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Contents

Editor' Comment

It is with great pride and a deep sense of purpose that I present **Volume 10, Issue 1 of the Journal of Academic Reviews (JAR)**, the flagship research publication of Mont Rose College. Now in its tenth volume, JAR continues to embody our vision of cultivating a rigorous, inclusive, and outward-looking research culture that serves both our academic community and the wider world.

This issue reflects the journal's enduring commitment to intellectual inquiry, professional advancement, and the dissemination of knowledge that speaks directly to the challenges and opportunities of our time. It draws together contributions from a range of disciplines, united by a common concern with ethics, leadership, inclusion, and innovation in education, healthcare, and organisational practice. The quality and diversity of these articles demonstrate the value of research not only as an academic endeavour, but also as a driver of meaningful social change.

The opening papers investigate pressing issues at the heart of health and social care. The evaluation of enhanced safeguarding policies in care home settings provides critical insights into resident well-being and policy effectiveness, while research on the barriers and opportunities of artificial intelligence in later-life learning highlights the need for careful, ethical integration of technology into educational practice. Similarly, the study of motivational drivers among adult learners from BAME backgrounds deepens our understanding of the lived realities of inclusion and participation in education.

Attention then turns to the transformative power of digital technologies. In two thought-provoking articles, the authors interrogate the strategic, ethical, and pedagogical implications of AI in human resource management, alongside the perspectives of lecturers navigating AI in assessment and feedback in higher education. These papers underscore both the promise and the dilemmas of artificial intelligence, reminding us that the advancement of technology must always be accompanied by critical reflection and ethical responsibility.

Leadership, ethics, and wellbeing form another key strand of this volume. A systematic review of the relationship between ethical leadership and job satisfaction among healthcare professionals offers compelling evidence of the importance of values-based leadership in sustaining professional morale and service quality. Meanwhile, the exploration of intersectional inequalities in youth mental health gives voice to lived experiences that are too often marginalised, pointing the way to more equitable and responsive approaches in mental health provision.

At Mont Rose College, we take great pride in ensuring that JAR remains a living testimony to our ethos of excellence, opportunity, and accessibility. The journal provides an invaluable platform for both staff and students to disseminate their work, whilst also welcoming contributions from scholars and practitioners around the world. In this spirit, JAR stands not only as a college journal but as a truly collaborative and international forum for critical debate and knowledge exchange.

I must take this opportunity to acknowledge with gratitude the leadership of Mont Rose College, whose vision and support continue to sustain the flourishing of research within our institution. I also wish to commend the dedication of our contributors and reviewers, whose scholarly rigour ensures that each article published meets the highest standards of academic integrity. Most importantly, I extend an invitation to our readers to engage deeply with the ideas advanced in this issue, to reflect critically upon them, and to consider their implications for teaching, professional practice, and future research.

As Editor-in-Chief, I am honoured to steward this journal at such a pivotal moment in its history. It is my firm belief that the insights contained within this volume will stimulate dialogue, inspire innovation, and contribute meaningfully to the advancement of knowledge across disciplines.

Dr. Samson Oluseye Ojo
Editor-in-Chief
Journal of Academic Reviews

Evaluating the Impact of Enhanced Safeguarding Policies on Resident Well-being in Care Home Settings

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ABSTRACT

Safeguarding remains a critical concern in care homes, where abuse, neglect and violations of dignity persist despite comprehensive frameworks. This qualitative study explored the effectiveness of safeguarding practices in Birmingham care homes by examining the lived experiences of 25 staff and 75 residents across five facilities. Data were collected using open-ended questionnaires adapted from validated elder abuse screening tools and analysed thematically. Findings revealed significant shortcomings, including inadequate training, unclear reporting processes and limited transparency around critical incidents. Residents described feeling unsafe due to peer aggression, slow emergency responses and insufficient security measures, while also highlighting restricted autonomy, disrespect linked to staff stress and weak mechanisms for raising concerns. Both staff and residents emphasised the need for specialised training, more rigorous admission screening, expanded counselling and improved staffing with mental health support. The study demonstrates a persistent gap between safeguarding rhetoric and daily practice, underscoring the urgency of resident-centred reforms.

Keywords: safeguarding, care homes, vulnerable adults, resident well-being, autonomy, qualitative research

INTRODUCTION

Safeguarding in care homes remains a pressing global and national concern. The World Health Organization (WHO, 2022; 2024) estimates that one in six adults aged 60 years and older experience abuse annually in community or institutional settings. Such abuse includes physical assault, neglect, financial exploitation, and psychological harm. In the United Kingdom, recent surveys suggest that between 20% and 24% of care home residents report exposure to some form of mistreatment (Care Quality Commission, 2023). These figures underscore the persistent vulnerability of older adults in institutional care despite extensive regulatory frameworks.

The consequences of abuse extend beyond immediate harm. Victims face increased risks of injury, hospitalisation, emotional trauma, social isolation, and loss of autonomy. Evidence also shows a threefold higher risk of premature mortality among older adults who experience abuse compared to those who do not (McLean *et al.*, 2018). At a systemic level, safeguarding failures contribute to avoidable hospital admissions, reputational damage to institutions, and increased costs for already overstretched health and social care systems (Donnelly *et al.*, 2023).

Safeguarding frameworks in the UK, such as those mandated by the Care Act 2014, emphasise empowerment, protection, dignity, and accountability. Human rights-based approaches have gained traction for promoting autonomy and inclusion in care (Kinderman *et al.*, 2018). However, persistent reports of neglect, fragmented reporting structures, and inadequate training demonstrate that translating policy into practice remains a critical challenge (Hafford-Letchfield *et al.*, 2018).

Existing studies have primarily examined safeguarding from managerial or regulatory perspectives, often focusing on compliance with statutory duties. Far fewer studies foreground the lived experiences of residents and staff who directly encounter safeguarding challenges in daily care provision. Addressing this gap is essential for developing interventions that are both practical and ethically grounded.

This study therefore adopts a participatory, qualitative approach to evaluate safeguarding practices in Birmingham care homes. By amplifying both resident and staff voices, it seeks to provide nuanced insights into safety, dignity, and autonomy within institutional care. In doing so, the study contributes to bridging the gap between safeguarding rhetoric and lived realities, offering evidence to inform more responsive, resident-centred policy and practice.

LITERATURE REVIEW

Safeguarding in care homes has been widely studied, with literature consistently emphasising the prevalence of abuse, the existence of safeguarding frameworks, the challenges of implementation, and the gaps that remain in research.

Elder abuse is a global problem that continues to demand urgent attention. The World Health Organization (2022, 2024) estimates that between 15 and 16 per cent of older adults experience some form of abuse, although this is likely an underestimation due to under-reporting, stigma and fear of retaliation. Within the United Kingdom, prevalence is often higher, with studies showing frequent instances of neglect, lack of respect and unsafe practices within care homes (Cooper *et al.*, 2018). The consequences of abuse are severe, including deterioration in physical and mental health, emotional trauma and greater dependency (Bates and McLoughlin, 2019). Abused residents are also at significantly greater risk of premature mortality, with research indicating rates up to three times higher than non-abused peers (McLean *et al.*, 2018). These findings demonstrate that safeguarding is not simply a regulatory requirement but a key determinant of health outcomes and quality of life.

The safeguarding system in the UK is primarily structured by the Care Act 2014, which gives statutory responsibilities to local authorities and service providers. The Local Government Association (2017) outlines six guiding principles of adult safeguarding: empowerment, prevention, proportionality, protection, partnership and accountability. Mechanisms such as mandatory staff training, whistleblowing procedures, incident reporting and multi-agency safeguarding hubs are intended to uphold these principles (Damery *et al.*, 2021). In addition to compliance-based measures, more progressive approaches have emerged that emphasise human rights, dignity and person-centred care (Kinderman *et al.*, 2018). Inclusive frameworks, such as those designed to address the needs of LGBT residents, illustrate how safeguarding can be strengthened when institutional and cultural barriers are acknowledged and addressed (Hafford-Letchfield *et al.*, 2018). Nonetheless, many studies suggest that safeguarding remains largely compliance-driven and often fails to translate into meaningful practice, with the aspirations of policy frequently disconnected from the lived realities of residents (Donnelly *et al.*, 2023).

Despite these frameworks, safeguarding continues to face significant challenges in care home settings. One of the most prominent issues is staffing. Low staff-to-resident ratios restrict opportunities for individualised care and monitoring (Cooper *et al.*, 2018). Training provision is another weakness; many programmes are delivered only once a year or in an online format, which staff report as insufficient for recognising complex abuse indicators or responding effectively to safeguarding concerns (Hafford-Letchfield *et al.*, 2018). Hierarchical structures within care organisations also create confusion about reporting lines, while fear of retaliation discourages staff

from raising concerns (Robbins *et al.*, 2013). From the residents' perspective, vulnerabilities are exacerbated by dementia, frailty and social isolation. Bates and McLoughlin (2019) argue that infringements on privacy, infantilisation and restrictions on autonomy should be recognised as forms of everyday abuse that erode dignity. O'Neill *et al.* (2022) add that residents often experience feelings of "otherness" and disempowerment during their transition into care homes, leaving them more susceptible to neglect and mistreatment. These studies suggest that safeguarding failures are deeply embedded in the structural and cultural organisation of care, rather than simply the result of individual misconduct.

Although a substantial body of literature has explored safeguarding policies and frameworks, several gaps remain. Much of the existing research privileges managerial and institutional perspectives, focusing on compliance with standards rather than examining the lived experiences of residents and staff (Paddock *et al.*, 2019). Residents' perspectives on dignity, autonomy and safety are frequently marginalised, while the barriers faced by staff, such as moral distress and fear of reprisal, are underexplored (Bates and McLoughlin, 2019). Research on rights-based safeguarding frameworks, while promising in theory, remains underdeveloped in terms of evaluating practical implementation (Kinderman *et al.*, 2018). Furthermore, although international literature on elder abuse is expanding, UK-specific studies that combine the perspectives of residents and staff are limited. Addressing these gaps is essential to generating evidence that not only critiques existing safeguarding systems but also contributes to the development of practical, rights-based reforms.

METHODOLOGY

Research Design

This study employed a qualitative, interpretivist approach, prioritising subjective experiences and contextual realities. By adopting this lens, safeguarding was explored not merely as a procedural compliance issue but as a lived experience shaped by power relations, institutional norms and interpersonal dynamics. The design was exploratory and descriptive, allowing participants to articulate their perspectives in their own words.

Sampling Strategy

A convenience sampling method was used to recruit 25 staff and 75 residents across five Birmingham care homes. This strategy was selected due to accessibility, feasibility and participant willingness to share sensitive experiences. Although convenience sampling can limit generalisability, it facilitated access to a diverse range of voices directly embedded in care environments, producing rich, context-specific insights that would have been difficult to capture through random sampling (Etikan *et al.*, 2016).

