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Uncertainties about Brexit and its impact is still a major concern of the higher education sector. While debates focus on how to "lock-in" the benefits of current EU membership for a post Brexit era, universities have been engaging actively in their REF activities and submission strategies. Discussions about the student experience are complemented in the media by narratives on whether a good degree is worth the investment and the level of fees students pay. Student attainment is a serious issue at all levels of post-compulsory education, where race is a determinant factor in student experiences and it is of great interest to look at institutions that are able to make changes.

In this issue, Tatsi and Darby engage with the attainment debate, by addressing the ‘degree attainment gap’, i.e. the discrepancy in the rate of ‘good degrees’ achieved by Black, Asians and Minority Ethnic qualifiers compared with white graduates, a discrepancy that persists in higher education. This is a field of intense activity at the University of West London and the article also discusses the strategies the university is currently employing to address the matter.

In the disciplines, Brooks in criminology has highlighted the complex problem of how to theorise and define acts of fraud and corruption. This is a useful endeavour because of the consequences on how we treat, punish and deter offenders. His claim is that further research into fraud in healthcare is needed and particularly in the field of the social sciences and that there is much in the literature that could be used to enrich the debate on fraud and corruption in healthcare systems around the world.

In music production, Exarchos focuses on rap or hip-hop music, referring to rap as the musical element of a hip-hop culture investigation. Sampling in hip-hop practice is a form of digital recording, often utilising previously released phonographic material, and leading to music-making processes. He examines a conundrum in hip-hop music making, where the legal landscape compromises producers’ freedom to create new music using phonographic sources.

Two articles report on research in health care. Lawal, discusses the beneficial effects of diabetes education in promoting patient outcomes. Non-attendance in Diabetes Education Centres remains a big challenge to the implementation of a national diabetes education policy in the UK. Lafarge describes her experience of conducting research on the sensitive areas of pregnancy termination for fetal abnormality on perinatal loss that has recently received widespread coverage.

Finally, two articles report on the impact of media on portraying gender and age and related stereotypes. Olsen explores contemporary advertising in Germany and how it utilises loneliness as a narrative device. The article sheds light on weaving loneliness into sales pitches and looks at loneliness of older people as an activation strategy in the narratives of advertising. Goerzig and Hoggins investigate the portrayal of Olympic athletes in the media and report that the portrayal of Olympic athletes defies traditional gender stereotypes.

Professor Stylianos Hatzipanagos
New Vistas Editor
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A SICKNESS IN THE SYSTEM

Understanding fraud and corruption in healthcare: A contribution from criminology

In England and Wales we have an aging population and the cost of providing healthcare is increasing. Whilst demand for health services has swollen, and will continue to do so, funds made available for the NHS since 2010 have been low by historical standards. Due to perhaps negative coverage and criticism from the health care sector the Department of Health spent £124.7bn in 2017/18, £126.4bn in 2018/19, and will spend £127.2bn in 2019/20 on providing health care. Of the current level of spending in 2017/2018 £110 billion was spent on the NHS with the rest spent on public health (healthy eating habits), education, and infrastructure such as building new hospitals (Johnson et al. 2018). Out of these funds it is estimated that £1.25 billion per annum is lost to fraud (data from 2016/17, National Health Service Counter Fraud Authority, 2017).

Extra funds, approximately £20 billion have been promised by the current Prime Minister for 2023/24, but it is as yet still unclear how such an increase will occur. The increase has been welcomed by the NHS but will fail to address the fundamental challenges that it currently encounters or help fund developments in services that are essential. One of these challenges is that elderly people are lying in hospital beds instead of at home due to a lack of people to care for them. This is a social care issue, though and dealt with mainly by local councils, but with cuts to services councils are unable to deliver much needed services to elderly people. Therefore, issues beyond NHS can affect its operational capacity and thus service to all citizens.

There are ongoing debates as to how to fund the NHS in the future, which has yet to be decided. Proposed suggestions are increase in personal taxation, streamlining services, if possible, use of technology; restructure (yet again) the NHS, and a health insurance model expanding the role of the private sector. There is little or no mention on how these will reduce fraud and corruption, though.

Regardless of how we fund the NHS in the future a loss of £1.25 billion per annum is unacceptable. This loss, however, is with all crime data only an estimate and the £1.25 billion is below that of the actual level of fraud and corruption in the NHS. This article will address this issue with particular reference to the NHS in England and Wales but, where useful, make reference to international literature as well. It will offer a definition of fraud and corruption, but also highlight that fraud and corruption are often used interchangeably to define the same act. Once a definition is provided, I will review the contribution of sociology and criminology in developing theoretical frameworks to help us understand why people commit fraud and acts of corruption.

Trying to define a flexible beast: The problem with fraud and corruption

Any definition can have two elements (Philip, 2015): it can articulate the import and usage of a word and also act as a tool to help construct an explanation; the social sciences are primarily concerned with the latter. Understood as a tool, a definition aims to identify a set of criteria that suggest necessary and sufficient conditions for a phenomenon to occur. These criteria, however, differ depending on the focus of the discipline. Much of the literature on corruption is dominated by political science. This discipline along with law primarily sees people as rational and as such often proposes changing laws, policy and/or procedures to tackle fraud and corruption. Economics also primarily see people as rational economic units. As such all three approaches place fraud and corruption into a personal and political cost benefit analysis. This is a rather crude distinction but how we view people and what we think motivates them to commit crime affects how we prevent and punish offenders.

Often dismissed as ‘empty ruminations’ our underpinning view on why a crime is committed has consequences on how we treat, punish and deter offenders. A brief scan of criminal justice policy will highlight how theoretical approaches affect what laws and techniques are implemented and therefore constitute a core element of preventing crime and how we ‘punish’ what is often referred to as white collar crime. I suggest, however that the term white collar crime is sometimes misleading. It is popular in the USA and has expanded its reach into Europe but white collar crime denotes the position – white collar – of the person that has committed the crime. If a doctor working in the NHS committed prescription fraud it is a fraud but also seen as a white collar crime, but if a patient that is unemployed

Regardless of how we fund the NHS in the future a loss of £1.25 billion per annum is unacceptable. This loss, however, is with all crime data only an estimate and the £1.25 billion is below that of the actual level of fraud and corruption in the NHS.
committed prescription fraud, it is a fraud. The same act has been committed but the position, the status of the person has defined the crime rather than the crime itself (Brooks, 2016).

However, whilst it is difficult to clearly define fraud in this article, it will be defined as illegally obtaining a benefit of by intentionally breaking a rule. Based on deception, fraud is an intentional act to secure a mainly financial advantage – in the present or future – with, but usually without, the knowledge of those victimised. The Home Office Fraud Act 2006 (for England and Wales and Northern Ireland) has defined three types of fraud in an attempt to clarify the matter, namely:

- fraud by false representation (section 2),
- fraud by failing to disclose information (section 3),
- fraud by abuse of position (section 4)

Under this definition, a failure to disclose is also considered fraud. Fraud is thus seen as both active and passive behaviour and is considered as unacceptable. Clear national standards are useful to combat fraud, and yet laws are often only rigorously applied depending on the resources available and political will. This, however, is only the start of the problem. What is the difference between an act of fraud and one of abuse? Abuse might be seen as manipulation of rules rather than breaking them, or even taking advantage of an absence of rules or regulations in an unjust fashion. Errors, by contrast, are where there is an unintentional breaking of a rule or regulation i.e. errors could be where a patient is made a payment by mistake or extra treatment is provided beyond what is covered or allowed under insurance. The problem here is ‘did the patient know and keep quiet about the payment?’ and ‘once discovered where the costs recoverable?’

All of this is further complicated by corruption. Countless definitions of corruption are available with most emphasising the public sector as a cause of or conduit for corruption. This view, however, underestimates the private sector and its penchant for corruption. Corruption has a range of meanings: specialised, technical and professional and also a public social meaning and understanding of what is corrupt... and results in that there is no conclusive definition of the term

Corruption has a range of meanings: specialised, technical and professional and also a public social meaning and understanding of what is corrupt... and results in that there is no conclusive definition of the term.
that those unfamiliar with sociology and criminology can access these texts and make a personal assessment of the usefulness of each approach rather than rely on the interpretation of others.

**Fraud and corruption in healthcare: a contribution from criminology**

As a discipline, criminology has a history of pondering the usefulness and limitations of crime data and the problematic nature of recording and measuring crime. The literature explains how crime is recorded and also why crime statistics substantially under-record crime. Regardless of the nature of the criminal justice system – adversarial or prosecutorial – similar issues arise such as lack of confidence in the police to report a crime or items stolen of little personal value, and so on. However, if we consider these crime data for what they are and are aware of their limitations, they serve a purpose and are of use. For all its limitations, recorded crime is an antidote to wildly inaccurate views of crime (Jones, 2006) and are thus of use. Fraud and corruption though are at the difficult end of the spectrum to measure as they are primarily ‘hidden crimes’ and it is therefore difficult to assess the volume fraud and corruption and the number of victims.

As with all crime data, it is useful to reflect on whether the measurement of fraud and acts of criminal corruption – those that violate criminal law rather than civil law – is worthwhile. I suggest that it is more than worthwhile; it is necessary. Whilst all crime data can be flawed, this is no reason to abandon the exercise. Crime data are still useful even if they are incomplete. Any policy or strategy will need to be based on some indication of the size of the problem to put in place a system of prevention, and as such the measurement of fraud and corruption and the development of more sophisticated approaches can increase our knowledge of the problem and, in turn, reduce the level of victimisation (Brooks, 2016). This is particularly important with our aging population and the pressure on delivering health care, whose costs will increase. Understanding fraud and corruption then are highly significant issues that affect us all – healthcare employees or current and future patients. What is needed is the clearest understanding of what motivates people to commit fraud and acts of criminal corruption in the health care sector. It is here that sociology and criminology have much to offer beyond political, legal and economic discourse.

Whilst criminology is a discipline that has crime as its primary object of study, and there are many acts of criminal corruption, it has rarely been the focus of the voluminous literature in criminological research unless part of a broad analysis of health and safety crime and/or organised crime. Criminology often, but not always, uses the criminal law as its basis on which to define crime. In the case of corruption the criminal law definition covers a substantial corpus of work but fails to encapsulate the range of crimes that are part of the continuum of corruption. Drawing briefly on a range of theoretical approaches on the aetiology of crime most are based on the assumption that corruption is mostly committed by people operating in the context of organisations either as individuals or in collusion with others. This is where the usefulness of sociology and criminology comes into play. They both have a history of explaining deviance, moral codes and also criminal acts.

**Learning crime by association?**

It was the notion of white-collar crime, committed by the ‘powerful’ and members of the upper socio-economic class that stimulated an interest in sociology and later criminology as to why people in ‘power’ committed such crime(s). Sutherland (1939) suggested that there are nine key tenets that explain why people in white-collar position commit crimes; whilst it is not possible to review all of them here, the key elements of this approach are that criminality is learned through interaction with others in a process of communication – known as differential association. This process of communication is learned by witnessing what are referred to as definitions favourable to violation of law(s). This process includes techniques, drives, rationalisations and attitudes towards set criminal actions. For a person to commit criminal acts there needs to be a culture of dominant attitudes that justify and rationalise such acts as an acceptable way to behave. The problem with this approach, however, is how to explain that people in white-collar positions could commit criminal acts and yet continue to function. This is explained by developing a positive self-concept that was a combination of institutionalisation, rationalisation and socialisation (Ashforth and Anand, 2003).

The combination of these elements are that institutionalisation is where an initial act is embedded in structures and processes and thereby rationalised through a justification for committing a criminal act; socialisation is the process whereby new employees are induced or seduced into the view that corruption is permissible. In this sense, young doctors are corrupted by old established doctors in the healthcare sector. This approach, however, fails to explain the origins of criminal behaviour; if the behaviour/acts did not previously exist, how could they be learned?

**A lack of legitimate avenues for success**

The notion of strain (Merton, 1938) considers a lack of legitimate avenues for ‘success’ and the pursuit of wealth: i.e. those unable to attain ‘success’ seek an illegitimate route to achieve personal aims. This explanation, however, was developed to explain street crime and a common criticism of strain is that it is assumed that there is a consensus on what is success. It fails to recognise pluralism, ethnic and otherwise, and is therefore too broad a description but still has some value here. Highly trained and educated doctors/dentists/pharmacists might engage in fraud as they assess their success, or lack of it, in terms of the position they hold in an organisation. For example if rejected for a promotion, which they thought they should have, this might become a justification for fraud. Often anti-corruption and fraud initiatives overlook established healthcare sector employees, and yet these powerful individuals are seduced by the temptation to commit fraud and corruption.
An individual might enter the health care profession with corruption in mind or become corrupt at some point in time as a health care professional. This is why we have to be constantly watchful, and consider that healthcare employees have the potential to commit fraud and/or a corrupt act throughout a career.

