Welcome Message from Editor

We trust that you are keeping safe, resilient and well in these challenging times.

Among March's highlights were the International Women's Day celebrations and reflections to mark one year since the UK Prime Minister announced the first national lockdown. We all joined in by paying tribute to those who lost their lives and acknowledged the NHS staff's tremendous efforts during the pandemic.

April ushered in a Stress Awareness month; we are all encouraged to regain connection, certainty and control. According to CMI, research indicates that 65% of the UK population felt more stressed over the last year of lockdown restrictions. Hence, we now, more than ever, need to ensure that we are being kind to ourselves and mindful of how others are feeling. In this context, we are encouraged to show empathy, kindness and be active listeners to ensure that everyone feels supported, heard and valued.

In this 5th issue of the newsletter, we bring you a variety of topics. Among the key highlights are messages from the Dean of the Faculty of Business, Heads of Schools of Healthcare Management, Leadership and Management. Also, as usual, the newsletter brings you a selection of articles from students and academics.

Finally, yet importantly, we wish to invite all students and academic professionals between the <u>ages of 18 and 35</u> to the **Peter Drucker Essay Challenge Contest 2021**. The essay is entitled: What crisis demands of the Manager. The first prize is 1,500 Euros, Second and third prize, 800 Euros, among other benefits. Please find more details here: <u>Drucker Essay Challenge 2021</u>

With best wishes for you and your loved ones,

Emmanuel Murasiranwa

(Editor)

Natalie Quinn-Walker & Ukonu Obasi

(Co-Editors)

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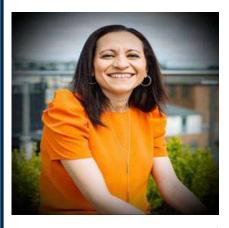
Update from the Dean of the Faculty of Business Dilshad Sheikh



Colleagues,

I hope you are well and keeping safe with your families. Firstly, I would like to take this opportunity to sincerely thank you all for the hard work, dedication, and commitment that you have demonstrated in supporting the

have demonstrated in supporting the teaching and learning development of our students. I appreciate these are very challenging times and I am extremely proud of you all.

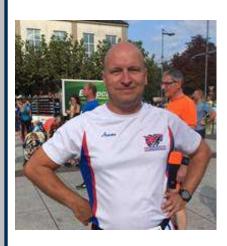


I joined Arden University as the first Dean of Faculty in November 2020 and had an amazing welcome from all colleagues, thank you. I would like to take this opportunity to share my vision and strategy for our Faculty going forward as well as provide you with some updates in terms of what I have been doing behind the scenes or should that be "behind Microsoft Teams"!



Structure of the Faculty of Business:

Firstly, a warm welcome to our three new Heads of School who joined us recently: Liam Fassam, Head of the School of Logistics, Supply Chain & Distribution



Liam has joined Arden University as Head of School of Supply Chain and Logistics Management. He is a thought leader, researcher and implementer of collaborative logistics and supply chain solutions that embrace a systems and social value view, supported with knowledge from a Military, Senior Leadership (Supply chain) and Academic career spanning over 30 years.

He is also engaged as the expert adviser to SeaFish (DEFRA) around food supply chain, advises the European Commission on Food supply chain operations, supported the All-Party Sustainable Resource Group in Westminster on Circular Supply Chain and Food Security (APSRG). He has twice been awarded the title of 'Global Social Media Influencer' in the field of Supply Chain Management.

Serkan Ceylan, Head of the School of Project Management.



Serkan Ceylan joined Arden from the University of Southampton and is our new Head of School of Project Management. Serkan is playing a key role in the field of project management (PM), he delivered short courses as a certified trainer for several PM qualifications incl. PRINCE2 and AgilePM and has been a Programme Director for the MSc PM. Serkan is an APM board member for the WESSEX region and a published author of the book: AgileFrame® Understanding multifaceted project approaches for successful project management.

Serkan was born in Germany (Hamburg) and moved to the UK in 2006. He worked in the private sector and at several universities in diverse enterprise functions as well as senior academic roles and has experience in working in Russell Group Universities as well as Post-1992 Universities.



Update from the Dean of the Faculty of Business Dilshad Sheikh



Our most recent addition, Nicola Gittins, Head of the School of Digital Marketing and Sales:

We currently have six Heads of School appointed and two existing vacancies for the Head of the School of Digital Finance and the Head of the School of Tourism, Hospitality and Leisure roles.

Whilst it was originally planned for the School of Policing to also reside in our Faculty, in consultation with the Executive Management team, I agreed that there was a better fit and alignment for the School of Policing in the newly developed Faculty of Social Sciences.

Instead, the Faculty acquired the newly formed Institute of Foundation Studies which was an appropriate decision given that most Foundation Year students transition onto our level 4 programmes. Below is an overview of the Faculty structure:

WELCOME TO ARDEN



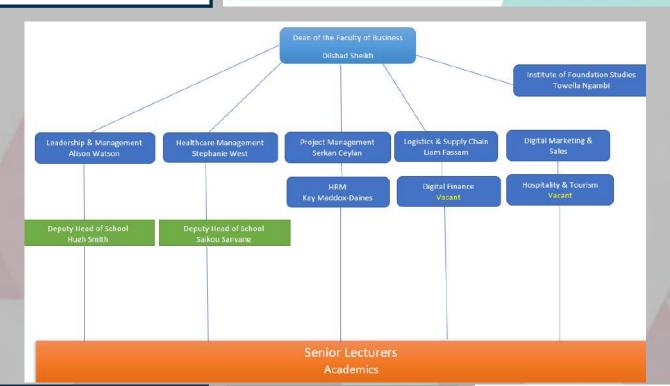
Nicola Gittins

Head of Digital Marketing and Sales

Nicola Gittins joins us as Head of Digital Marketing and Sales in the new Business Faculty. Prior to this Nicola was at Birmingham City University for 12 years where she was Associate Professor and subject lead for Marketing.

She combines this academic experience with over 15 years of professional marketing roles, working with and for organisations such as Barclays Bank, Land Rover and Sears Plc.

She enjoys applying her commercial experience of devising strategic marketing plans and campaigns to develop practitioner influenced marketing programmes at undergraduate and postgraduate levels. Nicola will be reporting into Dean of the Faculty of Business, Dilshad Sheikh,







Update from the Dean of the Faculty of Business Dilshad Sheikh



The Strategic Vision:

My vision for the Faculty of Business is to ensure that every student has an outstanding teaching and learning experience. My ambition is to continually grow our Faculty by creating and developing new and innovative programmes that meet the needs of industry, including short courses, professional body certificates/diplomas and micro-credentials.

I believe it is also important to achieve our national benchmark targets (NSS, continuation, quality of teaching and learning, graduate success etc) as well as engage in academic development.

School of Healthcare Management:

Congratulations to the team for successfully validating two postgraduate programmes, MSc Public Health and MSc Global Health Management. This is a significant outcome for the School as hopefully we will be able to progress our level six students onto these new and exciting programmes. The team are now working hard on the revalidation of the UG Healthcare Management programme.



School of Leadership and Management:

Congratulations to the Business team for successfully validating our new International MBA (mandarin) programme, the first of its kind across the HE sectors with its globalisation (think global act local) model.

In addition, following a successful Periodic Subject Review for the UG Business Management and pathways programmes, we have decided to revalidate the current UG Business provision. We will be redesigning the modules to ensure they reflect current and future industry needs.

Furthermore, you may have heard that we have forged our first ever franchise partnership with a multisite university in Pakistan, Roots Ivy. This is the start of a fantastic journey as more partnerships and collaborations are in the pipeline.

I am delighted to inform you that our programmes are the most popular in the international arena, so many opportunities to look forward to.



Institute of Foundation Studies:

As we continue to experience a significant growth in our Foundation Year students, I am delighted to inform you that we will be testing a new enhanced Foundation programme at our Tower Hill Centre. The enhanced programme will test a range of interventions such as a new academic calendar, embedded academic skills workshops within the module delivery, personal tutoring and our newly developed Arden Aspire enrichment programme amongst many other innovations. The enhanced programme will be delivered to our April 2021 intake only, for a duration of 12 months. We will then review the outcomes.

New Faculty Branding

Hopefully our new website and programme pages will be ready at the end of the month and I am delighted to have our own unique Faculty of Business branding. This will allow us to differentiate ourselves going forward and help us to deliver more targeted promotions and marketing communication.

Stay safe!

Dilshad (Dean of the Faculty of Business).



Head of the School of Health Management: Dr Stephanie West



There is so much energy and engagement in the School of Healthcare Management at the moment and it is palpable... along with the clear signs of the arrival of Spring! It has been a very busy couple of months for the whole team and I am thrilled to be announcing some very exciting initiatives for our nascent School. There will have been a lot of communications coming out to you recently, for staff and students alike, and there will be more to follow but hopefully you will find news of all our developments stimulating and informative.

Our new postgraduate programmes passed their validation approval event at the end of February and we are delighted to be able to offer Master of Public Health and MSc Global Health Management programmes via distance learning from October 2021, with blended learning to follow in 2022. This offers our graduating students an excellent progression route which, coupled with our "Fast-Track Your Career promise" to pursue your Master's degree with no tuition fees to pay,

provides an opportunity like no other offered in the UK.

