as one other way of thinking so it leads to other ways of thinking about things which is what creation is all about.

- [Creativity is about] lateral thinking ... and creative ways of solving problems.

- [We need] a change in thinking ... coming up with creative thought and putting it into a project form, seeing it through and being able to evaluate it.

The interviewees gave emphasis to the impetus and provocation of creative thinking. It offered so much more than current ways of thinking (notably reflection) in nursing or midwifery. They spoke of what could be, compared to what was happening now, in nursing and midwifery, and how important and necessary a change in thinking to creative thinking was. There was a sense that things were at a kind of intellectual stand still, with going back through reflective thinking for example, not taking them anywhere. There were individuals who could think creatively but they were not prolific nor were they easily always accepted, despite the merit of what they could offer for change and innovation.

There were no reservations by any of the interviewees about seeing creative thinking as entirely appropriate, valuable and generative of diversely rich assets for nursing and midwifery practice. In recognising the inadequacies of current ways of thinking in nursing and midwifery, participants stressed the importance of both professions needing to embrace change and creative thinking. If nursing and midwifery are to remain intact, retain their integrity and masterfully control their destiny, they must have creative intellectual and political acumen to do that. The repercussions of this would flow through to patients and women and their families for high quality distinctive care, as well as to society to dispel once and for all the misguided images and stereotypes it holds of both professional groups.

Creative thinking was influenced and featured by three Level 3 Theoretical Codes, the *Creative Individual Midwife* or the *Creative Individual Nurse*, *Creative Midwifery Practice* or *Creative Nursing Practice*, and *Environmental Expectancy.* These three codes were strongly evident in the interviewees' discussions and acknowledged as interactive and inter-related, and highly important for the whole context of creativity in midwifery and nursing.

7.11.4 Level 3 Theoretical codes – The Creative Individual Midwife/ The Creative Individual Nurse

The *Creative Individual Midwife* or the *Creative Individual Nurse* was acknowledged as the optimum means by which creativity could be translated into creative practice. Being able to operate at a level of individuality as a creative person not a role could induce the best of a person's creative potential as they could be themselves. The *Creative Individual Midwife* or the *Creative Individual Nurse* was an individual with charisma, someone who made a difference, was prepared to think beyond the boundaries of routine practice and the ordinary, and bring more to their practice than standardisation of care. They present themselves as an individual who was clearly and valuably distinguishable from others because of their creativity.

Both midwifery and nursing were seen to be at a time in their development where they had come so far (albeit still enmeshed in some relics of rigidity and redundancy) but needed now to really drive vigorously into the future. Perennially both groups have been viewed as mere service providers not key stakeholders in the health system. What the future does not need is more nurses who are good at doing their nursing job and more midwives who are good at doing their midwifery job. Not even the advent of university education seems to have really changed the concept of the nurse as fundamentally no more than a prescribed skills base predicated on limited designated learning experiences (typically acute care, gerontics/supportive care, some sparse community health and maybe mental health or some other nursing speciality) and supplemented by knowledge that indicates the nurse knows what to do, how to do it and why they are doing it. While many would argue this is not so, the perpetual reality of nursing shows blatantly that desocialisation of new graduates means that they succumb to the forces of unchanging sameness and the past perpetuates efficiently.

Essentially the nurse remains a 'doing person'. Notions of nurses as purveyors of creative thinking, entrepreneurialism, innovation and the like are either far-fetched or sublime, sadly. And the interviewees affirmed their disappointment with this reality. One in particular, Muriel, a nurse, spoke at length of the infuriating reality of a

system that demoralises those who want to be different, even those who are simply new and fresh with ideas and enthusiasm:

> What you find is the system in which you are working is very socialising and so the most shining examples of creativity that you will see will tend to be from new chums. People who've just joined your organisation and haven't been locked into a particular way of being. In other words we 'bash' them into a particular way of reacting and we do that to ourselves to a certain extent. And once you develop a particular mental model around how you function in the organisation, it becomes second nature. Part of the problem is to try and break that down for yourself and others ... The issue is that the system isn't there to allow [creativity] to flourish, to encourage people to feel as though they can really work with it. We just beat people into submission and just make sure they work according to the system ... I'm not being brutal I'm only saying the reality is that people have to submit or if they don't they find it difficult to live in the system - that's bloody sad isn't it.
>
> Muriel

The radical honesty of this interviewee actually reiterates the concerns and anguish of the other participants in the research for this thesis, for the nurses and midwives who are doomed to a system that can be so unforgiving of its constituents and apparently unable to, or not wanting to, see how much damage it is doing to itself. It is almost as though too many nurses and midwives dislike themselves and their roles. As a response they engage in subtle or even overt campaigns of vilification and despotism, verbal, physical, emotional, whatever, to either ensure others will suffer as they have or because their extreme insecurity surrounding change and innovation for example, drives them.

There are creative nurses and midwives but they are clearly at risk of early extinction. The issue is how to nurture and protect them; how to break the self-desolation cycle, how to enable all nurses and midwives to actually esteem themselves and their peers to function without threat or intimidation; how to enable all nurses and midwives to realise their own creative potential, value it and make the most of it. In addition nurses and midwives must be able to regard themselves as distinct individuals not as numbers, titles, position descriptions, commodities, service items, or whatever. Until the regrettable relics of their roles are eradicated they are constrained to being obscure players in the system at best, or demoralised to the point of abandonment at worst. There are other significant issues that come into play as well which have been addressed within the other Theoretical Codes.

The *Creative Individual Midwife* or the *Creative Individual Nurse* can be innovative, display flair and change and diversify their thinking as times and contexts demand. It is important for them and their worth as human beings to be able to do that. It is essential for their profession and for women and patients and their families for them to be able to do so. But this must be an experience common to all nurses and midwives not an obscure few. Doris a midwife described the creative experience as follows:

> If I wasn't allowed to be creative in my position I have now (compared to where I was) it wouldn't be worth going to work. If I had to follow rigid rules and regulations for everything I said and did like a robot, I may as well not be there. Because for me that goes hand in hand with the job, of treating both the client and myself as an individual, and being acknowledged that I have my own brain and ideas and being allowed to develop them. Obviously within a professional guideline [sic] there's a particular way of presenting myself that's expected within the institution but just being able to be yourself is important ... [Being] creative does not matter if it is not perfect as long as there is an expression of yourself and there is an interest there.
>
> Doris

Elsie a nurse, aptly referred to it in the following way:

> Creativity is important to me ... It's part of that thing that projects the nurse for what [they are] ...
>
> Elsie

Creativity presents as the kind of reformation that all nurses and midwives need to really extricate themselves from their history and its present encumbrances to be creative individuals practising nursing or midwifery.

7.11.5 Level 3 Theoretical Codes – Creative Nursing Practice/ Creative Midwifery Practice

From the creative individual can come *Creative Nursing Practice* or *Creative Midwifery Practice*. This is the acumen, style and versatility that marks the individual's creativity as they express it in their practice, beyond tasks, routine and stereotypes. Not only does the notion of individuality of nurses and midwives need to change, but also the very substance of what they do and how they do it must change as well. It could be argued that this is a necessary evolutionary change and it may well be, but this must be more than gimmicky and superficial. The contradiction of the nurse's role especially is that even with three years of university

education the nurse's status remains that of helper or carer. That is not to denigrate the words but what incentive exists to potential applicants for example to see themselves in positions of excitement, engaging in daring activities, determining new directions, inspiring those in situations of demand and the like.

More so the social and political consequences of health and illness has changed quite markedly but nursing seems to have remained impervious to this with a continuum of graduates who placate the system and meet the needs of institutions not the individuals they have been educated to provide excellence to. While education has endeavoured to give recognition to the nursing award received beyond that of the original hospital certificate, the essence of what the practice is all about seems not to have changed much over time. If it had the urgent cry for a rethinking of practice now would not be occurring. Prosaic routine, mundane work and uncompromising standards persist as tainting stereotypes for nurses and midwives.

The image of nursing and midwifery, and the notion of what it is that nurses and midwives do, are thoroughly intertwined. Rethinking practice is not simply about saying what should nurses or midwives do, it is also about saying what they should not do; either because it should not be done at all or because someone else could do it because it is not inherently nursing or midwifery. The difficulty here for nursing is its absence of definition.

For midwives it is the need for a thorough review of their defined roles and this is beginning to happen, but very slowly. Creative thinking and creative practice are not the driving forces here however. It is sheer economic rationalism. While they are not key players in the health system armed with a repertoire of creative political and intellectual impetus, midwives will be subsumed under institutional and fiscal needs as well, unless they start to direct the action and not receive it. Likewise for nurses who need to be very aware of the subtle maybe sinister changes to their roles that 'assistants' have brought, both good and bad, but economically driven.

One of the rural nurses, Arthur, considered the 'time warp' effect in nursing that had been recognised in the phenomenology findings of the research for this thesis:

> We are still stuck in a nineteen sixties style and historic ways of thinking which have not kept pace with community thinking and with technology and so on. I find it really frustrating ... [we] have to change the current style of nursing from a curative form in hospitals to a preventative form ... We have to change the style of hospitals. Nurses have to understand these new challenges of moving into the new millennium and how things will eventually be. That health and health care in whatever form is dynamic and never static. People like to keep things static because it is comfortable. Nursing has not been at all dynamic ... It's hard to get nurses to think beyond the immediacy of their role and look to interaction and engagement not just tasks, to change routine. It has taken a long time to achieve routine changes ... The challenge is to allow the creativity to come through.
>
> Arthur

Gloria, a midwife, added to this by emphasising the intellectual prowess that needed to accompany midwifery practice so that it was not just a set of tasks:

> It's about forging new horizons, creating new things, thinking for yourself and achieving something for yourself ... Sometimes I can get blasé, lay back in my role, but I'm here for women, helping them to feel they matter and they want that. That's what I came here for ... Personally and professionally your credibility is on the line, you have to stand up for what you believe in ... It is very frustrating if you can not be creative. What else is there? What now? What is the next step, the next move? Stay there and never change, have no creativity or you have to grab the opportunity ... we need more flexibility and more valuing of each other so it can happen for everyone not just a few who dare.
>
> Gloria

For both Gloria and Arthur there is a real sense of what is possible in nursing and midwifery practice if even a little creative thinking were universally sanctioned and invested. The issue though is that this is no longer a luxury if nursing and midwifery are to claim their rightful, equitable status in the health system. This is also about the bigger issues of nurses and midwives as stockbrokers of their respective professions. At a practice level this means being entrepreneurial and determined as Dorothy, a nurse emphasised:

> The profession needs [creativity] for its own survival as a profession. It is needed everywhere from management through to the wards everywhere ... We have to be able to look beyond where we are now and create another market because our market has been undermined...I think nursing practice has got to change we are too routine orientated. We have to stop what we are doing and think about how we could do it differently, more efficiently.
>
> Dorothy

Creative Nursing Practice and *Creative Midwifery Practice* are about artistry, image and, rethinking and changing mythical and ritualistic practice. The important gains will be widespread across the whole context of quality health and health care, work

satisfaction and a future orientation for nurses and midwives that really takes them out of the time warp and into an exciting, creative future not one that is a continual re-creation of the past.

7.11.6 Level 3 Theoretical Codes – Environmental Expectancy

Environmental Expectancy surrounds creativity in both a material sense as well as a cognitive sense. Environment refers to not only the physical structures that nurses and midwives work in, but also the elements that subterfuge within it; budgets, resources, staffing, tradition, and support in particular. The expectancy that the environment conveys and fosters greatly influences creative thinking and creative practice to either advantage it or to disadvantage it. Dorothy, a nurse, identified some of her concerns with the nursing environment:

> Strict management, lack of resources being human power and money ... an environment that's like a square box ... and the impact of technology whether that will stifle creativity or enhance it.
>
> Dorothy

For Bertha, a nurse, the issues were related to fiscal manoeuvres that always seemed to target nurses when budget deficits loomed:

> The environment plays a big part in it. Just the hospital situation, staffing numbers are such that people can do little more than provide basic care. Custodial care almost these poor patients are put in, look after them as custodians, you haven't got time or money to do anything else ... Our most pressing, pressing problem is staffing levels, I'm afraid. Staff cuts they've been happening for a long time but I always cringe now when I read that 'we are going to closely monitor the situation'. I've seen situations 'closely monitored' for about twenty-five years now in some cases. But I don't see any intervention ... I know it comes down to the cold hard facts of money. But then the money can always be found. Money can be found for amazing things. Although it can never be found for nurses' wages though.
>
> Bertha

Bertha's concerns as others recognise the struggle nursing and also midwifery have with justifying their value, economic and otherwise. Muriel elaborated on this impotence of the valuing of nurses and midwives, and also described how obstinate the effects of tradition have been on the environment and how jointly they work to debase the contribution of nurses and midwives to the health care system:

> Because of how most of our professional work is, the resources we give to it are based on the physical performance of something. We don't value the knowledge; we

> don't even value the role of the nurse or midwife in terms of their health care coordination. There's a whole heap of stuff about nursing and midwifery that we don't value. So we only value those things that have a high priority from others' points of view, not necessarily from the client's point of view or the nurse's or midwife's point of view ... [and] organisations, bureaucracies traditionally have been like the military in the sense that they prescribe behaviours and it's very paternalistic. It's a major problem ... and the power relationships which exist in that system are only just being challenged and they are strongly supported by the state ... It's not just a local thing ... it is the way in which the state reinforces those expectations through such things as financing for Medicare ... who can write prescriptions and so on. It is dictating a particular form of power brokerage and power relations that we are respondent to ... It's a huge power base but I think that's going to be changed in the future.
>
> Muriel

Dawn, a midwife, reiterates on the physical and antisocial demands of nursing and midwifery but at the same time insists that the history of censure must be replaced with a focus on celebration to uplift nurses and midwives and acknowledge their value:

> The other thing, which I think is quite a burden for nurses, is the increase in acuity and the decrease in average length of stay, talking about acute hospitals here. The demands made on nurses and midwives are a lot higher and persistent. It's difficult for them to be able to provide care that is satisfying and it's physically very hard. The hours of nursing and midwifery can be very antisocial ... and that's the business of nursing and midwifery ... I do believe nurses and midwives need the climate in which to be able to achieve [creativity]. They need acknowledgment of what they are doing, and validation of what they are doing. And that's another thing we are not very good at doing. We are not very good at singing our own praises and I'm not sure how we can do that better, because they say they are 'just a nurse' ... We focus too much on the negativity and leave the positives to be unseen and unheard.
>
> Dawn

The invisibility of nurses and midwives means that they are subsumed under the medical model at political and economic levels and as such are really still handmaidens to the system, which uses them as disposables not essentials. Given a tradition of subservience and humility there is an urgent need to invoke nurses' and midwives' faith in themselves and their integrity as creative and intelligent professionals, not accessories. Appreciative environments are vital but they are not predominant. Lily identifies how important leadership is in nurturing creativity at work:

> ... It's great to have a creative boss ... if you have a working environment where democracy is encouraged and ideas are debated then I think that is really good [for creativity]. I don't think there is democracy everywhere.
>
> Lily

The potential does exist, but it needs to be able to intensify so that creativity is common to all environments and not regarded as an eccentricity.

7.11.7 Level 2 Categories – Changing Thinking, Flair and Innovation

Becoming a creative individual nurse or creative individual midwife involves *Changing Thinking*. The participants were unanimous in their belief that current ways of thinking in nursing and midwifery were not getting the professions anywhere. Until individual thinking changed nothing else would. Individual thinking would not change while the environment was sanctioned to inhibit it, and while many nurses and midwives worked to resist it. Caught up in this as well is time as Hilda explained:

> I think one thing with creativity is you do have to have enough thinking time. You do have to be able to at least allow thoughts to flow. Creativity is thought process and how you apply it ... creative activity is thinking activity ... It would be lovely if you could change thinking. The profession has tried to take it on board to some extent with reflection but this way of thinking about the world is seen by some as academic and others as dubious. Whereas it would be good to build it in as one other way of thinking so it leads to other ways of thinking about things which is what creation is all about.
>
> Hilda

The plea to change thinking was made in acknowledgment of the fact that there are creative thinkers around, albeit not in the majority. The only way for a relentlessly unchanging system to be changed is to enable freedom of thinking to be expected not deviant and to challenge and extend the thinking of all nurses and midwives beyond where they are. The pool of creative talent for nursing and midwifery then becomes as big as the professions themselves. Nothing is taking the professions anywhere at the moment as they seem to be literally treading water within the system albeit as they look and think back to seemingly take them forwards. Evelyn recognised the compromised circumstances creative thinking midwives are currently under:

> We've been so regimented but we've got so many free thinkers we've got to tap into. They fit within the constraints of the system but they are pushing the boundaries.
>
> Evelyn

There is an uncomfortable paradox here though. Decades of oppression have meant that simply allowing nurses and midwives to think freely, for themselves, challenging their thinking and extending it beyond more than the current limited modality will

most likely result in resistance, fear, suspicion, or anything but creative thinking unfortunately. Muriel spoke at length of this artefact of self-serving antagonism:

> ... until people actually know how to free their mind and know how to actually think beyond their normal frame of reference tied to reflection you might have difficulty expecting them to actually be creative ... the moment you do that people will be very suspicious - what are your agendas, why are you doing this, why are you encouraging us to think differently and have licence to actually think in the way we want? That's not what management should do, they should give us the answers and let us get on with it.
>
> Muriel

For those who genuinely want to encourage a change in thinking, it is going to be very challenging to ensure genuine motives are clear above dismal cynicism.

The concept of *Flair* came through either directly or indirectly in all of the interviews. This was what distinguished the individual creative nurse or midwife from all of their peers. Flair represented the attitude of distinction and self-integrity, the stamina and versatility, and the style the individual nurse or midwife brought to their role and practice. For Doris this meant, as a midwife:

> ... drawing from all areas, all facets, all options, all ideas to allow the particular client to develop in their own way ...
>
> Doris

Dorothy spoke of the "buoyancy and flamboyancy" of some midwives she had worked with as well as the need for leaders to have flair or appreciate it:

> I don't think everyone has got it - and that's where the leaders come in - the leaders with flair can encourage the ones that don't have that bent to do it, so that they can learn how to do it. So that they can at all times look beyond their role to be a bit more creative.
>
> Dorothy

For Arthur, flair and artistry were inter-related in terms of the individual's capacity to rise above present difficulties and achieve artistry in their role:

> ... flair is how artistry is offered, how it comes through. It's the way they manage and handle their own stresses in any particular situation. They don't panic, can get it all together, go about it and get on and do it.
>
> Arthur

Gloria also saw flair and artistry as inter-related in a different but no less important way:

> I am a good midwife and I do what I am doing well. That's what flair is. Definitely, it's about the way you interact with women, your personality, your style.
>
> Gloria

Mavis spoke of the need for midwives to have flair in a very dynamic sense:

> We need to be avant-guard ... we have got to be highly visible and highly vocal ... [We] need midwives to be masterful in their performance.
>
> Mavis

The whole notion of flair is seemingly contrary to the traditional requisites of modesty and reticence for example which typified the best kind of serving nurse or midwife. Flamboyance in particular would have been seen to be debauchee in the past and unfortunately even now in too many environments. Such divertissement belonged anywhere but in hospitals it would seem.