Techniques of neutralization: justification for crime

However, how can those working in healthcare commit crimes and still deliver the service(s) expected of them? Sykes and Matza (1957) explain that part of the process of learning consists of learning excuses, or what are called techniques of neutralisation. These techniques were to explain, yet again, street crime rather than fraud and corruption. This approach, however, has some resonance and value as it can explain that individuals and healthcare units can temporarily suspend or neutralise their commitment to expected behaviour and laws. Rather than recall all techniques a few should suffice for the purposes of this article.

There is the denial of injury, which is where offenders insist their actions caused no harm or damage i.e. nobody was put in physical danger. For example, a doctor might put in a false or exaggerated claim for home visit(s) to a patient(s), particularly out-of-hours, or refuse patients appointments at their place of work (doctors’ surgery) to claim expenses for home visits, add non-existent ghost patients to the doctors’ register to obtain additional reimbursement from the NHS, keep deceased patients names on the register and continue to claim reimbursement for ongoing healthcare. This leads on to passing the blame or disbursement of blame, whereby an individual/co-accused or even a company is caught committing an illegal act but claim that the management/company was well aware of the acts, and in some cases actively encouraged fraud/corruption. We often see this ‘excuse’ in the financial sector but it is also relevant in the healthcare sector. For example, a private doctor might prescribe the most expensive medicine for a medical problem rather than another less costly medicine because his employer has a ‘close relationship’ with a pharmaceutical company that funds the company in indirect ways.

These techniques should not be seen in isolation though; they can and do combine to create a ‘wall of justification’, particularly if the offender(s) are caught, in order to diminish the impact and seriousness of the offence committed. Supporting these techniques of neutralisation is the work of Dittenhofer (1995) and Zeilitz (2001), and the syndrome of injustice and dissatisfaction. Neutralisation techniques should precede acts of fraud/corruption rather than some kind of post hoc rationalisation (Brooks, 2016). A rationalisation is not an after-the-fact excuse but an integral part of motivation for the act. Furthermore, a doctor or dentist might commit fraud once or twice.
such as inflating payment for some service to help pay a personal tax bill or purchase a car or private school fees rather than always commit an act of fraud; as such they drift in and out of corruption. As we can see an act of fraud and/or corruption might be ‘rational’ in that it is calculated but the context is all important. Policy, procedures and laws can change in an attempt to prevent and reduce fraud and corruption but the motivation is often context specific.

Relying on a moral compass: notions of social control

This leads us on to the notion of control, and why it is that people refuse to commit fraud and corruption, even if possible. Here crime is expected unless sociocultural control such as family members and teachers etc. help prevent crime. This might have some resonance in a small, local community or unit in a hospital but is limited in a huge organisation such as the NHS. Fraud and corruption though are explained as the lack of internalised control or ‘moral compass’. The problem here is that rationality is assumed; there is no scope for enquiring how people make sense of the world – and justify fraud as above – which they inhabit and morals are variable rather than fixed and immutable, and as such keeping ‘poor company’ can have an influence – i.e. a corrupt dentist can affect the moral compass of trainees.

Crime as a rational choice?

This moral compass or lack of it is part of what is referred to as rational choice and is close to the political, legal and economic view of corruption. Here the causes of crime are lying within individual rather than the social structure. The notion of individual responsibility is therefore embedded as a central tenant of a range of political and policy approaches associated with a conservative view of personal rational responsibility (Wilson and Herrnstein, 1985). This approach proposes that the individuals learn how to behave in the social world based on what type of behaviour is rewarded and under what circumstances, and that our conscience is an internalised set of attitudes, mainly formed in childhood, which prevent us from committing crime. This approach, however, focuses on specific type of crimes such as visible street crime, and therefore frames crime as embedded in human nature) rather than the social fabric. As such, it sees offenders as beyond reform and in need of punitive control. The problem is that white collar crime offenders are often treated in a lenient way, if caught, by criminal justice systems (Brooks, 2016). Due to its focus on street crime this approach fails to address the egregious acts of fraud and corruption that cause unbearable pain and disability i.e. an unwanted and unnecessary surgery or poorly tested medicine ‘pushed’ onto the health market in search of a profit for a pharmaceutical company.

Crime as routine

People are thus seen as rational actors (Cohen and Felson, 1979) where crime is routine (for some people) and that crime is the product of a motivated offender(s), a potential victim, and the absence of a capable custodian (i.e. the presence of someone keeping people under control). It is important to note that this approach offers suggestions about the probability of criminal behaviour rather than definite claims about when crime will occur. Much of this is about “lifestyle”; what we do, where we live, who we interact with. Crime as a routine does not seek to explain the motivation for crime (even though it states that a motivated offender is also needed), nor does it offer an explanation of the social context, which might highlight the combination of these variables or why some individuals are more capable than others in committing fraud and/or corruption.

All of these theoretical approaches may assist us to understand why people commit acts of fraud and corruption, but seem to include at least three elements. These are: (a) pressure on the individual, (b) the opportunity to commit a crime and (c) the ability rationalise crime. These are all part of what is known as the Fraud Triangle, but how and who is seduced by fraud and corruption, and when and where acts will occur are still issues we wrestle with in trying to prevent fraud and corruption and loss of much needed funds to the NHS.

All theoretical approaches in this article are limited and indeed at times contradictory, dependent on a particular view of ‘human nature’. They are, however, useful because as mentioned earlier, a brief scan of criminal justice policy illustrates that theoretical approaches affect which laws and techniques are implemented and therefore theoretical approaches are a core element of all types of crime prevention no matter what the crime. Both sociology and criminology have a history of explaining deviance, breaking rules and moral codes and also criminal acts. As such, a theoretical framework is a useful template on which to place debates on fraud in healthcare, but the current context – in which we have an ageing population, and consequently a rising cost in healthcare, should become of more interest to those in the social sciences that have much to offer.

Conclusion

This article has highlighted the complex problem of how to define acts of fraud and corruption, but it has also emphasised the need for a working definition of fraud and corruption even if this is limited. Furthermore, I have illustrated that theoretical frameworks can be useful because they have consequences on how we treat, punish and deter offenders. Further research into fraud in healthcare is needed, however and particularly in the field of the social sciences. As this article has hopefully demonstrated, there is much in the literature that could be used to enrich the much needed debate on fraud and corruption in healthcare systems around the world.

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Keywords

Fraud, Corruption, Healthcare, Criminology
Research shows that in the perception of German society, loneliness and old age are connected (Klie, 2017). Jung von Matt, the creatives behind the 2015 spot, also pointed to this in the aftermath of the social debate: “Instead of telling the people a nice Christmas story, we confronted them with the harsh reality: especially the elderly are often forced to spend Christmas alone! Above all, in a society, in which families are often spread across continents, this insight was more than just relevant. It met the zeitgeist. And we used it as a trigger to encourage everyone to go home for Christmas and celebrate with their loved ones again.” (Jung von Matt, 2016)

In this statement, the creative agency also broaches another interesting point: the fact that loneliness was used as a strategic device to trigger a response in the audience.

For advertising to potentially leave a mark in the minds of its target audience and trigger a response, the advert needs to be perceived first. This might seem simple, but in the information age, this basic requirement has become increasingly challenging, with information overload having amplified drastically over the past few decades. More than ever, audiences nowadays process only the tiniest fraction of the vast amount of information that is offered to them daily; consequently, they ‘blank out’ the large majority.

As a coping mechanism to deal with the constant instream of information produced by an increasingly globalised and digitalised world, audiences consciously and subconsciously select information to which they dedicate their limited cognitive resources. Unsurprisingly, advertising rarely finds itself amongst the audience’s conscious choices. Hence, more than ever, one of the main challenges of advertising is to activate and draw attention in order to overcome the threshold created by the overwhelming noise of information.
DON’T BE LONELY.
Several strategies exist that can help advertising increase the probability of making it through to the audience’s attention. Established strategies include physiological stimuli such as colour or dimension of the advert, emotional stimuli such as faces or sex appeal, and cognitive stimuli such as surprise or humour; all of which have received significant attention within the academic discourse (Felser, 2015). They have in common that they attempt to create script deviations, that is, breaking with the norm to stand out from the rest. Deviation, however, can only work as long as the chosen stimulus is somewhat novel; in consequence, this means that a stimulus can wear off or lose its effectiveness when it is overused over time or used by too many advertisements at the same time.

In the case of the EDEKA commercial, ‘loneliness’ was used as a strategy to cut through the ‘information smog’ at the opening of the spot, by using a combination of emotional and cognitive stimuli, jumping on board a long-standing idea of ageing as a process of physical, psychological and, in this case in particular, social decay. This deficit model of ageing has dominated public discussion around ageing for decades and has been reflected in the presentation of old age in the German media, including advertising. The core of the deficit model is that losses throughout a person’s life accumulate to the point of inevitable isolation with increasing age, with the oldest generation ending up socially isolated and not having the physical or mental capabilities to avoid this downward spiral.

However, this overwhelmingly negative idea of ageing and the connection between old age and loneliness has been challenged repeatedly. The deficit model of ageing has been considered outdated in gerontology since the 1970s and has been replaced with other, more balanced ideas of gains and losses throughout one’s life (Lehr, 2007). In addition, recent research has cast doubt on the connection between increasing age and loneliness altogether. In 2017, a representative survey amongst 1,039 adults in Germany, between the ages of 18 and 70 years, revealed that those aged 60 years and over felt the least lonely out of all age groups: with only 4% of over 60-year-olds feeling often or always lonely and loneliness has been challenged repeatedly. In the case of the EDEKA commercial, ‘loneliness’ was used as a strategy to cut through the ‘information smog’ at the opening of the spot, by using a combination of emotional and cognitive stimuli, jumping on board a long-standing idea of ageing as a process of physical, psychological and, in this case in particular, social decay. This deficit model of ageing has dominated public discussion around ageing for decades and has been reflected in the presentation of old age in the German media, including advertising. The core of the deficit model is that losses throughout a person’s life accumulate to the point of inevitable isolation with increasing age, with the oldest generation ending up socially isolated and not having the physical or mental capabilities to avoid this downward spiral.

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Despite debunking the myth of deficit-only old age, advertising has still been dominated by this idea up to and including the new millennium (Olsen, 2016). This seems particularly concerning, when looking at advertising from a structurationist point of view, which assumes a mutual relationship between advertising and society, where society can change advertising and advertising, in return, can change society. With this in mind, the connection between loneliness and old age might be an outdated idea, yet it is still being picked up by advertisers and potentially reinforces a negative stereotype within society.

<table>
<thead>
<tr>
<th>Younger adults (18 – 49 yrs)</th>
<th>Older adults (50+ yrs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No interaction</td>
<td>35.0</td>
</tr>
<tr>
<td>Part of a couple</td>
<td>18.3</td>
</tr>
<tr>
<td>(Grand)parent with (grand)child</td>
<td>5.0</td>
</tr>
<tr>
<td>Other family member</td>
<td>11.7</td>
</tr>
<tr>
<td>Friend / acquaintance</td>
<td>28.3</td>
</tr>
<tr>
<td>Work colleague</td>
<td>–</td>
</tr>
<tr>
<td>‘Layperson – expert’ situation</td>
<td>1.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100.0</td>
</tr>
<tr>
<td>In need of assistance</td>
<td>–</td>
</tr>
<tr>
<td>No need of assistance</td>
<td>100.0</td>
</tr>
<tr>
<td>n/a</td>
<td>–</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100.1</td>
</tr>
</tbody>
</table>

*results are statistically significant \( \chi^2 \) (6, \( N = 1,017 \)) = 114.32, \( p < .001, \phi = .335 \)

**results are statistically significant \( \chi^2 \) (2, \( N = 1,017 \)) = 67.14, \( p < .001, \phi = .257 \)

**TABLE 1**: Social interaction and self-sufficiency of the character (in %)

Does this mean contemporary advertising in Germany uses this outdated idea of ageing by utilising loneliness as a narrative device on a broader basis? This article is trying to shed light on this question. To the best of my knowledge, this is the first attempt at approaching loneliness as an activation strategy in the narratives of German advertising.

