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The *Journal of Contemporary Development and Management (JCD&MS)* is a national peer-reviewed journal dedicated to connecting research to practice. *JCD&MS* recognises the value of qualitative, quantitative and mixed/interrelated methods in analysis of data. The journal seeks to be relevant both to a core disciplinary constituency of Alternative Providers of education, of Universities as well as a broader readership. It is the official research journal of London Churchill College (LCC) and actively encourages contributions from individuals and other educational institutes.

All manuscripts published in *JCD&MS* are double-blind peer reviewed by accomplished scholars in the subject area of the manuscript and in the disciplinary approach used

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Contents

Prologue	80
Editorial: Caring for the Carer	81
James Hodgson	
Viewpoint: Academic Freedom is Now Being Betrayed by Academics.....	83
Professor Geoffrey Alderman	
Viewpoint: End of Days	84
Professor Jon Mills, PsyD., PhD	
Viewpoint: Peter Green's recent article entitled 'QAA Reviews; Fact or Fabrication'	90
Tommie Anderson-Jaquest, PhD	
Revisiting the Death Drive	92
Professor Jon Mills, PsyD, PhD	
The future of Health Overview and Scrutiny in England	101
Peter Hill, PhD	
Students' understanding of how their private lives can encourage or enhance learning experiences; a case study from psychodynamic training.	105
Nick Papé, PhD	
Mental Health in the Age of Pharmacology; Medicine and Pharmacy as a Panacea to Treating Mental Illness.....	116
Professor Jon Mills, PsyD., PhD	
Student Engagement: The Challenges Facing SMEs	125
Isabel Morrell and Nicola Stavrinou	
Structured Educational Programme as Strategic Intervention for Adults with Type 2 Diabetes to Control their Weight: A Literature Review.....	138
Golam Maola Moahmmad Faquzzaman and Muhammed Mostofa Khan.	
Review of Influential Factors Driving Organic Food Consumption	145
Salma Akter, PhD	
Patient Choices Pertaining to Over-the-Counter Medication: A Literature Review.....	155
Muhammed Mostofa Khan and Golam Maola Moahmmad Faquzzaman	
Student Retention at an Alternative Provider: a case study	162
Peter Hill, PhD	
Reflections on Consulting Staff Retention Policy.....	166
Taslim Ahammad and Julker Naim	

General theme 'Health'.

Prologue

Health is an interesting theme for this issue of *JCD&MS*. Typically, a basic understanding of this theme can be attributed to one of our three main educational courses, Health & Social Care. However, the theme is not solely related to physical well-being and can be expanded without dilution, to include mental health, business viability, food industry, relationships and performance, which is not of course an exclusive list. I particularly highlight submissions from my colleague Dr Jon Mills, who has so generously shared his seminal work on Freud and reflected on his subject in a wider sense, whilst also contributing an original paper on medical health. The health of the College was also examined robustly in August 2017, via the medium of a college-wide conference on the theme of student retention. We are pleased to include papers from the conference.

'Shooting the messenger', a decidedly unhealthy exercise for the recipient, was a practice oft used historically to protect confidentiality; today it is no longer an acceptable physical practice, but is frequently referred to in terms of metaphor. Why do we do it? Is it really a protective action or is there an underlying fear that the conveyor of messages must somehow be culpable of the bad news conveyed? Our journal is a messenger of sorts, publishing articles and viewpoints that may not agree with readers' views. Stimulating debate is certainly one of the journal's functions, hopefully contributing to changes that might benefit the education 'industry'. However much we might wish to distance ourselves from diverse sides of arguments, we do take pride in being associated with lateral and different perspective thinking. Indeed, it is the product of such debates that provides cutting edge and modern ideas, which when applied to theory, forms the very base of academic research.

So, the message is clear, please do not shoot this messenger and keep a liberal mind when apportioning blame for views expressed. We will continue respecting individuals' thoughts and ideas, which we will encourage. The tradition of academic independence sits healthily well in our pages.

Nick Papé, PhD
Principal Editor, Editorial Panel
Winter, 2017

Editorial: Caring for the Carer

James Hodgson¹

Juvenal: *'Quis custodiet ipsos custodes?'* (Ramsey, 1918)

Introduction

I am delighted to be asked to write the Editorial for this issue of *JCD&MS*. Apart from the privilege of introducing well thought-through research and interesting Viewpoints, I am struck by the diversity of learned articles we see in these pages, from mental health, physical health and health of companies to views about student retention, very close I am sure to all educators' hearts.

Mental Health and Wellbeing

The rise of teenage mental health issues is well documented. According to the Mental Health Foundation, one in ten children in the UK are likely to have a mental health issue in any given year - the World Health Organisation estimated as many as one in five (WHO, 2002). For those of us working in schools, this clearly has a profound impact on the way we look at educating children. Exam stress created by the misguided perception of increasing university competitiveness; the undeniable rise in family breakdown; the onset of social media with its round the clock pressures on friendships and sleep deprivation, all combine to ensure that the already fragile nature of the teenage child is too often tested well beyond its limits of resilience. It would take, presumably, particularly level headed, balanced, mentally healthy adults to tackle these issues effectively and to role model a sense of perspective and healthy living for their pupils. And yet, in the same report comes the news that one in four adults are likely to have mental issues in the same annual period. In the UK alone, 70 million days are lost from work each year due to mental health, making it the leading cause of health-related absence (Davies, 2014). Who, therefore, is protecting the teachers of these children?

It is hardly surprising that a meta-analysis by Stephen Stansfeld and Bridget Candy in 2006 showed four workplace factors particularly associated with mental health problems: high demands at work, reduced autonomy in decision-making, high efforts and low rewards. Jump forward eight years to a coincidence between increasing mental health issues in the young and a school system where, Talis (2013) reports - teachers in the UK work longer hours than those in most developed countries, and feel underpaid and undervalued by society (OECD, 2013). The issue of reduced autonomy is both personal and institutional. Happily, via its Academy programme, the government is

beginning to allow schools as individual institutions more autonomy; but conversely, via its ruthlessness around league tables, it forces head teachers to restrict the autonomy of the classroom practitioners themselves when teaching their pupils. Increasing legislation, paperwork and accountability, saps energy and reduces creativity. It should be a matter of genuine concern, therefore, that a survey of 2,000 teachers in 2015 undertaken by the charity Education Support Partnership, found that 84% of teachers had suffered from mental health problems in the previous two years; 81% of these teachers attributed their problems to excessive workload (Bloom, 2016).

Some schools, notably led by Wellington College in Berkshire, have introduced wellbeing programmes for its pupils and staff. Many schools, including my own, have wellbeing of staff high on their agendas, often including availability of mindfulness sessions, yoga, sporting facilities, and counselling services. There is now more awareness from all quarters; and within schools, Heads are realising that only a healthy staff body can lead, inspire and play role models to the next generation. However, government pressure, endless reforms to the system and a lack of money are combining to produce real challenges for the health of the teaching profession.

The annual report of the Chief Medical Officer in 2013 on Public Mental Health priorities summarises 3 of its 7 key messages as follows:

- There is extensive evidence of effective interventions in public mental health as modelled on the WHO framework, which is built on the concepts of mental health promotion and mental illness prevention, treatment and rehabilitation.
- However, the concept of 'mental well-being' as it is currently used in this field is still characterised by a lack of clarity over boundaries, definitions and tools for evaluation and by a lack of evidence of 'what works'.

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- Unless and until robust evidence of effectiveness is forthcoming, interventions based on the concept of 'mental well-being' should not be funded.

And herein lies a serious problem: to the final bullet point, most would say that we don't have time to wait. So to paraphrase Juvenal, who will care for the carers?

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Viewpoint: Academic Freedom is Now Being Betrayed by Academics

Professor Geoffrey Alderman²

The ultimate purpose of a university is, without fear or favour, to pursue the truth, and in furtherance of that ideal I try, as an historian, to go wherever the evidence leads me. That some folks – even some academic colleagues – may not feel comfortable with the end results is of absolutely no consequence. I've always been supported by the institutions at which I've worked and by the colleagues with whom I work. But it's now becoming clear to me that this world and these norms are under attack, and – scarcely less worrying – that they are being betrayed from within.

Consider the following two stories that emerged earlier this month (October 2017):

1. A psychotherapist master's student at Bath Spa University, Mr James Caspian, has been told he cannot study cases of people who have opted to have their gender-reassignment surgery reversed because such research was "potentially 'politically incorrect'."
2. Almost half of the editorial board of the prestigious journal *Third World Quarterly* [published by Taylor & Francis] has resigned following publication of an article in that journal, that reportedly pointed out some of the positive aspects of colonialism; the list of these resignations includes six UK-based academics.

Of course, the above summaries do no more than rough justice to the issues involved. But on digging down into the detail, the truths are even more alarming than the summaries might suggest.

In the Bath Spa case, the institution has apparently **banned research** not because it believes that the subject-matter was 'politically incorrect,' but merely because, in its view, the research had the 'potential' to be so. What's more, in imposing the ban, it has sought to further justify its action by opining that the research could give rise to social-media comment that 'may be detrimental to the reputation of the university'.

This is a shortened version of an article that first appeared in the Spectator in October 2017
<https://blogs.spectator.co.uk/2017/10/academic-freedom-is-now-being-betrayed-by-academics/>

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Viewpoint: End of Days

Professor Jon Mills³, PsyD., PhD

Introduction

Are we on the brink of human extinction? Is civilization destined toward self-annihilation? We must not underestimate the risk of the possibility that we may become extinct fairly soon. Let us examine some cold sober facts: We are facing a planetary ecological crisis due to global warming, despoliation of our natural resources, mass scale industrial pollution, desertification, deforestation, widespread collapse of ecosystems, and extreme climate change; world overpopulation is nearing a record tipping-point, where food and water scarcity will bring about more famine, drought, pestilence, and death; human violence and aggression in concentrated pockets are on the rise worldwide, with every inhabitable continent in turmoil, civil uprising, military conflict, or war; unbridled capitalistic exploitation of consumer masses by corporate conglomerates, financial institutions, Big Pharma, and insurance sectors are unprecedented, with obscene disparities in wealth and poverty to the point of social implosion; global catastrophic hazards have escalated due to the environmental crisis, encroachment by man, destabilized markets, hegemonic national politics, collective ideologies, corrupt governmental policies, deranged despots, nuclear threats, terrorism, religious fundamentalism, Internet espionage, cyber hijacking, space wars, threats to public health, bioterror, infectious diseases, and psychological self-interest driving everything from vain desire to the local economy and international relations, not to mention the anathema of evil, abuse, trauma, greed, and the psychopathology of everyday life. Regardless of the degree of threat we assign to these calculated risks, we cannot ignore the ominous dread hovering over a wishing humanity.

Our recalcitrant dependency on fossil fuel is slowing digging humanity a shallow grave. The burning of coal, whether in industrial manufacturing or to heat a home, is gradually suffocating the planet (Intergovernmental Panel on Climate Change, 2015; United Nations Framework Convention on Climate Change, 2015). The problem is so bad in India and China that you can hardly breathe in Delhi and Beijing. Soot from wood stoves covers the roads of Kraków to the point that it feels like walking on a floor of oil. From hazards due to refining oil, fracking, tar sands extraction, natural gas leakage, pipeline distribution, transport accidents, off-line rig explosions, to run-a-way greenhouse effects, our ecosystems are deteriorating rapidly, hence threatening the sustainability of our natural resources and life on this planet. Glaciers and polar icecaps are melting, sea levels are rising, heat waves, droughts, wildfires, bitter coldness, severe storms, torrential rains, floods, rising ocean temperatures, hurricanes, tsunamis, freshwater scarcity, and unpredictable weather phenomena that are so variegated throughout the world signals our changing global climate (Climate Central, 2012; Flannery, 2010). All these issues leave us in a profound and compounded predicament of future survival. And with the projected statistical prediction of adding another billion more people every decade to the world population, our lot in life hangs by a hair. As our world economies are in flux and tumult, hence threatening the availability, price, and affordability of basic human requirements for sustenance, such as water, food, shelter, and medicine, as well as education and valued commodities that nourish the physical, emotional, and spiritual lives of the masses, we are likely headed for calamity. But we dissociate these realities, because they are not happening to everyone at the same time and in the same place. We can no longer afford to bury our heads in the sand.

The Political Unconscious and the Fate of Humanity

We must seriously question the prejudicial unconscious forces that drive such political states of affairs (Mills & Polanowski, 2007), from individual and communal choices to international policy, for collective humanity is neither unified in its aims nor prioritizes matters outside of its immediate scope of partisan

desires or regional inclinations. Is the political unconscious a universal phenomenon, namely, is it structurally inscribed in the very ontological fabric of the psyche? This would suggest that, with qualifications, notwithstanding divergent groups and individualities that comprise a community of followers identified with attaining certain material gains, pleasure, or reinforcing a self-serving perspective or worldview, all

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people are predisposed a priori to favour certain unconscious attitudes even if they are irrational and ultimately self-destructive. And it is unequivocally taking place on a mass scale across all civilized and developing parts of the world.

What we are witnessing in concrete forms is how the collective psyche is divided based on unconscious politics identified with certain ideologies fortified by cultural relativity. Here we should question the capacity of collectives to make rationally informed judgements when desire, self-interest, and insular governmental hegemonies make decisions that affect us all. Yet government is elected by the people in democratic countries, which brings us to question why in recent political times the majority of citizens would vote for leaders—say, in the United Kingdom and America, who are anti-environment, anti-immigration, xenophobic, racist, religiously intolerant, misogynistic, anti-gay, and pro-war, just to name a few indecencies. From *Brexit* to the election of U.S. Republican president Donald Trump, humanity should beckon a call to reason. It is no surprise to psychoanalysis that we are witnessing the disintegration of culture, for illogical decisions are unconsciously chosen based on emotional prejudices, which speaks to the greater manifestation of collective social life immersed in its own *pathos*.

10 Billion

The world population is now over 7 billion people, which has proliferated by 1.4 billion in less than 15 years. Following this unprecedented hurried growth, it is estimated there will be over 10 billion inhabitants by 2050 (United Nations Department of Economic and Social Affairs, 2015; Worldmeters, 2016). Most scientists believe that the Earth will not be able to sustain that many people, and if possible, not without grave consequences (Emmott, 2013). The mass consumption of resources will likely be too taxing to support the plenitude of food required, which takes the majority of our water supplies and fertile earth surface to grow. Given that mass industrial and environmental pollution has severely tainted global water availability (Bozzo, 2008; Salina, 2008), compounded by unforgiving climate change, the paucity of clean drinking water is an urgent ecological and humanitarian crisis. The bottom line is that now, within our current times, we do not have enough water or food to go around. Imagine what it will be like with 3 billion more people crowding the planet all vying for the basic necessities of life?

No longer is the threat of world destruction simply due to the forces of nature itself, rather it is from man. We continuously poison our seas, land, and air, plunder our natural resources with callous disregard for future consequences, and disrupt Earth's regulatory mechanisms (Lovelock, 2006), hence insuring the slow but steady deracination of our planet. Our ecosystems are deteriorating rapidly, and with the rampant marauding of our environments, such as with the industrial excavation and burning of fossil fuels, cattle and sheep farming, mass mining, agribusiness, and the artificial manufacturing of biofuels, this systemically harms biodiversity and the atmosphere by accelerating greenhouse gas emissions, which further contributes to the global climate crisis that threatens our sustainability (Weisman, 2013).

The Evil that Men Do

As if the despoilment of our globe is not enough to worry about, we have to continuously face the prevalence of human aggression. All occupied continents are engaged in military battle, and there is no foreseeable end in sight. World superpowers, rouge nations, dictators, tyrants, revolutionists, insurgents, and international politics fuel existing warfare, hence leading to repetitive cycles of death, despair, transgenerational trauma, and systemic ruin. Global economies have been shattered, social infrastructures effaced, and daily ways of life destroyed, where entire communities have perished (Diamond, 2005). Whole societies have been displaced, historical traditions broken, established customs nullified, and cultural identities lost. Diasporas, mass-scale refugees, and the walking wounded scurry to neighbouring territories, often herded at their borders. Chaos, uprisings, and revolt over impoverishment, maltreatment, and retaliatory aggression lead to further warfare, civil disorder, violence, and crime.

Within our warming world, as the size of the global population balloons, and as we become even more overcrowded, there will be more scarcity, competition for resources, ruthlessness, and qualitative abjection. Dearth and human angst will likely motivate mass panic and brutality under the so-called influence of social Darwinism, which will predictably lead to more human tensions, exploitation, war, and suffering. Here the danger is of internal disintegration. Rather than mimic an empathic civilization, we will likely devolve into primitive desperation where the ability to consider the lives of others will be eclipsed by the need for immediate benefit and tribal survival, even if that means we abandon a moral stance toward

the inalienable Other. This is as predictable as rain.

As our world economies are in flux and tumult, hence threatening the availability, price, and affordability of basic human requirements for sustenance, such as water, food, shelter, and energy (e.g., electricity and heat), the world is becoming less stable, predictable, and safe. No longer can we pretend that everything is fine as long as “We,” in our sheltered, privileged Western lives, remain unscathed or untouched by the events that transpire around us. Here universal security becomes an illusion. As we experience greater economic and social disparities worldwide, leading to concentrated pockets of civil protest, disobedience, and mayhem, such as what we currently witness in Europe, the Middle East, and Africa, every nation feels a trickle-down effect that not only threatens universal wellbeing, but also safety at home.

And when enemies are no longer foreign, conflict is generated from within a society where economic and class discrepancy, racial division, religious intolerance, political injustices, and governmental treatment of collectives leads to societal dissent, uprisings, riots, coups, and rampages, for we all have the need to find enemies. We owe this tendency—sometimes paranoiac, sometimes justified by real circumstances—to the psychodynamics of human emotion, much of which is unconsciously motivated, hence outside of our conscious reflection and social awareness. Because we are primarily driven by unconscious affects and prejudice, not by rational analysis and constraint, we are guided by our primordial desires, conflicts, and complexes. This is equally true of nations, states, and superpowers, where politics serve to manipulate multiple psychological wishes and vulnerabilities in the masses and opposing cultures or peoples, while promoting the self-interests of those sailing the ship. This is human nature, for man is a political animal (Aristotle, *Politics*, Bk1:1253a1). However, politics are inherently corrupt without a watchtower ensuring that human exploitation is curbed.

Disparities, Injustice and a Lack of Universal Ethics

Even within well-meaning democracies, inverted totalitarian principles based on self-interest operate unconsciously within societies that are complicit with national policies, self-instituted laws, and actions that mistreat and harm opposing nations and groups without provocation. Here the silent masses implicitly

condone the deeds of their nation's leaders. And when other societies are negatively affected by a superpower, the backlash is violence. This occurs from both within the citizenry affected by the decisions of a nation state, as well as external protest and reaction. These vectors create a two-way relation of dialectical strains, namely, pressure from within and without. Political injustice and social exploitation predictably lead to civil disobedience, bloodshed, insurrections, and rebellions. When an individual, community, or nation is done wrong by, even if it is only perceived, the toll is resentment and the need for revenge.

In today's world where every form of transgression enjoys a psychological motive, rational justification, legal defence, and/or pastoral forgiveness, the limits of evil seem to be standing on a crumbling precipice. Once deemed the unequivocal antithesis to moral absolutes, evil has acquired a new form of acceptability. From commonplace cheating on university entrance exams, income tax evasion, fraud, and economic bleeding of consumer society, to partisan lobby manipulation, bribery, corruption, breach of trust, political illegalities, and military campaigns that could care less about collateral damage, we have entered into a techno age of anonymity, facelessness, and disposable objects where dehumanized alterity becomes the projection, displacement, and denial of our own interiority, in other words, the evil within.

When people feel abused and experience no sense of justice, it violates a universal ethical principle, one that is shattered with the realization that there is no universal ethics, that is, no metaphysical dispensary of the “good and right” watching over them. From anarchy and ochlocracy to nihilism, the human animal becomes a machine of violence. Aggression begets aggression, a simple iteration as repetition compulsion. Tempestuous human relations lead to further social discord, animosity, and bellicosity with no hope in sight of reversing this discernible pattern.

Developmental traumas and attachment pathology besiege the plight of the human being, hence hampering the ability to have healthy relationships, to feel genuine love and intimacy, and to have empathy and compassion for others, where normativity is coloured by *pathos*. Child abuse in all its odious forms is a primordial scab on humanity: it becomes the bedrock of suffering in every society where kids are held hostage in emotional concentration camps by their parents or culture, victims who themselves have been abused, oppressed,

subjugated, and demoralized. Here the enemy lies within our families and community cryptically threatening our sense of refuge, wellbeing, and safety at home.

Disease, migrant prejudice, refugee influx, child slavery, ground ghetto fighting, mass execution—barbarian style, and the drop in black gold sustain our attention every night while watching the daily news. The world has become a very dangerous place. Whether we admit it or not, we all live in fear of being assaulted, mugged, or raped, where road-rage, purse-snatching, abduction, and home invasion are common occurrences. Anyone could be targeted or murdered for the change in their pockets, where safety is sought in gated communities, rural isolation, or in owning firearms for self-protection. From random crime to gangs, the mafia, drug cartels, the sex trade industry, child soldiers, and human trafficking, no one is immune from danger even if they own a Glock.

The Doomsday Clock is Ticking

When nuclear armament, bioterror, world overpopulation, major climate change disasters, global warming, mass-scale industrial pollution, water scarcity, food shortage, nanotechnology used for ill, and extreme economic disparity threaten universal security (Leslie, 1996; Rees, 2003; Žižek, 2010), what shall we expect next? The Internet has become a prominent global weapon: cyber spies and computer hacking can derail technical operations anywhere, which can endanger the safety of nations and kill people at whim. With the manipulation of a computer mouse, one can readily steal, obstruct, and infect information programs with viruses that cripple corporations, banking systems, communication networks, and world economies. With the transnational price of oil plummeting, the fickle economic fluidity in the Eurozone, India, Brazil, North Africa, United States, Canada, China, and Russia have all felt the pinch of recession; and with the spread of the Taliban, Jihadist extremism, Boko Haram, and Islamic State militants such as ISIS and ISIL, the destabilization of global security adds another layer of panic to a foundering world economy already worried about public safety.

The tribal warfare in Middle Eastern Islamdom is perhaps one of the greatest threats to global stability, where Armageddon and messianic holy wars are manufactured by psychopathic leaders in the name of God affecting everything from air travel and tourism to border crossings, national security, counter-intelligence, and unbridled global surveillance. Racial uprising

and social volatility in the US, UK, South Africa, and Germany, among other nations, only reminds us that skin colour means something to a hating Other. And with religious chauvinism among Muslims, Hindus, Christians, and Jews, radical fascism, tyranny, totalitarianism, and more beheadings are just around the corner. Christendom in America is interfering with civil liberty rights and conditioning how government should view education, morality, and private affairs, while autocrats in North Korea and Iran flex their muscles with nuclear testing only adding to more alarm in global security and instability in foreign affairs (Bulletin of the Atomic Scientists, 2016).

Deregulation of industry and the push for privatization of business under the auspices of free democracy, open markets, neoliberalism, and global capitalism only leads to systemic corruption, for without regulation, checks and balances, and central oversight, every modality of dishonesty, venality, exploitation, and vice will enjoy its swindling moment or else pay a parasitic lawyer to find a legal loophole. Banksters and the mega-financial sectors have become too big to jail.

Living in the End Times

Human nature is replete with psychopathology. We are not warm, loving gentle creatures by disposition, rather those qualities are developmental achievements due to domestic socialization practices inherent to a civilization process (Freud, 1930). We can easily regress to animality when hard times hit, the underside of evolution. The way we aggress, abuse, oppress, and use others as throwaway objects speaks to the dark side of the psyche: family cruelty, sexual molestation, physical abuse and intimidation, crime, sadism, murder, human trafficking, sex trade, baby buying, children sold into slavery, and so on, become the new normal. Although I claim no call to Armageddon, unlike the cult crazies, conspiracy theorists, doomsayers, and religious fanatics, we may be hard pressed to ignore an obvious question: Are we living in the end times?

Once the four horsemen of the apocalypse, namely, flood, famine, fire, and war, including pestilence and death, have now been replaced with global pollution and climate change, rapid proliferation in the world population, shrinkage in natural resources such as water and food, terrorism and sects of death, technological hubris and risk (e.g., biogenetics, nanotechnology), economic corruption and squandering, and the prevalence of psychopathology in politics, governance, and

national leaders. The problem of evil makes these global prophecies of fate all the more expeditious. Will humanity avail itself to subvert its selfish and aggressive propensities toward self-annihilation? Knowing that the world is going down the pea-patch in a hurry, how ought we to live?

Before jumping to conclusions, we would do better by studying the situation soberly. If we get caught up in reactionary polemics or emotional hyperbole, it becomes way too easy to lose rational perspective. It is not incumbent upon a philosopher or psychoanalyst to solve the world's problems, yet perhaps it is sufficient enough to point them out. Although I do not profess to resolve this planetary crisis, I would consider myself modestly lucky to be able reframe the issues in such a way as to offer a foreboding warning to humanity.

Through our continued maltreatment and sully of the Earth, we are slowing committing global suicide. Like a sadomasochist or a drug addict, we know that we are hurting ourselves, yet it just doesn't move us to action. Is this due to apathy, an eclipse of empathy, and/or a failure to take responsibility for our self-destructive deeds? Or is this a crass defence, the momentary dismissal of reality for the more immediate desire to consume and gratify our pleasures and whims? Our pursuit of immediate satisfaction overrides the rational necessity to delay gratification and secure more healthy parameters for future enjoyment. We may also posit a collective interpellation that lies at the heart of global psychology: humanity is so immersed in its own immediate presence that it cannot fathom a future absence, hence the cessation of human life due to our own emotional heliocentrism. This is largely attributed to, I suggest, an omnipotent grandiose denial fuelled by unconscious social fantasies that condition the worldview of masses. Collective humanity simply will not entertain the sobering truth of such foreseeable catastrophic risks to our continued survival. Unconscious wish fulfilment is so strong that the need to believe in a futurity that for all practical purposes will go on forever is delusional: It is only on the condition that we suspend empirical evidence for the politics of unconscious ideology that we can go on living in denial. These fantasies fly in the face of the reality principle, for we cannot negate the fact that we are incrementally killing ourselves. But despite all the evidence, deep down we really can't allow ourselves to believe it is so.

These observations lead us to the conclusion that our immediate concerns and desires we fulfil in the present are more important than the

future, and that of our own children's and grandchildren's future, a rather myopic form of selfishness indeed. Here we have failed to contemplate the ethical and have not held sacred the covenant we have pledged toward respecting and preserving our earthly *alma mater*, the nurturing ground of our existence, without which we will no longer sustain life. In the wake of all knowledge, we continue to conquer, consume, exploit, and kill. This is humanity's death drive.

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Viewpoint: Peter Green's recent article entitled 'QAA Reviews; Fact or Fabrication'

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Introduction

I have recently read Professor Green's interesting critique of the QAA Review process (JCD&MS, 5.1:7-13). The article is thought-provoking and well written, but some of the assertions made must be questioned. I challenge claims made that preparation and training for QAA review events result in a fabrication of performance, that QAA Reviewers are biased and that the current model is untenable. However, I fully support the author's view that the existing model warrants some reshaping.

Preparation for QAA events: fabrication of performance or learning experience?

In Professor Green's article, the assertion is made that QAA Higher Education Reviews (HERs) for Alternative Providers promote and nurture staff collusion resulting in a fabrication of performance. His claim ignores the positive contribution that QAA reviews make towards strengthening prospects for creating a level playing field in UK Higher Education and ending the monopoly over HE previously exercised by publicly funded universities. In my view, deep learning within HE institutions has taken place over time as a direct consequence of QAA requirements for meeting the Expectations set out in the UK Quality Code, mastering a common vocabulary for explaining and communicating quality processes and developing robust internal structures for monitoring and measuring quality assurance and enhancement outcomes. Professor Green states that in his present institution, passing QAA reviews is all about learning the lines and practicing them until competent and that training constitutes an exercise for parrots. This position fails to consider the positive benefits associated with training and preparation for QAA reviews: in particular the fact that preparation and training prior to events also improves staff competency in managing internal transitions from informal methods of quality management characterised by unique terminologies coined in silos to formalised structures that can be suitably aligned with regulatory body requirements in the UK HE sector. As a consequence of meeting Expectations set out in the UK Quality Code and adopting the quality vocabulary expected by QAA, Alternative Providers have strengthened prospects for establishing effective communication bridges with a wide variety of HE providers and UK regulatory bodies.

QAA Reviewer Panels: Biased or Impartial?

In Professor Green's view, QAA's current methodology rooted in institutional self-evaluation supported by evidence is of dubious validity, because Reviewers, more commonly drawn from publicly funded Higher Education Institutions are unlikely to understand the internal workings of Alternative Providers on a day-to-day basis. He also claims that QAA provides insufficient attention to ensuring that match of reviewers assigned to private HE providers is appropriate. Consequently, it is the luck of the draw whether a College gets positive or negative reviewers.

The implication that QAA Reviewers are likely to be biased against Alternative Providers in their final judgements must be questioned. In the QAA Reviews that I have undertaken, Panel members have worked as a team to produce fair and impartial judgements, sometimes reversing initial adverse impressions formed in scrutinizing desk evidence. Changes in direction have taken place, largely as a

consequence of Alternative Providers exercising considerable power to alter negative impressions of QAA panelists. I argue that this feat has not been accomplished by fabricating the truth, but by expressing the truth, using a vocabulary equally familiar to both parties.

QAA Model – Invalid or an instrument of learning?

According to Professor Green, "Alternative Providers will continue to be subject to QAA reviews that are dubious in terms of validity, reliability and generalizability", but his claim has been made without the benefit of substantial evidence. Furthermore, the author has neglected to mention the degree of positive learning that takes place in HE Private Providers as a consequence of engaging in QAA Reviews and aligning internal quality systems to meet Expectations set out in the UK Quality Code.

In his view, the model QAA operates is simplistic, has never been interrogated

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thoroughly and is cheap to operate, but the statement fails to take into account the complicated political controversies existing within the sector that have prevented the QAA from undertaking such in-depth reviews and investigations of this kind up to now. In 2012, for example, QAA was asked to undertake an enormous task of reviewing all HE alternative providers at short notice without previous experience of private HE provision. Since then, there has been very little time for QAA to undertake a comprehensive review, given changes “back and forth” in the HE Sector, Government shifts in policy and the lack of a comprehensive HE Bill. In addition, financial scandals associated with Recruitment and Admissions procedures in private Colleges since 2012 have generated a lack of confidence in Alternative Provider models on the part of QAA, HEFCE, the National Audit Office, the Department for Education (formerly BIS), in addition to University Partners and awarding bodies involved in collaborative arrangements. The programme televised on Panorama in November 2017 continues to provide clear evidence of ongoing distrust.

Professor Green makes a positive recommendation for improving the QAA's

approach to reviews undertaken with Alternative Providers, and this is the section of his article that I welcome most. In his view, “An alternative method, that would be more valid and reliable, might be a process model of continuous development, where a QAA panel-member works for three or four days with the institution prior to preparation”. In some ways the suggestion resembles principles enshrined in the QAA's IQER initiative implemented several years ago that focused exclusively upon developmental activities in the first year. In my previous institution, for example, staff members learned a great deal in the first year about sector requirements, which became firmly embedded as standard quality processes and procedures thereafter.

No model is perfect or eternal. Consequently, it would be very interesting to explore ideas for future development in 2018. Hopefully, Professor Green will oblige us in the near future with a sequel outlining his recommendations for improving current models associated with QAA Reviews, particularly the ones operating in respect of Alternative Providers.

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Revisiting the Death Drive

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Abstract

Freud's thesis on the death drive is one of the most original theories in the history of ideas that potentially provides a viable explanation to the conundrums that beset the problems of human civilization, subjective suffering, collective aggressivity, and self-destructiveness. Contemporary psychology, including many psychoanalytic theorists, tends to view the death drive as fanciful nonsense, an artifact of imagination, but I wish to argue otherwise. Freud accounts for an internally derived motivation, impulse, or activity that is impelled toward a determinate teleology of destruction that may be directed toward self and others, the details of which are multifaceted and contingent upon the unique contexts that influence psychic structure and unconsciously mediated behavior. Although Freud largely believed that his ideas on the death drive were "left to future investigation" (1933, p. 107), he was committed to the notion that mind seeks "a return to an earlier state" (1940, p. 149), a notion that is verifiable through clinical observation. Despite the psyche's inherently evolutionary nature, death becomes the fulcrum of psychic progression and decay.

Keywords: Death drive, *Todestrieb*, pleasure principle, repetition compulsion, trauma theory, self-destruction, aggression.

Introduction and Context⁶

Each time I go through the article again I forget how passionate I was about it when I first wrote it. It was for a special issue on Freud's anniversary and I conclude it is a pretty dense piece.

Today in 2017, the field is all about trauma (as its own death-negation) imposed on the psyche. I cannot say I have changed my mind one bit about Freud's most original contribution to understanding the mind⁷. Freud had first posited a trauma model of mentation or psychic processes, that is, what people espouse today, they just forget it originally came from Freud. What Freud then realized is that in addition to traumas imposed from external reality, we take up fantasies that are unconsciously operative and then he refashioned an internal theory of the psyche as traumatic process. This is when the death drive concept was invented. It goes way beyond innate aggression. So, nobody today would question the fact that trauma can lead to destruction and self-destruction (e.g., PTSD, depression, addictions, suicide) but to say that it is internally derived and turned on the self is a philosophically elaborate theory most people will not comprehend--only academics.

I suppose that the simple binary is that psychology follows evolutionary theory and a death drive (or internal pulsion toward self-destruction that is self-determined and teleologically chosen to meander through many different choices and paths) is something that a determinist and biologically reductive theory cannot fathom. The debate is on the notion of what constitutes causation. This is a massive undertaking to try to "update" and will inevitably be a moot point. People do not readily understand that evolution, teleology, freedom and determinism are theoretically compatible, but it is a whole other topic I have addressed in many other publications.

Because this paper was a theoretical-philosophical engagement, not a clinical essay, I am not sure that it would be a good idea to just throw in my comments on clinical praxis and disorders, as it would feel out of place. There are so many other theorists from Jung to Lacan that focus on the Shadow archetype and *jouissance* (the excessive enjoyment of death that harms rather than hurts, despite a prolonged enjoyment), but if I introduce these points of view, the piece becomes convoluted with other theorists. The notion of an innate destructive principle may be the way to go, but I have offered this in my book *Origins: On the Genesis of psychic Reality*, which is quite dense and I judge is too scholarly for the audience I am attempting to reach in JCD&MS.

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⁶. Reflections from the author in private correspondence

⁷. I am puzzling over how to update it in terms of a more modern commentary

To convolute the matter, I am currently working on my next book on the question of human extinction where I think humanity is actively engaged in realizing its death drive due to the failure to address global warming/climate change, the nuclear threat, terror, and numerous other existential threats to our shared humanity⁸, so if anything, this more broader aspect is a most pertinent issue and might well compliment this death drive article.