Questionnaire Design

Two questionnaires were developed, adapted from validated elder abuse screening instruments and tailored for the care home context (Cooper *et al.*, 2018).

- **Resident questionnaire** included items such as: "Do you feel you have control over your daily schedule (meals, activities, rest)?", "Have you experienced or observed disrespectful treatment from staff or residents?", and "Do you feel confident that your concerns are taken seriously?".

- **Staff questionnaire** included items such as: "How clear are you about the processes for reporting safeguarding incidents?", "Do you feel adequately trained to recognise signs of abuse and neglect?", and "What barriers, if any, prevent transparent reporting in your care setting?".

Both questionnaires contained open-ended questions, encouraging detailed accounts of safety, autonomy and dignity. This approach captured nuanced experiences that may be overlooked by closed-response formats (Paradis *et al.*, 2016). Questionnaires were distributed on-site with the option of anonymous return, ensuring confidentiality and reducing fear of repercussions.

Data Analysis

Responses were analysed using thematic analysis, following Braun and Clarke's (2006) six-step framework: familiarisation with data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the final report. Initial descriptive codes (for example, "staffing shortages", "lack of autonomy", "fear of retaliation") were generated before being grouped into broader themes through axial and pattern coding. Multiple researchers were involved in coding to strengthen consistency and reduce individual bias. Member checking with a subset of participants ensured that interpretations remained grounded in their perspectives (Birt *et al.*, 2016).

Ethical Considerations

Ethical approval was obtained from the Mont Rose College Research Ethics Committee prior to data collection. Informed consent was secured from all participants, with written and oral explanations of the study's aims, voluntary nature and right to withdraw at any stage. For residents with cognitive impairments, procedures were adapted to ensure comprehension, with staff support provided where necessary (Dewing, 2007).

Confidentiality was maintained by anonymising all responses and excluding identifying details from the analysis. Data were encrypted and stored securely, accessible only to the research team. In line with safeguarding protocols, any sensitive disclosures were referred to appropriate safeguarding officers. The study design reflected safeguarding principles by prioritising dignity, respect and empowerment throughout participation.

Rigour and Trustworthiness

Several strategies were applied to ensure quality. **Credibility** was supported through member checking, enabling participants to verify interpretations (Birt *et al.*, 2016). **Dependability** was enhanced by maintaining an audit trail of coding and analysis decisions. **Confirmability** was strengthened by involving multiple researchers in coding to minimise bias (Lincoln and Guba, 1985). **Transferability** was addressed through rich description of participant experiences and care home contexts, allowing readers to judge the applicability of findings to other settings. Collectively, these measures reinforced the trustworthiness and reliability of the study's conclusions.

FINDINGS

Qualitative data from 75 residents and 25 staff across five Birmingham care facilities were analysed thematically. The findings are organised into four overarching domains, reflecting staff and resident perspectives on safeguarding effectiveness, lived safety experiences, dignity and autonomy, and priorities for reform.

1. Staff Perspectives on Safeguarding Protocols

Inadequate safeguarding training: A large majority of staff (92%) reported that existing mandatory safeguarding training did not sufficiently prepare them to recognise abuse or follow reporting procedures. Staff described annual online modules as "superficial" and advocated for interactive, scenario-based training delivered at regular intervals.

Unclear reporting pathways: Eighty-eight per cent of staff identified confusion in reporting concerns, particularly when issues involved direct supervisors. Some highlighted a culture of fear, where speaking up risked being labelled a "troublemaker," undermining confidence in safeguarding systems.

Limited transparency in critical incidents: Only 35% of staff expressed satisfaction with the transparency of incident management. Many reported relying on informal "rumour mills" rather than formal communication from leadership, which obstructed collective learning and accountability.

2. Resident Experiences of Safety and Wellbeing

Unsafe resident behaviour: Sixty-seven per cent of residents cited aggression, theft, and disruptive behaviour from peers as sources of insecurity. Unsupervised wandering into private rooms was also reported as a violation of privacy.

Inadequate emergency response: Delays in response times were consistently highlighted. Some residents reported waiting up to 10 minutes after pressing call buttons, particularly during staff shortages. Several felt that inadequate staffing directly compromised safety during medical emergencies.

Need for stronger security safeguards: Eighty-four per cent of residents expressed a desire for enhanced security, including CCTV monitoring, secured units for high-risk residents, and more robust admission screening procedures.

3. Gaps in Protecting Dignity and Autonomy

Restricted freedom of choice: Ninety-two per cent of residents described limited control over daily routines, including meal times, rest, and personal care schedules. One resident characterised the environment as "regimented," likening it to a loss of independence and dignity.

Impact of staff stress on respectful care: While most residents acknowledged staff kindness, 67% observed instances of burnout and frustration leading to dismissive or harsh interactions. Stress-related behaviour was perceived as undermining respectful and compassionate care.

Weak resident voice mechanisms: Almost all residents (94%) were unaware of formal complaint channels or decision-making opportunities. Many felt excluded from organisational processes, reinforcing perceptions of disempowerment.

4. Recommendations for Training and Policy Reform

Specialised safeguarding training: Nearly all staff (96%) expressed the need for targeted training in abuse recognition, dementia and neurodiversity care, cultural sensitivity, and non-violent crisis management.

Rigorous admission screening: Eighty-seven per cent of both staff and residents emphasised thorough behavioural and needs assessments before admission to mitigate risks of disruptive or unsafe behaviour.

Counselling and social engagement: Residents consistently called for increased access to counselling, recreational activities, and opportunities for social interaction to reduce isolation and its behavioural consequences.

Improved staffing and mental health support: Ninety-two per cent of staff advocated for higher staff-to-resident ratios and on-site mental health provision, highlighting the dual role of such measures in reducing burnout and enhancing quality of care.

Table 1: Summary of Staff and Resident Perspectives on Safeguarding in Care Homes

1	Staff Perspectives	Resident Perspectives
Training and Competence	92% reported current training inadequate; online modules too superficial; request for regular, scenario-based, face-to-face programmes.	N/A
Reporting and Accountability	88% noted confusion in reporting chains; fear of retaliation for complaints; only 35% satisfied with transparency of incident follow-up.	94% unaware of complaint mechanisms; felt their voices were ignored in organisational decisions.
Safety and Security	Staff felt unclear about roles in safeguarding during critical incidents; desire for stronger leadership accountability.	67% reported unsafe peer behaviour (aggression, theft); 84% called for stronger security measures and admission screening.
Emergency Response	Staff overwhelmed by low staffing levels; expressed burnout and need for more mental health support.	Delays in emergency response noted; call button responses taking up to 10 minutes; concern about insufficient qualified staff.
Dignity and Autonomy	Acknowledged residents' lack of control due to rigid routines; reported stress contributing to occasional disrespectful interactions.	92% reported loss of autonomy in daily choices (meals, bathing, rest); residents felt institutional routines were prison-like.
Proposed Improvements	Favoured intensive safeguarding training, clearer reporting structures, better staffing and leadership accountability.	Requested counselling services, recreation options, and greater independence in daily routines.

DISCUSSION

This study highlights a significant gap between safeguarding rhetoric and the lived realities of residents and staff in Birmingham care homes. While safeguarding frameworks in the United Kingdom, particularly those under the Care Act 2014, emphasise dignity, empowerment and protection, the findings reveal systemic weaknesses that undermine their implementation and compromise resident wellbeing.

A key theme that emerged was the inadequacy of staff training and the lack of transparency in reporting mechanisms as shown in Table 1. Staff repeatedly highlighted confusion about chains of command, fear of retaliation, and poor feedback on safeguarding incidents. This supports earlier work by Robbins *et al.* (2013), who identified blurred accountability and overlapping responsibilities as barriers to effective safeguarding. Similarly, Hafford-Letchfield *et al.* (2018) found that deficiencies in training and leadership fostered unsafe cultures within care environments. The current study extends these arguments by showing how frontline workers experience these shortcomings directly, often leaving them ill-equipped to protect residents effectively.

Resident accounts highlighted feelings of insecurity, delays in emergency response, and unsafe behaviours from peers. These findings resonate with O'Neill *et al.* (2020), who reported that residents frequently expressed frustration at long waiting times and restrictive institutional routines. Cooper *et al.* (2018) also noted that a significant proportion of staff admitted to delaying care or avoiding residents perceived as difficult, which mirrors the anxieties voiced by participants in this study. Such findings illustrate how systemic staffing shortages and inadequate supervision translate into daily vulnerabilities for residents.

Another critical issue identified was the erosion of dignity and autonomy. Residents reported feeling powerless under rigid institutional routines, with little control over personal activities such as meals, rest, or bathing. These accounts echo the concerns of Paddock *et al.* (2019), who argued that standardised procedures and risk management protocols often result in dehumanising practices that strip residents of independence. The current study reinforces this perspective by linking dignity violations not only to institutional rules but also to workforce stress and burnout, which were observed to contribute to disrespectful staff behaviours. Bates and McLoughlin (2019) similarly highlighted how communication barriers and staff pressures exacerbate residents' inability to advocate for themselves, a dynamic that was strongly evident here.

In terms of solutions, both staff and residents prioritised reforms such as specialised training, rigorous admission screening, expanded counselling and mental health support, and more accountable leadership structures. These proposals align with findings from Damery *et al.* (2021), who demonstrated that upskilling staff significantly reduced preventable harms and improved quality of care in English care homes. The participatory nature of this study adds further weight to these recommendations, as they are grounded in the lived experiences of those most directly affected. This contrasts with much of the existing literature, which often reflects top-down policy perspectives (Kinderman *et al.*, 2018). By centring staff and resident voices, this research demonstrates the value of participatory approaches in identifying contextually relevant and ethically grounded safeguarding reforms.

The findings also highlight wider policy implications. At a national level, the persistence of fear, loss of autonomy and neglect among residents challenges the adequacy of the Care Act 2014 in ensuring effective safeguarding in practice. Internationally, this study reinforces the WHO (2022; 2024) call for safeguarding systems that are rooted in human rights principles, rather than being limited to procedural compliance. As Kinderman *et al.* (2018) argue, rights-based models must move beyond rhetoric to create real change in institutional cultures.

Nevertheless, several practical challenges must be acknowledged. Funding constraints, workforce shortages and high staff turnover remain critical barriers to reform (Donnelly *et al.*, 2023). Resistance from staff, particularly where reporting systems are perceived as punitive rather than supportive, may also impede implementation. Abutabenjeh and Jaradat (2018) suggest that

sustainable reform requires both structural investment and cultural transformation, ensuring that safeguarding is embedded as a shared organisational value rather than a regulatory obligation.

