EXPLORING CREATIVITY FROM WITHIN: AN ARTS-BASED INVESTIGATION

John Rae
Charles Sturt University, Australia
jrae@csu.edu.au

John Rae applies arts-based research to his main topic of investigation, the creativity of health services. John is a Senior Lecturer and Associate Head in the School of Biomedical Sciences, Charles Sturt University, Australia. He teaches organisational studies in undergraduate health programs, and creativity, innovation and change in postgraduate health management programs. John uses art as a teaching strategy for these courses.

Abstract: This paper illustrates how art making generated a novel understanding of the creativity of health services, a context more often noted for its complexity, rule-bound operations and tensions, than for its creativity. Art was used to identify the researcher's driving forces, facilitate reflexivity, and to explore research participants' experiences of creativity. What emerged was a practice-theoretical conceptualization of creativity and a connection with the Aristotelian concepts of *praxis* and *poiesis*, and the formulations "creative implementation" and "creative activism." This work provides researchers with a platform for conducting multilevel (individual, team and organizational creativity) and multidimensional (creativity plus innovation) research that is not only applicable to health services, but also to organizations that share some of the characteristics of health services.

Keywords: arts-based research; creativity; practice theory; health services; reflexivity

Introduction

This research aimed to answer the question: How can creativity be re-conceptualized in a way that is applicable to health services and beyond and what is the impact of this? It challenges the standard definition of creativity, which dates back to the mid-1950s (Barron, 1955; Stein, 1953) and remains dominant in creativity research (Runco & Jaeger, 2012). Central to this standard definition are the words "novelty," "usefulness" and "process" that together offer a neat conceptual package, which has successfully informed a variety of models that have codified, simplified, but perhaps limited, creativity to sets of manageable stages. It is worth asking if such a view of creativity is still relevant to modern-day organizations, poised "at the dawn of post-industrialism" (Hjorth, 2012, p. 169) and often explained in terms of complex adaptive systems (Stacey, 2005, pp. 21-26). What may be more relevant at this time is a view of creativity that draws from and extends Seana Moran's (2009) organism metaphor of creativity. This creativity would not be about "eureka" moments, but something more systemic, where the dynamics of creativity are not overlooked (Moran, 2009, p. 8) and where the system itself becomes creative (Csikszentmihalyi, 1996, pp. 27-36)

> *"How can creativity be re-conceptualized in a way that is applicable to health services and beyond and what is the impact of this?"*

Research Approach

The re-conceptualization of creativity proposed here emerged from looking at creativity differently, from within – through arts-based research. Various generative devices were employed as part of this process, including the making of artworks, the use of metaphor, and the interviewing of experts in health care. Ideas generated were then used to critique existing knowledge about organizational creativity.

Methodology and methods. The arts-based approach taken in this research was informed by the work of John Dewey (1934), where art is considered an aesthetic "experience," and also by Paul Carter (2004), who wrote of art in a way that

presupposes its generative qualities, through "material thinking." In particular, I drew from Margaret Somerville's (2007) notion of "postmodern emergence" and the concepts she considers key to this methodology – "becoming" as ontology, "generating" as epistemology, and the notion of "emergence" itself, which Somerville contends occurs "when a particular assemblage of forms and meanings comes together as a moment of representation, a temporary stability within a dynamic flux of meaning-making in (re)search for new knowledge" (Somerville, 2007, p. 209). Postmodern emergence offers a means for thinking differently about health services' creativity; if the research had not been attuned to the possibilities of emergence, opportunities for generating new knowledge may have been missed.

Purposeful sampling was used to "yield the most information about the topic under investigation" (Leedy & Ormrod, 2005, p. 147) and to allow for diversity in health environments. Eight experts from a range of public health contexts, who had received awards for their creative work, were selected and interviewed. Of the eight cases, the two presented here offered particularly insightful and different illustrations of a practice-theoretical approach to organizational creativity. These research participants were considered to be entry points for understanding the creativity of their health services.

Research participants were interviewed separately and in person twice. Initial interviews were semi-structured and allowed me to understand the work of each health service and prepared me to make paintings to explore their creativity. Completed paintings were shown back to respective participants at the subsequent interviews, which were more open-ended. The paintings and interviews served to clarify, to delve further into and expand on participants' stories. In this way the research became a partnership; participants shared their experience of creativity, which was contextualised. I took emergent understandings from my paintings and the participants were invited to communicate the meanings they attached to those images. I also kept a research journal, following Paul Leedy and Jeanne Ormond (2005, p. 145), to document initial interpretations and unfolding ideas.