Great recognition goes to the hard work of Saikou Sanyang (Deputy Head of School) and Imose Itua (Programme Champion and Lecturer), who have led the team through a thorough and innovative process.





From March 2021 we are launching our Guest Speaker Programme. Every month we will host a seminar delivered by a sector leader from across health and social care. The seminars will be at lunch time and allow for a 40-45 minute talk with questions.

We will advertise the sessions as speakers get confirmed and hope to see many of you there. The seminars will be open to current students on all pathways, including the Foundation Year, and prospective students as well as staff.

As of 1st March 2021, we - the School of Healthcare Management - embarked on a partnership with the Institute of Health and Social Care Management. This partnership will offer many benefits to both of us and initiatives will be developed over the coming months:

https://www.ihm.org.uk/

Amongst other things we are really excited to benefit from inclusive Student Membership for ALL School of Healthcare Management enrolled students, FY Healthcare Management enrolled students and Staff (associate and permanent).

This offers free access to: online resources; events; the newsletter of up-to-date news and issues across the sector and job advertisements; opportunities to write for their newsletter or speak at their events.

We will also gain access to a network of key leaders in health and social care management in the UK, opportunities to offer students' collaboration with organisations for their final projects (UG and PG), opportunities to get placements for students and endorsement of our programmes, the School and the University by a sector-relevant organisation and advertisement of us as a valid HEI to our sector and employers.

I am pleased to announce several new associate lecturers to our pool already this year. Our new colleagues will be working at our Centres with blended learning students from now on. I wish a warm welcome to Bridget, Candice, Chinenye, Chris, Joly, Melissa, Rehana, Rhyddi, Rizanna and Zenzele. Further information and announcements will be provided regarding all of these exciting plans as soon as they can be — for staff, students and externally.

Thank you again to everyone for your engagement in the growth of our School.



Head of the School of Leadership & Management:

Dr Alison Watson



Hello everyone,

I hope you are all well and progressing with your studies.

We continue to teach online for now and have been very impressed with everyone's contributions to the lessons. You will all receive communications in due course in terms of moving back into centres, but at the moment the return date has not been firmly agreed. For distance learning students, it will be business as usual. I hope you are finding using Zoom a lot better than Adobe Connect.

There are some recent updates to the School. From April 2021 the MBA (Digital Business) and MSc Digital Business Transformation will be ready for launch. It looks as though actual student start dates for these programmes will be July 2021 via distance learning and the plan is to launch the MSc in Berlin from September/November, student numbers permitting. We have also successfully validated the MBA International. This will be due for launch in November 2021 and will be delivered initially via distance learning to students in China.

As well as this development we have also been given approval to develop the MSc in Accounting and Finance. We hope that this will attract students who have gained professional qualifications onto the top-up degree, and those students in the sector wanting to showcase their skills at a master's level.



We also welcome the new structure to the School of Leadership and Management. I have recently appointed Hugh Smith as Deputy Head of School and three senior lecturers. The following members of the academic team will be overseeing programme leadership:

Chuma Osuchukwa will oversee all of the School's Masters programmes.

Ross Thompson will oversee level 6, year 3, and the top-up degrees.

Emmanuel Murasiranwa will manage level 5, year 2 of the undergraduate degrees.

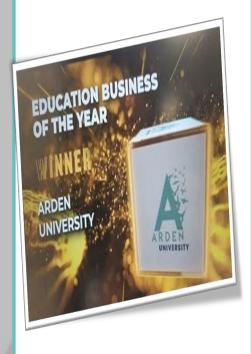
David Harris will manage level 4, year 1 of the undergraduate degrees.



We have had a good response rate on the NSS, thank you to those students who have completed this and please remember to claim your amazon youcher.

Soon we will be looking to enhance the current undergraduate suite of programmes and enable students' easy access to moving over to these if they wish to. Please keep looking for further updates.

I look forward to updating you more in the next newsletter, in the meantime if you would like to contact myself or Hugh our email addresses are awatson@arden.ac.uk and hsmith@arden.ac.uk respectively.





Stop the World, I want to get off, How fitness can help with depression—Becky Barrett





It goes without saying that the effects of the Covid-19 pandemic on lives are far-reaching. Together with the vast number of deaths that will have impacted so many families, as of mid-December 2020, redundancy rates had reached a record high of 370,000 in the previous quarter, and unemployment rates had increased to 4.9% (Wearden, 2020).

The sense of loss is staggering, and the repercussions will be felt for years to come. Therefore, it is natural that many people will be lacking the motivation to go about their daily lives, which have changed so dramatically, and will want to hide under the duvet and protect themselves from the overwhelmingness of the situation. It has been widely reported that events such as wars and natural disasters can have a powerful impact on the populations' psychological distress (Ducharme, 2020), and the Covid-19 pandemic is further proof of this.



The number of people suffering from some form of depression after the 1st lockdown was almost 1 in 5 adults, which was up from 1 in 9 before the pandemic (Office of National Statistics, 2020). There is no current data on where these figures are now that the 3rd lockdown is underway, but the medical profession's fears and the media are that the number of people suffering will continue to increase.

Notwithstanding the extreme

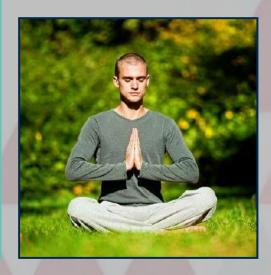


challenges many people face through illness, job losses, financial strain, and general fear of not knowing when this pandemic will end, those who are lucky enough to have kept their jobs face enormous challenges from working from home. Time management issues, childcare and homeschooling, feelings of isolation and work-life balance difficulties add to people's distress.



Adults are not alone in this mental health crisis, an investigation undertaken by the Evening Standard (2021), uncovered frightening statistics from the Centre for Mental Health that 500,000 children under the age of 18 who previously suffered no symptoms of depression, will now require mental healthcare.

Mental healthcare providers have responded efficiently and effectually to the changes in the way they can provide their services, however, with demand for their services expected to increase by up to 20%, some patients are not receiving the help they need, and staff providing the services are running the risk of burnout (NHS Confederation, 2020). Therefore, it is essential that people also turn to other methods to help with their mental health problems, as they may not rely on receiving professional attention within the timeframe they require.



Stop the World, I want to get off, How fitness can help with depression—Becky Barrett





One of the most advocated tools often recommended by health professionals as an essential alternative therapy for depression is exercise (Mind, 2021). Regular exercise can have an antidepressant effect and can also lead to a 22% increase in chances of remission from depression (Johnson, 2020).

Exercise is a fluid activity, and different forms will suit people at varying times in their lives. It is essential to listen to the body and mind and recognise what the current needs are for the individual, rather than merely following the prevailing fitness trends.

This will ensure that the regularity necessary to gain the full benefits can be maintained (Jones, 2015). This consistency of exercising releases endorphins which will help with stress levels and anxiety, boost self-confidence and self-esteem, and aid with restful sleep (WebMD, 2021).



Yoga and running have been high-lighted to be the most beneficial for alleviating depression, running for its repetitive motion and meditative effect, and yoga to focus on the breath and the calming emotion this creates (Felton, 2020).

Ultimately, any form of exercise will aid overall wellness, a brisk walk in the fresh air can do wonders. Suppose anger and frustration are being experienced during the lockdown.

In that case, a more dynamic form of exercise may be advisable, for example, a high-intensity aerobic style class, where the body's energy levels will be depleted, the heart rate will be elevated, and the mind will need to purely focus on completing the class, and not on other worries that exist.

Exercise will help with those "stop the world" emotions and encourage people to get out from under the duvet every day, helping to maintain focus on the feelings of energy and enjoyment it can provide and enable the mind and body to reap the rewards.

(Always seek advice from your GP or reach out to a mental health
Organisation if you experience signs of depression).





Introducing Christopher Martin





Christopher Martin is one of our Lecturers in the Institute of Foundation Studies who has been based at Arden Birmingham Campus since 2nd November 2020.

Christopher's research interests are inter-disciplinary - motivational psychology, sociology of education, language and linguistics, learning and teaching, social learning theory and research methodologies (mixed-methods).

Recent Publications:



Martin, C., 2020. Response to 'The motivational dimension of language teaching' (Lamb, 2017), Language Teaching, CUP, 53(2), 233-236. Available at: https://www.cambridge.org/core/journals/language-teaching/article/response-to-the-motivational-dimension-of-language-teaching-lamb-2017/0B4E8AA5976E233B30080BC5009C7CDD

Martin, C. & Lanvers, U., 2021. 'Language choice in England: Insights from parents and students' in East, M., Lanvers, U., Thompson, A. (Eds) Language Learning in Anglophone Countries: Challenges, Practices and Solutions, Palgrave MacMillan.

Introducing David Harris



David Harris is one of our Senior Business Lecturers based in Manchester. David delivers on a range of Blended Learning business modules and is a Module Leader for several Distance Learning Tourism modules. He is also involved in the Business Degree Apprenticeships.