**Method**

Both quantitative and qualitative media content analysis (Macnamara, 2005) were employed for the current study, to examine a selection of contemporary print advertisements featuring adult characters, aged 18 years and over, with a particular focus on adults aged 50-plus. Variables for the quantitative component were derived from the three questions proposed in the Campaign to End Loneliness Measurement Tool (CEL, n.d.), resulting in variables concerning the mood of a person and the context of social interactions, as well as risk factors that have been identified by previous research to mainly contribute to loneliness in old age, such as poor health, being widowed and a lack of social interaction beyond close family (Petrich, 2011).

The data set comprised a total of 1,017 adult characters that were found in 1,422 advertisements from four of Germany’s most circulated weekly magazines (Stern, Bunte, Bild der Frau, Hörzu) that were published between January and March 2014, reaching a combined readership of over 20 million people every week.

**Findings and discussion**

Overall, older adults were socially engaged, with two-thirds of older characters being presented interacting with other people. The data even showed...
Younger adults (18 – 49 yrs) | Older adults (50+ yrs)
---|---
Vital / good health | 90.0 | 57.0
Neutral | 8.3 | 37.1
Sick / impaired | 1.7 | 5.9
n/a | – | –

Total | 100.0 | 100.0

**Visual elements**

<table>
<thead>
<tr>
<th></th>
<th>Younger adults</th>
<th>Older adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vital / good health</td>
<td>6.7</td>
<td>3.0</td>
</tr>
<tr>
<td>Neutral</td>
<td>8.3</td>
<td>11.4</td>
</tr>
<tr>
<td>Sick / impaired</td>
<td>1.7</td>
<td>16.9</td>
</tr>
<tr>
<td>n/a</td>
<td>83.3</td>
<td>68.8</td>
</tr>
</tbody>
</table>

Total | 100.0 | 100.1

**Textual elements**

a slight overall rise in social engagement with age – older adults appeared to interact more often with others compared to younger adults (table 1). In respect of the mood when interacting with others, the majority of older characters were cheerful and happy (68.3 %), indicating solid relationships that they felt comfortable and satisfied with. Heavy or sad moods were very rare (6.2 %). Similarly, older adults in need of assistance or help beyond the product advertised were rarely found in contemporary advertising, showing almost exclusively self-sufficient and independent older people (table 1).

With regard to the context of social interactions, older adults were often shown interacting with family members, partners, friends and co-workers. In particular, the interaction with work colleagues was surprising, as most previous research has found a lack of portrayals of older people still in employment (e.g., Lohmann, 1997) and this being one of the identified risk factors for loneliness in old age. In the investigation sample, almost every tenth older adult was depicted in the workplace or in a professional context, still enjoying a successful career with a defined purpose and role within society, thus allowing older people social interactions beyond their close family.

A further risk factor for loneliness in old age is the person’s state of health. Within the sample, the health of older adults was generally portrayed as good (table 2). The visuals mainly craft a picture of healthy and vital older people, or at least an idea of ageing without noticeable health-impairments. Although textual elements of the adverts could show a slightly more negative presentation, for the most part, the text simply ignored the health status and deficits of older adults altogether, thus rarely even clouding the overly positive idea of good health. Both of these strategies are well-documented traditions in German advertising with older adults (e.g., Rühr-Sendelmeier & Ueing, 2004) and seemed to still have applied to contemporary advertising practice.

Although older adults are first and foremost shown in good or at least neutral health, this does not mean they were just as healthy as the younger generations (table 2). The age comparison underlines that advertisers still define ageing as a process of health decay – which is indicated by the lower number of visuals featuring good health in older compared to younger adults. However, in contrast to previous studies (e.g., Kautt, 2013), health deficits are no longer central to the presentation of old age.

The typical contemporary advertising strategy is therefore to create a visual narrative in which older adults embody health and vitality, by being shown in a variety of settings inside and outside their homes, always smiling, often towards the camera, promoting a wide variety of products and services which they themselves consume. In those rare exceptions where sickness or impairment were addressed, it was issues that relate to ageing that afflicted the character, such as problems with memory or arthritis. The health of an older person was never shown to deteriorate to the point where they had to go into actual care or had to be removed from their normal life and home, thus steering clear of circumstances that might increase social isolation.

**Loneliness as strategic advertising narrative**

Based on the quantitative insight, it seemed that the deficit model of ageing has almost disappeared. Does this mean, loneliness in old age does not exist in contemporary German print advertising? The answer is: it does, but it is rare. In the few cases where loneliness in older adults was used as a narrative device, all of the advertisements were for charitable organisations or social causes. The narratives of the adverts could be assigned to one of two clusters:

The first narrative cluster revolved around ‘otherness’ threatening the older adult with potential loneliness. An example for this strategy is the advert for the advisory centre and living quarters LEBENSORT.
VIELFALT in Berlin, Germany. In the advert, the 82-year-old man Gottfried was depicted in front of a grey background with rainbow colours fading out at the top, looking wearily into the camera and asking the question: ‘I am old! I am gay! Does this mean I have to be lonely now?’ (Ich bin alt! Ich bin schwul! Muss ich deshalb heute einsam sein?). It was a question about exclusion because of innate otherness, which is at the core of this advertising narrative. Whilst otherness in this example was represented via the character’s sexuality, in other adverts of this cluster it resulted from, for example, ethnicity. Loneliness is something that is out of the control of the older person, as the narrative constructed a situation of being outside the society, with the advertisers throwing a lifeline to escape the vicious path of loneliness.

The second narrative cluster encapsulated the idea of ‘helplessness’ that is the cause of loneliness. The advert for HILFETELEFON, a helpline funded by Germany’s federal government aimed at women who are experiencing (domestic) violence, is an example of this category. The visual showed a woman in her 60’s sitting on a sofa, with a drink on the coffee table in front and a couple of sofa cushions untidily piled up next to her, indicating that the audience is catching a glimpse into the woman’s private living room. Her face showed bruising and she had her hands folded on her lap, giving the impression of being intimidated and introverted. Looking wearily into the camera, she asks the question: ‘Should I give up 30 years of marriage because of this?’ (Soll ich deshalb 30 Jahre Ehe aufgeben?). Unlike the previous example, this advert does not refer to loneliness explicitly, but implies it by the character’s helplessness. Here, the woman is in need of help to make a decision after a traumatic experience. Her loneliness is therefore rooted in having nobody in her life who she can rely upon for help – despite being in a partnership. Whilst the helpless situation in this example was caused by domestic violence, it might also result from homelessness, or an older person falling victim to scammers.

In both narrative clusters, the older adult had not yet escaped loneliness, and was used by advertisers to show a potential ‘consumer’ at the crossroads of a life changing decision, that is, whether they should be using the service promoted, which would spare them from the otherwise inevitable destiny of loneliness. Further, both clusters only showed older adults by themselves, never surrounded by other people in the visuals; even though social connections might be implied by the text, such as with the marriage of the woman in the HILFETELEFON example.
Conclusions

There are two conclusions in this article, concerning the methodology and the advertising content. With respect to methodology, the use of both the CEL Measurement Tool and risk factors for loneliness in old age to derive variables for the media content analysis has proven to be a suitable approach for a systematic and multi-faceted access to the topic within advertising. The variables were found to be easy to distinguish for the purpose of the coding process of the sample and the insights gathered were both rich and multi-faceted.

Regarding the content of the investigated advertising: with deficits on the retreat, healthy, socially engaged and happy older people dominate contemporary narratives of German print adverts. It therefore is not surprising that loneliness only plays a very minor role in these narratives. However, when loneliness appears, it is striking that only one of the risk factors is picked up as a recurring theme: the lack of an extended social network. Although social research has identified that impaired health has the biggest impact on potential feelings of loneliness (Petrich, 2011), it appears advertisers, and potentially the public, perceive social risk factors as more crucial when it comes to loneliness in old age.

As an activation device, loneliness was not found to be a common strategy within contemporary advertising narratives in Germany. Whilst its activating potential therefore might not yet have worn off, caution should be paid when its use is considered, to avoid potential social backlash on grounds of stoking fear for financial gain, and thus possibly negatively impacting a brand.

Whilst the findings of this article might also apply to the UK, further research is required to confirm similar trends. With Tracey Crouch appointed in early 2018 to take the ministerial lead for tackling loneliness in the UK, and nationwide campaigns such as the Campaign to End Loneliness, the topic has gathered an unprecedented level of attention in Great Britain. It would therefore be of interest to see whether and how this new-found awareness of loneliness might be reflected in the media in general, and in advertising more specifically.

References


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key words

Activation strategy, advertising research, loneliness, Germany
The ethnicity attainment gap is well-documented across the UK HE sector. How can we address it at UWL?

Students and attainment

Over the last decade, UK Universities have been seeking to address the attainment gap between black, Asian and minority ethnic (BAME) and white students. Universities have a long way to go before models of ethnic equality and diversity are commonplace (Runnymede Trust, 2015), as there are important differences between the experiences and outcomes of BAME and white students in Higher Education (HE) (OFFA, 2015). These differences are related to retention rates, progression from undergraduate (UG) study to employment and/or postgraduate (PG) study and the achievement of a ‘good degree’ (2:1 or above). These all lead to the conclusion that there is an attainment gap between BAME and white students in higher education (Zwysen & Longhi, 2016; Richardson, 2012b; Singh, 2011; Richardson, 2008a; Boecke & Nicholls, 2007). However, student attainment is a complex phenomenon, as other factors such as socio-economic status, interpersonal relationships, lack of positive attitudes towards learning, as well as the student experience of the curricula, pedagogies and teaching delivery elements of university life may contribute to the degree attainment gap, which is the specific focus of this article (Banerjee & Lamb, 2016; Stephenson, 2012).

Attainment rates: the national picture

The attainment gap between BAME and white students has been reflected in national higher education statistics since the late 1990s. However, attention to the differences in ‘good degree’ attainment between BAME and white students has increased from 2003, when important disparities in degree attainment were observed in the Higher Education Statistics Agency (HESA) 1998-1999 data by Connor et al. (2003; p 74-77). The data demonstrated that less than 30% of Black and around 36% of Asian graduates obtained a ‘good degree’ in comparison to the 53% of white graduates (Bhattacharyya, Ison, & Blair, 2003; Connor et al., 2003). These degree discrepancies highlighted the importance of looking at student experience, reviewing the curricula at university level and encouraging academics to reflect on whether their teaching style meets the needs of a diverse group of students.

The figures from the 2016-17 ECU data provide further support to the claim that the ethnicity attainment gap in HE persists. Nationally, 79.6% of white students achieved a ‘good degree’, compared to 66% of BAME students, a degree attainment gap of 13.6%. In addition, data from UK Institutions indicated that the ethnicity attainment gap exists (even in Russell Group universities and in universities that have received a Gold Teaching Excellence Framework (TEF) award), as there were six UK Universities where not a single home BAME graduate received a first in 2015-16 (Buckley-Irvine, 2017). These findings should be taken into serious consideration, as they place BAME students at a significant disadvantage when it comes to progressing to employment and/or postgraduate study.

At the University of West London, in the 2017/18 academic year, 65.7% of BAME students graduated with a ‘good degree’ compared with 85.1% of white students, representing a degree attainment gap of 19.4%. Although the gap has been reduced in recent years from 26% in 2014/15 to 25% in 2015/16 to 22% in 2016/17, the figures indicate that the degree attainment gap between certain groups of students remains an issue at the university.

Acknowledging the attainment issue is the first step in providing a more inclusive and authentic educational experience to all students. The university’s commitment to continuing to improve the educational experience by addressing the barriers to student success is demonstrated by its inclusion as a goal in the new strategic plan ‘Achievement 2023’, and as a target to reduce the ethnicity attainment gap by 2% annually to reach 12% by 2022/23, published in the University’s 2019-20 Access and Participation Plan.
Article Addressing the gap  |  Author Eirini Tatsi and Esther Darby
Focus on student success

The university student community is diverse indicating that our students represent different ethnicities and religions, and varying socio-economic backgrounds. Taking into consideration the degree attainment gap between certain groups of students, the university aims to tackle gaps in attainment and address the barriers to student success by participating in an Office for Students funded project, the Student Attainment Project (SAP2). Along with SAP2, several university initiatives on inclusive pedagogies and student experience aim to promote authentic teaching and learning, as well as to build skills and awareness to improve equality, diversity and sense of belonging for all students.