Freud's Death Drive

What could be more banal than death, than the inevitable, something predictable, utterly certain? It is banal by virtue of the fact that it is unimaginatively routine—eternal. Death cannot be waved or amended, what Heidegger (1927) avows “stands before us—something impending” (p. 294), something imminent—our thrownness—to be postponed, even denied. For Freud, death is much more than that which stands before us, rather it resides within us, an impulsion toward annihilation. But before the will to murder exists an insidious self-implosion, namely, suicidal desire. Here the banality of death is not just something that happens to us, it is us—our inner being, only to be experienced in novel fashions, repetitiously, circuitously, ad nauseam.

Death-work for Freud (1933) was ultimately in the service of restoring or reinstating a previous state of undifferentiated internal being, a drive “which sought to do away with life once more and to re-establish [an] inorganic state” (p. 107). Freud did not argue that death was the only aim of life, only that it maintained a dialectical tension in juxtaposition to a life principle under the ancient command of Eros, yet the two forces of mind remained ontologically inseparable. In this relational age, the death drive appears to be a drowning man. Even many classical analysts have difficulty accepting this central postulate in Freud's theoretical corpus. From my account, these attitudes appear to be either based on unfamiliarity with what Freud actually said in his texts, are opposed due to theoretical incompatibilities, or are the result of reactionary defences. It is incumbent on any critic to know exactly what one is criticizing, and that means having to delve into the nuances of what Freud truly had to say, not to mention what he implied or the logical inferences that can be inferred. Freud's seminal work on the primacy of death particularly highlights his ability to think as a philosophical scientist using the discipline of logical rigor wed to clinical observation.⁹

Regardless of what opinion contemporary psychoanalysts have toward Freud's conception of the death drive, it becomes worthwhile for historical, clinical, and philosophical reasons to engage Freud's thoughts on the matter. As a result, this essay is largely an exegetical reflection on Freud's introduction of the destructive principle to psychoanalytic theory and is therefore not intended to address all the controversy, dissension, or detractors who have debunked his contributions largely on evolutionary grounds. If psychoanalysis is destined to prosper and advance, it must be open to revisiting controversial ideas that gave it radical prominence to begin with.

The force of the negative is so prevalent in psychoanalytic practice that it becomes perplexing why the death drive would remain a questionable tenet among psychoanalysts today. From a phenomenological standpoint, it is impossible to negate the force and salience of the negative. The world evening news is about nothing but death, destruction, chaos, conflict, tragedy, and human agony. Even advocates who champion a pure trauma model of self-destruction or externalized negativity in the service of explaining human aggressivity must contend with inherently destructive organizing elements that imperil the organism from within. Even medical science is perplexed with the internally derived forces that deleteriously ebb the healthy organism from life, adaptation, and survival based upon attacks by its own immune system or endogenous constitution (e.g., cancer, AIDS, ALS). Consider the paradoxical processes of how sleep is both regressive yet restorative, and particularly how going to sleep is associated with wanting to return to a previously aborted state of peace, tranquillity, or oceanic “quiescence”—perhaps a wish for a tensionless state, perhaps a return to the womb. Excessive sleep is also one of the most salient symptoms of clinical depression and the will toward death. Furthermore, it would be

⁸ . I have written and will submit an unpublished piece on this for a later volume of JCD&MS for comparison to this death drive article

⁹ . JM: Recall that Freud aspired to become a philosopher before deciding on medicine, was tutored by Franz Brentano in university, and told Fliess that “Through the detour of being a physician . . . I most secretly nourish the hope of reaching my original goal, philosophy” (p. 159). See Letter to Fliess, January 1, 1896.

inconceivable to argue that humankind's externalized aggression is not inherently self-destructive for the simple fact that it generates more retaliatory hate, aggression, and mayhem that threatens world accord and the progression of civil societies. Given the global ubiquity of war, genocide, and geopolitical atrocities, in all likelihood we as a human race will die by actions brought about by our own hands rather than the impersonal forces of nature. *Homo homini lupus*—"Man is a wolf to man."¹⁰

Contemporary psychoanalysis seems to be uninterested in Freud's classic texts on the primacy of death, to the point that they are dismissed outright without even being read simply because credible authorities in the field say so. Here I have in mind the whole relational school's anti-drive theory campaign. In my opinion, proponents against the death drive simply do not grasp the inherent complexity, non-concretization, anti-reductionism, and non-linearity of what Freud has to offer us. Critics claim that the death drive defies evolutionary biology, therefore it must be bogus. But this criticism is merely begging the question of what we mean by death. And more specifically, what we mean by the *function* of death in psychic reality. To be even more precise, how death is organized as unconscious experience. Just because a species is organically impelled to thrive does not mean it is devoid of destructive principles derived from within its own constitution that imperil its existence and proliferation. A logical claim can be advanced that life is only possible through the force of the negative that brings about higher developmental achievements through the destruction of the old.¹¹ This is the positive significance of the negative, an artefact of psychic reality that derives its source from internal negation and anguish while at the same time transcending its descent into psychic pain. Psychoanalysts are often confused by viewing death as merely a physical end-state or the termination of life, when it may be memorialized in the psyche as a primary ontological principle that informs the trajectory of all psychic activity. Death has multiple facets of interpretation and

meaning within conscious experience that are radically opposed to the logic of negativity that infiltrates unconscious semiotics. What I hope to impress upon the reader is that death is an ontological category for unconscious experience that can never elude psychic existence; for what we know or profess to know epistemically as mediated inner experience is always predicated on our felt-relation to death, that is, to the primordial force of repetitive negation, conflict, and destruction that alerts us to being and life, a dialectic that is ontologically inseparable and mutually implicative. What we call a life force, drive, urge, or impetus is intimately conjoined with its opposition, that is, its negation, termination, or lack. Here life = death: being and nothing are the same.

Freud never used the term 'death instinct' to refer to the organism's innate propensity for destruction; rather, he called it *Todestrieb*, which is more accurately translated as the 'death drive.' Philosophers have placed great importance on the role of death and destruction in the constitution of human subjectivity, but Freud gives it paradigmatic primacy as the ontological force behind the origins of mind. This interpretation may only be properly appreciated after we come to understand how libido, and later Eros, is borne from death, the details of which are most thoroughly articulated in *Beyond the Pleasure Principle*.¹² Freud's attribution to the centrality of death is the result of laborious theoretical evolution, a notion that gained increasing conceptual and clinical utility as his ideas advanced based on appropriating new burgeoning clinical data, not to mention the fact that death and decay had a profound personal resonance. Recall that Freud had lived through the savagery of the First World War, lost his daughter Sophie to influenza the same year he published *Beyond the Pleasure Principle*, and was in the early stages of cancer of the palate, which was formally diagnosed three years later, the same year when he formally classified his dual drive theory.

Yet Freud was not always favourably disposed to the primordially of destruction: his early

¹⁰ Derived from Plautus, *Asinaria* II, iv, 88; see Freud (1930), p. 111.

¹¹ JM: The impetus, loci, and movement behind the force of the negative are the bases of Hegel's entire logic of the dialectic. This is exemplified in his treatise on the evolution of cognition, self-consciousness, and the ethical development of the human race in the *Phenomenology of Spirit* (1807), and is ontologically grounded in his formal system introduced in the *Science of Logic* (1812).

¹² JM: All references to Freud's texts refer to the original German monographs compiled in his *Gesammelte Werke*, *Chronologisch Geordnet*, 18 Vols., Anna Freud, Edward

Bibring, Willi Hoffer, Ernst Kris, and Otto Isakower, in collaboration with Marie Bonaparte (Eds.) (London: Imago Publishing Co., Ltd.). *Jenseits des Lustprinzips* appears in Book XIII, 1920-1924, pp. 1-69. All translations are mine. Because readers of this journal may not have access to the original German texts, I have cited the page numbers to The Standard Edition of the Complete Psychological Works of Sigmund Freud, 24 Vols. (1886-1940); James Strachey (Trans. & Gen. Ed.) in collaboration with Anna Freud, assisted by Alix Strachey and Alan Tyson (London: Hogarth Press).

position was to subordinate aggression to libido or make it a derivative of such. Freud's ambivalence about the constitutive role of death was a visible tension in his thinking from as early as his dispute with Adler on the existence of an "aggressive drive" (*Aggressionsbetrieb*) (see Freud, 1909, p. 140, fn2). We may further observe his own personal confessions about his unease with the inextricableness of sex and death to the point that it needed to be repressed, a narrative Freud reported as early as 1898 (pp. 292-294), although he later elaborated his views more fully in *The Psychopathology of Everyday Life* (1901, pp. 3-5). Regardless of his ambivalence, Freud was preoccupied with the nature and meaning of death and its influence on mental functioning since his early psychoanalytic writings. In one of his early communications to Fliess (Draft N, enclosed in Letter 64, May 31, 1897), he discusses how death-wishes are "directed in sons against their father and in daughters against their mother" (p. 255). This passage may arguably be Freud's first allusion to the Oedipus complex.

Death, destruction, anguish, and tumult not only become the conflictual properties of the psyche in both content and form, they form the ontogenetic edifice of the underworld—"chaos, a cauldron full of seething excitations" (1933, p. 73)—as Freud puts it. Furthermore, Freud makes death an ontological *a priori* condition of the coming into being of human subjectivity that is "phylogenetically" (1933, p. 79) imprinted and laid down within the aboriginal structural processes that constitute our unconscious strivings. Freud situates these strivings within an inherent tendency toward self-destruction combated by the reactionary impetus toward growth and greater unification, hence the dialectic of life and death. Yet Freud (1920) ultimately makes death the "first drive" (p. 38), a compulsion to return to an original inanimate state. In fact, Freud (1933) tells us that the death drive "cannot fail to be present in every vital process" (p. 107). It is inherent in the whole process of civilization, which is "perpetually threatened with disintegration" (1930, p. 112), just as conspicuously as Eros ensures its survival. Freud built upon his 1920 introduction of the destructive principle and systematically forged his dual classification of the drives in 1923, showed its presence in masochism in 1924, made death a key component to anxiety by 1926, and avowed in his final days in his posthumously published monograph, *An Outline of Psycho-Analysis* (1940), that death is inseparable from Eros, which "gives rise to the whole variegation of the phenomena of life" (p. 149). Therefore, death

becomes the necessary touchstone and catalyst of psychic existence. Here we have a very grave philosophy indeed.

But how does death require such a primary position in the psyche? In other words, how is death interiorized from the beginning? Freud (1920) provides an initial explanation by appealing to what he observed, namely, the phenomenon of repetition. He noticed this in the traumatic neuroses, particularly those suffering from posttraumatic stress due to the baneful effects of the great war, and who were continuously being re-subjected in horrific dreams, thoughts, fantasies, and perceptions to the traumatic moments they previously encountered. In fact, here was Freud's first major amendment to his thesis that dreams represented the disguised fulfillment of a wish. On the contrary, traumatic dreams were experienced as a fresh charge of anxiety *against* the fulfillment of a wish. And for good reason. Under these circumstances the psyche is fighting against what it had internalized through unwanted surprise, ambush, and impingement—sheer terror. Anxiety is a bid for survival. But Freud quickly turns to more normative experiences of separation from the primary attachment figure, hence one's mother, thus ushering in anxiety, abandonment, and loss as an impetus to repetition. In fact, he uses his own grandson Ernst as an example, the illustrious *fort-da* narrative, thus canonizing the ambivalence and helplessness associated with the anxiety of uncertainty and anger over the disappearance of a love object. In short, Freud observed his eighteen-month-old grandson invent a game by throwing various objects, mainly his toys, and simultaneously saying "o-o-o" when his mother left him during the day.

Freud interpreted this to be the linguistic signification of "*fort*" (gone). It is only when he discovered a yo-yo that he could make the object return again once he threw it away, followed by a joyous "*da*" (there). Here Freud not only illuminates the motive that drives a repetition, namely "mastery," but he also shows the economic element that "carried along with it a yield of pleasure of another sort" (p. 16). The inherent aggression in throwing away the toy coupled by the undoing of destruction through the satisfaction of its reappearance points toward how this childhood game is in the service of recapitulating loss through return. Freud is suggestive but he does not elaborate that this yield of satisfaction of "another sort" is achieved in the context of absence, hence lack or nothingness, a property of death. Death enters into "every vital process," and this is certainly so between the dialectic of presence

and absence, being and nothingness, abundance and lack.

The nature of repetition naturally leads Freud to examine the phenomena of self-destructiveness, what he observes in the nature of psychopathology itself, the “compulsion to repeat” trauma via symptom formation, a topic he addressed earlier in “Recollecting, Repeating, and Working Through” (1914). Death is manifested in repetitions of thought, fantasy, and behavioural action, parapraxes, in masochism and sadism, in symptoms such as melancholia, paranoia, and psychosis, and in the uncanny, just to name a few. Death residue impregnates repressed schemata that find expression in repeating the unconscious material itself as it is happening in the moment rather than remembering what had been an occurrence of the past. When repressed events take the form of “fresh experiences” rather than properly ascribing to them the reproduction of the past, reality is clouded with negativity, affective contagion, paranoiac phantasy, and subsequently, qualitative suffering. These repetitions driven by inner compulsions do not bring satisfaction, only “unpleasure.” This conundrum led Freud to believe that instinctual life was driven by more than just libidinal discharge, and “that there really does exist in the mind a compulsion to repeat which overrides the pleasure principle” (1920, p. 22). He needed to go deeper than simply relying on his customary economic explanations, something “more primitive, more elementary, more instinctual than the pleasure principle which it over-rides” (p. 23). Moving from the empirical, Freud had no other recourse than to engage inferential logic, what he

carefully referred to as “speculation,” and “often far-fetched speculation” at that (p. 24). Despite his critics’ renunciation of the death drive on evolutionary grounds that allegedly betray Darwinian biology (Sulloway, 1979; Webster, 1995), there is nothing “far-fetched” about it at all. From my account, the death drive is Freud’s greatest theoretical contribution to understanding the dynamics of the unconscious mind. Let us explore this notion more fully.

Freud (1920) situates his argument within the language of embryology, and postulates that a living organism in its most simplified form is in a state of undifferentiation yet is “susceptible to stimulation” from the many forces that comprise the external world. Freud conjectures that the organism must have an intrinsic capacity to protect itself from powerful stimuli through a resistive process internally operative and sensitive to intrusive encroachments from externality that threaten its potential destruction. The human mind is no exception. Here Freud’s entire discourse is an economy of energetics designed to transform stimuli in the service of self-preservation, thus defending from both external and internal stimuli that create states of unpleasure. This example from embryology is extended to the psychical apparatus, what Freud later referred to as the soul (*Seele*).¹³ Here the role of trauma becomes paramount,¹⁴ and Freud is specifically referring to external events that have the capacity to breach the protective barrier and flood the mental register with excessive states of excitation, thus rendering it unable to master or bind the breach, nor find appropriate modes of discharge. The so-called ‘traumatic neurosis’ is one such outcome of an extensive breach of

¹³ JM: It should be noted that the language of energetics, homeostasis, and hydraulics has been replaced by equivalent metaphors in contemporary discourse that stress activity, experience, process, and action when describing mental functions. Even physicists use the language of quantum mechanics but they stress non-material reduction, highlight the energetic stratification of material interactions via systemic and holistic paradigms, dark matter/dark energy—a metaphor for death, and use the poetics of determinate possibilities when describing the emerging processes of cosmology.

¹⁴ JM: It should be observed that Freud’s original theory of neurosis is based on defensive albeit adaptive reactions to trauma. Here in his mature theory he cannot escape the resonance of his earlier position by privileging the role of traumatic interference on psychic organization introduced by the forces of external reality. In fact, the death drive is constituted in the immediacy of trauma, itself a defence against annihilation. Here Freud may be

begging the question as to whether death is constitutive or reactionary, but it nevertheless is present in the genesis of the self-preservative drive toward life. Paradoxically, it is this defensive psychic order that is also inherently oriented toward destruction, whether this be internally or externally manifested. Proponents of an extrinsic trauma model may have no need to posit the primacy of a death drive when external intrusions give an adequate explanation. Freud, however, felt the theoretical need to explain the internal processes operative within unconscious mentation before incurring external trauma. Therefore, in my opinion he attempts to logically prepare the psyche’s response to trauma by accounting for a priori forces that govern the mind’s primordial activity. Here Freud interiorizes death qua trauma as well as privileges its sequence as an exogenous intrusive act that simultaneously arouses and institutes the psyche’s aim toward self-destruction, albeit in routes it chooses through its own determinate teleology.

the protective barrier or systems of defence, thus leading to a compulsion to repeat, what Freud says exhibits a high degree of "instinctual" (*Triebhaft*) character, meaning the degree of felt urgency it assumes in the psyche, what he sometimes equates with possession by a "daemonic" power (p. 36).

Under the pressure of disturbing external forces, a drive becomes an urge to repeat itself, the motive of which is to return to an earlier state of undifferentiation, the "expression of the inertia inherent in organic life" (p. 36). It is here where Freud extends his hypothesis that all drives aim toward a restoration of earlier events or modes of being, namely unmodified quiescence. Because drives are "conservative," that is, they follow a conservative economy of regulatory energy, are acquired historically and phylogenetically in the species, and tend toward restorative processes that maintain its original uncomplicated immediacy, Freud speculates that an "elementary living entity" would have no desire to change, only to maintain its current mode of existence. Here Freud attributes the process of organic development to the disruptive press of the external world by factors that impinge on the quiescent state of the organism, factors it is obliged to internalize and repeat. It is here where the organism acquires the *telos* to return to its original inorganic state. As Freud concisely puts it: "*the aim of all life is death*" (p. 38). Therefore, the first drive comes into being as a tension introduced by an extrinsic force stimulating the impulse to cancel itself out. It is here that the genesis of organic life becomes death, itself the "origin and aim of life" (p. 39).

It is important to note that Freud is attempting to delineate a philosophy of organic process by isolating the "origin" of life within a psychic ontology constituted by death. What Freud does with death is to make it an inner attribute and impetus originally summoned from within the psyche itself that is awakened by an external stimulus. According to Freud, all living organisms die for "internal reasons," that is, death is brought about from the cessation of internally derived activity: death is not merely executed by an extraneous force, rather it is activated by endogenous motives. But death does not happen any which way, it must be executed by the agent itself, and more specifically the unconscious ego aligned with

fulfilling the wish of its own destructiveness. Here the psyche is given determinate degrees of freedom to "follow its own path to death" (p. 39), that is, to bring about its end fashioned by its own hands.¹⁵ But this end is actually a return to its beginning, a recapturing, a recapitulation of its quiescent inorganic immediacy. This is why Freud thought that the unconscious forces operative in repetition were ultimately in the service of self-destruction as a wish to return to its original undifferentiated condition. But because the impetus toward death is internally derived, there are many choices the ego can seize upon in its death-work accomplished through the circuitous routes and detours that often accompany the variegated phenomena of life. Although the ultimate *telos* of a drive is death, hence its final cause, it may only be enjoyed via postponement through unconscious volition. This is why *Todestrieb* is beyond the pleasure principle: not only does it precede the life-preservative drives, it is operative over them as a supraordinate organizational thrust. And this is how the life instincts or Eros harness the power of death to serve their own transformative evolutionary purposes. Here evolution is not merely unquestioned conformity to Darwinian principles oriented toward a single aim, rather it is modified internal organization oriented toward higher modes of existence and self-development via defensive adaptation forged through forays into conflict, negativity, and death.

But what is to become of death if life supersedes it? What Freud concludes particularly highlights his genius, for death is ultimately in the service of the pleasure principle. This is a very delicate theoretical move and is only successful when you observe the logic of the dialectic as the confluence of mutually implicative oppositions that share a common unity. Following the laws of psychic economy, the pleasure principle is a tendency to free the psyche of excitation, or at least minimize stimulation levels so that there is a tolerable degree of constancy. The ultimate condition of pleasure would therefore be a state that is free of tension: through this end, cessation of tension would represent its fulfilment, hence its completion. From this impersonal account of unconscious teleology, what could be more pleasurable than death, than non-being? Death is a tensionless state,

¹⁵ JM: It is interesting to note that Whitehead's (1929) entire cosmology of process explains how each "actual entity" that comprises the universe is oriented toward seizing upon its inherent freedom to actualize its potential possibilities and actions that are ultimately destined toward "perishing" into

the next events that constitute ongoing process. Hence, the *telos* of all living entities or "occasions" is death. This is compatible with many contemporary theoretical physicists who postulate an inherent entropy to the cosmos.

unadulterated peace. But Freud's teleology is not strictly Aristotelian: although the unconscious mind aims toward death, it has the capacity to choose its own path toward self-destruction. It is only under this condition of determinate freedom that the psyche can bring about its own end, which makes death-work inherent in the life enhancing processes that at once repudiate the will toward self-destruction while embracing it. Here we may observe two opposing forces operative within the single purpose of the pleasure principle: death and life are ontologically conjoined yet differentiated from one another. It is here that Freud's dual classification of the drives is solidified. Recall that for Freud (1920), death is the "original drive" or urge in the embryonic psyche, only to be transformed by the life forces that emerge from it and then combat it, hence a doubling of the negative. Freud is clear in telling us that death and its derivatives or representatives such as aggression and destruction, as well as Eros and its manifestations of libido or the life enhancing processes that promote self-preservation and advance, are "struggling with each other from the very first" (fn.1, p. 61). Harnessing and diverting the internal powers of death, the destructive principle must be deflected outwards, and here this serves the libidinal progression of the psyche in its ascendance toward self-development. The sexual or libidinal impulses thus become defined and refined in opposition to competing forces that seek to bring about their demise or premature decay. Here the life force is at odds with its destructive antithesis, both conjoined in conflict yet punctuated by oscillating moments of self-manifestation. Despite their dual forms of appearance, Freud could not bifurcate Eros from death, for he observed that each always interpenetrates the other, therefore they are not ontologically separated.

Freud vacillated, even waffled, on his tendency toward a dualistic view of the drives verses a monistic developmental ontology, and in this way he remained a thorough dialectician in conceiving the mind as "an original bipolarity in its own nature" (1930, p. 119). Klein continued this tradition of juxtaposing oppositions but gave the death drive an even more exalted status: death became the meridian of mental organization. In Klein's (1932) first book, *The Psycho-Analysis of Children*, she makes her first reference to the death drive, which she takes over wholeheartedly from Freud. Under the influence of Abraham's views on orality, Klein becomes interested in the phenomena of infantile sadism, which she attributes to the tension between the polarity of the life and death instincts.

It is specifically in the context of the early development of the origin of the superego where Klein annexes the death drive and makes it a key catalyst in the emerging process of the infant's mental functioning. Klein sees the fusion of the dual drives to occur at birth, the destructive forces further emanating from within the infant and in response to unsatisfied libido, thus culminating in anxiety and rage, which only strengthens the sadistic impulses. Here Klein sees the source of anxiety as directly flowing from the destructive principle directed toward the organism, thus reactively alerting the ego to danger and helplessness in the face of annihilation. As Klein states, "anxiety would originate from aggression" (p. 126). Not only does the infant experience anxiety in response to its own self-destructive urges, but it also fears external objects that are the locus of its sadism, now acquiring a secondary source of danger. Here Klein introduces the splitting of the ego as a defensive attempt to deny and repress the acknowledgment of its internal sources of anxiety fuelled by the death drive: objects of frustration, hate, rage, and sadism are now seen as the exclusive source of danger, thus diverting the dual nature of anxiety by transposing internality onto externality. This is the earliest manoeuvre of splitting, projection, and paranoia that transpires in the ego, which "seeks to defend itself by destroying the object" (p. 128).

Klein radicalizes the presence of the death drive and anxiety in the embryonic mind. Death creates anxiety, thus leading to the developmental processes of schizoid, paranoid, and depressive positions, later recaptured in awakening Oedipal tendencies, but first originating within the organism itself that are defensively deflected onto external objects. This process thereby becomes the antediluvian cycle of projective identification: the entire architectonic function of psychic maturation is predicated on the instantiation and transformation of death.

Death-work suffuses the ontology of subjectivity instantiated through its experiential unfolding, what Hegel attributes to the dialectic of mind in both its maturation and decay. Death permeates being, from its archaic nether-regions to the triumph *Geist* enjoys in vanquishing earlier moments of experience, itself the result of annulment and supersession, only to devolve back into darkness—the

abyss.¹⁶ Freud (1925) tells us that death largely works “in silence” (p. 57), a position that he was later to recast. Yet for Klein, there is nothing silent about death: it screams violently upon the initial inception of the psyche, an intrinsic predetermined barrage of negation, onslaught, and desolation—an inferno besieged by its own flames. Here Freud is radicalized: mind becomes apocalyptic. Active at the moment of birth, death lends structure to the embryonic mind, a facticity that saturates all aspects of early ego development. In Klein, death finds its pinnacle as the fountainhead of psychic life.

Even if critics find the death drive theoretically untenable, I still believe it is a useful clinical heuristic that guides therapeutic practice. What we as analysts face every-day, is the inherent self-destructiveness of patients who can neither find amity nor reprieve from psychic conflict and the repetitions that fuel their suffering. These inherent capacities for self-destruction are not merely located from external sources, for they are both *interiorized* and *internalized*, thus becoming the organizing death-principles at work on myriad levels of unconscious

experience. Inherent capacities for self-destruction take many circuitous and compromised paths, what the modern conflict theorists would ascribe to symptom formation, addictions, self-victimization, pernicious patterns of recurrence, and harmful behaviours that hasten physical deterioration or compromise health. All of these tragedies may be further compounded by external trauma and affliction—what Freud first identified in his trauma model of hysteria, but it does not necessarily negate the presence of internally derived deleterious aggressions turned on the self. We see it every-day in the consulting room. From oppressive guilt, disabling shame, explosive rage, contagious hate, self-loathing, and unbearable symptomatic agony, there is a perverse appeal to suffering, to embrace our masochistic *jouissance*—our ecstasy in pain; whether this be an addict’s craving for a bottle or a ‘drag off’ a cigarette, there is an inherent destructiveness imbued in the very act of the pursuit of pleasure. All aspects of the progression of civilization and its decay are the determinate teleological fulfilment of death-work.

¹⁶ JM: The reader may refer to my extensive treatment of Hegel’s notion of the unconscious abyss where the inherent negativity within his dialectic becomes an

indissoluble aspect of his entire philosophy (see Mills, 2002).

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The future of Health Overview and Scrutiny in England

Peter Hill, PhD

Abstract

This paper argues that the future role of Health Overview and Scrutiny in England, as carried out by local authorities, is increasingly uncertain. Continuing changes in the structure of the NHS, and the increasing integration of health with adult social care will also perpetuate further change, ambiguity and ineffectualness. Local authorities and their Councillors will need to be far more proactive if they are to not only cope with this pace of change, but also continue to perform their overview and scrutiny function effectively. The NHS itself also needs to provide more guidance to Overview and Scrutiny Panels so that they can better understand the changing health and adult social care landscapes.

Keywords: Health, Overview, Scrutiny, Francis Inquiry, Sustainability and Transformation Partnerships (STPs)

Introduction

The important role of Overview and Scrutiny was first introduced by s.22 of the *Local Government Act* (2000) as a key function of local authorities in England (Wales, Northern Ireland having a range of alternative governance models). The Act also created a range of Executive (Cabinet) models for local authorities. Council's with one of these Executive arrangements is required to create an Overview and Scrutiny (O&S) Committee (sometimes called a Commission) which is made up of councillors who are not on the Executive Committee of that council. The great virtue of this system is that even where a Council is dominated by a single party, there can (and should) still be effective overview and scrutiny of the actions of the Executive.

O&S covers the full spectrum of policy areas, but also includes public services delivered by external organisations, such as health. Indeed, since 2003 Health O&S Committees have had the power to call in witnesses, and make recommendations to, and require a response from, NHS bodies (Healthwatch England, n.d.). Alongside Health O&S sit local Health Watch organisations. These are consumer groups commissioned by Councils. The table below outlines their set-up, role and powers¹⁷:

Council Scrutiny	Local Health Watch
Set-up: • elected councillors • democratic legitimacy • appointed by council	Set-up • social enterprise • must be representative • commissioned by council
Role • public scrutiny of health and social care issues • separate from health and wellbeing board • no powers to 'enter and view' • overview of health and social care needs and inequalities • scrutinise impact of health and social care services • require information and attendance from council and NHS staff • consulted about substantial service changes	Role • information about health and social care services • seat on health and wellbeing board • able to 'enter and view' • submit evidence for joint strategic needs assessment • ask people's views on health and social care services • ask for information and get an answer but no requirement to attend meetings • contribute views to joint health and wellbeing strategy
Powers • make recommendations and require a response • not a route for individual complaints • refer some proposals for service changes to Secretary of State for Health	Powers • refer issues of concern to council scrutiny and be kept up to date • make recommendations and receive a response • can deal with complaints if commissioned by council • refer issues to Healthwatch England

¹⁷. Source: Healthwatch England (n.d.)

Recent criticisms of Health Overview and Scrutiny

Despite the apparent clarity of role and powers, Health O&S has not been without its critics.

In 2009, when the then Labour government were exploring options to increase Council's scrutiny power, Communities Secretary John Denham described Council scrutiny as "the lion that had failed to roar" and that "councils should be able to apply their democratic mandate to act as a champion for citizens" (Williams, 2009). The feeling being that they required more powers to carry out their roles effectively, indeed, Andy Sawford, Chief executive of the Local Government Information Unit is quoted as saying further reforms would be worthwhile only "if they had real teeth" (*ibid*, 2009).

In addition to limited powers, O&S has suffered limited and indeed declining resources (Hammond, 2013). This has materialised in fewer dedicated O&S Council Officers. This is impacting on O&S Councillor's ability to make informed observations and recommendations, and also to follow up on them at a later date.

Finally, the most high-profile criticism of Health O&S is the case of Mid Staffordshire NHS Foundation Trust. Between 2005 and 2008 a number of cases of appalling patient care were reported at the Trust. Staffordshire County Council and Stafford Borough Health O&S Committee had not asked for details of complaints. The Francis Report notes:

"The Overview and Scrutiny Committees (OSCs) in Stafford were happy to take on a role scrutinising health services but did not equate this with responsibility for identifying and acting on matters of concern; and they lacked expert advice and training, clarity about their responsibility, patient voice involvement, and offered ineffective challenge" (p. 481, Francis Report, 2013).

There was also considerable disparity in resources devoted to Health O&S between the County and Borough Councils. While the County Council has an annual budget of £1.5 billion, an experienced team of Council Officers devoted to scrutiny and training for its Councillors, the Borough Council had an annual budget of only £54 million, and a single scrutiny officer who supported all of its scrutiny functions (Francis Report, 2013).

Despite the Francis Report highlighting issues of limited powers, resources, training and limited stakeholder involvement, these issues do not appear to have been sufficiently

addressed by new legislation, regulation or additional resources from central government. Indeed, these issues have been left for local authorities to decide how they will respond. The reduction in central government grants to local authorities has led to belt-tightening, with back-office functions like O&S being badly hit.

The changing National Health Service landscape

Since its creation in 1948 the National Health Service (NHS) has been a political football. Debates have raged about the purpose, structure, efficiency and effectiveness of the NHS, debates which continue to this day. For example, Enoch Powell's 1962 Hospital Plan separated the NHS into three parts – hospitals, general practice and local health authorities (NHS, 2017). The plan also created district general hospitals, the model of secondary/acute which has endured to this day. This plan was bitterly opposed by clinicians at the time.

Since 1997 the pace of change in the NHS has increased. In 2002, the structure of the NHS was radically changed again with the introduction of Primary Care Trusts (PCTs) which oversaw 80% of the total NHS budget, commissioned 37,000 GPs and 21,000 NHS dentists as well as other private sector providers.

PCTs were abolished in 2013 (due to the Health and Social Care Act 2012), further fragmenting the NHS into NHS England (commissioning primary care such as GPs, pharmacists and dentists), Clinical Commission Groups (CCGs) (responsible for commissioning most secondary care services such as planned, urgent and emergency care) and Public Health England (tasked with improving health and reducing health inequalities through more preventative measures).

On the 22nd December 2015, NHS Planning Guidance was issued calling for the creation of Sustainability and Transformation Plans (STPs) which are:

- "based on a 'place' footprint rather than single organisations, covering the whole population in this footprint, which is agreed locally
- multi-year, covering October 2016 to March 2021
- umbrella strategies, spanning a range of delivery plans which may cover different geographies or types of services
- required to cover the full range of health services in the footprint, from primary care to

specialist services, with an expectation that they also cover local government provision

- to address a number of national challenges, such as around seven day services, investment in prevention, or improving cancer outcomes.” (Local Government Association, 2017)

These changes pose a series of challenges to how Councillors and Council officers are going able to keep abreast of these changes, and deliver effective overview and scrutiny.

Firstly, the footprint areas cover multiple local authority areas. How are multiple local authorities to coordinate their O&S activities? Or are Local Authorities going to accept possible duplication across the STP footprint?

Secondly, health O&S has traditionally focused on external overview and scrutiny. The convergence of health and adult social care being delivered by the NHS and local authorities blurs the lines of accountability, and raises the question of whether health O&S should sit separately to adult social care O&S? Would merged health and social care O&S have additional resources to cope with their increasing duties?

Finally, the STP’s focus on delivering national challenges such as a seven day service, preventative care and improving cancer outcomes are strategic objectives potentially beyond the expertise of Councillors. Could any lay person be expected to provide O&S of NHS services aimed at improving cancer outcomes? Perhaps with the support of clinicians, or specially trained O&S officers, but as has already been identified in this paper, local authorities are already struggling to deliver their current O&S services.

Conclusion

This paper has demonstrated that the often-maligned function of Health Overview and Scrutiny is set to become increasingly challenging. A lack of resources on one hand and a dramatically changing NHS and social care landscape on the other places Councillors involved in O&S between a rock and a hard place. Councils, already faced with difficult decisions in these austere times will need to decide how they respond. Further funding from central government to support local government and O&S specifically appears unlikely in the short or medium term. Many local authority O&S committees may be reduced to fire-fighting of emerging O&S issues. It can only be hoped that nothing on the scale of Mid-Staffs happens in the meantime.

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Students' understanding of how their private lives can encourage or enhance learning experiences; a case study from psychodynamic training.

Nick Papé, PhD

Abstract

This paper focusses on the relationship between private life and study of students on a psychodynamic training course with analysis using the twin lens of Freudian theories and Vygotskyian concepts of intermental and intramental planes. Interviewees were randomly selected from four years of study from two Higher Education institutes and questioned about what they found enhanced their learning. A key theme to emerge was how their private lives impacted their learning experience and how personal development enabled by study equally affected private lives. Each year of study evidenced the emergence of several themes, both discouraging and encouraging the student's ability to study. Findings showed a clear movement of subjects from intermental to intramental thinking as the student journeyed through the four years to the conclusion of the training course.

Keywords: Intermental, intramental, psychodynamic, private life, encouraging, discouraging

Introduction

In the study (Papé, 2015), data was elicited through student interviews. One criterion for the choice of students for interview was that each pair of students was at a different point in the psychodynamic training course. Data analysis included the extent to which what the student said reflected the stage she had reached on the course. In this chapter I cover, therefore, an overview of the psychodynamic course content, the four years of study on the courses and the features of each year in order to explain the context for these interviews.

The psychodynamic course content and structure, at the two Higher Education institutes at which participants in this were studying, were designed to enable students to construct knowledge in psychotherapeutic skills, psychotherapeutic theory and experience personal development. Students moved through the course in four discrete stages, identified as Years 1 to 4. The content of each stage has a number of particularly distinguishable features. Student interviewees were selected from four key stages, as shown in Table 1 below.