Overall, this study contributes to the literature by illuminating how safeguarding failures are experienced on the ground, linking policy rhetoric with institutional practices and frontline realities. It highlights that safeguarding failures are not isolated lapses but systemic issues embedded in training deficits, weak accountability and dehumanising institutional cultures. Addressing these challenges requires investment in workforce development, meaningful resident engagement and the integration of human rights principles into daily practice. Without these reforms, safeguarding risks remaining aspirational rather than actionable.

CONCLUSION

This study demonstrates that safeguarding in care homes continues to fall short of protecting residents' dignity, autonomy, and safety. Staff reported insufficient training, unclear reporting systems, and limited transparency, while residents described unsafe peer behaviours, delays in emergency response, and restrictions on independence. Collectively, these findings reveal a persistent gap between safeguarding policy aspirations and the lived realities of residents and staff.

Addressing these shortcomings requires more than compliance with statutory frameworks. It calls for sustained investment in staff training, clearer accountability mechanisms, and greater recognition of resident voices as central to safeguarding practice. Strengthening admission procedures, staffing levels, and psychosocial support can further reduce risks and promote trust within care environments.

Ultimately, transforming care homes into safe and empowering communities demands a cultural shift where safeguarding is not simply a regulatory requirement but a core expression of respect for residents as individuals with inherent rights and choices.

REFERENCE

Abutabenjeh, S. and Jaradat, R., 2018. Clarification of research design, research methods, and research methodology: A guide for public administration researchers and practitioners. *Teaching Public Administration*, 36(3), pp.237-258.

Akinyode, B.F. and Khan, T.H., 2018. Step by step approach for qualitative data analysis. *International Journal of Built Environment and Sustainability*, 5(3), pp.241-250.

Atkins, D., Kilbourne, A.M. and Shulkin, D., 2017. Moving from discovery to system-wide change: the role of research in a learning health care system. *Annual Review of Public Health*, 38(1), pp.467-487.

Barrett, D. and Twycross, A., 2018. Data collection in qualitative research. *Evidence-Based Nursing*, 21(3), pp.63-64.

Bashir, S., Syed, S. and Qureshi, J.A., 2017. Philosophical and methodological aspects of a mixed-methods research: A review. *JISR Management and Social Sciences & Economics*, 15(1), pp.31-50.

Bates, P. and McLoughlin, B., 2019. Respecting privacy in care services. *The Journal of Adult Protection*, 21(6), pp.276-284.

Birt, L., Scott, S., Cavers, D., Campbell, C. and Walter, F., 2016. Member checking: A tool to enhance trustworthiness or merely a nod to validation? *Qualitative Health Research*, 26(13), pp.1802-1811.

Braun, V. and Clarke, V., 2006. Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), pp.77-101.

Chang, E.S. and Levy, B.R., 2021. High prevalence of elder abuse during the COVID-19 pandemic: Risk and resilience factors. *The American Journal of Geriatric Psychiatry*, 29(11), pp.1152-1159.

Cooper, C., Marston, L., Barber, J., Livingston, D., Rapaport, P., Higgs, P. and Livingston, G., 2018. Do care homes deliver person-centred care? A national survey of staff-reported behaviours towards residents. *PLoS One*, 13(3), p.e0193399.

Damery, S., Flanagan, S., Jones, J. and Jolly, K., 2021. The effect of staff training and enhanced support on safety climate and avoidable harms in care homes: evaluation of a quality improvement programme in England. *International Journal of Environmental Research and Public Health*, 18(14), p.7581.

Dewing, J., 2007. Participatory research: A method for process consent with persons who have dementia. *Dementia*, 6(1), pp.11-25.

Donnelly, S., Golden, F., Keating, M., Mackell, S., O'Shea, J., Paley, G., Parfitt, R., Quaid, K., Quinlan, K. and Rochford-Brennan, H., 2023. *Adult Safeguarding and People Living with Dementia in Nursing Homes*. Dublin: Alzheimer Society of Ireland and University College Dublin.

Etikan, I., Musa, S.A. and Alkassim, R.S., 2016. Comparison of convenience sampling and purposive sampling. *American Journal of Theoretical and Applied Statistics*, 5(1), pp.1-4.

Hafford-Letchfield, T., Simpson, P., Willis, P.B. and Almack, K., 2018. Developing inclusive residential care for older LGBT people: An evaluation of the Care Home Challenge action research project. *Health & Social Care in the Community*, 26(2), pp.e312-e320.

Kerasidou, A., 2019. The role of trust in global health research collaborations. *Bioethics*, 33(4), pp.495-501.

Kinderman, P., Butchard, S., Bruen, A.J., Wall, A., Goulden, N., Hoare, Z., Jones, C. and Edwards, R., 2018. A randomised controlled trial to evaluate the impact of a human rights-based approach to dementia care in care home settings. *Health Services and Delivery Research*, 6(10), pp.1-118.

Kislov, R., Wilson, P.M., Knowles, S. and Boaden, R., 2018. Learning from the emergence of NIHR Collaborations for Leadership in Applied Health Research and Care (CLAHRCs): A systematic review. *Implementation Science*, 13(1), pp.1-15.

Lincoln, Y.S. and Guba, E.G., 1985. *Naturalistic Inquiry*. Newbury Park: Sage Publications.

McLean, R.K., Graham, I.D., Tetroe, J.M. and Volmink, J.A., 2018. Translating research into action: The role of research funders. *Health Research Policy and Systems*, 16(1), pp.1-15.

Mezmir, E.A., 2020. Qualitative data analysis: An overview of data reduction, display and interpretation. *Research on Humanities and Social Sciences*, 10(21), pp.15-27.

O'Neill, M., Ryan, A., Tracey, A. and Laird, L., 2022. 'Waiting and wanting': Older peoples' initial experiences of adapting to care home life. *Ageing & Society*, 42(2), pp.351-375.

Paddock, K., Brown Wilson, C., Walshe, C. and Todd, C., 2019. Care home life and identity: A qualitative case study. *The Gerontologist*, 59(4), pp.655-664.

Paradis, E., O'Brien, B., Nimmon, L., Bandiera, G. and Martimianakis, M.A., 2016. Design: Selection of data collection methods. *Journal of Graduate Medical Education*, 8(2), pp.263-264.

Robbins, I., Gordon, A., Dyas, J., Logan, P. and Gladman, J., 2013. Explaining the barriers to and tensions in delivering effective healthcare in UK care homes: A qualitative study. *BMJ Open*, 3(7), p.e003178.

Vebrianto, R., Thahir, M., Putriani, Z., Mahartika, I. and Ilhami, A., 2020. Mixed methods research: Trends and issues. *Bedelau: Journal of Education and Learning*, 1(2), pp.63-73.

World Health Organization (WHO), 2022. *Tackling abuse of older people: Five priorities for the United Nations Decade of Healthy Ageing (2021–2030)*. Geneva: WHO. Available at: https://www.who.int/publications/i/item/9789240052550 [Accessed 12 Dec. 2024].

World Health Organization (WHO), 2024. *Abuse of older people*. Geneva: WHO. Available at: https://www.who.int/news-room/fact-sheets/detail/abuse-of-older-people [Accessed 12 Dec. 2024].

Artificial Intelligence in Later-Life Learning: Barriers, Opportunities, and Ethical Implications for Mature Students in Health and Social Care Education

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ABSTRACT

Artificial intelligence (AI) has become an integral feature of higher education, transforming teaching, learning, and assessment. While younger students readily adopt AI tools, mature learners in health and social care (H&SC) education often encounter unique barriers including digital exclusion, socio-economic inequalities, and limited AI literacy. This study adopts a critical realist perspective to examine how AI shapes later-life learners' experiences of learning and assessment. Drawing on a thematic review of empirical and theoretical studies, the paper explores four key themes: challenges of digital participation, opportunities for enhanced learning, ethical concerns around assessment, and disparities for BAME and disadvantaged groups. Findings indicate that without structured support, mature students risk exclusion and over-reliance on automated tools, potentially undermining both equity and professional readiness. The paper concludes with practical and policy recommendations, calling for targeted AI literacy training, mentorship programmes, and reforms to ensure inclusive, ethical, and empowering use of AI in higher education.

Keywords: Artificial intelligence; later-life learners; mature students; digital divide; academic integrity; health and social care education

INTRODUCTION

Artificial intelligence (AI) is rapidly transforming higher education. Tools such as adaptive learning platforms, virtual simulations, plagiarism detection software, and generative applications are increasingly common across disciplines (Floridi *et al.*, 2018). In the United Kingdom, surveys suggest that more than 80% of students have engaged with AI for academic purposes, although few institutions provide formal training on its ethical use (Irfan & Shukla, 2024).

For younger students, who are typically more digitally literate, AI offers opportunities for enhanced learning, personalised feedback, and efficiency in assessment preparation. However, the implications for mature students, or later-life learners (LLL), are less understood. Mature students often re-enter education after long absences, balancing academic work with employment, caring responsibilities, and financial constraints (Hubble & Bolton, 2021). They are also disproportionately drawn from lower socio-economic and Black, Asian and Minority Ethnic (BAME) backgrounds (Office for Students, 2020), where digital exclusion is prevalent.

The purpose of this paper is to investigate how AI influences mature students' experiences in H&SC education. Unlike younger cohorts, mature students face psychological, social, and economic challenges that affect their engagement with AI tools. At the same time, H&SC courses demand critical thinking, ethical sensitivity, and practical competence—areas where over-reliance on AI may compromise skill development.

This paper seeks to address three key questions:

1. What challenges do mature students face in engaging with AI technologies in H&SC education?
2. How can AI support or hinder learning, assessment, and professional readiness among later-life learners?
3. What strategies and policies are needed to ensure inclusive and ethical AI integration for mature students?

LITERATURE REVIEW

Challenges for Mature Learners

Mature students, often referred to as later-life learners (LLL), bring diverse experiences, knowledge, and professional backgrounds into higher education. However, they face significant challenges in re-engaging with formal learning after long absences. Many report anxiety, self-doubt, and difficulties adjusting to new academic environments (O'Reilly & Harder, 2020). Balancing studies with employment and family responsibilities adds further strain, reducing the time available for skill development (Hubble & Bolton, 2021).

In the context of digital education, mature students are less likely than younger peers to have high levels of digital literacy. This can create barriers to accessing online platforms, engaging with learning technologies, and using AI effectively (Southgate, 2020). Such barriers are particularly pronounced in H&SC programmes, which often require competence in specialised software and digital simulation tools. Without targeted support, mature students risk exclusion and disengagement.

AI in Higher Education

AI technologies are increasingly integrated into higher education, supporting learning through adaptive feedback systems, plagiarism detection, chatbots, and virtual simulations (Floridi *et al.*, 2018). In H&SC education, AI-enabled simulations provide safe spaces for practising clinical skills, enhancing both confidence and competence (McCoy *et al.*, 2016). Adaptive learning platforms can personalise education, tailoring content to individual needs and progression rates (Cetindamar *et al.*, 2022).