The student attainment project (SAP2)

The project is a part of the OfS Funded: Addressing Barriers to Student Success Programme through which 17 projects involving 64 institutions have been allocated part of £7.5 million of funding. It aims to raise awareness of the degree attainment gap between BAME and white students. Through a series of inclusive interventions, the project aims to address the barriers to student success and generate evidence as to the efficacy of the interventions in closing attainment gaps for different groups of students. Specifically, SAP2 is an extension of SAP1 which was originally developed by the University of Derby to close the BAME attainment gap at the university. SAP2 aims to:

- Work with partner HEIs to validate that the adoption of the SAP1 approach can deliver similar benefits in other institutions;
- Extend the SAP1 methodology so as to target attainment gaps in other contexts (for example: gender; disability; socio-economic background) in order to assess its efficacy in these contexts; and
- Provide evidence as to the optimal means of ensuring the sustainability of outcomes within institutions.

SAP2 was launched at the University of West London in spring 2017 and is a collaborative venture with the University of Derby (the project lead university) and Solent University. The project has been divided into three stages: in stages 1 and 2, we set up the framework for module selection to be deployed to answer the question: ‘to what extent has identifying modules which experience attainment gaps and trialling the SAP2 interventions within them improved attainment of learners both generally and within targeted populations?’. Using Appreciative Inquiry, in stage 3, the aim is to ‘explore and identify where institutional working practices and policies best support the interventions in order to address differences in student attainment to support the sustainability of the approach for future working’. Figure 1 illustrates the project timeline.

Overall, 57 modules were included across the three phases of the project at the university. The majority of the identified modules were chosen based on the degree attainment gap between BAME and white students, while a few modules were chosen based on the age and Indices of Multiple Deprivation (IMD) gap. IMD is the government’s official measure of relative deprivation based on income, employment, education, health, crime, barriers to housing and services, and living environment. This was due to large attainment gaps also being identified at the university for age and IMD. Students in IMD quintile 1 (most disadvantaged) achieved 20% less good degrees than those from quintile 5 and mature students (aged over 21) achieved 9% less good degrees than young students. Figure 2 illustrates the project implementation at UWL.

Academics and students from the selected modules were briefed about the project and its purpose. Confidentiality and anonymity were assured, and the project followed quality assurance and ethics regulations. A collection of seven inclusive intervention papers were available to all UWL academics to be embedded into their learning materials. These interventions have been created for the student attainment project in order to address the attainment of learners. Academics have had the flexibility to choose the interventions that mapped well into their curricula and their students’ needs. It is important to note that the University of West London has updated the interventions (originally created by the University of Derby) in order to ensure inclusivity and ensure that these simple guides reflect the university’s student body. It is believed that these interventions contribute to an inclusive education and active learning. They are simple and easy to be deployed.
into class and online, and they force students to stop and reflect on what they are doing before an assessment is submitted (see figure 3 for details) Qualitative feedback gathered by academics who have delivered the interventions in their module(s) provides positive outcomes and fruitful implications for addressing attainment gaps. We anticipate rich feedback through the overall evaluation of SAP2, which is drawing on the experience of each delivery partner and their students, and in addition from the wider Addressing Barriers to Student Success Programme evaluation which will be completed during 2019. It is expected that the outcomes of SAP2 will also feed into the broader UWL initiatives, including the publication of student attainment data on the university website, as proposed by the OfS in a recent regulating access and participation consultation, preparation of UWL’s TEF application, NSS results and the Student Union strategic plan. Moreover, it will build skills and awareness to improve equality, diversity and inclusion, and contribute to the development of inclusive curricula and reading lists as well as diverse teaching and personalised learning that all contribute to Internationalising the curriculum.

Inclusive pedagogies at the University of West London

The university is committed to improving student educational experience by developing authentic and innovative pedagogies. In addition to SAP2, several initiatives focusing on embedding cultural change are currently running at the university. The ExPERT (ExPertise for Professionalism in Education, Research and Teaching) Academy and the university library team are currently working on projects that aim to address barriers to student success by ensuring that all students, regardless of background and other personal characteristics, are able to participate fully and achieve at equal rates.

A project on ‘distinct UWL pedagogy’ is under development by the ExPERT Academy. The University of West London is a modern University with many ‘non-traditional’ students who do not have the cultural capital and support systems of traditional university students and, as such, can be more susceptible to negative outcomes. Non-traditional students (e.g. BAME, low socioeconomic class or mature students) encounter more difficulties than traditional students and might benefit from being taught by teaching staff that have developed a pedagogy aligned to their specific learning needs. It is expected that this project will have implications regarding inclusive curricula and contribute to the development of a framework for the university pedagogy that will be self-regulated by teaching staff and contribute to the delivery of personalised learning.

The under-representation of people from non-white ethnic backgrounds, and to a lesser extent

FIGURE 1: The SAP timeline

FIGURE 2: SAP2 Implementation at UWL

FIGURE 3: SAP2 Intervention papers (originally developed by the University of Derby)
women of all ethnicities, in course materials and reading lists was a concern for the university Library Services. A lack of diversity in reading lists means that course materials do not reflect the different cultural experiences that university students have, which may result in the subjects they are studying being less interesting and engaging. The Library Service is currently undertaking work in partnership with academics that aims to combat under-representation of particular groups by encouraging and facilitating an increase in the demographic diversity of course materials. It is expected that all students, regardless of background, will benefit from this project as it will diversify their knowledge and academic experience; help break down stereotypes of academic authorship as White and male; and encourage all students to engage further with their subject.

**Student Experience at the University of West London**

Student academic experience and sense of belonging are important factors to student success. The Student Engagement and the Student Union (UWLSU) teams are working towards improving student support, experience and satisfaction. The Student Engagement Team works collaboratively with all university staff, schools and departments to ensure timely support is offered to all students. In 2017-18 the team developed an outreach strategy that is targeted towards students who are demonstrating signs of anxiety, lack of confidence, academically or personally, or lack of belonging, or any signs that may contribute negatively to their academic performance. Many students have welcomed the timely offer of support provided by the team and this has helped them avoid situations where problems might have become overwhelming. While student focused, this work also aims to address the issue of retention which challenges the university and the higher education sector as a whole.

**The AIM Project**

The AIM (Achieve, Inspire, Motivate) project is a new initiative at the university, which aims to address student attainment, engagement and retention matters. Through a series of student-led workshops, the project creates active student engagement and helps students who are less prepared to student in higher education and students from underpresented backgrounds develop their academic skills and academic independence in order to be successful as undergraduates. The main objectives of this project are to ensure that students are fully engaged with the curricula, as they develop the workshop materials, as well as become positive academic role models for their fellow students. Therefore, rather than ‘telling the students’ what to do in the classroom, the AIM tutors inspire and motivate their fellow students to achieve their goals by sharing their personal stories and study strategies. Expected outcomes are also to address continuation rates, and improve student performance to close the degree attainment gap.

**The future and food for thought**

Research (Singh, 2011) indicates that in order to close the attainment gap we have to address external (e.g. gender, social deprivation) and internal factors (e.g. discriminatory practices, teaching, learning & assessment strategies, student support), and the contribution of the curriculum and pedagogy (i.e., internationalisation and inclusivity in the curriculum). We are aware that the university is currently working on improving student educational experience via several projects, however, in order to assess real-life impact we need to monitor and review the projects continually. So, what can we do to address the barriers to student success and optimise student experience?

**Our strategy for the future is to:**

- Improve university processes: The Student Attainment Champions Group was established to champion diversity for staff and students, and stakeholders of the University in order to continue to improve the attainment of students. We aim to continue to research and learn from the best practice across the sector, both nationally and internationally.
- Enhance the knowledge and skills of staff: through a series of events and pedagogic research, we aim to encourage productive discussions about student attainment and how this could be addressed, share good practice, contribute to the development of an excellence framework for an inclusive curriculum and diverse teaching pedagogies.
• Work closely with students in order to ensure that inclusivity and diversity is assured. The Student Attainment Champions Group has BAME student representatives whose mission is to enhance the student experience and increase the sense of belonging/community. We also aim to establish a BAME group mentorship scheme to celebrate BAME student success and promote role models. Students from the London College of Music are currently working on the development of ‘drama stories’ which are real stories from BAME students and their experience in HE. Moreover, students are involved in the design and delivery of curricula via the AIM Project.

• Collaborate with others: We aim to continue our collaborations across the sector, as our mission is to ensure that both students and staff have the support they need and enjoy being part of an innovative university community.

We are aware that all these actions may challenge conventional thinking and behaviours of university staff. However, being committed to improving performance and supporting cultural change will tackle institutional challenges, such as inclusive curricula, diverse teaching strategies, student retention, and assessment and feedback, which seem to contribute to student attainment at the university and in the higher education sector in general. Being committed to developing sustainable solutions, will enhance the student educational experience and satisfaction, which will contribute to the effective closure of the degree attainment gap.

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Keywords
Student attainment, student experience, degree attainment gap, ethnicity
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HIP HOP TIME MACHINE

Re-imagining the ‘phonographic’ in sample-based hip-hop record production: research design for contemporary forms of creative audio practice
This article embarks on a two-fold investigation, examining the aesthetic implications of sample-based record production using re-imagined phonographic sources, and exploring applied research design for contemporary forms of music-making. Challenging traditional models of musicalological analysis, the author demonstrates how multi-methods research leverages the study of ‘meta’ genres of creative practice.

Rap—or hip-hop music—production (the terms rap and hip-hop music will be used interchangeably throughout the article, referring to rap as the musical element of hip-hop culture) has challenged the dichotomy between the documentarian capture of live performance and the construction of phonographic illusions to a meta level. By a documentarian function I am referring to realistic representation in the recording of live performances, (a musical performance by a number of live musicians within an actual space). Progressively, however, and through the advent of multi-tracking, offering extensive post-production affordances to record producers, music production has evolved toward the creation of impossible performances and the sculpting of complex, unreal spaces (not sonically representing actual, natural environments). Zak (2012, 43) argues that record producers responded to the ‘blank slate’ provided by technological affordances in the 1950s and the absolutization of representational responsibility by crafting a language of record production—one record at a time—whose rhetoric relied on situating a record in a universe of other records. But what are the implications for a form of music—or music-making process—that does not only conceive of ‘records as texts’, creating records as ‘distinctive rhetorical flourishes in a new language of musical sound’ (Zak, 2012, 54), but rather utilizes the very sound of records as ‘plastic material’ (Chang, 2009, 147)?

The article will argue that sample-based music forms complicate the notion of constructed phonographic illusion in an exponential sense (through multi-layered juxtaposition and sonic manipulation), both resulting in noteworthy implications for the developing aesthetic of record production and requiring appropriate methodological alternatives for the musicalological study of such phenomena. Sampling in hip-hop practice is a form of digital recording of short segments of sound, often utilising previously released phonographic material, and leading to music-making processes that build upon such raw sonic sources.

Although critical of the sampling processes that lie at the foundation of hip-hop music production, Reynolds offers a powerful analogy regarding the genre’s potential for exponential sonic juxtaposition:

‘Recording is pretty freaky, then, if you think about it. But sampling doubles its inherent supernaturalism. Woven out of looped moments that are like portals to far-flung times and places, the sample collage creates a musical event that never happened. [...] Sampling involves using recordings to make new recordings, it’s the musical art of ghost co-ordination and ghost arrangement.’ (Reynolds, 2012, 313)

Schloss (2014) on the other hand argues that it is this very difference from other forms of music-making—with all its implications—that lends the style its essential aesthetic. Schloss (2014, 72) states that ‘the idea of sampling as an aesthetic ideal may appear jarring to individuals trained in other musical traditions, but it absolutely exemplifies the approach of most hip-hop producers’, and he later adds that ‘this preference is not for the act of sampling, but for the sound of sampling: It is a matter of aesthetics’ (ibid., 78).