Table 1: Summary of some Key Indicators of Content and Learning/Development of Stage

Stage	Course Content (Activity)	Learning and Development
Year 1	Introduction of theoretical concepts Introduction to basic psychotherapeutic skills	Dependence Limited understanding of theoretical concepts Unconscious incompetence
Year 2	Practice of basic psychotherapeutic skills Core theories and concepts Ethics: theoretical learning Possible contemporaneous personal therapy	Developing personal awareness Becoming proficient in use of basic psychotherapeutic skills Developing knowledge of core theories and concepts Conscious incompetence
Year 3	Clinical placement securement Psychotherapeutic in clinical placement Advanced psychodynamic approach-specific skills Clinical supervision Contemporaneous personal therapy	Employment of ethics in practice (Friedrich and Douglass, 1998) Integration of basic psychotherapeutic skills Conscious competence
Year 4	Advanced psychodynamic skills practised 100-150 hours clinical work Contemporaneous personal therapy	Development towards autonomy in learning 'Movement towards independence' (Winnicott, 1965) Development of reflective / reflexive practice Theoretical concepts integrated Unconscious competence

Table 1 above shows some assumptions about content and the level of activities and learning acquired against four years of study. This table includes some of the key features of the chronological stage reached by student interviewees. I have drawn this material from student self-assessment (Ward *et al*, 2002) as well as university course handbooks listing stage outcomes. Learning outcomes were similar across all courses. These were accredited by BACP¹⁸ (BACP 2013).

Students from Year 1 started from a position of appreciating support from private relationships, as well as how such relationships influenced their construction of learning. In Year 2, students reported they learned to share with peer students what they considered to be appropriate elements of current private lives as well as some past experiences and relationships. There is evidence in interview texts that students realised personal development had the potential to have some effect on familial relationships as personal changes, facilitated by course experiences, introduced new dynamics into private relationships. The process of personal development had begun, no longer were students as reliant on their tutor. They reported they were able to be assertive in private significant relationships, understanding the possibility that this might involve an ultimate separation. During Year 3, students stated they faced the seeming contradiction of acknowledging the supportive element of a close private relationship, yet negated its importance. This clearly highlighted the problems encountered in an intimate or familial relationship when only one partner worked on personal development. Year 4 evidenced movement towards integration, students reported being able to re-establish private relationships, from the base of their increased personal development

Researcher positioning

The author of the original research on which this article is based (Pap  , 2015) is a psychodynamically trained tutor, although no students interviewed had direct experience of that role. As an experienced tutor, in Vygotskyian terms, I was in the role of the more experienced other (Vygotsky, 1987) with clear understanding that students on the course were

active agents in the construction of their own learning.

I am trained in the psychodynamic tradition and am accustomed to listening for process interaction (Levis, 1996; Hare *et al*, 2010) including what is unsaid, as well as content and using clinical experiences as a practitioner for the benefit of the student learner (Groth & Glevoll, 2007). My experience as an educator and therapist supports me in conducting the research.

Methodology overview

I selected the hermeneutic method as part of the interpretivist approach to this research, including the ontological and epistemological philosophical underpinnings. I also consider the interpretivist research tradition and the rationale for qualitative methodology for analysis of data.

The Interpretivist or Hermeneutic Approach

The ontology of the research is constructivist and associated with this is the epistemology, which is interpretivist. The methodology for this research is based on this epistemological positioning. In research undertaken through a phenomenological perspective, it is useful to understand that hermeneutic philosophy (Gadamer, 2006; Arthur *et al*, 2012) is reflected in the methodology of the research. I collected data through semi-structured interviews of students at points of their learning across the four-year learning cycle of psychodynamic psychotherapeutic training courses.

Gadamer advanced a philosophical hermeneutics that proposed an interpretation of what he considered to be the apposite process of understanding, which rejected any attempt to found understanding on a method or set of rules, perhaps historically found in the teaching and learning the psychodynamic approach to psychotherapy. This is not ‘...a rejection of the importance of methodological concerns, but rather an insistence on the limited role of method and the priority of understanding as a dialogic, practical, situated activity...’ (Malpas, 2014:2.2).

Rationale for choice of interpretive hermeneutic research method

Understanding the meaning and sense of students’ texts of interview transcripts (Back & Gergen, 1963) is central to this research. Folkes-Skinner *et al* (2010), in their research of psychotherapy training, proposed the aspect of

18. British Association of Counselling and Psychotherapy (BACP)

an 'insider's view' (Willig, 2001), formed from the researcher's engagement with participants' accounts. It is this 'insider view' of the researcher that roots the findings in hermeneutic phenomenology.

The writings of Gadamer, (2006), from original thinking by the existentialist Heidegger, who, as Stern (1991) commented, offered an hermeneutic philosophy to the interpretivist approach for my research because the intent was '...to clarify the conditions that can lead to understanding...' (Holroyd, 2007:1). In this research I have used the term 'condition' to refer to the hermeneutic circle¹⁹ found during interviews, between the student and myself as researcher.

The focus of this research is students' perceptions of what facilitated their learning, from the point in time on the course they have reached, from their world-view. Hermeneutic phenomenology is appropriate for this research because it concerns the situated human being in her world²⁰.

Interpretation is an advanced psychodynamic skill as well as being critical to the process of understanding in hermeneutic phenomenology. Heidegger (1927) proposed that every encounter between individuals affords the chance of an interpretation, which is influenced by the individual's background and state of 'being'. Polkinghorne (1983) suggested the individual's past experiences have a cumulative effect on individual development and it is this aggregation that can be seen clearly in the process of reflective interviews of participants in this study. Kyale (1996) posited that hermeneutics has an aim of finding intended meanings which Vygotsky (1987) considered was central to constructivist thinking and therefore fundamental to this study.

As noted above, Gadamer (1975) postulated hermeneutics clarifies the conditions in which understanding first takes place, in that

'...hermeneutics must start from the position that a person seeking to understand something has a bond to the subject matter that comes into language through the traditionary text and has, or acquires, a connection with the tradition from which it speaks...' (Gadamer, 1975:295).

In this research, what is meant by traditionary texts is the texts of the psychodynamic tradition, both classic and modern, found in the

interviewed students' courses. As further clarification Annells (1996) suggested that a definitive interpretation can never be possible as interpretation is an evolving process. The interpretivist framework of inquiry '...supports the ontological perspective of the belief in the existence of not just one reality, but of multiple realities that are constructed and can be altered by the knower...' (Lavery, 2003:26). Thus, there can be no absolute reality (Denzin & Lincoln, 1994). The interviewed students' realities are their own and as such one reality is not more accurate than another but reliant on the individual's interpretation of her own experience. Epistemologically, the hermeneutic framework sees a relationship between the knower and the known. Therefore, hermeneutic research is interpretive and concentrated on experience. It addresses engagement in the process of self-reflection and recognises that the researcher's biases and assumptions are accepted as being integral to interpretative processes.

Data analysis involves co-construction of the participants' meanings as they enter the hermeneutic circle of understanding (Gadamer, 1976; Rose, 2005). Both the researcher and participant worked together to bring life to what was being explored, through the use of imagination, the hermeneutic circle and attention to both meaning and sense of the language used. Koch (1995) further elaborated this as '...hermeneutics invites participants into an ongoing conversation, but does not provide a set methodology. Understanding occurs through a fusion of horizons, which is a dialectic between the pre-understandings of the research process, the interpretive framework and the sources of information...' (Koch, 1995: 835).

As a result of this hermeneutic process the combination of 'self-interpreted' constructions by myself, as researcher, with each participant produced many different realities. This interpretation arose from transcribed texts which, as Allen (1995) emphasised, are core to hermeneutic understanding. It is the fluid interplay between the text and its context, the participants, the researcher and various stages of reflection that enables the interpretations of both meaning and sense (Vygotsky, 1987). Gadamer himself postulated a continuous redeployment of prior '...hermeneutical situatedness in terms of the 'fore-structures' of

¹⁹ See pages below for discussion on Gadamer's hermeneutic circle

²⁰ Heidegger's focus was on 'Dasein', which is translated 'the situated meaning of a human in the world' (Lavery, 2006)

understanding...' (Malpas, 2014: 3.1) allows what is to be interpreted or understood to be grasped in a preliminary fashion. The phrase 'preliminary fashion' suggests an unfinishedness which Gadamer termed the 'anticipation of completeness'. This incompleteness always involves '...the revisable presupposition that what is to be understood constitutes something that is understandable, that is, something that is constituted as a coherent, meaningful, whole...' (Malpas, 2014:3.1).

Central aspects of research interpretation included (as above) '...the use of imagination, the hermeneutic circle and attention to language and writing processes...' (Lavery, 2003: 30). The researcher's hermeneutic imagination (Smith, 1991) might be understood as reflecting on the way the student interviewee speaks or behaves in the interviews, which might give further appreciation of her world experiences. As the researcher, I was aware of how differently each student used language and I have reflected on both student meaning and sense of language, including their juxtaposition, throughout the study.

Hermeneutics, as implied above, include the entire framework of the interpretive process, encompassing written, verbal and nonverbal communication (Gorden, 1980). This communicative process is essential for the therapist to attend to in the therapeutic dyad and therefore has additional relevance for this research. Rose *et al* (2005) refer to Gadamer's hermeneutic circle, which cannot be closed in the sense that understanding gained from previous experience remains available as pre-understanding when the next experience is encountered. It is through reflection that the '...previous experience informed the next experience...' (Rose *et al*, 2005:451). Thus the reflective interview with student participants was informed by their understandings and experiences contained in the original interview. Rose *et al* (2005) quoting Gadamer (1976), proposed that '...hermeneutical reflection played a fundamental role in psychoanalysis...' and thus psychodynamic therapy, as here a link was made with how '...the unconscious motive did not represent a clear and fully articulable boundary for hermeneutical theory...' (Rose *et al*, 2005: 451). Gadamer illustrated his thinking, stating that psychotherapy could be described as the work of '...completing an interrupted process of education into a full history, a story that can be articulated in language...' (Gadamer, 1976:41). Gadamer himself appeared to have been critical of the concept of reflection because he saw it as part of a process

of learning emerging, rather than being the process itself.

The concept that understanding is always contextualised in the background of an individual's prior involvement and therefore personal history, is illuminated by the Gadamerian proposal of 'historically-effected consciousness'. The nature of the historically effected character of understanding, with an awareness of the hermeneutical situation, brings about a phenomenological concept of 'horizon', or a limit to an individual's 'historically-determined situatedness'. The limit of this situatedness cannot be described as static or invariable as not only is it subject to the effects of history but also '...just as prejudices are themselves brought into question in the process of understanding, so, in the encounter with another, is the horizon of our own understanding susceptible to change...' (Malpas, 2014:3.2). These thoughts help understand the process of psychotherapy from the students' perspective, in that negotiations within clients' relationships of their different horizons are necessary to come to an agreement, which might be termed a 'fusion of horizons'. This fusion is also present in the researcher-student dyad, when coming to an agreement over any particular issue, in the knowledge that a common framework (horizon) will only be achieved '...on integration of what is otherwise unfamiliar, strange or anomalous...' (Malpas, 2014:3.2). The Gadamerian thought applies, of course, that there can never be completeness of agreement, perhaps explained by his proposal that there can be acceptance of what is both familiar and alien provided neither party remains unaffected. This process of continual historical engagement '...is an ongoing one that never achieves any final completion or complete elucidation...as our historical and hermeneutic situation can never be made completely transparent to us...' (Malpas, 2014:3.2).

For Gadamer (1976), hermeneutics are the process of the researcher and participant co-creating reflections which give a greater understanding of the world view of the participant. Indeed, hermeneutic research stresses the centrality of self-reflexivity of the parties involved, by way of an ongoing reflection about the experience as well as being aware of the environment in immediacy, actively building ideas and thoughts of the experience and questioning how such arose (Hertz, 1997). This interpretive process continues until the purpose of the study has been reached (Hall & Stevens, 1991), which is

achieved when the findings can be understood by insiders and outsiders alike and there is coherence of research conclusions. The interpretations in this thesis illuminate the participants' world and remain faithful to the students' lived experiences (Beck, 1993). The research process and findings are sufficiently described transparently to achieve credibility (Lincoln & Guba, 1985).

The interpretive hermeneutic research tradition accepts the limitations of enquiry, that is, as a practical approach, it is impossible to discover all experiences as some remain hidden. In the current study, I was aware that student respondents, in choosing what they share or hold back, were arbiters in this process and my interpretations of what was said and unsaid was made in this knowledge.

The link between constructivism (Butt, 2006) and psychotherapy on the one hand to hermeneutic thinking on the other (Holroyd, 2007), can be understood in terms of the circle of language (Gadamer, 1976), that is closed in dialogue but open to reflection and influence. This understanding is central to the reasons I chose this methodology. Enabling material to emerge from the pre-conscious to conscious is an important outcome of psychodynamic therapy and hermeneutical reflection plays a fundamental role in this process. However, for Gadamer (2006), it is 'tact' that determines how the individual applies thought and feelings to a particular situation, perhaps reminiscent of Freudian superego unconscious behaviour in which the individual fears parental condemnation. He postulated '...human sciences are not just feelings and the unconscious but it at the same time a mode of knowing and a mode of being...' (Gadamer: 2006:15).

The responses of the student, in some way representing her history and course experiences, became opportunities for reflecting on and making connections with previous learning. The way the individual addressed her experience is a result of her historical prejudices and pattern of ways of organising experiences (Stern, 1991; 1997) and thus came to have certain (unconscious) expectations (Zeddies, 2000). This has resonance with the psychodynamic approach, which placed high value on working in transference, allowing and indeed encouraging the transfer of prejudices and patterns of past coping mechanisms onto the therapist. From a sociocultural constructivist perspective, the student's narrative required both a personal and social dimension. In this context, the

student reflected on the changes to how 'she is' and how she 'wishes to be' in her interpersonal relationships both with me, as the researcher and to her outside world (Butt, 2006).

Personal Relationships

One of the strong influences that students reported on was often fragmented personal relationships and the pressures these brought to learning activities and their patterns of study. Students commented very clearly on the degree to which support from their family influenced their study. Students also commented, on how learning on the psychotherapeutic course enabled the student to apply new ways of 'being' and skills learned to her life outside the college environment.

I have widened the analysis to include students' social interaction with peer students (Bull & McCalla, 2002), as all interviewees mention this was an enhancing activity in their learning experience. The social interaction was an element of students' private lives as this generally occurred outside the boundaries of the course.

Students reflected on the influence of their personal development on their private lives as well as the affect private lives had on their studies and training. As above, I have utilised the concepts of interpersonal and intrapersonal planes to analyse the location of their learning that the students report.

One of the points addressed at initial selection interview, for psychodynamic psychotherapeutic training courses, is to ascertain from and give opportunity to the applicant for reflection on whether her private relationship was strong or resilient enough to withstand the potential challenge of changes brought about by personal development of one partner. My experience suggested that, throughout a psychotherapeutic training course, the opportunity for personal development was substantial, particularly during first two years. Applicants were informed that the psychotherapeutic course did not have an agenda to interfere in students' private lives but considered this change to one individual to be an issue for the applicant to address. The course selected might be the one preferred for study but the timing of commencement might not be right for the individual and her personal circumstance. Some applicants did opt out at this juncture, preferring the certainty and security of known private relationships.

Arguably the greatest transformational change in modern day society, in the early twenty first

century, has been the emergence of modern communication in the form of technological innovation, invention and the Internet. Family life has been changed with this capability of rapid communication. The demarcation of family life contained in residential settings and business or work life contained in the office or similar was no longer as clearly defined (Stokols, 2009). Working from home was becoming normalised practice and there now existed a greater opportunity for the blurring of boundaries for all such activities.

Traditional family life had the potential to become threatened as individual members were more continually accessible to others through modern communication platforms and were coping with higher rates of communication and distraction than they experienced in the past (Gleick, 2000; Guzzetta, 2005; Jackson, 2008). It was clear from students' comments that changing and often fractured familial relationships (Skynner & Cleese, 1993) occurred in past and present, were both motivations and distractions for study. Student interviewees reported how communications and modern work practices played their part in this changing scenario.

Analysis and Discussion

Key

Students spoken narratives	
Year 1	Green
Year 2	Blue
Year 3	Red
Year 4	Purple

Students' narratives, Year 1

As she started her studies, the first Year 1 student related she was able to reflect on how new learning and course experiences enabled her to construct new and changed relationships in her family life as she was personally changing *'...definitely heightening my awareness in everyday life all the time...'* as she experienced some transfer of course involvements into her outside life *'...yes, it feels all-pervasive for me...I can see that I am changing...I am a lot quieter in taking things in with my children, my partner and the rest of my family...'* She appeared aware of her need to differentiate and keep separate her private life from what she shared on the course. The professional distancing modelled by the tutor, as being appropriate in the psychotherapeutic relationship, seemed to reinforce her understanding of psychodynamic orientation boundaries and how to construct the counsellor-client dyad *'...yes, not bring it [personal life] into the lecture sessions,* and yet

'...I suppose in a converse way, I haven't disclosed much of myself, which could be to do with the course orientation...' The first Year 1 student acknowledged it would not be appropriate for her to share herself and life when she was learning about the boundaries of the psychodynamic approach *'...I think if everybody started that, it's almost crowding the room when we are just finding our feet and building the foundation...'* She was resolute in her determination not to contaminate her learning psychotherapeutic skills and activities by personal material *'...I appreciate the group support and the discussions, I did notice I am not bringing that to the classroom...'*

At this beginning stage, the second student already understood the importance of personal development (McAdams & Olson, 2010), in her training to be a counsellor, as an element of her training course and she was able to address her own desire for personal development (Menon, 2002). The reason for commencing the course, for this Year 1 student, was defined as personal development tempered by ambivalence about career change *'...to be honest with you I haven't gone down that line to think I am going to be a counsellor, I am actually an accountant...I am the kind of person who can talk to you and I could put a blockage to what is going on in my personal life...I can do that...'* Thus, she talked of her ability to separate her own material from that of a client *'...from that point of view I know that wouldn't be an issue for me...'* without understanding yet the phenomenon of countertransference, an essential concept in psychodynamic psychotherapeutic training.

The interpersonal relationship was at the very core (Klein, 1971; Bowlby, 1988) of human development and the means by which the internal and external worlds (Egan, 1994) undergo a process of development. Again, this Year 1 student reflected on her need for a sense of belonging *'...I am not the only one looking at me and thinking 'she's the outcast'...there are loads of things like that...'* She wanted to be part of a group and her learning experience to be contained and safe on the course, as it was in her private life *'...yes, part of the group, yes, fitting into that group...as I do in my family...'*

Advances in the study of neuroscience have built on earlier research (Clark & Clark, 1976) and have produced greater understanding of the development of the human brain in childhood (Bruer, 1996; Cozolino, 2006), underscoring the centrality of the interpersonal

relationship for personal development (Schorer, 2013).

Within the context of the psychotherapeutic course and university, the social and emotional influences were being dynamically integrated into the students' self-experience and self-structure through the inter-subjective contact with tutors [cf ZPD] and peers. It therefore seemed integral to students' understanding of personal development that tutors were aware of the ways in which they [tutors] modelled and demonstrated their own self-structure as part of the co-creative process in which they also acted on, constrained and informed students' self-integration and meaning-making.

When working collaboratively (Wyn, 1990; Blumenfeld et al., 1994) on the student's development, the tutor could be aware that emotions and emotional interactions (Uttl et al., 2006) were '...slippery and unpredictable...' (Boler, 1999:3) at the best, especially if showing emotions and feelings have been discouraged in the student's earlier familial experiences. The highly autonomous first Year 1 student characterised her family life generally as being very supportive and loving. She was able to share her emotions appropriately intimately and the developmental phenomena provided another link between the model of the confiding relationship and everyday life (Towbin, 1978). The second Year 1 student became more explicit as she reflected on her future and the effect the course might have on her private life '*...even if I do it voluntarily it will change my private life, I am not doing this course purely to be a counsellor at the end of it...I am also doing a lot of it for self-development...*'. Reservations existed and decisions were left in abeyance '*...I am not saying it [psychotherapeutic] is not something I won't do at the end because obviously I came on this course with that goal...*' Without understanding the concept of the phenomenon of counter-transference and how her feelings engendered from such phenomenon might have informed her interventions, this student had already come to the decision that she would be able to separate her own feelings from those of her client. The familial superego messages that helped form the countertransference feelings were still to be understood, connections had not yet been made.

The second Year 1 student did not want to expose herself to vulnerability, nor was she able to work with dilemma in a state of unknown. She volunteered from a less secure state, removing the need to take a risk when telling her narrative (Kaufman & Davis, 2009).

Conformity was volunteered as being helpful for learning as well as a need for assurance before possible exposure of volunteering occurred '*...I waited for others' hands to go up as opposed to being the first one...I have an issue with that, a big issue with that...*'. She was aware that personal development was likely to be a focus on the course '*...my blocks, they are going to come up for me...*' When asked what was disabling in her private life '*...I wasn't comfortable being the first one, or second, or third, to say 'here's my thing'...*' There seemed little propensity to take risks on the course, especially during the early stages, preferring the security of belonging to the student group seemingly replicated from family life. She could only share her thoughts about her private life with an increase of confidence '*...how I overcame that block, that discomfort, was when seven or eight people had spoken about their material...what I was going to say...my item was stupid and that people would think...what has she brought that in for?...*'. The fear and embarrassment of exposure to ridicule prevented, sought participation. This first Year 1 student was only compensated enough to take the risk of involvement by an increase in confidence as she heard other students' contributions '*... I was thinking too much of people judging me and making me into this person...then it ended up with me being that last one because everybody else put their hand up...*' Here I might have addressed how her experiences in her private life were replicated on the course. The possibility existed that her behaviour was symptomatic of the youngest child.

Students' narratives, Year 2

Perhaps strangely, the second Year 2 student had concerns about her ability to contain herself, particularly when she shared perceived confidentiality from her family life '*... I am not very good at containing but I also was not particularly self-aware, so a combination brought a stage of panic because I didn't know what was going on and I couldn't contain it...*'. She has already studied at the Year 1 stage, which experience seemed to prepare her minimally for the challenges of Year 2. However, what resonated with her was some theoretical learning she has taken from the course and applied to her family life. She understood the cross-generational nature of how theory could be applied to inform development '*...also as a daughter as well, I think about the relationship between me and my parents in that way, in that entanglement dependent sort of way...*' Learning on the course enabled her to facilitate changes in her

private life *'...with my children I do as well...especially coming down to the 'Strange Situation'...I try to be very tolerant of my children's reactions to me when I go home...'* She has been able to apply some learning from the course to her private life, in particular the application of theory *'...what resonate with me...the things that stick with me and the ideas of attachment very much resonated with me...I think about that when I am away from my children and with my children as a mother...'* This Year 2 student found social interaction outside the course helped her learning *'...I think strengthening the relationships and trust...and I suppose the fact that you should be open and sharing...for me, to put myself out there really and knowing that the fear of rejection maybe...that didn't happen and maybe you're receiving positive feedback from people who want to make relationships with you...I suppose it's affirming in a way...that helped me open up more and lower defences...'* The affirming nature of peer support enabled this student to reflect on the potential of what the course could offer *'...I think I expected more than I got during the course, or gave...I think by the end of the course I developed the relationships with people that I didn't think I would at the beginning...'*, which included personal development *'...actually that applied to self-awareness as well through not going back to old patterns of behaviour...'*

In general, students attending psychotherapeutic courses were encouraged to reflect on family life as part of their progress towards becoming grounded practitioners. Working with genograms and understanding where and who 'I am now', through family histories, is basic to students learning about the psychodynamic concept of transference. Students do attend learning courses *'...with their families in mind...'* (Youell, 2006:136) and this influenced relationships with both the tutor and students' peer groups. Equally the tutor had expectations of students, evolved from their experiences of tutoring and these might not be consistent with student expectations.

As she concluded Year 2 the first student was starting the process of separating *'...since the course I haven't seen anybody but I am in touch with some on Facebook and so forth but that's about it really...no face-to-face contact...I met up with one or two once every four months or so and I haven't seen any of them since the course finished...'* The Year 2 student found social interaction with peers enhanced her learning *'...for me it strengthened the relationships I have made on the course and its finding whether you do have a relationship with*

somebody to build on outside of that very 'hot-house' environment on the course...'

Research (Birditt et al, 2009) suggested that interpersonal tensions, experienced in family relationships, predicted poor future relationship quality, thus the importance of secure early familial relationships was projected in to the student's ability to form solid relationships with the tutor, in preparation for the creation and maintenance of cathartic client alliances. Both the Year 2 students reflected on cross-generational aspects of relationship development and how the independent lines of influence (Steele & Steele, 2008) between fathers and student and mothers and student differed. These differing relationships countered the classic idea that all love relationships were based on the prototype of the relationship with the mother.

Here Freudian thinking was further extended by the suggestion that the relationship with the father developed due to his [father's] interactions and because of the thoughts, feelings and fantasies the father carried with him from his own childhood (Steele & Steele, 2008). This built on the classic psychodynamic understanding that resolution of oedipal complex tensions found in family life were solely central to understanding personal development (Lewes, 1998).

Students' narratives, Year 3

In Year 3, both students reported that the demands of more advanced study and stage became an issue. The very nature of the course at Year 3 level suggested involvement in many areas of the individual student's life. The first Year 3 student described the course as all-involving *'...complete personal immersion in the work and the more you are prepared to dive in and the more you put into it, as she [tutor] puts it to me, the more I will get out of it...'* She developed resistance to participation on the course because of the demands of her family life on her time and energy, seeking some balance in her life but held reservations *'...I think it is tricky...I have the whole other life, family, kids, a bit of work...you know it is a real juggling act...it's quite hard to switch between the two, dividing time really between the course and non-course activity...'* She experienced difficulty finding time and motivation to devote to her studies *'...it is quite difficult when I have to sort the kids out, get their tea and bed, then sit down and write very deep stuff about myself, that is tough...'*

There was comment by this Year 3 student on the rapidity of the development of peer

relationships *'...in some ways it still feels very early stages...the bonds that are being created on the course are much deeper and are being [developed] much quicker than many normal social bonds...from that point of view I think that relationships are very important...'* The student reflected on the beneficial nature of common experience *'...it feels like supportive relationship because everybody is in the same boat really...'* This student did see relationships lasting after she completed the course *'...I would see that as being desirable and I do see people outside the course...'*

Further reflection by this Year 3 student identifies social interaction with the peer student as taking on more significance *'...it's becoming more and more vital really to both my continuation on the course and the whole idea of the reassurance and support you can get from ranking yourself against your peers...'* The student reflected on her need for support gained through social interaction *'...it is much more important to me than it has been...I guess it must have something to do with my need for that in order to get through this experience...'* The second Year 3 student reflected on the possibility of retaining friendships after the course ends *'...I think there will probably be one or two at this juncture that I would like to keep in touch with after the course ends but this could change...I certainly keep contact with people who were on the first-year course, it is a little bit surprising for me really that that has happened...'* However she still retains some ambivalence *'...it [social interaction] hasn't happened yet on this year, I wouldn't say it was vital from my point of view but having said that I wouldn't turn down an opportunity to meet...'* Indeed, this Year 3 student rationalised the support gained from social interaction she considered she needed as being dependent on the particular challenges she faced at any one time *'...it depends on where I am personally and in terms of the course, it varies with how much contact I need with other people outside the course...'*

The ability to separate family life from college life was stated as being challenged as the student became more involved with the extra demands of psychotherapeutic clients for the first time. The anxiety of starting a psychotherapeutic relationship with a real client was reflected on by in both Year 3 students.

One of the most important aspects of psychodynamic psychotherapeutic was its focus on emotional aspects and psychological repair between human beings (Rizq, 2011). The student's wish to be cathartic increased her

anxiety levels and became emotionally draining. This experience had the possibility to be replicated and re-stimulated in transference during the first few sessions with the client, to such an extent that the student's concerns could develop into performance-fear, thus increasing anxiety.

It was against this background that the student's experience of family life had to be assessed by the tutor as to whether the student was ready to take on the challenges of being offered by the course.

Students' narratives, Year 4

Both Year 4 student reflected on the similarities between family and course life. They related how the extremes and tensions experienced during Year 3 were replaced by self-dialogue on an intrapersonal or individual level (Vygotsky, 1978). The first Year 4 student reflected on internal processes, acknowledging family life provided the secure base (Bowlby, 1988) from which she faced course challenges and extended herself in her thinking processes by reflecting on the difficulties of proving herself to others, especially when sharing familial experiences *'...I do worry about letting myself down but I know that was a thing becoming less in the other person's eyes...'* (Y4A). She talked of proving others wrong and how in psychodynamic terms this has strong connotations with superego and familial messages *'...I mean looking at that now I am saying about proving them wrong...'* She considered the opposing aspects of being correct *'...it's the other way round really, rather than proving them wrong would be 'I proved you wrong because I really can't do this...you were wrong all along, it was me that was right'...'* Such justification was brought about as a result of reflection.

She was able to critique her superego familial messages and reflected on both the freedom and limitations these provided for her. The familial messages she has internalised from her childhood seem to be based around freedom and altruism *'...really whatever you want to do is OK, but there is a little caveat on the end of there, which sort of goes something like...but if is something good that's even better...that was just coming out of the background...'* Later it was noteworthy that an example of hedonism was also included *'...yes, yes...have fun and do well...'*

The second Year 4 student talked about being able to deal with completing the course and leaving in an unstructured way, without expressing regrets or frustration. She had

become grounded as she reached towards the stage of unconscious competence; no longer did she have performance-anxiety but attended to the process and finer points of working with clients. She paid attention to the subtler aspects of psychotherapeutic, that is timing and orchestration found in progress to accomplished counsellor or master-craftsman. She picks up on the tension between the college and 'outside' life, especially when in Year 4 when she was working largely autonomously, originating much of the work herself, without seeming tutor input. However, because of the need for assignment resubmission separation was being delayed '*...I still have one foot in the course and I would rather have them both out...I expected to have them both out and standing on my own two feet but I have still got a foot dragging behind...I am still there...*'. The Year 4 student confirmed this as being another early familial message from her past that she retains and internalises '*...it was, that's right...don't upset other people' but then that's not the right thing to do because you can actually collude with people...*' For the second Year 4 student family life was stated as the motivating force '*...my family is my base...from there I grow...*', which also stimulates her thinking capacity '*...it's my brain, thinking...I love my brain, absolutely adore*

it...using it, stretching it, the things it will do, what it will find...

Conclusion

Vygotsky (1930) proposed differentiation between mastery and craftsmanship, quoting Engels '*...if a peasant is master of his land and the craftsman of his craft...then in no lesser degree the land rules over the peasant and the craft over the craftsman...*' (van der Veer & Valsiner, 1994:177). Attribution could be taken to define the role of student and counsellor as being different, however some thought could be given to the progression of the individual from student to counsellor. Certainly, the rate of this evolutionary progress of the Year 4 student (Y4A) was dependent on a number of factors, including early familial experiences and the ability of the student as a counsellor to provide a secure base (Bowlby, 1988) from which her future clients explored their own worlds. The student's family life had the capacity both to support her studies and to provide on-going distraction. However, the two students at the end of their training reported they did reflect on reality, returning to their private lives and made the necessary adjustments that personal development and relationships required.

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Mental Health in the Age of Pharmacology; Medicine and Pharmacy as a Panacea to Treating Mental Illness

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Abstract:

Mental health service delivery in many parts of North America and the United Kingdom is maintained by organized medicine, pharmaceutical manufacturers, and the insurance industry, each advocating a quick fix treatment mentality that continues to be spoon-fed unscrupulously to the masses. As a result, there has been a wholesale brainwash by the new drug culture within contemporary society that has been received with open arms by a passive public in search of a fast cure. These propagandizing efforts have paid off, for the public shows little interest to change. They are discontent but manipulated by persuasive medical professionals to take drugs rather than face their suffering more directly and effectively. They pine for help but are offered few alternatives. As a result, psychotherapy has been underutilized and diminished in value for what it genuinely has to offer the public; and when publicly funded, it has devolved into a manualized, prescriptive step-by-step recipe that caricaturizes authentic therapeutic intervention. Psychoanalytic paradigms are simply marginalized. Mainstream medicine advocates for chemicals, and this appeal to authority is hard to resist due to the medicalization of mental healthcare, especially in Canada. This is further due to a collective identification based on the wishful fantasy to have problems magically disappear. The tablet unconsciously symbolizes this fantasy.

Keywords: Mental Health, Crisis, Pharmacology, Quick-Fix Models, Psychotherapy

Introduction: Why Medication is no Panacea for Treating Mental Illness

In Greek antiquity, *pharmakon* refers to a remedy that is also a poison. This contradiction of signification (Derrida, 1972) points toward something that can potentially heal and harm the body (and soul) at the same time. Here we may observe contradictory attitudes toward the pharmacy in contemporary society. Like Plato (*Protagoras*, 354a-c), I am suspicious of the *pharmakon* and its promise of remedy, moreover cure, especially when it comes to mental health issues. Despite the fact that drugs can be effectively used for therapeutic interventions, they often come with a price. In modern parlance, we call them 'side-effects' that can be more debilitating than beneficial, its own malady. The new drug culture has become its own disease, often conditioned by the political hegemonies of medical ideology motivated by arrogance and economic self-interest. Talking, engaging in conversation, having a dialogue is more instinctive than ingesting a foreign substance. That which goes against its own natural process, its own organic development, is in need of remedy. *Pharmakon* is society's new poison.

Therapies and Mental Health

There are many different types and viable forms of talk therapy that help people, but many capitalist countries in the English speaking world are driven by profit motives that favor fostering the illusion that medicine and pharmacy serve as a panacea to treating mental illness. Here psychiatry epitomizes this myth. This fantasy goes against our true human tendencies to want to talk about things that bother us, which are either sociologically supported or discouraged, especially when stigma is attached to admitting having psychological or emotional difficulties. The pill has become socially conventional, particularly when it remains confidential and is part of

patient-doctor privilege, as well as more convenient, including conveniently reinforcing patients' resistances or defences whereby acknowledging mental health concerns is not an easy psychological attitude to bear (nor pill to swallow), especially when the doctor is quick to reduce one's suffering to biology or a brain state that can be remedied by taking psychotropic medication. Here the *pharmakon* is the new drug dealer that is perfectly acceptable to the masses gobbling up prescriptions like candy.

We cannot deny sombre statistics. Mental illness has been attributed to one of the main causes of disease worldwide (Vos *et al.*, 2013). The World Health Organization (2017)

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conservatively estimates that over 500 million people are affected by depression and anxiety, but when you include alcoholism and addictions, over 100 million of the world population is affected by mental disorders²². According to the National Institute of Mental Health, more Americans suffer from mental illness than any other people in the world (Walton, 2011), while the populations of Canada and the United Kingdom are estimated to be 1 in 5 adults. In this essay, I will specifically address the Canadian mental health crisis, as it tends to be on par with the UK, and offer reflections on ameliorative strategies to improve access to healthcare.

The Mental Health Crisis

In a sober revelation on "The Erosion of our Profession," Kenneth Eisold (2007) alerts us to how psychoanalytic psychology is dogged by social, political, and economic pressures to conform to the mainstream medicalized expectations of expedient cure, marketplace demands for economic utility and efficiency, and the loss of autonomy and control we once enjoyed in providing treatment based upon our own professional sensibilities and training. I would like to contribute to his insights by alerting others to the plight of mental healthcare in Canada.

