

PERSPECTIVES IN BUSINESS AND HEALTHCARE MANAGEMENT NEWSLETTER

Issue 2, March 2020



FROM THE EDITOR

Welcome to the Perspectives in Business and Healthcare Management Newsletter. We hope the second issue will be an improvement on the first. We look to constantly improve on the content and contributors of the newsletter.

This is the first edition of the year 2020, so Happy New Year, Happy Lunar New Year, and Happy Chinese New Year. The new year, for many, is a time of reflection and making plans. A lot of things have already happened, and are expected to happen in the first weeks and months of this year. Among these, for instance, the United Kingdom left the European Union January 31st. We have also seen an outbreak of Coronavirus (COVID-19) from China which the World Health Organisation has now declared a pandemic – a worldwide spread of an infection. There are now concerns that urgent public health measures are needed to reduce its onward spread. All of these would have an impact on our lives and way of working.

On a more positive note, the school recently launched the Karen Brady MBA (KB MBA) which was commended for its approach to develop self-reflective forward thinking managers who will be ready for the challenge the boardroom presents. Watch the space for the validation and launching of more programmes. Our periodic review of all programmes also coincides with this. This is an important process designed to freshen up existing programme content and resources.

In this issue, we feature 3 short articles exploring Healthcare management in a changing landscape, the impact technology has on the struggles young people are confronted with and challenges technologies bring along for young people as well as business intelligence and decision-making; respectively. We want to also share some of the publications, activities and events undertaken and supported by staff in the school. In this vein, research articles featured include Dr Dominic Appiah's exploration of brand switching in the smartphone sector, Dr Imose Itua's article on utilisation of maternity services among women of reproductive age in Nigeria and an article on breaking the cycle of domestic violence by Ms Natalie Quinn-Walker. We also feature opinion pieces by Mr Ukonu Obasi, on the cost of care gone wrong, part 2 of Dr. Wannette Van Eg Dom- Tuinstra's article on mediation in Higher Education and Ms Florence Tagoe's article on Entrepreneurship.

Finally, this issue gave us the opportunity to feature and celebrate some of our academic staff. This issue will help you get to know 3 members of our academic staff. Programme updates from our Undergraduate Business and Healthcare Programme Leaders is also presented. This is something we want to make a regular feature of the newsletter.

Saikou Sanyang, Emmanuel Murasiranwa and Ukonu Obasi (Co-Editors)

Page 2: A word from our Head of School

Page 3: Programmes News & Updates



Page 4: A Healthcare Management degree in a changing healthcare landscape by John Eguzoraku



Page 5: The National Student Survey (NSS) 2020.

Page 6: Has technology changed the struggles young people face? by Paul Tshimbombo.

Business Intelligence: Building an Intelligent Management System by Toye Adegbayi

Page 7: Utilization of Maternity Services and Its Relationship with Postpartum Use of Modern Contraceptives Among Women of Reproductive Age Group in Nigeria by Ugwu & Itua (2020)

Page 8: Breaking the Cycle of Domestic Abuse by Natalie Quinn-Walker

Page 10: Brand switching and consumer identification with brands in the smartphones industry by Dominic Appiah et al. (2019)



Page 12: The cost of care gone wrong by Ukonu Obasi



Page 14: Mediation in Higher Education: The need for a distinctive approach- Part 2 by Wannette Dom-Tuinstra



Page 17: Introduction to Entrepreneurship Part 1 by Florence Tagoe.

Page 19: CAREER SPOTLIGHT: How to become a student entrepreneur-Clark (2015)

Page 22: Faculty Staff Profiles.

Page 23: Homelessness in England & Mental Health

Coronavirus: protecting yourself and others from getting sick

Page 24: National Careers Week 2nd- 6th March and dates for the diary

A WORD FROM OUR HEAD OF SCHOOL

Hello there and welcome to the second Business School newsletter. Firstly, can I take this opportunity to wish you all a happy new year and to thank you all (both students and staff) for your ongoing hard work and general superhuman efforts!

I had a lovely relaxed family focused Christmas and of course found it painful on the first day back in the office, however I am now back up to full speed and dealing with many new exciting initiatives within the Business and Healthcare School. You will see further updates on these projects over the next few months, a few key areas include:

Kicking off a full review of all undergraduate and postgraduate business programmes – this will be done in conjunction with relevant professional bodies, industry representatives and alumni and will ensure that our programmes maintain maximum currency and hold a competitive edge within the education sector. This will be a substantive project that many of you will be involved with over the next 18 months.

In addition, Arden is reviewing its approach to assessment at the level 4 stage of its undergraduate programmes to ensure that our assessment strategy provides the best possible opportunity for our students to demonstrate excellence. Furthermore, Carmen Miles is leading on a review of the induction process that will have a huge positive impact on all new students joining the university – I am sure Carmen will be sharing more information on this as the project unfolds.

January saw the launch of our flagship programme; The Karren Brady MBA. This is the culmination of a project that pulled together academics from our school, Baroness Brady, the Chartered Management Institute and representatives from several business sectors in the creation of a truly innovative product. Information on this amazing programme can be found on our web site: <https://arden.ac.uk/our-courses/distance-learning/postgraduate/mba/the-karren-brady-mba>.

In closing, a huge thanks to my staff for their ongoing efforts in support of our wonderful business school students. I look forward to seeing you at campuses or graduation over the coming months and years.



Matthew Cooper



Programme news/updates

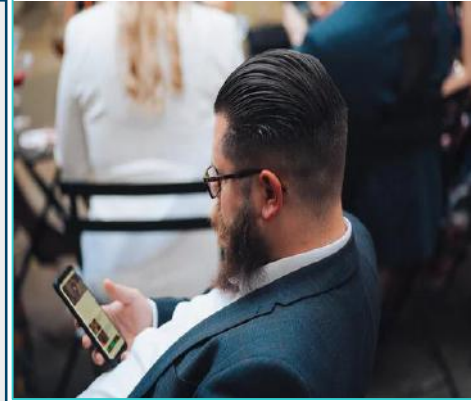
Business Management Programme update

Do you know:

The Business Management and Accounting Undergraduate Programmes which Dr. Alison Watson leads is one of biggest undergraduate programmes in the University. It has over 50 academics [Blended (BL) and Distance Learning (DL) combined] teaching in the faculty.

Updates:

- Pass rates continue to be generally good across DL and BL.
- A number of new Associate Lecturers for Business and Accounting have been taken on in the BL Centres.
- Berlin has employed two more permanent lecturers.
- Dr Dominic Appiah and Professor Wilson Ozuem have recently published an article, 'Brand switching and consumer identification with brands in the smartphones industry'.
- The Business school are continuing to work with the CMI on their Management 4.0 research.



Healthcare Management Programme update



Do you know:

The Healthcare Management Undergraduate Programme was first delivered in our Berlin campus in November 2019. The Programme continues to grow from strength to strength. It currently has over 800 students across BL and DL.

Updates:

- The Programme is due for a periodic review this year. The review provides us with the opportunity to assess the currency, relevance and usefulness of the programme to employer needs and the sector.
- The NSS (National Student Survey) was recently launched and we have been conducting presentations for level 6 students across BL and DL.
- We are working on bringing in more guest speakers this year and are finalising a calendar for the rest of the academic year.
- We have noted good pass rates across all modules over the past quarter. This is true for both BL and DL.