Analysis. Data included those artworks made after the initial interviews, transcripts of the first and second interviews, and also notes from my research journal. Analysis of these materials occurred in a way that was reminiscent of how Carter (2007, pp. 15-16) described invention, that is, as "a double movement of … decontextualisation, in which the found elements are rendered strange, and of recontextualisation, in which new families of association and structures of meaning are established." This is similar to Somerville's (2007, p. 239) method of dismantling and re-assembling her journal notes, transcripts, paintings and so forth, each time she "create[s] a new product from the research" (Somerville, 2007, p. 239). Both these formulations relate to rendering the elements of research "strange," thus facilitating the

emergence of new associations (inventions). Following Carter and Somerville, I examined the different forms of data to identify contradictions and also generalisations, and I worked to disentangle what may be considered taken-for-granted associations, complexities and dichotomies in meaning. I allowed arguments to challenge each other, seeking alternative readings, and I worked to hear marginalised voices (Grbich, 2012, p. 214). From this dynamic process involving looking, reading, writing, listening and thinking deeply about the data, new understandings emerged.

Reflexivity. Reflexivity is vital to qualitative research (Finlay, 2002, p. 531). This is because in qualitative research "meanings are seen to be negotiated between researcher and researched within a particular social context" (Finlay, 2002, p. 531). To integrate reflexivity into this arts-based research project, I used self-portraiture (Rae & Green, 2016), a direct and revealing genre of art. I also set out in a matrix what Linda Finlay (2002, pp. 536-541) identified as the stages of research (pre-research, data collection and data analysis), against Pierre Bourdieu's (2004, pp. 94) different levels of objectivation (overall social space, field of specialists and scholastic universe). The cells forming the matrix, that is, this intersection of thought about research stages and levels of objectification, raised questions about the investigation. Reflecting on the self-portrait, something I did throughout the project, provided a means for answering these questions (Rae & Green, 2016). For example, the fact that I am a former health professional, and neither entirely within nor completely outside my research participants' worlds, assisted me in asking questions that I may not have otherwise asked (Rae & Green, 2016). In fact, this liminal space was a very appropriate place for an artist-researcher such as me to be in.

Key concepts. Art has a place in accessing what Angie Titchen and Debbie Horsfell (2007, p. 219) refer to as researchers' driving forces. What emerged for me through painting was the *Sea of creativity* (Figure 1) and along with this, the concepts that informed and guided the remainder of study.

Figure 1 is an evocative image of the sea. It helped me to (re)view and problematize the notion of "creativity." While one would normally expect a picture of the sea to be blue and aqua, perhaps with a golden wash to represent the sand, for me, the cadmium red highlighted a tension, and the layering of lines, somewhat random, reminded me of complexity. I wondered if it might be that from this tension and complexity creativity arises. A bank of waves forms in the top-left hand corner of the painting and rolls on towards the shore, located at the bottom right-hand corner, and the luminous form in the space between the waves and the shore catches the eye as a central feature of the painting.

Figure 1. Sea of creativity, 56 X 76 cm water colour, acrylic and graphite

Playing with the ideas embedded in the *Sea of creativity*, a metaphor came into perspective: Waves build, amidst an ebb and flow, swash and backwash, breaking, each differently, randomly, though in an overall pattern, and always shoreward. Driven by the wind, particles of water move in a circular motion. They do not travel; only their collective energy travels. So waves *are* the *Sea of creativity*, rather than something passing over it. These particles move and interact with sand and debris; they shape waves and connect with the shore. The waves form and reform; the boundary between the sea and the shore shifts (Mack, 2011, p. 165), and the shore itself changes. Tensions in the collision of particles and in the breaking of waves on the shore make the shore what it is. Because the shore itself produces a reactive tension against the waves, reflecting energy back to the sea, a new version of the shore emerges. Waves do not form without the wind or break without the shore. The reflected energy disrupts the energy of the incoming waves, creating diffraction patterns that reveal what might otherwise be unseen.

The *Sea of creativity* provided the model from which existing knowledge about creativity could be critiqued, and it offered a way of organising the data.