Between live performance and the phonographic sample

Yet, hip-hop practitioners are faced with pragmatic, not only philosophical, aesthetic and ethical concerns. Much has been written about the effects of ever-tightening copyright law on sampling and hip-hop practices, citing the 1991 Biz Markie case as a landmark inflection point, with notable consequences for the style’s ensuing aesthetic (see, for example, McLeod, 2004). The lawsuit involved Biz Markie’s ‘Alone Again’ (1991) featuring a large portion of Gilbert O’Sullivan’s ‘Alone Again (Naturally)’ (1972) and resulting in the court ruling that sampling without permission was a copyright infringement. In an interview with Kembrew McLeod, Hank Shocklee of The Bomb Squad—the production team behind Public Enemy’s heavily sample-laden albums It Takes a Nation of Millions to Hold Us Back (1988) and Fear of a Black Planet (1990)—offers a telling example: ‘We were forced to start using different organic instruments, but you can’t really get the right kind of compression that way. A guitar sampled off a record is going to hit differently than a guitar sampled in the studio [...] So those things change your mood, the feeling you can get off of a record. If you notice that by the early 1990s, the sound has gotten a lot softer’ (McLeod, 2004)

Fast-forwarding to 2017, the legal landscape, music industry power structures and high premiums required for sample-clearance, have resulted in a stagnation of phonographic sources as raw sonic materials for a large subgroup of the hip-hop making community. As Marshall (2006, 869) explains ‘some, such as Kanye West, Just Blaze, P. Diddy, and other producers working for large record labels, enjoy production budgets that permit them to license any sample they like [...] Some producers and acts, especially independent and largely local artists, operate well enough under the radar to evade scrutiny or harassment and continue to sample with impunity. And some—in particular, acts with a sizeable national, if not international, following but who lack the resources of a “major label”—find themselves in a tight spot: to sample or not, to be real or not, to be sued or not.’

In response, rap practitioners have sought alternative production methods with an increased reliance on live performance recording and interpolation (the studio re-creation of the performances and sonics of an existing recording, which avoids breaching mechanical-phonographic—
copyright, whilst still in use of the original composition), despite the continued criticisms attributed to these creative approaches in terms of their perceived authenticity. Live hip-hop band The Roots are frequently subjected to such critique, consciously defending their position as a predominantly live rap act, whilst investing considerable efforts to ensure a sample-based sonic on their instrumentation. Marshall points out (ibid., 880) that ‘the degree to which the Roots’ music indexes hip-hop’s sample-based aesthetic serves as a crucial determinant of the group’s “realness” to many listeners. At the same time, the Roots’ instrumental facility affords them a certain flexibility and freedom and allows them to advance a unique, if markedly experimental, voice within the creative constraints of “traditional” hip-hop’s somewhat conservative conventions.’ He highlights here two important points: the invested power of the sample-based aesthetic as a stylistic determinant for the genre, as well as the creative potential lurking in hip-hop’s further interaction with original composition and instrumental facility. Consequently, it could be argued that beyond a pragmatic need to explore alternative approaches—borne out of legal or financial limitations—the sample-based pursuit may also owe to its very survival and future development the exploration of effective methods for marrying compositional and instrumental innovation with sample-based utterances. As hip-hop producer Domino states ‘I just think that, now, you’re getting to the point where … you’re running out of things to find. And so, a lot of the best loops have been used already’ (Schloss, 2014, 164).

In order to bridge this apparent dichotomy, it is important to answer a number of related questions: what are the quintessential factors that contribute to a sample-based rap (production) aesthetic, and—by consequence—to its perceived stylistic authenticity and sonic impact? What differentiates a phonographic sample from the inclusion or recording of live musicianship into a sample-based approach? And what are the implications of an increased interaction between live musicianship and sampling, for the future development of the genre?

**Theoretical gap**

Much of the literature on hip-hop musicology and sampling processes acknowledges ‘the ramifications of sampling in the creation of hip-hop beats’ and ‘in particular […] the ways in which the aesthetics of sampling and borrowing demand non-traditional approaches to understanding the musical layers of hip-hop’ (Adams, 2015, 122). A number of scholars examine particular practitioner case studies offering closer ethnographic perspectives of the compositional dynamics in sample-based music creation (e.g. Schloss, 2014), while others explore the notion of sample-based production as legitimate ‘composition’ (e.g. Harkins, 2008) or the tensions between live instrumentation and sample-derived notions of authenticity (e.g. Marshall, 2006). Yet, the acknowledgment of the sample-based approach as legitimate composition, its contribution to notions of hip-hop ‘authenticity’ and even the argument for or against live instrumentation within a hip-hop context, still leave the practitioner faced with a practical conundrum: how does one incorporate newly composed and recorded live instrumentation into the hip-hop process and synthesise this—financially, legally or creatively borne—necessity with the pursuit of a sample-based aesthetic? By consequence, this ‘need for study’ area may require the interjection of creative practice as an applied phase into musicological research, in order to enrich the investigation, test the theoretical findings, and refine them against the very aesthetics of the practice and its outputs. This gap is identified by Zagorski-Thomas (2014, 45-46) as a ‘lack of explicit discussion of how this theory should inform the practicalities of production’. Adams (2015, 118), furthermore, warns that hip-hop ‘resists traditional modes of musical analysis more than almost any other genre’ because ‘the techniques developed for the analysis of Western art music, even when they can provide accurate descriptions of some of hip-hop’s surface phenomena, often leave the analyst without a deeper sense of how hip-hop operates and why it seems to communicate so effectively with such a broad audience.’ (ibid.)
Applied methodology

Following from above, it makes sense to incorporate creative practice as a linked methodological phase in this analytical context. Although doing so may not be the only means by which to enrich the musico-scientific analysis of hip-hop, the bricolage (multi-methods) approach proposed in this section attempts to explore multiple perspectives—and reach beyond the live/sampled binaries identified—through a combination of intertextual analysis, (auto)ethnography and creative practice. Exploring the interaction between vintage record production techniques and sample-based processes in contemporary hip-hop, the methodology is being employed in the context of my practice-based doctoral research project. Figure 1 illustrates the methodological approach.

The first phase of the research design proposes the analysis of historiographical and musico-scientific literature on the notion of phonographic signatures, combined with the literature on sampling practices, to identify the sonic factors that draw the sample-based producer into the selection of particular audio sources. The findings form a typology of factors that are recreated in the following, applied phase and then infused to the actual production of live instrumentation facilitating the subsequent, sample-based compositional stage.

The applied phase (see Figure 2) consists of a primary stage involving the recording, mixing and mastering of original content, referencing previous styles and eras (typically, ones that feature frequently in hip-hop discography as sampled sources—i.e. 1970s funk), composed and engineered by the author with the aim of providing a rich pool of raw sonic material for the subsequent sample-based stage. The production of the content is informed by historical and technical detail derived from a wide range of historiographical and musico-scientific sources (e.g. Milner, 2009), engineering and production textbooks, and aural (critical listening) analysis of relevant discography. The second stage involves the selection of numerous short samples from the recordings of extended instrumental improvisations (jams), assigned as digital files to the drum pads of characteristic sampling drum-machine tools used in the genre (such as Akai’s MPC range, chosen here as a representative tool for the composition and production of the hip-hop production phase; the MPC sampling drum-machines are a historical mainstay in the arsenal of hip-hop production tools, dating back to the release of the MPC60 in 1988, and combining sampling, drum-programming and MIDI-sequencing functionality with a tactile hardware interface—the latter promotes a percussive style of performance resulting in re-imagined musical phrases characteristic of the sample-based hip-hop aesthetic.) Maintaining a research video journal throughout all practice-led activities is essential for enabling reflexive analysis that drives the developmental process (a public-facing version of the journal, entitled #HipHopTimeMachine, documenting the author’s journey of ongoing practical experiments can be found at https://goo.gl/NZCbn).

Making records within records: implications

The effect of fully engaging with a record-making process, initially outside of the hip-hop realm—albeit ultimately for it—alters the producer’s focus from a specific to a holistic perspective in relation to temporal, structural and dynamic factors. Within a strictly hip-hop context, the creative focus remains narrowed down to the segment, the isolated source, or a loop of short duration. Whether the task at hand is replacing copyrighted phonographic material, interpolating, layering individual instruments over an existing beat, or creating commercial sample-library content, the creative dynamic in all of these cases differs from the set of conditions that give birth to phonographic moments of interest for sample-based producers. It is also important to consider the work-flow implications resulting from the order of actualising different phases—recording on top of a sample-based production is radically different (compositionally and texturally) to the layered, additive processes initiated by the use of a sample in hip-hop music creation.

The phonographic sample, instead, carries sonic manifestations of human agency, interaction, recording media and equipment used, and captured space, and it is also the end result of multiple processes that have left layered textual ‘marks’ upon the sonic content. The recording, mixing, mastering and manufacturing processes involved result in sonic artefacts that have been constructed by these additive, developmental phases, not unlike the effect the many coats of paint leave upon a finished painting. Eno (2004, 129) has famously observed that: ‘(Studio composition) puts the composer in the identical position of the painter—he’s working directly with material and onto a substance, and he always retains the options to chop and change, to paint a bit out, add a piece, etc.’

Figure 1

Figure 2

Hip-hop practitioners are faced with pragmatic, not only philosophical, aesthetic and ethical concerns. Much has been written about the effects of ever-tightening copyright law on sampling and hip-hop practice.
Juxtaposing and reorganising sampled segments from original material can give birth not only to re-imagined harmonic progressions, but also to harmonic departures, extensions and substitutions and performed with attention to a kind of for-the-record aesthetic. Similarly, for a studio process that enables the creation of content designed to feed subsequent sample-based composition, this may be described as a case of pursuing a kind of ‘meta’-record aesthetics, where the meta-genre (sample-based hip-hop) not only digests but shapes the source-genre.

The effect of sampling technologies and associated processes typically embedded in hip-hop practice has further creative implications for their interaction with source material and, ultimately, the shaping of the sonic outputs. An archetypal rap production tool such as the Akai MPC facilitates a unique workflow due to its interface design, the operating system, but also a number of inherent sonic characteristics, collectively inspiring particular musical utterances and production artefacts. In effect, sample-based hip-hop imposes a (present) phonographic process upon the outputs of one or more (past) phonographic processes, and it is by default defined by this exponential interaction. The exponential effect can be heard in the juxtaposition of phonographic sonic signatures, captured ambiances, the resulting hyper-textures, but also in multidimensional harmonic and rhythmical interactions.

Juxtaposing and reorganising sampled segments from original material can give birth not only to re-imagined harmonic progressions, but also to harmonic departures, extensions and substitutions. The melodic content that is contained within a sampled segment assumes harmonic implications when repeated within a cyclic structure. The repetition of such content renders it more constant, and the hip-hop producer may choose to augment or suppress what is inadvertently implied through equalisation, filtering or additional layering. Furthermore, typical monophonic triggering (a sampler typically treats a single audio sample as a monophonic “note-on” MIDI event, even if—intrinsically—the sample contains polyphonic material musically-speaking) and auto-muting functions found on most digital samplers result in highly rhythmical interactions between new programming decisions and the inherent rhythm of the original material contained within a sampled segment. This can be exaggerated by highly swung quantisation (the algorithmic process of time-correcting musical events to a metric grid) settings creating tight syncopation between the beginning of a new segment, the truncation of a previous sample, and the relative positioning of rhythmical content already present in the audio sample. It could be argued, that the resulting sensibility is quintessentially hip-hop: the meta-syncopation interacts favourably with the sampled material’s intrinsic syncopation. Schloss (2014, 159) explains that ‘a hip-hop beat consists of a number of real-time collective performances (original recordings), which are digitally sampled and arranged into a cyclic structure (the beat) by
a single author (the producer). In order to appreciate the music, a listener must hear both the original interactions and how they have been organised into new relationships with each other.

Conclusion

The overarching aim of this investigation has been to identify the factors that define a sample-based rap production aesthetic, apply them to the performance and recording of new music, and leverage its interaction with sampling practices. The combined methodology of intertextual analysis, creative practice and reflexivity has empowered a developmental research design informing practice but also allowing practical insights borne out of the creative troubleshooting to feed back onto the theoretical framework. The practical problem confronted is a well-documented conundrum in hip-hop music making, where the legal landscape compromises producers’ freedom to create new music using phonographic sources, despite a reverence for the sample-based aesthetic. In attempting to understand what differentiates phonographic samples from other raw sonic materials within a sampling context, it has become clear that it is the sonic and musical interaction between the sample-based process and phonographic “ephemera” that lends rap production its quintessential aesthetic signature—in turn, rendering sample-based hip-hop as a meta-genre dependent on its interaction with other genres/styles. As a practical methodology for music makers, the implication is that it is not enough to infuse the ‘right’ (authentic or vintage) sonic markers onto newly created or reconstructed source material. The sample-based production method is most effective when interacting with phonographic occurrences—a hyper-phonographic case of chopping up, manipulating, juxtaposing and rearranging moments of controlled creative chaos.