David has been with Arden for just over three years, following starting as a contractor lecturer in October 2017, and became a full-time lecturer in September 2018. In 2021, he began a PG Certificate in Digital Pedagogy and Practices and is currently awaiting confirmation on his awarding of a Advance—HE Senior Fellowship application.

Further research could be about the prospects of linking sustainable practice education with the real-world of business, tourism and the wider economy.







Effect of Strategic Advertising on Sales Performance Dissertation Research Temitope Adeola





My name is Temitope Adeola. I am the Head of Public Affairs of FrieslandCampina WAMCO.

Nigeria Plc makers of Peak, Three Crowns, Friso, Nunu, Coast and Olympic brand of milk. My job provides me with the opportunity to interface with people at all levels. It entails effective crisis management, lobbying to the company's advantage, supporting the organisation's 'Corporate Social Responsibility (CSR)', managing protocol and liaison unit, and organising corporate events to mention but a few activities. I enjoy listening to music, cooking, doing community outreach and cleaning.

As marketers adapt to new environmental changes, they ponder with questions such as "should I invest in advertising, or is advertising for me, or will it increase market share or should I consider other alternatives?". To answer these questions, the importance and benefits of advertising on sales performance needs to be explored.

Advertising is an essential element of marketing communication and its impact in today's highly competitive business environment cannot be overemphasized.

According to Kotler et al. (2016), the goal of advertising is to communicate directly to a preselected target at a specific time to stimulate sales increase.

In contrast, Okigbo (1995) viewed advertising as an act of disseminating persuasive message about a product or service at the precise time, right place, the appropriate place to an identified audience, at moderate cost to foster favourable attitudes toward a brand.



The ultimate reason organisations invest so much in advertising is to increase sales performance. So, therefore, what is sales performance?



As described by Amanda (2007), Sales performance is the total amount of a firm's output sold to the market monthly or annually. This is subjected to different factors such as customer, marketing management, pricing, sales forces skill and motivation. Hence, the organisations need to identify ways to satisfy the needs of its consumers to obtain required business growth and competitive advantage.

This brings us to consumer buying behaviour; many factors can affect the consumer's purchase intention, ranging from external to core value; external factors seem to be the most significant influencer.



Effect of Strategic Advertising on Sales Performance Dissertation Research, Temitope Adeola





Organisations need to effectively identify and ensure positive relationships between advertising and consumers' purchase intentions.

Given the aforementioned, I decided to investigate the impact of advertising on sales performance using FriesandCampina WAMCO Nigeria as a case study. Both negative and positive traits of advertising were viewed. A survey research was used to gather information from targeted populations because of its objective aim at social and behavioural science.

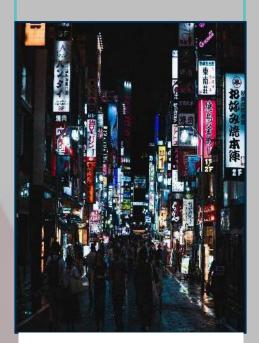
A quantitative methodology was adopted to examine the relationship between the independent variable "advertising" and the dependent variable "sales performance."

The study targeted 200 participants which included consumers/customers of FrieslandCampina WAMCO products in the Federal Capital Territory (FCT).



Abuja, Nigeria from three primary markets (Garki, Utako and Wuse), Key distributors and staff of the case study company comprised of marketing and sales teams. These selected individuals are expected to provide information relevant to the study and would be a good representation of the population.

I have begun to collect data for analysis and started to organise this. So far, the response indicates that consumers strongly agree that advertising influences their purchase intention. The final result might prove otherwise, this is work in progress.





Meet the Academic Team Ross Thompson



Module Leader Finance and

Accounting and Business Strategy

Ross explains "accounting and finance lecturers will demystify the world of accounting and finance via the use of fun, engaging real world examples ... Students can expect to master key accounting concepts and calculations construct relevant accounting statements and computations and anaylse corporate and business performance".

Publications:

Pryce, A. and Thompson, R., 2017. Strategy in Practice. London: ICSA

Fitzgerald, R., Anderson, M. and Thompson, R., 2014. Adding Value: Open Online Learning and the MBA, *Electronic Journal of E-Learning*. Vol. 13, No. 14, pp.250-259.

See link below for the PDF version of the article:

http://nectar.northampton.ac.u k/7509/1/Fitzgerald20157509.pd f **Business** PAGE X



Approach and avoidance behaviour in female patients with borderline personality disorder – Elliot Brown

Full article is available here: https://www.frontiersin.org/ articles/10.3389/ fnbeh.2020.588874/full One of our Healthcare Management
Lecturers Elliot Brown has published
a new journal article with his colleagues based in Germany (Jana
Wiesenfeller, Vera Flasbeck and
Marin Brune) focusing on borderline
personality disorder and how it is
portrayed by unstable relationships,
fear of abandonment and heightened sensitivity to social rejection.
The research focuses on exploring
the characteristics which could lead
to inappropriate social behaviour
including altered approachavoidance behaviour.

The research project involved sampling 38 patients living with borderline personality disorder and 40 controlled participants.

Patients with borderline personality disorder approached happy stimuli less and showed overall less differential approach-avoidance behaviour toward individuals expressing positive or negative facial emotions compared to healthy participants, who showed more approach behaviour for happy compared to angry facial expressions.

Moreover, borderline symptom severity correlated inversely with the AAT score for happy facial expressions and positively with subjective unpleasantness during social exclusion as well as rejection sensitivity.

Meet the Academic Team

Joan Gunde

Blended Learning Healthcare

Management Lecturer - Based at

Birmingham Campus

Research Interests:

- Ethnic minority children and
- schooling
- HIV/AIDs and mental health in young people
- HIV Prevention from mother to child transmission
- Women in leadership



Upcoming Research:

- Ethnic minority children and schooling
- HIV/AIDs and mental health in young people



Interview Tips

Research the history of the company and the industry:

What is the latest trend?

What are the challenges in the sector?

Consider what possible solutions there are.

Source five key selling points, of why you should be employed and why you are the best candidate.

Consider what your strengths are and how they could benefit the employer.



Arrive early and scope out your travelling arrangements prior to the interview.

By arriving late, this can result in the interview starting off in a negative way.

Remain positive. Avoid focusing on negative experiences when asked to provide examples of previous roles or previous experiences.

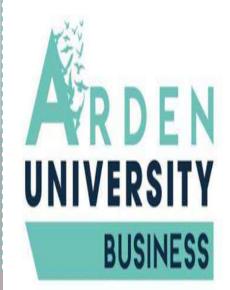
Provide positive examples which showcase your skills.

Practice your speech and your presentation / power point if you are required to do this. By practicing it will allow you to identify areas which you need to work on.

Rehearse your interview with family and friends, allowing them to play the role of the interviewer, to see whether they have any recommendations. Late 2020, the Government

introduced several online training sessions. Below is a link to their web development training, which can assist you into learning how to create your own website:

<u>Programming Essentials in Py-</u> thon



Often in interviews, you may get asked what your weaknesses are or what do you struggle with. When asking this question, explain how you overcome this, providing a solution will show the employer you are willing to challenge and address issues.



Simon Sinek discusses in his Ted Talk, on how great leaders can inspire action.

The video highlights the importance of asking why?

How great leaders inspire action.

Leadership

Leadership in Healthcare



Leaders in healthcare demonstrate several skills; they can motivate, empower and communicate effectively. In the healthcare sector, leadership roles are becoming increasingly indemand, to assist in motivating healthcare professionals, encouraging them to remain in the field. Especially, following the COVID-19 crisis, with many healthcare professionals feeling overstressed, pressured and undervalued in the current climate.

The importance of good leadership cannot be overstressed. We live in a democratic society that requires leaders in every field and in every direction to give direction, promote teamwork and inspire people to give their best (Adair, 2002).

Nell Tharpe discusses the importance of listening in healthcare and how it can improve interactions with patients and professionals-access the discussion via the hyperlink below:

The importance of listening in healthcare.



Effective leadership is vital to ensure the shaping and development of the healthcare sector, by providing and promoting the core cultural values which need to be upheld, i.e. the six C's of healthcare: communication, courage, commitment, competence, care and compassion. Leaders in healthcare require a good level of emotional intelligence, allowing them to recongise issues which need to be addressed.

Being able to effectively communicate with staff and patients, providing them with the opportunity to express their concerns is imperative.

Leaders need to provide opportunities to their team, encouraging them to access training and support them with skill development programmes.

In addition, effective leaders are able to evaluate complex situations by breaking down issues and addressing each stage accordingly.

They are able to understand the impact these challenges have on their patients and staff and address them with minimal negative impact.

Leaders need to be effective communicators, thus, allowing them to build strong professional relationships. By being strong communicators, it will ensure that information is shared clearly, without misunderstanding.