If changing thinking and flair were combined and encouraged, innovation would be the natural and winning outcome; winning for patients and women, the system, and nurses and midwives. Elsie described innovations that had been possible in her environment because staff had been able to on an ongoing basis brainstorm thoughts and ideas for devising new equipment, new roles for staff, new information processes, and new patient services:

> ... we have even set up a group of those people who are keen to try out new things and be innovative and we meet monthly. Originally it was weekly but we have been busy so it has been monthly but it is still good.
>
> Elsie

Dorothy shared her pleasure in achieving effective relationships with medical staff; "you had to be very creative and innovative [to get] a good outcome in the end". Josephine shared her thoughts on being innovative with children to remove their fear, reassure them and always be prepared to do something different to entertain and distract them while they were in hospital. For Dawn, innovation was about "nurses finding creative solutions" to the financial and reducing resources pressures of work. None of the participants saw either nursing or midwifery as impossible environments for innovation. On the contrary they lamented the huge potential for innovation that lay dormant; unrecognised by those nurses and midwives who simply want to do their job and no more; exasperated for those who could see the exciting

possibilities but were thwarted in non-creative environments; but for a few nurses and midwives this potential was exploited to achieve something different or new.

7.11.8 Level 2 Categories – Artistry, Image, Rethinking And Changing Practice

Creative nursing or creative midwifery practice was most explicitly about *Artistry, Image* (that of midwives and nurses) and the flow-on from that, *Rethinking and Changing Practice* according to all of the interviewees. While nurses and midwives may express that artistry differently because of their different roles and interactions, and different models of practice, they were artists in their creative expressions of their practice. Elsie, Doris, Dawn, Hilda, Evelyn, Arthur and Dorothy each described artistry in the following respective ways:

> If we want to be creative it is, as artists create, sculptors create, so nursing creates. It's an expression of the craft ... That's about creating an art form, a quality form of care that's the best for each patient.
>
> Elsie

> I have always viewed midwifery as much more of a creative art than necessarily just a straightforward physiological process ... midwifery is an art form and the midwife is an artist, I am a professional in all senses of the word.
>
> Doris

> ... it's getting back to that way of thinking and I think that distinguishes art from science. It's looking outside the bounds ... [Nursing] can be an art form not just an art, supported by science and evidence, just as artists use other artists to study art and form, light and dark, shade and so on.
>
> Dawn

> ... artistry in the pure sense to actually conceptualise practice ... art is bringing together the most extraordinary amount of information and interactions, using yourself as actually part of what happens to a person.
>
> Hilda

> It's very abstract. You can't grab hold of it. If you think of art in paintings it's very tangible, however the same principles apply. Painting on a bit of canvas is technical, making a piece of art is the quality we are talking about, and applying that in our practice ...
>
> Evelyn

> I see artistry as being through flair, and a nature and beauty of artistry some do have and some don't. And those who are good at the artistry are very good nurses. Those who are good at artistry are good leaders and part of it is themselves, how they divest themselves. For those who don't have it is where you see morale down.
>
> Arthur

> ... artistry - it's like a palette, you're creating a picture, a story, a collage. Maybe it's a group of people with creative ideas and these ideas rub off on to other people so that there's an art form from some of them.
>
> Dorothy

These descriptions of artistry are at the same time grounded in the reality and dynamics of practice, whilst being acknowledged as having very incorporeal but significant effects. Participants spoke of the nurse or midwife whose nature and impact on each separate patient or woman exudes an artistic effect of uniqueness and fit, and of rapport and meaning. There was both a kind of charisma and grace in the artistic nurse or midwife. They transcended the mundane and routine in exchange for a mindset and commitment that stimulated them to make a difference, to see the beauty of their practice and experience the fulfilment of satisfying, even inspiring patients and women to achieve the optimum for them. For these individuals being a nurse or a midwife was not about doing a job, it was determinedly about aspiring to the very best and possibly unsurpassed care and practice they could present in their endeavours to be artistic and creative in their roles.

The whole context of *Image* struck a very emotive cord with all of the interviewees. It was deemed an urgent necessity to address that persisted to blight both professions. While society continued to misunderstand their roles, believe in either television stereotypes or the old adage of the doctor's handmaiden, and view them as only sub-professionals, nurses and midwives had a real battle on their hands to come anywhere near the level of status and esteem that was granted to the medical profession. Along with this was the difficulty of attracting people to become nurses or midwives when they could do far better, earn more money, gain more prestige and have more liberty and facility for achievement in many other professions. The greater provocation then was enabling society, the health system and nurses and midwives themselves to believe in the creative capacity and potential of both professions. This will continue to dog nursing and midwifery in their efforts to reach the acclaim that they might aspire to. The thoughts of Bertha provide an indication of her direct encounter with university students' views of nursing during her university studies in a non-nursing discipline:

> Again I don't have a lot of answers but I guess the problems I see have been around for awhile and that is the problems of nursing being conceived as a worthwhile career ... I've just recently finished [a non-nursing degree]. One of the best things I have done ... The two things that opened my eyes were, that first of all there were quite a

> few nurses doing it and first and foremost they were doing it to get out of nursing. They were experienced talented nice people who were at that burnout level and wanting to get out of nursing. Then there were the people in my tut groups, people who hadn't a lot to do with nursing. Some of them were doing a [degree] straight from school. It surprised me quite a bit they thought nursing was a joke. It was the last thing they would contemplate doing ... So I was flat out trying to be an ambassador for nursing ... I think there are a lot of nurses who are battle-fatigued and want to get out, and there's a lot of people who don't want to get in. Their perception is so poor ... that nurses are the least well educated people in the health system.
>
> Bertha

Bertha's feelings are not extreme, sadly. Yet there are many in nursing who would counter this by saying that nursing does not need people like that in it. This kind of self-preserving narcissism will bring the profession down not resurrect it, which is what it badly needs.

Dawn expressed her dismay with both the public's perception of nursing as well as the profession's own self-denigration:

> Too many people nowadays look upon nursing as a chore, and as a lower grade job and barely a profession and I resent that and I don't think it is right ... The other challenge is of course to become better accepted as a profession. That it is not dead and I believe going down the track to find evidence for what we do is important ... We are the ones at fault there, we don't value our work and title. So that's part of the challenge ... they say they are 'just' a nurse. That very word devalues the whole professionalism of nursing assessment and judgement and caring. It is a real put down and it is quite dismaying. We have to change the image and project that ... We are a much-liked profession despite the poor image.
>
> Dawn

Evelyn considered the same poor image that nurses and midwives conveyed of themselves as well, lamenting as others that while both professions persisted in deprecating themselves they were fated to living out those images without any hope of change let alone images of creativity:

> It's the people who feel they are only 'just' nurses and all they do is empty bedpans, and the midwife only does what the doctor says. It's people with that restrictive controlling view based in fear ... But we are our own worst enemies and that won't change in the future either.
>
> Evelyn

The need to urgently review and change roles in nursing and midwifery has been mentioned already but it is at the very crux of the image dilemma for nursing and midwifery, and the challenge of being creative in practice as a fundamental not a luxury. While they are seen as nice but nonchalant, and trustworthy but not

substantial in terms of power and standing in the health system and in society, nursing and midwifery will never be considered as anything different. The very essence of what they do, how they do it and why they do it must be comprehensively re-examined. Concurrently the whole notion and experience of what it means to be a nursing or midwifery student and where that education is going to take them, and why, must be completely re-conceptualised.

The clear flow on from *Artistry* and *Image* to *Rethinking And Changing Practice* as imperatives was unanimous with the interviewees. As indicated above, they are heavily intertwined. As their image of themselves and their practice remains dubious or even demeaning, nurses and midwives will find it difficult to attain self-satisfaction and be motivated in their work, let alone be creative. The creativity - job satisfaction - motivation relationship is a crucial one for nurses and midwives given the difficult times they face, but also given the tremendous potential their future holds. They need to be able to rethink and take hold of their practice as a strong entity now so that the future presents as an opportunity for creative achievement not further undermining.

There must be much more to nursing and midwifery than as they are presently conducted and appreciated. That is about being creative and about being political according to Muriel:

> But there are heaps of opportunities out there and we can start moving away from the traditional models but it is a matter of whether we are politically astute enough to do that. And whether we can put up to the front of that the things that are really important to the nurse and the patient [and the midwife and women] and everyone else in fact who uses the nursing [or midwifery] service. Being creative is not necessarily being political, but it may be that in order to politicise nursing [and midwifery] you need to be creative because the old systems are not necessarily the best systems. But at the same time if you are creating a way to do that it might be that what you are actually promoting through your political action is the importance of creativity [in nursing and midwifery].
>
> Muriel

Dorothy shared her thoughts on the importance of creativity in enabling nurses and midwives to rethink and regard their practice as something more than a set of tasks, and themselves as more than job descriptions; that creative nursing and midwifery practice present as experiences that can be enlightening, even fun for everyone concerned. *Rethinking and Changing Practice* can really bring exciting possibilities:

> It's a mind-set - if you are creative in your practice you'd be creative in your personal life as well. Creative people lead creative lives - you can see that in them. Creativity brings a smile, it's laughter, it's happy, it's those sort of things as well as achieving something special at the end of it for the client ... [Take some midwives for example] the happiness, the enthusiasm ... They're having a good time but they're also doing their work so they are creating some kind of experience for these [women].
>
> Dorothy

For Evelyn creative practice leads to greater gains for the organisation for the high levels of motivation and job satisfaction that staff will gain and the benefits that brings to patients and women alike:

> My experience has shown me that if you give people the opportunity and the freedom to be creative [and] if you allow them to do that you get a much more well functioning service, you get much more positive output for the people who seek your service ... people are satisfied, people will want to work here, so you are solving a lot of your other problems in the process ... people will go that extra step, you don't even have to ask them they'll do it ... they just do it because they love being able to do the things they love to and know they can do.
>
> Evelyn

Lily and Mavis present another variation of the importance of this need for change in practice in acknowledging the effect of contexts and experience environments on how people (themselves and women) behave and are perceived:

> I tell [the woman] we can go to my 'office' so they can get used to the environment and where they will be [when they are having their baby]. They love it and always laugh when they see it. It's not like an office at all of course; it's the Birthing Centre. And there's no uniform ... I actually feel more professional in my own clothes. It is comfortable and it allows me to be more individual.
>
> Lily

> I think I am a bit of a chameleon in that you have to change according to what is around you and fulfil all the roles of a midwife if you want to be creative ... what you are trying to do is create different environments for that moment, and an experience for women and their partners as the primary support person. That I can be flexible for the woman and that I can give her space but still be there, and still step in if need be, but I don't have to do anything. You need to have the wisdom to know where you are in that, setting the ambience for that, I think that's creativity in practice.
>
> Mavis

Creative practice involves creating alternatives in the atmosphere, experience, involvement and personage that comprise the practice of the individual nurse or midwife.

7.11.9 Level 2 Categories – Time, Tradition And Support

Time, Tradition and *Support* were recognised by interviewees as critical factors in the effects of *Environmental Expectancy* on creativity in nursing and midwifery. Elsie was typical of participants when she insisted that nurses needed time to do more than their jobs, they needed time to actually think, and to think about new ideas for practice. Bertha reiterated this and warned that nursing would go nowhere until it gave nurses time to actually achieve creativity and change, not just allow them to get through the basics only. Time was a commodity that appeared to have greater consequence in the environment than nurses or midwives themselves; they were dominated by it, had to give in to it, were valued in terms of it not their own worth, and were limited by it.

Time itself did not change even though it literally diminished! While it was revalued on a frequent basis in terms of how much more could be done in less of it, there remained twenty-four hours in every day. The resources around time however have either been depleted or removed so that there is 'less with which to do more, in the same amount of time'. Because neither nursing nor midwifery have the fiscal status in the health system that doctors do, their practice value is determined simply by what they can get done in a set albeit decreasing amount of time.

Tradition has established this lack of economic and inherent worth in midwifery and nursing as to be a nurse or a midwife meant to give of oneself in dedication to the cause of caring, not to seek to gain for oneself in any way. It also meant accepting undesirable circumstances to work in, and accepting an inflexible system that gave precedent to the environment not its components. Where the environment was rigid and bleak the outcome for midwifery and nursing was similar. Bertha suggested the need for flexibility in where priorities lay:

> I think putting the customer first, putting the patient first, you often have to put up with totally unreal expectations, totally unachievable. We are professionals, not martyrs.
> Bertha

Mavis and Doris emphasised as did several other interviewees, that midwifery (and nursing) had to move out of the paralysis of tradition and history. While not negating

the consequence of history, Mavis recognised most astutely that until midwives shook off the shackles of history they would be immobilised in it:

> Midwifery has been retrograde this last century. History is important but it is shallow, maybe we are going backwards, we must not dwell on it, we have to move on, we can't stay in that forever. Historicism won't keep us going.
>
> Mavis

Doris lamented that while some things had changed, especially for women, much had not:

> When I first started my midwifery there was virtually no such thing as [creativity]. There were set rules and regulations that guided everything and [women] I think probably had minimal input into their own care. But over the years slowly that has started to diminish and they are taking more responsibility for their own education and care and coming to the place of giving birth with the ideas that they would like ... and in the process of giving birth it is really my role as a facilitator to let that happen ... [but] I work with people who would not think that way - because they are not creative ... aren't going to go with the flow [and] are going to be more rigid in their care.
>
> Doris

It is time for midwifery and nursing to create a new chronicle for their development, one strengthened by a creative outlook with a quest for variety and difference. Likewise it is absolutely time for new ways of thinking as has been indicated a number of times. As nursing and midwifery have been stuck in history so too has their thinking. Current ways of thinking have been as backward for both groups as has their practice redundancy in tradition. With a new chronicle of development and change has to come a renaissance in thinking.

This new quest would need fully committed *Support* in order to succeed. Frequently the interviewees emphasised the importance of support, strengthened by a belief in the capacity of all individual nurses and midwives to be creative and aspire to more for themselves and their practice. Dorothy warned that creativity would not be possible in an environment that did not value it:

> ... to turn it around, the person who is creative would have to feel confident that they could be creative so that if the management or the leadership isn't conducive to creative management, it won't happen.
>
> Dorothy

Hilda spoke at length of the dilemma facing nurses and midwives in a system that eludes them in terms of empowerment and support. Because of the absence of recognition and reinforcement, and the proliferation of cynicism and negativity, those nurses and midwives who could be facilitators of innovation and change are trapped

in the beliefs of the system that everything stays the same and they have no power to do anything else. These individuals need to be valued and supported so that they know they can achieve creative thinking and practice. Evelyn advised the following:

> You can't manage creativity itself. We should identify it, we should foster it, we should provide opportunity for it to flourish, but we can't create it. That's a big job - recognising it is an enormous thing because what one person sees as creativity another person sees as rebellion or destruction ... I think you can develop creativity but I don't think you can create it.
>
> Evelyn

The other participants felt likewise that it was vital that opportunities be made available to those wishing to be creative, to use their talents and advance both professions. This support had to be generative as well, arising from the beginning for students and new graduates who interviewees saw as the critical future touchstones for creativity. Mavis and Gloria both acknowledged the importance of this:

> Creativity has to be there from the inception and we need to capture it then, work on it and develop it.
>
> Mavis

> [We need] to convince midwives they can be creative, that they need to change. [We need] to bring out their creative ability...
>
> Gloria

However this means working extremely hard against the overt and covert barriers that will aim to extinguish early creativity and thwart it at any later stage, as Muriel recognised:

> The issue is that the system isn't there to allow [creativity] to flourish, to encourage people to feel as though they can really work with it. We just beat people into submission and just make sure they work according to the system ... Within the first couple of days we see that very clearly. We know that within a short period of time their survival will be very much around their ability to get on with their team members and that means they have to be compliant with their group norms and they may be group norms that we are not very happy with. But nevertheless they are the group norms so they won't rock the boat or challenge or question, they'll basically just get on with it. It's unbelievable in places like this - it's sad isn't it.
>
> Muriel

Support was also about the necessary reciprocity that creativity can bring to it as Josephine explained:

> ... the relationships between the people we work with and the patients I think a lot of that is done creatively or with creativity ... I get on well with staff and other people around me and I think a lot of that does involve a form of creativity in fulfilling my role.
>
> Josephine

7.11.10 Level 1 Substantive Codes - Freedom Of Thinking And Extending Thinking, Self-Expression And Risk-Taking, Ideas And Vision

The reality and aspirations of the interviewees came through vividly in the Substantive Codes. They were candid, sincere and spontaneous in sharing their convictions and abstractions for creating a better prospective for nursing and midwifery, and for patients, and women and their families.