A Healthcare Management degree in a changing healthcare landscape

John Eguzoraku – Arden Student Ambassador and third year Healthcare student

For me, the purpose of a degree in Healthcare Management will be broad arching. Among these, learning and engaging with contemporary evidence-based information, which promotes life-long learning opportunities in an increasingly changing Healthcare landscape in the UK and beyond.

My experience of undertaking a Healthcare Management degree at Arden is that the degree is focused on developing the requisite knowledge and skills around leadership attributes to guide service coordination and delivery. This experience has been immense in helping me recognise the link between care practitioners and patients in a healthcare system. The context here is of course that the relationship, collaborations, systems and processes will also be compared to other models of healthcare. Some of which arguably see healthcare as a commodity to be ‘traded’.

Looking at the broader picture, despite the NHS being ‘free’ at the point of delivery, there is a business element to it. This, I must admit, does bring along with it a tension for practitioners. The tension is between the care function versus the business model embedded within outcomes, care funding, efficiency savings and alternative for-profit health care provision access points.

Can I add that I have come to adopt the belief that Healthcare is not free. This is, despite the popular notion to the contrary among friends. In fact, I posit that the broader question about payment for our healthcare (vis-à-vis free vs costed) should be whether we pay out of our pocket before access is granted or whether access is preceded by a form of pre-payment - through national insurance, taxes, health insurance etc. I think the answer to this lies in the healthcare financing model existing in a country.

In the words of Merrill Goozner, editor of Modern Healthcare from December 2012 to April 2017, “There are many reasons why health should not be seen as a free market”. The author, interestingly, provided analogies to showcase why healthcare is not free. These include:

- Nobody in the middle of a heart attack shouts, “Let’s go Shopping!”
- Passing of all costs in the form of higher premiums on employers by Insurers. Even when higher taxes or deficits become the government’s responsibility to pay.
- Healthcare widely still is a price tag-less department store where customers have an unlimited credit card.

Even so, for healthcare students and colleagues, good news: the projection by the Bureau of Labour Statistics is that the demand for medical and health services managers will increase by 22% by 2020. This is a lot to be positive about.



The National Student Survey (NSS) 2020

What is the NSS Survey?

The National Student Survey is an annual, externally run survey for all final year students in all UK universities.

Who is eligible?

An annual survey of nearly half a million students across UK Universities and Higher Education Institutions (HEIs), it is open to all final year students at all publicly funded Higher Education universities/colleges in England, Wales, Northern Ireland and Scotland.

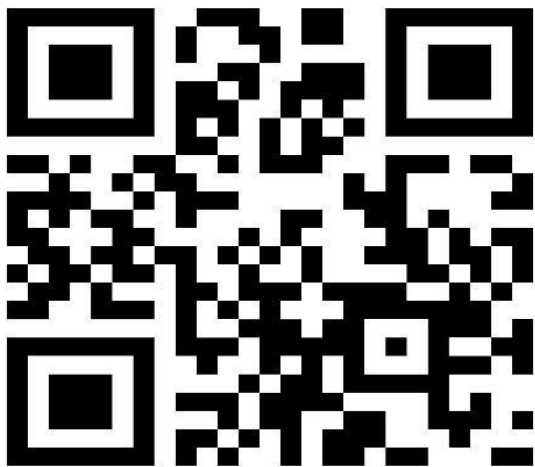


→ COMPLETE THE SURVEY ←



Why complete it?

It's a great opportunity for you to give us your feedback (anonymously) on all the different aspects of your course and a chance to reflect on your whole experience with us over the period of your study. We are really encouraging students to complete the study because the greater participation we have, the more reliable the results will be-and then we will have a really good idea of what to keep doing, stop doing or improve.



Scan the QR code on the left or [click here](#) be taken to the survey site for more information. The survey will be open until early April and we want you – the Business and Healthcare students to complete this in your large numbers.

We're also donating £2 for every completed entry to our chosen charity, Young Minds.

You can also claim £15.00 Amazon voucher for completing the survey (and informing us you have done so).

Short opinion pieces

Has technology changed the struggles young people face?

Paul Tshimbombo Business Management student Towerhill

Advances in "technology" mean today's teens are facing issues that no previous generation has ever seen. While some issues are not exactly new, electronic media has changed or amplified some of the struggles young people face. For instance, teens today struggle more with their interpersonal relationships than any previous generation and a lot of this dysfunction can be linked to overuse of technology.

In fact, the average teen spends over nine hours each day using their electronic devices. Consequently, their social media habits and media consumption are changing the way they communicate, date, learn, sleep, exercise, and more. According to The National Institute of Mental Health, an estimated 3.2 million adolescents in the United Kingdom had at least one major depressive episode in 2017. That means about 13 percent of teenagers may experience depression before reaching adulthood. Depression rates grew among adolescents, especially in girls, over the previous decade when about 8% of teens reported being depressed. Some researchers blame technology for the rise in mental health problems. For instance, spending too much time on electronic devices may be preventing young people from engaging in sports or peer activities that help ward off depression. They also experience new conditions like "fear of missing out" or fomo, which further leads to feelings of loneliness and isolation.



Business Intelligence: Building an Intelligent Management System

Toye Adegbayi Healthcare Management student Towerhill



Business Intelligence (BI) in any case must deliver a gorgeous set of benefits that drive substantial and solid return on investment (ROI). It removes the complexity of converting raw data into meaningful business intelligence by giving organizations the power and the ability to convert data from multiple sources into accurate, useable information that can be shared securely throughout the enterprise. BI has the ability to enable users to make informed business decisions quickly and confidently by providing the question and reporting tools needed to find, share, manage, publish and evaluate information. The goal of Business Intelligence is to enable management to make more smart decisions on the basis of knowledge extracted from data. The questions that need to be asked at this point are: Does this mean that having data is always good? That having more data and extracting more Knowledge from it is better? and that is knowledge derived only from data?

Taking the BI systems facts into consideration, the idea of presenting a suggested methodology for the systems creation and implementation in organizations is of utmost importance. Hence, in this context the approach to be used while building and implementing the BI involves two major stages that are of collaborative nature. The stages are: (1) Business Intelligence creation and (2) Business Intelligence "consumption". Even so, there are other important aspects that must be considered such as aims and objectives in order to maintain a good service delivery system.

Brand switching and consumer identification with brands in the smartphones industry

Dominic Appiah*, Wilson Ozuem**, Kerry E. Howell and Geoff Lancaster (2019)

We are pleased to share an excerpt of an academic journal paper recently published by Appiah et al. (2019). The first two authors in this article (Dr Dominic Appiah and Professor Wilson Ozuem) work for Arden University's School of Business and Management.

This timely publication examines consumer brand switching behaviour in the highly disruptive and competitive smartphones industry. The authors identify a gap in brand loyalty literature in that it has mainly focused on how brands perform under normal market conditions. The authors argue that as the business environment grows more complex, globalised and innovative, market disruptions become more prevalent. This is a 'must read' article for marketing managers, management and marketing students and educators.