Kings Fund (2015) discusses leadership and leadership development in healthcare: the evidence base, highlighting the need for effective leaders who prioritise the voices of patients and their wellbeing:

Leadership and leadership development in healthcare-pdf

Health Conferences:

The details of the international conferences can be accessed via the links below:

International Conference on Food Safety, Hygiene and Health-April 22-23-2021

International Conference on Global Health and Innovation, London-



Conference 21st June – 23rd June 2021:

Creating demand in the Marketplace learning from a master—Daniel Protheroe-Beynon



For a hardworking student tackling this subject for an assignment, it is easy to imagine that if all the journals, and assorted articles, on this subject were printed there would be enough paper to redecorate Blenheim Palace. That is excluding the material available on social media. Through all this, it would be easy to forget that the purpose of all the 7 P's, 5 C's and why people like Kotler & Armstrong have jobs, is to help businesses promote and sell their products and services.

So, how does a bygone, albeit immensely popular TV sitcom like "Open All Hours", have relevance to this topic?

Open All Hours ran from 1976-85, not counting the pilot. It starred Ronnie Barker, David Jason, and Lynda Baron. The series centred around the crafty, miserly stuttering grocer, Arkwright.

Making a profit, keeping his nephew, Granville in his place and the romantic pursuit of Nurse Gladys Emmanuel were what Arkwright lived for. As entertaining as it is, Open All Hours is worthy of closer study, in the episode entitled "The Ginger Men." (Clarke, 1982). In that episode, Arkwright found himself overstocked with Jamaican ginger cakes.



Despite his best efforts nobody wants any, until he manages to convince one of his customers, Cyril, that it is an aphrodisiac. However, rather than simply sell the cake, Arkwright initially refuses to sell it because he does not believe Cyril can be discreet about the potential of this marital aid. Happily, for Cyril, Jamaican ginger cake seems to have produced the desired result for him and Cyril's indiscreet gossip with his friends leads to a rush for ginger cake, which of course is what Arkwright wanted all along.

The science and psychology of arousal is, of course an interesting, much researched and debated topic. Sex and the pursuit of it has formed the basis of many advertising campaigns over the years.



He highlighted a problem, presented a solution, created scarcity and, as it happens, positive word of mouth publicity did the rest. Not a lot is known about Arkwright's level of erudition or education. The Ginger Men aired in March 1982, the year after the 4 P's (al, 1960) became 7p's. (al, 1981). We do not know if he was aware of these or any other marketing theories. What we know is that he was a wily character whose strategies for getting people into his shop were numerous, but his motives were as straightforward as a trapdoor spider constructing her burrow and just as effective.

Within a social media group, one could spend hours remembering this programme and within the context of this subject that would not be a bad idea.

We are more influenced by those whom we like or admire (Cialdini, 1984). The heart of his book, "Influence - The Psychology of Persuasion" one of the six principles of influence is "Scarcity." History is littered with examples of this. Within the last century the United States, Australia & New Zealand introduced laws to reduce alcohol consumption which were spectacular failures.



As management students we hear a lot about Maslow's Hierarchy of needs. Is there anything on that pyramid that doesn't cost money?

Creating demand in the Marketplace learning from a master Cont'd—Daniel Protheroe-Beynon



A Hermes Birkin can take up to 6 years to assemble and cost over £200,000. Patek Phillipe had a wristwatch on display in their Paris store with a \$1 million price tag, and to obtain it you not only needed the money but you had to write to the CEO and explain why you deserve that watch, yet there are long waiting lists for both the handbags and the wristwatches. In fairness to them Ginger Cake is mass produced. Birkins and Patek Phillipes' are handcrafted by specialist artisans.

For every management theory and principle there are at least a dozen books on the subject, however, writers like Kotler & Armstrong and Cialdini are widely viewed as the seminal authors about Marketing. They have the added benefit to a student of being credible sources. Unfortunately, the books for which they are famous are not short.

"Principles of Marketing" is almost 700 pages and books like these usually start with an introduction and finish with appendices and a bibliography. An episode of "Open All Hours" is 30 minutes and the scenes with Cyril lasted barely 5 minutes and contain examples of some of the best-known marketing theories ever written.



This is not to say one should not use the more conventional sources such as articles in Forbes. Without them you might not recognise the practical

application of these ideas. Clearly, the two should be used together. For business and management students there is every chance that the story you read about a donkey as a child could provide the basis of a dissertation about the economy of Greece or the management information systems in zoos.

Academia is unlikely to change the criteria for credible sources. Nonetheless we are living in a time in which we have seen an American President suggest that people drink bleach.

Therefore, it is crucial that as students we learn to critically evaluate what we read, the sources we use and if need be, challenge the logic of including them in our study material.

In conclusion, whilst we have to be selective about the material we reference, when it comes to information and learning the world is our oyster. There is nothing inherently wrong in using people like Dr Cialdini or reading articles on our chosen subject but we need to touch base with people like Arkwright since they remind us that as future managers or entrepreneurs we are there to make a profit for our businesses and earn money for our employers.

Training Opportunities:

Keeping healthcare water safe 2021 challenges. Conference 21st April 21.

Available at:

RSPH | Keeping Healthcare Water Safe - 2021 Challenges

Project manager training:

Become a Project Manager: Free
Online Training Classes
(linkedin.com)



Introducing Viviane Chinwah





Viviane Chinwah is an Associate Lecturer in Healthcare Management at the Arden University, United Kingdom.

She currently resides with her husband and two lovely children in Greater Manchester. Her doctoral research was at Cardiff Metropolitan University. The study aimed to improve maternal-child healthcare outcomes in Nigeria.

Notably, she adapted and implemented the Prevention and Recovery Information System for Monitoring and Analysis (PRISMA) risk management approach to enhance patient outcomes in the participating healthcare settings.

Her research has implication for healthcare policy development and clinical practices in developing countries. It contributes to the Sustainable Development Goal by the United Nations to reduce the high rate of maternal deaths globally by 2030.

Previously, she gained an MBA at the University of Wales with a distinction in her dissertation and finished with a 2.1 in Petroleum Engineering at the Rivers State University of science and technology in Rivers State, Nigeria.

Her research interests are in women's health and reproductive rights, maternal and childcare, healthcare organisational governance, risk management and patient safety. She has actively engaged in international and local conferences to present papers and discuss these subjects.



Her first paper is titled "Risk factors affecting maternal health outcomes in Rivers State of Nigeria: Towards the PRISMA model".

Chinwah, V., Nyame-Asiamah, F. & Ekanem, I., 2020. "Risk factors affecting maternal health outcomes in Rivers State of Nigeria: Towards the PRISMA model." Soc Sci Med. 265:113520.

Doi: 10.1016/.socscimed.2020.11352



Training Opportunities

Organisation financial management training:

Corndel Organisational financial management: an introduction

Sales representative training:

Become a Sales Representative: Free Online Training Classes (linkedin.com)







ADHD in Adults Danielle Jones





Have you ever asked yourself:

- What ADHD is?
- What are the symptoms of ADHD in adults?
- What causes ADHD in adults?
- What are the methods of diagnosis of ADHD in adults?
- What treatments are available for ADHD in adults?
- How does an adult live with ADHD?

These are all common questions concerning adults with ADHD. We will answer these questions for you.

What is ADHD?

NHS (2018) states "Attention deficit hyperactivity disorder (ADHD) is a condition that affects people's behaviour.

People with ADHD can seem restless, may have trouble concentrating, and may act on impulse".

In most cases, ADHD is usually diagnosed at a young age, as symptoms are noticed when starting school.

From looking at the name ADHD, we can see that ADHD affects a person's attention and can cause hyperactivity.

Someone's attention can be affected in many ways, such as being unable to focus on one thing at a time, losing their train of thought, ignoring important information, and missing appointments.

Hyperactivity can include involuntary movements, interrupting conversations, and fiddling with fingers, pens, and other small items.

Symptoms of ADHD in Adults

NHS (2018) states "Some specialists have suggested the following as a list of symptoms associated with ADHD in adults:

carelessness and lack of attention to detail, continually starting new tasks before finishing old ones, poor organisational skills, inability to focus or priorities, continually losing or misplacing things, forgetfulness, restlessness and edginess, difficulty keeping quiet, and speaking out of turn, blurting out responses and interrupting others, mood often swings, irritability, and a quick temper, inability to deal with stress, extreme impatience, and taking a risk in activities, often with little or no regard for personal safety or the safety of others".

Causes of ADHD

The exact cause of attention deficit hyperactivity disorder (ADHD) is not fully understood, although a combination of factors is thought to be responsible (NHS, 2018). ADHD tends to run in families, and, in most cases, it is believed the genes you inherit from your parents are a significant factor in developing the condition. Research has identified several possible differences in the brains of people with ADHD from those without the condition, although the exact significance of these is not clear.







ADHD in Adults Danielle Jones





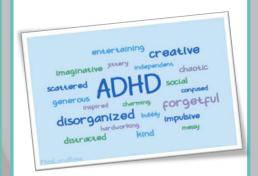
UK statistics of ADHD

ADHD Coaching (2020) states "In the UK it has been thought that between 2% to 5% of school-aged children have ADHD...The prevalence of ADHD in the adult population is between 3% and 4%, but most of these individuals are undiagnosed". Up to 60% of adults who have childhood ADHD will continue to show symptoms into their adult life". From looking at this information, we can see that many adults are undiagnosed as children and that even though the percentage is still low, there are many adults in the UK's population.