Critique of existing knowledge. In arts-based research, the inquiry enters the unknown and moves reflexively to the known (Sullivan, 2009, p. 48) "as a means to

critique existing knowledge" (Sullivan, 2009, p. 49). This is different from other approaches that typically start with what is known. Here, the key concepts and their arrangement, represented as the *Sea of creativity*, evoked David Harrington's (1990) thesis that creativity arises out meeting demands (analogous to the shore changing due to the action of waves). However, where Harrington regards this dynamic to be between creative processes and resources, in health services the dynamic is likely to occur between those practices that reinforce current operations and new ways of thinking and acting. This is because the mission of health services relates to people and life, and consequently standardization, clinical safety and rule-bound operations. Indeed, one may consider such a dynamic to be at the heart of health services' creativity. As in Harrington's model, where demands are not met in equal strength, tension arises. In health services, tension may originate, for example, from efforts to enhance the fidelity of extant practices, perhaps in the name of "evidence-based practice." This would be similar to what Rehn and De Cock (2009, p. 226) called "(re)productive work," where "originality lies in the relational dynamics" (Rehn & De Cock , 2009, p. 226) and in the evolution of what already exists. Another pattern may originate from thinking differently, or from blind ideas that are variably selected and retained (Campbell, 1960, p. 380). Kerrie Unsworth (2001) used the term "proactive creativity" to describe a similar thing. This, she wrote, occurs when individuals "actively search for problems to solve" (Unsworth, 2001, p. 292) and volunteer suggestions. Two cases are now presented with the aim of further developing and illustrating these ideas about how creativity may emerge from the re-forming or broader implementation of extant practices, and also from thinking and practising differently in order to challenge extant practices.

Cases

Chad and his team are recognised for implementing the "strength model" in their community mental health service. Lena is an internationally renowned music therapist who triggered a new approach to the treatment of people who have cancer. These cases are now discussed in relation to the key concepts.

Chad's mental health service. The strength model, based on social recovery principles, resulted in Chad's health service focusing more on its clients' strengths, not just their problems – current operations were supported through the implementation of an existing method to their context. Of course, implementation often requires local adaptation (Berwick, 2003, p. 1971) and therefore creativity. Thus, creativity and innovation are drawn together, not unsurprisingly since creativity is considered the precursor of innovation (Amabile et al., 1996, p. 1155). This is a step towards a multidimensional interpretation of both concepts.

Chad and his organization wanted to perform better. They worked morally, or *praxically*, building on what already existed. This creativity is organic and evolving, and in a broad sense aligns with Moran's (2009) organism metaphor of creativity, where creativity is not about "pushing out a boundary" (Moran, 2009, p. 2), but about the ongoing balancing and re-balancing of demand for quality care and its associated tension.

I made two paintings in acrylic and collage for Chad. One was called *Don't give up* (Figure 2) and the other *No limit* (Figure 3); both were made in response to the initial interview, and Chad and I discussed the paintings in detail the second time we met.

Figure 2. Don't give up, 14 X 30 cm acrylic and collage

I had graffiti in mind when I painted *Don't give up* (Figure 2). Graffiti seemed to embody Chad's humanity and also his improvisation, as well as the context of Chad's practice, an inner-city environment. I also wanted to represent strength. Although the figure looked less spirited than I had wanted, I persevered in case something came of it, or in case something emerged. I experimented with cut-outs, positioning and repositioning these against various colourful backgrounds until it felt like it was well composed and balanced. *Don't give up* represents a client-mental health worker collaboration. The leaf (top, left-hand corner) speaks of how a model of care focusing on a person's strength seems somehow "natural." I came to see that if the various structures such as pathology and treatment are peeled back, what one is left with is a more human depiction of a person's life and aspirations.

The first thing that Chad said when he looked at *Don't give up* (Figure 2) was: "It looks to be sort of a hard-working, it's like a hard working posture . . . hard but not adverse to hard work, it's a longitudinal hard journey." If this is creativity, then it is more than a sequence of steps or phases undertaken by an organization; a longitudinal hard journey is more demanding and complex than that. Clearly, my concerns over the figure not appearing spirited were unfounded. The "hard" (as in hard-working), according to Chad, related to "moving towards something that's lighter. And the second image to me is much brighter and it's a similar structure so the work continues." This movement from right to left, said Chad, impressed and excited him. It was a movement from the:

> black in terms of, that's their past . . . don't forget everything because in order to be creative, everything can't be brand new, I mean is built on the past and maybe that's the really good parts that you want to keep. (Interview transcript, 2015)

This represents a gradual reshaping of Chad's health service, like the way the shore slowly re-forms in response to waves, facilitated by good action around patient care – to empower people who have mental health problems. Creativity was, and is, located and grows within Chad's health service, as its fabric, alongside all the other activities – it is not simply a wave passing over it.