By way of introduction, a word about the Canadian healthcare system is in order. As in the UK, but unlike the United States, healthcare is part of every resident's right based on social-democratic principles that govern this country's political-humanistic commitments to its citizenry. As a result, patients do not have to pay directly out of pocket for medical needs since a large percentage of their taxes go to sustain egalitarian healthcare delivery for all people. This is socially conditioned and an expected legislative right. However virtuous this system is, it also tends to produce a sense of entitlement: people are frugal, and in some cases chintzy, when it comes to paying for what they believe should be 'free' by virtue of their right to healthcare. This equally applies to mental healthcare. Those from lower economic strata have it worse, because they often get little to no help, and they are amongst the largest population groups that suffer.

The mental healthcare industry in Canada is dominated by medicine. Psychologists,

psychotherapists, Master's level counsellors, and social workers in private practice are not covered by the healthcare system: only physicians are directly paid by the government. This becomes problematic when patients need therapy but have no free service to turn to. Because Canada is domineered by a pharmacological model of mental health treatment, people will most often be given medication for their difficulties, which is inculcated by medical authority. By and large, individual psychotherapy is very rarely delivered by the medical community including psychiatry. Moreover, there is a dearth of government funded psychotherapeutic resources in the community because they have been largely displaced by biochemical interventions. Because individual therapy is not promoted as widely as psychopharmacology, people often end up suffering rather than seeking out talk therapy through direct expense. When they do, they are often prescribed cognitive behavioural therapy (CBT) by their family doctors because that is the current model adopted by Canadian practitioners instilled by academic empirically-based training institutions and endorsed by the Canadian Psychological Association. Psychoanalytic psychologists are vilified by mainstream practitioners and are often discriminated against by insurance providers, allied mental health professionals, as well as the profession of psychology itself.

Quick Fix Ideologies

What I wish to argue is that the politics of mental illness dominated by medicine, pharmaceutical companies, and insurance corporations is creating a crisis for Canadian mental healthcare. This crisis is largely the result of a quick fix model that is economically driven to create profit for those providers who participate in this truncated, deficient, and politically institutionalized method of service delivery. The public is not only being manipulated, they are also dissuaded from seeking out what could be more beneficial because the healthcare monopoly devalues the viability of alternative and better modes of psychological practice. The biologicalization of medicine and psychiatry has collapsed the human being into physical reduction, hence claiming that mind is nothing but brain. The main solution they profess is in the form of a chemical. From this standpoint, the complexities of human emotion,

²². JM: '...but when you include alcoholism, addictions, and other mental disorders, nearly a billion people in the world population could be affected by mental illness...'

thought, perception, consciousness, and unconscious experience are nothing but material states in the brain that can be controlled by pharmacology. This viewpoint has palpable philosophical and logical limitations (Mills, 2002), ignores the quality of lived experience or what it means for each individual who suffers, negates the phenomenological, existential, and humanistic commitments to treatment, is amoral at best and unethical at worst. Furthermore, the new drug culture politically and economically oppresses alternative healthcare providers, and privileges one modality of therapy contra empirical evidence produced from the behavioral sciences that challenge the primacy of psychopharmacology. Medicine and pharmacology see any competing discipline who espouses an opposing viewpoint as an unwelcome trespass that is swiftly marginalized. The medical establishment often does whatever it can to discourage the presence of trespassers and ensures that they only have a minimal say because of cherished group narcissism, political loyalties, competition, and perceived dangers to its level of influence and power over popular culture; not to mention a most important detail, they hold the purse.

In my over 25 years of practice as a clinical psychologist and psychoanalyst, working in both the public and private sectors, I have observed with increasing dismay the egregious inadequacy of mental health service delivery in Canada. As a general rule, most of my patients who seek me out for therapy have already been put on psychotropics, many of them several different types, and they are not happy with the results. Even those who are functional on medication still feel it is inadequate because they are not entirely free from their suffering, something a pill cannot take away. They will often concede that drugs merely mask the real issues or numb a person from dwelling on inner anguish they would rather avoid and not think about—not to mention they produce troubling side-effects that in some cases are detrimental to physical health. Based upon my direct professional observations working in public healthcare environments as well as the *prima facie* testimonials of my patients, I offer the following reflections.

Legitimate arguments can be made that (a) organized psychiatry and psychopharmacology are more expensive in the long-run than psychological treatment modalities, are (b) unethical when they are systematically abused by the establishment, (c) show inferior treatment efficacy, (d) have poorer long-term

outcomes, and (e) politically subjugate the role of psychology and psychotherapy paradigms though they prove to be at least equally but often more useful and ameliorative. Organized medicine opposes alternative healthcare providers from joining national and provincial Medicare programs due to direct threat and economic self-interest, and perpetuates the mythology of fast and expeditious cures, which collectively deceives, indoctrinates, and gives false hope to an uneducated public who are vulnerable, helpless, and wishful for brief and immediate treatment interventions that produce rapid results. Canada needs a wake-up call, as they don't exist.

Mental healthcare in Canada today is alarmingly inadequate. Statistics on prevalence rates of mental illness are astoundingly high and little is being done except medicating the masses who moan for instant relief. The second main reason for all visits to family physicians are for depression, and 33% of all hospitalizations in Canada are due to mental illness as either a primary or secondary diagnosis (Mood Disorders Society of Canada, 2009). The cost of keeping someone with serious mental illness in the hospital is estimated to be \$170,820 per year. Furthermore, 37% of mental health patients are readmitted to the hospital within one year of their discharge (Canadian Institute for Health Information, 2006).

There is a paucity of government funded outpatient, community, and rural mental health facilities that provide direct clinical consultation, assessment, and individual therapy to adults, children, adolescents, and their families, and psychology is hardly utilized in hospital environments. Similar to the National Health Service in Britain, where wait lists are long and restrictive, government funded clinics in much of Canada have an average wait list of 1 year, and child and youth assessments can take as long as 3 years to be seen. And when the public finally gets into see a counsellor, they are often minimally trained and constrained by a short-term treatment model under pressure to see as many people as possible due to organizational mandates (and to improve optics to the government) and usher them out the door before any therapeutic benefits have been achieved.

The medical profession and pharmaceutical industry heavily influence governmental policy, public opinion, and healthcare decision making instituted by these politically and economically powerful groups who are largely responsible for fostering the illusion of the quick fix. And the

public buys it, which is unreflectively reinforced by the media who turn to the medical establishment as those in authority, rather than psychologists or mental health therapists of all types. There are many reasons for this phenomenon including the voice of medical consensus, public ignorance, financial limitations, media misinformation, and mass fear, anxiety, and avoidance of truly facing the cause of one's suffering. This defensiveness perpetuates the unconscious fantasy that psychological problems and personal woes will mystically vanish if we deceive ourselves long enough. The truth is, they don't, and they won't simply go away. Although psychopharmacology is of immense benefit for chronic forms of mental illness such as schizophrenia, bipolar disorder, and severe depression, medications are being routinely and unjustly over-prescribed for the slightest degree of emotional discomfort or ordinary unhappiness. Prescription abuse is rampant among general practitioners and psychiatrists who choose to see no other avenue to mental health service delivery than the pill. Perhaps there is some symptom relief for some patients, which is of practical value, but a pill doesn't solve the problems let alone address the reasons why one suffers to being with. The big scam is getting people to believe that all mental experience—one's thoughts, feelings, attitudes, perceptions, and desires—boils down to a chemical in the brain. And the corporate drug peddlers, insurance bean-counters, and majority of doctors exploit this belief by gratifying the hopes and vulnerabilities of an uneducated public who rely on the dictums of medical science to deliver them from psychic pain.

The New Drug Dealers

The first line of defence against mental illness in the US, Canada and the UK, is pharmacology. We are medicating our children for displaying the slightest degree of overstimulation, inattention, failure to listen, follow directions, or mind their parents—all passed off as Attention-Deficit-Hyperactivity-Disorder (ADHD). We label young children and adolescents as oppositionally defiant and conduct disordered when they act out their anger or challenge adult authority, and dispense mood stabilizers when they express intense emotions that threaten their parents' or school personnel control over them. And we prescribe adults anti-depressants, anti-anxiety agents, sleeping pills, pain killers, and muscle relaxants the minute they complain to their family doctor of normal stress, adjustment difficulty, loss, or emotional anguish rather than

encouraging them to seek professional therapy and work-through their struggles verbally. The over-prescription of medication is part of a false social consciousness seduced by the fallacy of the quick fix institutionalized by our healthcare systems. As the first course of action, most citizens are conditioned to talk to their family doctor who has no training in psychiatry or psychology, yet who often acts as an expert in the behavioral and social sciences, experiments with medication, oversteps professional competence by pretending to know how to intervene with emotional conflict, or simply gives pep-talks and offers false reassurances rather than referring patients to professionals who are appropriately trained in psychotherapy. And when therapy is encouraged, it is often only after patients become extremely distressed or are in crisis.

A very small minority of physicians in Canada, minuscule in fact, actually practice psychotherapy or psychoanalysis and bill the Medicare system for this service. To make matters worse, there are no formal requirements or proof of adequate training in order to bill for this service, and it is the case that doctors, such as family practitioners on the front lines of primary care, conduct so-called therapy or counselling who have conceivably never cracked the cover of a technique book let alone took appropriate graduate-level courses or received ongoing clinical supervision and training. It is simply obscene that medicine is able to misrepresent its area of competency to government officials and policy makers who dole out budgetary approval and pay for psychological services for those not trained to deliver, and that there is no accountability for requiring formal training. As a result, therapeutic incompetence runs rampant with no adequate watchtower or enforceable consequences. Moreover, doctors have the right to terminate their involvement with any patient at anytime the patient does not follow the doctors' professional advice. Not only is this an unrestricted monopoly, it is also a palpable abuse of power. For example, I had one patient who was terminated by his life-long family doctor because he no longer wanted to continue his anti-depressant medication because he believed his therapy with me was more effective. Because there is a shortage of family physicians, whereby many citizens go without personalized healthcare, patients may feel that they have no other choice than to follow their doctor's orders or be left out in the cold.

Psychiatrists can be just as bad because the large majority of psychiatrists in Canada

become pimps for the pharmaceutical industry that give them financial incentives, perks, and free gifts to peddle the latest experimental drug on the market that promises better efficacy and fewer side-effects than previous ones. The Medicare system only encourages doctors to see people as quickly as possible out of fiscal restrictions and demand. These doctors consequently focus on symptoms rather than on the true causes of their conflict, attach a psychiatric label with the word 'disorder' behind it, and give them a prescription to hand to the pharmacist. Most psychiatrists in Canada do not perform therapy nor are they properly trained to do so, yet they pretend to be. In most cases they only assess, diagnose, and dispense drugs. People are herded in and out like cattle. Patients are lucky to get a thirty-minute interview during an initial consultation, and may be put on a 3-6 month waiting-list for a follow-up appointment. There is often no real human connection made or continuity in seeing a psychiatrist—no real relationship is formed; the patient is viewed as an object that is broken and needs to be fixed. Patients are no longer seen as experiential beings who are mired in conflict and emotional turmoil and who crave human comfort, as the Latin term *patiens*, derived from the Greek word *pathos*(πάθος) signifies, namely, those who suffer. Instead the suffering becomes clinically objectified as biological anomalies whereby people become things to be rebuilt rather than human subjects with their own unique intrapsychic organizations and interpersonal struggles. Through this impersonal mode of treatment, people don't feel felt—they don't truly feel understood or validated, yet they are reassured by their doctor that a pill will help.

Ineptitude in the Academy and Lack of Professional Psychology

Contemporaneously, the field of psychology and the competing modes of psychotherapy and counselling services being promulgated can be equally limiting. Psychologists in Canada are largely trained by academics whom by and large do not practice clinically. They are researchers whom care more about publishing and establishing a research reputation. There is no Doctor of Psychology (PsyD) training models in Canada that mirror the solid practitioner-based training that structures the curriculum of most professional schools in the United States, which place a high premium on clinical training, service delivery, field experience, and supervision. And there are absolutely no clinical psychology departments in Canada that train students in psychoanalytic practice. As a result, psychology graduate

students are often not even exposed to psychoanalytic or psychodynamic principles, which tend to be viewed as antiquated and unscientific. Instead, trainees are mainly taught a circumscribed view of clinical practice. As in the US and UK, psychoanalytic psychology is immersed in the 'evidence-based' turf wars that divide and polarize psychological and psychotherapeutic training programs, and what seems to be 'empirically-supported' and advocated for these days are recipe, cookie-cutter, manualized treatment approaches that range from four to eight sessions in length, if one is lucky to get that. Moreover, they are often delivered by neophytes or those with the most minimal of training, particularly in any government funded community or hospital clinic who pay counsellors a meager salary. Here the adage goes, you get what you pay for.

Contemporary academic psychologists are so over-identified with providing a scientifically-based model of practice, that they have become pawns of organized healthcare that thrive on a quick fix philosophy. They either prostitute themselves out by offering brief treatments because most insurance policies offer little coverage, misrepresent themselves, as Eisold (2007) also confesses, mainly to appease the political pressures to conform to the medical and short-term treatment regimes dictated by insurance policies, stand idly by and let psychiatry roll over them passively without protest, or adopt the current fad of therapeutic modalities based on what academics who do not practice clinically tell them what they should be doing. For the most part, Canadian academics know very little about what really goes on in the consulting room because they conduct manufactured research studies far removed from clinical reality rather than provide direct service delivery (see Christie *et al.*, 2015, for example). This is such an endemic problem in the clinical training of psychologists it is no wonder why so many people find psychology to be an inflated form of common sense with little value.

An Anti-Therapy Culture

There is an anti-therapy culture in Canada. This is not because Canadians are unwilling to profit from what therapy has to offer, but rather it is due to a lack of knowledge, discouragement from medicine, economic prohibition, entitlement to free healthcare, social stigma, and the limited impression psychotherapies make on the Canadian public. What is rather ironic is that while it is okay to take medication for a psychiatric condition that is labeled a 'mental disorder' by a doctor, it is not deemed

helpful by the same doctor to talk with a specialist about it. Why is this so? Perhaps it is because medicine is not so impressed with what psychology has to offer. Psychology in Canada is an academic and research enterprise with a fine reputation, yet it lacks adequate professional preparation for those who will embark on direct clinical and counselling work. Consequently, psychologists are largely ill-trained to practice because they are trained by academics who teach but do not do, hence they lack practical skills in psychotherapy, largely offer brief treatment models that cater to the quick fix mentality or the recent research fad rather than what truly works in the consulting room, and are biased against competing psychotherapeutic paradigms that do not conform to vogue empirical and political pressures. What I have in mind are the evidence-based treatment wars that have transpired within mental health disciplines whereby one politically dominant research group attempts to discredit the theory and methods of others because they do not engage in the same form of research or practice. This has amounted to ridiculous splitting on the part of many similar fields in order to find a leverage to legitimate its practice to medicine, the drug companies, and insurance providers who are not likely to deviate from what medical authorities tell them.

Because the acceptable mainstream treatment modality is medication maintenance, so-called evidence-based approaches have jumped on the medical-model bandwagon and have adopted a sterile, manualized step-by-step approach to therapy that is often time-limited in duration, stilted, regimented, and focuses on very select short-term goals that often gloss over the real problems and their aetiology. Moreover, this follows a business model of service delivery that is motivated to keep costs low at the expense of any real lasting benefit to the client. In the end, this adhesive bandage approach to treatment ultimately hurts the health of the consumer and the economy in the long haul, especially when you look at lost productivity, increased physical health problems, lack of employment, hospitalizations, and suicide rates. As a result, therapy has disgracefully devolved into telling people what to think and how to behave, turning them into a virtual Pavlovian dog programmed by a robot—to the point that online techno-therapy is delivered by computer conversational software (see Martinovich, 2017). Insurance companies and HR departments love anything simple and cheap because they promise a quick fix. In reality, however, the patient gets a little better

but there is very little long-term change. They simply come back into mental health treatment at a later date once the bandage falls off and the cycle starts all over again. The buck gets passed and passed with no permanent solution in sight. Here psychiatry and mainstream academic psychology are equally limited.

In a large majority of cases, quick fix approaches are theoretically naive, methodologically superficial, lack treatment efficacy, defy logical coherency, fail to account for the overdetermined complexity that informs mental health and illness, lack holistic approaches to wellness, and are embarrassingly shallow. Moreover, they're unethical. By perpetuating the quick fix mentality to a public hungry for symptom relief, we keep them ignorant, collude with their denial and avoidance of dealing with real problems honestly and directly, and rob them of having exposure to legitimate and viable alternative approaches to mental healthcare that the Medicare system does not practice nor endorse. Instead, the medical model of treatment is firmly wed to preserving the status quo by sustaining fruitless solutions that are palpably ineffectual, futile, and cosmetic dressing tactics that do no more than suture up an infected wound.

People deep down desire not to know anything about what truly afflicts them or what torments them, and they will spend their whole life running away from facing inner demons if they can (Mills 2005). Psychoanalysts have always known this, but they are often discredited by other mental health providers because they puncture our illusions and take away our security blankets that jeopardize the wishful hopes and fantasies that are part of people's unconscious defences. And no one is immune. Professionals such as doctors and psychologists equally find their own introspection and self-examination just as painful to bear as the masses; so they deceive themselves into thinking that they can heal others through simplistically naive treatment strategies. They too are human, and opt for the fantasy that there are easier solutions to the afflictions life bestows. Here enters the pill.

The Commoditization of Mental Healthcare

The quick fix mentality is promulgated by the healthcare industry and reinforced by the conditioned illusions that govern popular culture based on ignorance and the desire not to know. Pharmacies and many mental health workers also promote this line of treatment for emotional problems, and there are big bucks in this

deliberately calculated and sustained commoditization of healthcare. An insidiously obscene form of dependency on the medical profession for the verity and pursuit of psychological normalcy is a dangerous practice based on the mythology of the doctor as omnipotent healer—the transference unto God. I am not denying the fact that medications help. They most certainly do in many cases of severe mental illness. What I am opposed to is the narcissistic arrogance of medical authoritarianism; the ostensive passivity and unquestioning attitude of the masses who are slaves to social conditioning; the institutionalization of rote prescription writing; the brazen conceit of claims to objective certainty based on dogmatic adherence to a scientific epistemology when science is neither certain nor purely objective; the intellectual lassitude of not considering other avenues of healing; and the lazy unreflectiveness borne from a biased, myopic and uncritical way of thinking that pharmacology should be the first line of action against mental discomfort—when this is in fact the very thing that keeps people from getting better. Albeit palliative, promoting dependency on prescription medication for psychological comfort is not ameliorating the underlying discomfort, it is only masking it. And doctors know but ignore this fact because they are overburdened by the healthcare system. They simply want patients to go away. The pill expedites this process. The pill has become the concrete symbolic surrogate for all the inner laborious work and unavoidable suffering that comes with overcoming painful life tribulations inevitably encountered in the process of psychic healing that most people are not willing to deal with nor are brave enough to face head on.

But when it comes right down to it, the main endemic issue fuelling the crisis in Canadian mental healthcare is the dominance of organized medicine that is not likely to change its practices nor relinquish its governance. And when the public does nothing to challenge the supremacy of medical authority, they merely become sheep in the meadow herded toward a pill factory. Canadian medicine oppresses many viable approaches to mental health treatment that are indisputably recognized and justified in other countries but are omitted from society's repertoire and Medicare dollars. There is very limited attention to the role psychology or mental health interventions can play in childhood, adolescent, and family prevention, education, health and behavioural medicine, rehabilitation, forensics, and outpatient services that are not available to the

public under the Medicare system. The doctors and drug companies are taking all the resource dollars away from community outpatient and rural mental health programs when they are potentially more effective in keeping people functional, adaptive, adjusted, and employed.

Toward Political Activism in Rehabilitating Mental Healthcare Service Policy

As in other parts of the world, Canadians are disturbingly underserved when it comes to receiving quality mental healthcare services, but they do not have the resources nor do they know where to turn to for help. Medical authorities, pharmaceutical manufacturers, and insurance companies offer no viable alternatives except for quick fix solutions and band-aid style remedies. The media, which relies on the expertise of medical professionals, only perpetuates public ignorance about what is the best standard of mental health treatment available. Because there is such an entrenched medical model bias that saturates the whole mental healthcare system, little is being done to investigate the long-term efficacy rates of psychopharmacology let alone contest its monopoly. And all the public policy makers do is back medicine or throw money toward funding worthless 'research' rather than 'intervention' with little critical reflection on what may be a better course of action or investment on the dollar.

Canadian citizens have the right to adequate mental healthcare and need advocates who are willing to challenge the status quo. Medication is not the only answer nor should it be the first line of defence in the majority of cases, but we are led to believe otherwise. The public is misguided because it does not have all the facts. We are duped into believing that drugs are the best way and the cheapest form of treatment for the mentally ill, when they are more expensive and in the majority of cases less ameliorative in the long-run. There is a large cost to mental illness including the economic loss of work time and potential productivity, but more importantly, the loss of quality of life. If the pill only masks but does not cure, then is it worth fooling ourselves any longer, even if it offers us some hope? As Freud (1913) reminds us, nothing in life is more costly than illness or stupidity. Because statistics tell us that the proportion of disabilities due to mental illness has increased exponentially and dramatically in the last two decades, current mainstream approaches are obviously not working.

What are possible solutions?

Although an adequate response to this question cannot be fully addressed in this brief article, suffice it to say that I do not believe in easy fixes (*cf.* Anderssen, 2015); yet the following reflections may be considered:

- Demystify medicine;
- Expose the pharmaceutical companies for spreading false hopes through the newspeak of medication;
- Ban propaganda that brainwashes the public to desire pills over facing their problems honestly;
- Educate the public on the value of talk therapy;
- Establish more Medicare funded outpatient, community, and rural mental health centers that are non-medically oriented and governed;
- Emphasize early prevention and intervention including child, youth, and family education;
- Tighten regulation of mental health service delivery;
- Expand the option for regulated health professionals such as psychologists and psychotherapists to participate in the national Medicare system;
- Grant prescriptive privileges to psychologists for those who are adequately trained and can exercise more discretion when medication is needed;
- Penalize and remove opportunities for boundary violations of claims to legitimate practice;
- Ban therapy offered by non-trained medical practitioners who bleed the Medicare system and abuse public trust;
- Provide better holistic education and training to physicians, psychologists, social workers, nurses, and therapists of all kinds;
- Ensure better clinical training for psychiatry, psychology, and mental health programs in all graduate and postgraduate institutions based on a clinical-practitioner model, especially in the public sectors, rather than perpetuating the dominance of a scientist-research model that is not directly related to applied intervention; and
- Mandate universities and training centers to hire and tenure faculty who actually practice clinically rather than employ those who teach but do not do.

These are but a few of the solutions on my wish-list we may entertain in order to lift the plight of mental healthcare in this country.

But what would be a more forceful approach is for national and provincial psychological, psychotherapeutic, and counselling organizations to consider and press into service proposed changes and demand that the government allow psychologists, psychotherapists, mental health therapists,

counsellors, and social workers, to join the national Medicare system. These mental health professionals should be allowed the choice to become service providers under each provincial health insurance plan. This would shift the healthcare monopoly and provide the Canadian public more options in their mental healthcare treatment needs. The Canadian Psychological Association (CPA), perhaps in unison with the certifying boards of the various psychotherapy, counselling, and social work colleges of each province and territory that grant licenses to practice, could follow the precedence set by the American Psychological Association's lawsuit against the American Psychoanalytic Association for discrimination against and refusal to train non-medical mental health professionals in psychoanalysis, by not admitting them to their training institutes. The CPA and other organizations could make a viable case for the necessity of making psychological treatment regimes available to the public under the national Medicare system that are delivered by registered providers and not by untrained or mediocre practitioners. If appealing to politicians, social media, and the general public fail, then perhaps a lawsuit against the government may be the most effective route that would introduce national attention and debate and perhaps issue a sea-change in mental healthcare service delivery. This would also ensure that psychotherapeutic practitioners will not have to continue to be discriminated against by the medical profession, allied mental health professionals, the insurance industry, and its own kind scurrying for reactionary legitimization among its rival schools.

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Student Engagement: The Challenges Facing SMEs

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Abstract

The purpose of this study is to investigate student perceptions of small and medium-sized enterprises and subsequent barriers preventing student engagement with small and medium-sized enterprises. The study uses questionnaire responses from a Professional Development Module of final year students and recent graduates from the University of Birmingham. The study's findings support previous studies that generally, students and graduates would prefer to work for larger firms than small and medium-sized enterprises. Further, respondents valued long-term career prospects, pay and skill development as the three most important job attributes. The results reveal a communication barrier resulting in low visibility of opportunities in small and medium-sized enterprises in student and graduate job searches. Implications of the results and future research directions are also presented.

Keywords: small and medium-sized enterprises, graduate and student careers, firm-type preference

Introduction

University graduates and employment remains a topic of high interest, yet relatively little research has comprehensively investigated student engagement with Small and Medium-Sized Enterprises (SMEs). This is perhaps surprising when considering that SMEs in the UK made up at least 99% of 'every main industry sector' at the start of 2016 and employed 60% of all private sector employment (Department for Business, Energy & Industrial Strategy, 2016). In addition, aside from a decrease from 2011-12 to 2012-13 following changes to England's student funding system, the number of full-time first-degree entrants has been increasing from 2006-07 to 2014-15 (Universities UK, 2016).

This report will take SMEs as enterprises that have no more than 250 employees and produce no more than £50 million turnover (European Commission, 2017). This report seeks to determine student perceptions of SMEs in addition to the barriers to student engagement with SMEs. This paper is divided into five sections. The first section will review the general literature surrounding the relationship between students, graduates and SMEs and accordingly, our initial hypotheses will be outlined. The second section describes the methodology which subsequently details our research goals, conceptual framework, research questions, methods, problems incurred and anticipated and the generalisability of the study. In the third section, our results will be presented and discussed. The fourth section provides our proposed recommendations. The final section concludes and advises areas for future research. The findings of this study will directly inform and provide recommendations for the University of Birmingham's Careers Network on how best to link students and SMEs, and consequently build opportunities for students in SMEs.

Selected Literature Review

The UK aligns its definition of an SME to that established by the EU, whereby both staff headcount and turnovers are considered in categorising firms. Thus, SMEs are presented as such if they have fewer than 250 employees, while turnover produced is £50 million or less (European Commission, 2017). While individual SMEs are less well known than many larger firms with well established brands, it is these businesses that are most responsible for

growth in the private sector and have in some cases been the agents to lift countries out of recession (Storey, 1994, quoted in McLarty, 1999). While their importance should not be disputed, their aim of long-term survival within the business sector is often challenged by external factors and internal factors. External factors such as economic or structural changes in the UK often disrupt recruitment by many employers, making progress in the business hard without new initiative (Williams and Owen, 1997). Internal factors such as the lack of

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resources and necessary skills required by employees is an area where there is consensus within the literature, believing that graduates could be the solution to reduce the latter issue while bridging the gap between graduates and SMEs (Arnold *et al.*, 2002; Grub *et al.*, 2007; Sear *et al.*, 2012).

While the number of graduates has noticeably increased, the surge has not been reflected in the number of graduates taking up work within SMEs (Williams & Owen, 1997). Moreover, there has been relatively little published on SME-student engagement. This means that the debate is not well developed and requires further research. Contrary to the more centralised and structured format that graduates would obtain with larger organisations, SMEs would benefit graduates as the environment of work increases the quality of skills developed and gives more responsibility to them (Arnold *et al.*, 2002). In the study conducted by Teo and Poon (1994), SMEs were more favourably viewed by management graduates because of this level of responsibility and managerial opportunity that is offered by SMEs. Furthermore, Arnold *et al.* (2002) found that grads had an overall positive experience from work in SMEs and believed that development of skills and a progression of career goals was offered from it, contrasting the beliefs of Teo and Poon's (1994) participants who found SMEs lacking this long-term career prospect. By both studies again, the development and range of skills learnt was a highlighted benefit of working in these smaller firms. After self-reflection, the range of skills developed in an SME environment can benefit graduates in their future careers (Aitchinson and Graham, 1989, quoted in Walmsley *et al.*, 2006). Therefore, it is clear that the desire to connect the two agents is there to benefit both. However, neither students nor SMEs see the other as their first choice. From this, issues within communication and other barriers can be highlighted.

The Higher Education Academy highlights six issues of graduate employability in SMEs which look at perceptions of both, for instance, job attributes and lack of work experience (Tibby, 2012). Walmsley *et al.* (2006) accessibly categorised these barriers into two groups. Ignorance barriers suggest both SMEs and graduates are misinformed by the opportunities which were shown in the first part of the

literature review. According to Walmsley *et al.* (2012), careers advice is biased towards larger firms while business courses are perceived as being structured around larger firms, socialising graduates 'into favouring employment in larger companies'. Market barriers are associated with the preference for larger firms due to perceived attributes and a utilitarian view that the larger firms or MNCs²⁴ will have more job aspects, outweighing those with SMEs. Both suggest a lack of communication and misinformation because of this. Therefore, work experience and internships are seen as key in overcoming said barriers and facilitate HEI²⁵ and SMEs engagement and relationships (William and Owen, 1997; Tibby, 2012).

The lack of work experience provided by SMEs which plays a part in the lack of understanding of what careers SMEs can provide. From this, we can see a clear lack of communication between the two agents concerned. A topical solution, which is argued by SMEs, HEIs and graduates, is to create closer networks between HEIs and SMEs in order to inform graduates on job attributes and the available work within these firms (Williams and Owen, 1997; Walmsley, *et al.*, 2006; Woods & Dennis, 2009). This could thus be incorporated with expansion onto the internet where MNCs can greatly market their opportunities due to their greater resources (McLarty, 1999). Here, a clear lack of resources on SMEs is evident, giving another reason for HEIs to work on bridging the gap between SMEs and graduates in order to reduce the impact of said barrier. However, while the literature covers the various barriers in communication and information, it fails to address the modern student's tools when searching for vacancies and whether companies are in sync with this. If SME vacancy advertisements and graduate searches are not overlapping, it is far less likely that any progression in forming a relationship between both will be made. Moreover, graduates tend to be of central focus in the literature, rather than students. Our investigation also considers current students and seeks to compare the changes in perspectives following the completion of the PDM²⁶. Therefore, we focus on both graduates and students, as this may highlight more factors or emphasise those discussed before, such as perceptions of SMEs and perhaps the misconceptions that follow from these. This makes our research key to gaining insight into students and will thus

²⁴ Multinational Corporation

²⁵ Higher Education Institution

²⁶ Professional Development Module

provide recommendations for the Careers Network in the University of Birmingham in order to obtain practical application from our findings.

Hypotheses

Prior findings, including Teo and Poon's (1994) study, indicated that there would be an overwhelming preference for larger firms rather than SMEs. Subsequently, the following hypotheses were formed:

- Hypothesis 1: Both graduates and students will prefer working in larger organisations than SMEs

Due to discussion conducted by Walmsley et al. (2012) regarding student socialisation into favouring larger companies within business and marketing degree programmes, the following hypothesis was formed:

- Hypothesis 2: The majority of BUS²⁷, EC²⁸ and AF²⁹ respondents will prefer larger organisations

Owing to the increasing use of digital communications technology, we foresaw that students, much like society in general, would search for jobs over the internet using most accessible options: Job Sites and Search Engines. Furthermore, the literature demonstrated that graduates are typically recruited by SMEs in an incidental way or through informal networks and methods (Sear, *et al.*, 2012). Based on such findings, we formed the following hypotheses:

- Hypothesis 3: Job Sites and Search Engines will be the most used tools for job searching

Although the PDM is concerned with self-reflection and skills, it simultaneously entails a greater knowledge of future work opportunities. As such, we expect that graduates, having completed the PDM, will have a greater knowledge of the contemporary jobs market. Further, as previously mentioned, the literature discusses graduate socialisation towards larger firms. As such, we will find out whether PDM graduates, having undertaken the module and all accompanying workshops and placements, will have a wider understanding of different working environments such as SMEs. Based on these expectations, the following hypotheses have been formed:

- Hypothesis 4: Graduates, having finished the PDM, will have a better understanding of SMEs

Methodology

SME employment constitutes much of the job market, yet students do not engage with SMEs both to the same extent and in the same way as larger firms. This study intends to uncover what prevents student engagement with SMEs and clarify what barriers prevent student engagement. As previously mentioned, this research will directly inform and advise the University of Birmingham's Careers Network on increasing student engagement with SMEs. Accordingly, this study aims to influence opportunities available, accessible and visible for students. Thus, this study will help to work towards opening up the SME job market for students.

Conceptual Framework

The above literature review has provided a basis for our research. According to the literature, lack of student engagement is the result of a combination of factors. That is, SMEs are largely unaware of the benefits of employing students or SMEs have not yet successfully opened their companies up to student engagement. Simultaneously, students have previously been unaware of opportunities available and students may not believe that SME employment is appropriate for what students deem desirable for employment.

Research Questions

Our investigation into student engagement with SMEs has been guided by considering the following supplementary questions:

- What are students' perceptions of working for SMEs?
- What are the potential barriers preventing student engagement with SMEs?

In addition, we recognised that this problem is constituted by two sides. The first is concerned with students' perceptions and ideas of employment. The other considers whether SMEs *want* to employ students. However, our research solely investigates the student element of the problem.

²⁷ Business Management/International Business

²⁸ Economics/Money, Banking & Finance/Mathematical Economics & Statistics

²⁹ Accounting & Finance

Methods

In order to understand the barriers to student engagement with SMEs with regards to the student side of the problem, a questionnaire was emailed to 641 people (267 graduates, 374 students). It was answered by 40 students. This method focused on whether students' perceptions of SMEs and desirable job attributes can be linked to their engagement with SMEs. All those that were sent the questionnaire had enrolled onto the PDM but were at different stages. Thus, there were two discrete groups of respondents: those who had completed the PDM (2017 graduates) and those that were yet to start the module (students). People on the PDM were chosen to complete the questionnaire since the module is offered to a wide range of degree programmes across the College of Social Sciences, subsequently adding depth to our analysis. Further, we had direct contact with the students that were enrolled on and had studied the PDM. The areas covered in the questionnaire included biographical data (gender, degree programme, year of graduation), desirable job attributes, job searches, level of SME knowledge, considerations of SME and larger firm employment and job attributes associated with both SMEs and larger firms. This model was chosen since it was the most effective and efficient method to gather student perceptions within the 4-week deadline.

Questionnaire Design

The information was collected using a short questionnaire comprising of twelve questions. The questions used included a mixture of closed (10), partially-closed (1) and open-ended (1) questions. The questions used were a combination of multiple choice, slider-scale, Likert scale, and a free comment text box at the end. Several types of questions were utilised to prevent automated selection of answers (Borchardt & Weidauer, 2013).