The nexus of creative thinking was seen to be possible and necessary through *Freedom of Thinking* and *Extending Thinking*. Such liberal-minded notions were too often the antithesis of reality and certainly identified the radical members of either professional group. Josephine acknowledged that creativity meant "a different way of thinking about nursing" which was much needed because nurses and midwives rarely took the time to stop and actually think about what they were doing, beyond the mechanics of it. Intellectualising practice was not the done thing. The other interviewees echoed this comment frequently and recognised the need for people to be helped to do this, as did Muriel in a plea for people to really be able to free their thinking:

> ...until people know how to free their minds ... you might have difficulty expecting them to be creative ... Let's put our thinking caps on now and go beyond the normal scope that we have in the past, be as ridiculous as you like.
>
> Muriel

Lily commented on the importance of freedom of thought for her as a midwife:

> [Creativity] is lateral thinking. I like to look upon myself as a problem solver and that I can see a problem and there might be creative ways of problem solving ... I like to free flow... I am a great believer that something small has a big effect... I am an ideas person. I might bounce [ideas] off at work to see what people think ...I will try different things for [women] ... But I think if you have a working environment where democracy [in thinking like this] is encouraged and ideas are debated then I think that is really good but I don't think there is democracy [like this] everywhere.
>
> Lily

Dawn urged the need for exploration of what was possible beyond the here and now; that people extend their thinking beyond the obvious. Hilda companioned this with the need for a sense of optimism:

> [We need] a willingness to look at things outside the norm. To think there are other influences, other ways to explain something, you need to explore these.
>
> Dawn

> I actually think to truly think creatively you need a sense of optimism in the sense that there is a way around things. And so I absolutely and utterly believe that creativity is finding ways around our ways of doing things, thinking past them.
>
> Hilda

Coupled with this was the need for *Self-Expression* and *Risk-Taking*. Being able to think freely meant being able to be yourself, to express yourself and your opinions, thoughts and ideas free of peer group pressure not to, and free of fear of incrimination. Elsie and Muriel expressed this aptly:

> You need to go out on a limb to get things changed, and you need leaders in nursing who will be creative ... and who will be innovative and who will go out on a limb too ... We need people to take risks.
>
> Elsie

> I think risk-taking is important because people are prepared to say well that might be what everyone else does but I'm prepared to suggest this and maybe even do something different, alternate to that.
>
> Muriel

Mavis expressed risk-taking through the midwife's involvement with women:

> What you can do as a midwife is you can dare to be 'with woman' much more than you can with your peers ... So it's quite dangerous for the midwife to be creative. Dangerous also for the midwife who demands that as part of their professional life.
>
> Mavis

From this partnership of risk-taking and self-expression would come what was so essential in nursing and midwifery, *Vision* and *Ideas*. All of the interviewees were clear about what latent potential there was in the capacity of nurses and midwives to generate exciting ideas and pursue new visions for their professions, if they could be enabled to do so. Gloria and Arthur expressed this typically of all of the others:

> Most definitely creativity is about having a vision. Having a forward vision to see what is possible, to make inroads, to look ahead, to know what you are able to do, what you want to do.
>
> Gloria

> Creativity and vision go hand in hand. Part of it is having a vision and creativity is putting it in place ... Creativity is about having a vision for the situation you are in. The creativity is driven by the constraints you find yourself in. But also by information, knowledge and so on ... The challenge is to allow the creativity to come through.
>
> Arthur

7.11.11 Level 1 Substantive Codes – Interactive Self, Quality Care, Satisfaction, Intuition/Perception, Changing Roles, Autonomy, Job Satisfaction, Future Viability

The categories of *Artistry, Image*, and *Re-thinking And Changing Practice* arose from a group of codes which were closely intermingled, each relating to and affecting the other and resulting in creative practice by nurses or midwives; *Interactive Self, Quality Care, Satisfaction, Intuition/Perception, Changing Roles, Autonomy, Job Satisfaction*, and *Future Viability*. The remarks of Arthur, Evelyn, Hilda, Bertha and Josephine indicate the closeness and intricate consequences of these codes' relationships within creative practice:

> To be creative we have to have a clear understanding about what it is that the community wants and how we see nursing [and midwifery] practice and any of the changes based on research. It could well be to do with the physical structure, the way our work is structured, how we structure it ourselves and looking at all of that as to how we can get the best out of it. Always there are times that creativity can be radical, but it may also be just a passive change. It can be creativity in terms of needs of practice, the things we are required to meet, and basically it is change to the best practice and best outcome for the patient [and women].
>
> Arthur

> It is almost a philosophy of how you perceive what's right for an individual, a woman, for whom you are caring. By what is right I don't mean your will over the person, but what you perceive is right that involves the woman. It's hard to explain. It's not doing the job, it's something more than that - something happens.
>
> Evelyn

> I am a great believer in the nurse or midwife as the creative person being the reason why you get a good outcome. So it is the actual use of self as a therapeutic agent in its own right. I absolutely and utterly believe that it is the personal chemistry but this is the art form ... Because of that they will be creative therefore in how they do their work and how they apply it.
>
> Hilda

> ... I think with the artistry element somehow we have to really continue to impress on people that that part of the treatment, the process, has an influence on the outcome and it isn't separate. And that's where the artist's business comes in ... This is the non-scientific realm and very hard to put a finger on.
>
> Bertha

> Creativity [and creative practice] is just part of that coming up with answers when you haven't got something in black and white to start with, regardless of what part of our job we are using it for; how we fit what we have to into a day, how we cope with all the different pressures that happen to us, how we enjoy our work, the relationships between the people we work with and the patients.
>
> Josephine

What interviewees appreciate about creativity here is its endowment despite its intangibility. They know and value the heightened sensitivity that creative practice embodies despite not being able to actually 'substantiate' it, the effects are there. The difference between where creative practice is, and is not, is that it makes a difference. Both nurses and midwives need to optimise the assets of creative practice as these codes indicate to have a viable place in the health system now and in the future.

7.11.12 Level 1 Substantive Codes - Economics, Value Of Practice, Flexibility, Change, Education, Celebration

A diverse yet relative group of codes here surround *Environmental Expectancy* through *Time, Tradition* and *Support; Economics, Value Of Practice, Flexibility, Change, Education* and *Celebration*. The concerns of interviewees lay with the driving force of sheer economics in determining health care and health care outcomes. This was compounded by the absence of any defined 'value' of nursing or midwifery practice (to a lesser extent as some midwives do have provider numbers albeit on a very limited basis) in economic, marketing, and efficacy terms among others, and particularly as creative health professions and agents of change. This was an issue for urgent address if future viability for example was to be determined by more than being nice, caring nurses or midwives. Muriel explored this dilemma of values and expressed other participants' varied but similar concerns matched with their belief in change that could bring outstanding achievements and recognition for midwifery and nursing:

> ... you'd need to demonstrate the relevance of creativity to where people's frame of reference is in terms of nursing or midwifery's value. It would be seen as something that's not part of the main core business or not part of what [nurses or] midwives should necessarily do ... The problem is we are still governed to a certain extent by stereotypes. Although that is changing and it is changing by virtue of economic imperative rather than anything else and that is a sad indictement of society, but that's the reality ... But the reality also is we can be as energetic as we like in terms of finding our own future ... The challenges for nursing and midwifery are that there are opportunities for things to be different, vastly different. And it's running with those opportunities ... So for example if people were much more politically wise in a corporate way and they could see that the art, the craft of what we do is so vitally important that we are going to talk about it, were going to make sure people understood what it is. You can't afford for it to remain intangible in the sense that you have to speak it up, talk it up, put it in your face. You have to start to get people interested in making sure that they've got a piece of this action because they know it's

> a good thing to have. And they would value it, certainly they would, and we are our own worst enemies if we don't promote that.
>
> Muriel

Lily expressed the meaning of creativity for the enjoyment of her role and the celebration of its presence for her personally that could so valuably be an inspiration for all nurses and midwives:

> I think I am creative ... I can see [creativity], appreciate it, notice it, do something with it ... things you can do to add touches ... one is creative just to make suggestions ... We need to create the opportunities ... The ability is innate it should be encouraged.
>
> Lily

Muriel's and Lily's thoughts present as astute and perceptive summary remarks for this point of the analysis. The exciting magnitude of what could be attained can take the intangibility of creativity and enable it to be an essential asset for midwifery or nursing practice.

7.12 A Theory For Creativity In Practice – Out of Reflection Into The Light

In moving to the generation of a theory from all of this data and analysis, the significance of creative thinking arising out of the urgent need for a change in thinking in midwifery and nursing, led the synthesis process. Over the varied eras of their development, thinking has been a key factor, in how midwifery and nursing have been actualised. This thinking was in terms of the midwife or nurse themselves and how they conducted themselves, as well as how others in the health system thought about midwives and nurses and about their place and contribution.

Thinking, as with midwifery and nursing practice, has evolved over time from naive beginnings to the point of current locus, reflection and reflective practice. For both the professions reflection has been a timely panacea. It has taken nurses and midwives (granted only more recently) from the short-sightedness of traditional modes of thinking and narrow perspectives of ritualistic practice to new dimensions of professionalism; albeit initially through the leading work of others, neither nurses

nor midwives. Needless to say, reflection has continued to promise much for nursing and been bestowed with breathtaking potential such that its powers seem almost awesome. Adjectives such as necessary, vital, empowering, extraordinary, liberating and transforming are commonly found in literature concerning reflection. But has reflection delivered?

7.12.1 Historical Homage: Promise And Potential

Schön's writing in 1983 on *The Reflective Practitioner* provided much of the stimulus for significant change in the way nurses and later, midwives, viewed professional knowledge and practice in that era. In a sense Schön (1983) was re-fashioning what others before him had considered under different eras of educational, social and political thought; Dewey (1933), Friere (1972), and Habermas (1974), are but a few examples.

Schön (1983) emphasised the value of rigorous reflection-in-action for linking the art and science of practice, for coping with demanding situations and for recognising the intuitive processes of professional practitioners. Schön (1983) argued that reflection enabled practitioners to effectively move away from the positivist epistemology of practice and its technical rationality to what he referred to as professional artistry. It is important to remember that Schön (1983) is a social scientist and that he was writing for the professions of engineering, management, architecture, town planning and psychotherapy. Using his now infamous metaphor of the "varied topography of professional practice", Schön (1983, p. 42) emphasised the distinctiveness of reflective practice;

> There is a high, hard ground where practitioners can make effective use of research-based theory and technique, and there is swampy lowland where situations are confusing 'messes' incapable of technical solution. The difficulty is that the problems of the high ground, however great their technical interest, are often relatively unimportant to clients or to the larger society, while in the swamp are the problems of the greatest human concern. Shall the practitioner stay on the high hard ground where [they] can practise rigorously [sic], as [they] understand rigor [sic], but where [they are] constrained to deal with the problems of relatively little social importance? Or shall [they] descend to the swamp where [they] can engage the most important and challenging problems if [they are] willing to forsake technical rigor [sic]?
>
> Schön 1983, p. 42

Internationally writers and researchers grasped this inspirational approach with vigour. Schön (1983) had given meaningful recognition to the very aspects of practice that were normally devalued and slighted. More than that he proposed that confronting these 'messy' aspects of practice could lead to new discoveries of insight and knowledge for professionals without the fetters of positivism.

Reflective processes according to Street (1991) were goal-directed journeys of self-discovery (undertaken alone or with others) which provided hope for the future. This was a remarkable offering for the Australian nursing profession that was embraced almost unquestioningly and interestingly without substantive research either then or now to support it. Reflection had been endowed with almost divine-like powers and has since been subsumed resolutely into nursing curricula, literature, philosophies and much more. An astonishing investment of energy and emphasis has advocated the worth and merit of reflection for changing the face and meaning of nursing. Despite this, extremely few writers have actually challenged the substantiation of reflection.

Mackintosh (1998) is one writer who has strongly questioned the validity of reflection, identifying it as fundamentally flawed. The acceptance and institutionalisation of reflection has come despite the absence of a clear and universally accepted definition, lack of any certain implementation framework and unproven benefits, according to Mackintosh (1998). Mackintosh (1998) insisted that the paucity of research verifying the claims surrounding reflection begged the question of its widespread unhesitating acceptance.

Taylor (1997) has indicated some cause for concern regarding the teaching of reflective processes in nursing and midwifery practice. Taylor (1997, p. 21) questions whether "the liberation that reflective process promises may be nothing more than a temporary pause from the constancy of power differentials entrenched inexorably in day-to-day clinical nursing practice". One caution that Taylor (1997, p. 20) exposes is that little change seems to occur despite the endurance of reflection and that "traps lie in wait for ineffectively prepared novices".

Towards the end of the nineties a few other writers began to express some concerns about reflection. Heath (1998, p. 292) wrote of what she saw to be growing scepticism about reflection's limited substantiation and that it has "failed to demonstrate its value through research studies". There was not enough verification according to Heath (1998, p. 292) of the claims that were being made, and she warned that "small accumulating gains by individual practitioners are not good enough, benefits must be large and rapid with measurable outcomes". Heath (1998) suggested that reflection was not likely to accomplish this, nor was it likely to be possible to separate reflection from the inclusive complex of factors that influence nursing care. The preferable emphasis was on developing practitioners so that their extended ability would lead to enhanced care provision (Heath 1998).

Burton (2000, p. 1009) recognised the wide ranging feelings that reflection was beginning to initiate from the historical enthusiasm it had long carried to "gross ambiguity and/or consternation". The lack of a clear definition for reflection as a concept in spite of the huge amount of writing it had generated was a cause for concern for Burton (2000). Burton (2000) queried whether writers actually meant the same thing when they espoused to reflection and further questioned how their claims could therefore be subject to any validation and/or assessment. The skills required to reflect were vaguely portrayed in the literature, yet reflective activity was frequently indicated as promoting critical thinking despite the lack of evidence for this (Burton 2000). Burton (2000, p. 1014) declared the paradox of reflection that "the question still remains as to whether reflective practice produces better patient care (the driving motivator behind reflection)" despite the calls for this to be the ultimate outcome of reflection! Indeed for as much as reflective theory and practice have not been thoroughly investigated nor have they been repudiated! The evidence, urged Burton (2000) either way, is very much needed.

Teekman (2000, p. 1126) was concerned about the "increasingly muddled" discourse surrounding the reflective nurse practitioner. In an effort to explore whether nurses engaged in reflective thinking in nursing practice, and how they used this process, Teekman (2000) interviewed ten registered nurses and presented them with non-routine nursing situations to consider. Teekman (2000, p. 1125) found that the participants engaged in levels of reflective thinking which he termed as

"reflective thinking-for-action ... reflective thinking-for-evaluation". While he identified a third level of reflective thinking, for-critical-inquiry, this was not demonstrated in his study participants. While his study found that the participants did engage in "reflective thinking in order to act in the situation at hand in a well-informed, or intelligent, manner", Teekman (2000, p. 1132) acknowledged that to "a lesser extent, they engaged in reflective thinking to evaluate the situation in its totality as well as their own role within it". Given the small group involved and the recognition that reflective thinking is not an habitual intellectual activity, Teekman (2000) cautioned that it "should not be assumed that improved skill in reflective thinking equals learning, equals improved nursing practice". So despite his investigation the paradox remains unresolved.

The insufficient critical examination to which reflective practice has been exposed also concerned Paget (2001), in particular the minimal substantiation of reflective practice with regards to clinical practice outcomes. Paget (2001) proposed that this was at odds with the emphasis on evidence-based practice and the need to prove the worth of interventions in practice. This was also contradictory in terms of education as nursing students were required to explore and defend their practice through reflection whilst not being able to provide demonstrated clinical benefits (Paget 2001). Paget (2001) used two focus groups (each of five and six participants) and then developed a questionnaire responded to by seventy participants to ascertain their attitudes towards reflective practice in terms of possible benefits, changes to their clinical practice, if any, effects of their length of experience, if any, and influence of academic study, if any. Paget's (2001) participants did attribute a change in practice to reflective practice, however this was not a correlation and no causal linkage could be assumed. The study's results did not demonstrate the "anticipated positive association between length of service and views of reflective practice" that Paget (2001, p. 212) was expecting, rather the findings were "remarkable instead for their homogeneity".

Cotton (2001, p. 512) wrote to challenge the "hegemonic discourse of reflection in nursing" arguing that "reflection and reflective practice generally have been poorly defined, uncritically presented and enthusiastically accepted as good for nursing and nurses". Cotton (2001) was particularly concerned about reflection as it related to

private thoughts and their exposure in public spheres. She identified the problems with language used for reflection which varied from professional through academic to ideological inclusive of power differentials and interpretation variances. Cotton (2001, p. 513) declared that the "ambiguities and variations in interpretations of reflection and reflective practice in nursing may lead to frustration and bewilderment amongst students and clinicians seeking to understand, develop and use them to improve their practice". Power and discourse intertwine and legitimise each other and according to Cotton (2001, p. 514) reflection has been exploited in this process:

> The discourse of reflection in nursing tends towards sweeping inclusiveness, attempting to construct ways of thinking in nursing and by nurses, colonizing this area of nursing imperialistically as a hegemonic, natural, indisputable discourse, specifying not only what nurses may think, but how they are to think. For nurses not to reflect on their practice, or to refuse to participate in reflective strategies of the institution may be seen as unacceptable, unprofessional and unnatural alternatives. Hence, instead of freeing nurses to learn from their unique practice situations better ways of holistic nursing, the dominant discourse of reflection may constitute them as productive, docile, conforming workers, confined to instrumental ways of nursing and who think in the way that the institution wants them to.
>
> Cotton 2001, p. 514

Cotton (2001) insists that reflection as conceptualised in nursing remains ambiguous and problematic, inherent with power and coercion that can effectively silence and marginalise individuals beyond its dominant discourse.

Further problems regarding reflection were identified by Hannigan (2001) who acknowledged the almost extreme extent to which nursing had seized upon reflection and reflective practice. Moreso, there continues to be an absence of examination of its value to nurses themselves, or to clients according to Hannigan (2001). Hannigan (2001, p. 282) contends that thinking in the context of what is claimed to be reflection is part of the "everyday realities of practice". Additional concerns indicated by Hannigan (2001) relate to the means by which reflection has been incorporated into nursing education, the assessment of reflection including ethical issues in the use of reflective journals, and the actual verification of learning via reflection. Hannigan (2001) affirms that much research is needed and that people need to take heed of it.

With the passage of time reflection has continued to be construed to promise more and yet not been required to substantiate itself beyond persisting rhetoric and highly persuasive claims. It is a strange enigma that reflection in nursing has been so

strongly accepted with so little challenge and so little research exploration. It has been like a comforting friend that has given power and worth to the previously devalued and misunderstood invisible and intrinsic aspects of practice. But while it may have been a timely panacea, will it and should it simply continue to accompany practice as an assumed essential necessity? Is it heresy to question the validity of reflection or propose it may have had a use-by date?

It was not the specific intention of this research to actually investigate reflection. However the research has revealed critical issues concerning thinking and reflection that could not be avoided or negated. As participants and interviewees in the research for this thesis unpacked the baggage of midwifery and nursing in their personal explorations of creativity they revealed crucial meanings and feelings surrounding reflection. In particular these showed that their professions had come so far but had gone no further. More-so that they themselves were at a point where they were having misgivings, second thoughts or ambivalence about their roles and their work coupled with blatant desires to move out of the present stalemate and into the possibilities of the new.

Where they wanted to go and what they wanted to do and achieve, was not where they were being taken, in both personal and professional perspectives. Exploring creativity in midwifery and nursing provoked the participants and the interviewees in the research for this thesis to re-view and re-experience the tradition-bound, regimental histories of nursing and midwifery. Similarly it also aroused strong determinations to be daring, have vision, achieve innovation, and strive for hope for a renewed future in both professions and for all individuals.

In terms of reflection and reflective practice, most certainly the 'swampy lowlands' have been confronted and engaged with and there has been change. But while reflection may have taken nursing into the proverbial 'swamps' and enabled it to find meaning in practice previously intellectually unacknowledged, it has not taken nursing any further. It simply is not able to because reflection is no longer enough.

7.12.2 Reflection As A Relic

What the research for this thesis has found is that reflection has been a part of the practice of midwives and nurses for varied periods of time (many would say well before it became fashionable); and for diverse reasons (both good and bad, and simply because it is a normal human activity to think about what you have been doing and thinking, while you were working). But in reality, reflection has not taken the professions anywhere that they have not already been. That is the very substance of its purpose, to take individuals back to practice passed and to give meaning to it, or to place the individual in their practice as it happens and give it meaning.

However this is essentially a retrospective process even as it occurs in practice, because it rests on embedded or yet-to-be-embedded meanings and an intellectual recycling of those embedded meanings. This reflective encounter will not take the nurse or midwife anywhere but back to where they are.

The participants and interviewees in the research for this thesis showed that reflection certainly was taking midwives and nurses back to past or into present events, experiences, encounters, feelings, and so on; through reflection they may have been able to make sense of aspects of practice and value their contribution to practice for example, but there was nothing convincing about what happened from there. This continual process of revisiting, reconsidering, exploring and the like has in the main preserved the status quo; it may have provided meaning for then and there (and whether it was even reflection that did so is not proven), but individuals' meaning perspectives need to encompass and confront the ever-looming future. Continually contemplating upon the present while it is happening or after it has been experienced will not even match the professions' knowledge explosions, let alone challenge the taken-for-grantedness of practice that persists despite the liberation that reflective practice is supposed to bring.