Chad also remarked on the layering effect in *Don't give up*: "there's almost like there's a parallel, a double going on," he said. Chad offered a few interpretations of this but spoke most about it representing other people: "there's a togetherness . . . the biggest drivers for change are people," Chad said.

Notions of uncertainty and unpredictability were also enablers of Chad's creativity and this was illustrated when he reflected on *No limit* (Figure 3): "where does the ladder lead … we don't know yet and we won't know until we get there." A response to this uncertainty, as Bill Green (2009, pp. 9-12) would likely propose, is the pulling in of actions that are "second nature" to an experienced health professional like Chad. Chad also spoke about the need to make choices, reflect, plan, define and explain complex concepts, reconfigure service structures, form and work within groups, search the literature, make contacts and, no doubt, more of what practice theory scholar, Theodore Schatzki (2002, p. 73), would call "doings." If this creativity is driven by "doing" best possible and ethical care, it might also be enabled by what has just been mentioned – uncertainty, or *aporia*, and practical wisdom, or *phronesis*. *Aporia* and *phronesis* are what Green (2009, pp. 9-12) refers to as guiding principles of practice, which in some measure come into focus from Chad's comment on *No limit* (Figure 3):

Figure 3. No limit, 76 X 56 cm acrylic and collage

There's that sort of brightness and allure of what might be, what could be, rather than a darkness – I like the break in the ladder which would to me just brings an imagery that there's some risk in this journey. It's onward and upward but there's risk, yeah but we can see the risks so it's about managing the risk. (Interview transcript, 2015)

Lena's music therapy department. For Lena to participate in her creative endeavours said she had to become part of the culture of her hospital. Lena used the words "duality" and "balance" to describe that culture, a link, one may imagine, with waves, the shore, and their shifting boundaries.

To render these words "duality" and "balance" in an artwork I made a diptych in acrylic and collage that I called *How hard can it b*e (Figure 4), a phrase that Lena often used. The left-hand panel was an abstract representation of Lena's hospital, and the right-hand one was a comment about culture, broadly speaking, represented by a figure

that was Lena conducting a choir. Lena did in fact conduct the hospital choir, but here I had in mind a broader notion of conducting – conducting the hospital's culture.

Figure 4. How hard can it be, 76 X 112 cm acrylic and collage (diptych)

Lena liked her painting, especially the use of the colour red. The large size, seventy-six by one hundred and twelve centimetres, seemed to have impact too, and also that it was a diptych. Lena spoke to the left-hand panel, the hospital: "we are all in structures whether we like it or not." However, Lena did not necessarily see her hospital as a unified structure, adding: "our presence is greater in some and less [in] others and you know sometimes that depends on what people think hospitals are for." Lena explained that hospitals are either "places for healing and expression" or the more traditional biomedical model of "putting your hands on and healing someone." Could it be that if creativity evolves, as Chad indicated, then the way the hospital is conceptualized matters? If, for example, a holistic conceptualization of health is adopted, then the fruits of creativity may follow suit. A holistic view of the hospital would allow for, even embrace, deviations from the usual. A modernist view, however, may curtail imagination and deviation in the name of safety and standardisation. The

important thing here is that context, for example culture, impacts on how creativity is conceptualized.

Lena saw quite a lot of what she called "action" in the left-hand panel of *How hard can it b*e (Figure 4): "I think this is interesting – you've got action moving but there's still a little bit of a barrier − but it still gets through. There's a sort of movement and I think that's very much like some parts of it flows." The flow in *How hard can it be* does in fact seem to be more apparent in some than in other parts of the painting (and the hospital). This would be a limitation of the *Sea of creativity*. Waves move shoreward and in most cases crash on the shore, but picking up on Lena's comment, the energy of waves, and of diffraction, varies. Only in some cases is creativity achieved; in other cases it is arrested. This view is reminiscent of Benjamin Dalton's (2004, p. 620) critique of Hans Joas's text *The Creativity of Action*, which posits that action can have both habitual and creative elements.