Excerpt discussion

Background:

Marketing research based on identity theory focuses on how individual consumers behave in agreement with the most salient identity because it provides the most meaning for the self (Farhana, 2014). This determines the relationship between the customer and brand in light of what is 'me' and what is 'not me' (Kleine, Kleine and Allen, 1995). Drawing on Bhattacharya, Hayagreeva and Glynn's (1995) research, Appiah et al. (2019) posit that customers who identify with a brand are likely to be loyal to the brand, but all brand-loyal customers need not identify with the brand.

The importance of the study lies in its examination of two major limitations of brand loyalty literature. The first is that sustainability of brand loyalty predictors refers to resisting both time and market disruptions (Lam, Ahearn, Hu and Schillwaert, 2010). The second is that the perceived value of a brand is conceptualised and operationalised as a functional utilitarian value. Appiah et al. (2019) argue that this does not capture other non-utilitarian factors such as socio-psychological benefits that might motivate customers to continue buying what they buy (Hsu and Liou, 2017). In that context, taking a cognition-based approach the paper proposes that customers identify with brands to satisfy one or more self-definitional needs.



Dr Dominic Appiah

Continued on next page...

The study adopts a qualitative social constructivist perspective, using an inductive approach and a case study research strategy. The authors adopt this methodology because it is capable of exploring, from 'multiple perspectives' (Baydan and Karadag, 2014; Ozuem, Howell and Lancaster, 2008), facts and meanings attributed to social situations (Lawlor and Kirakowski, 2017; Portelli and Eldred, 2017).

Data generation is based on purposive sampling where participants were carefully chosen based on their 'lived' experience with the use of smartphones (Naicker and Van der Merwe, 2018). Forty participants drawn from across the UK participated in in-depth semi-structured interviews. In-depth semi-structured interviews were useful in allowing other questions to be added to further probe the answers. In addition, the semi-structured interview technique provide opportunities for participants to discuss and elaborate their experiences and opinions. The study adopts a thematic data analysis method where patterns of meanings and themes were developed around the topic.

Brand switching and consumer identification with brands in the smartphones industry

Dominic Appiah, Wilson Ozuem, Kerry E. Howell and Geoff Lancaster (2019)



Research Findings:

The research identifies four main themes in the purchase of smartphones; identity, satisfaction, brand loyalty and brand switching. The results suggest that these four themes provide consumers with a sense of purpose and meaning, defining who they are and why they behave in specified ways in society, which increases their self-esteem. The results reveal that brand switching occurs when customers are motivated to review available alternatives in the marketplace due to a change in competitive activities.

Main Conclusions and Implications: The study concludes that socially, switching occurs when a customer's belief in a brand is externally influenced within the social setting. Thus, when the boundary between the 'in-group' and the 'out group' is impermeable and changing, group membership is not realistic, social mobility is not a viable option to cope with identity threats. The study makes important theoretical and practical contributions to knowledge.

Theoretically, the study identifies two gaps in literature as outlined in the background section. The study confirms that the brand loyalty literature does not capture other non-utilitarian factors such as socio-psychological benefits. Empirical data in this study confirm that underlining factors motivate consumers to continue buying the brands they buy.

Managerially, the study provides pointers for brand and customer relationship managers in terms of how to devise customer relationship strategies to achieve a sustainable competitive advantage... This study suggests that the consequences of implementing identity strategies would enable brand managers to withstand disruptions in turbulent competitive markets and lead to high brand advocacy among consumers through positive brand image and word of mouth.

Keywords: Brand Loyalty, Brand Switching, Brand Identity Customer Satisfaction

The full text academic paper is available at: <https://doi.org/10.1002/cb.1785>

Full list of references and the full paper is available upon request – please contact the Editors at perspectivesbhm@arden.ac.uk or Dr Dominic Appiah at Dappiah@arden.ac.uk



Utilization of Maternity Services and Its Relationship with Postpartum Use of Modern Contraceptives Among Women of Reproductive Age Group in Nigeria

Ugwu, I. & Itua, I. (2020)

We are pleased to present the abstract of a journal article by Dr Imose Itua, a Healthcare Lecturer who recently contributed to the Open access journal of contraception. The full article could be found on the PubMed [NCBI] database. Full citation: Ugwu, I. A., & Itua, I., 2020. *Utilization of Maternity Services and Its Relationship with Postpartum Use of Modern Contraceptives Among Women of Reproductive Age Group in Nigeria*. Open access Journal of Contraception, 11, 1–13. <https://doi.org/10.2147/OAJC.S215619> (Accessed 17.02.20).

Abstract

Background:

Utilisation of maternity services (UMS) exposes mothers to family planning (FP) counseling and other FP promotional activities. Uptake of postpartum modern contraceptives (PPMC) reduces both infant and maternal mortalities by reducing unwanted pregnancies and promoting good child spacing. Understanding the relationship between UMS and uptake of PPMC was therefore very important.

Purpose:

To determine the association between UMS and uptake of PPMC among women of the reproductive age group in Nigeria taking into consideration the influence of the place of access to the maternity services.

Patients and Methods:

This study adopted a descriptive epidemiological study design. Secondary data obtained from the 2013 Nigerian Demographic Health Survey (NDHS) was analysed to achieve the above aim. The uptake of PPMC was the dependent variable (DV). The independent variables (IDV) selected were the number of antenatal care (ANC) visits, place of access of ANC, place of delivery, timing of postnatal care (PNC) and place of access of PNC. Other control variables include socio-demographic factors. Descriptive statistics, chi-square testing, and logistic regression analyses were conducted to determine the association between the PPMC uptake and the IDV/other control variables. Statistical significance was claimed at $p < 0.05$.

Results:

UMS was associated with higher uptake of PPMC among the women (≥ 4 ANC visits OR = 2.08, 95% CI=1.65–2.62, $P < 0.001$; public facility delivery OR= 1.80, 95% CI= 1.54–2.10, $P < 0.001$; private facility delivery OR =1.54, 95% CI 1.28–1.85, $P < 0.001$; PNC OR=1.21, 95% CI= 1.02–1.43, $P = 0.029$). Accessing postnatal care in private health facilities was associated with increased uptake of PPMC (OR= 1.46, 95% CI =1.05–2.02, $P = 0.024$). The number of children alive, educational attainment, wealth index and having information about FP remained significant predictors of PPMC uptake.

Conclusion:

UMS was positively associated with postpartum use of modern contraceptives among women of reproductive age in Nigeria. There was increased uptake of PPMC among women utilising maternity services compared to their counterparts who did not. Regarding the place of access, accessing antenatal care as well as delivering in either private or public health facilities was not a significant predictor of PPMC use. However, accessing postnatal care in private facilities was associated with higher uptake of PPMC.

Keywords: Maternity Services, Postpartum Contraception, Family Planning, Nigeria

For full text and bibliography, please see link below for the full citation.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6955809/>

Breaking the Cycle of Domestic Abuse

Natalie Quinn-Walker, Healthcare Management Lecturer

Domestic abuse affects millions of people globally; the UK Government estimated that 2 million people suffer the abuse in England and Wales. To raise awareness of this critical public health issue, Arden University invited Heroes Rights in October 2019 to deliver an educational presentation for the National Domestic Abuse Awareness Month.