Clearly both midwifery and nursing urgently need to liberate themselves from reflection and reflective practice to advance through this new millennium with certainty and determination. Neither reflection nor reflective practice will construct or

predispose to the new professionalism that is essential for nursing and midwifery to move on out of historical stifling and conservatism. Participants and interviewees in the research for this thesis frequently indicated their desire for more than a retrospective relationship with the present and the future; they have ideas, ambitions, goals, aspirations and personal potential that they want to exploit and use to enhance their roles as professionals and achieve much needed change. What reflection has not done and will not do, is instil vision, brace challenge, stimulate diversity, arouse alternatives, provoke innovation or similar. Because it has been generated as a past context/present reality contrivance, it has an inherent problem in that it has been leading midwives and nurses to proverbially *tread water in the swamps and mark time on the high ground.* More so there can be no assumptions made that reflection is a parallelism of analysis or critical thinking for example. Reflection has been too singular in its purpose to achieve any more that it was intended to as a kind of circular and self-fulfilling pedantry.

Reflection and reflective practice are professional relics of the eighties that have neither been recognised as such nor outmoded. Not even the inception of evidence-based practice has unsettled the well-worn presence of reflection. This may be because nursing is still coming to terms with the reality of evidence-based practice. Interestingly, reflection in midwifery has not had the enduring attendance that it has had in nursing perhaps because midwives have found that there is more to be had through other means of intellectualism, and not necessarily all positivistic.

As a relic reflection has held with it the practice vestiges of the past. Nurses and midwives have either kept themselves comfortable in its persistence or experienced frustration and antagonism at its subterfuge because it has become an antithesis to change. It has superseded itself but the professions have failed to or do not want to see that. It has been around for so long that to consider anything else would be heresy and contrariety.

7.13 Opus: A Way Forward To Creativity

The nurses and midwives in this research revealed in their deliberations, a stage-like process of evolvement that midwifery and nursing have experienced over time. This evolvement aligns closely with findings of the critical history in Chapter Two. The passage of time described in Chapter Two showed how an illusion of development had overshadowed the reality of self-propelling redundancy that had engulfed both nursing and midwifery; they had come so far but could go no further. The participants in this research have expressed a clear need for really changing thinking as well as practice beyond rhetoric; to really enhance quality at a significant level for women and patients not just get them 'in, attended to and through the system' but actually make a creative difference; along with expressing concerns about the environment and the critical need for freedom from tradition and liberation towards innovation and autonomy.

The interpretation of the Phenomenology and Grounded Theory findings has enabled the researcher for this thesis to develop an explicatory theory that seeks to provide an understanding of where nursing and midwifery have come from and where their aspirations can lead to. This theory is entitled **Opus**, as a new opportunity for artistic discovery in nursing and midwifery. Opus presents a challenge for leadership in nursing and midwifery to rise above the conundrum described and explained by the participants in this research that perpetuates reflective and conformist thinking, notions of competence according to prescribed practice standards, and labelling of patients and women for generic expectations of care in the face of a struggling unforthcoming health system.

For nurses and midwives to move beyond this impasse their work environments and leadership must, foster idea generation and exploration through *creative thinking*; promote autonomy so that nurses and midwives really believe in themselves as exceptional *individuals* able to be *sagacious* in the face of ambiguous and challenging work environments; enable this creativity to be enacted through *artistry* in practice to achieve *unique* interactions with women and patients; and appreciate the necessary difference this could make to a less than effective health system.

This has come to a point where frustration and exasperation are at high levels for many nurses because they see themselves caught in a system that is economically driven and mostly resistant to new ideas and inclinations. Reflection serves a form of safekeeping for those who do not want change because of its self-perpetuation.

Opus reveals an explanatory pathway from past encumbrances through to present and future possibilities to enable nurses and midwives to achieve or surpass the components of the conceptual framework that arose from the Grounded Theory analysis. Figure 5 illustrates this pathway for nursing and midwifery from the nineteen sixties through the nineties to two thousand and beyond, across integral *Aspects* and through progressive *Dimensions* towards a theory for the instigation of creative thinking and creative practice in midwifery and nursing.

FIGURE 5

The Opus Of Creativity In Midwifery And Nursing

ASPECT →	THINKING SELF	STATUS NURSE/MIDWIFE	STANDING WOMAN/PATIENT	ENVIRONMENT >EXPECTANCY	PRACTICE
DIMENSION ↓					
First 1960's	Mechanistic	Worker	Object	Oppressive >Mundane	Task-based
Second ***1970's***	Conscious	Function	Subject	Repressive >Routine	Skills based
Third ***1980's***	Reflective	Role	Diagnosis/Label	Conservative >Predictable	Competency
Fourth ***1990's***	Introspective and Critical	Professional	Individual	Liberal >Tolerance of Unpredictability	Sensitivity
Fifth ***2000's***	Creative	Individual	Unique	Sagacious >Tolerance of Ambiguity	Artistry

The *Aspects* have arisen from the Theme Clusters of the Phenomenology findings, and from the Level 3 Codes of the Grounded Theory findings, combined, with the inclusion of their respective foci, the woman and the patient. These Aspects are:

- the *Thinking of the midwife or nurse*;

Creative thinking (as the Core Variable in the Grounded Theory analysis) along with the need for changing thinking, (Level 2 Code) and enabling freedom of thinking and extending thinking (Level 1 Codes) present as critical initiatives for moving nursing and midwifery beyond where they are currently mired.

- the *Status of the midwife or nurse*;

Each nurse and midwife needs to be deemed to be a creative individual (as the Level 3 Code determined in the Grounded theory analysis), transpiring to much more than work based entities; flair, innovation, vision, ideas, self-expression and risk-taking (Level 2 and Level 1 Codes in the Grounded Theory analysis) must become acknowledged intellectual apparel of each nurse and midwife.

- the *Standing of the woman or patient* who is involved in midwifery or nursing care;

Each woman or patient in the woman-midwife or nurse-patient relationship must be appreciated as much more than a 'happening' in the health system. They are the essence of professional caring as participants have reiterated throughout this research with the potential for being distinguished through this caring as unique beyond the rhetoric that has surrounded that term for too long.

- the *Environment* (of the system) in which midwifery or nursing occurs and the *Expectancy* it sets;

Environmental Expectancy holds critical influence over creative thinking and the creativity of the nurse or midwife and their practice (recognised as such as a Level 3 Code in the Grounded Theory Analysis). It encompasses the perpetual sways of time, tradition and support (Level 2 Codes in the Grounded Theory Analysis) and includes the varying contexts of economics, education, flexibility, change, celebration and value of practice (Level 1 Codes of the grounded Theory Analysis).

- the *Practice of the midwife or nurse* that arises from this environment and its expectancy;

The ultimate possibility of creative nurses and midwives is creative practice (identified as a Level 3 Code in the Grounded Theory analysis). This creative practice is actioned through the artistry, image and rethinking and changing of

practice (Level 2 Codes in the Grounded Theory analysis) that each individual nurse or midwife is freely able to achieve in their role. From this ensues the merits of job satisfaction, future viability, changing roles and autonomy, with interactive selves and satisfaction, intuition, perception and quality care (Level 1Codes in the Grounded Theory analysis).

Each of the Aspects intersect with each of the *Dimensions* (as shown in Figure 5) to identify the outcomes that have depicted nursing's and midwifery's evolvement to the nineteen nineties, along with the outcomes possible through Opus into the Fifth Dimension. The outcomes, both historical (to the nineteen nineties) and visionary (for the two thousands) represent or elaborate upon the Codes of the Grounded Theory findings.

The passage of both professions can be seen to move through successive *Dimensions*, First through Fifth, that over decades of time, have added increasing depth and fullness to the Aspects, as seen in the changing outcomes. These Dimensions have arisen from the critical history in Chapter Two which identified the evolution and development of nursing and midwifery from the nineteen seventies to the nineteen nineties. The crucial potential of Opus is revealed following this where the ultimacy of moving into true professional freedom is made explicit based on the persistent calls from participants in this research for change towards creative thinking and creative practice.

This has happened as midwifery and nursing have both evolved towards professionalism moving from shallow, reductionist beginnings through an increasing preparedness by both to examine themselves and their ways of practice to seek both quality and knowledge extension. Each dimension typifies how midwifery and nursing have proceeded and why, to a point. However, while the effects of the social, political and economic contexts of the eras of each dimension cannot be negated and have had their effects, the tenacity of either midwifery or nursing to ultimately shake off these accessories and develop gratuitously has not been evident, beyond the eighties for nursing and the nineties for midwifery.

The issue is that these processes of development have ebbed and flowed to the point where they are now static and may no longer flourish. It is proposed that nursing is currently holding at the *Third dimension* (but with too much of it also held in the *First* and *Second Dimensions*). Reflective thinking has stymied nursing and reflection simply has not been able to move nursing beyond rhetoric and present reality. The constant call to reflect on, and in, practice has meant that nurses have become enmeshed in their own or others' self-fulfilling philosophies. But as well, the entrenched effects of nursing's historicism have perpetuated reflection's recycling of practice.

Reflection has not been able to provoke the cutting edge intellectualism and daring that is so urgently needed in nursing and midwifery practice. Nurses and midwives need to be visionary, innovative, risk-taking and intellectually and politically astute to apprehend the future as one of increasing opportunity not decreasing scope.

Midwifery meanwhile is verging on the *Fourth Dimension*. It could be argued that it is actually within this dimension, as some writers are already pursuing the critical significance of the midwife as a person, and the meaning of being professional while the essence of midwifery is being with women (for example, Bryar 1995). For midwives, the demands of woman-centred care have meant that reflection has been an encumbrance more than an advantage as their practice must emanate from each individual woman if it is to have consequence for her alone not any other woman. The immediate challenge for any midwife is to 'tune specifically into the woman', and establish a valid partnership with her in a very short time, not contemplate practice towards some kind of generic 'reflected upon' resolution of what a woman and a mother may be.

Sensitivity has been identified (Flint 1986) as a critical factor in effective midwifery practice since the eighties. The sensitive midwife is as true to their self as they are true to women, working in alliance together free of power and control imbalances. Midwifery needs to continue to strive for increasing intellectualism and daring, and this has to some extent been easier in working closely with women and of necessity being political about what midwifery is as distinguished from nursing, and advocating with women for change in maternity services.

The participants and interviewees in the research for this thesis clearly emphasised that nursing and midwifery must achieve more than they do now, and in very different ways and means. They want to actually re-create their professions and futures themselves, not have them consistently manipulated by others whose motives may be for gains that negate nursing's and midwifery's value and advancement.

Midwives and nurses do want to be valued as distinctive, effective and creative individuals not homogeneous commodities. They want to stylise their practice not compromise it, to try out and adopt new ideas, not just talk about them or fear talking about them. They want to practise in environments that support and promote liberalism or even more preferably where sagacity and vision are valued and creative excellence proliferates.

Research in nursing and midwifery has continued to focus more and more on the pragmatics of practice (and that is not bad) but less and less on the realities and dynamics of nurses and midwives themselves (which is not good for professional advancement). In order to understand nursing and midwifery better and extend them, knowledge and understanding of nurses and midwives themselves is essential. Without this both are in danger of being recycled back to mechanistic practice as the threats of economic rationalism beckon a return to task-based functioning using passive workers not individuals who question, think, at least critically, and care.

7.13.1 The Chronology Of The Dimensions

- *The First Dimension: Meagre And Orderly*

This is the nineteen-sixties and the typical picture and practice of a nurse or a midwife, is of a regulated worker focused on completion of tasks in a simplistic, narrow manner propelled along like a machine. The patient or woman is conveniently objectified to maintain distance without involvement, in a mundane environment that requires and ensures compliance through oppression to achieve the servicing of institutional needs without question and with obliging acceptance.

➢ *The Second Dimension: Shallow And Efficient*

The nineteen-seventies did see recognition of some aspects of reality for the patient or woman as they became at least subjectified in terms of their plight. Concurrently their care began to involve more than completion of generic tasks as their humanness came to be recognised. Skills were needed to provide safe midwifery or nursing practice in a conscious rather than aloof manner that enabled nurses or midwives to achieve a sense of function not just work. The environment however fostered sameness and routinisation to maintain control and prevent any discord.

➢ *The Third Dimension: Comprehensive And Occupational*

As the eighties emerged the breadth of midwifery's and nursing's development along with the movement of nursing into university based education demanded more from both groups than mere functioning could achieve and guarantee. Midwives and nurses needed to perform roles, and in a predictable manner to ensure standards were met and institutions were able to protect themselves and their clients. Women or patients became meaningful through the diagnostics identified for their care. Laboriously detailed policy and procedure manuals steeped in conservatism along with prescriptive practice standards gave midwives and nurses their roles. Competencies, which were actually introduced into Australia for addressing the needs of new professional arrivals to the country to ensure they met criteria appropriate for practice, were snapped up by the nursing profession as a great new discovery. At the same time technology was making its presence felt and many nurses and midwives were enticed by the false sense of security it offered. Those who accepted the challenge of reflection may have realised there was more to their roles than the mere performing of them as they gave consideration to the meaning of what they were actually doing. With this reflective practice should have come the significant and necessary changes that were required for taking midwifery and nursing out of the eighties.

➢ *The Fourth Dimension: Deep And Forthcoming*

This should be the late nineties. Sensitive, astute nurses and midwives could be interpreting and challenging the incongruous demands of the health system to ensure clients and women are upheld and valued as individuals, not liabilities and litigants. The environment could be liberal enough to foster tolerance of

compounded, ongoing and too often unpredictable change, whilst affirming nurses and midwives as professionals of consequential status. Both nursing and midwifery could be designing their practice as meaningful style not process, to anticipate and express the diverse contexts of those individuals they care for as nurses, and with as midwives. That this is happening is limited in midwifery and very limited in nursing. For both, too many environments are turning away from any possibility of liberalism to concession and constraint. An atmosphere of cynicism over-rides the potential for innovation and creativity despite the obvious exigency for both.

- *The Fifth Dimension; Encompassing And Illuminating*

Here are the possibilities for the 2000's. The opportunity to determine their destinies is there to be grasped by nurses and midwives. The potential of the creative individual midwife or nurse is optimal and women and clients are granted recognition as unique and mutual in the health care relationship. An environment that values this reciprocity and confirms nurses and midwives as credible in their own right not as dispensable employees, will enable nurses and midwives to tolerate ambiguity as inherent in change not a constant and foreboding threat. This ideal environment will advocate for the necessity of vision and creativity in midwives and nurses, and for artistry in their practice. Accordingly these professionals will assert their integrity in the health system to be encompassing not subsidiary. Their prowess, knowledge and understanding will be illuminative of the breadth, depth and vicissitude that are midwifery and nursing. With creativity as their asset, midwives and nurses will have the potential to continue to meet the future headlong without fear or dread as their capacity to adapt and flourish will be unrestricted and open to all possibilities. Creativity is therefore inherent as an essential lifelong and futuristic human investment.

7.14 Regarding The Illustration

The illustration has now emerged from the image through intermingled processes of marked contemplation, with spontaneity and honesty, and vivid disclosures by the participants and interviewees in the research for this thesis. Their considered and

insightful revelations have enabled the emergence of a theory, *Opus*, which can compose a new future for nursing and midwifery. In enabling this discovery to emerge, the researcher for this thesis has endeavoured to work with the sensitivity and inspiration of the artist in allowing the true colours and textures of the research findings to *illustrate the remarkable composition* that has resulted.

8 CONCLUSION – FRAMING THE COMPOSITION

The longest journey is the journey inward of [one] who has chosen [their] destiny.
Dag Hammarskjold cited in Garnett 1990, unpaged

8.1 From Research To Reality

The ultimate challenge of all research is to translate the findings into actual and sustained practice. The efforts and energy of thoroughgoing research can only be matched by the corresponding reality of worthwhile change. Otherwise the effort and determination of the participants and researcher alike will simply remain invisible and ineffectual.

This conclusion has been written therefore to present not only the summation of the research for this thesis, but to most importantly provide strategies for change in practice, education, management and for further research in midwifery and nursing. There is an opportunity now for midwives and nurses to exploit the tremendous potential they have in their creativity and to "seize the moment with [their] passion, desire, vision [and] risk-taking" as Gloria one of the research interviewees remarked. This thesis therefore faces the challenge of being an ideological ornament or an inspiring creation that demands attention and holds it to provoke, stimulate and move individuals to genuine action, not reaction.

The recommendations made in this conclusion arise from the need to provide clear and well considered direction to enable nursing and midwifery to potentiate their practice through Opus. The ultimate outcomes of Opus require nurses and midwives to be personified as *creative*, not reflective or critical or lesser but able to be what their potential holds within the scholarly liberalism of their role: esteemed with the status of each being *individual* and at once autonomous and valued, not a health system commodity; working with *unique* people (beyond labels of patient and women) who seek their quality support and professional care; practising within environments whose demands will be countered with *tolerance of ambiguity* and

sagacious tenacity to supersede routinisation and oppression; and able to show the distinctive *artistry* and flair that can emerge from performing within a context of creative practice that surpasses images of humility, servility and regimentation.

That nursing and midwifery desperately need to find new, dynamic and ingenious images and meanings for themselves is an understatement; young people increasingly see them as unattractive and thwarting coming from previous education experiences that have actually promoted their creativity and creative thinking; the reality of extreme staff shortages in dubious environments means that choosing to work (or return to work) in either has to be a 'calling' or necessity, but not a career with exciting and futuristic possibilities. So the absolute challenge exists for education, practice, management and research to turn the tide against perennial adversity and finally do something about it. To that end Opus is a multi-faceted opportunity for momentum not just a simple strategy.

8.2 The Opus Of Creativity In Midwifery And Nursing

Creativity and midwifery, and, creativity and nursing, strange bedfellows, impossible possibilities, unsafe, unethical and unprofessional? These are typical of the assumptions held by too many members of the general community and possibly even by many nurses and midwives themselves. Yet the reality is not so.

The research for this thesis has revealed some very remarkable results. Midwives and nurses want to be, perceive themselves to be and are indeed creative; certainly those involved in this research are and while they may not be absolutely typical they are not likely to be in the extreme in terms of their peers. Certainly being involved in this research indicates a possible affinity for creativity but the creativity tests used and the depth of exploration through the Phenomenology and Grounded Theory research that followed have shown that regardless of attraction to it, these individuals are creative. This research has presented significant new insights and generated new knowledge to enhance existing information and understanding of nursing and midwifery, as well as creativity in midwifery and nursing.

The quantitative findings showed that the participants in this research are in the mid to high range of creativity for WKOPAY and for SAM; and that they perceive themselves to be open-minded, inquiring, determined, confident, imaginative, and self-assured. In addition they consider themselves to be generally more creatively productive, personally achieving and professionally committed than their colleagues.