Living with ADHD as an adult.

There are many ways an adult can live with ADHD, from making lifestyle changes to merely having a routine. Making lifestyle changes could be to relax by having a warm bath or playing calm music, exercising more can also help let out extra energy built up, talking to other adults with ADHD can also help with ways to help you manage the condition.

A good routine would be to have a diary to record appointments, writing on post-it notes to remind you to do things, and writing down a shopping list so that you do not forget anything when you go shopping.



Undiagnosed as children

Adults undiagnosed as children may face further issues due to ADHD not being treated and managed.

Adults with ADHD may face issues in work due to the symptoms of ADHD such as being late for work, not completing work by set deadlines, not getting along with other colleagues, accepting criticism without shouting, and remaining organised for the whole task.

A lot of children go undiagnosed, and this is the reason why so many adults are being diagnosed with ADHD later in life. The main reason for this is a lack of understanding of the condition.

Impact of ADHD

Due to the limited understanding of ADHD, society sees children with ADHD as naughty, undisciplined children. This is not the case, as we can see that ADHD causes hyperactivity and impulses that the individual cannot control. ADHD can also affect adults in the workplace in many ways due to attention deficiency and sudden uncontrolled impulses.

Some of the aspects that may be affected in the workplace may include losing patience quickly, struggling to follow instructions, daydreaming, talking at inappropriate times, struggling to perform tasks quietly, and losing things. These are only some things that can affect the working day for some adults with ADHD.







ADHD in Adults Danielle Jones



Support needed for adults with ADHD

There are many ways an adult with ADHD may support themselves, but some adults with ADHD may need extra support. Some of the ways adults with ADHD can support themselves include keeping a diary, noting down appointments in a calendar, de-cluttering, organising a space for everything, and setting alarms as reminders to do things. Some adults with ADHD may need extra support in social situations, making and keeping appointments, and getting organised. Support can be provided by many different people, such as family, friends, psychologists, managers, and colleagues. In conclusion, we can see that ADHD in adults can be very complex as a lot of it is still misunderstood. ADHD can impact everyone in different ways, as some people may be tranquil with random impulses, and some people may be vivacious and not show many of the other symptoms to other people by hiding their struggles.

Supportive links available for further information and supportive services available

The ADHD Foundation 0151 541 9020 info@adhdfoundation.org.uk

ADDISS 020 8952 2800 The UK ADHD Partnership - psychltd@aol.com

Brainwave - 01278 429089 enquieies@brainwave.org.uk

In our next edition, we shall look at Mental Health. Mental Health Week this year will be celebrated between 10-16th May 2021. This year's theme is Nature. Following the last year, millions have been able to re-discover nature as a way to focus on to improve their well-being while in lockdown. We will be sharing mental health well-being tips as well as exploring how nature can be crucial for our health and mental health wellbeing.





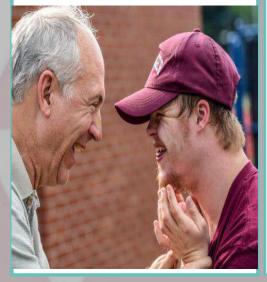
My experience as a mature student with Autistic Spectrum Disorder—Paul Armitage





I have decided to write this article to highlight how Autistic Spectrum Disorder (ASD) has affected my life. I lived my life knowing that I felt and reacted differently to others, including my own family and always thought why and is it just me.

It was not until my 50's through lots of research and speaking to my doctor that I decided to request an ASD assessment. Following being informed, I was on the spectrum, this answered many of the questions I often pondered. Yes, I am different, but I know others have similar problems, so I am not alone.



Autism is a lifelong developmental disability which affects how people communicate and interact with the world. According to the British Medical Association (2021), there are an estimated 700,000 people in the UK with ASD. The assessment for confirmation for being on the spectrum includes hyperactivity, impulsivity, short attention span, aggression, self-injury, unusual eating and sleeping habits, unusual mood or emotional reactions (Centers for Disease Control and Prevention, 2020).

Before the spectrum was developed in the 1960s/70s, autism was used to describe hallucinations and unconscious fantasy in children leading to being hospitalised in mental health institutions. After much-needed work done by child psychologists and psychoanalysts, namely Leo Kanner, Jean Piaget, Lauretta Bender and others Britain became the leading country, in the 1960s, for epidemiological and statistical studies in child psychiatry.

Theories of autism were developed and encouraged the development of new models to understand and create a spectrum of problems classed as one disorder. This led to the closing of mental health institutions in the 1960s/70s and more time given to understand and help infants with their speech, learning and behavioural problems (PubMed Central PMC, 2021). When you are diagnosed today, you will be told that you have Autistic Spectrum Disorder but not necessarily the level as this can change.

When I was diagnosed, in my 50's, I was told that I am on the spectrum and unofficially linked it to Asperger's Syndrome, which is defined as Level 1. Every person diagnosed will be somewhere on the spectrum but officially be told you have ASD. Every person diagnosed will have different levels of ability/disability, and clinicians will use the levels to help teachers understand ASD to encourage and develop trust.

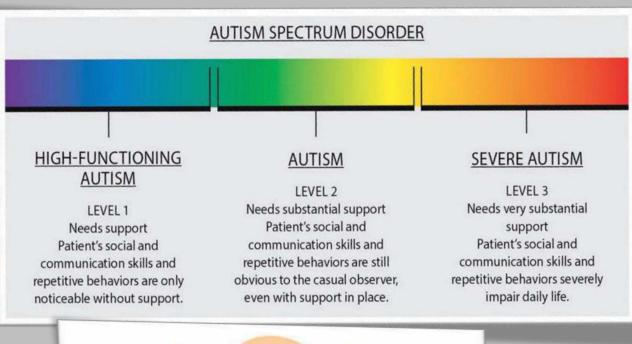
Although not all autistic people are the same, just like all people, they have their strengths and weaknesses with some difficulties shared: -

- Social communication and interaction
- Repetitive and restrictive behaviour
- Sensitivity to light, sound, taste, and touch
- Highly focused interests/hobbies
- Extreme anxiety
- Meltdowns and shutdowns

My experience as a mature student with Autistic Spectrum Disorder—Paul Armitage



From a mature student's point of view, I would like to explain some of my problems and difficulties that affect my life to give you some guidance on respecting adults on the spectrum. Some people you meet might appear different from others, especially in a group, and not realize what difficulties they have if they are on the spectrum.











My experience as a mature student with Autistic Spectrum Disorder—Paul Armitage



My biggest problem has been with social communication and not fitting into groups, understanding people and their thoughts and trying to make small talk. I have upset people because I have said the wrong things without realising it. Making friends has been impossible as I have never tried and would not know how to. Every day has a routine, so I know what I am doing. Otherwise, I could end up having a meltdown/anxiety attack and need to be left alone somewhere quiet.

I am susceptible to bright lights and have had to wear sunglasses even on a dull day and indoors, it could be too bright for me. I am unable to concentrate if the background noise is annoying me and must go somewhere quieter. Being in a crowd at a football match with all the shouting chants and gestures is challenging. Therefore, I have not returned to a live football match, since first experiencing this.

Apart from bright lights, and loud noise, I am also susceptible to above normal temperatures both hot and cold. Autistic people are known for their interests and hobbies, whereby when they develop an interest in a topic, they solely focus upon it. When I develop an interest in a topic, I want to know as much as possible. Education has been challenging and has been diagnosed with ADHD, but now I know why it was. It has since helped me understand things more positively.

The National Autistic Society
The Autism Helpline - 0808 800 4104
www.autism.org.uk

Ambitus about Autism
020 8815 5444

www.ambitiousabiutautism.org.uk







Evidence of the disproportionate effect of Covid-19 on the BAME

community in the UK—Oumie Jobe, Henry Uzoma and Imose Itua



Background

The United Kingdom (UK) is a multi-ethnic society and has experienced an increase in the ethnic diversity of the population continuously. In modern Britain, ethnicity is a multidimensional concept with other health and social and economic opportunities. According to GOV (2020), the Black, Asian, and other ethnic groups (BAME) in the UK have risen from 5.9% in 1991 to 13%, and whites have reduced from 94.1% to 87% based on the 2011 combined census for England, Scotland, Wales, and Northern Ireland. The novel coronavirus (Covid-19), which resulted in the current global pandemic, is estimated to have caused a fatality of around 1% of the world population (Public Health England 2020a). The rate of transmission has varied with unprecedented rates post-Christmas celebrations, though the transmission rates are reported to be on a decline in the media in the UK. For this disease, as is the case with many infectious diseases, the true transmission level is underestimated because a large proportion of the population is undetected either because they are asymptomatic or because they have only mild symptoms and have therefore not presented at any healthcare facilities (WHO 2020).