Despite these benefits, there is concern that AI may encourage passive forms of learning if students rely too heavily on automated systems (Long *et al.*, 2021). For example, while grammar and writing tools such as Grammarly and Jasper can improve surface-level quality, they may limit deeper engagement with critical thinking and academic writing skills. This tension between support and dependency underscores the importance of AI literacy in ensuring tools are used constructively.

BAME Student Experiences and Digital Exclusion

Digital exclusion disproportionately affects mature students from Black, Asian and Minority Ethnic (BAME) backgrounds. The Office for Students (2020) reported that mature students are more likely to come from disadvantaged socio-economic groups, have caring responsibilities, or live with disabilities. These overlapping factors limit access to reliable technology, high-speed internet, and training opportunities.

Empirical studies reinforce this concern. Irfan and Shukla (2024) found that over 60% of mature BAME students used AI without prior training, leaving them vulnerable to misuse and disengagement. Khattab (2018) and Botticello & West (2021) also highlight systemic inequalities

in higher education, noting that BAME learners frequently face additional barriers to participation and progression. Without intervention, the integration of AI risks exacerbating existing inequalities rather than reducing them.

Ethical Concerns in Assessment

The rise of generative AI has sparked intense debate around academic integrity. Writing tools such as ChatGPT, Jasper, and Anyword allow students to produce text rapidly, but their use blurs the boundary between legitimate support and academic misconduct (Khatri & Karki, 2023). Some leading UK universities, including members of the Russell Group, classify the use of generative AI in assignments as plagiarism (Wood, 2023).

For mature learners, AI may serve as a valuable scaffold, especially for those lacking confidence in academic writing. However, over-reliance undermines the fundamental purpose of higher education, which is to cultivate independent and critical thinkers capable of applying knowledge in practice (Cassidy, 2023). In H&SC education, the stakes are particularly high: graduates must demonstrate not only academic competence but also professional readiness to provide safe and ethical care. If assignments are overly dependent on AI, graduates may lack the depth of understanding required for effective clinical practice.

Gaps in Existing Research

While there is growing research on AI in education, studies often focus on younger, digitally literate students. Less attention has been paid to how mature learners experience AI, particularly in vocational and practice-based programmes such as H&SC. Existing literature tends to summarise benefits and risks of AI broadly, without adequately considering the intersection of age, socio-economic status, and ethnicity in shaping student experiences. This leaves a critical gap in understanding how AI integration can be both equitable and ethically sustainable.

METHODOLOGY

Research Design

This study adopted a **critical realist perspective** to explore the impact of AI on mature learners in H&SC education. Critical realism recognises the dual reality of technological structures and the social contexts shaping how they are experienced (Bhaskar, 1978; Archer, 1995).

A **qualitative secondary research design** was used, employing a thematic review of empirical and conceptual literature. This method was chosen to integrate findings across diverse sources and provide insights into an underexplored area (Akinyode & Khan, 2018).

Data Collection

Studies were identified from **Scopus, Web of Science, ERIC, and Google Scholar**. Keywords included *"AI in higher education"*, *"mature students"*, *"later-life learners"*, *"digital divide"*, *"BAME learners"*, and *"health and social care education"*. Inclusion criteria:

- Published between 2015 and 2024.
- Relevant to AI, digital education, or mature student experiences.
- Focus on UK or comparable higher education contexts.

Data Analysis

A **thematic synthesis approach** (Akinyode & Khan, 2018; Mezmir, 2020) was employed. Findings were coded and grouped into four overarching themes:

1. Challenges of AI engagement among mature learners.
2. Opportunities for enhanced learning.
3. Ethical implications in assessment.
4. Inequalities in access and participation.

Ethical Considerations

No primary data collection was conducted; hence ethical approval was not required. Nonetheless, principles of transparency, rigour, and acknowledgement of original sources were upheld (Kerasidou, 2019).

FINDINGS AND DISCUSSION

Challenges of AI Engagement among Mature Learners

Mature students face notable challenges in adapting to artificial intelligence (AI) within higher education. Many return to study after long breaks, during which the pace of technological change has left them unfamiliar with digital tools now central to teaching and assessment. O'Reilly and Harder (2020) argue that such learners often carry anxiety and self-doubt into academic settings, which may be intensified by reliance on online platforms and automated systems. Hubble and Bolton (2021) observe that this group frequently juggles employment and family responsibilities, reducing the time available to learn and practise new technologies.

These barriers are not purely individual but shaped by structural inequities. Mature learners from disadvantaged backgrounds often have limited access to up-to-date devices or stable internet connections, which restricts their engagement with AI-based learning platforms. Within health and social care education, where digital records, clinical simulations and online assessments are increasingly common, this can create exclusionary experiences. A critical realist lens highlights that AI is not a neutral tool but one embedded in systems of inequality, with outcomes dependent on social as well as personal factors.

Opportunities for Enhanced Learning

Despite these difficulties, AI technologies hold significant potential for later-life learners. Simulation-based training allows students to rehearse clinical scenarios in safe and controlled settings. McCoy *et al.* (2016) demonstrate that such tools improve both technical competence and confidence, which is particularly valuable for learners who may have limited recent exposure to clinical environments. Adaptive learning systems also enable personalisation by adjusting pace and content to individual needs. Cetindamar *et al.* (2022) note that this flexibility can make education more inclusive by accommodating diverse learning speeds and styles.

AI-assisted writing support tools provide another benefit. Many mature learners struggle with academic writing conventions after years away from education. Tools such as Grammarly and plagiarism checkers can reduce anxiety, provide immediate feedback and encourage practice. This scaffolding helps re-establish confidence in academic communication. However, Long *et al.* (2021) caution that without structured support, reliance on such tools may hinder the deeper development

of critical thinking and analytical skills. Institutions therefore need to embed AI literacy training to ensure tools are used as complements rather than substitutes for learning.

Ethical Implications in Assessment

The ethical challenges raised by AI are a recurring concern. Generative AI systems such as ChatGPT and Jasper are often used by students to overcome barriers in writing or time management. Mature learners, who may feel disadvantaged compared to younger peers, frequently see these tools as levelling mechanisms. However, as Khatri and Karki (2023) warn, this creates a tension between support and academic integrity. Assignments risk becoming products of automation rather than evidence of individual capability.

This issue is particularly sensitive in health and social care programmes, where assessment is intended to evaluate not only knowledge but also ethical judgement, reflective capacity and professional reasoning. Over-reliance on AI undermines these objectives and may produce graduates lacking the depth of preparation required for safe practice. Cassidy (2023) stresses that unchecked use of AI could erode professional standards and jeopardise patient safety. Universities are beginning to respond. Some institutions have introduced stricter rules on AI use, with Russell Group universities treating unauthorised use as misconduct (Wood, 2023). Others are innovating with alternative assessments such as oral examinations, in-class essays and reflective journals, which promote authentic engagement while recognising the presence of AI in education.

Inequalities in Access and Participation

Perhaps the most urgent issue identified is the potential for AI integration to intensify existing inequalities. Mature students from Black, Asian and Minority Ethnic (BAME) backgrounds face multiple disadvantages, including socio-economic hardship, digital exclusion and limited institutional support. The Office for Students (2020) highlights that mature learners are more likely to come from lower-income households, to have caring responsibilities and to experience disability. These factors combine to create uneven opportunities to engage with new technologies.

Irfan and Shukla (2024) found that although over sixty per cent of BAME mature students reported using AI tools, the majority had received no training in effective or ethical use. This reliance on unstructured approaches exposes students to risks of plagiarism, misinformation and superficial engagement with content. Similar findings by Khattab (2018) and Botticello and West (2021) demonstrate that socio-economic inequalities continue to undermine equitable access to higher education and are magnified when new technologies are introduced without adequate preparation.

The implications are significant. Without targeted interventions such as subsidised access to software, digital literacy programmes and culturally sensitive mentorship, the adoption of AI in higher education risks widening rather than narrowing participation gaps. Institutions must therefore act not only to integrate AI tools but also to ensure that they are implemented equitably.

CONCLUSION

This study has highlighted both the opportunities and the challenges that artificial intelligence presents for mature learners in health and social care education. While tools such as simulations, adaptive learning systems and writing support programmes can promote confidence and flexibility, barriers remain. Limited digital literacy, lack of structured training and unequal access to resources restrict many later-life learners from fully benefiting from these innovations. For students from

Black, Asian and Minority Ethnic backgrounds, socio-economic disadvantage compounds the problem, raising concerns that AI may widen rather than narrow participation gaps.

To address these issues, several priorities emerge. Institutions should embed AI literacy training within student induction and provide targeted support, including subsidised access and mentorship, for mature and underrepresented groups. Assessments need to be redesigned to promote authentic engagement and reduce dependence on generative AI. Clear institutional policies are also required to guide ethical use and to protect academic integrity. Finally, educators themselves must be supported through professional development, enabling them to guide diverse cohorts in using AI tools effectively and responsibly.

In conclusion, AI can be a powerful enabler of inclusive education if implemented with care. However, without proactive measures to tackle inequality and safeguard integrity, it risks reproducing existing disparities. The findings point towards the need for a balanced approach that combines technological innovation with ethical guidance, robust support systems and policies that place mature learners at the centre of digital transformation in higher education.

REFERENCES

Binns, R., 2018. Fairness in machine learning: Lessons from political philosophy. *Proceedings of the Conference on Fairness, Accountability and Transparency*, 81, pp.149–159.

Botticello, A. and West, S., 2021. Widening participation for mature students: Barriers, access and outcomes. *Studies in Higher Education*, 46(4), pp.645–659.

Cassidy, C., 2023. Assessing students in the age of AI: Implications for higher education. *Assessment & Evaluation in Higher Education*, 48(6), pp.789–802.

Cetindamar, D., Abedin, B., Shirahada, K. and Daim, T., 2022. Artificial intelligence in higher education: Opportunities, challenges and future research directions. *International Journal of Educational Technology in Higher Education*, 19(1), pp.1–20.

Chan, J., 2023. ChatGPT in the classroom: Opportunities and challenges. *Computers & Education: Artificial Intelligence*, 4(2), 100123.

Floridi, L., Cowls, J., Beltrametti, M., Chatila, R., Chazerand, P., Dignum, V., Luetge, C., Madelin, R., Pagallo, U., Rossi, F. and Schafer, B., 2018. AI4People: An ethical framework for a good AI society. *Minds and Machines*, 28(4), pp.689–707.

Hubble, S. and Bolton, P., 2021. *Mature students in higher education*. House of Commons Library Briefing Paper No. CBP-8801. London: UK Parliament.

Irfan, J. and Shukla, S., 2024. Ethical perceptions of artificial intelligence in learning among Black, Asian and Minority Ethnic healthcare students. *Journal of Applied Educational Research*, 12(2), pp.34–49.