General relevant literature helped guide our questionnaire design. The design of the questionnaire was in part based on Teo and Poon's (1994) research design; we used their list of job attributes as a basis for some questions in the questionnaire. Teo and Poon's job attributes included: pay, fringe benefits, working conditions, managerial quality and relationships, long-term career prospects, responsibility given, authority, involvement in decision making, marketability, and job security. Our questionnaire retained much of Teo and Poon's job attributes list. We changed the terminology of Teo and Poon's 'authority' to 'given authority to make decisions' to provide

more clarity for respondents. Further, we incorporated an additional 'prestige' attribute that we believed was separate from marketability and an additional 'skill development' which we foresaw to be an important job attribute for students, especially owing to the nature of the PDM which places an emphasis upon self-reflection and the development of skills. Additionally, we included an example of 'company car' in the fringe benefit job attributes, since we foresaw many respondents may not be aware of this term. The final list of job attributes used are Fringe benefits (e.g. company car); Given authority to make decisions; Job security; Long-term career prospects; Managerial quality and relationships; Marketability; Pay; Prestige; Responsibility given; Skill development; Working conditions.

This list of 11 job attributes was used to form the basis of several questions. Firstly, respondents were asked to select three job attributes that are the most important to them. This aimed to uncover what students may be looking for in employment opportunities. Then, the students were asked to select, from the list of job attributes, those that they associate with SMEs, and the same was asked of larger firms. The aim of these questions was to reveal student perceptions of the two different types of firms in terms of what the students think they will gain from such employment opportunities.

Additionally, Walmsley, Thomas and Jameson's (2006) 'ignorance barrier' and 'market barrier' was incorporated into our questionnaire design. For instance, respondents were asked about the level of knowledge they had of SMEs and which job attributes they thought were associated with SMEs. These questions sought to indicate the level of student ignorance that may have played a role in preventing student engagement with SMEs. Additionally, McLarty (1999) discusses the lack of resources SMEs possess to advertise on the internet. Accordingly, respondents were asked about the number of SME employment opportunities in their job searches and how they search for jobs. This sought to uncover the level of visibility of SME opportunities for students and therefore indicate the extent to which SMEs are advertising jobs to attract students, thus seeking to find a possible communication barrier between SMEs and students.

Problems Incurred and Anticipated

This research project was undertaken within limited time constraints. Consequently, we were only able to question the students and were

unable to address the other side of the market – that is, whether SMEs want to employ students and recent graduates, and the reasoning for this.

Similarly, owing to the limited time allowance of the research project, the Literature Review and the questionnaire design were undertaken simultaneously. This was problematic as the questionnaire design is usually formed from findings of the entirety of literature review, however, the time constraints meant that the influence of our own literature review on the questionnaire design was reduced.

The use of an online questionnaire rather than face-to-face interviews allowed a time-efficient means of collecting student responses, especially given the large number of students that were notified of the questionnaire.

The questionnaire design was redesigned due to our perceptions of encouraging participation and completion of the questionnaire. The questionnaire was kept short and in a format which was easily to complete on a mobile device as we anticipated this would be a common way that students would respond to the questionnaire. Furthermore, we anticipated that difficult terminology may prevent students from completing the questionnaire. Consequently, several job attributes were rephrased, as stated above, in addition to giving examples for several multiple-choice options. Additionally, a definition of 'SME' was provided at the start of the questionnaire to ensure all respondents possessed a basic level of knowledge to complete the survey more accurately.

Initially, one of the question options was designed to ask respondents to rank job attributes in order of preference from 'most important' to 'not important'. However, after discussion, it was later decided that this would be too time consuming for respondents, especially due to the extensive criteria to rank. Instead, the question was altered to ask respondents to choose their top three most important job attributes.

At the forefront of our discussions was the response rate for students, as previously indicated. The use of a voucher by means of an incentive for students to reply was discussed. Yet this incurred the problem that this may breach UK data protection laws by being able to identify respondents by their email address.

Finally, it was decided that respondents could enter the voucher prize draw through emailing the Placements Team after completion, and a random number generator would pick winners of the prize.

Generalisation

It must be noted that this study used students and recent graduates from the University of Birmingham only. These University of Birmingham respondents were all from the College of Social Sciences and either undergraduate finalists or recent graduates. As a result, this study can only be generalised to undergraduates in Birmingham. That is, a similar study ought to be replicated in different universities and using students and graduates from different university colleges in order to comprehensively understand student perceptions of SMEs across all potential industries and degree programmes.

Further, it must be noted that all respondents are enrolled on the PDM. The module involves a compulsory work placement and lectures that take place before and after the placement that discuss employability skills, job hunting, self-reflection, career planning and so on. Consequently, the graduates have all completed a work placement and the undergraduates have all been encouraged to look for work placements, and some will have already started the placement. Therefore, the undergraduates and graduates used are more engaged with looking for jobs than those that do not take this module. Further, respondents used may have a better idea about future career goals than other students. As a result, we cannot reliably generalise these results across all students.

Results and Discussion

Sample Characteristics

40 questionnaires were collected. The sample can be categorised as follows:

- Degree Programme: 9 AF (22.5%); 2 BUS (5%); 13 EC (32.5%); 11 IR/POLS³⁰ (27.5%); 5 PPE/SOC³¹ (12.5%)
- Sex: 17 males (42.5%); 23 females (57.5%); 0 non-binary; 0 prefer not to say
- Graduate Status: 15 graduated 2017 (37.5%); 25 expected to graduate by 2018 (62.5%)

All respondents will have completed or are currently studying the PDM at the University of Birmingham

³⁰. International Relations/Political Science/Political Economy

³¹. PPE/Sociology

Firm Type Preference

Degree Programme

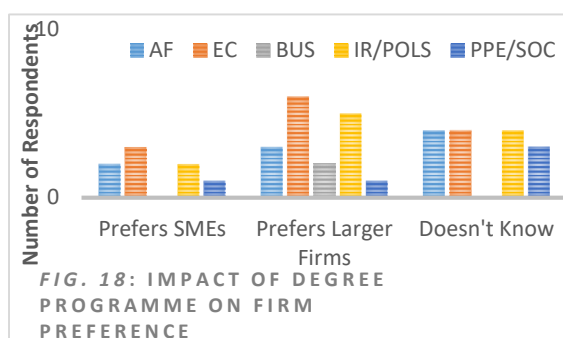


Figure 18 shows the number of respondents in each degree programme with a preference for working in an SME, larger firm, or those that are unsure. The figure demonstrates that larger firms were the most selected option by respondents in EC (46.2%), BUS (100%) and IR/POLS (45.5%). No single degree programme had an overall preference for SMEs. However, proportionally, SMEs were marginally preferred most by respondents from an EC degree programme, with 23.1% of EC respondents with a preference for SMEs, compared to 22.2% of respondents from AF, 20% of respondents from PPE/SOC and 18.2% of respondents from IR/POLS. Overall, respondents from the AF (44.4%) and PPE/SOC (60%) degree programmes did not know which firm type that they preferred.

Accordingly, Hypothesis 2 has been partially supported, for respondents from BUS and EC degree programmes favoured larger firms, however, AF overall were unsure of firm preference.

Gender

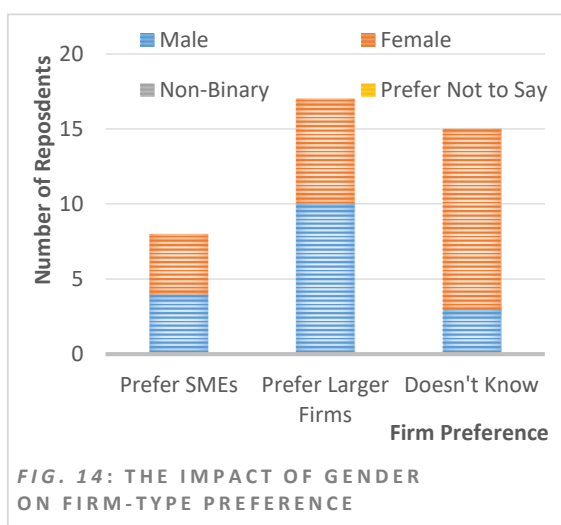


Figure 14 illustrates the relationship between the gender of respondents and firm preference. As shown in the figure, the majority of male respondents (58.8%) preferred larger firms compared to only 30% of female respondents. Most female respondents are unsure of their preference (52.2%) compared with just 17.6% of male respondents. Only 17.4% of females would prefer to work for an SME, whilst 23.5% of male respondents would prefer to work for an SME.

The majority of respondents were more inclined to work for a larger firm than an SME without consideration of gender, however, our findings demonstrate that the majority of female respondents are unsure of their preferences.

Graduate Status

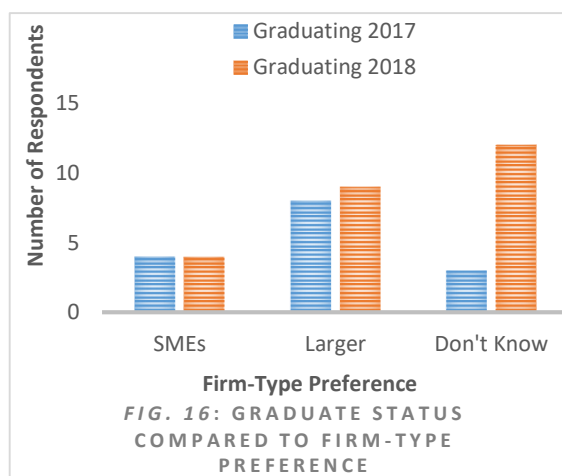


Figure 16 above shows a comparison between the respondents' graduate status and their firm-type preference. Of the 15 respondents who graduated in 2017, eight stated a preference for working in a larger organisation. Four stated a preference for SMEs while three answered that they didn't know which they preferred. This shows that more than half showed a preference for larger organisations. Moreover, out of the 25 respondents who expect to graduate in 2018, 12 stated that they didn't know which they preferred while nine said larger firms and four said SMEs. This shows that while graduates showed a preference for larger firms, the majority of students stated that they didn't know which could be understood as not having a preference or being unsure of the difference. However, 12 students answered that they didn't know while only three graduates stated this, which could suggest that those who had completed the module were surer of what they wanted in future careers. However, this should only be observed as a small factor as the reasons for these answers could be more far-reaching and complex so generalising down to

this factor would be too reductive. This shows that graduates who had finished the PDM preferred larger organisations while those who are currently taking it answered that they didn't know which they preferred.

This meant that Hypothesis 1 was not supported. We thought that both graduates and students would prefer larger organisations than SMEs.

Job Attributes

Degree Programme

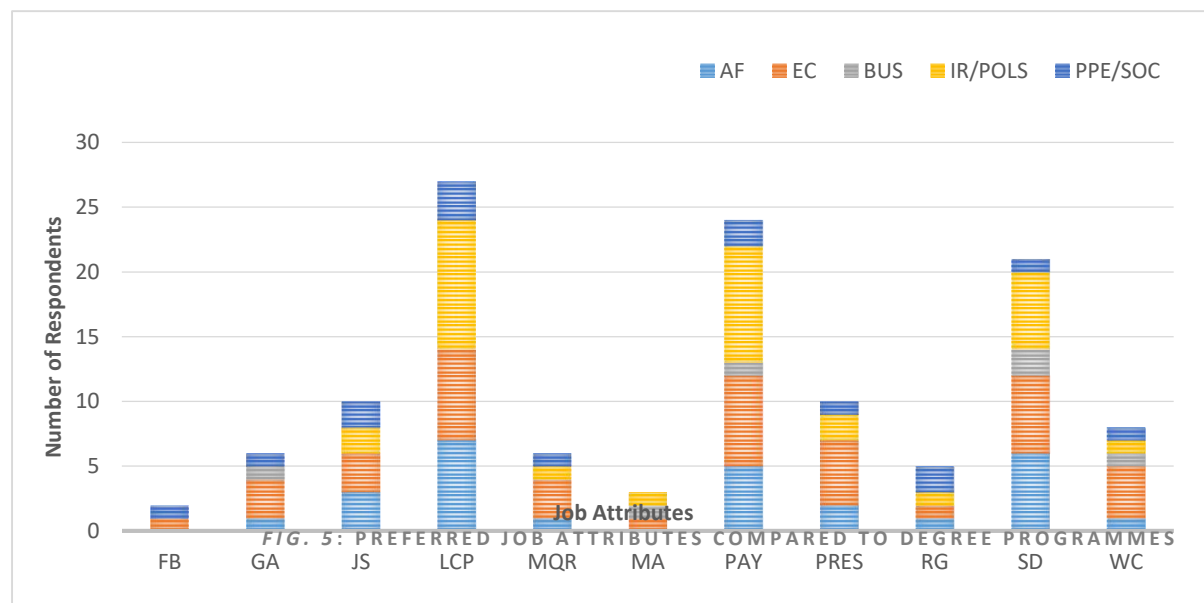


Figure 5 compares respondents' degree programmes to their three most desirable job attributes. The amount of responses from each degree programme varied greatly. Of the nine AF respondents, seven chose long-term

career prospects, six chose skills development and five chose pay showing a significant majority of those who responded within the degree were in consensus. Out of the 13 within EC, seven chose long-term career prospects and pay while six chose skill development. Due to the paucity of responses from BUS programmes where only two responses were gained, and the nature of the question which was presented to them in the questionnaire where a total of three answers were required, results had less of an impact and were more sporadic as both prioritised pay but then followed this with authority given, marketability, pay and working conditions. From the 11 IR/POLS, ten chose long-term career prospects, nine chose pay and six chose skills development. Out of the small sample PPE/SOC where five respondents answered, three chose long-term career prospects while job security, pay and responsibility was chosen

by two, showing again a more sporadic response, perhaps due to the size of the sample.

This shows that no significant differences can be found between job attributes seen to be important to respondents and their degree programme of choice.

Gender

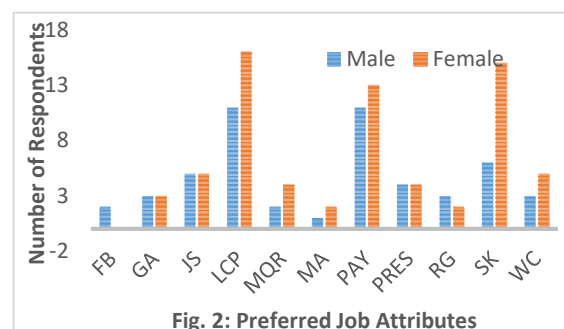


Figure 2 compares respondents' gender to their three most important job attributes. Of the 11 job attributes listed on the questionnaire, both males and females significantly chose long-term career prospects, pay, and skills development as their most important job attributes. From the 17 males, 11 chose long-term career prospects, 11 chose pay and six chose skills development. Out of the 23 females, 16 chose long-term career prospects, 15 chose skill development and 13 chose pay. This shows that while females collectively

emphasised these three job attributes, males' responses were more varied resulting in job security and prestige being chosen by five, one less than skill development. Nevertheless, both males and females prioritised long-term career prospects, pay and skills development.

This showed that no significant difference was seen between the genders. This meant that hypothesis four and five were not supported. We suggested that males would prioritise 'pay, authority given and long-term career prospects' while females were hypothesised to prioritise 'pay, fringe benefits and job security'.

Most Important Job Attributes and Association with SMEs and Larger Firms

Figure 9 indicates where respondents' top three most important job attributes coincided with job attributes that they associated with SMEs and larger firms, individually. As such, it was significantly demonstrated that 'Pay' can be identified as the most selected 'Most Important' attribute that was also chosen as associated with larger firms.

The second most selected attribute for larger firms was 'Long-Term Career Prospects', whereas 'Skill Development' is the job attribute that was selected as a most important job attribute that was also selected as associated with SMEs. The second most selected job attribute for SMEs was 'Long-Term Career Prospects'.

Overall, respondents saw more of their most important job attributes in larger firms rather than SMEs. That is, 56 from the sum total of 96 'most important' job attributes collected from respondents were associated with larger firms. This suggests that respondents were inclined to believe that larger firms will provide the respondents with what is most important to them than SMEs. Notably, whilst overall, the most important attributes coincided most with larger firms, respondents' most important job attribute coincided with their idea of SME-associated job attributes 41.7% of times. This unexpectedly large percentage is particularly interesting when considering merely eight out of the 40 respondents would prefer to work for SME rather than a larger firm. This suggests a barrier between SME and student engagement that exists beyond students' perceptions of SME job attributes.

Level of Knowledge

Graduate Status

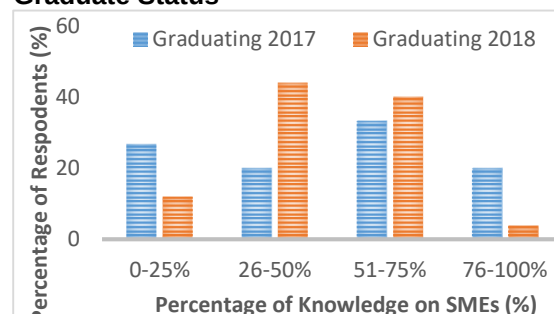


FIGURE 26: IMPACT OF GRADUATION STATUS ON PERCEIVED KNOWLEDGE OF SMES

Figure 26 illustrates the relationship between graduate status and the respondents stated level of knowledge. Out of the 15 respondents who graduated in 2017, 33.3% categorised themselves as knowing an above average knowledge on SMEs. However, 'no knowledge' gained 26.7% while both 'little knowledge' and 'a lot of knowledge' had 20% respondents each. This means that while above average knowledge had the biggest percentage, results greatly varied between categories. Furthermore, expected graduates of 2018 deemed themselves to have 'little knowledge' as 44% chose this as the amount of knowledge they possessed on SMEs. 'Above Average' gained 40% while 'no knowledge' gained 12% and 'a lot of knowledge' having 4%, meaning that only one individual picked this response.³²

32. As Question 7 is a sliding scale bar that can be dragged and dropped anywhere between 0-100 with 0 representing 'I have no knowledge', 50 'I have some knowledge' and 100 'I have a lot of knowledge' on SMEs,

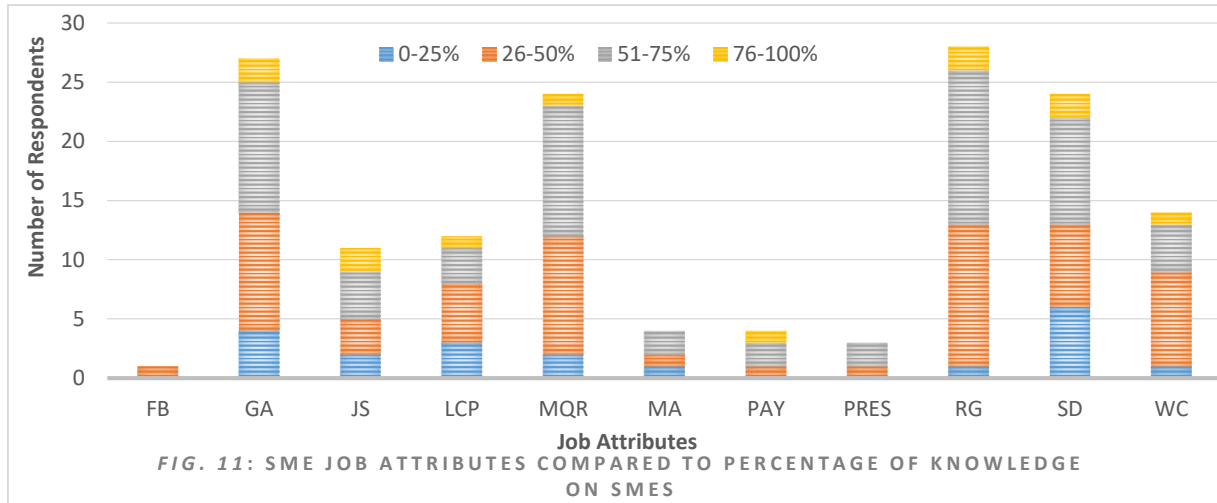
for analytical purposes we broke up the data into the following categories: 0-25, 26-50, 51-75, and 76-100. These appear on Figure 26.

This data therefore shows a lack of a significant relationship between completing the Professional Development Module and a widened understanding of SMEs among students surveyed in the College of Social Sciences. However, in terms of numbers of respondents, current students who had yet to complete the PDM were more likely to answer in higher ranges of knowledge. It is interesting

repeated, respondents ought to complete a SME knowledge test, with correct and incorrect answers, in order to reliably compare firm preference with respondent level of SME knowledge.

Level of Knowledge and Job Attributes associated with SMEs

We compared level of knowledge to associated



to note that students who have yet to complete the PDM feel they have a lot of knowledge on SMEs, whereas those who have already completed the PDM report lower knowledge on SMEs, with very few responses in the 76-100% range.

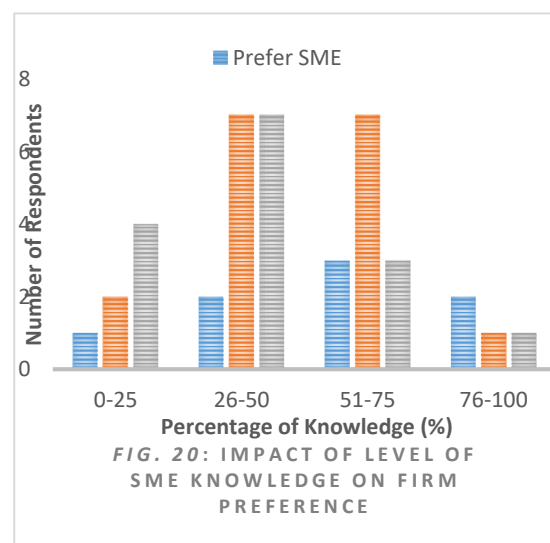
This meant that hypothesis 4 was not supported as findings suggested 2018 graduates reported greater understanding of SMEs.

Level of Knowledge and Firm Preference

The respondents' perceived level knowledge of SMEs was compared to firm preference and results are presented in Figure 20. Notably, our findings indicated that those who had the most SME knowledge were more inclined to favour working in an SME rather than larger firms. Nevertheless, a significantly larger number of respondents had a preference for larger firms rather than SMEs when respondents had selected they had 'some' SME knowledge. Interestingly, 37.5% of respondents were unsure of firm preference. Generally, the findings demonstrate a positive relationship between level of SME knowledge and SME preference. That is, the more knowledge of SMEs that respondents had, the more likely they were to prefer to work for an SME compared with a larger firm.

It is important to note that the level of SME knowledge was self-identified by the respondents, thus we cannot validate the accuracy of this data. If this study is to be

SME job attributes. This was done to clarify whether the level of knowledge correlated with well-known SME job attributes; we perceive these to be managerial quality, authority given, and responsibility. While figure 11 clearly shows that most people were correct in identifying these 4 associated job attributes, the relationship this may have to the level of knowledge fails to be noticeable. Comparing those who stated they had the least amount of knowledge on SMEs to those who had the most, keeping in mind the difference in sample size and numbers, both groups gave varied answers beyond the 4 mentioned above that are usually associated with SMEs. From this, it



can be suggested that the level of knowledge did not have a significant effect on their responses.

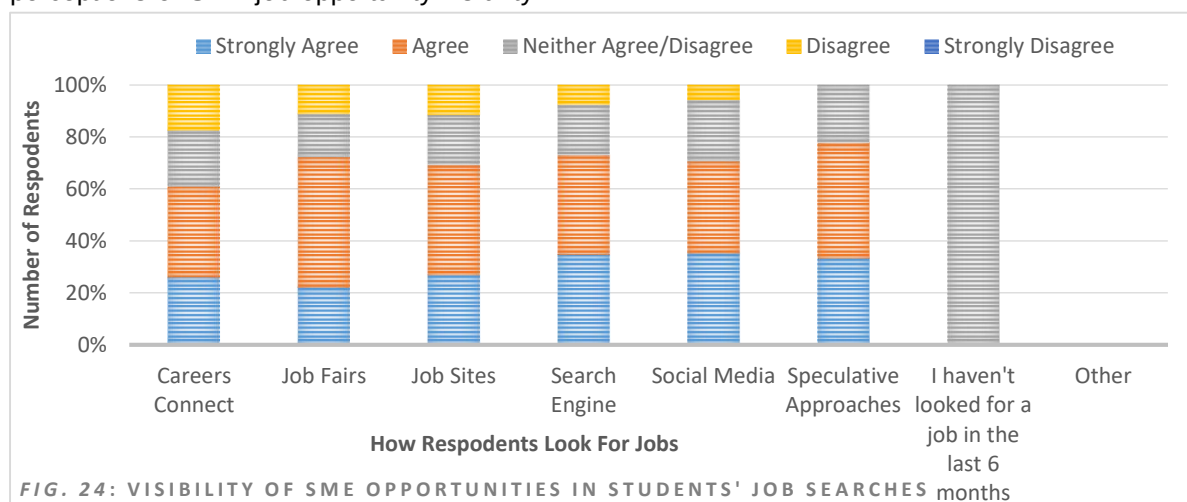
It should be noted, however, that it could be the subjectivity of the questions asked that could bring about this variation. For instance, the question of 'how much knowledge do you have on SMEs?' could be perceived in several manners. For example, those who said they had no knowledge on SMEs still correctly identified the 4 job attributes listed previously, thus perhaps bringing in a question of whether knowing the attributes associated can actually measure the amount of knowledge they have and whether this is a lot of knowledge or none at all. Furthermore, the subjectivity also means that the individual's personal confidence can affect their answers. Thus, the results we gathered may not be valid enough for evidence.

Visibility of SMEs Opportunities in Job Searches

Figure 24 shows results of respondents' perceptions of SME job opportunity visibility in

These results suggest that in every single method of looking for jobs, respondents are mainly coming across opportunities from larger firms. From this, we can infer that students and graduates are significantly less likely to find SME opportunities when searching for jobs. This supports the findings of Walmsley *et al.* (2012) concerning an ignorance barrier, in that students are unaware or misinformed of SME opportunities, indicating a communication barrier. Additionally, this suggests that SMEs are not proactively advertising opportunities on platforms used by students and graduates.

As anticipated in hypothesis 3, the most used methods of job searching were reported as job sites and search engines – both were reportedly used by 26 respondents to search for jobs in the last six months. 'Careers Connect', the University of Birmingham's job vacancy website, was found to be the third most popular method to look for a job, with 23 respondents reporting to have used it to search for jobs in the past six months.



their job searches. In all job searching methods, respondents reported that in their searches the job advertisements were predominantly from larger firms. That is, a majority of respondents in every job search method strongly agrees or agrees with the statement. Below is a list of the job search options and the percentage of respondents that selected them that strongly agreed or agreed with the statement that the jobs advertised were predominantly from larger firms:

- Careers Connect – 60.9%
- Job Fairs – 72.2%
- Job Sites – 69.2%
- Search Engine – 73.1%
- Social Media – 70.6%
- Speculative Approaches – 77.8%

Most respondents that have searched for jobs in the last six months strongly agreed (25% of students) or agreed (37.5% of students) that the jobs advertised in their searches were predominantly from larger firms rather than SMEs.

Recommendations

From the small sample that was gathered, our study suggests that there is no significant difference in knowledge on SMEs between those who have completed the PDM and those who are currently studying it. While the module focuses on self-reflection and personal skills, it may leave students still unaware of what opportunities or working environments are best suited to them which would essentially leave out key knowledge, continuing some

misconceptions that students and graduates may possess.

We suggest that within the module's workshops, language could be adopted in order to familiarise students with terms, jargon and definitions which they may not otherwise know, such as marketability. More effort from Careers Network generally to familiarise students with the meaning of words that are common in the world of work could also develop students' understanding more broadly.

Furthermore, a workshop could be conducted which specifically looks at the differences between working for SMEs and larger organisations. This could imitate the public and private workshops that are currently included. This could prepare students to not only know what their personal credentials consist of but also to understand environments in which they can most effectively be used within.

Discussions with students on whether they actually want training periods and structured and centralised working conditions that larger firms can effectively situate within their companies, or whether being 'thrown in the deep end' at an SME is an exciting and achievable challenge to them, might also be worthwhile.

Our findings have also suggested that University of Birmingham students may not know about SMEs and what they can contribute, this was best seen by the significant amount of 'didn't know's' to the question of firm-type preference from both females and expected 2018 graduates. This reflected the ignorance and market barriers that were previously discussed in the literature review.

In order for students to feel confident in relying on what is discussed in the module, we suggest bringing alumni to module workshops from both SMEs and larger firms. This can allow students to associate themselves with individuals who were previously in their place and hopefully gain an in-depth understanding of potential work placements and experiences. Job attributes can be brought into conversation while discussing what they got out of the work placement and whether long-term career there is desired. Inviting alumni from both SMEs and larger firms can make the comparisons clearer for students, reducing the impact of information barriers.

In terms of advertisement, respondents reported that the jobs advertised that they came across were predominantly from larger firms rather than SMEs. This, combined with previous findings situated within the literature

review which discuss a lack of SMEs resources to recruit grads on the same premise as larger firms, brings us to a recommendation of the university acting as the 'middle man'. In essence, this would mean the university supporting SMEs in recruitment through training and guidance in order for SMEs to avoid costs that they may not be able to commit to.

Moreover, universities need to strengthen the dialogue that may already exist with local SMEs in their area. This would create future contacts for both Careers Network and various other departments situated in the university while promoting the SME brand in career events and advertisement to increase its replication of the 60% of UK businesses who are defined as SMEs.

Similar to the research that has been carried out in this report, future research should investigate the perceptions of local SMEs on employing graduates. This would help to complete the other side of the research, the part we failed to execute due to time and funding constraints. This would produce a greater understanding of the debate and help our research go further in explaining the lack of engagement between SMEs and graduates.

Conclusion

This investigation sought to determine student and recent graduate perceptions of SMEs and the barriers preventing engagement. Using the above research questions as a guide, some important observations are noted and summarised below.

This study has shown that overall, respondents had a preference for larger firms rather than SMEs, this was reflected in male responses, whilst female responses demonstrated a general uncertainty for preference.

Our research has revealed that the job attributes that respondents valued most were long-term career prospects, pay and skill development. Respondents felt that larger firms would best provide their most important attributes, yet more than 40% of respondents' most important attributes coincided with respondents' self-identified SME-associated attributes. This signified that respondents were aware of desirable job attributes that SMEs could provide, however, interestingly, merely 20% of respondents preferred to work for an SME.

Our research considered the impact of the variables course programme, gender and stage of PDM on respondent engagement with SMEs.

Generally, respondents that had completed PDM held a preference for larger firms, whilst those who had not yet completed the module answered that they were unsure of their firm preference. Nearly 60% of male respondents preferred larger firms compared to only 30% of female respondents. Larger firms were the most selected option by respondents from EC, BUS and IR/POLS and no single degree programme held an overall preference for SME employment.

Strikingly, our research unveiled that SME opportunities were not visible in respondents' job searches, in each of the job-seeking platforms used.

It was found that low levels of SME knowledge acts as a barrier for respondent engagement with SMEs, for respondents that had less knowledge on SMEs were less inclined to engage with them.

To conclude, there are clear barriers that exist which prevent student engagement with SMEs. These barriers are particularly prominent in the lack of SME work opportunities in respondents' job searches. Another indicator of the clear barriers between SMEs and students is how respondents' most important job attributes coincided predominantly with job attributes they associated with larger firms. These barriers follow a similar trend to those discussed in our literature review, namely, the market and ignorance barriers. This suggests that barriers are present preventing student engagement with SMEs to a significant degree.

Further Research

Although the sample gave an effective insight into the perceptions of PDM students, it relies on individuals who are employment conscious, seen by their decision to take a work-based module that is both optional and relatively new. The sample could thus expand to those who decided not to take the module, along with other colleges and academic fields, although independent variables should be kept clear to not bring too much confusion.

The study should also be replicated in other universities to remove generalisations. While the study has reported on the perceptions of graduates and students within one module at the University of Birmingham, this cannot be used as evidence for graduates beyond this group as the same perceptions or misconceptions may not apply. Moreover, the question of a socialisation towards larger firms due to module focus and university influence could be investigated further. If it is found that many university graduates produce the same

perceptions, then perhaps this line of argument should gain more focus within the academic debate. This would mean that factors we have overlooked in our research can be reevaluated by another.

The perception of SMEs on graduates and the implications this may have on their lack of interactions must be investigated in order to analyse the debate holistically. Without this, Universities may drive into students a line of thought that may not be reciprocated in the future. Thus, research into how SMEs advertise, the obstacles they face in order to do this, their perceptions on students and what would make them more inclined to employ graduates are all questions that should be included. Also, the competition they face with most graduates preferring larger firms could be of focus in the research in order to help SMEs overcome such obstacles. These questions would help achieve a wider understanding of the barriers between SMEs and graduate employment.

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Structured Educational Programme as Strategic Intervention for Adults with Type 2 Diabetes to Control their Weight: A Literature Review

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Abstract

The aim of this article is to understand the impact of the structured education programme on Type 2 Diabetes patient in controlling their weight. Diabetes is a common disease with long-term consequences. In 2014, there were around 422 million people with Diabetes in the world. Most of them were suffering for Type 2 Diabetes. Positive lifestyle change with education programmes can bring huge change for the patient with Type 2 Diabetes, physically and mentally. It is the most cost-effective way of dealing with the health concern. Secondary research was carried out by using EBSCOhost, MEDLINE and CINAHL Plus with full text to find the required peer reviewed journals for analysis. Only English written papers on adults were considered. A total of 9 papers were selected through systematic screening processes. In all 9 papers, the authors found visible health improvement, including weight loss or control. Every person is different in terms of their lifestyle and perception. Knowledge of diabetes and the consequence of the illness are limited among some people. Structured education programmes with planned follow-up would boost their knowledge level. This could help people to live with diabetes by following a healthy life style including by controlling weight.

Keywords: Type 2 Diabetes, education programmes, control group, intervention group, psychological factors, weight control.

Introduction

Diabetes is a long-term disease which has personal and social implications on the patient (Bagnasco *et al.*, 2013). Every day the number of people with diabetes is increasing in the world and it has already reached 422 million in 2014, from 108 million in 1980 (WHO, 2017). In the UK, there were approximately 4.5 million diabetes patients in 2014 and 90% of them were suffering from Type 2 Diabetes (Diabetes UK, 2017). It is accountable for a large portion of health services expenses in the UK as well as the Europe (Gillett *et al.*, 2010). Every year around 10% of the total NHS budget is spent on diabetes (Gordon *et al.*, 2013).

There are found to be two types of diabetes, Type 1 and Type 2 Diabetes. Type 1 Diabetes is characterised by poor insulin production and Type 2 is the result of body's ineffective use of insulin (WHO, 2017). Both types of diabetes can lead to some serious long-term complications in eyes (retinopathy), hearts (cardiovascular diseases), kidneys (nephropathy) and nerves and feet (Diabetes UK, 2017). Changes in lifestyle and lifelong treatment are needed to deal with long term

implication of diabetes (Gæde *et al.*, 2008). However, long term lifestyle advices are difficult to maintain and patients find it difficult to implement these in their daily life (Morris, 2002). On the other hand, the National Service Framework (NSF) for diabetes emphasises on the structured education programmes for diabetes patients and National Institute for Health and Clinical Excellence (NICE) prescribed a guideline for NHS to offer structured educational programmes to all diabetes patients (NICE, 2017).

Several professional organisations recommended to start the education programme as early as possible after the diagnosis (Hawkins *et al.*, 2002). Education programmes are required to deal with diabetes as patients require long term care by professionals (Wagner *et al.*, 1996). This will help the people with Type 2 Diabetes to understand the consequences and required action. It will also motivate them to follow the self-management steps to ensure the positive impact of them. This research will help people with Type 2 Diabetes to understand the impact of structured education programmes. It will explore insight into education programmes and

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that will help the patients to deal with the self - management skills to live with the Type 2 Diabetes.