Smith, Szymanska, and Haile (2017) express the importance of tackling domestic abuse, as every week, at least ten people die in the United Kingdom due to abuse. Domestic abuse is still a very hidden topic in society, even though stronger policies have been enforced in the last ten years. Many victims struggle to report their abuse due to stigmatisation, fear of further abuse, and fear of disbelief. Hence, the importance of raising awareness, encouraging victims to report, and re-bunk any myths of domestic abuse as anyone can be a victim of abuse, regardless of gender, sexuality, and age.

Heroes' Rights, led by Tammi Owen, were one of the first domestic abuse intervention programmes supporting male domestic abuse victims in South Wales. The organisation focuses upon delivering interventions using a non-gendered approach to ensure all victims are supported, regardless of their gender.

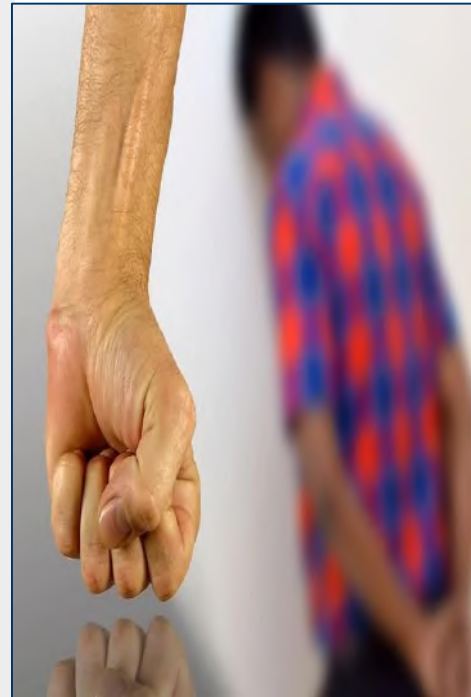
The session delivered was related to the module 'Meeting the Needs of the Service User,' exploring the importance of empowering victims to report their abuse. The session explored how multi-agency working together can address the victim's multiple needs such as housing, safety, self-esteem, and rebuilding family relationships as many victims lose contact with their families due to their controlling partner.

Heroes' Rights focused upon the importance of services working together to break the cycle of domestic abuse and encouraged the engagement of communities to support victims and the local community. By engaging the local community, people will become more familiar with the signs and risks of domestic abuse and feel encouraged to report their concerns.

Over the last ten years, many healthcare services have suffered financial constraints and lost services; therefore, highlighting the importance of a multi-agency approach. The use of a multi-agency approach will reduce the burden upon one service by strengthening working relationships between agencies and increasing support for the victim. Furthermore, there will be better communication as agencies work together with the same goal of supporting the victim to escape their abuser.

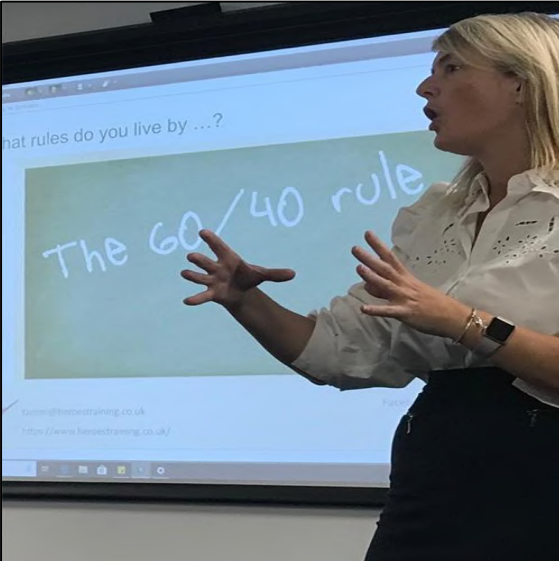
Another aspect Heroes Rights explored was the importance of listening to the community and understanding what their needs are. To understand their local needs, Heroes Rights organised meetings with 700 people in a variety of locations across South Wales and online platforms. Upon reviewing the feedback, the local community stated they wanted more family support, mental health care aftercare, a safe place to seek counselling and community engagement. Thus, leading the vision of a community support centre run by the community for the community. Therefore, victims will feel more supported within their community and feel more confident in reporting and engaging with the service.

The session was very informative and encouraged students to raise questions regarding how healthcare professionals can support victims. The session concluded by discussing further opportunities for training to enhance the students' knowledge of domestic abuse as well as the importance of challenging stereotypes and myths of abuse.



Breaking the Cycle of Domestic Abuse

Natalie Quinn-Walker, Healthcare Management Lecturer



Tammy Owen of Heroes delivering a guest speaker event in our Birmingham study centre

Reference:

Smith, M., Szymanska, K. and Haile, S., 2017. *Exploring the relationship between stalking and homicide.*[Online]. Available at: <https://www.suzylamplugh.org/Handlers/Download.ashx?IDMF=1a6cf4d9-0df5-42be-8b02-4bdbd75fa264> (Accessed 2 November 2019).

If you have experienced Domestic violence, there is support available.

See below for further details:



Betts 2020

The author of this article on breaking the cycle of Domestic Abuse, Natalie Quinn-Walker, is a PhD researcher with a special interest in male domestic abuse. Beside her research work, she is really keen on supporting her students.

We ask her in this issue about a recent Betts show she attended in London and how valuable this was. Natalie explained “..with technological advances improving student engagement and students needing to be equipped with the understanding of technology...” it is necessary for instructors like myself to support the development of the right digital skills in my classroom.

I thought it was vital for me to attend this year's Betts show on 24th and 25th January, in London. For me, there were several highlights. Firstly, being in a room full of educators, connecting with fellow teachers, and lecturers sharing tips of the trade. Then secondary, learning new skills that I could bring back to my class, share with my colleagues, benefiting our student's education, by improving engagement levels. Although I teach at a university level, I engaged with several projects aimed at primary and secondary schools, such as Cornerstone Education. As sometimes, there is potential to adapt different curriculum tools into higher education



Natalie Quinn-Walker

The cost of care gone wrong

Ukonu Obasi, Healthcare Management Lecturer

At some point in our lives, we or someone close to us will need healthcare. Healthcare is very important in the life of any nation, and we in the United Kingdom (UK), are considered fortunate to have a National Health Service (NHS), that provides comprehensive healthcare free at the point of need (NHS, 2015). We invest a huge amount of money into our healthcare sector; in the 2018/2019 UK Budget, Health and Social Care spending was £133 Billion. This is expected to rise to £143.4 Billion by the year 2021 (Kings Fund, 2019).

The healthcare that we receive in the UK, is also considered very high quality; in a research by the Commonwealth Fund, the healthcare in the UK was ranked first among 11 countries including, United States, Canada, Australia, France and Germany (Triggle, 2017). The health system of those countries were compared in terms of safety, affordability and efficiency, where the UK ranked high. They also considered preventing early death and cancer survival and here the UK did not rank so high.