Kahu, E.R., Stephens, C., Zepke, N. and Leach, L., 2017. Linking adult learners' transitions to resilience and engagement in higher education. *Adult Education Quarterly*, 67(3), pp.200–217.

Khattab, N., 2018. Students' aspirations, expectations and school achievement: What really matters? *British Educational Research Journal*, 44(2), pp.272–292.

Khatri, B. and Karki, R., 2023. Artificial intelligence and academic integrity: Navigating the challenges of generative AI in higher education. *International Journal of Educational Integrity*, 19(1), pp.1–14.

Long, D., Magerko, B., Bruckman, A. and Guzdial, M., 2021. Developing AI literacy in K–16 education. *ACM Transactions on Computing Education*, 21(4), pp.1–28.

McCoy, L.G., Pettit, R.K., Lewis, J.H., Bennett, T., Carrasco, N. and Brysacz, S., 2016. Developing technology-enhanced active learning for medical education: Challenges and opportunities. *Journal of the American Medical Informatics Association*, 23(6), pp.1173–1177.

Office for Students, 2020. *Access and participation plan: Supporting mature and under-represented learners*. London: OfS.

O'Reilly, M. and Harder, M., 2020. Supporting mature students' transitions into higher education: A qualitative study. *Studies in Continuing Education*, 42(3), pp.351–367.

Wood, J., 2023. UK universities tighten rules on AI use in assignments. *Times Higher Education*, [online] Available at: https://www.timeshighereducation.com [Accessed 12 September 2024].

Motivational Drivers of Adult Learners from BAME Backgrounds in Health and Social Care Education: A Narrative Review

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ABSTRACT

Motivation is a critical factor influencing learners' career choices and academic achievement. While substantial literature explores motivation in education, fewer studies address the motivational drivers among adult Black, Asian and Minority Ethnic (BAME) learners pursuing health and social care (H&SC) education. This narrative review synthesises existing evidence on motivational theories, their application to adult learners, and specific influences of ethnicity and gender on educational engagement. Findings suggest that while intrinsic motivation, such as self-fulfilment and the desire to help others, is a dominant driver, extrinsic factors, including financial pressures, family expectations, and institutional barriers, also shape adult BAME learners' trajectories. Gender disparities remain significant, with women dominating the H&SC workforce and men deterred by stigma, stereotypes, and perceived feminisation of the profession. Despite increasing policy attention, gaps persist in understanding the intersection of age, gender, and ethnicity in adult BAME learners' motivation. This review highlights the need for further empirical research using mixed-method approaches to inform teaching strategies, widen participation, and address workforce shortages in the NHS and social care sectors.

Keywords: Mature students, adult learners, BAME, motivation, health and social care, education, learning drive.

INTRODUCTION

Motivation is widely recognised as a determinant of academic performance, persistence, and eventual career choice (Ryan and Deci, 2000). Within the United Kingdom, higher education has undergone significant transformation in recent decades, marked by widening participation initiatives aimed at ensuring that underrepresented groups gain better access to learning opportunities (OfS, 2021). This includes efforts to support individuals from low-income backgrounds, first-generation learners, mature students, and those from Black, Asian and Minority Ethnic (BAME) backgrounds. These initiatives have increased the presence of non-traditional students in higher education, yet disparities in experience, achievement, and retention remain evident.

Health and social care (H&SC) courses in particular attract a high proportion of adult learners, many of whom come from BAME backgrounds. This is linked to the practical, vocational orientation of these courses, their alignment with the ethos of service to the community, and the accessibility of care-related professions to those seeking new careers or re-entering the workforce (UCAS, 2020). However, while enrolment figures suggest strong interest, the lived realities of these learners can be challenging. Reports consistently highlight the persistence of attainment gaps between BAME and White students, financial pressures, discrimination, and limited access to effective institutional support mechanisms (Berry and Loke, 2011; Arday *et al.*, 2022).

The importance of understanding motivation in this context is multifaceted. From an educational perspective, motivation shapes how learners engage with course material, how they overcome

challenges, and how they persist through difficulties. From a workforce perspective, adult BAME learners represent a crucial pipeline into the health and social care sector at a time of severe workforce shortages. For policymakers, universities, and employers, identifying the drivers that attract, sustain, and support these learners is essential to strengthen recruitment and retention, while also addressing issues of equity and inclusion in higher education.

Policy context in the United Kingdom further underscores the urgency of this discussion. The NHS Long Term Workforce Plan (NHS England, 2023) identifies the need to expand training places and diversify the healthcare workforce to meet future service demands. The plan explicitly calls for widening participation to attract learners from underrepresented groups, including BAME and mature students. Similarly, the Office for Students (OfS) has developed Access and Participation Plans that require universities to set measurable goals to close attainment gaps, increase access, and support the success of learners from disadvantaged backgrounds. These initiatives align with government commitments to address workforce shortages in health and social care by tapping into underutilised talent pools, including BAME adults who may be seeking to retrain or re-enter the workforce.

Despite the scale of these issues, there remains a shortage of research explicitly examining the motivational experiences of adult BAME learners. Existing literature often focuses broadly on either mature students or BAME students but seldom considers the intersection of these identities. Furthermore, while there has been some exploration of cultural expectations, socioeconomic status, and gender within higher education studies, the specific interplay of these factors within health and social care remains underexplored. This review therefore aims to fill part of this gap by synthesising relevant theories and empirical findings to provide a clearer picture of how motivation operates for adult BAME learners. By doing so, it highlights areas for further investigation and practical intervention.

METHODOLOGY

This paper adopts a narrative review methodology. Unlike systematic reviews that aim for exhaustive coverage and strict inclusion criteria, narrative reviews allow for a broader synthesis of theoretical and empirical perspectives. This is particularly appropriate for emerging areas of inquiry where evidence is scattered across disciplines and contexts, as is the case with the motivation of adult BAME learners in health and social care.

To construct this review, searches were conducted across a range of academic databases including Scopus, Web of Science, PubMed, and Google Scholar. Search terms included "adult learners", "mature students", "motivation", "BAME", "ethnic minority students", "healthcare education", "social care education", and "learning drive". Both peer-reviewed journal articles and grey literature sources, such as government reports and higher education policy papers, were considered to capture the breadth of perspectives relevant to this topic. Inclusion was based on relevance to adult learning, motivational theories, and issues specific to health and social care education. Articles focusing exclusively on compulsory education or contexts outside higher education were excluded unless they provided transferable insights on motivation.

In addition to academic sources, UK policy documents were reviewed to ensure that the discussion was situated within a national context. Key documents included the NHS Long Term Workforce Plan (NHS England, 2023) and the Access and Participation Plans developed by the Office for Students (OfS). These sources provided valuable insights into how policymakers are framing

widening participation and workforce diversity, and offered a framework against which to situate the findings of this review. Furthermore, a set of key empirical studies was identified and synthesised to illustrate motivational themes among mature learners. These studies are summarised in Table 2 to provide a structured overview of the evidence base.

The review process involved several stages. First, theoretical frameworks on motivation, including intrinsic and extrinsic distinctions, self-determination theory, and andragogy, were mapped to create a conceptual foundation. Second, empirical findings relating to adult learners and BAME students were identified and synthesised. Third, the literature was analysed to draw out recurring themes, including the influence of ethnicity, gender, and socio-economic background on motivational experiences. Throughout the process, attention was paid to identifying not only what is known but also the gaps in knowledge, particularly regarding intersectional experiences that remain underexplored.

It is important to acknowledge the limitations of this methodology. As a narrative review, it does not claim comprehensive coverage of all relevant studies, nor does it apply formal tools for assessing study quality. However, its strength lies in providing a coherent synthesis of diverse evidence, identifying recurring issues, and mapping directions for future research. This approach is particularly suited to complex and under-researched areas, offering a valuable foundation for subsequent empirical work.

THEORETICAL PERSPECTIVES ON MOTIVATION

Motivation is often divided into intrinsic and extrinsic forms (Deci and Ryan, 1985). Intrinsic motivation refers to self-driven learning for enjoyment, curiosity, or fulfilment, whereas extrinsic motivation involves external pressures, such as financial incentives, career advancement, or family expectations (Schunk *et al.*, 2014). In adult learners, intrinsic factors such as the pursuit of self-actualisation, intellectual challenge, and a desire to contribute positively to society are central. However, extrinsic motivators, particularly financial stability and job security, remain highly significant (Boshier, 1991).

Two theoretical frameworks are especially influential:

- **Andragogy (Knowles, 1980; Bates, 2016):** Emphasises autonomy, self-direction, and relevance to real-life experiences. Adult learners value practical application and participatory learning environments.
- **Self-Determination Theory (Ryan and Deci, 2000):** Focuses on the quality rather than the quantity of motivation. Autonomous motivation, which combines intrinsic drivers with well-internalised extrinsic factors, is associated with better persistence, performance, and well-being.

For adult BAME learners, these theories must be contextualised against structural challenges such as discrimination, socioeconomic disadvantage, and cultural expectations, all of which can interact with and shape motivation.

MOTIVATIONAL DRIVERS OF ADULT LEARNERS

Adult learners are motivated by a complex and shifting balance of intrinsic and extrinsic factors. Intrinsic motivations are particularly pronounced among older learners, with many citing intellectual stimulation, the satisfaction of personal growth, and the desire to contribute positively to society as central reasons for study (Sobral, 2004; Harth *et al.*, 1990). In health and social care

education, the wish to help others and to be of service to the community emerges strongly as a motivating factor. These drivers align with the vocational ethos of healthcare professions, where empathy, service, and human connection are highly valued.

At the same time, extrinsic motivators are deeply influential. Financial stability, job security, and career progression are repeatedly cited by mature students, particularly those from disadvantaged backgrounds who may be supporting families (Swain, 2007; Montgomery *et al.*, 2009). For many, the decision to enter health and social care represents not only a calling but also a pragmatic response to labour market realities. With the NHS recognised as a major employer offering relatively stable employment, adult learners often pursue these qualifications as a route to long-term security.

Among BAME learners, cultural values and systemic pressures add further layers of complexity. Family expectations can play a decisive role, both positively, in the form of encouragement to pursue professional status, and negatively, when learners feel pressured into fields that may not fully reflect their intrinsic interests. Kauser *et al.* (2021) noted that withdrawal from higher education was often linked to financial pressures, experiences of discrimination, or insufficient institutional support. Thus, while motivation among adult BAME learners is strong, it remains vulnerable to external barriers that can disrupt persistence.

The interplay of these drivers demonstrates that motivation cannot be reduced to a simple dichotomy of intrinsic versus extrinsic. Instead, it reflects a dynamic continuum in which personal aspirations, financial realities, and cultural pressures interact. For educators and policymakers, this means that effective support strategies must address both the internal aspirations of learners and the external challenges they face. In the UK, this aligns closely with the NHS Long Term Workforce Plan, which emphasises the importance of supporting learners into sustainable careers while addressing financial and social barriers to entry.