Literature reviews are important for any research. These allow the researcher to gain more knowledge on the selected topic area by collecting and reading the published work on that topic (Hart, 2012). There is much literature available for the health and social care professionals and researchers interested in a comprehensive study and interpretation of the relevant topic (Aveyard, 2014).

Three databases; CINAHL (Cumulative Index to Nursing and Allied Health), MEDLINE and EBSCOhost Research Database were selected for the study. MEDLINE, a production of National Library of Science, has a large database and provides links to the professional journals in the subject area of medicine, nursing and allied health (Blessing and Forister, 2013). CINAHL covers all aspects of nursing and allied health discipline includes, health education, emergency services, social services, health care, etc. CINAHL and MEDLINE are accessible in EBSCOhost. Type 2 Diabetes education and research on that topic is part of allied health or health education. Searching on MEDLINE, CINAHL or even on EBSCOhost will help the researcher to access the wide range of health education studies (Chambers, *et al.*, 2016). Peer-reviewed research papers were selected to ensure the reliability and validity of the research as this kind of research papers were reviewed by the experts of the relevant topics. In terms of research findings, reliability and validity are of significance (Brink *et al.*, 2009) as it ensures the acceptability or dependability of the information and the research. Certain key-words were used to find the required studies. Later CINAHL and Medline were also used (Table 1) to find the required research papers. As a result, an all-inclusive search strategy was developed to find the appropriate numbers of English studies for the literature review. Specific searching techniques were used to select the relevant research. Only papers from the last ten years were considered as the authors assumed these would provide substantial outcomes of the role and the use for this study.

After the research findings, relevant research inclusion and exclusion criterion were used to select the appropriate research for the study. Inclusion and exclusion criterion are the set of statements about the feature of studies that were or were not selected in the research for analysis (Card and Little, 2016). It will guide the

researcher about their selecting the right research. In addition, it will ensure the transparency of the literature selecting.

Inclusion criterion for the literature review

- English language studies
- Research using structured education as a specific set of programme with time frame
- Research using primary data
- Research involving Type 2 adult (18 years or over)
- Research working on health improvement including weight measurement
- Research published since 2006

Exclusion Criterion for the literature Review

- Non-English researches
- Research paper based on secondary sources
- Research involving children
- Research involving Type 1 Diabetes
- Research involving any other standard education
- Research published pre-2006
- Research did not analyse the weight measurement.

One of the major inclusion criteria is about structured education programmes. Only those education programmes were considered, which are conducted by the professionals, have a specific time frame, where the patient attendance is compulsory and which has a specific curriculum to cover (NICE, 2017). A major criterion is about the change in body weight. Only those research papers which implement education programme and observe body weight were selected. Eight research papers were analysed quantitatively and one was a mixed method study.

Findings

The outcome from the research findings are discussed into two parts. In the first part, the papers will be discussed based on the methodological aspect (quantitative or qualitative). In the second part, the findings will be discussed based on the concepts that emerged from the assessment of the literature regarding the role of structured education programme as an intervention to improve the health behaviour including weight control in the adult patient with Type 2 Diabetes.

Eight quantitative studies (three from UK, one each from Republic of Ireland, Japan, South Africa, Brazil and India) met the inclusion criteria as the tool to address the research aim

or research question. All eight papers were published in six different renowned journals³⁵.

All eight researchers, except Davies *et al.* (2009), followed the similar method and covered the aim, method, result and conclusion in their abstract as suggested by Bhakar and Mehta (2011). Davis *et al.* (2008) explained some details about the method and result. They covered settings, participants, intervention and separate outcome measures in a separate paragraph. In all eight papers, except Clarke (2011), researchers assigned the participants either to the control group or to the experimental intervention group. Clarke (2011) included the entire population, referred by the local GPs, into one group. Prediction about the outcome was initially difficult for the researchers as there were many variables (age, lifestyle, health promotion) all of which had an impact on the participants. In all eight papers, researchers tried to find the impact or effectiveness of structured education programmes on the Type 2 Diabetes patients. Every researcher, except Bravis *et al.*, (2009) and Clarke (2011), used RCT (Randomised Controlled Trial) as their study. RCT is considered the gold standard and probably the best approach to generate the evidence for effectiveness in the research (Pearson, *et al.*, 1996). Bravies *et al.*, (2009) assigned the participants into two different groups (intervention and control) but they did not mention the process. Therefore, the design may have been subject to internal validity as suggested by Maree and Van der Westhuizen (2009).

The sampling technique has huge impact on the research. The way researcher selects the sample and the way they categorised them, affects the general acceptability of the research (LoBiondo-Wood and Haber, 2010). Quantitative research usually works with large sample size and the author should clearly define the process of determining the sample size. Mash *et al.* (2014) research on the basis of extending previous research, with the same population and based on the outcome and other determinants³⁶; They used 36 clusters across the Cape Town and selected the large sample for the population. This proves the generalisation of their research.

Davies *et al.* (2008) used 207 General Practices in 13 primary sites of UK with 870 participants. Their extensive coverage with large sample size makes their research unique for other researchers. Deakin *et al.* (2006) decided to have 64 participants in each group to ensure their desired outcome. At the end, they recruited 157 in each group; 314 in total. Bravis *et al.* (2010) invited local people through the local Mosque, poster and leaflet distribution, to attend their education programme. The researcher did not mention their targeted number of sample to conduct the survey. On the other hand, they conducted a similar survey in many parts of the London to ensure the generalisation ability of the research.

Statistics provide the meaning of data, collected through the process. It allows the researcher to explain the outcome from different angles. Most of the quantitative papers included in this review used both descriptive and inferential statistics. Davis *et al.* (2008), Scain, Friedman and Gross (2009), Clarke (2011) and Deakin *et al.*, (2006) used the descriptive analysis (mean and standard deviation) to judge the outcome. Sadeghian *et al.* (2016) used both parametric and non-parametric tools including independent t-test, chi-square and McNemar's test. Bravis *et al.* (2010) used Graph Pad PRISM statistical package for their analysis. Mash *et al.*, (2014) used the linear regression for comparing continuous outcome and logistics regression for categorical outcomes. Moriyama *et al.* (2016) used inferential data analysis to compare some outcome in the intervention and control groups. Mash *et al.*, (2014) did not find any significant health improvement except the reduction in blood pressure in their study. However, they recognised that the large dropout rate (around 60%) and poor attendance rate with limited group activity in the educational programme can hamper the effectiveness of the study. They suggested that more targeted education with more intensive programme may improve the impact. On the other hand, Davies *et al.*, (2008) found the educational programmes highly effective. They found that the structured education programme helped the intervention group members to lose weight. It also showed improvement in smoking status, physical activity level and the wellness belief. They

³⁵ The journal published by Mash *et al.* (2014), Bravis *et al.* (2009) and Deakin *et al.* (2006) were published in Diabetic Medicine UK. The paper written by Saeghian *et al.* (2016) was published in Turkish Journal of Medical Science. The paper written by Scain *et al.* (2009) was published in The Diabetes Educator and the paper written by Davies *et al.* (2008) was published in the British Medical Journal (BMJ).

Moriyama *et al.* (2009) published in Japan Journal of Nursing Science and Clarke (2011) published in European Journal of Nursing.

³⁶ The researchers were expecting 1360 participants and they ended up with 1570 participants.

intend to do a further study with the same group in three years' time to see the outcome.

Bravis *et al.* (2010) found the education programme to be successful. The Patients, who attended an education programme (READ), lost a significant amount of weight. However, they found that community links helped the researchers by motivating the patients to engage in the education programme. The researcher conducted the programme in the month of Ramadan and the participants were requested to attend the pre-Ramadan session. They also needed to visit the practice nurses during the Ramadan. As a result, the high involvement of all relevant parties made it a successful programme. In their approach, Bravis *et al.* (2010) attempted to integrate the need of the Muslim community in their programme READ. They delivered the programme in a different language with culturally diverse people. The participants received additional information about the self-management technique of the diabetes. According to the researchers, all these integrations worked positively for their study and they found their education interventions were clinically and statistically significant. Moriyama *et al.* (2009) found the same, particularly the intervention group had improvement in their body weight but the participants in both control and intervention group were poorly motivated to participate. They suggested that further improvement of the programme including the collaboration of other health professionals might improve the attendance.

Apart from the education programme Clarke (2011) used a questionnaire to find some qualitative information about the programme from the participants. Three major psychological factors came from the survey. The researcher analysed the information in mean and SD method and found significant improvement in the diabetes education, quality of life and empowerment understandings. The researchers had to remove some participants from the analysis as they did not fill up the evaluation form. This was one of the major limitations of that study. Finally, the researcher identified the need to focus on individual change rather than group change. The research showed a positive result for the entire group but it might not be the case for an

individual. Scain *et al.*, (2009) found that the impact of the education programme was significant at the end of the process but diminished from the third month onwards. They further argued that systematic education programmes can bring behavioural change but it is for short period and require periodical reinforcement to ensure the long-term effectiveness and suggested that the education programme should be repeated for the patients periodically (every 8 to 12 months) to be more effective.

Vincent (2009) conducted a survey on Mexican Americans in the USA³⁷. This is mixed research where researcher collected data from the sample for the quantitative analysis and at the same time used part of the sample for qualitative study (focus group). At the end, he provided both qualitative and quantitative outcome. In the data source, he covered the sample size and qualitative study (focus group) but did not mention anything about quantitative research, though he mentioned this in the method section of the body. The study was based at a Community Health Centre Arizona, USA³⁸. However, the inclusion and exclusion criterion were used to select the sample. He used the purposive sampling technique based on the health centre. The benefit of this technique could be availability of the information from the experience sample to serve the purpose of the researcher (Macnee and McCabe, 2008). In terms of quantitative data analysis, the researcher used both parametric and nonparametric testing including t-test, chi-square, ANCOVA and ANOVA. He did all tests to ensure the accuracy, though he had a small sample size. In terms of qualitative data analysis, he used content analysis (Adams *et al.*, 2012). The researcher found this programme to be beneficial for the participants. The average weight loss was significant. On the other hand, the control group gained weight. In terms of qualitative analysis the outcome was also significant. The writer tried to find the motivation of the participants and the participants showed positive attitudes towards the programme. Considering the financial condition of the participants, the writer tried to adjust the programme curriculum. He introduced additional physical activities like walking, rather than extra exercise like other researchers. The researcher also used pedometers to count the number of steps and

³⁷. The research is published in the Journal of the American Academy of Nurse Practitioners. The researcher is an Associate Professor of the University of Arizona College of Nursing.

³⁸. The sample size was 20 but the researcher did not mention the reason behind selecting 20.

involved the family in the process. He conducted the programme in local languages and used someone from Mexican culture to help them. As a result, he received the positive impact of the programme.

The above literature review identified three main challenges for the successful implementation of the education programme for Type 2 Diabetes. The challenges are (1) motivations of the participants to attend the courses, (2) integration or involvement of the participants in the course curriculum and (3) the coordination of the relevant health and social care professionals. These three challenges raised concerns about the lack of coordination and lack of planning on the training programmes among the health and social care professionals, in three different ways. Firstly, there were no or few visible plans among the professionals to ensure patients participation. Secondly, the participants have few or no contribution to the course curriculum, which was made for them. Thirdly and lastly, the integration of GPs or Practice Nurses were not visible in any training programme.

Motivational approaches are relevant in any field to achieve any objectives. It is also important in the health and social care sector as the profession is dealing with vulnerable people. Ensuring safety and security of the service user is the key to the success for the health and social care professionals. That success will not be ensured without motivation of the service users. De-motivated service users will not work for the common goal of the safety and security nor will they help the organisation to achieve common objectives, in the targeted time. Maslow's 'hierarchy of human need theory' is one of the main motivational theories that academics refers to. It has been applied in many human development areas (Thew and McKenna, 2009). Motivational interviewing and counselling have been referencing this theory in the health and social care for long time and it is considered as an effective tool in dealing with health promotion (Resnicow *et al.*, 2002).

Integration or involvement of the service user is another important feature of health and social care. Person-centred care is one of the major approaches to ensure the involvement of the service users in the treatment process. Person-centred approach is person oriented with strength and skill base and quality of life oriented (Adams and Grieder, (2007). In the health care setting professionals should integrate the service user's ideas in the treatment plan to ensure the optimum success.

Integration of services is now a key objective of the national and international organisation in health and social care organisation. It helps all professionals and the service users to work together to ensure the set standards and criteria.

In the modern world, coordination is the heart of any partnership working. The effectiveness of the services in the entire health and social care sector depends on the partnership among the public, private and voluntary organisations as partnership without coordination will not work. There has been a strong requirement of coordination for the people with long term needs (Adams, 2007). The literature reviewed provides detail of the lack of coordination among the professionals in education programmes although present are example of good coordination among relevant health professionals.

Recommendations

One of the conclusions that can be declared from this literature review is that Type 2 Diabetes patients are found to reduce their weight as long as they are in the education programmes. Health and social care professionals should work together with other professionals, service users and their family members to ensure the long-term effectiveness of the education programme. In most of the reviewed literature, it was found that there was a lack of planning in terms of the delivery of the education programme. Professionals plan for the programme curriculum, programme venue and target participants. No retention plan was visible in any of the literature and in some cases the dropout rate was significantly high. In most of the cases, service user's views or requirements were not heard in making the curriculum. Only two researchers from the literature review used their views and that had long-term impact. The success of any education programme always depends on the involvement of the participants. Motivated participants will always generate the long-term impact and this should be valued by the programme organisers to ensure the long-term success. One of the major problems found in all reviewed papers was the absence of GPs in the programme. The coordination of GPs is not visible apart from referring the patients to the programme. GPs are the first point of contact for any patients and involving them in the programme might generate some positive impact.

Conclusion

Based on the literature review it can be said that the structured education programme could help Type 2 Diabetes patients. It could show and guide patients about using a healthy lifestyle to live with the disease. The literature review identified some key issues about the educational programmes, most of which could be easily rectified. Education is a key to any success and it has long term impact on people. On the other hand, though people do not want to live with a disease, they don't want to get bored with the programme either. This study will help participants to understand the benefits of education and at the same time, it will help the professional to understand the requirement of the retention plan with integrated services.

A future study that develops and adopts education programme in line with patient's expectation would be beneficial for all involved parties. This will help the researchers to have high participation rates and at the same time effectively use time and resources. This analysis may create the opportunity for other researchers to study on the non-participation of the education programme or the reasons behind the dropout.

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Review of Influential Factors Driving Organic Food Consumption

Salma Akter, PhD³⁹

Abstract

The objective of the study is to understand the ecological consumers' behaviour and intention in purchasing and consuming of organic food products. The study aims to define the features that influence consumer behaviour towards organic food. As the objective of this study is to provide an overview of consumer behavior towards organic food consumption, a secondary research project has been conducted to investigate the related impact of awareness on health consciousness consumer behaviour specifically on organic food consumption. To identify and recognise the drivers of the demand for ecological food and how these have transformed over time, the study focused on the previous literatures on organic food. The review of studies resulted in defining the features influencing consumer behavior towards organic food. According to the result of the reviewed study, the consumers' attitude towards purchasing organic food products are strongly influenced by the variables namely Demographic Factors, Knowledge, Health Consciousness, Environmental Concerns, Price, Quality & Test, Government Support & Policy, Availability of the Product, Perceived beliefs & attitudes and Subjective norms. This study suggests that the marketers can develop effective marketing program and strategies to influence consumers positively. Marketers can emphasize the health benefits and quality of organic food which can also make these products easily available to attract consumers to buy. This study provides valuable insight into consumer behaviour regarding organic food by examining the factors that influence consumers' intention to purchase organic food.

Keywords Consumer Behaviour, Consumer Attitude, Organic Foods, Health Consciousness, Environmental concerns.

Introduction

Organic food is the food product of the farming system which avoids the use of man-made pesticides; fertilizers; growth regulators and livestock feed additives (Yadav, *et al.*, 2013). The use of GMO (genetically modified organisms) or products produced from or by genetically modified means and radioactivity are generally prohibited by organic legislation (Andersen, *et al.*, 2015). 'Food which is produced without using conventional pesticides can be considered as organic food. In terms of food that comes from living animals – meat, eggs and dairy products, the animal must not be fed antibiotics or growth hormones' (Paul & Rana, 2012: 413). Organic agriculture has been adapted since the 1920s, initially in response to the industrialization of agriculture and it has developed from an alternative movement to a key initiative for the agricultural development (Torjusen, *et al.*, 2001).

A consumer is a person who primarily purchases any products or services with the intent to consume. Consumer behaviour mainly defines why and how people purchase consumer goods and services (Khan, 2007). Throughout the world, the awareness and

interest in organically produced food has increased among consumers because consumers are becoming increasingly aware of their health and protection of the environment. Awareness of the harmful effects of highly pollutant contaminant food products are growing among consumers, and as an alternative, people are turning towards organic food products (Basha, *et al.*, 2015). Organic food consumption has increased in the world in response to concerns about conventional agricultural practices, food safety and human health concerns, animal welfare considerations and concerns about the environment. This observed organic-focused consumer behaviour led to several classifications of organic consumers, namely environmentalists, food phobic, healthy eaters, humanists and welfare enthusiasts, and hedonists (Yiridoe, *et al.*, 2005). Individuals who take interest in health benefits, taste and protect the environment and rely on improving their lifestyle could be the potential consumers of organic food. Additionally, the consumers are willing to "pay for the privilege of buying green" (Paul & Rana, 2012: 412).

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There are many factors that can be included in the list of influences for organic food purchases such as demographic factors, health concerns and lifestyle, environmental care, quality of products, availability and subjective norms on consumers' intention to purchase the organic food. In the demographic portrayal of consumers, the age, income, education can be considered important for influencing the purchase of organic food.

Most existing research focuses on the significance of demographic factors, but some of the studies have shown contradictory results which indicated that intention to purchase can be slightly affected with age and education level (Yin et al., 2010). Customers are very much concerned about their health and wellbeing and their food choice for staying healthy. Health concerns have influenced consumer attitude towards organic food. Health implications have influenced consumers' attitude towards organic food and their willingness to pay premium prices (Mohamed et al., 2012). On the other hand, according to Goleman, (2009) throughout the last four decades, a progressive growth in environmental consciousness has developed as the environment moved from an outlying to a mainstream issue. But Paul & Rana, (2012) added that the consumers are worried about the effect of environmental damage on their health and safety. The anxiety of the consumers compelled the marketers to include environment issues in their decision making. The two important attitudes, i.e. confidence in food and health consciousness have emerged as main attractions for the consumers towards organic food.

Availability is also one of the key features which encourages the purchase of organic food, conventional supermarkets have noticed the growing popularity of organic products, and have added organic food to their shelves (Paul & Rana, 2012). In countries where there are significant social interactions, the subjective norms are one of the important factors which influence the customer to purchase certain products; i.e. people tend to follow the reference group, a leader who in turn influences the group towards a certain behaviour and action (Basha, et al., 2015).

The main objective of the study is to determine what motivates the consumer to turn towards organic food products. This study focused on the factors which influence the intention of consumers to purchase organic food. These factors create awareness and develop preferences among consumers which influence the intention of consumers to purchase.

Literature Review

The environmentally friendly products are gaining popularity among consumers who are more aware of their health and protection of the environment. Marketers are also keen to sell the organic goods with the increasing awareness of factors such as environment, naturopathy and green world. Those involved in sales of organic food have to segment their market scientifically in order to maximize the market share (Paul & Rana, 2012).

The area of organic land, the number of organic farmers and the organic market continued to grow in Europe. "In Europe, 11.2 million hectares (EU: 10 million), constituting 2.3 percent (EU: 5.6 percent) of the agricultural area, were under organic management in 2012, an increase of six percent compared to 2011. There were more than 320'000 producers (EU: more than 250'000). The value of the European organic market in 2012 was 22.8 billion Euros (EU: 20.9), and the overall growth rate was approximately six percent" (Willer, 2014). According to "UK Organic Market March 2016" report by Finn Cottle and Cottle Consulting, "The UK organic market has been back to a steady growth since 2012, showing +4% value increases for 2014 and 4.9% for 2015. During the same time period, sales of organic produce have continued to increase in major markets across the world. Notably, the US posted a +11.3% gain in 2014 with organic at almost 5% share of the total food market, whereas it is approximately 1.5% of the UK food market". This growth rate is expected to continuously rise in the coming years and indicates potential progress for this sector in the future. Specifically, Europe and North America are the two largest markets for organic food in which vast majority of organic products are consumed. However, Asia is considered as a potential market with the highest growth rate per annum (Sheng et al., 2009).

Organic foods are often considered as healthier, more ethical, and tastier than food grown with pesticides. A survey of more than 3,000 shoppers in the United States, United Kingdom, and Australia assessed why people make the choice to buy organic -- or, in some cases, why they did not. The survey results showed that most people bought organic for health reasons in America and Australia, whereas a few people buy organic to ensure improved conditions for farm workers. Consumers in the UK are less likely to buy organic because of the high cost. Concern for environmental safeguarding, taste, and animal welfare fall in the middle (Martinko, 2017).

The organic food market has grown significantly over recent years across the world. Several causes have been proposed for this move towards purchasing organic within the literature from studies in the UK, Europe, Australia and America. These include: a concern for health, ethical, moral, political, or religious motives, the quality or safety of conventional food products, environmental consideration, and personal values (Michaelidou & Hassan, 2008).

Consumer Attitude towards Organic Food

The human behaviour is motivated by a set of basic needs and is arranged according to their importance for survival, the most basic needs such as food, water, shelter, and clothing constitute the lowest level of needs hierarchy. These needs must be satisfied before other higher needs become important (Ooi, 2009). The consumers' attitude and preferences for purchasing of a specific product are based on their attitude and personal desirability of performing behaviour, and the attitude towards certain behaviour is based on the expectations and beliefs of the consequences as a result of a particular behaviour (Chen, 2007).

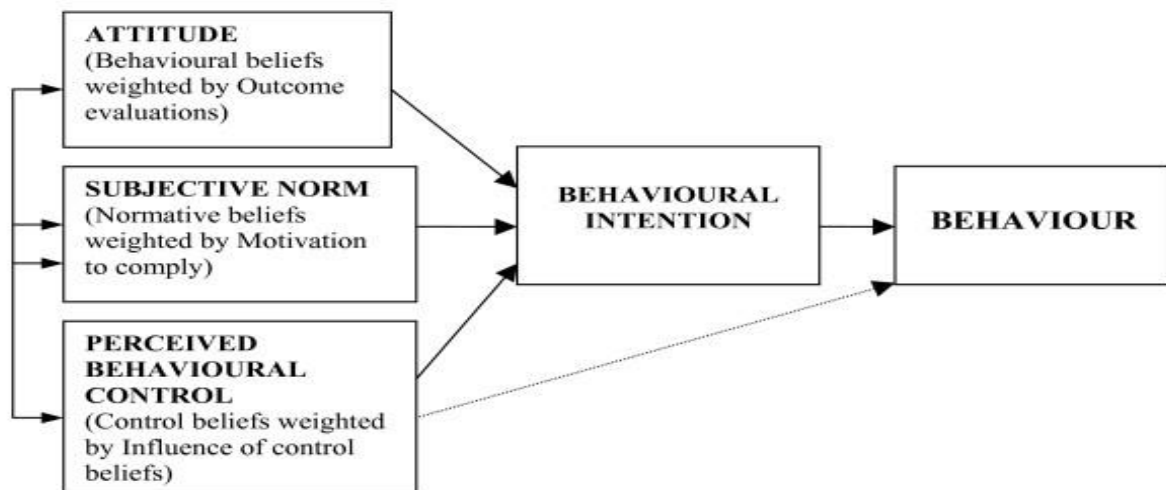
Previous studies claimed that attitude could be influenced by different factors and have found that health is strongly connected to the concept of organic food and that it is the strongest purchasing motive, while purchasing organic food. Organic foods are also perceived to have

in emerging markets using the theory of planned behaviour (TPB) model.

Theory of Planned Behaviour (TPB) Model

The theory of planned behavior (TPB) has been employed in the study to address the research objective. The theory of planned behaviour (TPB) by Ajzen (1991) can be utilised to measure human actions, it can be adapted to predict consumer behaviour. For considerable variance in actual behaviour there are three main determining factors to predict an intention to perform behaviours such as, (1) attitudes, (2) subjective norms and (3) perceived behavioural control. Many studies have shown that this model had been successfully applied to consumer behaviours as well as health behaviours. According to the model, the immediate antecedent of behaviour is the intention to perform the behaviour. Therefore, when the customers have greater intention to engage in behaviour, they are more likely to perform the behaviour (Hossain, & Lim, 2016).

The TPB model can be used to predict the purchasing intentions for organic food since it had been used in many organic studies such as Aertsens, et al in 2009. TPB theory had been proven to provide an outstanding framework in conceptualising, measuring and recognising factors to define the behaviour and behavioural intention (Hossain, & Lim, 2016).



better taste than the conventional foods and also perceived to be more environmental-friendly. Numerous studies have acknowledged a clear connection with the importance consumers attach to the environment and their attitude built on organic food products (Aertsens *et al.*, 2009).

The study will determine the factors that influence consumers to purchase organic food

Figure 1: Theory of Planned Behavior (TPB); Ajzen (1991)

The TPB model has been used successfully to predict and explain a wide range of health behaviours and intentions such as drinking, smoking and health services utilisation. Thus, consumer's buying intention towards organic

food can be predicted by adopting the TPB model (Leong, & Ng, 2014).

Factors affecting the consumers' purchase intentions towards organic food

There are a number of factors that influence customers to purchase organic food. These factors include demographic factors, awareness and knowledge, health concerns and lifestyles, test, environmental concerns, pricing, quality of products, government support and policy, accessibility and availability, perceived beliefs and attitudes, and subjective norms that influence buying intention of organic food. Based on the review of the available body of previous literature and relevant articles, a summary and discussion of the influencing factors on consumer attitude towards organic food consumption have been outlined.

Demographic factors

Women aged 30-45 with children having high disposable income, include organic food in their purchase (Dettmann and Dimitri, 2007). Younger households and females have been found to consider organic food as more important and include it in their purchase (Van Doorn and Verhoef, 2011). "The UK organic consumer has changed over the last decade and a higher percentage of sales are coming from the younger market, the Millennials (aged up to 40). Older, more affluent, shoppers are still estimated to account for just fewer than 50% of the market. This presents an interesting opportunity for organic food. Millennials are much more likely to use technology, they are much more aware of health, they want 'food on the go' and they want to be much more informed about food" (UK Organic Market, 2016: 10).

Income

Earning is a factor considered important for influencing the purchase of organic food; higher income families purchase organic produce more often (Loureiro et al., 2001). In both Germany and the United Kingdom, consumer surveys by Booth 1992 and Mintel 1995 showed that the primary reason for purchasing organic food is health and safety concerns, these motives are strongly influenced by the factors such as age and income (Turnbull, 2000).

Purchase of organic food is affected by education. The consumers with higher education are more interested in purchasing organic food than those with less education (Dettmann and Dimitri, 2007). The educated consumers tend to buy more organic products

as they are more exposed to health information sources and diet. They are willing to pay for organic products even if it is more expensive compared to non-organic products (Rodriguez, et al., 2006). Some of the previous studies have revealed conflicting results and which indicated that intention to purchase is slightly affected by age and education level (Yin et al., 2010). Dettmann and Dimitri, (2009), also added that women without a college degree and those in higher income brackets were most likely to purchase organic produce (Dettmann and Dimitri, 2009)

Knowledge

Carlson *et al.*, (2009) considered the consumer knowledge as an important aspect of explanation of the consumer decision making. The knowledge can influence the trust level towards the new products in the market because the lack of knowledge always results in low trust in customers about the information they receive. Knowledge is a characteristic that can affect the phases of the decision process and can be related to how much information is being used in making and how consumers evaluate products and services. Adequate knowledge can have a satisfactory impact on food choice by the consumers. The inadequate knowledge about organic products influences organic food purchase and consumption (Hossain, & Lim, 2016). For example, according to Aertsens *et al.*, (2011) the subjective knowledge affects the strength of the attitude towards purchasing organic food and "the transformation of consumers' attitudes into intention to buy and to actual behavior". The knowledge is the only instrument that customers have to separate the attributes of organic from conventional products and to form positive attitudes towards these products (Gracia & de Magistris, 2008).

Concern and Lifestyle

The term "Health conscious" defines an attitude in which one has the awareness of the healthiness of one's diet and lifestyle. It includes body weight, fitness, proper abilities in sight and hearing, mental abilities etc. An increasing number of health-conscious consumers are seeking natural, unprocessed foods, including fresh, locally grown produce, eggs, poultry, and meats. Nowadays the consumers are very much concerned about their health and their food choice in order to stay healthy.

There has been an extensive amount of research carried out into the relationship between organic food and health concerns as

an influencing factor towards attitudes and intentions to purchase organic food. The overwhelming majority of which find 'health' to be one of the primary reasons consumers buy organic foods (Dickieson, *et al.*, (2009). The most recurrent motives for buying organic food is consumers' perception that organic food is healthy, and also the earlier studies have shown healthiness of organic food is an important buying motive of organic food (Tarkiainen, & Sundqvist, 2005).

Deterioration in human health was the main reason to influence consumers to think about organic food, and on the other side, consumers bought organic food as an investment in good health (Grossman, 1972 cited by Basha, *et al.*, 2015). The nutritive attribute of organic food provided the competitive advantage to organic food over conventionally produced foods (Bourn and Prescott, 2002). The nutritional value is one of the independent variables which affect the decision for purchasing organic food products. The nutritional value of food can be defined as what the food is made of and its impact on the human body. As the organic products are defined as non-chemical, non-pesticides and non-coloring products. It is originally produced and the production process does not involve any of the chemical material (Leong, & Ng, 2014). Leong, & Ng, (2014) also cited from Dauncey, (2002) that the organic products have a better nutritional value and healthier if compared to other non-organic products. About 20 percent of the conventional food is contaminated with chemical pesticides. These toxic contaminants can lead to potential health effects such as cancer and birth defects (Picard, 2002).

According to "UK Organic Market March 2016" reported by Finn Cottle and Cottle Consulting Holland & Barrett is the UK's leading retailer of vitamins, minerals and herbal have been in operation for over 145 years and are known for providing concise product information to help customers make informed choices about the products they want to include in a nutritional regime – this gives great opportunity to organic brands who operate in the VMS and health food arena. The market size for other independent retailers is approximately £300m, 15% of the overall organic sales in the UK, it is growing at a fast pace approximately 7.5% for 2015. In addition, there are 1000s of UK health food stores, delis, farm shops and farmers markets who are selling a range of organic within their overall selection. Ranges are increasing as health becomes a bigger consumer concern. The organic consumer both the affluent older segment and the 'millennials' in the UK has

become more obsessed with health and wellbeing.

In conclusion, nutritional value and concerns for a healthier lifestyle are the significant determinants in determining the choice of food and subsequently influence the consumption of organic products (Leong, & Ng, 2014).

Taste

Besides the nutritional value, taste also plays an important role in organic food buying. The organically produced food or products are generally safer, more nutritious, and better tasting than the non-organically produced products (Krystallis & Chrysosoidis, 2005). One of the motivations that motivate consumers to consume in organic products is the belief that it has a superior taste compared to non-organic products (Radman, 2005). According to Leong, & Ng, (2014: 16) even though, 'one may claim that the taste of a certain thing is a subjective view, it may be different from person to person. It means that if the assumptions underlying the taste of organic products are not supported by scientific findings, it can be irrelevant. Nevertheless, taste still remains a significant determinant in influencing consumer's decision for consuming organic products'.

Environmental Concerns

The consumers are more involved in organic and environmental friendly related issues, such as environmental protection tend to have a positive attitude towards organic food consumption and strong intention to purchase (Chen, 2007).

The customers who wish to take environmental concerns into consideration buy and consume organic products because the organically produced products are usually safer for the environment. Even in global crisis, consumers who are in the green mindset are willing to spend more on organic products as they want to become more environmentally conscious (Leong, & Ng, 2014).

The environmental concerned consumers understand that the goods that are produced in natural ways do not harm the environment. They also know that by buying and consuming organic foods, they can help to reduce nature contamination, defend the health of soil and water as well as reduce the use of chemical instruments in agriculture activities (Saleki and Seyedsaleki, 2012).

Price and Quality

The price of products had been shown to be a factor that influences demand for organic products (Tshuma, *et al.*, 2010). The Japanese consumers are willing to pay an extra 10 percent for the organic products compared to conventional foods, but they preferred domestic organic products over imported organic products. Price was not considered as a negative factor if consumers perceived that organic foods are more nutritious compared to conventional foods (Kim, *et al.*, 2008). Compared to occasional organic consumers the higher prices of organic foods are mentioned less challenging by the regular consumers (Zanoli & Naspetti, 2002, cited by Hossain, & Lim, 2016).

The quality of product refers to the value for money and generally, the organic consumers are less cost sensitive and more concerned over quality. The analysis by Ozguven, (2012) showed that most of the respondent consumers' preferred organic milk, fruit and vegetables, and the results revealed that quality and price were found to have a more significant relationship than other factors.

Government support and policy

As a consequence of growing demand for organic products in the market, there is a rising attention from the community as well as the government. The consumers' attitude towards organic products as well as their purchase intention of organic food products in Taiwan had been affected by government policy (Chen, 2007). The Malaysian government has implemented a few strategies to ensure sustainable consumption and development in the country (Chen & Chai, 2010). With reference to the research of Wahid *et al.* (2011), the campaign by the Malaysian government to promote public awareness of eco-labels demonstrated that the trustfulness of eco-labels can have a major impact on green purchasing behavior.

Availability

The conventional supermarkets have added organic food to their shelves making it available to the consumers because of the rising demand for the organic foods. The lack of organic food availability in the store is considered as one of the obstacles for customers to purchase organic products (Beardworth *et al.*, 2002 cited by Hossain, & Lim, 2016). The organic foods are now more available to the consumers because of greater marketing strategies involved in promoting organic products through

conventional supermarkets and large retail stores (Dettmann & Dimitri, 2007).

Perceived Beliefs and Attitudes

The attitudes refer to the degree to whether an individual has a favorable or unfavorable estimation of the behavior of interest and it involves a "consideration of the outcomes of conducting the behaviour" (Leong and Ng, 2014). For example, customers will have a positive attitude towards organic foods only if they believe that it is healthier than the conventional foods. As a consequence, the chances to purchase organic products will be higher as well (Ahmad and Juhdi, 2008).

'Perceived behavioral control can be defined as a person's perception of the ease or difficulty of performing the behavior of interest. To solve the environmental problems consumers' beliefs in their ability have been directly linked to the purchase of green products and it becomes one of the major predictors of ecologically conscious behavior' (Hossain, & Lim, 2016: 09). According to TPB model by Ajzen (1991), belief can influence attitude, which in turn can influence the purchase intention. As the organic foods are believed as healthier, nutritious, natural than the conventional foods thus the attitude to the organic foods of the consumers is believed to be positively related. The individual attitudes towards organic foods are typically based on beliefs about its benefits (Thogersen, 2009). Honkanen *et al.* (2006) established the significant relationship between selected ethical value dimensions and the attitude, and also found out the relationship between attitude and intention to consume organic food by using the modified TPB model.