When I approached the task of making Lena's painting, I thought that a representation of a guitar would be far too obvious a symbol for a music therapist. Nevertheless, that is what I did, despite my best efforts to resist what could be considered a naive response to our first interview. The guitar was embedded in the representation of the hospital and is barely recognisable (see bottom left of left-hand panel). Would Lena even notice it? What might have been an artistic *faux pas* turned out to be a useful comment on Lena's work, to which she responded: "I mean it's all built around this [guitar]. It's nice now that I can see that the colourful buildings are built on the guitar because that's how the service has been built." Lena elaborated: "But the guitar isn't me – that's the *practice*. That's the service. So you take that away, it doesn't exist. If you take me away, things will go on." In other words, Lena's creative work went beyond herself, or even her team. It came, one could argue, from the ideas and practices that challenged the *status quo*. As Lena said: "I knew I was doing something different because I plopped myself down in a hospital that never had music therapy before."

Health services are not predictable or even knowable, as complexity theory tells us, and that is something that Lena thought too as she examined *How hard can it be*: "This has got an improvisational feel to it to. When you make a decision, you're not locked into that decision if you're an improviser," she said. There is a useful connection here with the work of Elena Antonacopoulou (2008, p. 115) who notes that many definitions of "practice" have difficulty articulating its dynamic nature, and this is where complexity theory and possibilities of emergence become important and help explain "how practices emerge and evolve over time" (Antonacopoulou, 2008, p. 115). Reuben McDaniel, Michelle Jordan and Bridgitte Fleeman (2003, p. 274) also describe health services as complex adaptive systems, adding that there is a need to: "respond to the

emergent phenomenon" as it arises, which is something that Lena thought was important also: "Be present in that moment, you don't know what's going to happen but that doesn't mean you cannot be present at that moment." Does this mean that creativity is rule-less? That would seem unlikely. A better explanation would be that, for creativity, rules lie outside and alongside it, so that they provide a contextualised influence as productive tension. Schatzki (2002, p. 105) considers rules to be something humans are schooled in and hold each other to; they are simply "the human way of life" (2002, p. 105) (a point that Schatzki attributes to Wittgenstein). Rules are always there, amidst the complexity, accumulated from other actions, including creative actions. For Lena, the rules were not about music therapy. They were, as she explained: "what people think hospitals are for." Lena was mindful of the rules at play and she knew how to work "with" them.

When Lena identified the left-hand panel of the painting as her hospital, she said: "I like the way that the colours [are] kind of smashing through it in a way or infiltrating it. Which is sort of how I feel about the music – it's not so much smashing." The language here needs to be considered, which is obviously something Lena thought was important too, having retracted the word "smashing," leaving the word "infiltrating" resonating over the painting. The impression one gets from this is that, despite Lena's energetic and hands-on approach to her work, her style is actually more akin to "openness before what-is" than "mastery over" (Bolt, 2011, p. 80). Lena's comments that follow support this and show how a facilitated sequence of events was unveiled. By way of introduction, I point out that two of Lena's clients, young women dying from cancer, wrote songs with Lena that were recorded posthumously by Pete Murray (2011), a well-known Australian singer/songwriter. Pete Murray sang of moments in time — not playing pretend — letting go. Lena explained the events:

> We got quite a lot of feedback from the general community. So that was taking it even further past the bedside, people emailing about their experiences with cancer, what it meant for them to hear those songs. So the girls' legacy and that public health message went out broader. (Interview transcript, 2015)

This level of impact was not planned. Only the original song writing, typical of music therapy, was planned, not the recordings or the involvement of Pete Murray. It was a matter of opportunities arising and being responded to. Of course, the public response could not have been anticipated either. It all unfolded to be a novel and valuable public health activity that went well beyond extant practices. In fact, it is questionable if such a powerful public health message could ever be planned, given the sensitivities involved. It required, according to Lena, her to "sneak it in," "put up with the knock backs" and be "brave and take that first little step."