Summary of Empirical Evidence on Mature Learners' Motivation

Several empirical studies have also explored motivation in mature students. A synthesis of selected findings is presented in Table 1. This table highlights key studies, their contexts, main findings, and critiques, offering a concise overview of the evidence base relevant to adult BAME learners.

Table 1: Empirical Studies on Motivation in Mature Learners

Author(s) and Year	Aims & Objectives	Study Sample	Methodology	Results	Critique
Sobral (2004)	To describe patterns of medical students' motivation early in the undergraduate programme and examine their relationships with learning features and outcomes.	297 students across four consecutive classes.	Quantitative study using Academic Motivation Scale (AMS) plus measures of learner orientation and reflection.	Higher levels of autonomous motivation than controlled motivation.	Quantitative approach limited in-depth analysis of motivational drives.
Swain (2007)	To study professional, economic, personal and social outcomes of part-time study and identify motivational themes for mature students at Birkbeck.	18 mature graduates from Birkbeck, University of London.	Face-to-face interviews.	Intrinsic motivations (interest, change) and extrinsic (financial reasons) identified.	Small qualitative sample; excluded full-time and distance learners; no quantitative analysis.
Montgomery *et al.* (2009)	To explore characteristics of mature nursing students and problems they experience.	239 first-year diploma nursing students.	Questionnaire with open and closed questions.	Mature students performed well academically, bringing caring experience, but faced financial and other pressures.	51% response rate reduced validity; questionnaire not piloted.
Mathers and Parry (2010)	To examine older mature students' motivations for applying to medicine, influences on decision-	15 older mature students from three English medical schools.	In-depth unstructured narrative interviews.	Narratives emphasised self-fulfilment, long-standing interest, and personal circumstances influencing decisions.	Volunteer sample may over-represent motivated participants.

	making, and implications of admissions policy.				
McCune *et al.* (2010)	To explore reasons for mature and younger students transitioning from FE to HE.	45 students from FE colleges.	Four-year longitudinal study with semi-structured interviews and questionnaires.	Mature students showed richer understanding of meaning and relevance of studies.	Findings largely transferable, but generalisability beyond healthcare needs caution.
Swain and Hammond (2011)	To explore motivations and outcomes for part-time mature students in HE.	18 purposively sampled students.	Topic-based, loosely structured face-to-face interviews.	Wide range of motivations identified: intrinsic, extrinsic, and overlapping.	Recall bias due to retrospective reporting.
Kauser *et al.* (2021)	To explore BAME student experiences of withdrawal (personal, academic, social concerns).	13 UK-domiciled, full-time undergraduate BAME students.	Qualitative study using semi-structured interviews and snowball sampling.	Five themes: academic issues, lack of care, balancing work and study, family pressures, and social integration challenges.	Small sample limited to British Asian students; weak generalisability; qualitative only; limited use of analytical software; participants all from post-1992 universities.

This summary demonstrates that across diverse contexts, mature learners consistently show higher levels of intrinsic motivation and stronger long-term commitment. However, extrinsic barriers, particularly financial and structural, remain significant. The evidence base is stronger in medicine and nursing than in wider health and social care, highlighting the need for broader research.

ETHNICITY AND MOTIVATION

UCAS (2020) data confirms that H&SC courses attract the highest proportion of applicants from BAME groups, particularly mature students. Nursing and social work, for example, record significantly higher proportions of Black applicants and acceptances compared with other disciplines. Despite this, adult BAME learners face persistent barriers. Literature identifies attainment gaps, insufficient student representation, and an underrepresentation of BAME staff within higher education institutions as significant challenges (Dualeh, 2017; Mantle, 2018).

International studies have offered valuable insights into ethnicity and motivation in healthcare professions (Keshet and Popper-Giveon, 2016; Wingfield, 2009). However, there is limited UK-specific evidence, particularly regarding the intersection of ethnicity and gender. For instance, British South Asian men remain underrepresented in healthcare and nursing roles, and little is known about their motivational experiences. This underlines the need for more nuanced, intersectional research within the UK context.

GENDER AND MOTIVATION

Health and social care professions are heavily feminised, with men accounting for only around 18 per cent of the workforce (Dhrona, 2023). Female students, particularly those from BAME backgrounds, dominate enrolments in nursing and social care courses. Many women are motivated by caregiving responsibilities, cultural expectations around nurturing roles, and a desire to contribute to their communities. Their entry into H&SC is often framed not only as a professional choice but also as a continuation of gendered responsibilities that extend from the domestic sphere into the workplace.

By contrast, men often perceive significant barriers to entry. These include low pay relative to other professional fields, stigma attached to entering a female-dominated sector, limited visibility of male role models, and fears of being marginalised or stereotyped within their chosen profession (Rajacich *et al.*, 2013; Meadus, 2000). Such perceptions contribute to a cycle of underrepresentation, where the absence of male presence reinforces the stereotype of health and social care as "women's work".

The situation is even more complex for men from BAME backgrounds, who may face both gendered and racialised barriers. For instance, while some cultural contexts value healthcare roles, others may perceive them as low-status or inconsistent with masculine ideals. Encouraging greater participation therefore requires interventions that challenge stereotypes, provide visible male role models, and highlight the professional value and stability of careers in health and social care.

This challenge has been recognised in the UK policy context. Skills for Care (Dhrona, 2023) and NHS England have both emphasised the need to encourage more men into the sector, noting that improving gender balance is critical for workforce sustainability. Campaigns to raise awareness, targeted recruitment, and mentorship schemes are increasingly being used to address this imbalance, although evidence on their effectiveness remains limited.

INTERNATIONAL PERSPECTIVE

International perspectives offer valuable insights into how motivation is shaped by cultural, social, and economic contexts. In Canada, Aaron and Skakun (1999) found that younger learners tended to adopt surface learning approaches, focusing on rote memorisation, whereas mature learners

engaged in deeper, more reflective learning strategies. This suggests that maturity brings with it a different orientation towards education, one that is more closely aligned with intrinsic motivation.

In the United States, admissions committees identified maturity and motivation as strong predictors of success in clinical practice (Murden *et al.*, 1978). Mature learners were regarded as more disciplined, focused, and goal-oriented compared with their younger counterparts. This was echoed in Sobral's (2004) findings in Brazil, which showed that mature medical students demonstrated higher levels of self-regulation and persistence.

In Australia, Harth *et al.* (1990) compared motivations of mature and younger students and found clear differences. Mature students often identified intellectual satisfaction, the opportunity to contribute meaningfully to society, and self-fulfilment as their main drivers. Younger learners, on the other hand, were more likely to emphasise enjoyment, social interaction, and short-term goals. These findings illustrate the dynamic and age-sensitive nature of motivation.

Across these contexts, cultural factors were found to play a significant role. In societies where caregiving roles are highly valued, motivations to enter health and social care may align more closely with community service and altruism. By contrast, in societies where financial independence is a stronger driver, extrinsic motivations such as job security and income stability may take precedence. These variations emphasise the need to situate motivational theories within specific cultural and societal frameworks, especially when considering BAME learners in the UK who may navigate multiple cultural expectations simultaneously.

GAPS AND FUTURE RESEARCH

Despite increasing recognition of the importance of BAME mature learners, significant knowledge gaps remain. These include:

- Limited empirical research using mixed-method approaches that combine qualitative depth with quantitative rigour (Kusurkar, 2012).
- Insufficient exploration of the intersection of ethnicity and gender, particularly the experiences of BAME men in healthcare education.
- Weak evidence on institutional practices to address attainment disparities and enhance retention.
- Limited focus on how external motivators, such as financial aid and government policy, interact with intrinsic drivers of learning.

Addressing these gaps requires longitudinal and intersectional studies that reflect the complexity of learners' experiences. Such research could inform more inclusive curricula, effective teaching strategies, and targeted policy interventions.

CONCLUSION

Adult healthcare learners' motivation reflects a nuanced interplay of intrinsic and extrinsic factors. For BAME learners, this complexity is heightened by additional challenges such as systemic discrimination, socioeconomic disadvantage, and limited institutional support. While H&SC courses attract high numbers of BAME learners, gender imbalances persist, with women dominating enrolments and men deterred by stigma and structural barriers. Understanding the motivational drivers of this group is essential for addressing the NHS and social care workforce crisis, promoting equity in higher education, and enhancing learner outcomes.

Further empirical research is urgently required to examine the intersection of ethnicity, gender, and age in shaping motivation. By adopting inclusive and evidence-informed approaches, educators, policymakers, and institutions can better support BAME adult learners, thereby contributing to workforce diversity and strengthening the health and social care sector.

The findings of this review have clear implications for policy and practice in the United Kingdom. The NHS Long Term Workforce Plan (NHS England, 2023) and Access and Participation Plans developed by the Office for Students emphasise the need to widen participation and diversify the workforce. Addressing financial pressures, discrimination, and gendered barriers that hinder BAME adult learners will be essential in achieving these objectives. Universities should ensure that support structures, mentoring, and culturally responsive teaching practices are embedded into curricula, while policymakers should align funding and widening participation initiatives with the specific needs of mature BAME students. Collectively, these measures could strengthen recruitment, enhance retention, and contribute to closing attainment gaps within higher education.

REFERENCES

Arday, J., Branchu, C. and Boliver, V. (2022). What do we know about black and minority ethnic (BAME) participation in UK higher education? *Social Policy and Society*, 21(1), pp.12–25.

Barry, J. and Loke, G. (2011). *Improving the Degree Attainment of Black and Minority Ethnic Students*. London: The Higher Education Academy and Equality Challenge Unit.

Bates, B. (2016). *Learning Theories Simplified*. London: Sage.

Boshier, R. (1991). Psychometric properties of the alternative form of the Education Participation Scale. *Adult Education Quarterly*, 41(3), pp.150–167.

Deci, E.L. and Ryan, R.M. (1985). *Intrinsic Motivation and Self-Determination in Human Behaviour*. New York: Plenum Press.

Dhrona, S. (2023). Why we need to encourage more men to work in social care. *Skills for Care*. [Online] Available at: https://www.skillsforcare.org.uk/news-and-events/blogs/why-we-need-to-encourage-more-men-to-work-in-social-care [Accessed 22 December 2023].

Harth, S.C., Biggs, J.S.G. and Thong, Y.H. (1990). Mature-age entrants to medical school: A controlled study of sociodemographic characteristics, career choice and academic performance. *Medical Education*, 24(6), pp.488–498.

Kauser, S., Yaqoob, S., Cook, A., O'Hara, M., Mantzios, M. and Egan, H. (2021). Learning from the experiences of Black, Asian and Minority Ethnic (BAME) university students who withdraw from their undergraduate degree. *SN Social Sciences*, 1(5), pp.1–21.