The perceived behavioral control has motivational inferences on behavior through intentions. It refers to the customer's perception of personal control over what to buy and eat. Consequently, the perceived behavioral control can influence the consumer's intention on the buying of organic foods and it covers the 'effects of external factors, such as place, time, and labeling' (Leong and Ng, 2014: 12). All the external factors affect the consumers' judgment of risks and benefits when buying the organic products (Chen, 2007). If a customer perceived that he/she can easily get the organic products or easily identifying the organic products labels, then the intention to purchase it will be higher (Leong and Ng, 2014).

Subjective norms

The subjective norms are one of the important reasons which stimulus the consumer for purchasing the certain product. The research

by Thorgosen et al., (2015) discovered that the influence of attitudes and the importance of others (subjective norms) on intention to the consumer were explored. They examined the factors influencing organic food consumptions in China market. The findings exposed that both the attitude and the subjective norms influenced intention to consume (Basha, et al., 2015). According to Leong and Ng, (2014: 16), the subjective norms are 'refers to the belief in whether most people approve or disapprove of the behaviour'. They can be their family, friends, relatives or the social norms. The norms affect an individual's belief about whether the person should or should not perform the behaviour. For instance, if the person is important to them or people around them think that organic goods are good, then most likely he/she will buy it. They will tend to have a positive view towards the organic products.

Discussion and Conclusion

This article aims at discussing the result presented in the reviewed literature which was connected and referred back to previous research. It first started with the consumers' attitude towards organic food, followed by discussing the influencing factors on attitude respectively.

Based on the reviewed literature, it indicates that the prior researchers have found that consumers in general hold a positive attitude towards organic foods, and they considered that buying organic food is important and wise, and their positive attitude is determined by the consumers' belief that organic food is good for health.

The preference for organic food could be affected by the demographic profile of the consumers. It can be interpreted that the age, income and education of consumers are positively related with the quantity of organic food purchasing.

In this review, the results from the previous surveys showed that the more consumer knowledge about the organic foods the more it has a positive impression and positive attitude towards organic foods consumption. In terms of the subjective knowledge, it could be interpreted that the more information that consumers know about organic food such as production, positive effects on health, natural ingredients and so on, it results in individual confidence regarding organic foods consumptions. On the other hand, if the consumer had a positive experience of organic food consumption, it will essentially contribute

to their positive attitude towards it. The consumers also consider the nutrition value and taste as influencing factors in purchasing organic food products.

It can also be explained that people who are more concerned about the food safety and its effect on their health tend to hold a positive attitude towards organic food. In other words, the more consumers are conscious of health, they have the most positive attitude towards organic food. Based on the previous studies, it can be stated that the consumers believe that organic food contains more natural ingredients and has positive benefits to their health in comparison to conventional food. The health consciousness is determined to have an impact on consumer attitude.

Environmental care is one of the main motivational factors towards purchasing organic products. Several studies have revealed that organic production causes less harm to the environment. The consumers are increasingly becoming environmental aware and are willing to contribute to protecting the environment. However, this will not be adequate for them to hold a positive attitude towards organic food. It can be described that there are many different ways and means to protect the surrounding environment; selecting organic food is one choice.

The price of organic foods seems to be a barrier for the consumers. But the majority of the reviewed studies stated that the health and environment conscious customers are willing to pay a premium for quality of organic products. It basically depends on the consumers to prioritize the criteria in purchasing organic foods, whether to focus on quality, taste or only the price of the products.

The government will need to implement consideration to organic food agriculture, with such control the country people will expect to purchase high-quality organic foods with safety and health provided as well.

Availability is one of the significant factors in encouraging the buying intention of organic foods. When organic foods can be easily available to the consumers, the probability for the consumers to consume organic foods will be higher.

The attitudinal component was observed to be an important predictor of organic food purchasing decisions. With strong views towards the benefits of organic foods, the customers will definitely arbitrate the influence of perceived beliefs on actual attitudes.

The subjective norms have a positive influence on consumer's attitude towards organic food. Also, some of the reviewed data revealed holds a positive attitude towards organic food consumers that they do not feel social pressure to behave as others in their food choice.

Based on the findings from the reviewed literature a conceptual model can be illustrated by adopting the Theory of Planned Behavior (TPB) by Ajzen (1991). Figure 2 shows the relationship between the independent variables and dependent variables of this study. Based on the findings the researcher intended to determine the factors influence buying decision of the organic foods.

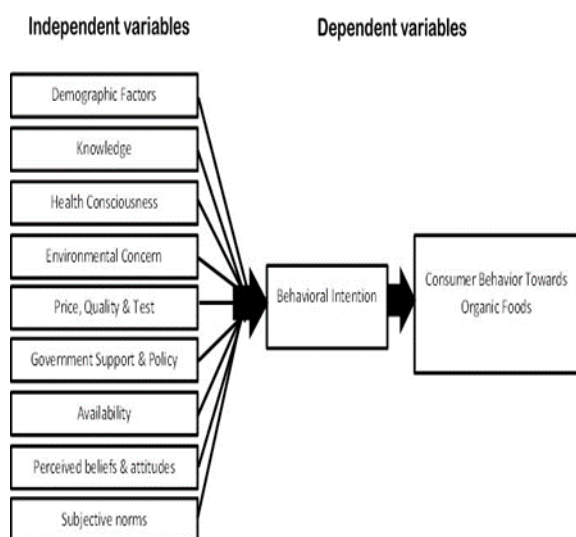


Figure 2: Conceptual Model

The above figure 2 demonstrates the factors that a consumer's buying behavior which eventually lead to make the decision to purchase organic food. According to the model, consumers' attitude towards purchasing organic food products are strongly influenced by the variables, namely Demographic Factors, Knowledge, Health Consciousness, Environmental Concerns, Price, Quality & Test, Government Support & Policy, Availability of the Product, Perceived beliefs & attitudes and Subjective norms.

Contributions

This paper has contributed to the previous research in the field of organic food. This paper has certainly contributed to the research area of organic food. Furthermore, on this research, the factors are determined to have the influence on consumer attitude. They are named as Demographic Factors, Knowledge, Health

Consciousness, Environmental Concerns, Price, Quality & Test, Government Support & Policy, Availability of the Product, Perceived beliefs & attitudes and Subjective norms. To the best of the author's knowledge, this result has not been explored by any previous secondary studies about organic food. Continuously, the next contribution of this study is to underline the positive relationship between consumer attitude and their purchase intention in terms of organic food.

Managerial Implications

The outcome of the study can be considered as the guidance for the marketers in regard to consumer attitude towards organic food. Based on previous researches this study particularly indicates the factors which are determined to have an impact on consumer attitude. For example, the health-conscious aspects should be emphasized more in advertising organic foods. To increase the consumer knowledge, the information about the products should be widespread in public through various ways of media. The message should be clear and in detail focusing on the ingredients, production process and the positive effects to the consumer's health. Furthermore, the review also points out that the impact of demographic factors as one of the control variables on consumer attitude and purchase intention. So, the demographic factors should be essentially considered by the company in order to adapt their potential target groups of consumers based on age and income.

Further Research

This reviewed study could be helped as a foundation for further research about the organic food in the future. It would be of interest for forthcoming research to go deeper into each factor and explain about their positive impact on consumer attitude towards organic food. The connection between consumer attitude and purchase intention of organic food could be in-depth considered by using quantitative method.

Future studies could repeat it in another context such as different countries and cultures in terms of the influencing factors on consumer attitude.

Finally, since this paper was conducted as a qualitative study, further researchers could carry out a quantitative study in order to get a deeper understanding on the influencing factors on consumer attitude towards organic foods.

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Patient Choices Pertaining to Over-the-Counter Medication: A Literature Review

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Abstract

The aim of the study is to identify trends exhibited by patients in the UK about OTC medicines⁴² in terms of reasons and factors effecting decision making and choices about purchases. Balanced and comprehensive research into patient choices about OTC medication requires to ascertain both the negative and positive effects arising from the flourishing OTC medicinal industry; the ease of access of OTC has benefits for the health sector considering that the NHS⁴³ is overburdened, pressures from overworked and stretched medical professionals are relieved, that costs are being transferred to patients as paid customers as opposed to over-reliance on government spending under funding restraints. The research utilised a secondary approach drawing information collated from literature reviews, research articles and journals utilising qualitative and quantitative data. A full review of the research literature was undertaken and data analysis required the screening and organising of literature reviewed.

Keywords: Over-the-counter medication, OTC patient choice, non-prescription, purchase medication, UK medicine purchase.

Introduction

The relevance and importance of patients being informed of mechanisms and provided choice for exercising their right to decide which health and social care provisions and services they consent to being administered or provided accessibility to, is a matter recognised by the National Health Service (NHS), the government and increasingly the public themselves.

Patients' choices as to their own health and social care is their right to determine and is an exercise of freedoms and independence which can form attainment of respect and dignity, to be treated as human beings, be valued and afforded decisions as part of person-centred care. The government has reiterated a commitment to giving patients greater choice and control over how patients receive health care and to empower patients to shape and manage their own health and care. In some circumstances patients have legal rights to choose and must be given these choices by law (Gov.uk, 2016).

With the increasing commercialisation of pharmaceutical companies, ease of information retrieval on health conditions via the Internet and media outlets, liberalisation of regulation for dispensing and purchase of certain medications and ready available access of OTC medication an examination of patient choices and decision making is reviewed in this article.

OTC Medications

Total sales valuation of non-prescription OTC medicines (OTC) bought by consumers in the UK during 2014 was 2.53 billion GBP (Statista, 2015). This is a year on year increase that results in findings that make clear sales of OTC medicines had totalled £2.45bn in 2013, up by £52.3m compared with the previous 2012 (Connelly, 2014). OTC medicines are increasingly bought by patients for self-medication without attending appointments seeking professional medical advice. A societal perspective of understanding the broad reasoning why patients opt to purchase certain medication, may provide insight as to the

decision-making processes and factors that determine choices.

This paper presents findings from a literature review about OTC, in order to examine the reason patients choose to buy OTC medications. The King's Fund conducted a study in four local health economies in England between August 2008 and September 2009. From amongst their wider findings is the model of patient choice, which underpins health policies, requires that patients are

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⁴² Over the Counter is referred to as OTC throughout this article

⁴³ National Health Service

Table 1: Literature review inclusion and exclusion

Inclusion criteria	Exclusion criteria
Type of study: qualitative and quantitative primary studies	Type of study: commentary
Focus: Primary studies, focused on UK. On self-prescription, purchase information and decision making processes, private purchasing decision in a retail setting where medicine is sold with or without advice	Focus: Studies on generic medicinal distribution and dispensation from NHS services/ GPs that are not bought from Pharmacies, etc. Non-self-prescription
Limits: Year 2000+ onwards, English language only	Limits: pre-2000; in languages other than English

criteria for research aware of their ability to choose, want to choose and think choice is important. In their patient survey⁴⁴, 75 per cent of respondents informed choice was either 'very important' or 'important'; older respondents, those with no qualification, and those from a mixed and non-white background, were more likely to value choice. The results show there is some intrinsic value in offering patients a choice of provider, and that GPs' perceptions that it is younger, more educated patients who want choice, are misguided (Dixon et al., 2010). The significance in the study of the phenomenon about patients increasingly steering towards self-prescribed OTC medicines, lies in that 3,346 deaths were registered in 2014 in which drug related deaths made mention of prescription OTC medicines on the death certificates (Office for National Statistics, 2015). Further questions and studies are needed to ascertain how many of these deaths might have been preventable and if greater regulative amendments to OTC medicines could be justified.

The methodology for the research comprised a secondary review of existing academic literature and the data collection process required electronic searches of academic journals, dissertations and essays with accurate records held of search categories of key words and combinations, names of databases searched and the number and

content of results that arose from each unique search conducted. These processes of searching for relevant literature for inclusion in the research were repeated timely, until exhausted. This methodological process was repeated using Google Scholar, MEDline and CINAHL databases, until reaching the point of saturation. The search of literature was conducted using Google Scholar, CINAHL and MedLine / PubMed online library of academic databases over the years 2000-2016. The mesh terms and keywords searched were OTC medication, patient choice, non-prescription, purchase medications, OTC, patient choice, OTC drugs and UK medicine purchase. The articles were limited to those published in English and relevant to the United Kingdom.

Findings

For the literature review five relevant articles were included in the research synthesis proceeding from the data collation method and analysis process, Wazaify *et al.* (2004)⁴⁵, Hanna and Hughes (2011), Osborne and Luzac (2005), Hughes, Whittlesea and Luscombe (2002) and Gray, Boardman and Symonds (2011). Wazaify *et al.* (2004) found that 74.6% participants visit local pharmacies at least once every month with 32.2% stating they bought OTC medication at least on one occasion monthly, with 86.4% of participants reporting that they follow the medical guidelines of products. The researchers found that in Northern Ireland, the public were knowledgeable of the potential for abuse of OTC drugs and that painkillers were drugs that were most susceptible to be abused. Additionally, the findings indicated that one-third of participants had directly experienced OTC medicine abuse cases. Wazaify *et al.* (2004) evidenced the public had a heightened level of knowledge and awareness of the potential for abuse of OTC medicines. The findings suggest that pharmacists, when discharging their duties, could be more engaged in managing the potential for inappropriate OTC drug usage by patients.

Hanna and Hughes (2011) study of 1,461 people (18.8% males, 81.2% females; ages ranged from under 20 to over 60) found that influential factors in decisions when buying an OTC medicine included perceived effectiveness, familiarity with the name or brand and safety of the medicine. The majority of all respondents reported that knowledge of

44. 'Patient choice: How patients choose and how providers respond'

45. 'Societal perspectives on over-the-counter (OTC) medicines'

effectiveness of OTC medicines, was based on their previous usage. In instances of scientific evidence from drug trials to support effectiveness of a product, but it would not cause harm, two-thirds would still try the product regardless of consequences. Over 70% of participants 'agreed/strongly agreed' that people should be able to decide for themselves what OTC medicine they want, irrespective of scientific evidence about the medicine. Hannah and Hughes (2011) concluded that there was indecision regarding the need for evidence of effectiveness by the public when making choices of an OTC medicine, with individual autonomy and safety taking precedence over evidence. The study concluded pharmacists should realise that patients' expectations might conflict with established evidence-based practice.

Osborne and Luzac (2005) undertook a study⁴⁶ which found 268 OTC medicines were used by 119 (64.0%) patients and 117 (43.7%) were taken at least daily. Only 13 (4.9%) OTC drugs were recorded in the drug history taken at hospital admissions. They found 9.7% OTC medications were still taken during hospitalisation, but only 8 (31%) were recorded on drug charts. In terms of obtaining these OTC medicines, patients bought 183 (68.3%) items from pharmacies, 28 (10.4%) in health food shops and 57 (21.7%) elsewhere including supermarkets, homeopaths, or mail order. Patients had little knowledge of potential adverse effects (side effects) or contraindications. Osborne and Luzac (2005) highlighted that many patients use OTC medication prior to and during hospital stay, but that documentation in hospital notes were substandard. Hughes *et al.* (2002) study⁴⁷ found that patients generally had minimalistic awareness of the potential side-effects of the medication they consumed. However, this appeared not to affect their ability to identify adverse drug reactions (ADRs) because of medicinal usage. Further despite wide availability, patient information leaflets were scarcely utilised by the patients. These leaflets were ordinarily primarily read if the medicine was new or if a side-effect was experienced. Negative views held of the leaflets included poor design and long lists of side-effects. Hughes *et al.* (2002) reached the conclusion that accurate information and advice from

health care professionals could serve to support patients and to ensure they are better informed about the medicines they use.

Gray, *et al.* (2011) undertook a study⁴⁸ of 134 surveys and 38 interviews of women aged 25-44 years. Findings included recommendations from other people, both from health professionals and family members, were most often cited as influencing parents' and carers' choice of purchasing non-prescribed medication. Significant too was advertising and well-known brands of children's medicines. The Internet and other media outlets were less often cited as sources. Medicines leaflets and packaging were found to be useful although a significant minority admitted difficulty in understanding all the information therein. This study explored the information sources reported at the point of a specific medicine purchase, thus reflecting actual behaviour rather than general perceptions of useful sources. Parents and carers of pre-school children reported many professional and lay influences on their medicine purchase choices. Pharmacists and staff could consider these influences when advising children's medicine purchasers and a combination of spoken advice and written reminder information would meet the preferences of most purchasers.

The literature review represents five studies that answer the research question on patient choices about OTC medication. These studies are based in the United Kingdom and despite their different participant recruitment, variations in study design, data collection methods and mode of analysis, each study provides and identifies findings common with thematic overviews. The respective studies highlighted three similar findings that could be summarised as (1) the role that a pharmacist undertakes in influencing patient choice towards OTC medication, (2) concerns of the wellbeing and safety of consumers and patients in making choices and (3) the need for due emphasis placed on awareness and educational initiatives for patients to make informed choices about OTC medication.

There were several limitations encountered when conducting the literature review; two studies have disproportionate gender composition. An overrepresentation of women as a sample size of respondents has

⁴⁶ Over-the-Counter Medicine Use Prior to and During Hospitalisation

⁴⁷ 'Patients' knowledge and perceptions of the side-effects of OTC medicines'

⁴⁸ 'Information sources used by parents buying non-prescription medicines in pharmacies for preschool children'

demographic implications in not accurately being representative of the wider UK populace. The data collection phase of enacting the study design through initiating the inclusion and exclusion criteria limited the literature search but is positive, as the limitation is envisioned to provide focus, direct the search from the plethora of irrelevant studies and steer the literature review towards material of substance. All studies reviewed were from the United Kingdom, which provided a degree of relevance and familiarity to context, socio-economic and environmental factors to those within the UK, but however limited findings and potential for significance and generalisation to other countries.

The review found from all studies that there was a reliance of patients and consumers when making choices about OTC medication, to entrust health care professionals, in particular pharmacists. The implication from these findings is that the public are open to and seek advice from health professionals to formulate and influence decision making.

The review found that all studies into choices about OTC medication placed considerable attention and reflected a sense of concern towards health, safety and wellbeing of consumers and patients. The implication from these findings is that public opinion shares a degree of apprehension and alarm especially from those who experience abuse, overdose or uncertainties as to contraindications of OTC medication usage. The review found that information, awareness and educational endeavors as to choices about OTC medication are limited and insufficient. The implication from this finding is that in general, patients and consumers are not well placed to make independent informed decisions without supportive health care guidance.

A recommendation which emerges from the literature review is that pharmacists must be provided training to be accustomed of the importance of their relationship with the public. Patients and consumers place their faith in people of medical standing and positions of responsibility to maintain and safeguard their health. Pharmacists could better advise and inform parents, members of households and family members in influencing choices about OTC medication. Two of the studies have highlighted how members of the family were an influence in considerations of OTC medicine choice. The literature review findings suggest policy-makers, legislators and regulators need to do more to address safety concerns and allay fears of the public of OTC medications. It is

imperative that regulators focus upon deterring inaccurate claims by certain manufacturers of OTC medication who overstate the 'capabilities of their products' such as 'specific pain range' relief (Lagan, 2016) which has the potential to mislead the public, diminish public confidence and lead to dependency. There needs to be investment in finance, infrastructure and human resource by successive governments through the Department of Health and the NHS to educate and raise awareness of the public to OTC medication implications to health and to advise on responsible usage, contraindications and severity of OTC drug abuses. Shared responsibility for this should be discharged to respective local authorities (through Public Health England oversight) and NHS regional teams that undertake healthcare commissioning and delivery across the United Kingdom. Improvements to existing educational health material, particularly medication leaflets should be considered as leaflets were usually only read if the medicine was new or if a side-effect was experienced. Negative views of the leaflets included poor design and long lists of side-effects.

Literature reviewed was from the 2002-2011, to provide further depth and overview of recent developments as to the present context of public health, a recommendation would be that additional research be conducted on OTC medication inclusive of relevant current studies.

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CONFERENCE

Student Retention

01 August 2017

Student Retention at an Alternative Provider: a case study

Peter Hill, PhD

Abstract

This paper presents a systematic review of the existing literature surrounding student retention. From this foundation retention is discussed within the context of an alternative provider, and how they are responding to the challenge. Finally, this paper discusses how this response can be evaluated.

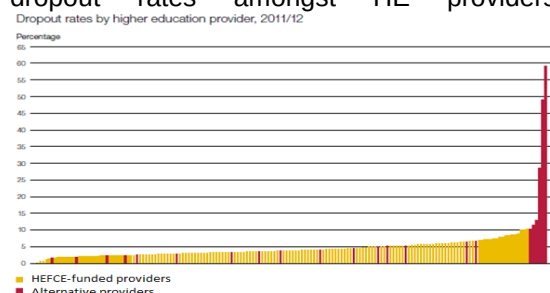
Introduction

Student retention is an issue across higher education, especially as efforts to widen participation intensify (Gale & Parker, 2017). Alternative Providers (APs) are often at the coalface of widening participation efforts; working with first and second generation migrants and based in their communities. Lacking the equivalent funding of mainstream Higher Education Institutions (HEIs), APs must instead develop highly effective but efficient strategies to increase retention.

This paper begins by discussing the AP context, i.e. the nature of the problem facing APs. This is followed by a systematic review of existing literature surrounding student retention, focusing especially on Community Colleges in the United States which are arguably very similar in nature. The paper discusses what the AP is doing to improve student retention in light of the existing research and their own practice. Finally, the paper discusses how these efforts to improve student retention will be evaluated.

The Alternative Provider Context

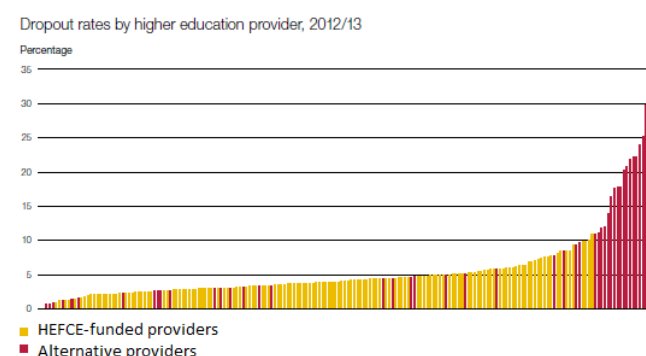
The average dropout rate at UK Universities was 6.2% in the academic year 2014/15, down from 7.2% in 2009/10 (Hammonds, 2017). However, it is recognised that most APs have considerably higher dropout rates (Morgan, 2014). Indeed, on some individual courses/programmes this can be as high as 80%. As can be seen in the graphs below, APs dominate the worst-performers in terms of dropout rates amongst HE providers.



Source: National Audit Office, 2014. Note: National Audit Analysis of Student Loans Company Data.

The graph excludes institutions with fewer than 100 students

The following year showed a dramatic improvement in retention figures across the board.



Source: National Audit Office, 2014. Note: National Audit Analysis of Student Loans Company Data.

The graph excludes institutions with fewer than 100 students

This issue presents strategic challenges to APs. The first being the reputational damage of high dropout rates, especially the belief that APs offer a poor-quality education and student experience (ignoring APs focus on widening participation). This potentially undermines APs seeking to achieve strategic goals such as Taught Degree Awarding Powers (TDAP).

The second being the loss of income, year-on-year, as students do not progress to the remaining years of their course. This creates the vicious circle of limited resources to invest in additional student support, or teaching and learning (T&L) enhancement.

Systematic review

The research surrounding student retention is both robust and well-developed. A number of themes have emerged, and these are discussed here in a chronological order which reflects the student journey, through recruitment to studying and course completion.

At the beginning of the student journey issues can emerge with student recruitment. Changes to the way HEIs are funded, and incentives given to those which 'widen participation has

meant many institutions have had to place quantity above quality with regards student recruitment. This has implications for student retention. While focusing on science and engineering students specifically Tomkinson, Warner & Renfrew argue that universities must still recruit students “of the appropriate calibre, motivation and experience” (2002: 210) if they want them to reach the end of their courses.

Once students arrive on campus, the reality of HE quickly becomes apparent. Although extensive research on the need to manage the transition from Further Education to Higher Education exists, it has also been found that many students find the reality of HE does not match expectations (Campbell & Mislevy, 2013; Pleitz *et al*, 2015). Campbell & Mislevy specifically identify the ‘massification’ of HE as a key driver, as students who may previously have followed other routes are encouraged to continue their education into HE. With creating and managing expectations there are clear threats for these new University students used to the spoon-feeding and strategic learning-to-the-test of secondary and FE education in the UK.

As a way of overcoming these initial problems of students ‘settling in’, Frost (1999) and Maldonado, Rhoads, & Buenavista (2005) suggest institutions promoting a sense of community (amongst students, and staff), even with students from non-traditional backgrounds, will have higher levels of student retention.

Kuh & Schneider, (2008. cited in Provencher & Kassel, 2017; Tinto, 2006; Sieveking & Perfetto, 2001) support the view that resources have to be invested in what Kuh & Schneider call ‘High-impact practices’ (HIPs). These include first-year seminars and experiences, common intellectual experiences, learning communities, intensive writing courses, collaborative assignments and projects, undergraduate research experiences, diverse/global learning experiences, internships, service or community-based learning experiences, and capstone courses and projects. These were found to boost student motivation, and socialise them into academic norms. This is especially important considering the research by Gale & Parker (2017), who found that students with a lack of cultural capital (A person's education [knowledge and intellectual skills] that provides advantage in achieving a higher social-status in society) will struggle in the more middle/upper class environment of higher education.

Student's general ability to overcome barriers, what may be called resilience was also

important given the challenges which emerge through a student's course of study (Padilla, 1999). Strongly linked to this is student's level and type of motivation (Slanger *et al.*, 2015; Friedman & Mandel, 2011; Hill, 2013; Polinsky, 2003; Williford *et al*, 2001). Hill (2013), for example, found that in students which are considered more applied, such as business, attracted students who were more instrumentally motivated. This is in strong contrast to students in more theoretical subject areas such as philosophy and English literature who were more deeply motivated by love of subject.

A range of institutional factors have also been identified as important. Rather than socialising students into the culture of academia, an alternative strategy can be adapting the culture of the organisation to fit that of increasingly diverse students (Zepke & Leach, 2005; Glogowska, *et al*. 2007). Linked to this is having a diverse executive team (Fincher, *et al.*, 2010). This helps the executive team to deliver services with greater empathy to students with similar backgrounds to their own. This is supported by Southwell *et al* (2016), and Craig & Ward (2008), who both highlight the importance of investing in student support services. This is also linked to the research of Lillis (2011) who found that student retention was strongly associated with the number of student-faculty interactions, and the emotional intelligence of faculty.

It could be argued that a common theme in all of this research is the need to place the student at the centre of institutional and professional practice.

Steps taken to improve student retention

In response to this literature, and the alternative provider who are the subject of this paper took a range of steps to improve levels of student retention.

These included:

- Increasing entry requirements to courses and ensuring that recruitment is driven by academic standards;
- Working more closely with partner institutions to improve assessment notification and general communication;
- Additional 1:1 and small group support;
- Closer monitoring of the personal tutor system to ensure its effectiveness.
- Allowing students to switch personal tutor;
- Administrative staff to follow-up students immediately after any absence and record the reasons so that additional academic or pastoral support can be offered;

- Student representative attendance to be encouraged so that feedback can be acted upon;
- Formation of a student "Council" made up of student representatives;
- Redistribution and reinforcement of the current attendance policy with all teaching staff and students
- "Student Charter" outlining the rights and responsibilities of students;
- Jobs fair and other social events which encourage participation;
- Continued investment in library resources;
- Students supported to organise their events;
- Supporting student to write their own student newsletter;
- Study skills and academic writing workshops on induction and throughout courses;
- ICT skills training for students so they are better able to engage with Moodle and online learning resources;
- Class sizes/groups to be reviewed;
- Peer review of teaching;
- Coaching and mentoring of teaching staff to improve the quality of teaching;
- Additional staff development workshops;
- External training when required;
- Performance management of teaching staff by Course Coordinators.

Evaluating effectiveness

To evaluate the effectiveness of these actions feedback was sought from students through the various committees with student representation.

Levels of student attendance is monitored closely, to both judge the effectiveness of changes made, and also to proactively support students who may require additional support.

Finally, where students do withdraw from their studies the numbers, timings and reasons given will be monitored. Through the regular evaluation of effectiveness, the AP will be reflecting on their practice and where further improvements can be made.

Conclusion

In conclusion, through a systematic review of current research and by reflecting on their current practice the AP who were the subject of this case study have made taken a range of measures to improve student retention. The effectiveness of these steps is being evaluated through a range of qualitative and quantitative measures.

To date, attendance data suggests these measures have begun to have a positive effect when comparing attendance data to previous intakes. However, this evaluation will need to continue before a more substantial dataset can

be generated and longer-term conclusions can be drawn.

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Reflections on Consulting Staff Retention Policy

Taslim Ahammad⁴⁹ and Julker Naim⁵⁰

Abstract

Employees who appreciate what they do and the atmosphere in which they work are more likely to continue employed with their company. Retention strategies are significant because they help create a positive work environment and strengthen an employee's commitment to the organisation. Hence, the objective of this paper is to make aware and assist organisation to develop their own retention policies. Labour markets have been tightening over the past decade, and replacement costs associated with filling vacancies have been strengthening upward for years. Development of fully integrated retention policy may be one of the most effective responses that workforce managers can make to these kinds of problems. Integrated retention policy uses problem-relevant information to shape focused retention initiatives. This retention research may help in the policy-development process and shed light on the value of standard practices, offer telling insights into patterns and trends in employee retention policy, the relative tendencies of high and low performers, and provide information relating to the effectiveness of popular retention strategies. In this article, it tried to show how this study of retention research may be used to inform and enlighten a policy-formulation process for employees in an organisation.

Key words: Retention, Turnover, Motivation

Introduction

Every organisation needs to have a strategy in place to retain the high performers that give it a competitive edge; they are the ones you can't afford to lose. Ignoring high levels of employee turnover can be very costly; it lowers internal morale and it could harm an organisation's external reputation and cost it business. So, understanding the importance of staff retention is vital. It's essential to try to learn more about the reasons why people resign. The reasons might simply be more attractive jobs elsewhere or chances for lifestyle reshapes, in which case it might be out of your hands to retain these employees. However, many people leave their jobs because they are dissatisfied with their current situation. There are ways of retaining these people, highlighted below. An organisation cannot survive if the top performers quit. It needs employees who are loyal and work hard with full dedication to achieve the organisation's objective. It is essential for the management to retain its valuable employees who think in favor of the organisation and contribute their level best. An employee who spends a longer duration at any organisation is familiar with the rules, guidelines and policies of the organisation and thus can adjust better.

Retention relates to the extent to which an employer retains its employees and may be measured as the proportion of employees with a specified length of service (typically one year or more) expressed as a percentage of overall workforce numbers. (CIPD, 2015). An effort by a business to maintain a working environment which supports current staff in remaining with the company. Many employee retention policies are aimed at addressing the various needs of employees to enhance their job satisfaction and reduce the substantial costs involved in hiring and training new staff.

HR records include a wide range of data relating to individuals working in an organisation, for example, pay or absence levels, hours worked and trade union agreements. This information may be stored in a variety of media, such as computer databases or paper files.

It is important for all organisations to maintain effective systems for storing HR data, both to ensure compliance with all relevant legislation (for example in respect of the minimum wage or working time regulations) as well to support sound personnel administration and broader HR strategy. Our factsheet on human capital contains more details of how employee information can help identify the sort of HR or management interventions which will drive business performance. (CIPD, 2015)

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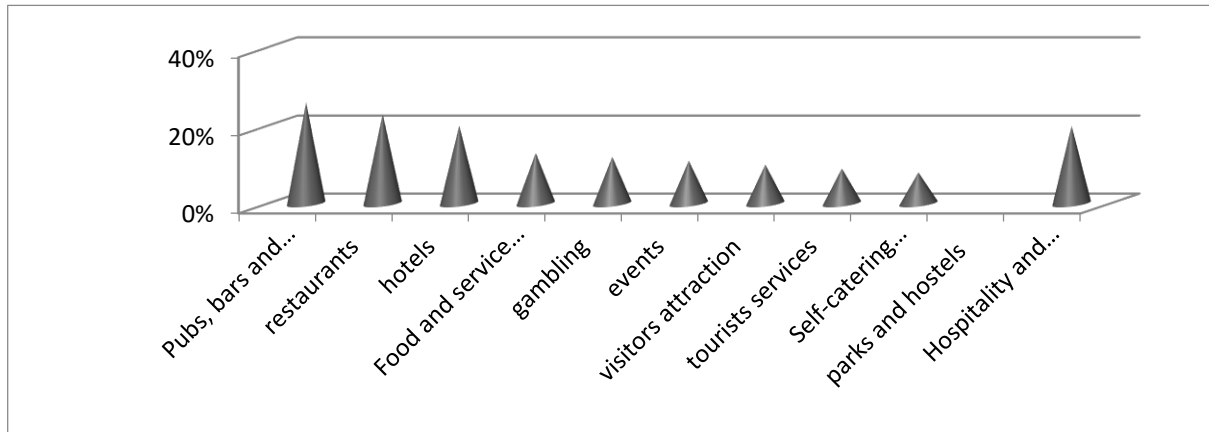
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Employee Turnover

At its broadest, the term is used to encompass all leavers, both voluntary and involuntary, including those who resign, retire or are made redundant, in which case it may be described as 'overall' or 'crude' employee turnover. It is also possible to calculate more specific breakdowns of turnover data, such as

redundancy-related turnover or resignation levels, with the latter particularly useful for employers in assessing the effectiveness of people management in their organisations (CIPD, 2015).

Fig 1 Industry Labour Turnover, Source: People 1st analysis of the Employer Skills Survey, UK Commission for Employment and Skills, 2011



According to the same survey (2011) turnover was highest among operative staffs and lowest among managers. However, there are few very sound arguments in favour of staff turnover, according to Torrington, *et al.* (2008:100), who propose:

- Companies need to be revitalised with fresh blood every now and again to avoid dullness services and becoming stale. The idea of invigorating staff forces really works at the senior staff level, where the leadership level requires to remain updated and move forward according to the market needs and trends.
- A high degree of staff turnover is the main tool in keeping the labour costs under control as a reaction to the unpredictable and changing economic climate. During quiet periods leaving staff will not be replaced, minimising the costs but still maintaining the organisation profit.
- 'Employee turnover is functional rather than dysfunctional because it results in the loss of poor performers and their replacement with more effective employees'

Retention and Turnover

Employers need to understand their rates of labour turnover and how they affect the organisation's performance. An appreciation of the levels of turnover across occupations, locations and groups of employees can help to inform a comprehensive resourcing strategy (CIPD, 2015).

According to a study conducted by Torrington, (Torrington *et al.*, 2008:198). after interviewing some 200 leaving employees, suggested the most common reasons for leaving a job were:

- Push factors represented by dissatisfaction with the actual work (particularly the hours, shifts patters) or work place (the organisation)
- The personal awareness that employees were not offered enough career development opportunities.
- A dysfunctional and bad communication relationship with the direct superior; when leaving, employees leave their managers not the actual organisation; staff is feeling let down not by the company's policies but by the way they have been implemented in the work place by the managers.
- Financial reasons and a pay raise counts as another reason for employees switching their workplace.