The disparities in Covid-19 death rate amongst Black, Asian, and Minority Ethnic (BAME) backgrounds have raised concern. There is growing evidence that the virus does not affect population groups equally, thus exposing the inequalities within societies. For example, the Covid-19 mortality rate by ethnic group per 100,000 population was highest among BAME group (Male 255.7/ Female119.8) when compared to white British population (Male 87.0/ Female 52.0) (White and Nafilyan, 2020). This issue is of critical importance and is complicated by multiple factors that may be driving this association, such as religious, cultural, behavioural, socio-economic, environmental, genetic, and other potentially confounding factors, including comorbidity. Several reviews, including Office for National Statistics (ONS) and Public Health England (PHE) have shown that people from BAME backgrounds are the most affected among coronavirus patients compared to their Caucasian counterparts (PHE 2020b), Santorelli et al. 2020 and Khunti et al. 2020). Therefore, there is a need for health officials to address inequality at several levels and investigate why the BAME population is disproportionately affected. This briefing paper presents evidence of the disproportionate effect of Covid-19 on the BAME community in the UK.

According to the 2011 census, 7.9 million people in the UK are from BAME groups representing 14% of the UK population (ONS 2018). This pattern resembles the situation in Chicago, USA, where black people constitute a significant proportion of the population (30% of the population) (Bailey and West 2020). It is indisputable and evidenced that poverty and ill-health are at its highest in BAME communities in the UK, that they reside in underprivileged housing condition and are often employed in unsecured and low key jobs compared to white British counterparts (Marmot et al. 2020).







Evidence of the disproportionate effect of Covid-19 on the BAME community in the UK—Oumie Jobe, Henry Uzoma and Imose Itua

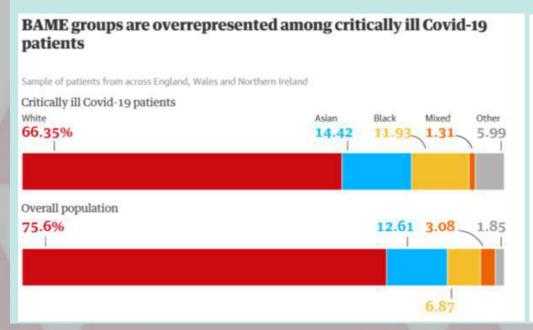


The Evidence:

International and UK data suggests that BAME are at greater risk of being severely infected with the Covid-19 virus leading to mortalities. Multiple studies report that people from BAME communities are unfortunate to acquire positive test to Covid-19 (Kolin et al. 2020, Ho et al. 2020, Millett et al. 2020, Vahidy et al. 2020, de Lusignan et al. 2020 and Prats-Uribe et al. 2020). However, only Kolin (2020) provided data based on participants by ethnicity that were tested for Covid-19, and this showed that a higher proportion of Black and Asian population was tested for Covid-19 when compared to white British participants though this may be only one of many explanations for the disproportionality commonly reported in the media (PHE 2020a).

The Royal College of General Practitioners (RCGP) surveillance found that BAME is 4.75 times more likely to test positive with Covid-19 than their White counterparts (de Lusignan 2020). However, it is critical to note that the RCGP database is tiny and has some missing samples of BAME individuals of 27% entries (PHE 2020b). Two cohort studies from the United States and an ecological US study do, however, support the RCGP findings (Millett et al. 2020, Rentsch et al. 2020, and Vahidy et al. 2020). A report from The Research Centre and Intensive Care National Audit as of 24th April 2020 indicated that 35% of Covid-19 related admissions in intensive care units are people of BAME, and admitted BAME groups were more likely to die in critical care. For instance, 55.3% of BAME patients do not survive in critical care when compared to 48.4% of white patients.

Furthermore, evidence suggests that 19% of mortalities recorded in hospitals are people from BAME background and the areas with more significant populations of non-white recorded higher mortality rates. A recent survey shows that 63% of 106 health workers died of Covid-19, were people of the BAME community and more than 50% were not born in the UK. Given that at the 2011 census, 14% of England and Wales's population was made up of non-white ethnic minority background, this indicates a marked inequality as the proportion do not match (Nazroo and Becares, 2020).





Evidence of the disproportionate effect of Covid-19 on the BAME

community in the UK—Oumie Jobe, Henry Uzoma and Imose Itua



Similarly, there have been COVID 19 related race and ethnic inequalities reported in the united states, and it indicates that larger ethnic minority populated areas recorded the highest number of Covid-19 related mortalities and infections. For instance, 15% of Michigan's population is black and recorded 40% of BAME people's mortality (Nazroo and Becares, 2020).

Due to the present intensity of concerns regarding the disparity on the impact of Covid-19, the PHE (2020) released a review report in June 2020, which includes a stakeholder consultation with 4,000 external stakeholders to air their opinion on the causes of Covid-19 disparities among the BAME community (Khunti et al., 2020). The report distinctively shows there were issues, and the stakeholders' views mirror the extensive findings of the review report with indispensable context and insights over the disparities. The mortality rate among BAME is shown to be two to four times more when compared with the white British population. The stakeholder's consultation and rapid review indicates that some of these disparities are explained partly by overcrowded housing, occupational risk, income inequalities and comorbidities (PHE 2020b). However, there are no primary or secondary data provided for a definitive answer. Still, the report highlights inequalities reflected in limited access to healthcare for people from a BAME background. As Khunti et al., (2020) explained, the recommendation from the PHE review report is mainly uncontroversial and sensible. However, the proposals seem not to be different from what is on the ground, and it fails to have a direct and clear programme of action.

Furthermore, there is a lack of detail in the proposal, and it has no delivery time frame or method of implementation; significantly, no one is held accountable or responsible. Also, it does not mention what structure or system is enabled for the practical delivery of actions of the proposed recommendations; even the successful implementation measures necessary for improving people's outcomes from BAME backgrounds during this pandemic seem to be a receding prospect.

The concerns raised from these statistics is not all about ethnicity; they highlight underlying health inequalities affected by socio-economic status and raised fundamental questions concerning interconnections between ethnicity, area deprivation, living conditions, occupation, comorbidities, relative economic disadvantage and poverty (Paton et al., 2020). Our next report aims to highlight the risk factors dictating vulnerability to Covid-19 in the BAME community.

There are urgent public health actions that need to be taken to address the high rate of Covid-19 infections and mortality rate in BAME groups. The uptake, safety and immunogenicity of the Covid-19 vaccine may depend on the differences in ethnicities. Also, disparities in vaccination coverage or its uptake may be attributed to socio-economic factors, social marginalisation and other factors which will be discussed in more depth in our next paper.







Nicole Blunt, LLB Graduate



This article is on air pollution research conducted during the Transition Period when the United Kingdom (UK) withdrew from the European Union (EU).

Despite the achievement of Brexit in January 2021, the research findings indicate that the impact of poor management of ambient air quality continues to cause perilous air pollution levels, threatening the health and well-being of all European citizens, including the UK.



Clean air is essential to human health and our environment's sustainability. 400,000 premature deaths in Europe have been causally linked to ambient (outdoor) air pollution per year. Extensive and robust clinical, toxicological and epidemiological studies have conclusively established the acute risk of air pollution on human health. This risk is significantly heightened amongst the elderly and those with existing health issues and further exacerbated in socio-economically deprived areas, often situated near roads with high volumes of road traffic and busy industrial conurbations. However, air pollution knows no neighbourhood boundaries. Currently, 98% of the UK capital London exceeds the World Health Organisation (WHO) emission levels for particulate matter PM_{2.5}. PM_{2.5} poses the most significant present pollutant health risk as its small particles (denoted by its chemical symbol) deeply penetrate the respiratory tract affecting both the lungs and heart.

The increased use of petrol and diesel vehicles has predominantly produced the prevailing emissions of particulate matter (PM), nitrogen dioxide and ozone, currently threatening European air quality and human health through respiratory damage. In 2008, the Ambient Air Quality Directive (AAQD) was adopted as the key EU air pollution legislation to establish air quality standards and improve the protection of human health and the environment after the inefficacy of EU air quality policy since the late 1970s.







Nicole Blunt, LLB Graduate



The AAQD is based on legally binding concentration pollutant limit values and target values founded on political consensus. However, the first decade of the AAQD enactment resulted in a further 456,000 EU citizen suffering premature deaths directly attributable to excessive motor vehicle emissions of particulate matter, nitrogen dioxide and the secondary

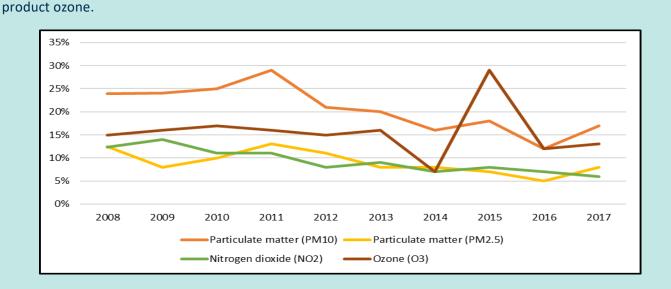


Figure 1: Percentage of *EU Member State urban populations exposed to air pollutant concentrations above AAQD limit and target values during AAQD first decade*

AAQD limit values are supposedly determined with consideration to the WHO guidelines, informed by expert evaluation of scientific evidence of the clear link between AAQD pollutants and health. WHO guidelines stipulate the average concentration limit threshold <u>before</u> human health is at risk from exposure.