Keshet, Y. and Popper-Giveon, A. (2016). Work experiences of ethnic minority nurses: A qualitative study. *Israel Journal of Health Policy Research*, 5(1), pp.1–10.

Knowles, M. (1980). *The Modern Practice of Adult Education: From Pedagogy to Andragogy*. 2nd ed. New York: Cambridge Books.

Mantle, R. (2018). *Higher Education Staff Statistics: UK 2018/2019*. Cheltenham: Higher Education Statistics Agency (HESA).

Mathers, J. and Parry, J. (2010). Why are there so few working-class applicants to medical schools? *Learning and Teaching in Higher Education*, 4, pp.3–12.

McCune, V., Hounsell, J., Christie, H., Cree, V.E. and Tett, L. (2010). Mature and younger students' reasons for making the transition from further education into higher education. *Teaching in Higher Education*, 15(6), pp.691–704.

Meadus, R.J. (2000). Men in nursing: Barriers to recruitment. *Nursing Forum*, 35(3), pp.5–12.

Montgomery, A.J., Tansey, T. and Roe, B. (2009). The characteristics and experiences of mature nursing students. *Nurse Education Today*, 29(6), pp.610–615.

Murden, R., Galloway, G.M., Reid, J.C. and Colwill, J.M. (1978). Academic and personal predictors of clinical success in medical school. *Journal of Medical Education*, 53(9), pp.711–719.

NHS England (2023). *NHS Long Term Workforce Plan*. London: NHS England.

Office for Students (OfS) (2021). *Improving opportunity and choice for mature students*. [Online] Available at: https://www.officeforstudents.org.uk/publications/improving-opportunity-and-choice-for-mature-students/ [Accessed 22 December 2023].

Rajacich, D., Kane, D., Williston, C. and Cameron, S. (2013). If they do call you a nurse, it is always a "Male Nurse": Experiences of men in the nursing profession. *Nursing Forum*, 48(1), pp.71–80.

Ryan, R.M. and Deci, E.L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist*, 55(1), pp.68–78.

Schunk, D.H., Pintrich, P.R. and Meece, J.L. (2014). *Motivation in Education: Theory, Research, and Applications*. 4th ed. Essex: Pearson.

Sobral, D.T. (2004). What kind of motivation drives medical students' learning quests? *Medical Education*, 38(9), pp.950–957.

Swain, J. (2007). The professional, economic, personal and social outcomes of part-time study. *Journal of Further and Higher Education*, 31(1), pp.15–27.

Swain, J. and Hammond, C. (2011). The motivations and outcomes of studying for part-time mature students in higher education. *International Journal of Lifelong Education*, 30(5), pp.591–612.

Wingfield, A.H. (2009). Racializing the glass escalator: Reconsidering men's experiences with women's work. *Gender and Society*, 23(1), pp.5–26.

Exploring the Perceptions and Experiences of Business and Management Lecturers in London Regarding the Integration of Generative AI in Assessment and Feedback

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ABSTRACT

The rapid emergence of generative artificial intelligence (GenAI) tools has significantly influenced higher education, particularly in reshaping teaching, assessment, and feedback practices. This study explores the perceptions and experiences of Business and Management lecturers in London regarding the integration of GenAI in assessment and feedback. A qualitative narrative inquiry approach was adopted, with semi-structured interviews conducted with ten lecturers from both public and private higher education institutions. Data were analysed using narrative and thematic methods to capture lived experiences and recurring patterns.

The findings reveal a dual perspective. Participants acknowledged benefits such as enhanced efficiency, consistency, and formative learning support, particularly in large cohorts. Conversely, they identified constraints including ethical concerns, risks to academic integrity, limited training, and additional verification workload. GenAI was viewed as most valuable as a supportive "co-pilot", offering preliminary feedback while requiring human oversight for critical judgement. The study underscores the need for clear institutional policies, professional development, and models of best practice to enable responsible and consistent AI adoption.

Keywords: Generative AI, ChatGPT, Assessment, Feedback, Higher Education, Business and Management, Narrative Inquiry

INTRODUCTION

Since late 2022, there has been an explosive adoption of Generative AI tools such as ChatGPT in Higher Education. The rapid increase of advanced AI-enabled large language models is being used in Business and Management education. Lecturers use these to support assessment and feedback purposes, particularly to automate feedback, streamline assessment, and enhance academic scalability (Baig *et al.*, 2024; Chan & Hu, 2023). Moreover, empirical studies such as Chan and Hu (2023) have demonstrated that GenAI can reduce turnaround time for feedback and alleviate marking burdens while supporting nuanced student writing, brainstorming, and summarisation. In addition, it has been identified that leading business schools around the globe are increasingly embedding GenAI tools into curricula and feedback mechanisms to cultivate strategic AI fluency and ethical awareness (Financial Times, 2025).

The UK is one of the top countries seeking effective and ethical ways of embedding GenAI in education. For instance, the UK government has announced a £1 million investment to develop AI-powered tools for assessment and feedback, aiming to enhance efficiency and improve learning outcomes (GOV.UK, 2025). Therefore, exploring the practical insights of using AI in higher education is a significant requirement. Assessment and feedback are an important area of higher education as they directly influence student learning, academic progression, and the development of critical thinking and self-regulation skills. While student-facing perspectives on GenAI are well

documented, highlighting both potential learning benefits and concerns about integrity, less is known about lecturer perceptions, particularly in the London Business and Management context (Chan & Hu, 2023; LSE Public Policy Review, 2024). Furthermore, a considerable lack of qualitative depth exists in lived practice in assessment contexts (Meletiadou, 2025). For example, past studies such as Roe, Perkins and Ruelle (2024) and Liu *et al.* (2025) have highlighted the frequent reliance on quantitative surveys to capture general attitudes, familiarity, or trust in AI tools.

Hence, this study seeks to understand the experiences and perceptions of lecturers in the Business and Management field regarding the integration of GenAI into assessment and feedback. This is both timely and relevant to address, given its central role in shaping student outcomes and teaching effectiveness.

LITERATURE REVIEW

Given the rapid increase in the adoption of GenAI tools, it is essential to examine the empirical evidence surrounding their benefits and challenges in higher education. Perkins *et al.* (2024), through the development of the AI Assessment Scale (AIAS) piloted in Vietnam, demonstrated that thoughtful integration of GenAI into assessment design can reduce academic misconduct while improving student attainment. Similarly, Lindsay *et al.* (2023) found that GenAI facilitated rapid feedback turnaround and scalable formative guidance, particularly valuable for large Business and Management cohorts. Meletiadou (2025) also reports positive lecturer perceptions of AI-mediated teaching, highlighting improved personalisation, content generation, and alignment of feedback with individual student needs.

However, empirical studies also document significant challenges. Surveys by Roe, Perkins and Ruelle (2024) revealed low familiarity and confidence among academic staff in using AI for marking or feedback, resulting in inconsistent adoption and anxiety regarding reliability. Rashai (2024) adds that institutional policy ambiguity exacerbates these difficulties, with some universities offering minimal guidance and uneven support across departments. Business Insider (2025) further reports that staff at SOAS experienced escalating workloads due to AI detection efforts and the redesign of assessments to mitigate misuse.

Ethical and integrity concerns also present a major obstacle. GenAI models frequently generate plausible but inaccurate content, creating risks of misleading students and perpetuating bias. Over-reliance on automated feedback may also marginalise students with unique or minority learning needs (Lindsay *et al.*, 2023). Morimoto (2025) argues that academic integrity lies at the heart of the problem, as educators struggle to distinguish between legitimate student work and AI-generated content. Indeed, the Guardian (2025) notes that the rapid proliferation of AI has coincided with a surge in reported cases of academic misconduct.

Institutional readiness thus becomes a critical factor. While some leading business schools have integrated AI into curricula and strategic design (Financial Times, 2025), many institutions lack coherent policy frameworks. Perkins *et al.* (2024) suggest that the AIAS framework provides a practical tool for balancing human and AI roles in assessment, yet survey evidence indicates substantial gaps in professional training. Guardian/HEPI (2025) also highlights that many lecturers report little or no structured professional development in AI literacy, despite widespread student adoption of such tools.

In summary, while global studies capture broad trends in lecturer attitudes and technology acceptance, qualitative accounts of lived experience remain sparse. Given the distinctive institutional frameworks, diverse student demographics, and heavy assessment loads within London higher education, a focused qualitative inquiry into lecturer perceptions is essential. This study addresses that gap, offering insights into how GenAI adoption is shaping pedagogical practice and what institutional frameworks are needed to support or inhibit its effective integration.

METHODOLOGY

This study adopted a **qualitative narrative inquiry design**, as it is well suited for exploring the lived experiences of Business and Management lecturers regarding the integration of generative artificial intelligence (GenAI) in assessment and feedback. Narrative inquiry was chosen because it enables the capture of participants' personal stories, reflections, and contextualised experiences, rather than reducing responses to abstract or numerical measures (Connelly and Clandinin, 2012). This approach aligns with the study's aim of understanding not only lecturers' practices but also the meanings they attach to their encounters with GenAI.

The research participants comprised ten lecturers who teach Business and Management-related modules in higher education institutions across London, including both public universities and private business-focused colleges. A combination of **convenience and purposive sampling** was employed to recruit participants. Eligibility required that participants had direct teaching responsibilities and at least some familiarity with generative AI tools, whether as enthusiastic users, cautious adopters, or resistant practitioners.

Data were collected through **semi-structured interviews** lasting approximately 20–30 minutes, conducted either in person or via secure video conferencing. The interview guide consisted of two sections: (1) demographic information and (2) narrative prompts and thematic questions relating to experiences and perceptions of GenAI in assessment and feedback. This flexible structure enabled participants to share both factual accounts and reflective insights.

The data were analysed using a **two-stage process combining narrative and thematic approaches**. Narrative analysis was used to examine how lecturers structured their experiences over time, highlighting personal and institutional stories surrounding AI integration (Riessman, 2008). Thematic analysis (Braun and Clarke, 2006) was subsequently applied to identify recurring patterns related to benefits, challenges, risks, and institutional support needs. This methodological combination was selected to ensure both depth of individual accounts and identification of shared themes across the dataset.

The study adhered to the **ethical standards for educational research** (BERA, 2018; Bryman, 2016). Informed consent was obtained from all participants, and procedures were aligned with the UK General Data Protection Regulation (GDPR) and higher education institutional ethical protocols. Anonymity, confidentiality, and respect for participant autonomy were maintained throughout the research process (UKRI, 2020).