Lena described how the "Pete story," as she called it, evolved, in more of an organic than mechanistic fashion:

> And then just recently [we] had a young patient in and he's a Pete Murray fan. I told him about the songs and he downloaded them straight away and he said: "They're beautiful, they're beautiful." And I thought wasn't that full circle you know . . . So it's so important, he gets that same help that those girls [got]. (Interview transcript, 2015)

This is the work of an artist. Of course, I am not referring to myself as the painter, or artist in a musical sense, but artistry in the sense that Whitehead (2003, p. 3) used the term, that is, Lena acting in concert with her organization, with *poiesis* or "creative making." A tension formed between new ways of thinking and acting and extant practices. From this, something original was produced, or unveiled, taking Martin Heidegger's (1977, p. 21) perspective on *poiesis*.

Discussion

Chad and Lena revealed how their health services developed from prefigured conditions, roles and cultures. Their health services worked *with* rules and responded to tension through good action, or *praxis*, which is another of Green's guiding principles of practice (Green, 2009, p. 9), and *poiesis*, or creative making, as well as affect.

Rules. Creativity emerges where rules, those "explicit formulations . . . that enjoin, direct, or remonstrate people to perform specific actions" (Schatzki, 2002, p. 79), conflict with new ways of thinking and acting, and from this, new rules may be established (Rehn & De Cock, 2009, p. 227). As Lena said: "sometimes maybe the rules are good but maybe they're old rules … and it's difficult because you live in a culture that wants you to be innovative, kind of." The words, "kind of," signify the dilemma – creativity may be required but there is a tension with extant rules and practices. What happens, according to Antonacopoulou (2008, p. 116), is that as rules and routines reproduce themselves, amidst tension, social complexity and improvisation, they change.

Tension. Authors such as Chris Bilton (2007, p. 39) consider creative tension in organizations to be the raw material for creativity. In health services, this tension can often be traced back to demand – unmet demand regarding an aspect of treatment and care, which often fluctuates. This is where, recalling Joas (1996, p. 128), habitual action becomes inadequate. As extant practices lose their grip on demand, new ideas are called for to support those extant practices and current operations, as we saw with

Chad. In some cases, for example in Lena's case, new ideas challenge current operations and even call for new operations.

Praxis and creative implementation, poiesis and creative activism. Inadequate habitual action calls for *praxis* as a way of responding to tension and mediating change (Seo & Creed, 2002, p. 229). This occurs through what is referred to here as the "creative implementation" (an extension of the notion of "[re]productive work") of actions that reinforce current operations. Alternatively, *poiesis* may be invoked because new demands and tension call for the making of completely new ways of acting – "creative activism" (a concept that can be linked back to "proactive creativity"). In both cases, the same or similar ends are produced, or unveiled, to bring Heidegger (1977, p. 21) back into the conversation, and these re-enter the changing social world that caused the demand in the first place.

How do we best think about creativity such that rules, tension, *praxis* and *poiesis*, actions of implementation and activism, and the dynamic interrelationships of these, are accounted for? Practice theory provides a way forward.

A practice of creativity. Practices of creativity require what Stephen Kemmis refers to as "mediating preconditions" (2009, p. 33), which may be cultural, discursive, social or political (Kemmis, 2009, p. 33). An important mediating condition for a practice of creativity is affect, and Lena spoke to this:

> We are brought up with logical sequencing, if I do this, I do this and if I do this. But what that doesn't say to you is, if I do this then I'll feel like this and then I might do this. So we don't accept that little circle that happens in the middle and I think that helps you get new ideas because you acknowledge your feelings related to that process. (Interview transcript, 2015)

Affect, this condition "under which a practice is practiced" (Kemmis, 2009, p. 33), accounts for the difference between a practice of creativity *fully achieved* and what may be called a practice of creativity *arrested*. It facilitates the full achievement of creative implementation through its link with *praxis*, considered to be an action that combines body and mind (Holmes & Warelow, 2000, p. 177) (noting that Holmes and Warelow draw on Freire's view of *praxis*). It is about creatives "actualising the full wealth of their best potential capacities, encompassing their distinctive talents and skills and engaging an emancipatory position in which they challenge received ways of thinking, feeling and practising" (Holmes & Warelow, 2000, p. 180). Affect is no less important to the way the ancient Greeks thought about *poiesis* either, and here, to creative activism being fully achieved – as "the bringing forth or revealing of aesthetic and poetic human realities through subjective emotional expression and reflection" (Atkinson, 2009, p. 178). It is

also worth noting that these two forms of action, *praxis* and *poiesis*, are related. Whitehead (2003, p. 2) made the point that *poiesis* "liberates the wilfulness of a *praxis*" (Whitehead, 2003, p. 4) and together they "bring about a transforming encounter" (Whitehead, 2003, p. 2). Thus, a practice of creativity fully achieved will likely include creative implementation, creative activism and affect.