References


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Keywords

Record Production, Musicology, Sample-based, Hip-hop, Practice.
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DIABETES EDUCATION AT A CROSSROADS

Perspectives of practitioners about barriers to attendance in diabetes education centres
Several studies have identified the beneficial effects of diabetes education in promoting patient outcomes. However, non-attendance in Diabetes Education Centres remains a big challenge to the implementation of a national diabetes education policy for all newly diagnosed patients with diabetes in the UK.

Background

Structured patient education (SPE) for patients with diabetes is the ongoing process of facilitating the knowledge, skills and ability to improve self-care and clinical outcomes (Lawal, 2016). This involves delivery of education to an individual, or a group of patients, on key areas such as blood glucose control, dietary management and exercise. Numerous studies have identified the beneficial effects of diabetes education in promoting self-care knowledge, illness beliefs, coping ability, and in reducing complications and hospitalisations (Gucciardi et al, 2009; Lawal 2016). The National Institute for Health and Care Excellence (NICE, 2015) and the World Health Organisation emphasise the importance of structured patient education for people affected by diabetes because of the required life changes involved. Consequently, this has led to the establishment of various Diabetes Education Centres that deliver structured patient education to the affected patients.

Although, international and national guidelines have recommended diabetes education as a key component of diabetes management, non-attendance in Diabetes Education Centres remains a problem and evidence on how to promote attendance is weak in the UK. A systematic review of 14 primary research studies on the phenomenon revealed that all the studies were from countries outside the UK. These countries have a different funding and patient education system; therefore, this established the need for a UK study. The Health and Social Care Information Centre (2016) states that commissioners and providers should investigate the reasons for non-attendance at Diabetes Education Centres. Owing to the identified practice gap and a lack of primary research in this area within the UK, this study examined the perspectives of practitioners about barriers to patient attendance in Diabetes Education Centres and explored ways to break the barriers to attendance.

Research design and methods

This study used a focus group approach with one-to-one semi-structured interviews with healthcare practitioners who could not attend the focus group session but were willing to participate in the study. A purposive sample of 10 practitioners delivering education to patients with type 2 diabetes who consented to the study was selected in four areas within a Primary Care Trust (PCT) in England: Diabetes Specialist Nurses (DSN) (n=5), Podiatrists (n=3) and Dieticians (n=2). Four practitioners refused to participate in the study for various reasons. The focus group interview comprised seven people. The three consenting participants who could not attend the focus group took part in individual face-to-face semi-structured interviews on different days in October 2013. The settings were chosen because of the rate of non-attendance at Diabetic Education Centres and its demographical differences. The populations of two areas were predominantly white whilst the other two areas comprised a multi-ethnic population.

Seven open-ended questions were used as a guide to collect data for the study. Questions were generated based on the NHS Institute for Innovation and Improvement (2008) guidance in improving attendance in practice and other literature. The question template was pre-tested to ensure its appropriateness by piloting it with a group of practitioners from a different Primary Care Trust and this resulted in amendments to the question guide. A senior colleague, an experienced researcher, acted as a moderator and recorded the key points on a flip chart, assisted with facilitation of the group discussion and helped to cross-validate the thematic analysis codes. Ethical approval was obtained through the Central Office for Research Ethics Committees (COREC).

From an interpretivist perspective, a descriptive approach was undertaken using thematic analysis. The data from the focus group and semi-structured interviews were transcribed and coded following the process outlined by Braun & Clarke (2006). This involved using verbatim transcriptions of the raw data to establish codes; developing codes into sub-themes and identifying major themes which were used for interpretation and discussion of the findings.

Results

Theme 1. System related factors

(a) Attitudes and priorities of the practitioners

The participants felt that the attitudes of general practitioners may affect the way they raise the level of awareness of the education among patients affected by diabetes:

The General Practitioners (GPs) are quite vague in referring patients to the education centre (Participant 7, Area C, DSN)

In my personal view, I think some GPs don’t emphasise the importance of attending the session (Participant 1, Area D, DSN)
Some participants considered that structured patient education was not a key priority for the GP:

Because I think the practices are driven by all the targets and the rest of it... it is all about target (Participant 1, Area D, DSN)

d a quick fix to get the HbA1c levels down is going to be much higher on their priority list (Participant 1, Area D, DSN)

b) Referral/Appointment system

Three of the participants stated that an inappropriate referral system and a rigid appointment system constitute a barrier:

It is not held at suitable times for instance we don’t offer weekends, lunch time, evenings, it potentially means that people taking time out of work. They may not have told their employer that they have diabetes or they may not want anyone to know (Participant 3, Area A, Podiatrist)

A participant felt that the waiting time between referral and date of education may have a role to play:

I don’t know if waiting time has a role to play. I mean if you are waiting two months for education, you are going to either not bother or get it somewhere else yourself (Participant 6, Area C, DSN)

A participant stated a contrary opinion:

On the other hand, if you’ve got time they can rearrange work. I think if you have a couple of months then you are more likely to take the time off to go to the education (Participant 5, Area D, Dietician)

Although, the patients are routinely referred, some participants thought that poor provider-patient communication is part of the problem:

The GPs and the practice nurses who are at the point of diagnosis are obviously not giving them (the patients) the information that they should and need to be having (Participant 3, Area A, Podiatrist)

It is about understanding as well, do they (the patients) understand the terminology (Participant 4, Area A, DSN)

c) Availability of funding

Funding is also seen as a barrier. Two quotations on this barrier are:

Lack of resources and the booking system is part of the problem (Participant 7, Area C, DSN)

The other thing is that the Government put their funds in 10 years or maybe 20 years ago when there were fewer patients and now there are more diagnoses, more resources are needed so they haven’t really taken that into consideration either (Participant 4, Area A, DSN)

In contrast, a participant stated that lack of enough money and resources will always be a problem:

I think it’s a fact that there is never going to be enough resources, not enough money in the NHS (Participant 1, Area D, DSN)

Theme 2. Patient associated factors

a) Perceptions of diabetes

Whilst some participants viewed that some patients just choose to ignore the letter of invitation, a poor understanding of the nature of diabetes among the patients was also seen as an issue:

I think there is also a perception that diabetes is very much around eating a healthy diet and keeping active and people probably feel quite defensive and may think that they are actually doing those things already and don’t want to come and perhaps feel that they are being told off (Participant 5, Area D, Dietician)

Another participant corroborated that view:

I think that a lot of patients don’t recognise diabetes as a serious condition and I think that their actual awareness especially in type 2 diabetes, it’s still a mild condition (Participant 2, Area D, Dietician)

b) Individual Preference

Some of the participants indicated that patient preference for individual education is a barrier:

Some patients do not feel comfortable in a group setting, may be a bit shy and therefore not a benefit (Participant 10, Area B, Podiatrist)

I think a group session can sometimes be a little intimidating or they think so initially (Participant 6, Area C, DSN)

Regardless of the possible negative aspects of group education, a participant offered a broader view on this issue by saying:

Both have got its benefits – in groups, questions may be asked from others, there is a staffing benefit – delivery to more than one person at a time, interaction among patient may be helpful, they may not feel they are on their own (Participant 8, Area D, Podiatrist)
I think that a lot of patients don’t recognise diabetes as a serious condition and I think that their actual awareness especially in type 2 diabetes, it’s still a mild condition

c) Cultural influences
Another recurrent statement was the issue of socio-cultural background of the patients and the need to consider festivals like Ramadan and Diwali:

I was just thinking, for example, if they have got ceremonies like Ramadan or Diwali or some other events going on. I think we need to be sensitive not to send the appointments on a particular month or whatever at least the ‘do not attend’ rate would decrease (Participant 4, Area A, DSN)

There was a view that different cultural background has different expectations:

…. and of course for lots of people who have the condition they’ve been born and brought up or come here and been in a culture where they just go to the doctor and get the cure, get the fix, get the tablet. It is changing the whole way that people relate to health (Participant 4, Area A, DSN)

d) Patient’s responsibility
Some participants believed that patients with diabetes need to take more responsibility for their health or be subjected to sanctions:

I think that people should make more of an effort for their health. I think we are doing too much for the patients in our care with the way we work at the moment (Participant 2, Area D, Dietician)

Some participants opined that patients need to call to cancel their appointment as a matter of courtesy:

I think as long as people have the opportunity to telephone to make some form of contact if they are not able to attend (Participant 2, Area D, Dietician)

The tone of voice of a participant at this particular time was high suggesting her passion for imposing a penalty:

If patients have to pay for their health, maybe they would take more effort to look after themselves (Participant 2, Area D, Dietician)

e) Motivation
Another participant stated that painting frightening pictures of diabetes is necessary to scare and motivate patients to engage with structured patient education. In contrast, three participants did not concur with this approach and one stated:

Sometimes, it can have the opposite effect (Participant 1, Area D, DSN)

f) Personal circumstances
Personal circumstances were seen as a major problem:

Reasons that may affect attendance are inadequacy of letters, patient relatives with diabetes, work/studies may prevent them, because it is in the hospital – I mean concerned/nervous to discuss in the hospital setting and language barriers (Participant 1, Area D, DSN)

In agreement with the previous statement, another participant stated:

Younger patient may not come due to inability to get out of work, some may be on annual leave and travelled on holiday (Participant 9, Area B, DSN)

Theme 3. Strategies to improve attendance
Some participants believed that offering a flexible service might help:

I think, work could be a problem and because there is a trend of younger patients coming to the session and they are unable to get out of work – employer may not allow them to leave at that particular time. We have to be flexible about time like morning, afternoon, weekend or evening (Participant 10, Area B, Podiatrist)
A participant summarised her own views on what can be done to reduce non-attendance thus:
We need to consider one to one education if they don’t like group, offer a flexible approach – start roll on education with an option to opt in and out (Participant 8, Area D, podiatrist)

Another participant suggested delivering the diabetes education in the community:
Does the current high rate of non-attendance demonstrate the need to go out into the community to deliver the education (Participant 4, Area A, DSN)

A participant suggested the use of health activists to contact patients. In her opinion:
I think there might be a role for the health activists here, because area A had some health activists working with them in their locality. These are people who may have diabetes themselves or who have an interest in chronic long term conditions, who may actually be able to act as an advocate and they would have the time to ring up and speak to the person - this can help (Participant 5, Area D, Dietician)

This view was echoed by another participant:
It’s certainly improved our uptake of attendance because when we use the health activist who was a patient with diabetes herself and because she speaks the lingo, she stressed what would be discussed at the education centre and the attendance did improve. So I think in a way we need to be sensitive as well to the culture (Participant 1, Area D, DSN)

Discussion
This study demonstrates that poor provider-patient communication constitutes a barrier to attendance. It is important to give complete information in a clear and concise manner, considering that English may not be the first language for some patients. Webb (2011) states that patients are often unfamiliar with the medical terminologies used by their practitioners. Our findings raise the issue of interprofessional relationships, with the nursing staff trying to push the blame onto other medical colleagues. This is in concordance with Lawal (2016), who states that having a separate benchmark for several professionals working to achieve a common goal may create some tension in the delivery of services such as patient education. Nevertheless, successful delivery of structured patient education relies on all the professionals that are involved in the process.

Although the possible impact of Government targets and incentives on patient outcomes is well documented in the literature (Hadley-Brown, 2013), there is limited empirical evidence of the effectiveness of targets and rewards (Gallagher et al, 2015). Our findings suggest that Government targets is one of the drivers for the attitudes of GPs towards structured education. Procter et al (2013) suggested that organising services based on the Quality Outcomes Framework, which determines the standard required and funding mechanisms, may have hindered effective delivery of care, and that organisation of care should be based on the need of patients as opposed to targets.

Opinions on using sanctions and painting frightening pictures of diabetes to motivate patients are a unique finding in our study. Based on these data, some patients are regarded as unmotivated, and being tough or imposing a penalty may help. However, introducing sanctions was seen as a grey area and there was no agreement as to whether it would lead to negative or positive health outcomes. The literature also presents a controversial argument on the use of negative reinforcement such as introducing a fine as a measure to motivate patients and Upton (2010) states that praise and reward have been found to play a role in motivating certain behaviours and to aid self-efficacy in patients. Although this is an unusual finding in comparison to studies of non-attendance conducted in other countries, it merits further exploration.