So it is recognised that the healthcare system in the UK does well, for the most part, but what is the cost when care goes wrong? Clinical negligence cost the healthcare system £2.4 Billion a year in claims settlement (NHS Resolution, 2019). That is a significant cost. Just to put that into context, this amount would be enough to pay for more than 108,000 newly qualified full time nurses for a year (Taylor, 2018). Even worse, it is estimated that the actual cost of negligence in healthcare is closer to £9 Billion a year (NHS Resolution, 2019). That is almost the same amount the NHS spends on all diabetes treatment and care.

However it is important to remember, that whether it is real cost, or the cash cost, there are human beings at the end of each story of care negligence. Negligence payment happens when the healthcare system admits that significant harm has been caused on the patient, as a result of an act of the omission or commission of the care provider (NHS Improvement, 2019). It means that the actions or failure of the care provider has led to significant harm to the patient, and they have admitted to responsibility for this harm. The first part, we would like to think does not happen too often, but it is even rarer for the second part to happen. There are therefore, many cases of significant poor care, that is either not reported, reported but not subject to resolution. That the cost is still so much, is of serious concern.

Want to know more about issues to do with care funding in the UK especially social care funding; if so, [click this link](#) to listen to a podcast by The Kings Fund. The podcast presents an interesting conversation between Helen McKenna, Sir Andrew Dilnot CBE, Chair of the 2010/11 independent commission on the Funding of Care and Support, Emily Holzhausen OBE, Director of Policy and Public Affairs at Carers UK, and Sally Warren, Director of Policy at The King's Fund.

The cost of care gone wrong

Ukonu Obasi, Healthcare Management Lecturer

The stories of care maleficence can be harrowing to hear; from lifelong handicap to fatality; one leaves a scare on the patient and the primary carer. The patient will have to forever carry the burden of the harm caused, and the provider, carry the punishment of cost, lost career and perhaps worse, their freedom. The cost of healthcare going wrong also means that the trust between patient and carers is that much more eroded. We want patients to trust their care providers, and care providers want to feel trusted by their patients. Healthcare negligence does not inspire trust.

NHS Resolution have been working collaboratively to analyse the areas of healthcare negligence, and to learn lessons for improvement. They set up a Clinical Negligence Scheme for Trusts (CNST), which rewards NHS Trusts on 10 key maternity safety actions (NHS Improvement, 2019). A programme called Getting It Right First Time (GIRFT) was initiated in orthopaedic surgery in 2012, to address the unwarranted variance in clinical practice (ibid). These are some examples of policies to address the safety problems that lead to clinical maleficence.

The lessons from major healthcare scandals like Mid Staffordshire, shows that the business of protecting the quality and standard of healthcare provision falls to everyone in the healthcare system. Policies are only as good as the people who deliver them and the agencies that are meant to monitor their implementation. If the healthcare sector can start to reduce the errors that lead to negligence. When errors in care are reduced, the cost of negligence will decrease. That will help to free up resources, that should be invested in the healthcare, not paid in legal fees and compensation settlements. It will also lead to more confidence in healthcare provision.

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Ukonu Obasi



Mediation in Higher Education: The need for a distinctive approach- Part 2

Dr Van Eg Dom –Tuinstra Business Management and Law Lecturer

In the first part of this series, mediation as a solution to disputes was described and the need for a careful look at how mediation was delivered in higher education was established. In particular the unique environment of higher education, characterised by intense multicultural interactions, as well as nexus and overlap, underpinned the argument that mediation in the higher education context required its own approach.

This second part of the series evaluates the legal framework underpinning the rights of students, and how this in particular necessitates a uniquely tailored mediation model for the higher education sector when dealing with student dissatisfaction.

Five main pieces of legislation have changed the landscape of higher education: Equality Act 2010, Human Rights Act 1998, Higher Education Act 2004, Consumer Rights Act (2015), and European Union (EU) Directive on Alternative Dispute Resolution (Directive 2013/11).

The Human Rights Act 1998 prompted much scrutiny over how higher education providers treated their students in accordance with human rights standards, namely Art. 6 right to a fair trial, and Art. 14 freedom from discrimination. Ultimately the result was the Higher Education Act 2005 that provided for the establishment of an operator of student complaints scheme, today known as the Office for the Independent Adjudicator for Higher Education (OIA). This ended a centuries-old tradition where members of a university's academic staff, students or former students, aggrieved by an act or omission of the university could only petition the Visitor for redress.

Universities and other higher education providers that do not meet their obligations to undergraduate students may be in breach of consumer protection law. Sections of the Consumer Rights Act (2015) help the UK government to implement the requirements of the EU Directive on Alternative Dispute Resolution (Directive 2013/11).



**Dr Wannette Van Eg Dom -
Tuinstra**

The EU Directive on Alternative Dispute Resolution requires Member States to provide cheap and quick alternatives to the courts for disputes. In this it is a micro-echo of the wider conflict management origins of European Union itself.

Thus, the law sets out that students now have rights as consumers, but also responsibilities. Not exactly the same rights as all consumers, namely, first they must exhaust the institution's own internal, complaint/grievance procedure. Such internal processes however can take as long as 18 months or more, and they are often unsuitable for complex, drawn out matters.

In contrast, the Office of the Independent Adjudicator states that universities should seek to conclude student complaints within a few weeks (Grove, 2014). Almost half of universities and colleges in England and Wales had more than 10 unresolved student complaints per 1,000 students between 2012 and 2014 indicating the difficulties with the internal systems to effectively manage complaints (Bothwell, 2016). In 2014 it was revealed that UK universities combined had received more than 20 000 complaints from students; an increase of 10% from the previous year (Abrams, 2014) illustrating increasing dissatisfaction from students.

Mediation in Higher Education: The need for a distinctive approach- Part 2



Despite significant legislative reforms, there remains much disparity between institutions in regards to the internal systems. Each higher education institution has its own governance and procedures; colleges, universities, teacher training institutions are all different and this inconsistency is even more complicated in light of devolution e.g. Welsh, English, Scottish and Northern Irish students will all have different rights and procedures. Whilst it may be justifiable that each institution manages complaints according to their own unique characters and communities, this does not mesh with principles of justice that require the law to be applied equally to all, nor with principles of legal certainty.

There are inherent inequalities in the complaints system against students namely that the delays impact one party (the students) and not the other, the higher education provider. For the latter, it is business as usual, but for students, their livelihoods and futures are at stake, and are often derailed when aspects of their studies become unsatisfactory to the point of being untenable.

Most students are completely and utterly unaware of the existence of an internal grievance/complaint procedure until something goes wrong and then they are in the throes of it, at a time when they are already stressed, confused and burdened. It is complex, when it needs to be fair, accessible and clear. It also comprises a number of stages, and at most universities students will receive little or no assistance in preparing for and attending the process. Often students will be undertaking the burdens of the internal complaints process alongside their studies, thus faced with the untenable choice of trying to gain justice at the expense of their education or trying to gain an education in the face of an alleged injustice. Only 14% of students said they thought their university dealt with complaints fairly (Sheppard, 2009). In 95% of internal cases, the student is also subjected to a gagging order when they have won (Sheppard, 2009), impacting on the values of open justice and an individual's right to freedom of expression.