The participants in the research for this thesis have also shown through very deliberate considerations of their roles and practice in terms of creativity, that critical inter-relationships exist between the System they work under, their Practice and their Thinking Self. The interplay of these can vary from both effectively advancing creative thinking and creative practice to completely sabotaging it. Potent emphasis has been given to the place, benefits and necessity of creativity in midwifery and nursing, and in particular to its crucial impetus for much needed change.

The researcher's generation of a theory for creative practice, Opus, emerged from the concerted efforts sustained for theoretical sensitivity (Glaser 1992). Opus achieves the four central criteria for a well-constructed grounded theory as expounded by Glaser (1992):

1) Opus *works* to explain the variations in behaviour that occur with respect to creative thinking and creative practice in midwifery and nursing;
2) Opus *fits* the reality of the participants involved in the research for this thesis;
3) Opus has achieved *relevance* to the practice of the midwives and nurses involved in the research for this thesis;
4) Opus is *modifiable* as it is not finite and should new data present variations in categories it will be able to integrate new concepts.

Opus provides a new perspective for thinking and practice in midwifery and nursing, and does so with appropriate parsimony and scope, which Glaser (1992, p. 18) insists are the "two prime criteria of good scientific inducted theory". Opus presents as an exciting opportunity for change for those who aspire to more than midwifery or nursing currently present. It does not in any way confound the discipline differences between midwifery and nursing nor does it compromise their integrity as discrete professions. Opus actually enables more definitive description and understanding of their distinctions. In this sense it may help to alleviate some of the animosity that currently exists between midwifery and nursing. Opus may enable each profession to

comprehend and appreciate the other with increased respect for their important differences and with enthusiasm for the invigorating potential each has to achieve for the advantage of women and their families, patients, and for the professions themselves.

8.3 Rethinking Education Towards Opus

Current curricula for nursing and midwifery education are directed towards attainment of skills, supported by acquisition of knowledge that surrounds those skills and the application of them albeit in mostly limited amounts of time. Overall programs are aimed at achieving what is deemed to be the fundamentals of either discipline with comparatively minimal input from other than designated supporting disciplines.

The typical undergraduate university first degree structure of one or two discipline major courses, with electives, and cognates or similar, based on student choice around compulsory courses, does not happen in nursing or midwifery. The concerted pre-occupation with ensuring students get 'enough nursing content' overrides any possibility that they too should reap the benefits of diversity and choice in the structure of their degrees. It is rare indeed that nursing or midwifery programs will even provide an elective option, or if so, it will be a directed course not free choice.

Even at the level of beginning students the need to control learning and restrict liberality is obvious. Programs have become very content driven despite claims that they are not. In South Australia for example regardless of over twenty years of tertiary education, nursing programs have remained essentially unchanged over this time regardless of review and re-accreditation processes. If anything they are far less radical and diverse now than they were at their inception. This tightening and narrowing of the learning possibilities for nursing and midwifery students has meant the production of graduates who have in the main, succumbed to the desocialisation of the system they have become employed in, or escaped from if their frustration overcame them. This has been in spite of any ideological and motivational drives

they might have had to go out and achieve something for their profession and for themselves.

If this was not the reality significant changes would have transpired over the last two decades, but they have not. If anything there appears to have been a turning back on themselves by nurses as the critical history in Chapter two indicated; less so in midwifery as the move to direct entry education comes to fruition. It is as though nursing particularly and midwifery to an extent are, as one of the participants in the research for this thesis so aptly recognised, well and truly 'stuck in a time warp'. Achieving change in this sort of milieu will be and has been, compounded with resistance, deterrents and negativity.

Until a decisive strategy is determined to attain a change in thinking across all levels of nurses and midwives, the status quo will be maintained convincingly. One of the most imperative matters to act on is that of reflection and reflective practice. On the basis of the findings from the research for this thesis it is advised that reflection and reflective practice be either relinquished or most certainly relegated to limited accessory status. This is vitally necessary so that individuals can be relieved of the imperious effects reflective processes have had. Midwives and nurses must be able to free up their thinking from the impediments of backward orientations to the liberality of critical and introspective thinking followed by a move to the erudition of creative thinking.

Critical and introspective thinking, strengthened by creative thinking need to be given considerable emphasis in nursing and midwifery programs, within a discrete course of substantive weighting. Students need to engage with broad perspectives and dynamics of thinking and analysis, moving to developing specific strategies and skills in introspection, critical thinking and then creative thinking. They must be able to confidently determine and manage their own thinking and response processes (based on recognition and the addressing of their and others' assumptions and values) before they can acquire the diverse and challenging skills of critical thinking, and then be liberated by the enhancement of creative thinking.

Developing their abilities in introspective thinking will enable students to more meaningfully discern sensitivity as a vital outcome in their practice. It will also enable

students to come to distinguish themselves as sensitive liberal-minded professionals strengthened by critical and creative thinking, capable of flexibility, versatility and able to flourish with change. Most importantly they need to be able to value themselves strongly and meaningfully and believe in the courage of their convictions. Students of nursing and midwifery must not continue to encounter the culture of cynicism and mistrust, and professional ageism with defeat and degradation. Their belief in themselves and their valued abilities must enable them to rise above this insurgency to ensure this reality is ultimately extinguished as they envision a new future for their professions.

While critical thinking is not unheard of in current nursing or midwifery education, its contribution to students' learning and development is limited, often tokenistic and nowhere near the depth and incisiveness that is needed to move major changes in thinking and practice. Students need to become highly and pervasively adept in critical and creative thinking, critical analysis and strategic riposte to a diverse but powerful range of ascendancies that impinge on their practice. Creative thinking needs to become as important an asset as competence in practice, as internalised as physical assessment. The media, the health system, political and economic affairs, literature and research across diverse disciplines (not restricted to nursing or midwifery), other health professions, and social structure among others, must be intelligently and astutely confronted by students. The nurses and midwives of the future must not be disempowered by their education to be passive or reactive victims of a system they perceive to be immovable or impenetrable. They need to be able to engage in vigorous debate and lobby for change, and to present a viable, strong creative image of themselves. It is essential in doing so that they believe in themselves as valuable, valued and credible health professionals and that they can promote this belief to their peers and the entire community. Current programs may intimate that they do this but the absence of significant innovation and 'revolution' in graduates themselves, in practice, and in education confirms that this is entirely insufficient. As does the decrease in professional and personal self-esteem that this research has found.

Concomitant with this is the need for substantial input on change and change processes as well as coping and coping strategies. Again this must be much more than tokenistic if crucial and absolute change is going to lead both professions. This

would well be achieved in a course of education centred on creativity, development and innovation. Here nursing and midwifery students would come to see themselves as not just possible supporters of appropriate change but as effective and creative change-makers.

Midwifery and nursing students need to develop strategies to become astutely entrepreneurial to advance the potential of their respective professions with skills in marketing, budgeting, public speaking, publication and promotions, among others. Most importantly to do this, they need to learn about and believe in their own creative capacities and how to best optimise them. Students need to understand how to acquire a sense of flair and artistry in their practice and not be led through procedural learning experiences that focus on the 'doing' of nursing and midwifery to the detriment of everything else. While the persistent perception of nursing and midwifery as 'just jobs' continues, the current education processes cannot justify their prolonged focus on skills to function within the here-and-now, and reflective practice which works to take students backwards but not into the future. The inclusion of artistic endeavours into nursing and midwifery curricula would provide invaluable opportunities for students to open their eyes and minds to possibilities of expression that surpass the routine of tasks, essays, skills, procedures, facts and so on. Just starting at a basic locus of being comfortable to express themselves as creative individuals would enable them to recognise their potential which could then be appreciated through art, design, photography, drama, ceramics, lighting, literature, film-making or any other artistic enterprise of consequence to themselves and their role.

It is vital that midwifery and nursing students come to see themselves as creative individuals not homogenous nurses or midwives, all having the capacity to develop their own individual genius and style toward creative artistry in practice. They will come to comfortably tolerate ambiguity and feel able to "push the boundaries" as Evelyn, one of the interviewees in the research for this thesis recognised, to be so pivotal in achieving creative practice. As creative thinkers students will be able to, even at an early stage in their nursing or midwifery careers, develop the certitude that innovation is a fundamental and exciting part of their practice; that excellence in care is about a new creation of interaction with each woman or patient as unique on a continuing basis; that being creative in nursing or midwifery is about being

individually autonomous (not oppressed or constrained), and experiencing high degrees of satisfaction in achievement of the possible not appeasing the pointless; and that intelligent risk-taking and generation of ideas for diversity and difference are not to be feared or dreaded but absolutely valued and much needed.

Courses such as these would need to be presented by individuals with fluent expertise in critical thinking and analysis, introspection, and creative thinking, and possessing a thorough understanding of the dynamics of the health system and social structure. This may exclude many nurses and midwives. These courses would most certainly come at the cost of possibly two existing nursing or midwifery courses and many educators may not support such a 'weakening' of their program. But if nursing and midwifery are to have determined visions for their futures and achieve them, and if the suffocating cycle of retrograde hegemony is to be entirely broken and extinguished, only a full commitment to changing thinking first will do that.

Leading on from this should be a reconsideration of all nursing or midwifery courses offered anyway so that the critical concepts of Opus from the Fourth Dimension are actualised. This really would mean a re-conceptualisation of the whole nature and context of teaching and learning in and of nursing and midwifery. This represents a significant challenge for most nursing and midwifery academics to let go of what they have been doing and re-think the entire experience of teaching and learning. However for those with a vision and determination for change this could be a time of tremendous invigoration and the best chance for really sweeping out the vestiges of tradition and hegemony. For the new midwifery and nursing graduates able to advance from this the gamut of possibility for creative practice and intellectual ingenuity could be astounding, and is so essential. They need to be able to enter their respective professions with courage to strive for innovation and change, a love and passion for their profession, and a strong sense of self-achievement and belief in their personal abilities to be creative, sensitive, effective individuals who can and will make a difference in nursing and midwifery; and most importantly they need to be assured that they will be defended and valued for their efforts by those who work with them at all levels.

8.4 Rethinking Practice With Opus

In the practice arena there is much to be lost and much to gain. However for the nurses and midwives entrenched in their narrow worlds of unchanging sameness there is nothing to be lost and nothing to gain. Herein lies the greatest challenge. It is likely that there will be those who will never change and only retirement will resolve this whenever it happens. The reality must be remembered that they are victims of their 'training', led to be non-thinking and/or non-questioning compliant service-providers. Their mute passivity tempered with covert aggression towards change, and to new graduates, actually leaves them very vulnerable overall because they have not ever been educated to believe in themselves, their value or the worth of their practice. Nor have they been educated to love and strive for their profession and see their roles and functioning as artistic and creative.

These individuals do deserve an opportunity to experience their own practice and knowledge renaissance, if they can be urged to make the first move. Forcing them will never work but simply achieve greater resistance. An appeal needs to be made to their sense of curiosity and/or, their sense of conscience, to explore new possibilities for thinking and for practice. If they can be tempted to do this just a few may find the chance to bridge the 'gap' they have feared for so long, or for some to come to see their work as fulfilling, and either way discover a new world of thinking and being that has always eluded them. If only a few of this group are able to rise above their own constrained worlds of thinking and practice they will be powerful role models for those who persist in cynicism and mistrust. Whoever takes on the challenge of trying to initiate this process must have a total commitment to their amelioration and the need to arouse at least an interest in creativity, that is balanced with the realisation that each individual nurse or midwife who moves out of their traditional thinking/practice enclosure will represent an important gain for the overall impetus for change; the hope that the perpetual reality and retrograde hegemony will be undermined and dissolved as a new viable reality of innovation and vision bring creative spirit into nurses and midwives.

There are those nurses and midwives for whom such a process will be refreshing and liberating. It will provide the impetus they have badly wanted and needed for so long. This would be their chance to legitimate their ideas and their self-expression, to

be truly original in their practice. They represent as well an important repository for support for new graduates. They will welcome the increased diversity and demands for change and innovation that new graduates bring and will work with them in shared and mutually respectful partnership, not mistrust and cynicism. The essence remains a critical change in thinking to give nursing and midwifery new awakenings. As Ernest Holmes (cited in Garnett 1990, p. 43) so brilliantly stated:

> Change your thinking and you change your life.
>
> Holmes cited in Garnett 1990, p. 43

Changing thinking needs to be about changing patterns and models of care in both nursing and midwifery; about initiating new alternatives for care delivery beyond routines and standardisation that prescribe procedures; about individualised expression in practice that enables nurses and midwives to re-vision what it means to be a creative nurse or creative midwife; and about acquiring the artistic prowess, liberal minded acumen and energetic originality that these roles really do need. This is only the beginning.

The other awesome possibility for creativity in nursing and midwifery is that through Opus it can enable nurses and midwives to transcend the bitter schism that persists between the two of them. Creativity could provide a focus for each profession's specific and separate ongoing development, innovation and enterprise. While midwifery and nursing are certainly distinguished by their difference, creativity could also intercede through their reciprocal focus on creative thinking and creative practice (in terms of their respective disciplines), to achieve the peace and harmony between the two that is so desperately necessary. This in itself would be a major breakthrough and enable both groups to come to respect and admire each other without compromise and territorialism with a common goal of creating exciting new destinies and exploiting the potential for originating nursing and midwifery practices to the optimum advantage of patients and women.

8.5 Rethinking Management With Opus

At this level are those individuals who have the capacity to make or break the innovation, enthusiasm and creative practice that nurses and midwives could generate. Likewise though they may feel extremely threatened by the prospect of creative, liberal minded and intelligent risk-taking individuals practising midwifery or nursing. Those who seek to control and manipulate most determinedly in autocratic environments will work hardest to counteract such possibilities. An appeal to these individuals may best be made through quality practice issues and/or focusing creativity on management and the advantages for them. In particular, they need to be able to recognise the importance and influence of creativity on motivation and job satisfaction to understand that employees will 'give more' if they themselves are 'given more' in terms of freedom and scope. The repercussions of this on practice will be more than fleeting.

Fernald and Nickolenko (1993, pp. 214, 215) insist that corporations will only succeed with "creativity and the use of creative techniques" but the paradox of this is the reality that creativity is regarded by too many as "off the wall and frivolous". They maintain that creativity is within the innate capacity of everyone, "not a talent [but] a mode of behaving" (Fernald and Nickolenko 1993, p. 215). The key to this is a management structure and ethos that is prepared to stimulate innovative drive and empowerment in the organization (Fernald and Nickolenko 1993). This is no less than the participants in the research for this thesis have very clearly indicated is absolutely necessary in terms of their roles and functioning within the health system.

The other issue for management is that of 'letting go' of control to the extent of being committed and courageous enough to give nurses and midwives freedom in thinking and practice without the fetters of traditionalism and regimentation. This takes nurses and midwives from compelled generic roles to becoming individually creative professionals, able to be themselves, engage in self-expression, generate new ideas and discover the satisfaction of flair and artistry for example, in their practice. Managers actually need to have some sense of liberalism themselves to do this or their own constraints will undermine any effort of nurses and midwives to do so. This will still be very difficult for many as their need to control and to ensure efficacy will

be over-riding and the sheer notion of free thinking could be abhorrent within a culture of retrograde hegemony, mistrust and cynicism.

According to two prominent Australian nurse leaders (one an academic and the other a consultant) nursing has reached a crisis point in Australia in terms of leadership in a system that suffers economic constraints, staff shortages, increasing complexity and constant change of dubious effect (Borbasi and Gaston 2002). They make a strong call for new leaders (not necessarily senior nurses) who will be visionary, courageous, proactive, innovative and supportive of staff to motivate and inspire their practice and promote autonomy. Without such people nursing is liable to further disruption and threat and nurses themselves will continue to leave the profession to escape from the frustration and tension (Borbasi and Gaston 2002). These are emphatic pleas and reinforce the findings of this research which places creativity at a focal point for such change.

If managers can come to recognise the benefits of creativity for themselves and their practice the flow-on of this to nurses and midwives will be greatly enhanced. Creativity can also most importantly facilitate a shared sense of purpose and action between them to mediate the management /practice breach. This in itself makes it extremely worthwhile given the historical and current issues that surround the seemingly unforgiving role of management in nursing and midwifery. Further this is a critical issue now given the extreme shortages of nurses and midwives across not only South Australia, but Australia, and accompanying low morale and increasing stress for those who struggle in the system. Never before has the need for creative management been as crucial and the opportunity presents now for dynamic innovation throughout in rosters, work conditions, role expectations, professional development, occupational health and much more.

There is also an urgent need to break long held social stereotypes of nurses and midwives as 'born', 'angelic', 'low thinking and high serving' carers who empty bed pans, and carry out other unspeakable and undesirable tasks. All scope for change must be taken advantage of and nurses and midwives must be viewed and appreciated by everyone as intelligent professionals of significant calibre and of equivalence to the medical profession not deferring to it. A creativity manifesto in management could aspire to all of that and more for tremendous gains.

There remain the issues of power and control in nursing and midwifery and their impacts on creativity and practice in general. From the early writing of Roberts (1983) on oppressed group behaviour in nursing to now, little has changed sadly. As a consequence of her research on powerlessness in nursing in Australia, Duffy (1995, p. 16) claimed that the "nursing world is rife with aggressive and destructive behaviours, known as horizontal violence" which are "manifestations of oppression and powerlessness" and are particularly "counterproductive for nursing". Duffy (1995, p. 12) expressed grave concern about the controlling, coercion and rigidity within nurse leaders who she stated "represented an elite and marginal group, promoted because of their allegiance to maintenance of the status quo". According to Duffy (1995) conformity in nursing was rewarded with promotion, and nurses were expected to comply with traditional practice. Duffy (1995) saw emancipatory education as one response to persistent horizontal violence so that students could develop a critical consciousness to empower them to rise above domination and coercive control. Along with such educative processes though students will need to be able to initiate their creative abilities to provide a vision and ideas for what can be possible beyond the oppression and domination so that individuals do not simply free themselves from horizontal violence to be bound by the restraints of tradition.

Since Duffy (1995) other writers have continued to lament the plight of horizontal violence in nursing and midwifery. Freshwater (2000, p. 481) warned that until nurses feel empowered they will not be able to "take action to swim against the tide" and further that simply encouraging them to engage in reflective practice will not release them from their lack of power and autonomy. Farrell (2001, p. 28) identified disenfranchised work practices which "entrapped" nurses through task/time imperatives, disjointed care due to inconsistent rosters, and constraints on individual autonomy. This all served to generate aggression and interpersonal conflict as nurses felt "alienated and removed from decisions of control and autonomy over their working conditions" (Farrell 2001, p. 31). Likewise Jackson, Clare and Mannix (2002) acknowledged the nursing environment as one of hostility and bullying, a situation which could not continue with increasing numbers of nurses leaving the nursing profession. They called for structural and process changes through training, support and counselling.