Applications of a re-conceptualization of creativity as practice. A practice-theoretical approach to creativity helps to integrate theories and prior research findings into what Michael Mumford (2003, p. 118) refers to as a "coherent system," and it opens the way for multidimensional and multilevel perspectives on creativity. The expressions "creative implementation" and "creative activism" help to reduce the notional barrier between creativity and innovation, and between creativity and innovation research. Research that incorporates the dimensions of creativity and innovation, and even "change," following Richard Woodman (2008, pp. 283-300), better focuses attention on the totality of organizational experiences and practices. This multidimensional perspective provides a means for appreciating the interrelationships between creativity, innovation and change and this, in turn, assists in the translation of research findings about creativity and innovation to health services and indeed, to many other organizations. It also encourages practitioners to be open to creativity because of the way that creativity can lead to productive change. In environments where change is constant, practitioners will more easily see, or at least look for, the novel and valuable idea from which the change emerged, and this may aid implementation.

Jing Zhou and Christina Shalley (2008, p. 350) claimed that a suitable multilevel theory for creativity has not yet been formulated, but a practice-theoretical approach to creativity offers a way of conceptualizing creativity across individuals, teams and organizations. As Ajit Nayak (2008, pp. 433-434) points out, a practice approach to creativity means that creative acts occur within a relational space. This relational space does not necessarily belong exclusively to individuals, teams or organizations; it exists through "social connections among individuals, collectives, organizations, institutions and situated contexts in which these connections take form" (Russo-Spena & Mele, 2012, p. 533). For Schatzki (2002, p. 59), "social orders are not self-standing or self-propagating configurations . . . they exist and evolve only in some context encompassing them." This context is a nexus of social practices, says Schatzki (2002, p. 59), and as Susan Saltmash (2009, p. 153) illustrates: "no clinic, classroom or workplace can ever operate independently of the communities and contexts in which their work takes place." In health services, those responsible for initiating and facilitating change, for example, need to communicate, influence and provide support at individual, team and organisational levels. They should also think carefully about how these levels are interrelated. As Lena said: "we've affected the culture and the culture's affected us."

There is a relationship, then, between different levels of practice, so that creativity is practised by individuals, teams and organizations as a nexus of creative practice.

Conclusion

Art making has generated another way of understanding creativity: one that does not consider creativity as a process, but rather, understands creativity as a shared practice. Creativity, then, becomes understood as a living and connected thing, harnessed together with other practices (Kemmis et al., 2012, pp. 36-37) and enacted through organizations and their self-organizing and emergent qualities. It supports and further theorises Nayak's (2008, p. 420) claim that a practice approach to creativity leads to a better understanding of its dynamics, and Johann Fortwengel, Elke Schüßler and Jörg Sydow's (2017, p. 14) conclusion that practice theory "helps to examine how creativity is actually achieved on a daily basis in an organizational setting."

A practice-theoretical approach provides a platform for understanding creativity across multiple levels – for considering individual, team and organizational creativity jointly, rather than separately, and for understanding the relationships between these levels, which is something that creativity scholars have been calling for (Mumford, 2012, p. 711; Zhou & Shalley, 2008, p. 348). Creative implementation also draws in the notion of innovation, and so serves as a potential device for conducting more multidimensional (creativity plus innovation) research.

Creativity, re-conceptualized as practice, signifies action and the "doing" of creativity. A practice is "more than a process" (Russo-Spena & Mele, 2012, p. 532); a practice foregrounds what Whittington (2003, p. 119) calls situated "concrete activity" and "sheer labour," and this has been illustrated through Chad and Lena's stories. Activity and labour are not unfamiliar notions to organizations, especially health services. Such a view of organizational creativity is more relevant and accessible, and more likely to be placed on organizational agendas.

Acknowledgements

Declaration of Conflict of Interests

The author declares no conflicts of interest with respect to the authorship and/or publication of this article.