Another study conducted by Saratoga Institute and graphically presented by Branham, (Branham, 2005:20) reveals alike reasons, failure in meeting employees' basic needs:

- Limited career growth and of promotion at work-employees' deficiency of hope and motivation;
- Shortage of respect from the manager leads to lack of self-esteem and personal and professional confidence at work;
- Very unchallenging and unexciting job responsibilities: the dullness and repetitively tasks affect the employee's fulfilment;

- Working schedule: overtime, inflexibility, very unsocial hours, little holiday, no possibility to take sabbatical. Employees' personal satisfaction level decreases. Due to the busy schedule at work they are deprived of having a personal life.

According to (Brantham, 2015:20) 'an employee decision to leave or stay based on pay is the basic rule of thumb: in a health job market, an unhappy employee will not bolt the company for a 5 % pay increase, but it will take at least an increase of 20% to compel a satisfied employee to jump ship'.

Motivation as a Milestone in Retention

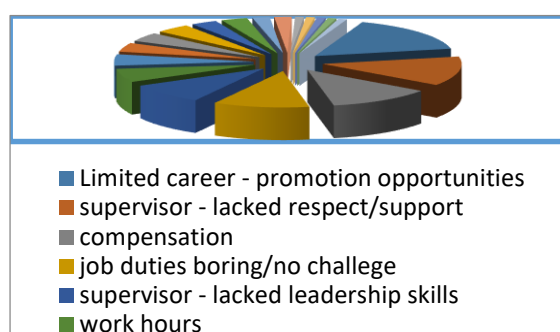


Fig 2: Why employees left (Branham 2005)

Theories Supporting Retention Policy

The researcher of this study has used some theories to investigate deeper into employee behaviour and job satisfaction including Maslow's hierarchy of needs, Herzberg's motivation-hygiene theory and Vroom, Porter and Lawler expectancy theory.

Maslow's hierarchy of needs theory states individuals are driven by several aspects in the working environment, targeting to fulfil one specific necessity before planning on to challenge to satisfy the next coming one in the pyramid. According to Maslow, there are 5 stages of the hierarchy, starting with basic needs such as food and shelter necessities to superior needs as self-achievement and self-fulfilment. (Armstrong, 2001). The important part of this theory is the fact that a satisfied need is no longer a motivator

'Frederick Herzberg's motivation-hygiene theory determines which factors in an employee's work environment cause satisfaction or dissatisfaction. Herzberg interviewed employees and asked them if what pleased and displeased them about their work. He found the factors causing job satisfaction (presumably motivation) were different from that causing job dissatisfaction. '(Armstrong, 2001, p:166)

Herzberg theory has been strongly criticised because it failed in measuring the relationship between the satisfaction and performance at work. The theory couldn't prove that satisfied employees improve organisation's productivity and revenue. Money can provide positive motivation in the right circumstances. The incentives will motivate people in different manners and to different extents. The lack of money can cause dissatisfaction at the work place but good provisions of money does not necessary results in long-lasting satisfaction. (Armstrong,2001).

Vroom expectancy theory explains that motivation and performance are influenced by three relationships: the association between the employee effort and his/her performance at work, the connection between this performance and its direct result as well as the importance of the outcome for the person. The personal effort translated as motivation depends on the probability of a reward following the effort. Given the reward, the effort is worthwhile. Of course, as Armstrong, 2001, p: 162 cited Vroom: 'mere effort is not enough. It has to be effective effort if it is to produce the desired performance.'

Best Practices for Retention Policy:

If employee retention policy plays such an important role in organisation's well-being and increase performances, to reduce costs and bureaucracy within company, then the answer to how to retain staff is very simple: to find the right employment retention strategies. 'A better working environment retention strategy refers to creating and maintaining a workplace that interests, retains and promotes skilled and hardworking employees. The strategy involves the creation of a corporate culture and a value hierarchy to focus on a safe working environment and transparent operating guidelines and procedures.' (Mondaq.com, 2015)

The present is the era of employees seeking openness and shared information culture in organisations that employ them. Workers want to be informed of company's goals, objective and future progress. What is actual financial situation of the company they work for? Employees claim to be informed on how their jobs responsibilities fit into the organisation overall scheme and what are the expectations. According to Naukrihub.com, (2015), 'a business that operates in an open environment where managers share information, will benefit from a reduced labour turnover rates.' When starting to work for a business, good employees' general goal is to improve

professional knowledge and personal skills to expand their value on the labour market and increase their level of competitiveness through self-esteem growth. (Armstrong, 2001)

Training and development strategies are the part of the growth opportunities that organisations are expected to offer to the employees as 'in-house curriculum for skills training and development, paying for college and continuing education, bringing in outside experts to educate employees about subjects that affect their personal lives' (Mondaq.com, 2015). Companies should offer a realistic and practical prospect to stand up as an employer and create a massive effect on employee retention. Innovation is the key to success. Most employers offer pay raise but how many are willing to teach their employees to improve their quality of life, for instance how to purchase the best house or car insurance? 'An idea will be set up a brown-bag lunch that teaches

Model of Retention Policy

Companies' strategy of looking for employees on the labour market to replace the leaving ones is considered a very old fashioned and inefficient approach but still highly used by many branded employers. According to Deloitte University Press an effective employee retention strategy should highlight 'critical employees' motivational drives, the nature of their perceived psychological contact with the organisation and how these perceptions fit into the reality at work' (Employee Value Propositions. Maximising performance through EVP, not IOU, 2010)

The same source based on their research reveals that *EVP (Employee value proposition) model* is very suitable in terms of enabling an organisation to shape its critical employee strategy. The EVP model discloses why and how the most valued resources of any company are its employees. Modern companies are keeping their employees informed, engaged therefore motivated and content. For small companies, family run that is the responsibility of the owner or manager but branded organisations dealing with tens of thousands of employees this task is the attribution of the HR department. The way employers treat their employee will directly reflect into companies' level of staff retention and profitability as per Deloitte University Press study: 'over forty percentage of the return or loyal customers are due to employees' positive attitude, more than 70% of company brand image is based on customer's experience with company's human factor and interpersonal interaction.

people the ins and outs of car insurance and how to get the best buy' (Mondaq.com, 2015).

Employee compensation strategies suggest 'money alone will not retain most employees. In the old days, companies essentially paid people for their time. Today, more and more companies pay for performance – in every position' (Mondaq.com, 2015). When employees go above anticipations, they deserve to be rewarded with a bonus. That way they will understand what the company is expecting from them. According to Torrington, Hall and Torrington, 2008, p: 200: 'employers who offer the most attractive reward packages have the lower attrition rates than those who pay poorly. As mentioned in (Worldwide, 2015) Hilton Worldwide typically pays 3% below the hospitality market hourly rate. Despite being one of the most reputable names in the hospitality industry, working for Hilton does not provide a better pay than average in the industry.

Another model explaining the employee retention is Stevens First to Leave Model:

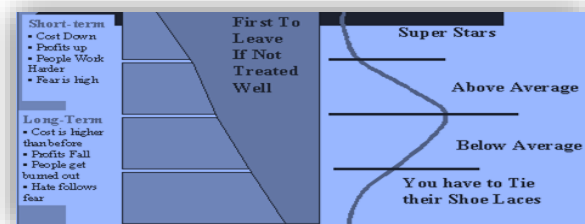


Fig 1.4 Craig Stevens First to leave model

The model refers to the fact that in the modern economic market the management is the problem in decreasing performance and profits therefore a series of organisational changes must be implemented. When such drastic measures are called for the high management level employees will first leave the organisation. The immediate effect will be panic at the management level workforce level with even more people leaving the company. The chart above illustrates how the high performing employees leaving first, consequently, are creating a huge talent loss for the company, a terrible damage in terms of skilled and talented people. (Westbrookstevens.com, 2015)

Critical Analyses about Retention Policies

Around the world social realities have different impacts on talent retention. In USA, the withdrawal from the workforce market of the Baby Boomer generation created a limitless number of open positions. In Europe, the cause was slightly different, low birth rate faced the

economy with a huge wave of open jobs and an aged workforce. Talented, skilled and young workforce is hard to reach in Europe. The demand is higher than the offer.

Of course, managing talent is different in the business environment, the chosen strategies are various but suitable from one continent to another. In USA, the credit crunch crisis forced managers to develop a performance oriented work philosophy to increase effectiveness and production. Europe on the other hand is challenged to provide talent management solutions for retiring employees to diminish the loss of knowledge, capability and skills. (Huntley, 2008)

Benefits, Reward and Motivation

The findings of the CIPD and National Training Award investigations mentioned above can help to answer the question. Both studies suggest that individuals place great emphasis on financial reward when looking for a new job so that in the event an individual should receive more than one job offer it is very likely that this will opt for the one associated with the most generous reward package. Financial reward would clearly be in this case the 'motive' for an individual accepting an employment offer or the motive for deciding amongst several offers which one to accept. But can benefits and reward be considered effective motivators in the workplace?

As a rule, completely underestimating the effect and significance of financial reward would represent a massive blunder; not only during periods characterised by predominantly grim financial and economic conditions. Financial reward never is completely irrelevant; as suggested by the Herzberg's two-factor theory (1957), it is not a motivator on its own, but an inadequate and insufficient financial reward package is extremely likely to produce demotivating effects. (Longo, 2011)

Benefits, Reward and Engagement



Taking into consideration the concept of engagement as defined by the US Conference Board and the British IES, benefits or strategic

benefits how referred to by Hemsley (2011), should be regarded as useful to retain employees and to keep these committed to an organisation; safe in the knowledge that committed individuals are not necessarily engaged individuals. This approach, notwithstanding, can be considered debatable in that whether an individual has decided to leave his/her current employer and has actively started to seek another job, it is hardly believable that such a decision have been made because of the weakness of the benefits package offered by the current employer, unless the organisation is offering overall financial reward packages completely unaligned with the local labour market. In general, such decisions are indeed based on well-different grounds. Whether to perform well individuals need a job giving them a feeling of usefulness, autonomy, involvement and growth it is unlikely that these may exhibit discretionary behaviour by a more considerable financial reward package; which after a while would be considered as normal and justified irrespective of their performance. (Longo, 2011)

Benefits, Reward and Commitment

It could be contended that to some extent benefits and reward may help employers to retain employees. Taking as axiomatic that, when seeking for a new job, individuals only care about financial reward, it would really make no sense leaving the current employer for a new one offering a reward package similar to that which they already receive. Under similar circumstances individuals would possibly opt to better remain with the current employer. Yet, employees know how things go within their current organisation (which could sometimes be just the reason why individuals decide to leave), but they surely know little or nothing about how things would go once having eventually joined a new organisation; things may potentially go worse. Generally, unless the worth of the reward package offered by the new employer is remarkably more considerable than the current one, it is unlikely that an individual might decide to leave an organisation for joining a different one exclusively because financial-reward-related reasons.

The benefits package offered by an employer may hence reveal to be useful to retain its employees, but it sorely depends on the different circumstances so that the effectiveness of benefits packages as a certain means to retain staff remains questionable. In contrast, as confirmed by the CIPD and the National Training Awards investigations, benefits packages can reveal to be useful for

businesses which want to attract new talents from the exogenous environment. Claiming that reward packages may reveal to be useful to attract new staff, but can produce limited effects, if any, to retain existing staff may sound contradictory. The different role which benefits packages can play depends indeed on the overall reward package offered by an employer. Whether, for instance, an individual should receive in addition to pay only a daily luncheon voucher, the offer of a similar financial reward package enriched by a company car, a housing allowance and a complementary pension scheme could make a world of difference. (Longo, 2011).

Reward impact on employees motivation, engagement and commitment				
	Induced by	Objectives	Reward impact	
			Short-term	Mid-long term
Motivation	Discretionary behaviour	Reward	Likely	Unlikely
Engagement	Job design Job enrichment Employees involvement Employees empowerment Decision making delegation Individual growth	Self-fulfilment	Possible	None
Commitment	Employer branding CSR Integrity Flexible working Consistency	Job security and stability	Possible	None

Be proud to be part of an organisation, rather than of another, very much depends on these factors; believing that a person may feel gratified to work for an employer only for the financial reward packages this offers, would represent a massive blunder (Longo, 2011).

The Influence of Exogenous Environment

The reason for jobseekers' preference having shifted from 'increase job satisfaction' to 'increase salary/benefits' when looking for a new job, can very likely be explained by the deterioration of employee standard of living at large. The same study suggests that only 7 percent of the respondents reported that their standard of living has improved, whilst 56 percent said that it has remained the same and 36 percent reported a worsening situation (CIPD, 2011).

The grim financial exogenous context can clearly make a negative impact on the employees' mood and sometimes, albeit inadvertently, these could bring with them to work their personal problems and feelings. This occurrence may clearly affect their level of performance; the employer's support can hence definitely help. Since employees are prone to forget in the long-term what an employer has done for them and to keep, by contrast, long-term memory of any even tiny accident, such a help should absolutely be considered within the array of the initiatives

producing short-term effects. Yet, during downturn and slowdown periods it is unlikely that employers may afford extra-budget expenses, but this clearly depends on the different circumstances.

Benefits and salary, as part of a total reward model where the different components of financial and non-financial reward play a coordinated role to implement an organisation's reward philosophy and strategy, can clearly reveal to be significant contributors to employee engagement, commitment and motivation. To motivate, engage and commit staff employers should develop a plan of action based on the simultaneous implementation of a series of harmonised initiatives basically aiming at offering employees: learning and development opportunities, an appropriate working environment, a fair and equitable pay scheme and a suitable benefits programme, in other words a consistent and well-developed and well-designed total reward scheme, never neglecting that execution invariably is of paramount importance. (Longo, 2011)

How to Develop Employee Retention Strategies

Succeeding in employee retention efforts requires to think about things from the team's point of view. All employees are different, of course, and each has unique desires and goals. However, it is a safe bet to assume that all of them want to know they are being paid at or above market rates and have good benefits. Employee wants to feel that they are appreciated by their employer and treated fairly. They want to be challenged and excited by the job they may asked to do.

An effective employee retention programme addresses these concerns. Nonetheless, it also goes beyond the basics. In fact, efforts should start on a new hire's first day on the job. The training and support business provide from Day One sets the tone for the employee's tenure at the company and boosts job satisfaction. (Robert, 2017)

Ways to improve staff retention

By adopting a mix of the following methods, you should see an improved staff retention rate, some recommendations are as follows:

- Ensure those being recruited have a realistic idea of what the job entails.
- Improved career development opportunities.
- Effective appraisals.
- Strong diversity policies.
- A practicable means of dealing with bullying.
- A good work/life balance.

- A mechanism for staff to register dissatisfaction, whether it be appraisals, grievance proceeding and so on.
- Leadership training for managers.
- Competitive benefits package that fits your employees' needs
- Open communication between employees and management.
- Employee development programmes
- Hire a suitable human-resources professional.

Conclusion and Recommendations

Employee retention techniques go a long way in motivating the employees for them to enjoy their work and avoid changing jobs frequently. Likewise, other secrets are hiring the most suitable employees, training and education opportunities in staff, maintaining a good and effective communication and company transparent policy. The HR department must take the initiative to discuss the several issues disturbing an employee and try to sort it out as soon as possible. An organisation must work hard towards retaining those who really are important for the organisation. Likewise, an ethical dimension of person-organisation fit may go some way in explaining superior acquisition and retention of staff by those who are attracted to specific organisations by levels of corporate social performance consonant with their ethical expectations, or who remain with them by better personal ethical fits with extant organisational ethical values.

Every area of the employer-employee relationship in an organisation deserves employer's attention. Embrace these key strategies to improve your organisation's employee retention and boost employee satisfaction:

On-boarding and orientation - Every new hire should be set up for success from the very start, from the first day of work to the first week and beyond. The job orientation is just one component of on-boarding, which can last for weeks or months, depending on your organisation. Aim to develop an on-boarding process where new staff members not only learn about the job but also the company culture and how they can contribute and thrive, with ongoing discussions, goals and opportunities to address questions and issues as they arrive.

Mentorship programs - Pairing a new employee with a mentor is a great idea for on-boarding. New team members can learn the ropes from a veteran with a wealth of resources, and the new hire offers a fresh viewpoint to experienced staff. Mentors shouldn't be work supervisors, but they can offer guidance and be

a sounding board for newcomers, welcoming them into the company culture.

Employee compensation – It is essential in this competitive labour market for company to offer attractive compensation packages. That includes salaries, of course, but also bonuses, paid time off, health benefits, retirement plans and all the other perks that can distinguish one workplace from another. Every employee should have a full understanding of all the benefits they receive from your organisation.

Recognition and rewards systems - Every person wants to feel appreciated for what they do. Make it a habit to thank your direct reports when they go the extra mile, whether it's with a sincere email, a gift card or an extra day off. Show your employees you appreciate them, and share how their hard work helps the organisation. Some companies set up rewards systems that incentivise great ideas and innovation, but you can institute recognition programs even on a small team with a small budget.

Work-life balance - What message is your company culture sending? If staff are expected to regularly work long hours and be at your beck and call, you'll likely run into issues with employee retention. Burnout is very real. A healthy work-life balance is essential, and people need to know that management understands its importance. Encourage staff to take vacation time, and if late nights are necessary to wrap up a project, see if you can offer late arrivals or an extra day off to compensate and increase job satisfaction. Many companies offer telecommuting or flexible schedules to improve work-life balance for their employees.

Training and development - In any position and industry, professionals want the possibility for advancement. Smart managers invest in their workers' professional development and seek opportunities for them to grow. Ask each of your direct reports about their short- and long-term goals to determine how you can help achieve them. Some companies pay for employees to attend conferences or industry events each year, or provide tuition reimbursement or continuing education training.

Communication and feedback - Keeping open lines of communication is essential for employee retention. Your direct reports should feel that they can come to you with ideas, questions and concerns, and likewise, they expect you to be honest and open with them about improvements they need to make in their

own performance. Make sure you connect with each staff member on a regular basis — don't let issues build up for the annual review.

Dealing with change - Every workplace must deal with unpleasant changes occasionally, and the staff looks to leadership for reassurance. If your organisation is going through a merger, layoffs or other big changes, keep your staff informed as much as you can to avoid feeding the rumour mill. Make big announcements face to face, and make sure you allow time for their questions.

Fostering teamwork When people work together, they can achieve more than they would have individually. Foster a culture of collaboration that accommodates individuals' working styles and lets their talents shine. Do this by clarifying team objectives, business goals and roles, and encouraging everyone to contribute ideas and solutions.

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NOTES FOR CONTRIBUTORS

Journal Papers

1. Introduction

Journal papers are original, scholarly outputs that report findings representing a substantial advance in the understanding of a significant problem. Journal papers can have far-reaching implications for the advancement of knowledge in a specific field.

Authors submitting to JCD&MS should delay publicising the findings of submitted papers until the peer review process is finished and full critical evaluation of the submission has been completed.

2. The manuscript

The following guidelines are offered to help authors with submission presentation:

2.1. Word count

The word count generally for papers is 3,000-5,000. However please also see Section 7 below for word count variations for different types of submission. This word limit can be increased to 7,000-8,000 words in cases of research containing empirical results.

Papers should open with an introduction of around 500 words, before proceeding to a concise, focused description of findings and end with one or two short paragraphs of discussion.

All pages should be numbered.

2.2. Cover sheet

Cover sheet[s] should always include title, list of authors, author affiliations and addresses, running head, word count [excluding abstract, references, tables, and figures], declarations of competing interest and clinical trial registration details [if applicable].

2.3. Abstract

Papers should have an abstract, separate from the main text, of up to 300 words. This is not referenced and does not contain numbers, abbreviations, acronyms or measurements unless absolutely essential. It should be understandable to readers outside the discipline. The abstract should contain an introduction to the field; a brief account of the background and rationale of the work; a statement of the main conclusions [introduced by the phrase 'Here we show' or 'From this research...' or equivalent]; and finally, 2-3 sentences putting the main findings into general context so it is clear how the results described in the paper have moved the field forwards.

2.4. Keywords

A list of up to eight keywords [preferably words that do not appear in the title of the article] should be included to identify the contents of the paper.

3. References

Appropriate in-text citation should be used, and a full reference list should appear at the end of the paper. Please use the Harvard system [Author, date] for listing references [see below]. In the reference list provide up to the first six authors and then follow by et al., then the last author if this person is the senior author for the paper. Please include issue/part numbers. You can include citations to conference abstracts or unpublished work to support substantive claims. Please ensure that the introduction and discussion sections of your article cite the most recent relevant literature and not just literature from your own research group, region or country. Papers may include systematic reviews and one or two of the pivotal studies that a review has summarised.

3.1. In-text citation

3.1.1. Example: book with one author

'According to Bell (2015: 23), the most important component of research is...

3.1.2. Example: book with two or three authors

Goldsmith and Barrett (2014) suggested that...

3.1.3. Example: book with one author

This was supported by Young et al. (2015)....

3.2. Reference list

List all entries cited in the text alphabetically by author and year of publication in a separate headed, reference section. Please follow the examples given:

Books

Kotler, P., Armstrong, G., Wong, V. & Saunders, T. (2015) *Principles of Marketing*, 15th edn. New Jersey: Prentice-Hall.

Books with an Editor

Gronroos, G. (2016) [Ed.]. *Services Marketing*, 3rd edn. Oxford: Oxford University Press. Chapter[s]/sections of edited books

Parker, R. (2015) 'Management of the problem'. In: D. Butcher. [Ed.]. *The Definitive Guide to Management*. London: Butterworth-Heinemann, pp. 23-25.

Journals

Holt, D. (2016) Branding in the age of social media. *Harvard Business Review*, 94[3]: 11-23.

Newspapers

Mansell, W. & Bloom, A. (2012) 'Parrots eats a £10,000 necklace', *The Guardian*, 20 June, p. 5.

E-journal articles

Holt, D. (2016) Branding in the age of social media. *Harvard Business Review* [Online], 94[3]: 11-23. Available at: <http://library.beds.ac.ukv> [Accessed: 21st August, 2016].

Online newspapers articles

Mansell, W. & Bloom, A. (2012) 'Parrots eats a £10,000 necklace', *The Guardian* [Online], 20 June. Available at <http://www.guardian.co.uk> [Accessed: 19 November, 2016].

Conference proceedings

Institute for Small Business Affairs (2016) Small firms: Adding the spark: The 23rd ISBA national small firm, policy and research conference. Robert Gordon University, Aberdeen, 15-17 November. Leeds: Institute for Small Business Affairs.

Conference papers

Cook, P. (2016) 'Developing franchised business in East London', Small firms: Adding the spark: The 23rd ISBA national small firms, policy and research conference. Robert Gordon University, Aberdeen, 15-17 November. Leeds: Institute for Small Business Affairs, pp. 127-136.

3.3. Subheadings

The text may contain a few short subheadings [not more than six in total] of no more than 40 characters each [less than one line of text in length].

3.4. Figures and Tables

Articles typically can have 5 or 6 display items [figures and/or tables]. All tables and figures should be cited in the text. Insert tables and figures into the main body of the text.

Legends should include keys to any symbols. In the full-text online edition of the journal, figure legends may become truncated in abbreviated links to the full-screen version. Therefore, the first 100 characters of any legend should inform the reader of key aspects of the figure or table.

3.5. Typeface

The text should be in Arial 11-point font, 1.5 line spacing, paragraphs should be left aligned. The title should be in bold capital letters, in Arial 14-point font and the names of the authors should be in Arial 12 point font.

The first heading should be Arial in bold capital letters, 12-point font. The second headings should be Arial bold, 12-point font. Third headings should be Arial bold and italics, 12-point font.

3.6. Submission

The manuscript should comprise a single Word file [figures and tables should be separate from the text]. Manuscripts should be e-mailed to journal@londonchurchillcollege.co.uk within the time frame advertised under the 'Call for Papers'.

3.7. Defamatory statements

Authors should refrain from making defamatory statements about specific individuals or organisations, whether they believe these are justified. We will continue to critique research and claims made by vested interests.

3.8. Permission to reprint source material

If a paper uses all or parts of previously published material, the author must obtain permission from the copyright holder concerned. It is the author's responsibility to obtain these permissions in writing and provide copies to JCD&MS.

3.9. Histograms

Do not include histograms with three-dimensional blocks or shading as this can make interpretation difficult.

3.10. Colour illustrations

Authors are expected to pay the full cost for reproducing colour artwork. Therefore, please note that if there is colour artwork in the manuscript when it is accepted for publication, JCD&MS requires authors to defray such costs before the paper can be published.

3.11. Preparation of electronic figures for publication

Please contact JCD&MS for instructions regarding any high quality images that are included in the submission

3.12. Supporting information:

Additional material of lengthy appendices [e.g. extensive reference lists or mathematical formulae/calculations], that are relevant to a particular article but not suitable or essential for the print edition of the journal, may also be considered for publication.

3.13. English-language editing:

If English is not the first language of authors, they are advised to have their manuscript edited by a native English speaker before submission. However, JCD&MS will do its best to accommodate papers from authors in countries where the resources do not exist for this.

3.14. Papers not complying with editorial requirements:

A manuscript that does not comply with journal requirements will be returned to the author.

3.15. Ethical Principles

JCD&MS supports ethical principles. As such, when submitting papers online, authors will be asked to state that:

3.15.1. All authors have been personally and actively involved in substantive work leading to the report and will hold themselves jointly and individually responsible for its content;

3.15.2. All relevant ethical safeguards have been met in relation to patient or subject protection, or animal experimentation, including, in the case of all clinical and experimental studies review by an appropriate ethical review committee and evidence of written informed patient consent

3.15.3. Papers will be returned that contain sexist, racist or other non-acceptable. language.

3.16. Declarations of interest

Declarations of conflicts of interest are required for all submissions and should appear after the list of authors and addresses. Declarations of interest do not indicate wrongdoing but they must be declared in the interests of full transparency. Any contractual constraints on publishing imposed by the funder must also be disclosed. Declaring a conflict of interest is the responsibility of authors and authors should err on the side of inclusiveness; the time window for these financial links is within 3 years of the date of article submission. If an undeclared conflict of interest comes to light, we reserve the right to withdraw the paper from the journal production process.

3.17. Plagiarism

Plagiarism involves using someone else's work without appropriate attribution. If sections of text numbering more than 10 words have been copied verbatim these must be put in quotation marks and a full citation given. Copying more than a few lines verbatim is not normally acceptable unless a specific reason can be given and permission has been obtained from the owner of the copyright [and the author, if different]. We will treat plagiarism as serious professional misconduct and respond accordingly.

4. The Review Process

Each manuscript is read by a member of the JCD&MS Editorial Panel and those that are considered clearly uncompetitive or unsuited to this journal will be declined without going to full review. This process should take no more than 2 weeks.

Manuscripts that pass this stage are sent to two Reviewers [who may be Editorial Panel members] who may return the manuscript unreviewed if a serious limitation is identified. Otherwise the two Reviewers make a recommendation to the Editorial Panel, which then communicates its decision to the authors. This process should take no more than four weeks.

If authors are invited to revise a manuscript and resubmit it, they should submit the revised version within 6 weeks. An extension will usually be granted if requested. A decision on the revised version may be taken by the Principal Editor or he or she may consult an Editorial Panel Member or put the revision through another full review process, depending on the nature of the revisions that had been requested. A decision on the revised version should normally take less time than the original review process.

4.1. Evaluation Criteria

Articles submitted for publication in the JCD&MS are evaluated according to the following criteria:

4.1.1. Significance of the theoretical and methodological contributions;

4.1.2. Degree to which the manuscript fits the emphasis of the journal;

4.1.3. Appropriateness of the literature review;

4.1.4. Adequacy of the design and execution of the study;

4.1.5. Appropriateness of the analysis;

4.1.6. Quality of the discussion and interpretation of the results;

4.1.7. Clarity of presentation;

4.1.8. Implications for practitioners, academicians and scholars.

4.2. Reviewers Disclosure

Reviewers have the option of disclosing their identity to the authors by adding their name to the bottom of their review comments. We encourage this in the interests of transparency.

4.3. Appeals

Requests for appeal will usually be considered only where the author makes a case that one or more Reviewer, or the Editorial Panel, has clearly made a substantive mistake. They will not normally be considered where there is a difference of opinion about the importance of the findings or where the author believes that issues can be rectified in a revision.

It is important to bear in mind that the comments received by authors are primarily intended to help with making revisions should authors wish to submit the manuscript elsewhere. In many cases the decision not to publish will be made on grounds of priority given the pressure on space within the journal.

4.4. Proof Corrections

All manuscripts will be proof-read by JCD&MS. However, the JCD&MS will not accept responsibility for any error, which is an important reason for careful proof-reading by authors or their agents is undertaken prior to submission. Other than in exceptional circumstances, all illustrations are retained by the publisher. Please note that the author is responsible for all statements made in his or her work, including changes made by the copy editor.

5. Copyright

It is a condition of publication that authors grant copyright to JCD&MS for all articles, including abstracts. Papers will not be passed to the publisher for if the author disputes copyright. Authors are responsible for obtaining permission to reproduce copyright material from other sources.

6. Others forms of submissions

The following forms of submissions will be considered for publications. Please contact the JCD&MS for further criteria:

6.1. Research Reports

Research reports are papers reporting original findings from individual studies [or groups of studies]. The study or studies may be qualitative or quantitative and may involve experimental or non-experimental designs.

Authors of research reports should aim for no more than 3500 words excluding abstract, tables and references. However, we recognise that clinical trials and studies with complex methods/analyses may require greater length to ensure full reporting of all relevant aspects of methods and results.

Qualitative manuscripts may be up to 4500 words to facilitate the inclusion of direct quotations within the main text, but this is in lieu of any tables. There is no minimum word length.

6.2. Reviews

Reviews draw together a body of literature to reach one or more major conclusions. It is expected that reviews will be 'systematic', which means they will set out very clearly the search strategy [including key words where appropriate], the selection criteria for articles to include, and the basis for integrating findings. A review may be up to 4000 words.

6.3. Letters

The JCD&MS publishes solicited and unsolicited letters. They may express opinions about articles published in the journal, report on a development, or comment on some issue of potential interest to the readership of the journal. They will normally be refereed. Addition does not generally use letters to report new findings unless they extend findings of a paper published in the journal. Letters should normally be no longer than 500 words with up to 20 references. If a letter comments upon a paper already published in the journal, this should be cited at the beginning of the letter. The author of that paper may be given a right of reply.

6.4. Monographs

The JCD&MS will publish occasional monographs of 4,000-10,000 words, excluding references, abstract, title, tables and figures. Monographs constitute major pieces of writing that cannot be expressed within the usual length limits. Monographs might include extensive systematic reviews of major topics or a series of linked studies addressing a common research question. These articles will go through the usual peer review process; however, the editor will only accept monographs that are of substantial importance. There will be no appeals for rejected monographs, but rejection will not preclude authors from submitting papers based on the material as standard research reports.

Authors who are interested in submitting such a piece are advised to contact the Principal Editor of the JCD&MS in the first instance. Otherwise authors wishing to submit monographs for consideration should submit in the usual way, but should add a note in their cover letter explaining that they would like the submission to be treated as a monograph. Monographs should carry structured abstracts [no more than 300 words] and include headings similar to those of research reports or reviews.

Monographs should be structured as research reports or reviews as appropriate.

6.5. For Debate

'For debate' articles are opinion pieces up to 3500 words in length. They synthesise the research literature in a way that adds important new insights. They should be written in an international context and make one or two key points that are more in the way of opinion rather than fact. The point[s] will normally challenge existing thinking, raise an issue that has been neglected, take an issue forward that is currently being considered, or reinforce one side of a debate that is currently underway. It can concern matters of policy, treatment, assessment/diagnosis, theory or methodology and should be written in a lively and engaging style.

Approximately 3-4 commentaries will usually be commissioned to accompany these articles. Commentators will be chosen to provide alternative opinions on the debatable issue.

Once the commentaries have been accepted for publication, the author of the 'For Debate' article will be given the opportunity to respond to the commentaries, and the response will be published alongside the 'For Debate' article and its commentaries. 'For Debate' articles should follow the abstract and article style of reviews.

6.6. Commentaries

A commentary should add a further perspective or point of view to a particularly important research report or learned review. Rather than being a review of the article, authors should use the findings as a stepping stone to make one or two points of wider relevance to the field. A commentary should be approximately 500-750 words and up to 19 references. When commenting upon a research report or review, a reference should be made to this text at the beginning of the commentary and included in the reference list. There is no abstract, but commentaries should begin with a one or two sentence summary setting out the main point.

6.7. Editorials

Published at the start of every issue of JCD&MS, an editorial should be a significant piece of academic writing. An editorial is distinct from a review – it is shorter and provides a place in which one has the distinct aim of stimulating debate, identifying ideas and pushing ideas further forward. It should make one or two key points that are more in the way of opinion rather than fact. The point[s] will normally challenge existing thinking, raise an issue that has been neglected, take a current issue forward, or reinforce one side of a debate that is currently under way. It can concern matters of policy, treatment, assessment/diagnosis, theory or methodology and should be written in a lively and engaging style with the point[s] very clearly stated. An editorial should also be written from an international perspective. Editorials should be under 1000 words and should contain no more than 19 references. There is no abstract but editorials should begin with a one or two sentence statement setting out the key point being made.

6.8. Book Reviews

Book reviews should be more than simply a summary of the book's content and should place the book in the context of other literature in the field. Reviewers should aim to make them a 'good read'. On occasion it may be appropriate for a reviewer to offer a negative appraisal of a book but this should be done in a professional manner. The books reviewed are selected to be of interest to the journal's readership and the reviews should identify what is good and worthwhile in the book for JCD&MS's varied readers. Book reviews should be no more than 500 words and up to ten references.

Contents

Prologue	80
Editorial: Caring for the Carer	81
James Hodgson	
Viewpoint: Academic Freedom is Now Being Betrayed by Academics.....	83
Professor Geoffrey Alderman	
Viewpoint: End of Days.....	84
Professor Jon Mills, PsyD., PhD	
Viewpoint: Peter Green's recent article entitled 'QAA Reviews; Fact or Fabrication'	90
Tommie Anderson-Jaquest, PhD	
Revisiting the Death Drive.....	92
Professor Jon Mills, PsyD, PhD	
The future of Health Overview and Scrutiny in England	101
Peter Hill, PhD	
Students' understanding of how their private lives can encourage or enhance learning experiences; a case study from psychodynamic training.	105
Nick Papé, PhD	
Mental Health in the Age of Pharmacology; Medicine and Pharmacy as a Panacea to Treating Mental Illness.....	116
Professor Jon Mills, PsyD., PhD	
Student Engagement: The Challenges Facing SMEs.....	125
Isabel Morrell and Nicola Stavrinou	
Structured Educational Programme as Strategic Intervention for Adults with Type 2 Diabetes to Control their Weight: A Literature Review.....	138
Golam Maola Moahmmad Faquzzaman and Muhammed Mostofa Khan.	
Review of Influential Factors Driving Organic Food Consumption.....	145
Salma Akter, PhD	
Patient Choices Pertaining to Over-the-Counter Medication: A Literature Review.....	155
Muhammed Mostofa Khan and Golam Maola Moahmmad Faquzzaman	
Student Retention at an Alternative Provider: a case study.....	162
Peter Hill, PhD	
Reflections on Consulting Staff Retention Policy.....	166
Taslim Ahammad and Julker Naim	