Group education is perceived to be cheaper than one-to-one sessions, and attendees can support and learn from each other through group education. Nevertheless, our study showed that some people may not feel comfortable with group learning. However, both individual and group education sessions have their merits and drawbacks (Lawal, 2016). Based on this finding, education should be tailored to the needs of the individual, in line with the NICE guideline, which states that structured education can be given individually or in groups (NICE, 2015). Our findings were similar to other studies conducted outside the UK, which found that personal problems such as work, school, and holiday were contributory factors to non-attendance in clinical practice (Gucciardi et al, 2012). Regardless of these practical reasons, our participants felt that patients should call to cancel their appointment as a matter of courtesy.

Different cultural backgrounds with different expectations were also identified as a potential barrier to attendance. The link between culture and health beliefs is well documented (Upton, 2012); therefore, this finding is not surprising. However, it is interesting to note that some people may keep their diabetes a secret and therefore would not like to seek permission to take leave from work. Excerpts from our participants reflect that the healthcare approach may not be consistent with the upbringing
of some patients, and it is important to recognise these differences (Lawal, 2016). Type 2 diabetes is an insidious condition, and many people go undiagnosed for some time (Lawal, 2016). The observation of lack of adequate understanding of the seriousness of diabetes may be partly due to the insidious nature of the condition.

The role of organisational structure in the delivery of diabetes health education is seen as crucial to promoting attendance. The findings of inappropriate referral systems and holding the sessions at unsuitable times and locations are consistent with those of other studies on nonattendance at diabetes education (Gucciardi et al, 2012). Our study revealed that a better provider-patient communication system, more resources, flexible delivery of education, offering the education service in the community and the use of health activists may be part of the solution to this. Other non-UK studies (Gucciardi et al, 2009) have also identified a rigid appointment system, distance and timing of the sessions as barriers to attendance among diabetes patients. Although a follow-up call or sending a reminder letter is seen as a possible way to motivate attendance, it is fraught with organisational barriers, such as a lack of personnel and funding. Other authors have indicated the spending challenge confronting the healthcare service (Hadley-Brown, 2013; Lawal, 2016), and some of our participants believed that funding would always be an issue in the NHS.

**Study limitations and strengths**

The small sample size and the sampling technique limit the transferability of these findings. Furthermore, this phase of the study captured the opinions of practitioners who are responsible for delivering education to people with type 2 diabetes. The views of the patients are presented in subsequent phases of the study. Despite these limitations, the study has thrown more light on barriers to attendance at Diabetes Education Centres and has highlighted some measures that can be used to promote engagement. It is important to reduce waste in the NHS to maximise the efficient use of funding and this study is important due to the limited empirical evidence on factors that are responsible for non-attendance in the UK.

This study benefited from the collection of in-depth information from four localities with different demographic characteristics. As the practitioners were willing to talk and share their views openly in the group, the level of participation was good through effective coordination. Hence, data saturation was achieved during the process of conducting the research, suggesting that sampling more data would not uncover more information related to this research. In addition, the use of a co-researcher who acted as a moderator has proved beneficial in other studies.

**Conclusion**

It can be concluded from these results that both practitioner- and patient-associated barriers coupled with system related barriers to attending structured diabetes education exist. The healthcare practitioners indicated that people with diabetes often have genuine reasons for non-attendance, including personal circumstances such as lack of time, work-related issues, feelings about group education and the location of the session. In addition, patients’ cultural backgrounds, organisational structures within the health service, the need to meet Government targets and professional-patient communication may aid or hinder attendance. It is clear from these findings that strategies to increase attendance rates could include improving referral and appointment systems, allocating additional resources, increasing flexibility in terms of time and location of sessions, and the use of volunteers such as health activists. Looking ahead, we recommend conducting a further, large-scale study covering several Trusts across the country and, possibly, involving practitioners who are involved in educating people with type 1 diabetes as opposed to only type 2 diabetes education.

**References**


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**Key words**

Structured patient education, self-management, non-attendance, diabetes control

Group education is perceived to be cheaper than one-to-one sessions, and attendees can support and learn from each other through group education. Nevertheless, our study showed that some people may not feel comfortable with group learning.
CONDUCTING RESEARCH IN A SENSITIVE AREA

A researcher’s reflective account on the joys and pitfalls of researching termination of pregnancy for fetal abnormality

P

erinatal loss has received widespread coverage with the Baby Loss Awareness Week that took place in October 2018. But what is it like to do research in such a sensitive area? This article offers a researcher’s reflections on the joys and pitfalls of conducting research on pregnancy termination for fetal abnormality.

Introduction

The UK Baby Loss Awareness Week took place in October (9-15th October) for the 17th time running. As parents came together to commemorate the lives of their babies, a cross-party group of MPs initiated a debate in the House of Commons about baby loss and the care provided to parents. These initiatives complement the work currently undertaken by the National Bereavement Care Pathway, whose mission is to devise a care pathway for parents who have lost a baby during pregnancy or shortly after birth. On the media side, perinatal loss has also received widespread coverage, as documentaries on BBC and Channel 4 on stillbirth illustrate. In a context in which perinatal loss is increasingly talked about, it is topical to turn our attention to the subject of what conducting research in this field may involve. My aim, in this article, is to provide a reflective account of my experience as a researcher in a particular type of perinatal loss: termination of pregnancy for fetal abnormality (TFA). I will discuss the specificities of TFA and what makes TFA a particularly sensitive topic. I will then provide a commentary on the joys and pitfalls of conducting research in this area.

Specificities of TFA

TFA represents 2% (n = 3,158) of all terminations of pregnancies in England and Wales (Department of Health, 2018). It is more common than stillbirth (n = 2,873 [Office for National Statistics, 2017]) and its prevalence has risen by almost 50% in the past 10 years (Department of Health, 2008-2018). This increase is mainly due to developments in prenatal diagnosis technologies, which have led to earlier detection of more abnormalities, and increased maternal age, which is associated with increased rates of fetal abnormalities.

TFA shares many characteristics with other perinatal losses such as miscarriages, stillbirths or neonatal deaths. In all cases, parents lose a child before birth or at the very early stage of life, and the loss occurs at a time when people would, in theory, rejoice. Furthermore, although the baby may be ‘very real’ to parents, he/she remains an abstract entity for those around them. Yet, TFA also fundamentally differs from other perinatal losses because it is the result of parental choice. The decision to terminate the pregnancy is itself complex and some parents report experiencing guilt and self-blame as a result (Nazaré, Fonseca, & Canavarro, 2014). TFA also differs from termination for non-medical reasons as the pregnancy is, in most cases, wanted.

TFA can have negative, long-term psychological consequences for women, with many displaying high levels of perinatal grief post-TFA (Lafarge, Mitchell & Fox, 2013), whilst others experience depression, complicated grief and posttraumatic stress (Wool, 2011). TFA may also negatively impact upon the psychological wellbeing of women’s partners and alter family dynamics (Robson, 2002). TFA can also negatively affect women’s experiences of subsequent pregnancies (Rillstone & Hutchinson, 2001), their relationship to the baby and the baby’s development (Alexandre et al, 2015).

In addition, TFA has social implications. It can be stigma-bearing because it is linked to the wider, polarised, abortion debate. Many women who have undergone TFA choose not to disclose that they have terminated their pregnancy for fear of being judged (Hunt et al, 2009). They are keen to distance themselves from the pro-life versus pro-choice abortion debate and tend not to regard their experience as an abortion (Fisher & Lafarge, 2015), which illustrates the stigma surrounding abortion.

The fact that the pregnancy is terminated on the grounds of fetal abnormality also results in TFA being linked to the eugenics debate. This debate is underpinned by the coexistence of prenatal diagnosis, which could be regarded as aiming to prevent disability, and the drive for social integration of people with disability (Ville, 2011).
Fundamentally, it raises the issue of whether prenatal diagnosis and pregnancy termination on the ground of fetal abnormality is discriminatory towards people with disability. So, what is it like to conduct research in a sensitive area such as TFA? What have been the joys and pitfalls?

**Conducting research on TFA**

**There have been many joys**

Collecting data has been a major highlight. My research has involved gathering data from women who had undergone TFA, and I have had the privilege to encounter beautiful stories, some very sad but some also uplifting. Anecdotal feedback from women has indicated that they were grateful for the opportunity to share their stories and that, for some, the process of talking to me had helped them process their loss. If women have benefited from talking to me, I have benefited from their stories too. I have learnt a lot about human resilience and the many ways to adjust to TFA. I have learnt that personal growth can coexist with distress, that some women still feel raw years after the termination, whilst others feel inadequate if they are not overwhelmed with grief.

During my journey, I have also met individuals who dedicate their professional life to helping women and their partners. These include health professionals working in fetal medicine. As part of a project on the practice of prenatal diagnosis, I was lucky enough to gain access to fetal medicine consultations. As I waited in busy corridors, I was struck by the frantic pace at which these health professionals were working, and humbled by the significance of the decisions they had to make and the skilfulness of the medical acts they performed. I was struck by their humanity and desire to get the best outcomes for that particular woman or couple. I also met individuals working in support organisations who spend time talking to women and their partners, helping them to make decisions and come to terms with these, as well as lobby policy makers.

Ultimately, the research I undertook has been and continues to be meaningful to me. If my research can contribute, in any way, to helping women navigate the challenging field of prenatal diagnosis and the difficult experience of TFA then, I have achieved my goal.

**What have been the pitfalls?**

The first pitfall is ethics. Whilst I adhere to and agree with strict ethical guidelines in research, the process of obtaining ethical approval for sensitive topics can be protracted. The research project, mentioned above, which involved observations of fetal medicine consultations required NHS ethical approval. I was not asking permission to interview women, I was requesting permission to be in the consultation room. Yet, it took me over six months to obtain ethical approval, after my application.

Being an emotionally challenging topic, TFA may impact upon researchers’ wellbeing. Over the years, I have been exposed to many sad stories, stories of loss: of a pregnancy, of a baby, of the dreams that accompany it, of innocence, of previously held-dear values (e.g. pro-life values or beliefs in a ‘just world’), of relationships. Collectively, these stories have had an emotional impact.
had been initially rejected by the panel on the grounds that the research might be too upsetting to women. I had to dispute the assumption that women who find themselves in potentially stressful situations are, somehow, unable to give consent. I also, privately, argued that refusing to grant me ethical approval for research that may benefit women experiencing TFA would be unethical although, of course, I did not share my thoughts with the panel.

Another pitfall lies in the fact that because TFA is a challenging topic, it attracts strong opinions. I recall the time when I had an abstract accepted for an oral presentation to a conference outside the UK only to be told, two weeks before the conference, that the committee had decided to withdraw my paper because they feared local protests. I have also encountered comments about my research, some of these openly questioning ‘how could women do something like this’. This issue may also apply to research funding. As a niche, potentially stigma-bearing topic, some funders may be reluctant to fund TFA research.

Finally, being an emotionally challenging topic, TFA may impact upon researchers’ wellbeing. Over the years, I have been exposed to many sad stories, stories of loss: of a pregnancy, of a baby, of the dreams that accompany it, of innocence, of previously held-dear values (e.g. pro-life values or beliefs in a ‘just world’), of relationships. Collectively, these stories have had an emotional impact upon me. Another challenge lies in what I would call researcher’s compassion fatigue. A plethora of articles have focused on compassion fatigue amongst health workers, social workers, community staff and carers, but none amongst researchers. Yet, I realised this had happened to me when I found myself desensitised to the stories I was reading. This sends a clear message that taking a break is imperative, because if you are no longer engaging with your data, you are no longer doing good research.’

Conclusion
Conducting research on TFA is extremely rewarding, but also very challenging. Still, to me, the positive aspects clearly outweigh the negative, and whenever I feel myself thinking of other research topics I could get involved with, none seem quite as riveting as TFA. Although the topic of TFA may be uncomfortable for some, it is worthy of research precisely because it is a sensitive area, and because it is still a misunderstood and stigma-bearing phenomenon. However, it is essential to approach it in a non-judgemental way, whether it is with research participants, professionals, academics or the public, and accept that TFA can trigger strong emotions.

References

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Keywords
Termination of pregnancy, perinatal bereavement, reflective account, sensitive research
OLYMPIC REPRESENTATION

The portrayal of Olympic athletes defies traditional gender stereotypes: A content analysis of the 2018 Winter Olympics news outlets

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Our research indicates how, in contrast to traditional gender stereotypes, the portrayal of Olympic athletes in news articles shows female athletes to be just as competent as male athletes and male athletes to be just as warm as female athletes.