If a student is unsatisfied with the outcome of the internal procedures, they can make a complaint to the Office for the Independent Adjudicator. Complaints before the OIA have certain criteria. Complaints must be made within 12 months of the student receiving a Completion of Procedures letter. The length of time of an internal process itself, in the face of changes of staff and students themselves moving, means that sometimes this essential completion step is missed, thus preventing a student from accessing the OIA complaints scheme.

The OIA complaints scheme itself is time consuming; it aims to close cases within six months and has admirably done so in 75% of its cases, but the average remains 113 days to close a case (Office for the Independent Adjudicator for Higher Education, 2018). When added to the time frames of a university's internal complaints procedure, the process of seeking a remedy for students is intolerable and discouraging.

Mediation in Higher Education: The need for a distinctive approach- Part 2

Ten years after the Higher Education Act, which created the OIA, it has closed more than 10,000 student complaints. It handled just under 2000 complaints in 2018, with a case load that increases by 20% each year, with a cost of £1750.00 per case, approximately (OIA, 2018). In a typical year between a fifth and a quarter of cases are settled or found at least in part in favour of the student; in 2018 20% of case were justified, partly justified or settled in favour of the student, representing a decrease of 4% from 2017 (OIA, 2018). The OIA is optimistic this represents an improvement in higher education providers themselves resolving student complaints internally.

In total students were offered financial remedies totalling £639,515 with the highest single amount awarded of £54,200 (OIA, 2018). The average award of £2,000.00 however reflects that awards from the OIA are largely token amounts, that do not represent actual financial costs and losses, or the cost for instance, associated with, lost opportunities, loss of reputation and stress.

Despite significant legislative reforms, there remains much disparity between institutions in regard to the internal procedures. The remit of the OIA has certain limitations, for example it cannot intervene in academic judgement. The types of complaints the OIA can hear include academic status, service issue/consumer, financial, academic misconduct, discrimination/human rights, disciplinary, welfare/accommodation. Most of these are unsuitable for the courts, but if the OIA is unsatisfactory then a student may appeal to the relevant civil/criminal court, but usually this is beyond the means of most students. More importantly, ambiguities of their status as students and consumers, and the fact that courts cannot rule over academic matters means that many courts in fact refuse to hear student complaints. In 2018, the OIA received 12 new judicial review claims, all of which were dismissed (OIA, 2018).

Whether a student completes the internal procedures, appeals to the OIA or litigates in small claims court against their institution, even if they win, neither the courts nor the OIA can repair reputations, restore lost time, undo damage caused by stress, or restore lost opportunities, etc. Nor can they order an apology, which can be hugely transformative in working relationships and provide closure for difficult student experiences. Similarly a letter of reference in order for a student to progress to further study or employment cannot be ordered or awarded by a court or the OIA. In an academic environment, whether student or staff, these are the things that matter personally to students and these are the things that are most reparative. This is to some extent reflective of the deficiencies inherent in the legal system today.

On balance, the OIA shows an increasing ability to address some student complaints in an effective manner and has the power to make financial remedies. As well the legal landscape has changed significantly in the past ten years in how student complaints are resolved, indicating the importance of this issue. In this part of the series on mediation in higher education, the legal landscape governing students and providers has been evaluated, pointing to the urgent necessity of alternative dispute resolution, such as mediation to resolve disputes in higher education. In the final piece of this series, we will examine how a mediation model uniquely tailored to higher education would be able to address many of the limitations of addressing student complaints provided by the current legal framework.

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Introduction to Entrepreneurship Part 1: an opinion piece

Florence Tonisha Tagoe Business Management Lecturer and Author of *The Ultimate Right-Brained Business Planner and a Successful Entrepreneur*

As a mother and leader, I know how hard it is to start a business from scratch and fight your way to success. To help you along the way, I am releasing five articles on the key elements of being an entrepreneur. This is not a cure-all bible of commerce, but essential advice that anyone should take on board before becoming an entrepreneur.

Entrepreneurship is the career of the individual who yearns to carve their own path in this world, using their skills and talents to make money from a cocktail of creativity and business acumen. But every once in a while, we businessmen and women need to search for wisdom to improve our craft, one that is ever-changing in a dynamic and modern world. In this series of articles, we will explore a range of topics that will help to define the most important and relevant aspects of being an entrepreneur. From elaborating on the very nature of what makes an entrepreneur to how you can fail your way to success, these articles are sure to help anyone who is interested in starting a business.

What is Entrepreneurship?

Let us get down to the facts. Being an entrepreneur means taking risks, and the basic Merriam-Webster dictionary definition is partly accurate: “*an entrepreneur is a person who starts a business and is willing to risk loss in order to make money.*” We can go deeper than that. As an entrepreneur, one must carefully juggle their resources to suit aspects such as production, distribution, marketing and paying the employees. However, a successful entrepreneur can explore an opportunity regardless of the resources at their disposal, because that one opportunity could be the ticket to boosting revenue and profits.

Starting as an entrepreneur means taking a leap of faith and believing in every ounce of your ability and confidence. There is no room for anxiety or laziness, only strong leadership and dominance. The marketplace is an arena, one full of rivals but also potential friends. It takes a keen mind to differentiate friend from foe, and turn the latter into the former. It is a hell of a fight, but your resources should only dictate certain decisions. With the right amount of thought and exploration, a certain idea could flourish into a money-maker. Never dismiss or second guess an idea that you see potential in, just because you are low on a particular resource.



Let us talk more about resources. It is not just money, it is more metaphysical than that. It can be something like authority, connections, and charisma. It is an aspect of yourself or your business that you can tap into to create results. For instance, an administrator may have a lot of financial resources to organise which then leads to having authority on the subject, but they may be lacking in creativity. A designer will have an abundance of creativity but no authority on finance and budget, despite having amazing ideas. This all links back to seizing an opportunity regardless of resources, and being able to create wealth from a single seed; *an idea*.



Being an entrepreneur does not mean being a creative genius, but it does mean looking out for every opportunity that comes your way and tackling it to the best of your ability. Not every idea is going to work out and some of them may indeed be too draining on your resources, but never dismiss them at the initial stage. Explore and deliberate, find opportunities within opportunities.

You now know what it means to be an entrepreneur, and have the opportunity to really *think* about what is required to enter this world. There is no shame in realising that running a business is not for you - nor is it for most people. But if you can feel that drive and ambition inside of you to get up unreasonably early and live most of your life on your phone, then you go right ahead. Just remember the reality of it! Next time we talk about intrapreneurship so stay tuned for more guidance on the world of running a business. Now, excuse me, but I have eighteen missed calls.

Continued on next page...

Introduction to Intrapreneurship

Florence Tonisha Tagoe Business Management Lecturer

What is Intrapreneurship?

Perhaps you are part of a larger organisation, a cog in the great machine that churns out some obscure product or service that only now you have gotten to grips with. In doing so, you have realised that there are ways in which the business could run more smoothly, or rake in more profits. Finding these opportunities is very similar to being an entrepreneur, the only difference being that you are part of something bigger and your ideas impact more than just yourself.