Table 1: Comparison of AAQD and WHO Guideline exceedance limit values

Pollutant	Limit Value			
- Onatant	AAQD Limit Values		WHO Limit Guidelines	
	Daily mean	Annual mean	Daily mean	Annual mean
Nitrogen Dioxide (NO ₂)	200 µg/m³ (1-hour mean)	40 μg/m ³	200 µg/m³ (1- hour mean)	40 µg/m ³
Particulate Matter (PM ₁₀₎	50 μg/m ³	40 μg/m ³	50 μg/m ³	20 μg/m ³
Particulate Matter (PM _{2.5})	N/A	20 μg/m ³	25 μg/m ³	10 μg/m ³
Ozone (O ₃)	120 µg/m³ (8-hours mean)	N/A	100 µg/m³ (8- hour mean)	N/A











AAQD annual limit values for PM_{10} and $PM_{2.5}$, exceed WHO's protective threshold by more than 50%, with the absence of a daily $PM_{2.5}$ limit value. The AAQD limit for ozone further remains ominously obsolete at $120\mu g/m^3$ as WHO limit reduced to $100 \mu g/m^3$ following conclusive associations between daily mortality and lower ozone concentrations, unacknowledged by AAQD. Alarmingly, the WHO review in 2013 and twenty-two cohort studies concluded that the 'mortality and morbidity' effect of PM_{10} , $PM_{2.5}$ and NO_2 can still be experienced at the current AAQD and WHO limits.

The frailty of AAQD health protection has repeatedly been criticised by the European Court of Auditors (ECA), EU citizens, and environmental NGOs (ENGOs). The European Commission, as the executive branch of the European Union, responsible for proposing legislation, implementing decisions, and EU management, dismiss such concerns, continuing to regard WHO guidelines as neither "standards nor legally binding criteria". Consequently, AAQD limit values have remained unchanged.

The majority of EU member states and the UK have refrained from strengthening air quality standards, cautioning economic viability and practical challenges. Therefore, the attainment of legal limit values has cultivated an approach of mere exceedance minimisation rather than elimination, propagating temporary and unsustainable air quality improvements. This has been recently evidenced in the UK National Roads Policy (NRP) where recent measures to reduce vehicle emissions by stopping production of new petrol and diesel-powered cars by 2030-2035 is unlikely to negate existing levels of vehicular air pollution. The NRP is predicted to increase vehicle numbers significantly by introducing more electric vehicles (EVs), merely shifting vehicle pollution sources from exhaust to tyre and brake emission.

Right to Clean Air

The right to clean air has been recently defined as a human right by the United Nations and formed a core objective of the EU 7th Environmental Action Programme to attain justice by 2020. The AAQD is devoid of the express right to clean and instead incorporates the Aarhus Convention (AC), ratified by the EU in 2005.







Nicole Blunt, LLB Graduate



AC is intended to provide a legal stronghold for citizens through its three pillars of right to access information, participation in air quality plan (AQP) formulation, and challenge breaches in court. Closer analysis of AC incorporation reveals great inadequacies.

European air pollution information is primarily exhibited in highly technical formats containing raw data, not universally comprehensible for EU citizens. Whilst information on local, regional and national pollution reduction measures are superficial summaries, sporadically published with a minimum of five years between each plan. Participatory



planning (PP) is essential for citizens and ENGOs alike to critique implementing reduction measures and intervene to protect local needs.

Scrutiny of PP procedure reveals public consultation is merely a token gesture at preliminary stages, with citizen perspectives repeatedly dismissed as they often oppose political and economic agendas. Citizens continue to rely on ENGOs such as ClientEarth, who possess the necessary expertise and finances to challenge breaches. However, the most viable route of enforceability of AAQD limit values remains concealed within the Environmental Impact Assessment Directive (EIA), which implements the first AC pillar of access to information. EIA stipulates that MS must consider environmental impacts of densely populated areas and areas already in exceedance to make an "Environmental Impact Assessment' as established in *Kraaijjeveld v Gedeputeerde*. An assessment produces the vital health and environmental information required to support a legal challenge and improve the likelihood of success.

However, restrictive national standing rules of direct interest require full-time residency of an individual as established in Janeck v Freistaat Bayern, which presents a frustrating obstruction to ENGOs. Critically, most EU MS and the UK do not permit administrative omissions of failure by public authorities to act to be challenged. This restriction further violates the AC, which expressly provides for review of public authorities' acts and omissions.







Nicole Blunt, LLB Graduate



Post-Brexit

The UK connection to the EU transcends political and legal agreements. Air pollution remains transboundary, meaning the UK must ensure continued cooperation with the EU to minimise pollution levels as it is unlikely the UK will meet WHO guidelines through local action alone. However, Brexit has provided the UK with a promising opportunity to rectify the inefficacy of the AAQD as adherence to EU legislation is no longer mandatory.

Amid Brexit negotiations, the current Mayor of London Sadiq Khan recognised the need to go beyond EU limits and announced London's dissociation from AAQD limit values in an alternative pursuit of health-focused WHO guidelines for achievement by 2025.

The UK government has introduced a flagship Environment Bill into Parliament, but its debate (as of January 2021) has now been delayed thrice due to lack of parliamentary time caused by the Covid-19 pandemic. The bill is intended to provide new legally enforceable air pollution targets after full consultation, but they are not planned for introduction until after October 2022 at the earliest. As the urgency to control national air pollution has been eclipsed by the current pandemic despite the 400,000 premature deaths caused by air pollution being four-times greater than the current total UK deaths from Covid-19. The anticipated Environment Bill will only set targets and not remedial changes.

Potential air quality improvements are likely to take a further decade to materialise. Action is needed now, beginning with rigorous pollutant limit values that truly protect lives and supported by express statutory rights to provide UK citizens with a legally enforceable right to clean air.









Many students are either employed and working remotely, have suffered a job loss or study full time. Some people have managed to experience all three scenarios, and such is the dynamic nature of changes. Difficulties encountered during Covid-19 have been unprecedented and sometimes a gruelling experience with the (less debated) second parallel pandemic; mental health crisis (United Nations 2021).

Covid-19 emotional responses within the aviation

Trust in organisations, belief in yourself, and confidence levels are continually being tested during the lockdown. Having recently completed my undergraduate degree during the most challenging of times, well-being and



mental health have been a continuous focus for me. I researched mental health apps and well-being for my BA(Hons) Business degree dissertation. The pandemic presented a unique timeline when some airlines had offered Cognitive Behavioural Therapy (CBT) wellness apps as an employee support tool. The workforce generally overlooks company employee assist programs (EAP) perhaps subconsciously, filing it away as not needed! Interestingly, although necessary support can be leveraged through these programs (counselling, for example), other tools are available to increase resilience.

The World Health Organisation (WHO) defines mental health as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' (WHO 2018). However, there is still much stigmatisation encompassing mental health, especially within aviation, my beloved previous career. The competitive aviation sector was not prepared for Coronavirus, which was given 'pandemic' status in March 2020. Isolation and uncertainty have since exacerbated psychological 'stressors' inherent within the airline crew safety role (EPPSI 2020). According to Drucker (in McConnell 2020). The greatest danger in times of turbulence is not the turbulence; it is to act with yesterday's logic. Reducing the fear of discussing mental health challenges within the workforce has never had a greater focus than now, but it still requires supported action.

Business 'Benefits' Investment argument

Unpacking Human Resources (HR) EAP tools to see if they were a good 'fit' during the pandemic was an essential exercise in supporting the crew. Employers spend a large amount of money, outsourcing 'benefits' packages to support employees. This could be a wasted investment if they are not being utilised effectively or worse, not used at all. Some airlines (FSC's) have issued individual digital technology to equip crew with safety manuals, service recovery tools and MHapp. Collaboration and investment in the devices aim to support management and value employees by encouraging autonomy, flexibility and self-managed well-being. However, Bauer et al. (2020) highlights limitations. "Given the realities of app accuracy, efficacy, privacy, security, and the regulatory environment". Although most MHapp are unregulated, they have become an instant, flexible, cost-effective 'tool' to assist with mental health challenges (Murgia, 2019). Rather than technology, the World Health Organisation (WHO) advised 'self-reflection for coping with Covid-19 stressors "Draw on past skills that have helped to manage life's previous adversities" (WHO 2020).









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Fig 1. Union well-being results. British Airlines Stewards and Stewardesses Association (BASSA 2020)



The investigation considered appropriate theories of well-being (which were surprisingly few). Finally, an Occupational Well-being (OWB) theory from van Horn et al. (2004) was deemed appropriate to support the research. A mixed-methods approach using both qualitative and quantitative data would examine;

- 1. Whether Mental Health Apps (MHapps) were useful in supporting the crew during the pandemic?
- 2. How does EAP well-being support differentiate in a 'safety-related' work role?

The two research questions follow philosophical positions of critical realism (CR) and interpretivism, exploring an abductive approach; re-examining theoretical concepts during a phenomenon.