Midwifery has not been immune to interpersonal conflicts either. Kirkham (1999, p. 732) identified a "culture of service and sacrifice" in midwifery where midwives lacked rights and mutual support within a context of "learned helplessness and muting". With such repression any attempts at change were achieved by midwives in isolated and deviant ways according to Kirkham (1999), which fostered distrust between midwives; "Doing good by stealth cannot, by its nature, mobilize individual insight and empathy towards collective change" so low morale and powerlessness persist (Kirkham 1999, p. 738). Kirkham (1999, p. 738) urged the development of strategies that would "deal with the culture of midwifery" but did not actually specify these unfortunately. In 2000 Kirkham and Stapleton wrote again of midwives experiencing horizontal violence, barriers to trust, pressures to conform and a "resigned acceptance of their lot and a low sense of their own worth" (p. 467). Kirkham and Stapleton (2000) asserted that leadership in midwifery needed to change in line with changing models of care which promoted woman-centredness. A most devastating effect of horizontal violence, that of the suicide of a new midwife because of the "often cruel and generally destructive atmosphere of the midwifery environment" (Hastie 1995, p. 7) has been identified earlier in this thesis. Hastie wrote of the culture of midwifery as one in which, "midwives eat their young" (1995, p. 8).

There does need to be a much more profound impact on oppression and powerlessness than merely the development of strategies. The 'enabling' of nurses and midwives to exploit their individual potentials through creative thinking towards creative practice offers the hope of heightened morale, individual autonomy, job satisfaction and much more, that is currently so desperately needed. Without the infusion of new and intelligent risk-taking ideas, the acceptance of innovation and liberalism and the welcoming of creative change and diversity the hegemony of oppression and bullying within nursing and midwifery will persist because nothing else may usurp it.

8.6 Research Possibilities With Opus

The research for this thesis must be the beginning not the ending of research into the greater dynamics, assets and nature of creativity in nursing and midwifery. The

exciting potential and hope for change that creativity in nursing and midwifery offers cannot be avoided or negated. There is much that can be explored across all approaches and methodologies.

Of particular note is that further research should include but not be restricted to the following:

- More widespread use of WKOPAY and SAM to determine self-perceived levels of creativity in midwifery and nursing in larger populations;

- More widespread use of the CCI to determine greater validity and reliability of its use in nursing and midwifery with a view to promotion of creativity characteristics in education for nursing and midwifery students;

- Further investigation into the nature and context of creativity and its implications for practice in newly graduated midwives and nurses;

- Further exploration of the dynamics of creativity and its expression in practice for female as compared to male nurses and midwives;

- Further investigation into the influence of workplace on creativity in nursing and midwifery, in particular issues and factors differentiating between public versus private health sector workplaces.

- An exploration of the dynamics and expression of flair and artistry in nursing and midwifery;

- An exploration of the nature of the relationship between flair and artistry in nursing and midwifery;

- Investigation into the relationships between individuality, self-esteem and creativity in midwifery and nursing practice;

- More intensive investigation of the nature and context of creative thinking in nursing and midwifery;

- Women's perceptions and expectations of creativity in midwifery practice;

- Patients' perceptions and expectations of creativity in nursing practice;

- Further investigation and exploration of the consequences of reflection and reflective practice in midwifery and nursing, as well as in nursing and midwifery education.

The possibilities of eclectic research as engaged in within the research for this thesis deserve further considered attention and curiosity of other researchers as well. Accompanying this may need to be further debate and analysis of what really constitutes research and how it should best be conducted (if there are any answers) and quality in research, for example.

It is proposed that the term *Eclectic* be adopted to identify a new methodology in itself; that is one in which both approach and methodologies are diverse and different, but harmonious and effective. To that end it is urged that more research be conducted using eclectic methodologies to determine appropriate and inappropriate combinations. As creativity has been explored in the research for this thesis, so too should creative research approaches and methodologies be explored to enable greater freedom of thinking and expression in research itself.

8.7 From Opus To Originality

This elaborate journey through the possibilities of creativity in nursing and midwifery now comes to a point of its own introspection. The research for this journey of creative discovery has been unique and revealing. The move through self-perceived creativity, the phenomenology of creativity and a grounded theory of creativity to the espial of creativity itself in midwifery and nursing has resulted in a culmination of extensive understanding and knowledge about what this fascinating phenomenon can mean for nurses and midwives and can bring to their professions and those they strive for and with.

Accordingly it is this researcher's thesis that:

Midwives and nurses can and must
with courage and conviction
originate their practice and
distinguish the artistic care they create
as esteemed creative individuals.

The notion of potential has persisted throughout this thesis as an ongoing allusion to the hope and worth that creativity can give to midwives and nurses at a time when nothing else seems to have surpassed the potent history and dismaying reality that continues to stifle them. Creativity is a potential asset for every midwife and nurse that simply needs to be exploited for far-reaching consequences as Peale commended (cited in Garnett 1990, p. 4):

> Everyone has a potential, in essence, built into them. And if we are to live life to its fullest, we must realise that potential.
>
> Peale cited in Garnett 1990, p. 4

The final words of this thesis are given to Elizabeth Barrett Browning, taken from a letter she wrote to Mary Russell Mitford on January 14, 1843 (cited in Oxford Dictionary Of Literary Quotations 1999, p. 94). Browning's (cited in Oxford Dictionary Of Literary Quotations 1999, p.94) eloquent but superbly simple acclaim of genius expresses perfectly what it is hoped the research for this thesis will do; encourage and enable midwives and nurses to recognise their potential, to be and value themselves as individuals, with spontaneity, creativity and originality; and be so with the intellectual ingenuity that creative individuality endows:

> What is genius – but the power of expressing a new individuality.
>
> Barrett Browning cited in Kemp 1999, p. 94

It is hoped then that all who read this thesis will be moved or inspired in some way however seemingly small to find the esprit of their creativity and enable it to enlighten and invigorate their lives and those of everyone else they touch with it.

And so,

The palette is now dry and the canvas richly textured with the emotion, feeling, colour, depth, meaning and aesthetics of a remarkable composition of Impressionism created by the inspiration of the nurses and midwives who contributed to its originality and charisma.

Thankyou for your creativity

APPENDIX 1

INFORMATION TO RESPONDENTS

My thanks to you first of all for what I hope will be a valuable contribution to this research. I have embarked on a large study to explore **creativity in nursing and midwifery.**I am seeking your input via the 4 attached questionnaires. 'Oh no' I hear you say — not another questionnaire! Yes, but these are different!

Apart from the few demographic details you will be asked to provide, you will be invited to consider creativity in nursing/midwifery in several simple and varying ways. At the most this should take **only an hour of your time.** My only request is that you do this when you are least likely to be disturbed and can give some **spontaneous, honest and reflective thought to your responses,** which will provide much needed data on creativity in the profession. I hope as well that this will contribute to the development of a possible model for practice and show us 'new ways of seeing and doing' in nursing and midwifery.

Please do not underestimate your contribution. Your personal and professional perspective is a significant part of what makes nursing/midwifery unique. **There are no right or wrong answers, no better or worse responses, only your feelings.**Your thoughts based on your experience, knowledge and understanding of your role and the profession is what is of the utmost importance.

At a later date I would like to interview various people in a follow-up study. Please indicate below if you would consent to an interview or not.You will not otherwise be identified in any way. The attached research agreement may be kept by you as a surety of this.

( ) YES I wish to be involved in an interview

NAME AND CONTACT ADDRESS--

( ) NO I do not wish to be involved in an interview

Please accept my sincere thanks for your involvement in what I hope will be a worthwhile study for all nurses and midwives. I look forward with eagerness to your responses.

Heather Hancock RN RM BEd BA MEd (Current) ph 378 1111 pager 6578

UNIVERSITY OF ADELAIDE

DEPARTMENT OF PSYCHOLOGY

CONSENT FORM

Person's Name (capitals): _____

Project: Creativity in Nursing and Midwifery

Names of University Supervisors: Dr E. Rump (Tel: 228 5737)
Ms M. Shephard (Tel: 228 5033)

Name of Postgraduate student, who issues the questionnaire: Mrs Heather Hancock

1. I consent to participate in the above project. Details of the project, including tests or procedures, have been explained to me, and are summarised on an information sheet I have been given.

2. I authorize the investigator to use with me the described procedures.

3. I acknowledge that:

   (a) I have been informed that I am free to withdraw from the project at any time.

   (b) The project is for the purpose for research and postgraduate teaching and not for treatment.

   (c) I have been informed that the confidentiality of the information I provide will be safeguarded.

   (d) I have been told that there are no known adverse effects of the procedures.

Signed: _____ Date: _____

(Participant)

CREATIVITY QUESTIONNAIRE

** Please TICK or place a NUMBER in the space as requested.

*** Title:**

( ) Registered Nurse Level_____

( ) Registered Midwife Level_____

( ) Clinical Nurse Level_____

( ) Clinical Midwife Level_____

( ) Clinical Nurse Consultant Level_____

( ) Clinical Midwife Consultant Level_____

( ) Director of Nursing Level_____

( ) Other

**Please specify_____ Level_____

*** Area of practice** _____

*** Please indicate which of the following skill acquisition levels you believe yourself to be-**

( ) Novice

( ) Advanced Beginner

( ) Competent

( ) Proficient

( ) Expert

*** Current workplace**

( ) Public ( ) Full time

( ) Private ( ) Part time / Casual

*** Age** ( )

*** Gender** ( ) Female ( ) Male

*** Total number of years of professional experience** ( ) Years

CREATIVITY QUESTIONNAIRE (Continued)

*** Length of time at current workplace** ( ) Years

*** Institution of Registered Nurse training**

*** Institution of Registered Midwife training**

*** Tertiary qualifications and/or other nursing/midwifery qualifications**

(either completed or in progress - please indicate)

*** Please indicate whether you consider nursing/midwifery to be an**

art ( )

science ( )

neither ( )

both ( )

-- Please briefly explain the reason for your response -

*** How do you see your role/work as being creative?**

*** Please indicate what factors effect your ability to be creative in your role/ work --**

CREATIVITY QUESTIONNAIRE (Continued)

*** How necessary is creativity in nursing/midwifery?**

--- Please explain the reason for your response -

*** What do you think creativity has to offer to nursing/midwifery?**

*** How creative do you consider yourself to be as an individual?**

*** How important is creativity to you in your life?**

*** How important is creativity to you in your role/work?**

-- Please explain the reason for your response -

CREATIVITY QUESTIONNAIRE (Continued)

*Please indicate your response to the following, in terms of how important the characteristic is for nursing/midwifery-

	very important /	important /	desirable /	irrelevant
flexibility	( )	( )	( )	( )
originality	( )	( )	( )	( )
independence	( )	( )	( )	( )
critical thinking	( )	( )	( )	( )
spontaneity	( )	( )	( )	( )
control	( )	( )	( )	( )
sensitivity	( )	( )	( )	( )
creative thinking	( )	( )	( )	( )
autonomy	( )	( )	( )	( )
acceptance	( )	( )	( )	( )
fluency	( )	( )	( )	( )
intuitiveness	( )	( )	( )	( )
curiosity	( )	( )	( )	( )
obedience	( )	( )	( )	( )
novelty	( )	( )	( )	( )
tolerance of ambiguity	( )	( )	( )	( )
perceptiveness	( )	( )	( )	( )
compliance	( )	( )	( )	( )
insight	( )	( )	( )	( )
empathy	( )	( )	( )	( )

** **Please add any other characteristics that you consider to be important –

SELF DESCRIPTION FORM

INSTRUCTIONS: On the characteristics below, compare yourself with the total group of registered nurses/midwives you have known.

Rate yourself, compared to other NURSES or MIDWIVES as the case may be. Indicate your preference with a x as to:

	Definitely less than most nurses	Somewhat less than most nurses	About the same as most nurses	Somewhat more than most nurses	Definitely more than most nurses	Far more than most nurses	To a degree rarely equalled
1. Your drive, as expressed in your work. Think of the energy with which you conduct your work activities. Also consider the speed with which you work and the amount of work you get done..	( )	( )	( )	( )	( )	( )	( )
2. Your reliability and dependability. Consider your willingness to uphold the standards of the nursing profession, to report findings honestly, and to perform reliably the services you have agreed to render.....	( )	( )	( )	( )	( )	( )	( )
3. The degree to which you remain objective and impersonal in evaluating and analyzing ideas, individual abilities and performances no matter how personally you may be involved.....	( )	( )	( )	( )	( )	( )	( )
4. Your ability to change, to respond to new and changing situations, and to remain flexible in your thinking and actions. Consider the degree to which you remain open to new ideas, procedures, and techniques and utilize them, and the degree to which you make changes in your work and approaches to it.....	( )	( )	( )	( )	( )	( )	( )
5. Your ability to grasp ideas fully and use them effectively in solving problems. Consider how well and how quickly you grasp the essentials of the problem, see alternative solutions and select the most appropriate solution.....	( )	( )	( )	( )	( )	( )	( )

	Definitely less than most nurses	Somewhat less than most nurses	About the same as most nurses	Somewhat more than most nurses	Definitely more than most nurses	Far more than most nurses	To a degree rarely equalled
6. Your <u>ability to inform</u> others, to teach, to present old and new ideas, to explain and illustrate complexities in a clear, orderly way. Think of your readiness and skill in adapting materials, demonstrations, and explanations to the needs of others. Consider your ability to hold their attention while presenting pertinent ideas.....	( )	( )	( )	( )	( )	( )	( )
7. Your <u>ability to stay with a problem persistently</u>. Consider your ability to work hard over a long period, to finish a job once started, and never to give up unless it is clearly best to do so.....	( )	( )	( )	( )	( )	( )	( )
8. Your <u>desire to adapt yourself to the needs and wishes of others</u>. Consider to what degree you can and do put aside your own ideas and feelings in the situation and accept those of other people, regardless of your views. Consider your wish to be cooperative, to smooth over disagreements, and to get the job done with as little friction as possible.....	( )	( )	( )	( )	( )	( )	( )
9. Your <u>independence of thought and action</u> based on your own ideas, judgements, and goals. Consider your determination to set a course of action and to move toward a goal without prompting, pressure, guidance, or authority from anyone but yourself.....	( )	( )	( )	( )	( )	( )	( )
10. Your <u>resourcefulness</u> in thinking and acting. Consider your capacity to make use of all facilities and means, obvious or not, which are potentially available for the performance of your work and learning in nursing. Rate your resourcefulness in obtaining the material, facilities, opportunities, etc., which further your work.....	( )	( )	( )	( )	( )	( )	( )

	Definitely less than most nurses	Somewhat less than most nurses	About the same as most nurses	Somewhat more than most nurses	Definitely more than most nurses	Far more than most nurses	To a degree rarely equalled
11. Your <u>ability to discriminate</u> between the relevant and the irrelevant, between the essential and accidental, between the fruitful and the barren in your work. Consider your appreciation of what is needed and not needed, what is practical or impractical, and what is primary or secondary in your work.....	( )	( )	( )	( )	( )	( )	( )
12. Your <u>ability as a leader</u> to guide and direct the activities of others. Consider your ability to get others to follow your advice and direction, to accept your opinion. Consider your persuasiveness, your firmness and your forcefulness.....	( )	( )	( )	( )	( )	( )	( )
13. How <u>sociable</u> you are and how easily you get along with many different kinds of people. Consider how much you really desire the company of others as opposed to being by yourself, to what degree you prefer work activities that you perform with others rather than activities that are generally done while alone.....	( )	( )	( )	( )	( )	( )	( )
14. Your overall interest in and <u>concern for other people</u>. Consider how warmly you feel and act toward others, how considerate and thoughtful you are of their feelings, and how much you desire to help others.....	( )	( )	( )	( )	( )	( )	( )
15. How <u>sensitive you are to the reactions and motives of others</u>. Consider how well you understand people and why they do what they do. Think of your awareness and perceptiveness of what others feel and wish, your ease in dealing with people, and your ability to respond knowledgeably and effectively in helping others to solve their own problems.....	( )	( )	( )	( )	( )	( )	( )

	Definitely less than most nurses	Somewhat less than most nurses	About the same as most nurses	Somewhat more than most nurses	Definitely more than most nurses	Far more than most nurses	To a degree rarely equalled
16. Rate your desire to master the known body of scientific or technical principles and theories pertaining to nursing. Consider the degree to which you seem eager to grasp any and all such principles, rather than merely to know what you can use on a specific job or problem.....	( )	( )	( )	( )	( )	( )	( )
17. Your desire to add to the available insights in nursing through experimental studies. Think of the intensity of your desire to achieve new insights for their own sake and for the sake of people generally, and of the degree to which you draw major satisfaction from searching for such insights.....	( )	( )	( )	( )	( )	( )	( )
18. Your intuitiveness, your ability to sense and grasp the significance in thoughts, situations, etc., without being fully aware of it. Consider your power and tendency to find meaning in structure, situations, facts, relationships, and ideas through a feeling inside yourself of that meaning and of its character, before you can explain why you sense it.....	( )	( )	( )	( )	( )	( )	( )
19. Your power to create, nurture, and implement a new idea in nursing. Think of this new idea as occurring in any area of nursing--such as patient care, community health action, teaching, administration, supervision, research, etc. Consider the uniqueness of the idea and the number of people it might affect.....	( )	( )	( )	( )	( )	( )	( )

Khatena-Torrance Creative Perception Inventory

WHAT KIND OF PERSON ARE YOU?

by E. Paul Torrance

Below is a list of characteristics frequently used in talking about people. Indicate by placing a check (✓) beside a or b of your test sheet the one term of each pair that best describes you. Remember, even if neither term describes you exactly, select the one term of each pair which is nearest to being a description of yourself.

1. ____a. Likes to work alone
   ____b. Prefers to work in a group
2. ____a. Industrious
   ____b. Neat and orderly
3. ____a. Socially well-adjusted
   ____b. Occasionally regresses and is playful and childlike
4. ____a. Persistent
   ____b. Does work on time
5. ____a. Popular, well-liked
   ____b. Truthful even if it gets you into trouble
6. ____a. Considerate of others
   ____b. Courageous in convictions
7. ____a. Conforming
   ____b. Nonconforming
8. ____a. Sophisticated
   ____b. Unsophisticated
9. ____a. Sense of humor
   ____b. Talkative
10. ____a. Visionary
    ____b. Versatile
11. ____a. Adventurous
    ____b. Does work on time
12. ____a. Becomes absorbed in tasks
    ____b. Courteous, polite
13. ____a. Curious
    ____b. Energetic
14. ____a. Attempts difficult tasks
    ____b. Desires to excel
15. ____a. Disturbs existing organization and procedures
    ____b. Accepts the judgments of authorities
16. ____a. A good guesser
    ____b. Remembers well
17. ____a. Quiet
    ____b. Obedient
18. ____a. Independent in judgment
    ____b. Considerate of others
19. ____a. Critical of others
    ____b. Courteous, polite
20. ____a. Feels strong emotions
    ____b. Reserved
21. ____a. Emotionally sensitive
    ____b. Socially well-adjusted
22. ____a. Imaginative
    ____b. Critical
23. ____a. Receptive to ideas of others
    ____b. Negativistic
24. ____a. Fault-finding
    ____b. Popular, well-liked
25. ____a. Determined
    ____b. Obedient
26. ____a. Intuitive
    ____b. Thorough

(Over Please)

KTCPI-1

27. ____ a. Never bored
____ b. Refined

28. ____ a. Haughty
____ b. Courteous

29. ____ a. Cautious
____ b. Willing to take risks

30. ____ a. Affectionate, loving
____ b. Courteous, polite

31. ____ a. Always asking questions
____ b. Quiet

32. ____ a. Competitive
____ b. Conforming

33. ____ a. Energetic
____ b. Neat and orderly

34. ____ a. Remembers well
____ b. Talkative

35. ____ a. Self-assertive
____ b. Reserved

36. ____ a. Sense of beauty
____ b. Socially well-adjusted

37. ____ a. Self-confident
____ b. Timid

38. ____ a. Versatile
____ b. Popular, well-liked

39. ____ a. Self-sufficient
____ b. Curious

40. ____ a. Thorough
____ b. Does work on time

41. ____ a. Eccentric
____ b. Socially well-adjusted

42. ____ a. Self-confident
____ b. Spirited in disagreement

43. ____ a. Spirited in disagreement
____ b. Talkative

44. ____ a. Prefers complex tasks
____ b. Does work on time

45. ____ a. A good guesser
____ b. Receptive to ideas of others

46. ____ a. Curious
____ b. Self-confident

47. ____ a. A self-starter
____ b. Obedient

48. ____ a. Intuitive
____ b. Remembers well

49. ____ a. Unwilling to accept things on mere say so
____ b. Obedient

50. ____ a. Altruistic, working for the good of others
____ b. Courteous, polite

Khatena-Torrance Creative Perception Inventory

SOMETHING ABOUT MYSELF

by Joe Khatena

A list of statements is given to you below. All you have to do is read them carefully and decide if they are applicable to you or not. If a statement is applicable to you, show this by placing a check mark (✓) on the space provided on your test sheet. If a statement is <u>not</u> applicable to you, leave the space blank.