**What research says about traditional and non-traditional female stereotypes**

Stereotypes can be described as prior conceptions or schemas that are shared in society about a group of people and include the attributes that this group or a member of the group are believed to have. A social psychological theory, the Stereotype Content Model, suggests that stereotypes of all social groups are represented as a combination of the two dimensions of warmth and competence (Fiske, Cuddy, Glick & Xu 2002). Warmth is based on the perception of competitiveness; a lack of competitiveness predicts warmth, whereas a highly competitive person may be perceived as cold (Cuddy et al., 2009). Competence is predicted based on status with those high in status being perceived as more competent since status refers to the resources and prestige a group has acquired, whereas those low in status are considered to be less competent (Kervyn, Fiske and Yzerbyt, 2015).

Cuddy et al., (2009) argue that females are stereotyped as high in both competence and warmth whereas, Eckes (2002) has shown that this is not the case when women are divided into sub-groups (see Figure 1). In the Eckes study participants were presented with male or female subgroups and asked to rate their warmth and competence. It was found that women assuming traditional roles in society were a group perceived to be low in competence but high in warmth, congruent with paternalistic stereotypes and associated with an emotional response of ‘pity’. These types of groups tend to receive help rendering them as subordinate and they may also be scorned and socially avoided. Women that took on non-traditional roles (e.g. career women, athletes and feminists), however, were stereotyped as high in competence but low in warmth (similarly to males) – a stereotype that is associated with the emotional response of envy or resentment.
Research has also identified that when participants are encouraged to focus on women’s appearance, they rated women as less warm and less competent (Heflick, Goldenberg, Cooper & Puvia, 2011). They conducted a series of experiments in which participants were asked to watch videos or look at pictures of men and women of equal status. Participants were shown a picture/video of a woman or a man and were either asked to focus on the appearance of the person or not. When the focus was on appearance, women and not men, were perceived as less competent, warm and moral. This effect remained constant when familiarity, physical attractiveness and occupational status were controlled for. Heflick et al.’s study provided compelling experimental evidence that drawing attention to the appearance of the person being evaluated, caused a drop in the perception of warmth, competence and morality for women only — rendering them an objectified or dehumanised group under those circumstances.

In addition, when feminine nouns were included in job titles, it has been found that women were perceived as warmer than their male counterparts, but perceptions of competence were not affected (Merkel, Maass & Frommelt, 2012). Contrasting findings were presented by Budziszewska, Hansen and Milewicz (2014) who conducted a study in which participants rated women on warmth and competence, after either reading a scenario in which the woman had a traditionally feminine or masculine job title. It was found that women described with feminine job titles were considered less competent than women with masculine job titles, confirming the traditional female gender stereotype. However, they were also seen as less warm, confirming the career women stereotype as suggested by Eckes (2002). Interestingly, those effects only occurred among male participants.

As stated by Fiske (2002), female athletes are a sub-group of ‘non-traditional’ women, and therefore rate similarly to males as high in competence and low in warmth. However, as Olympic events tend to have the gender in the title (e.g. Men’s 4x100 Relay vs Women’s 4x100 Relay), it could be argued that the gender salience in the title will activate traditional gender stereotypes and cause females to be considered as less competent and more warm, as found by Eckes (2002) in relation to women assuming traditional roles.

In line with stereotypes found for non-traditional women, it was hypothesised that there would be no difference between male and female Olympic athletes in terms of their portrayal as warm or competent. The alternative hypothesis, in line with traditional gender stereotypes, was that male Olympian athletes would be depicted as higher in competence and female Olympian athletes would be depicted as higher in warmth.

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Methodology: design and materials

The aim of the current study was to investigate whether male and female Olympian athletes would provoke different perceptions of warmth and competence. It was conducted employing a content analysis design. The independent variable was ‘athlete gender’ which had two levels: male or female. The dependent variable was ‘perceived stereotype’ which had two levels: warmth and competence.

Twelve articles were selected from various websites that reported on athletes competing in the 2018 Winter Olympics (AXS, 2018; BBC Sport, 2018; Chicago Tribune, 2018; CNN, 2018; Fox News, 2018; Independent, 2018; SB Nation, 2018; The Ringer, 2018; Time, 2018). Articles were only included if they identified the gender of the athlete they were reporting on and spoke in depth about Olympic athletes.

‘2018 Olympic Winner’ was the search term, used in a search engine to find articles that reported on the 2018 Winter Olympic medallists. ‘Winners’ were searched for as opposed to ‘athletes’ in the hope that males and females being reported on were of equal success, therefore allowing for less biases to be made with regards to the competence of the athletes. Phrases were extracted from the articles that expressed the perception of the Olympians as either warm or competent. Data were coded to efficiently identify phrases that depicted a perception of warmth or competence. A coding manual was created to ensure the boundaries of what was considered warm and competent were clear (e.g., warmth was depicted by athletes demonstrating a lack of competitiveness and; competence was depicted by the writer considering the athlete high in status). Perceived competence was shown in many ways, an example of this was a complimentary comment about the athlete’s achievement (e.g. “She has transcended the boundaries of her sport”). Warmth could also be shown in many ways, one example of this was an athlete showing emotion at the outcome (e.g. “the team’s poor finish was Noh’s fault, Noh cried”).

Phrases were marked as ‘1’ for warmth or ‘2’ for competence, with phrases about females being marked as ‘1’ and phrases about males being marked as ‘2’. One-hundred-and-thirteen phrases were collected and entered into a coding schedule which was then transferred into SPSS to conduct a Chi Square 2x2 analysis and determine if there was an association between gender and perceived stereotypes of warmth and competence.

Results

The study hypothesised that males would have a higher number of phrases depicting them as competent and that females would have a higher number of phrases depicting them as warm compared to males. The collected data was entered into SPSS to conduct a 2x2 chi square analysis and the descriptive statistics are outlined in Table One.

Table 1 displays the frequencies of phrases depicting warmth and competence by gender. Phrases indicating warmth were found to be in greater numbers for females than males, with 18 phrases for females compared to 11 for males. Phrases indicating competence were also found to be in greater numbers for females than males, with 49 phrases for females compared to 35 for males.

In addition, far less phrases were found to signal warmth than competence. 29 phrases were found to signal warmth, whereas 84 were found to demonstrate competence.

This data shows that females were considered as warmer and more competent than males in the articles reviewed, and that Olympic athletes, regardless of gender, are considered more competent than they are warm (see Figure 2).
However, although there were more phrases of warmth and competence for females than there were for males, the analysis demonstrated that there was no significant association between athlete gender and perceived stereotype ($\chi^2 = .13$, $df = 1$, $p = .72$). Gender was not associated with perceptions of warmth and competence within Olympic athletes.

**Discussion**

Against our predictions, the descriptive results indicated that female Olympic athletes were associated with a bigger number of phrases depicting them as warm, and a bigger number of phrases depicting them as competent, than the male Olympic athletes. However, the data analysis indicated that there was no significant association between gender and perceived stereotypes of warmth and competence. Therefore, the alternative hypothesis was rejected and the null hypothesis accepted, declaring no difference between male and female Olympic athletes in terms of their portrayal as warm or competent.

With no significant association found, this study shows that a difference between the stereotypic perceptions of non-traditional women, such as athletes, compared to the stereotypic perceptions of men, or male athletes cannot be confirmed and that those stereotypes may indeed be seen as similar. This could be seen to imply equality between males and females in sport; however, it could also be attributed to 2018 Olympics being a particularly successful year for women. Content surrounding their achievements was easier to find which also provides a possible explanation for the higher number of phrases found for the female Olympic athletes compared to the male athletes in both warmth and competence categories.

Moreover, Eckes (2002) has argued that men are the dominant group, and female sub-groups, such as athletes, create envious stereotypes that are reflective of fears that women do not possess the traits that society expects them to have. Eckes (2002) also argues that this could justify discrimination against women because the dominant group (males), could view them as dangerous or unfair competitors; a discriminatory idea that would only be further rationalised by the sub-groups’ perceived lack of warmth. The implication is that although this research has demonstrated no significant associations between gender and stereotypes, women may still be judged differently for behaving and succeeding in the same way as men. Previous research has shown that women who do not behave in line with traditional gender-stereotypes experience heightened prejudice (Diekman & Goodfriend, 2006) and are more likely to elicit victim blame in rape case scenarios (Masser, Lee & Mckimmie, 2010). Further research could move on from looking at what type of prejudiced attitudes follow from those stereotypes, and study how likely people are to act on those attitudes, i.e. display discriminatory behaviours.

Limitations of the current research should be noted. Firstly, not all the coded phrases were about Olympic winners. Hence, status (winner vs. non-winner) may have been confounded with gender in this study. In the study of Heflick et al., (2011) status as well as other variables had been controlled for. Similarly, future studies should consider additional coding for status, familiarity and attractiveness to ensure those are not affecting the results in addition or instead of gender.
Another limitation of the current study is related to the idea of what defines warmth: a lack of competitiveness (Cuddy et al., 2009). The articles selected were all about Olympic athletes; finding a lack of competitiveness amongst the top tier of sports leaders around the globe was an incredibly difficult task. It could be argued that a lack of competitiveness would prevent these athletes from becoming successful enough to reach the Olympics, therefore finding warmth in athletes of this calibre is a more difficult task. This could explain the lack of phrases found for warmth in the present study.

Furthermore, the fact that women and men in the Olympics are competing amongst themselves and not against each other may have shifted this standard of comparison. When women were described this was done with other women in mind and when men were described this was done with other men in mind. Previous research on ‘shifting standards’ has shown that this can lead to biased descriptions when comparing individuals from different social groups with one another and has suggested the use of more objective measures (Biernat & Vescio, 2002).

Our research did not consider whether the analysed articles were written by males or females. Future research could focus on comparing perceptions by males and females. This could be done using sports discussion fora, in which participants are identified by gender, and a comparison could be made between females’ perceptions of male and female athletes’ warmth and competence vs males’ perceptions.

Conclusion
Our investigation did not find significant associations between gender and stereotypes of warmth and competence. Future research should consider the gender of the perceiver (i.e., the author of an article or blog posts) as well as subjects’ attributes such as attractiveness, familiarity and status. Such studies should consider extending the present coding frame to include those variables. Lastly, in a broader context, research should also explore how people act on their attitudes that may follow from those stereotyped judgements, and the implications this might have for behavioural outcomes such as sexism and gender-based violence.

References


About the authors

Kirsty Hoggins is a third-year student (BSc, Psychology) at the University of West London and the article includes work she conducted towards her degree.

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Keywords

Gender stereotypes, stereotype content model, Olympic athletes, content analysis
Mohamad Abou-Foul’s doctoral research focused on manufacturing companies taking the shift to introduce digitalisation and service provision into their day to day business. Servitization, the introduction of services into their business model, is a modern phenomenon that helps manufacturing firms innovate their process to avoid the ‘commoditisation trap’ of their products, achieve higher performance, enhance customer experience and spur and sustain their competitive advantage.

Servitization in essence is a growth-oriented strategy which needs top management to fundamentally change the product mindset prevalent in the pure industrial context to a more customer-centric approach. The introduction of servitization into the manufacturer’s business model can help companies to be more customer centric and data driven. The advent of advance manufacturing, cloud computing, big data and artificial intelligence also helped in facilitating servitization and digitisation. The introduction of servitization can be leveraged by capitalising on the firm-specific learning and strategic capabilities that can help in the journey of business-model change and organisational transformation.

The empirical investigation of the relationship between the antecedents of servitization and firm performance was driven by a multidimensional perspective that has taken into consideration the interplay of both external and internal factors influencing servitization and firm performance.

A unique contribution of this research has been to determine the positive relation between servitization and firm performance. The findings indicate that for managers of manufacturing firms, achieving superior bottom-line results is contingent upon the integration of those learning- and service-specific capabilities that transform the nature of an offering, by creating mutual value and promoting improved performance.

Prior astute digital investment in organisational resources, skills and capabilities was one of the most important aspects agreed upon between participants of this study, as digitalisation is the most important aspect enhancing the link between value chain from research and development and after sales. Findings also show that to be financially successful, the implementation of service technologies must be treated as a business initiative that needs to be supported by top management commitment and a vision for servitization and digitalisation.

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