A 15 question Likert survey was de-

ployed via social media as most crews were furloughed. Unsurprisingly an airline had denied access for an interview, adding to difficulties. A previous survey from a UK Trade Union provided a benchmark of what stressors were affecting crew. This also helped to focus my questions to extract the correct information from the survey. A UK Trade Union(TU) surveyed 8477 crew to determine how the pandemic influenced their well-being. Anxiety and lack of sleep rated the highest.

My investigation used the OWB theory within the categories of:

- 1. Affective (Work setting/occupation)
- 2. Social (Personal control and interaction with colleagues)
- 3. Professional (Intrinsic performance to job/organisation)

The survey questions completed by 98 crew from a 'judgement sample' gave further quantitative insights into the secondary TU data. Qualitative data from pilot and cabin crew interviews (4) from the UK and European airlines would provide further evidence.









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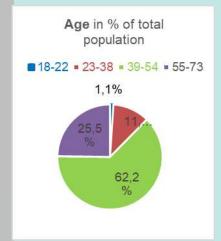
Results

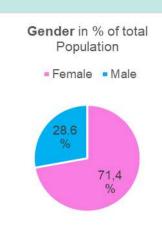
An Excel graph correlated the survey data and produced colour ratings (red- problem low score, amber- significant medium score and green- good high score). This would give the 'traffic light' effect where 'red-stop' needs further investigation and consideration of a review. Figure 2. to the right highlights the survey results for the 15 questions; the first three questions were for relevancy of role (crew and employed) and demographics.

Figure 3 below the first three survey questions was used to pinpoint the correct sample of active airline crew and demographics.

Total % of max score Survey Questions * Reversed scale Ryff and Warr theory		МНарр		
Category	Questions	Non-MHapp	MHapp User	Grand Total
1 - Affective Well-being	Q11 - Leadership	23,7%	20,0%	23,5%
	*Q13 - Being open at	65,9%	63,3%	65,8%
	*Q15 - Alienation & De-	45,7%	33,3%	44,9%
	*Q4 - Anxiety & Isolation	36,7%	26,7%	36,1%
2 - Social Well-being	Q12 - Colleagues given	77,8%	73,3%	77,5%
	Q7 - Human interaction	69,2%	53,3%	68,2%
	Q8 - Mixed approach	66,2%	66,7%	66,2%
	Q9 - Yoga/Sport	76,9%	83,3%	77,3%
3 - Professional Well-	Q10 - EAP awareness	47,0%	53,3%	47,4%
	Q14 - EAP tools	34,7%	26,7%	34,2%
	Q5 - MH app use	33,8%	80,0%	36,7%
	Q6 - MH app improve-	46,2%	43,3%	46,0%

Interview Results





MP1- Male Pilot (EU), FP2- Female Pilot (EU), MC3-Male Cabin Crew (UK), MP4- Male Pilot (UK)

The numbers (81, 65, 61) represent duplicated words within the sub-link codes. The higher the number, the more reference was made to that category. Organisational culture and trust were identified as being intrinsic to EAP use.

- **1. Professional:** 81 Coded Sub-link 'Trust Culture' (TC): Trust, unbiased, anonymous, peer support, fatigue, safety. "I never asked for any assistance" (MP1) "Most people will not use mental health apps because it is linked to their employer" (MC3).
- **2. Affective:** 65 Coded Sub-link 'Uncertainty Effect' (UE) MHapp, Mental Health, anonymity, confidentiality, experience. "Revealing information is a risk" (MC3), "Leading people into believing they have mental health issues when they don''" (FP2).
- **3. Social:** 61 Coded Sub-link 'Functioning Relationships' (FR) Isolation, support, colleagues, uncertain, friends, family, support, coping. "Being valued by the airline, that gives me a huge mental well-being" (MP4) "When someone cares to ask and shows concern it can make a big difference" (MC3).









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The results led to 'triangulation' from another 'expert' within aviation; The Resilient Pilot (a not-for-profit initiative supported by specialists and pilot mentors). The 'guest speaker' was asked a live Webinar question by the researcher;

Q1. How does company trust and transparency affect mental toughness (MT)?

"The working environment will begin to shape your thinking, it's subtle. In the occupational world cultures a big factor, so trust is a big aspect of an organisation's culture. We see a direct relationship between the MT of the leadership team and how

it shapes the MT of employees, culture shapes you" (Strycharczyk 2020, 0.55 mins).

The 'mental toughness' model has the dual theory within each of the 4 'C' segments, both subjective and objective to each category.



Figure 4. The 4 C's Mental Toughness Model (Strycharczyk 2017)

The results were inconclusive in that the 'uptake' of MHapp was so low. Technology is continuously developing and improving, and regulation would give greater credibility and lower risk. Enabling mobile self-efficacy could potentially provide convenient, flexible, cost-effective support. The most significant differentiator is 'peer support', which is extremely popular with cabin crew and pilots; it is already to be included in regulatory legislation from 2021. The effectiveness of peer support which initiates a 'horizontal' collaborative support system rather than just vertical top-down, ensures robustness.

Conclusion

Trust and transparency are vital to the well-being, and uptake of mental health apps and EAP investment. Peer support has been invaluable to crew supporting anonymity and highly valued empathetic understanding.

Reflection

Mental Toughness skills were initially taught to teachers in education, but it also equips pilots to face different safety roles. This can increase anyone's resilience to change and give a greater capacity of awareness and control trigger responses (Strycharczyk 2017). Self-efficacy and belief in your capabilities can begin by synergising resilience through a deeper understanding of empathy and emotional intelligence. The research's main outcome was that trust relationships are critical, having the most significant impact on our emotions and reactions. Technology links us socially, but during this unique time of isolation, introspection can be both fascinating and rewarding, but introspection can be fascinating, rewarding, and a life-long self-support tool.







Unitu Programme Representative Job Description



Duties and Responsibilities

- Gather, collate and represent students' opinions and feedback on all aspects of Arden University, face to face and through Unitu.
- mode of study and relevant staff at the University.
- Attend Arden Committee meetings throughout the academic year, provide and discuss a feedback report.
- Help shape the meetings agendas by suggesting items to discuss. Close the feedback loop by feeding back discussions and resolutions to students after
- Promote participation in key surveys throughout the year, including End of
- Attend Open Days for your Study Centre (BL only). Monitor Unitu daily and respond to feedback.
- Move items over to public area for further discussion or a staff response. Interact within focus groups which are requested by staff members to gain student
- Be involved in shaping the University by becoming a panel member for various projects

Time Commitment

- Induction and training programme upon election.
- Attendance to committee meetings on a quarterly basis.
- Dedicate approx. 3hrs per week to gather feedback from students using Unitu, face to face sessions or email.
- Help and support Open Days and Induction Sessions.

Training and Support

- Face to face training event, Online training events and iLearn mini sessions within your first study block as Student Representative.
- 1-2-1 sessions throughout your tenure with the Student Voice Officer.
- Mid-year refresher training.
- Dedicated Student Representative portal on iLearn. Meet and greet with Sen-
- Monthly Student Representative and network.
- Training with Arden's Welfare Support Team.

Contact: Joanna Titley for further information at: jtitley@arden.ac.uk







Opportunities and Benefits

- Build a network for your community to ensure continual feedback on subjects that matter to students.
- Work together with your Student Representative Network to empower the Student Voice.
- Create working relationships with staff members.
- Enhance employability by gaining and developing key skills.
- Free Student Representative hoodie, lanvard and Starter Pack.

Supported by

- The Student Voice Officer,
- Head of Student Services,
- Department Champions.

Reward and Recognition

- Certificate of Recognition at the end of your tenure.
- Reward lunch at the Coventry Head Office.
- Thank you letter from your Head of School.
- Reference letters for future employers.



Thank you for reading our newsletter!

Next edition due out in September 2021



We are looking for writers for article pieces, and I know what you may be thinking, more writing!

You may be questioning why this idea is being pitched, and there are quite a few reasons:

- •It is an excellent opportunity for you to get a publication under your belt.
- Looks great on your CV
- •Opportunity for you to branch into an area you may wish to explore later in your degree or in your career.
- •It is a great talking point for interviews

Article Length

Articles need to be 750 – 1500 words. It must be referenced following the Arden Harvard Convention (allowing you to practice your skills).

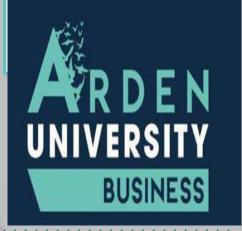


Your article will be published in Arden's Perspectives in Business and Healthcare and Management Newsletter, which is promoted across a variety of Arden University's Social Media including the Healthcare Twitter #ArdenUniHealthcare.

If you are interested or have any questions on writing an article or wish to bounce ideas and thoughts off one of the editors, please get in touch via email:

perspectivesbhm@arden.ac.uk

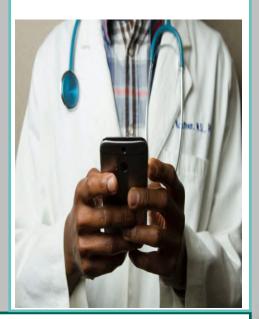
Please email to request a structure breakdown style for articles.



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