1. ___ When I think of an idea I like adding to it to make it more interesting.
2. ___ I am talented in many different ways.
3. ___ I like making guesses, testing them, and if I am proven wrong, will make new guesses.
4. ___ I am an imaginative person, a dreamer or visionary.
5. ___ Others consider me eccentric.
6. ___ I have composed a dance, song or musical piece for voice or instrument.
7. ___ I have painted, drawn, designed, sculptured, carved on wood, made models of my own design, done pottery, or creative photography.
8. ___ My productions were on exhibitions or won prizes.
9. ___ I like breaking down something organized in a certain way into its component parts and reorganizing it in a different way to make it something no one else would have thought of.
10. ___ I have planned or carried out experiments.
11. ___ When I am faced with a problem I try to think of original ideas.
12. ___ I have played the lead role, directed or produced a play or musical evening.
13. ___ I have confidence matching my talents against others.
14. ___ I am not afraid to take risks should a need arise.
15. ___ I get so interested in what I am doing that I do not know what is happening around me.
16. ___ I have been instrumental in bringing about major changes in rules, procedures, organization or structure.
17. ___ I do not take for granted the accuracy of what others tell me.
18. ___ To make an idea more easily understood I try to relate it to what can be seen, touched or heard.
19. ___ I like to temper my thinking with my feelings especially when I am trying to produce.
20. ___ I am resourceful.
21. ___ I have invented a new product.
22. ___ I can spot the source of a problem and define it.

(Over Please)

KTCPI-2

23. ___ I have improvised in dance, song or instrumental music.

24. ___ I have designed stage lighting for a dramatic or musical evening.

25. ___ I like to take various things or ideas that have not been put together before and combine them to make something original.

26. ___ I can work for long periods of time without getting tired.

27. ___ To be able to laugh or see the funny side of things helps me cope with everyday problems.

28. ___ The beautiful delights me.

29. ___ I experiment in cooking and make new recipes.

30. ___ I see the answers to problems suddenly.

31. ___ I have written a story, poem, play, TV or radio script, imaginative essay and the like.

32. ___ I prefer to strive for distant goals even if present goals appear more attractive.

33. ___ My relations with others must be real and meaningful.

34. ___ To risk entering into the unknown would thrill me.

35. ___ I am critical of others in a way that leads to improvements and advances.

36. ___ I have always the urge to question.

37. ___ I am very interested in and open to the ideas of others.

38. ___ I think for myself though I may not always be right.

39. ___ I prefer to work on my own rather than in a group.

40. ___ I can delay making judgments until I have sufficient information.

41. ___ I can easily spot missing elements or gaps in knowledge or situations.

42. ___ I do not hesitate to be playful and childlike when I am trying to be productive.

43. ___ I do not like to have to do things in the way others prescribe for me.

44. ___ I am a self-starter and do not have to depend on others to maintain my interest level.

45. ___ I like to attempt tasks which others would consider difficult or challenging.

46. ___ My desire to excel makes me productive.

47. ___ I have produced a new formula.

48. ___ I have shown organizational ability.

49. ___ I have designed sets or scenery for a dramatic or musical evening.

50. ___ I am prepared to review my judgments when new information turns up.

CREATIVITY QUESTIONNAIRE (Continued)

*** In what ways do you feel you could be more creative in your role/work?**

-- Please explain the reason for your response -

*** If you could do anything else apart from nursing/midwifery, what would you like to do?**

-- Please explain further -

*** Have your feelings about your role/work changed with increasing experience?**

yes ( )

no ( )

-- Please explain how -

*** Please feel free to add further comments here or over the page, on anything else concerning creativity in nursing/midwifery -**

I am extremely grateful for your time and effort in completing this questionnaire -I know how precious your time is and appreciate your trouble. **THANKYOU!**

Heather Hancock

**** If you have any questions or would like to clarify anything please feel free to contact me on — ph. 378 1111 pager number 6578**

PO Box 85 Uraidla 5142

Research Agreement

All information which permits identification of the people involved in this study will be held in strict confidence. It will not be disclosed or released to others for any purpose.

Signature of Researcher

*PLEASE REMOVE THIS AGREEMENT FROM THE QUESTIONNAIRE AND RETAIN

APPENDIX 2

INTERVIEW SCHEDULE – GROUNDED THEORY COMPONENT

Formal semi-structured interview moving from the general to the particular.

- Can you think back to the first stage of this research and share your thoughts/reaction/feelings about exploring creativity in nursing/midwifery?
  Why did you think/react/feel in that way?

- How do you define creativity?
  Why do you define it in that way?

- Would your definition of creativity differ between personal and professional contexts of creativity?
  Why?
  How?

- Do you see/consider yourself to be creative in your working role?
  Why?
  How?
  Can you give some examples of creativity in your role?
  How does this fit in terms of nursing/midwifery as an art or science?
  Why?
  Please elaborate on your thoughts on this.
  Are nurses/midwives artists?
  Why?
  If yes, how?

- What issues/concerns surround creativity in nursing/midwifery – if any?
  Why?

- Where does creativity 'fit' in nursing/midwifery?
  Why?
  How?
  What is the place/process/perspective of creativity in nursing/midwifery?
  Why?

- What are the present and future challenges for nursing/midwifery?
  Does creativity have any relevance/consequence here?
  Why?
  If yes, how?

- What else would you like to say about or share regarding creativity in nursing/midwifery?

Thankyou sincerely for your time, thoughts and consideration – they are greatly appreciated!

APPENDIX 3

SIGNIFICANT STATEMENTS

- If I had more time I could plan new care ideas, but time and administration make this an obstacle...those 'up above' who stifle new ideas, people who have a traditional approach (blinkered) and have a narrow perspective of nursing. [N]

- Being creative with something that works – is very satisfying – makes life more interesting, gives job satisfaction and increases morale. [M]

- A profession whose main raison d'etre is to provide a service for people must be creative to meet individual as opposed to overall needs. [M]

- Without creativity in my life – I would be bored and dissatisfied! Without creativity in work - one would lose interest and have a lack of job satisfaction. [M]

- ...the hierarchy in nursing is uncreative and perpetuating this lack of imagination by choosing 'safe' like-thinking people for key positions. Therefore I see little hope for change – Nursing administration doesn't like its boat rocked. [N]

- I can be creative but feel restrictions apply due to – the attitude of other staff members on a ward level, doctors' attitudes, management attitudes and the amount of support they will give you. [M]

- My life is my own responsibility – if I don't create then I am the loser and nobody else. At work if I don't create then other people are the losers...It is difficult to create when there are so many institutional restrictions. [M]

- Creativity gives you interest, something to strive for, giving of yourself. [M]

- To find something positive and beautiful about what we do takes effort and energy. Delivering babies in my book is the ultimate creativity...to find that something special, that is the key to their treatment, recovery or relief is very exciting and fulfilling. [M]

- Creativity keeps me thinking positive and therefore SANE. [M]

- [Need to] create ways of changing midwifery practice in budgetary constraints, award restraints and massive bureaucracy...Creativity in the workplace is necessary to encourage staff to develop, decrease staff turnover, increase morale, attract staff to unit as exciting place to work, change work practice, give women alternatives to traditional care, challenge old practices. [M]

- To adapt, progress and stimulate thought for change – without it the profession would stagnate. [M]

- Without an outlet for my self-expression I would become frustrated and I believe unproductive in my work...I equate creativity with self-expression. [M]

- If we had more nursing time per patient creativity would be more spontaneous, more thoughtful and more beneficial to both nurses and patient...Our workload over the last ten has increased dramatically leaving limited time with each patient. [N]

- To develop ways of inspiring staff to aim for uncharted territory by trying something new. To maintain an enthusiasm for turning up to work every day. [M]

- [Need] time to spend with patients, lack of time with staff with consequent stress a major factor in inability to be creative at work. [N]

- Creative thought and practice can sometimes prevent complications or further intervention...Visual creativity has always been a part of my life however I am only now realising the benefits of creative thought. For many years my thoughts have been governed by what other people think rather than what I think...To be creative gives one confidence in dealing with other people. However low self-esteem often stifles creativity. [M]

- A 'good' nurse needs to be creative, adaptable, innovative and ready to accept change. [N]

- Tradition in the doctor-nurse relationship [influences this] – however this is changing and it has allowed me to be more creative in the last few years...[creativity] enhances patient care as long as the medical team recognises its worth. [N]

- A way around an inflexible system...a starting point for change and research in nursing. [N]

- Perhaps it will help nursing to find its own identity. [N]

- An opportunity to think and feel something other than the clichés that we work with presently...*Some days you get the bear, some days the bear gets you! At present the bear is winning.* [N]

- I love autonomy...I like to create something uniquely suited to the person...I do less and listen and watch more...I hand over the blank piece of paper much more, and watch [people] create. I'm learning much more. [M]

- Inside the hospital I felt very constrained by rules and policies and colleagues. In the community one is free to experiment, try different things...I have become disillusioned with the hospital style of work. I have seen many good nurses leave the profession and many who accept the status quo within the profession. I have chosen to leave the hospital because it was too prescriptive, restrictive, hierarchical and paternalistic. [M]

- Creativity – the ability to invent or make things or to be original is essential to human nature and progress. Humans have wonderful abilities and these should always be nurtured and encouraged. [M]

- I am always willing to learn or try new concepts, to improve my knowledge and skills, be creative. I want to be a good nurse and midwife and impart my knowledge to others. It is very important for me to do my best at whatever I set my mind to...Being in the country with only one Enrolled Nurse you barely find the time to do all you have to do in a shift without having to do extra. The patients are missing out and staff are getting stressed out...[We need] time to experiment, [and] willingness of others to persist with a new method so reliable responses can be gathered. [M]

- Broaden nurses'/midwives' outlooks. See many nurses working for monetary gain without much commitment to their profession or to their clients. A little interest and creativity here may be the difference for these nurses. [M]

- [This is about] degree of autonomy, knowledge, experience, lateral thinking, enhancing the quality of care given, striving for excellence. [N]

- Nursing offers many challenges both emotional and technical, the solutions to which are often not dependent upon text book learning but a mixture of skill, knowledge and a 'gut feeling' for the problem. The solution is a mixture of all – this I believe is creativity...[It] offers a change from the rigid structure and opens the doorway for change and reassessment of our values...More positive feedback for ideas/suggestions would encourage people to show more initiative. Even when you have a good idea (which saves the hospital lots of money!) and it is instituted, you are lucky to get a thankyou! [N]

- [Being creative helps me] feel more confident and self-assured with my own capabilities so that I do not feel threatened by challenge and change whether it is instigated by myself or others. [N]

- I believe those who have initiative and drive are allowed to vegetate and stay clinical, while those who 'cope' climb the ladder much quicker, thus become incompetent leaders...[Creativity] makes me what I am, it gives me integrity, peace and allows my compassion to flow from deep within. That small particle of gold has to be searched for in one's daily life, rarely does it come from nowhere. It needs the depth of life experience and care to find it...[I want] to be given the support for my own initiatives instead of having to run the golden mile stone and be given no acceptance/support/ or recognition. [N]

- Creativity can be in many forms, from artistic to creative thinking. In nursing we need creative thinking to achieve a harmonious working atmosphere, which can lead to a

relaxed happy environment...An environment, which allows staff to think and use alternative methods for patient care and staff contentment. [N]

- We must be creative to be the owners of our destiny...[and gain] cohesiveness as a professional group...Nursing needs to stop being its own worst enemy! [N]

- [For me] creativity is time to think, look, listen, try...originality, problem-solving, spontaneity, lateral thinking, research (in the broadest meaning) development, reason, crucial...but [I am] getting a bit sore from being kicked in the shins by the hierarchy. [N]

- Creativity is very important. For years we have been regimented – powerless – restricted. We need to question – to evaluate practice – to think of novel ideas – new ways of achieving optimum and cost effective patient care. [N]

- Midwifery requires a creative and honest approach to each person. Enthusiasm and an open mind help the midwife to be creative. [M]

- Creativity allows me to ask 'why'? It allows, encourages and enables me to look at each situation in a new light. [N]

- To be creative in thought and action is very rewarding. Creativity is nearly always successful because it requires the individual to think, and to think of alternatives. There is only one correct way to program a computer, but there are a thousand different ways to prove [sic] nursing care. [N]

- Creativity would promote nursing to a more intelligent professional level, which would be influenced by more advanced minds and sensitivities. [N]

- Creativity is needed for the growth and development of midwifery knowledge – to make midwifery unique in its body of knowledge...to extend practice [and] increase autonomy of midwives. [M]

- Creativity, flexibility and lateral thinking in nursing elevate nursing from a task-oriented job to a personalised problem solving profession. These qualities make 'nurses' people not people 'nurses'. [N]

- To keep motivated means being creative...an ongoing daily enhancement to life whether it be at work or in leisure time. [N]

- Creativity has not been addressed in nursing before. It's been a bit of a closed bag (nursing). It's about time people started to open their eyes...We need to be more honest and open; change the way we are currently 'nursing' and think of alternatives even though they may not necessarily be accepted initially from our peers. We should look at what we teach, who we get to teach, reassess what is important. [N]

- A potential for growth as a whole person and ability to accept and understand others – to express true empathy. [N]

- Midwifery is about empowering others to be effective caregivers, and there is not only one way to promote this...Creativity removes myth and ritual. Creativity means being free to think in wider dimensions...[and] developing/encouraging entrepreneurial activities. [M]

- Nursing is still trapped in a 'time warp'. [N]

- Beaut to have an excuse to think about the creative side of nursing and actually take some time to think about this vital issue. [N]

- I believe that midwifery is the 'art around the science'...[creativity] is what you need to conjure up to make an otherwise bleak experience 'hum'. It is what you do when you 'spin the magic' – your actions are unseen but the effects are powerful...being creative is exhausting and hard work – being creative places you in an exposed position. Being creative means you and your works are always being judged. [M]

- I enjoy facilitating others to see beyond the ordinary or 'done thing'. Creative thinking allows me to go some way to achieving this. [M]

- I believe everyone has a degree of creativity, it is just suppressed to various degrees...Creativity enables one to be empowered. [N]

- Need to be creative so that nursing can be proactive rather than reactive. Seek our own course, rather than have it charted by others. [N]

- Better methods of care, less costly care, letting go of the past, finding ways to assist women to gain more control and responsibility for their own health, emphasis on wellness model...midwifery is starting to use its creativity, intuition and empathy as it moves to empower both itself and the women it serves...Creative ways of influencing [midwives] into accepting and revelling in the freedom this can give should have a high priority. [M]

- I believe that the Career Structure locked people into specific streams and almost forbade them to maintain interest and links with others. This has closed paths and stifled interest. It has been easy to play clinicians and managers against each other and so widen the gap. [M]

- Freedom from the paramilitary thought structures imposed under the neo-Nightingale system. True professionalism is in autonomous practice...Creativity enhances growth, expands awareness, motivates change. [N]

- Promote an environment where staff will try something without the fear of retribution or even just a negative response. [N]

APPENDIX 4

FORMULATED MEANINGS

7.7.1 Formulated Meanings – Structure

Significant Statements

- I can be creative but feel restrictions apply due to – the attitude of other staff members on a ward level, doctors' attitudes, management attitudes and the amount of support they will give you. [M]

- My life is my own responsibility – if I don't create then I am the loser and nobody else. At work if I don't create then other people are the losers...It is difficult to create when there are so many institutional restrictions. [M]

- [Need to] create ways of changing midwifery practice in budgetary constraints, award restraints and massive bureaucracy ...Creativity in the workplace is necessary to encourage staff to develop, decrease staff turnover, increase morale, attract staff to unit as exciting place to work, change work practice, give women alternatives to traditional care, challenge old practices. [M]

- [Creativity is] a way around an inflexible system...a starting point for change and research in nursing. [N]

- I believe that the Career Structure locked people into specific streams and almost forbade them to maintain interest and links with others. This has closed paths and stifled interest. It has been easy to play clinicians and managers against each other and so widen the gap. [M]

- 'Red tape' and unimaginative administration [affect your ability to be creative and so] co-workers are frightened of anything new or different. [M]

- [Creativity is impeded by] blocks in bureaucracy (meetings with no decisions), lack of resources, lack of finance. [N]

- More 'infrastructure support to remove the mundane tasks of administration out of management/practice and therefore more time for creative behaviour. More opportunity to interact with peers – to share ideas and build on them...Comes back to working in an organisation that deals with people and requires management for 'comfort' and 'enjoyment of what the organisation has to offer'. [M]

- There is limited creativity when working in a procedurally [sic] orientated and mechanically driven work environment [with] institutional confinement. [N]

7.7.2 Formulated Meanings – Culture

Significant Statements

- If I had more time I could plan new care ideas, but time and administration make this an obstacle...those 'up above' who stifle new ideas, people who have a traditional approach (blinkered) and have a narrow perspective of nursing. [N]

- An opportunity to think and feel something other than the clichés that we work with presently...*Some days you get the bear, some days the bear gets you! At present the bear is winning.* [N]

- Nursing offers many challenges both emotional and technical, the solutions to which are often not dependent upon text book learning but a mixture of skill, knowledge and a 'gut feeling' for the problem. The solution is a mixture of all – this I believe is creativity...[It] offers a change from the rigid structure and opens the doorway for change and reassessment of our values...More positive feedback for ideas/suggestions would encourage people to show more initiative. Even when you have a good idea (which saves the hospital lots of money!) and it is instituted, you are lucky to get a thankyou! [N]