An intrapreneur is on the inside looking out, and is always on the hunt for ways to improve the business of their employer. These men and women are masters at taking initiative and innovation, able to come up with ambitious but effective ideas that could potentially change the face of their company. Being an intrapreneur is not necessarily a job title, either. Anyone who is part of a business can come up with ideas, but their resources may limit their ability to do so. A good CEO or manager will look past the limitations or position of their employees and take value in their ideas.

Being able to take initiative and present ideas that are backed up by research and data will take you very far. This is a fantastic practice for someone who's working in a regular office job and has aspirations for going self-employed and opening a business. Getting used to being assertive and confident in presentations ideas - and finding them - will provide the necessary tools for when you are running a business.

Let us explore an example of how an intrapreneur might operate in a company. Take Jill, she is a 28 year old junior account manager working in a Public Relations (PR) firm. She is close to making senior, but it is going to take a bit more initiative and drive before her employers are convinced she can handle the big guns. Jill, being the smart cookie that she is, discovers that the non-committal nature of an online conference call is leaving clients with more to be desired. So, she approaches her manager and tells them that she can travel to meet clients and impress them with her charisma and ideas.

Jill's resources are limited, but the idea is not without merit. Far from it. Companies all over the world are waking up to the traditional yet highly effective way of doing business, which is face-to-face in leisurely environments like bars and golf courses. Any good employer would agree to Jill's idea and at least give it a test run. What's the worst that could happen? They lose an account? There is more chance of that happening over a soulless corporate meeting held over Skype.



Florence Tonisha Tagoe

CAREER SPOTLIGHT: How to become an entrepreneur – a student entrepreneurship infographics

Want to become an entrepreneur?

We have explained the process below

HOW TO BECOME A STUDENT ENTREPRENEUR

Running your own business is no longer the reserve of the seasoned professional.



1

2

When it comes to university students :



10%
have already started a business



17%
plan to start a business before graduation



27%
plan to pursue their business as a career after graduating

Do you have the desire and drive to start your own business?
Here's a 6-step plan to juggle university and become a student entrepreneur

EVALUATE YOURSELF

Your skills and knowledge

Your desired industry

How you want to work

Ideally, you'd want some **appropriate work experience** in the area of business you want to pursue – but don't be afraid to venture out into the unknown if you're motivated enough.

"The biggest risk is not taking any risk. In a world that's changing really quickly, the only strategy that is guaranteed to fail is not taking risks."
– Mark Zuckerberg, CEO, Facebook



3

HAVE A GOOD IDEA

A good business idea identifies a need and then satisfies it.
Evaluate your idea:

START

Is there a demand for your service/product?

YES ▼

Can you identify your target market?

YES ▼

Will people be willing to pay for your service/product?

YES ▼

Does your service/product offer a USP?

YES ▼

Your offering isn't strong enough. Work on it or develop another.



4

Are you aware of any possible drawbacks or limitations?

NO

YES ▼

Is your service/product free from legal implications?

NO

YES ▼

Your service/product is good... for now. Regularly test your idea to ensure that changing circumstances don't render it obsolete.

5

RESEARCH THE COMPETITION

Identify and understand your competitors.

Search:



Online

Enter key words or phrases about your business, service or product into various search engines. Companies with the highest rank will give you a good idea of who your main competitors are.



In print

Advertisements or features placed in industry magazines and trade publications can help to reveal local or international competition.



In person

Attend trade shows. The largest and most successful of your competitors will likely have a presence at industry events.

6

CAREER SPOTLIGHT: How to become an entrepreneur infographics cont..

7

Evaluate them:

How are they perceived?
Check consumer reviews on sites such as Google, Yelp and Yell.

How do they promote themselves?
Sign up for any marketing materials, such as newsletters, company updates, social media, or their RSS feed.

See how they work
If possible, go through their sales process

Look at your competitors and pinpoint their strengths and weaknesses.
This will help you figure out your next step.

4 MAKE A BUSINESS PLAN

A successful plan will clarify your idea, define your long-term objectives and provide a blueprint for running your business.

Your plan should include:

- The business concept
- Markets and competitors
- Sales and marketing

"Good business leaders create a vision, articulate the vision, passionately own the vision, and relentlessly drive it to completion."
- Bill Walton, Former CEO of General Electric

8

How to Make A Business Plan?

research, innov, goals, success, market, teamwork, strategy, PLAN



Tip As a student, you're eligible for more funding opportunities than the average entrepreneur.

For information on funding bodies, contact:

- The National Association of College and University Entrepreneurs
- The Prince's Trust
- New Entrepreneurs Foundation
- Start-up Britain

9

SEEK A MENTOR

Get advice from people in the industry, or see if you can find someone experienced to mentor you.

If seeking a mentor, look for someone with:

- A successful business you wish to emulate
- Experience in the industry you wish to enter

Most universities have mentoring schemes for student entrepreneurs. However, you might get more experience and industry contacts by seeking out your own mentor.

10

REGISTER YOUR BUSINESS

Registering your business keeps you on the right side of Her Majesty's Revenue and Customs (HMRC). Consider which type of business is best for you.

Options include:

CAREER SPOTLIGHT: How to become an entrepreneur infographics cont..

11

Sole Trader



- ✓ Only you own the business
- ✓ You have to register for Self-Assessment tax
- ✓ You can work alone or employ other people

Limited Company



- ✓ You appoint directors to run the company
- ✓ Company must be registered with Companies House
- ✓ You pay your tax on both your income as a director and employee

Business Partnership



- ✓ You have to register for Self-Assessment
- ✓ You share profits between partners



Congratulations you are now officially in business.
Next step:

SUCCESS!

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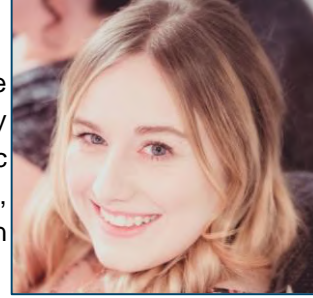
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Meet some of our faculty members: Natalie Quinn-Walker, Dr Imose Itua and Dr Dominic Appiah

Qualification/Expertise

Natalie Quinn – Walker is a Module Leader for Skills for Learning in Care and Healthcare Management Lecturer at the Birmingham Campus. She is also a Fellow of the Royal Society of Public Health, a qualified Sexual Health Assistant Practitioner, and an Assessor for Public Health England. Natalie is currently a Ph.D. researcher at the University of Wolverhampton, reviewing whether male domestic abuse victims are believed and efficiently supported when disclosing to their family and friends.



Natalie has previously worked on research projects studying male prisoners coping skills as well as exploring the variable attainment levels across Northampton Town schools and how social determinants of health impact students behaviours and attainments in school from nursery to secondary schools.

Interests

Domestic abuse, community health, alcohol misuse and dependence, sexual health, sexual violence, mental health, and psychology of the minds of criminals of sexual violence and extreme abuse. At the start of 2020, Natalie has begun to engage in a project reviewing sexual violence on TV and catch up services and provision of information screen cards, aiming to assist in the creation of new UK TV guidelines for information screen showing.