Funding

Human Research Ethics

This work has been approved by Charles Sturt University Human Research Ethics Committee.

REFERENCES

Amabile, T. (1996). *Creativity in context*. Boulder, CO: Westview Press.

Antonacopoulou, E. (2008). On the practice of practice: In-tensions and ex-tensions
        in the ongoing reconfiguration of practices. In D. Barry & H. Hansen (Eds.),
        The SAGE handbook of new approaches in management and organization (pp.
        112-134). London, UK: SAGE.

Atkinson, M. (2009). Parkour, anarcho-environmentalism, and poiesis. *Journal of Sport
        & Social Issues, 33*(2), 169-194.

Barron, F. (1955). The disposition toward originality. *The Journal of Abnormal and
        Social Psychology, 51*(3), 478-4851975.

Berwick, D. (2003). Disseminating innovations in health care. *Jama, 289*(15), 1969-
        1975.

Bilton, C. (2015). Uncreativity: The shadow side of creativity. *International Journal of
        Cultural Policy, 21*(2), 153-167.

Bolt, B. (2011). *Heidegger reframed: Interpreting key thinkers for the arts*. London,
        UK: I. B. Tauris.

Bourdieu, P. (2004). *Science of science and reflexivity*. Chicago, IL: University of
        Chicago Press.

Campbell, D. T. (1960). Blind variation and selective retentions in creative thought as in
        other knowledge processes. *Psychological Review, 67*(6), 380-400.

Carter, P. (2004). *Material thinking: The theory and practice of creative research*.
        Melbourne, AU: Melbourne University Press.

Carter, P. (2007). Interest: The ethics of invention. In E. Barrett & B. Bolt (Eds.), *Practice
        as research: Approaches to creative arts enquiry* (pp. 15-25). London: I. B.
        Tauris.

Csikszentmihalyi, M. (1996). *Creativity: Flow and the psychology of discovery and
        invention*. New York: Harper Collins Publishers.

Dalton, B. (2004). Creativity, habit, and the social products of creative action: Revising Joas, incorporating Bourdieu. *Sociological Theory, 22*(4), 603-622.

Dewey, J. (1934). *Art as experience*. New York: Penguin Group.

Finlay, L. (2002). "Outing" the researcher: The provenance, process, and practice of reflexivity. *Qualitative health research, 12*(4), 531-545.

Fortwengel, J., Schüßler, E., & Sydow, J. (2017). Studying organizational creativity as process: Fluidity or duality? *Creativity and Innovation Management*, 26(1), 5-16.

Grbich, C. (2012). *Qualitative data analysis: An introduction* (2nd ed.). Thousand Oaks, CA: SAGE.

Green, B. (2009). Introduction. In B. Green (Ed.), *Understanding and researching professional practice* (pp. 1-18). Rotterdam, NL: Sense Publishers.

Harrington, D. M. (1990). The ecology of human creativity: A psychosocial perspective. In M. A. Runco & R. S. Albert (Eds.), *Theories of creativity* (pp. 143-169). Newbury Park, CA: SAGE.

Heidegger, M. (1977). *The question concerning technology and other essays*. New York: Harper and Row.

Hjorth, D. (2012). Organizational entrepreneurship-an art of the weak? In D. Hjorth (Ed.), *Handbook on organizational entrepreneurship* (pp. 169-190). Cheltenham, UK: Edward Elgar.

Holmes, C., & Warelow, P. (2000). Nursing as normative praxis. *Nursing Inquiry, 7*(3), 175-181.

Joas, H. (1996). *The creativity of action*. Cambridge, UK: Polity Press.

Kemmis, S. (2009). Understanding professional practice: A synoptic framework. In B. Green (Ed.), *Understanding and researching professional practice* (pp. 19-38). Rotterdam, NL: Sense Publishers.

Kemmis, S., Edwards-Groves, C., Wilkinson, J., & Hardy, I. (2012). Ecologies of practices. In P. Hager, A. Lee & A Reich (Eds). Practice, learning and change (pp. 33-49). NY: Springer.

Leedy, P. D., & Ormrod, J. E. (2005). *Practical research: Planning and design* (8th ed.). Upper Saddle River, NJ: Pearson/Merrill Prentice Hall.

Mack, J. (2011). *The sea: A cultural history*. London: Reaktion Books.