- I believe those who have initiative and drive are allowed to vegetate and stay clinical, while those who 'cope' climb the ladder much quicker, thus become incompetent leaders...[Creativity] makes me what I am, it gives me integrity, peace and allows my compassion to flow from deep within. That small particle of gold has to be searched for in one's daily life, rarely does it come from nowhere. It needs the depth of life experience and care to find it...[I want] to be given the support for my own initiatives instead of having to run the golden mile stone and be given no acceptance/support/ or recognition. [N]

- [For me] creativity is time to think, look, listen, try...originality, problem-solving, spontaneity, lateral thinking, research (in the broadest meaning) development, reason, crucial...but [I am] getting a bit sore from being kicked in the shins by the hierarchy. [N]

- Creativity has not been addressed in nursing before. It's been a bit of a closed bag (nursing). It's about time people started to open their eyes...We need to be more honest and open; change the way we are currently 'nursing' and think of alternatives even though they may not necessarily be accepted initially from our peers. We should look at what we teach, who we get to teach, reassess what is important. [N]

- I believe that the Career Structure locked people into specific streams and almost forbade them to maintain interest and links with others. This has closed paths and stifled interest. It has been easy to play clinicians and managers against each other and so widen the gap. [M]

- Nurses in the main are not allowed to use their creativity as they are sometimes perceived to be trouble-makers etc [sic] if they do ... senior members of staff appear to be threatened by nurses exhibiting creativity. [N]

7.7.3 Formulated meanings – Medical Profession

Significant Statements

- I can be creative but feel restrictions apply due to – the attitude of other staff members on a ward level, doctors' attitudes, management attitudes and the amount of support they will give you. [M]

- More limited if the patient is private as obstetricians may have ideas that are not creative, but are more controlling of the patient. [M]

- [Need] opening up of areas of discussion with the medical profession – easing of professional relationships [to be more creative in our roles]. [N]

- Tradition in the doctor-nurse relationship [influences creativity] – however this is changing and it has allowed me to be more creative in the last few years...[creativity] enhances patient care as long as the medical team recognises its worth. [N]

- Many nurses [are] still playing the Dr-Nurse Game [along with] the public's view of nurses being handmaidens [to doctors]. [N]

7.7.4 Formulated Meanings – Time And Workload

Significant Statements

- If I had more time I could plan new care ideas, but time and administration make this an obstacle...those 'up above' who stifle new ideas, people who have a traditional approach (blinkered) and have a narrow perspective of nursing. [N]

- [Need] time to spend with patients, lack of time with staff with consequent stress a major factor in inability to be creative at work. [N]

- Large numbers of people to care for in restricted time. [M]

- It would be interesting to discuss burnout, as this is why some nurses lose their creativity. [N]

- Workload – it can be very hectic and time does not always allow the extra thoughtfulness needed to create an atmosphere, which is conducive to creativity ... An environment, which allows staff to think and use alternative methods for patient care and staff contentment. [N]

- [Creativity is] vital – I work with limited resources in a very deprived area. [N]

- Poor staffing levels, reduced quality of staff, overworked, working long stretches between days off, that is seven to eight days. Lack of positive feedback. Rigidity of management [and] lack of funding for professional development...[Creativity] is important, but it needs encouragement. I don't think nurses as a whole feel highly motivated for whatever reason and this needs to change. [N]

- Lack of time to individually interact with both patients and colleagues impedes creativity... [M]

- I could be quite creative if given appropriate planning time. [N]

- To be creative...need more time, hard to be creative when working under pressure of time (too many tasks in too smaller [sic] time). [M]

7.7.5 Formulated Meanings – Job Satisfaction

Significant Statements

- Being creative with something that works – is very satisfying – makes life more interesting, gives job satisfaction and increases morale. [M]
- Without creativity in my life – I would be bored and dissatisfied! Without creativity in work - one would lose interest and have a lack of job satisfaction. [M]
- Creativity gives you interest something to strive for, giving of yourself. [M]
- Broaden nurses'/midwives' outlooks. See many nurses working for monetary gain without much commitment to their profession or to their clients. A little interest and creativity here may be the difference for these nurses. [M]
- To keep motivated means being creative...an ongoing daily enhancement to life whether it be at work or in leisure time. [N]
- A potential for growth as a whole person and ability to accept and understand others – to express true empathy. [N]
- Routine work can become fairly mundane – need to be creative when solving problems and in an effort to introduce energy for my work and myself. [N]
- Fulfilment in one's role in the profession. [M]
- A lot of nursing care is routine and can be done almost on automatic pilot. But in some circumstances it is necessary or possible to be imaginative, and a great deal of satisfaction can be gained. [M]
- [Need creativity] to make my work as interesting and fulfilling as possible which then in turn helps me provide the best possible care to my clients. [M]

7.7.6 Formulated Meanings - Nursing

Significant Statements

- [Creativity is necessary] in making patients/parents and staff feel wanted/needed/understood and contented in what they are doing or what is being done - a safe and happy environment. [N]
- [Creativity] makes work challenging and interesting. We should all be able to extend ourselves in pursuit of excellence. [N]
- Creativity promotes effectiveness and efficiency thus progression towards the best way to do what we do. [N]
- Creative staff appear happier in their work...Creative people are always thinking of new/different ways/approaches to their work. [N]
- [Creativity is] essential for my own peace, happiness and self-satisfaction. Job satisfaction is greatly enhanced when the patient and I have problem-solved together and achieved a positive and/or successful outcome [creatively]. [N]

- I feel that I'm fairly creative. This adds to the work I do. For example, fixing problems creatively, adding colour to the things that would normally be boring...I like challenge and change – some nurses don't. Being creative and enthusiastic keeps me going and interested in my job. [N]

7.7.7 Formulated Meanings - Midwifery

Significant Statements

- Creativity gives you interest, something to strive for, giving of yourself. [M]
- Without an outlet for my self-expression I would become frustrated and I believe unproductive in my work...I equate creativity with self-expression. [M]
- Creativity – the ability to invent or make things or to be original is essential to human nature and progress. Humans have wonderful abilities and these should always be nurtured and encouraged. [M]
- [Creativity] extends the art of midwifery. [M]

7.7.8 Formulated Meanings – Self-Expression

Significant Statements

- [This is about a] degree of autonomy, knowledge, experience, lateral thinking, enhancing the quality of care given, striving for excellence. [N]
- [Being creative helps me] feel more confident and self-assured with my own capabilities so that I do not feel threatened by challenge and change whether it is instigated by myself or others. [N]
- Freedom from the paramilitary thought structures imposed under the neo-Nightingale system. True professionalism is in autonomous practice...Creativity enhances growth, expands awareness, motivates change. [N]
- [Creativity] enables me to be different to the next person. To be an individual. [M]
- Look for the new in every situation. [M]
- [Creativity] – without it you die. [M]
- [Creativity is] in the individual way I do my work, the way I put my stamp on things. [M]
- [Creativity is about] utilising my experience and training to produce original ideas and/or solutions to problems. [M]
- [Creativity is] very important otherwise I would die of boredom...it is very important to my whole psyche. [N]
- [Creativity is] very important as it allows one to develop confidence in their own abilities as they develop new skills...I would like to be more involved in creative management and introducing new concepts to my workplace. [M]

- [Creativity] leads people to be autonomous and accountable for their decisions and actions, which leads to professionalism. [M]
- [Creativity is about] personal advancement and achievement [and] self-satisfaction. [M]
- To be creative gives one confidence in dealing with other people. However low self-esteem often stifles creativity. To increase my self-confidence and be able to accept criticism more without taking it personally would enable me to become more of a risk-taker. [M]
- We all need to have creativity in life otherwise we would stagnate. [N]
- Having autonomy in the area I work enables me to be creative in caring for people... it allows freedom in individualised care [however] I am still looking for my creative spirit. [N]
- Creativity is important to me in the workplace and being confident in what I do I am therefore able to be creative in my work... increased creativity [is] therefore increased personal/job satisfaction. [M]
- I feel that I am moderately creative – at the moment I am probably more rebellious than creative. Creative is positive – I hope to channel my rebellious nature into more creativity. I enjoy writing and thinking – I often take the world apart and put it back together again in ways that I think would be better. [Creativity] is important. [M]
- [Creativity] is very important for personal stimulation. [N]
- I need to be able to test ideas. I am not a creature of habit. [M]
- [Creativity] is an expression of me as an individual. [M]
- If I feel I can't be creative and inspired by my work I just lose the enthusiasm that is essential food for my spirit and I can't give away what I haven't got! ... I would say if I didn't have creativity in my work I'd feel dead for forty hours of the week. [M]
- [Creativity] is a release and promotes growth in my own life. It allows me to express my individuality. [N]
- [Creativity is about] a greater level of professionalism/self-worth as a nurse. More individuality – nurse is a practitioner in her [sic] own right when she [sic] is able to be creative. [N]
- I like to be an 'ideas' person and I believe it to be important to encourage and foster creativity in others. [N]
- I think everyone is creative – it is the degree of creativity and one's willingness to use it that is influencing my perspective. [Creativity is] vitality, responsiveness, progress, challenges, recognition. [N]

7.7.9 Formulated Meanings - Change

Significant Statements

- Creativity is very necessary if we are to promote nursing as a profession per se, rather than merely an adjunct to medicine. [N]

- A 'good' nurse needs to be creative, adaptable, innovative and ready to accept change. [N]
- We must be creative to be the owners of our destiny...[and gain] cohesiveness as a professional group...Nursing needs to stop being its own worst enemy! [N]
- Creativity is needed for the growth and development of midwifery knowledge – to make midwifery unique in its body of knowledge...to extend practice [and] increase autonomy of midwives. [M]
- Nursing is still trapped in a 'time warp'. [N]
- Need to be creative so that nursing can be proactive rather than reactive. Seek our own course, rather than have it charted by others. [N]
- Midwifery will benefit by creative people because alternative and hopefully better ways of doing things will be developed. [M]
- It has the potential to enable midwives to determine what it is they do and how they do it, thus creating a true professional role. [M]
- Midwifery is changing, as are many things in life, in order to meet this challenge an individual will survive more satisfactorily if they use a creative approach. [M]
- Without creativity in our profession we will stagnate and other professionals will take over aspects of our role. [N]
- Creativity in management of a maternity unit is needed so that easy adaptation to current trends/issues prevails. [M]
- [Need to be more creative in] breaking away from ineffective traditional ideals. [M]
- I believe creativity is necessary for the advancement of health promotion in general and absolutely in midwifery. [M]
- If the nurse is encouraged to be creative in a professional way this encourages professional development and thus better all round nursing care. [N]
- [Need to] create new ideas to improve patient care. [Need to be] willing to try different approaches to solve problems. [M]
- [Creativity is] a challenge, an opportunity to welcome and change. [N]
- If you can't create, facilitate new ways, it is difficult to make progress. [M]
- Creativity promotes effectiveness and efficiency thus progression towards the best way to do what we do. It offers nursing the chance to progress in a professional direction. [N]
- [Need] perspective, flow of ideas, thoughts, the world is changing therefore you need creativity to counter problems, which arise due to change. [M]
- Creativity enables new discoveries, it pushes the boundaries of current knowledge and practice. It makes work enjoyable. [N]
- [Creativity offers] continued challenges to effect changes in practice and to engage in activities related to research. [M]

- I see creativity as one way we can bring about change for example to move away from the medical model or not to do things because we've always done them. [M]
- Creativity equals knowledge. [M]
- Without creativity nursing becomes a dehumanising and stagnant science. Creativity promotes progression. [N]
- [Creativity can offer] greater recognition and acceptance of the role of the midwife. [M]
- [Creativity] would promote nursing to a more intelligent professional level, which would be influenced by more advanced minds and sensitivities. [N]
- [We need creativity] for the growth and development of midwifery knowledge – to make midwifery unique in its body of knowledge which is not the case at present...[Creativity will enable] the means to extend practice, increase autonomy of midwives, increase knowledge and skills, increase work satisfaction. [M]
- I believe that nurses should be creative to progress and promote nursing as a profession, to maintain interest in their work, to remain mentally active, and to actively participate in advancement of nursing. [N]
- [Creativity] can only enhance the profession by encouraging initiative and improving the quality of care given. Creativity equals progress, happy and dynamic staff. [N]
- I feel that creativity has a lot to offer any profession. Unfortunately change is not readily accepted [in nursing]. Old habits die hard...I feel that despite progress nursing depicts archetypal values that are unyielding to change. This doesn't encourage excitement or creativity. [N]
- Creativity introduces new concepts and hopefully can assist in changing old and fast attitudes...[We need] creative attire - less clinical...Nurses and midwives have traditionally always worn white and autonomy has been suppressed. [We need] creative attire to encourage individuality. [M]
- Creativity brings new life and a fresh start. [M]
- Creativity is an absolute essential for nursing as an art – to give us a true profession and recognition apart from the other health professionals. [N]
- Must be able to imagine what nursing and the nursing role could be and strive to achieve it. [N]
- Creativity enables one to be empowered, to bring about change. [N]

7.7.10 Formulated Meanings – Creative Thinking

Significant Statements

- It is the creative thoughts in midwifery that will bring about constructive change. New thoughts. New blood ...It adds variety, and excitement when my creativity is at its best. [M]
- Creativity keeps me thinking positive and therefore SANE. [M]
- I constantly need to use lateral thinking to solve problems which arise in the

community...[We] should be free to practise unhindered of Victorian attitudes/rules/regulations...[Creativity] leads people to be more autonomous and accountable for their decisions and actions which leads to professionalism. [M]

- Broaden nurses'/midwives' outlooks. See many nurses working for monetary gain without much commitment to their profession or to their clients. A little interest and creativity here may be the difference for these nurses. [M]

- [This is about a] degree of autonomy, knowledge, experience, lateral thinking, enhancing the quality of care given, striving for excellence. [N]

- [For me] creativity is time to think, look, listen, try...originality, problem-solving, spontaneity, lateral thinking, research (in the broadest meaning) development, reason, crucial...but [I am] getting a bit sore from being kicked in the shins by the hierarchy. [N]

- Creativity is very important. For years we have been regimented – powerless – restricted. We need to question – to evaluate practice – to think of novel ideas – new ways of achieving optimum and cost effective patient care. [N]

- Midwifery requires a creative and honest approach to each person. Enthusiasm and an open mind help the midwife to be creative. [M]

- Creativity allows me to ask 'why'? It allows, encourages and enables me to look at each situation in a new light. [N]

- Creativity, flexibility and lateral thinking in nursing elevate nursing from a task-oriented job to a personalised problem solving profession. These qualities make 'nurses' people not people 'nurses'. [N]

- Creativity has not been addressed in nursing before. It's been a bit of a closed bag (nursing). It's about time people started to open their eyes...We need to be more honest and open; change the way we are currently 'nursing' and think of alternatives even though they may not necessarily be accepted initially from our peers. We should look at what we teach, whom we get to teach, reassess what is important. [N]

- I enjoy facilitating others to see beyond the ordinary or 'done thing'. Creative thinking allows me to go some way to achieving this. [M]

- [Creativity] adds variety. Makes me think of new ways of doing things [and be] more adventurous in my actions...Increased knowledge leads to more creative thinking. The more you know the more you realise there is to know. [M]

- [Creativity is] very necessary to expand my role and allow a flow of cognitive thoughts and skills. [M]

- [Creativity] encourages thinking and avoids getting into ruts. [M]

- [We need creativity] to adapt, progress and stimulate thought for change – without it the profession would stagnate. [M]

- A greater emphasis on positivity is needed urgently...[Creativity] allows us to think laterally. [M]

- In my role as a Domiciliary Midwife I constantly need to use lateral thinking to solve problems, which arise within the community. [M]

- I consider myself to be a very creative thinker...[Creativity] is extremely important to my personal and professional growth [but] little time seems to be actually placed on creative education. [N]
- [We need] the ability to change thinking and practice. [N]
- The willingness of other staff members to accept and try creative thinking and ideas expressed [is needed]. [M]
- Much of nursing is done as it always has been, so there is plenty of scope for being creative or for doing and thinking a new way. [N]
- Creativity/new ideas – mean change, hopefully change for the better. [N]
- [Creativity is] thinking laterally to circumvent or solve problems such as budgetary. Use creative thoughts to provide comfort, care and education. Having an influence on two new parents and how they see their role and worth as parents. [M]
- [Creativity is] striving for excellence [but] the dynamics require changing in thought-base [sic]. [N]
- [I need creativity because] I don't like my life to be too ordered or set into routines. It takes away the excitement of the unexpected, makes you think in straight lines instead of wavy ones. [N]
- Creativity grows exponentially if a group of creative people get together to brainstorm. [N]
- Creative thinking leads to creative practice and ultimately this stimulates both myself, colleagues and clients in dealing with issues/problems/life. [N]
- Creativity keeps me active in using my brain for many purposes, not always in the artistic sense but ready to think things through for the better work environment and for life. [N]
- [Creativity offers] originality, problem solving, spontaneity, lateral thinking. [N]
- [Creativity offers] new perceptions, ways of looking and doing. [N]
- [Need to] create new ways of thinking within staff realms. Creativity helps to keep minds alert. [N]
- Creative people are always thinking of new/different ways/approaches to their work. [N]
- I think nurses should be creative thinkers and be independent thinkers. [N]
- [Creativity is] thinking of different ways to tackle issues. Using imagination and flair in one's approach. [N]
- Midwives are problem solvers and need creative thinking so that they can apply innovative ways to assist client individuality. [M]
- By creative I am thinking an open-minded, lateral thinking approach. [N]
- Midwifery is an art, which is not constant. Creative people challenge the way we look at things thereby bringing about improvements. [M]
- [Creativity] requires a great deal of initiative, brainstorming and not being afraid to think up new ideas. [N]

- [I need] to increase my lateral thinking and be accepting of new ideas [to be more creative]. [M]
- Creativity promotes new thought and questioning of old practices. It allows us to ask why? [N]
- Creativity is important in that it allows the practitioner scope to explore new avenues and thought on different ways of approaching the same problem. [N]
- [Creativity is] experimentation with lateral thinking in trying other ways of going about work rather than doing simply what is habit or custom. [N]
- Creativity keeps the mind open and provides fuel for ongoing adaptation and change. [N]
- Instead of just thinking about tasks [creativity] gives people an opportunity to think for themselves. [N]
- I believe all nurses have the ability to be creative but need to also think critically to be creative. [N]
- Creativity means being free to think in wider dimensions. [M]
- [Creativity] is having the quality or power of creating, resulting from originality of thought. [M]
- Creative thinking allows me to be more creative in my practice. I am finding different aspects of the role all the time that could be changed and made more interesting for myself and the staff. [M]
- [Creativity is] very necessary...I have good abstract and lateral thinking skills...[While] I prefer to take the path I know I am prepared to alter it for each family unit for their wishes. [M]
- Creative thinking is what moves me to look at current practices and research better ways of doing it. A person-oriented profession needs creativity in dealing with the variety of personalities. [N]
- Creativity enhances growth, expands awareness. [M]

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