Qualification/Expertise

Dr Imose Itua is a lecturer of Healthcare Management. She leads on two modules at Arden University including the final year dissertation module. She holds a PhD degree in Medicine and a BSc degree in Medical Biology. She also holds a PGCE in Further and Higher Education and has taught in a few Higher Education institutions including Liverpool Hope University, The University of Salford, Edge Hill University, Laureate Online Education in association with the University of Liverpool and now Arden University. She has been teaching at the Higher Education level for 12 years, teaching, designing and planning learning activities and programmes of study for Foundation level, Degree level and Masters level students. She is a Member of the Royal Society of Public Health and Manchester University Foundation Trust.

Interests

Pedagogic research, cardiovascular health and women's health with focus on family planning

Qualification/Expertise

Dominic is currently a business lecturer at Arden University, where he leads various modules including International Marketing, The Structure of Business, and Contemporary Management Issues. He holds a PhD in marketing from Plymouth University. His expertise lies in offshore business development and marketing. He also has far-reaching experience in the financial services industry. Prior to joining academia, he worked at GIA Insurance and Ghana International Bank, both in the UK. Dominic is an associate fellow of the Higher Education Academy (HEA), a member of the Chartered Institute of Marketing (CIM), Chartered Institute of Insurance (CII) and the British Academy of Management (BAM).



Interests

Published extensively in academic books and journals, including IGI Global reference books, International Journal of Consumer Behaviour and International Journal of Retailing & Consumer Services. He also collaborates with leading researchers to present 'working papers' at reputable international conferences.

Health Matters:

Homelessness in England and Tips to keep Coronavirus away

Homelessness in England and Mental Health

The number of people sleeping rough in England has risen substantially over the past decade. People who are homeless have some of the worst health outcomes in England, and are more likely to experience and die from preventable and treatable medical conditions and to have multiple and complex health needs.

On March 3rd 2020, The King's Fund presented a report suggesting that because people who sleep rough have complex and multiple health and care needs – which in most cases are not fully met, addressing it requires a multisectoral approach

Key services involved in meeting the health needs of people sleeping rough



The King's Fund, 2020. *Delivering health and care for people who sleep rough: going above and beyond.* [Online]. Available at: <https://youtu.be/jkdGVir3V2U> (Accessed 07.03.20)

Listen to 'Rough sleeping and health: Dena Pursell's story'. Dena shares her story of rough sleeping at a young age and the impact this had on her and her mental health. [Click Here to watch video](#)

We are of the view that the model above is really good and hope it kick starts a good conversation about how as a society we should simply not allow people to be sleeping rough or experience homelessness.

Coronavirus: protecting yourself and others from getting sick

Wash your hands

Wash your hands with soap and running water when hands are visibly dirty

If your hands are not visibly dirty, frequently clean them by using alcohol-based hand rub or soap and water

Protect yourself and others from getting sick

Wash your hands

- after coughing or sneezing
- when caring for the sick
- before, during and after you prepare food
- before eating
- after toilet use
- when hands are visibly dirty
- after handling animals or animal waste

Protect others from getting sick

When coughing and sneezing cover mouth and nose with flexed elbow or tissue

Throw tissue into closed bin immediately after use

Clean hands with alcohol-based hand rub or soap and water after coughing or sneezing and when caring for the sick

Protect others from getting sick

Avoid close contact when you are experiencing cough and fever

Avoid spitting in public

If you have fever, cough and difficulty breathing seek medical care early and share previous travel history with your health care provider

[Read here](#) for more on how to get our workplaces ready for COVID-19

WHO advice on how to prevent oneself and others from the novel coronavirus pandemic.

Reference:

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National Careers Week in the UK

In this series, we share with you some new statistics and resources from CMI's recent graduate surveys.

CMI ACCREDITATION BOOSTS EMPLOYABILITY



+10%
vs. non-accredited
business courses

58% of graduates from CMI accredited courses
were in professional roles, compared with
48% in non-accredited business courses.



I truly believe that my decision to study a CMI accredited degree was instrumental in helping me to secure my first role... I was looking for a course that would offer me something that would help me stand out to employers - and that is exactly what I found.

Danielle Keeling ACMI, Personal Tax Assistant, EY



EARN MORE



CMI ACCREDITED GRADUATE

NON-CMI ACCREDITED GRADUATE

Recent CMI graduates earn a median of **£28k**, compared to just **£21k** for a typical business studies graduate.

COMPETITIVE EDGE



72%

of CMI graduates agree their accredited degree gave them a competitive edge in the job application process.

CANDIDATES OF CHOICE



94%

of economically active CMI graduates were employed in a professional role.



As a Course Leader I want to ensure that all my students will start their professional career on a level playing field. Studying a CMI-accredited, recognised business course not only boosts graduates' confidence by enabling them to aim higher but also embraces their aspirations and encourages them to unfold the potential of their talents and abilities to the fullest in such a competitive job market.

Dr Katerina Sidiropoulou, Course Leader BSc(Hons) Business Management, ARU Cambridge



Date on graduates is taken from a poll of CMI graduates undertaken in August 2019; 131 graduates took part. Date on students is taken from a poll of CMI students undertaken Nov 2018 - Jan 2019; 319 students took part. Employability boost date was calculated from Destination of Leavers in Higher Education Survey 2018.

For more information go to www.managers.org.uk/hepartners



If you're passionate about achieving more, build your confidence and progress in your career, join CMI Mentoring today. To register, [Click here](#)

For more information on CMI mentoring, visit: <https://www.managers.org.uk/individuals/existing-members/mentoring>

DATES FOR YOUR DIARY

CMI webinars for March and April 2020

POWER UP - THE SMART WOMEN'S GUIDE TO UNLEASHING HER POTENTIAL

Start Date: 23 Mar 20
Start Time: 1:00 PM
End Time: 2:00 PM
Duration: 1 hour
FREE ONLINE EVENT



WORLD HEALTH DAY 2020

Start Date: 07 Apr 20
Start Time: 12:50 PM
End Time: 1:20 PM
Duration: 30 minutes
FREE ONLINE EVENT



Please [click here](#) to book your place on the free CMI webinars

The King's Fund webinars for March and April 2020

RESPONDING TO THE NEEDS OF PEOPLE WHO SLEEP ROUGH

Start Date: 31 Mar 20
Start Time: 11:00 AM
End Time: 12:00 PM
Duration: 1 hour
FREE ONLINE EVENT



TOWARDS INTEGRATED CARE SYSTEMS (ICS) LEADING FOR INTEGRATED CARE

Start Date: 26 Mar 20
Start Time: 9.15 AM
End Time: 4.35 PM
Duration: 7.5 hours
VENUE: The King's Fund, London, W1G 0AN
PAID FOR EVENT



Please [click here](#) to book your place on the King's Fund Webinar and paid-for event. The King's Fund does offer bursaries to help cover the cost for some of their paid for events. For more information about student bursaries, please visit their website.

Contributing to the next edition of the newsletter

We would like to thank all contributors to this second edition of the School of Business and Healthcare Management newsletter. If you would like to contribute an article, news item or upcoming event related to Business and/or Healthcare Management for the next edition, please contact the editors at perspectivesbhm@arden.ac.uk for more information. We look forward to hearing from you.

Next Issue: May 2020.