FINDINGS

Participant characteristics

Table 1. Participants' demographics

Participant	Age group	Years' experience	Institution type	AI training	Cohort size
P1	35–44	10	Public university	No	200
P2	45–54	15	Public university	No	150
P3	35–44	8	Business college	No	80
P4	25–34	5	Business college	Yes	300
P5	55+	25	Public university	No	50
P6	25–34	3	Public university	Yes	120
P7	35–44	12	Public university	No	250
P8	45–54	18	Business college	No	60
P9	25–34	4	Public university	Self-taught	180
P10	55+	30	Public university	No	100

As shown in Table 1, ten Business and Management lecturers participated, representing seven public universities and three private business colleges. Teaching experience ranged from 3 to 30 years, spanning early-career to senior staff. Most participants reported no formal AI training, with only two having attended workshops and one self-taught. Cohort sizes varied from 50 to 300 students, with larger cohorts typically in public universities, a context in which efficiency and consistency in feedback were viewed as especially important.

Thematic analysis

The analysis generated five interconnected themes that describe how lecturers perceive and engage with generative AI in assessment and feedback. **Table 2** presents the themes, sub-themes, codes and illustrative quotations.

Theme 1. Benefits of GenAI

Participants reported that GenAI improved efficiency by accelerating routine feedback and increasing throughput in large cohorts. Consistency across students was perceived to improve when initial feedback was structured by AI. Formative learning gains were noted, with quicker baseline feedback enabling students to iterate and lecturers to focus on higher-order critique.

Theme 2. Challenges in adoption

Adoption was constrained by a lack of formal training, uncertainty about appropriate use, and concerns over technical accuracy. Several participants emphasised that verifying outputs and editing for context could offset time savings, particularly where AI responses were generic or misaligned with module expectations.

Theme 3. Ethical and academic risks

Lecturers highlighted risks relating to transparency and trust, potential over-reliance by students, and difficulties distinguishing legitimate support from AI-generated text. The possibility of false positives in detection tools was a particular concern for students for whom English is an additional language.

Theme 4. Institutional support needs

Participants called for clear institutional and departmental policies, staff development, and worked examples of ethical workflows. Confidence in responsible adoption was linked to practical models, peer benchmarking, and stepwise training that clarifies disclosure, verification, and assessment design.

Theme 5. Future outlook

GenAI was consistently framed as a co-pilot rather than an assessor. Participants anticipated hybrid arrangements where AI supports routine or low-level feedback, while lecturers concentrate on mentoring, critical evaluation and authentic assessment. Anticipated redesigns included greater use of oral, reflective and in-class tasks to uphold academic integrity.

Summary of findings

Across institutions, lecturers viewed GenAI as promising for efficiency and formative engagement, particularly with large cohorts, but remained cautious due to ethical considerations, variable accuracy and the need for verification. The consensus was that clear policy, training and exemplars are prerequisites for consistent and responsible adoption. Human oversight is considered essential, with AI positioned as a supportive tool within a broader pedagogic redesign.

Table 2. Themes, sub-themes, codes and illustrative quotes

Theme	Sub-theme	Code	Illustrative quote
1. Benefits of GenAI	Efficiency and time saving	Time-saving feedback	"It could reduce marking time and give consistent help on writing mechanics, especially in large cohorts" (P1)
	Efficiency and time saving	Marking speed	"It doubled my grading speed, 20 papers in one day instead of 10" (P2)
	Consistency and scalability	Uniform feedback	"Fast initial feedback, consistency, and support for larger groups of students" (P6)
	Consistency and scalability	Structured responses	"Prompt structured feedback saves time and is consistent across students" (P3)
	Enhanced formative support	Improved student engagement	"Students respond well to speed, they are more engaged in iterative improvement when feedback comes quickly" (P6)
	Enhanced formative support	Early intervention	"If used carefully, students could get faster baseline corrections so I can focus on critical evaluation" (P5)
2. Challenges in adoption	Limited training and awareness	Lack of training	"The learning curve for trustworthy AI integration is steep, and many older faculty are reluctant" (P5)
	Technical and contextual limitations	Basic workshop exposure	"I am moderately confident in using ChatGPT after attending a short workshop" (P6)
	Technical and contextual limitations	Hallucinations or inaccuracy	"AI still hallucinates or misses context, I double check everything" (P6)
	Technical and contextual limitations	Unreliable suggestions	"I tested AI suggestions for feedback structure but decided it was unreliable" (P3)
	Increased workload for verification	Extra time editing	"Misleading AI output makes faculty double check everything, it costs time" (P4)
	Increased workload for verification	Initial outputs need revision	"High editing effort, the AI's first output can be vague or misleading" (P9)
3. Ethical and academic risks	Academic integrity and plagiarism concerns	Student mistrust	"Very concerned. Students see AI feedback and distrust it" (P1)
	Academic integrity and plagiarism concerns	Untraceable AI content	"AI-generated text cannot always be traced, making plagiarism detection inconsistent" (P5)

	Ethical dilemmas in feedback transparency	Lack of disclosure	"Not disclosing AI-assisted feedback could harm trust in lecturer-student relationships" (P8)
	Ethical dilemmas in feedback transparency	Ethical discomfort	"Handing AI-generated comments without disclosure feels ethically questionable" (P2)
	Risk of student over-reliance on AI	Reduced critical thinking	"Fear of over-reliance, students might skip critical thinking" (P9)
	Risk of student over-reliance on AI	Student outsourcing	"I avoid it because I do not want students to outsource all their work to ChatGPT" (P7)
4. Institutional support needs	Requirement for clear policies	Policy and training needed	"Formal policy plus faculty training needed before adoption" (P7)
	Requirement for clear policies	Departmental guidance	"We need clear department policies plus examples of ethical AI workflows in grading" (P5)
	Professional training and AI literacy	Faculty workshops	"We need faculty workshops demonstrating good use cases, guidelines for transparent AI use" (P1)
	Professional training and AI literacy	Stepwise AI training	"Step by step institutional AI training is essential" (P8)
	Examples of ethical best practice	Peer benchmarking	"Seeing how other universities handle AI would help us adopt it" (P6)
	Examples of ethical best practice	Confidence through models	"We need model workflows to build confidence in AI adoption" (P4)
5. Future outlook	AI as a supportive co-pilot	Co-pilot approach	"It will remain a co-pilot, not an assessor, for the next few years" (P6)
	AI as a supportive co-pilot	Supportive role	"AI will support, not replace, educators, especially in feedback loops" (P9)
	Redesign of assessment strategies	Oral and reflective tasks	"Assignments are now more tailored to resist AI, oral exams and reflective tasks especially in business modules" (P2)
	Redesign of assessment strategies	Exam reform	"AI might force us to upgrade traditional exam formats, open book, viva voce" (P3)
	Mentorship-focused teaching	Mentorship shift	"AI coaches will exist, but educators will move toward mentorship-based critical thinking tasks" (P4)
	Mentorship-focused teaching	Higher-order human role	"Human input will shift to higher order feedback and student mentoring" (P1)

DISCUSSION

The findings illuminate the nuanced perceptions of Business and Management lecturers in London regarding the integration of generative AI in assessment and feedback. In line with the literature, participants emphasised efficiency and consistency as primary benefits. Tools such as ChatGPT were perceived to reduce marking time, enhance scalability, and provide consistent low-level feedback, particularly in large cohorts. Lecturers also valued the formative potential of GenAI, noting that rapid baseline comments can prompt iterative improvement in student work. These observations align with evidence that GenAI can streamline assessment workflows and support academic writing (Chan and Hu, 2023) and that structured integration may strengthen formative engagement and attainment (Perkins *et al.*, 2024; Lindsay, Zheng and Taylor, 2023).

At the same time, participants' cautious enthusiasm suggests that benefits are conditional. Trust, verification, and ethical considerations were recurrent constraints, contributing to uneven adoption across institutions and departments. Limited staff training and AI literacy emerged as significant barriers, echoing studies that identify uncertainty and inconsistent institutional support as inhibitors of uptake (Roe, Perkins and Ruelle, 2024; Liu, Wang and Lei, 2025). Technical limitations were also salient. Lecturers referred to hallucinations, generic phrasing, and contextual mismatch, all of which necessitated careful checking and editing. For some, this verification workload offset the anticipated efficiency gains, reinforcing the view that training and clear implementation strategies are prerequisites for realising value.

Ethical and academic-integrity concerns were prominent. Participants highlighted risks relating to transparency and disclosure, the potential for student over-reliance, and the difficulty of distinguishing legitimate support from fully AI-generated content. Sector reports similarly note rising integrity concerns, false detection risks, and potential erosion of trust if AI use is opaque (Guardian and HEPI, 2025; Business Insider, 2025; Lindsay, Zheng and Taylor, 2023). Taken together, the evidence indicates that institutional readiness is essential. Clear policies, staff development, and explicit guidance on disclosure, verification, and appropriate assessment design should be communicated consistently to staff and students. Participants suggested that workshops, model workflows, and examples of best practice would build confidence and promote coherent adoption.

Overall, lecturers framed GenAI as a supportive co-pilot rather than an autonomous assessor. They envisaged hybrid arrangements in which AI assists with routine or preliminary feedback while educators focus on mentoring, critical evaluation, and complex judgements. Anticipated assessment redesigns included greater emphasis on oral examinations, reflective work, and in-class tasks to uphold authenticity and deter misuse. These perspectives indicate strategic adaptability but also underscore that achieving this vision depends on coordinated policy, professional learning, and resourcing.

CONCLUSION

Generative AI presents both opportunities and challenges for higher education. For London-based Business and Management lecturers, its promise lies in improved efficiency and strengthened formative engagement, especially in large cohorts. Its pitfalls concern ethics, accuracy, transparency, and the additional workload associated with verification. Responsible adoption therefore requires structured institutional policies, targeted professional development, and transparent practices to ensure that GenAI complements, rather than compromises, the human dimensions of teaching and learning.

This study offers an initial qualitative account of lecturers' experiences in one metropolitan context. Future research should extend to cross-disciplinary and multi-institutional settings to examine variation in adoption and governance. Further work should also explore student perceptions of AI-assisted feedback, including effects on trust, engagement, and learning. Finally, longitudinal research is needed to assess the impact of assessment redesign on academic integrity and on the development of higher-order thinking in AI-rich learning environments.

REFERENCES

Arowosegbe, A., Jain, K. and Raghuram, V. (2024) 'Perception of generative AI use in UK higher education', *Frontiers in Education*, 9, p.1463208. Available at: https://www.frontiersin.org/journals/education/articles/10.3389/feduc.2024.1463208/full [Accessed 6 August 2025].

Baig, M.I. and Yadegaridehkordi, E. (2024) 'ChatGPT in higher education: A systematic literature review and research challenges', *International Journal of Educational Research*, 127, p.102411.

Braun, V. and Clarke, V. (2006) 'Using thematic analysis in psychology', *Qualitative Research in Psychology*, 3(2), pp.77–101.

Business Insider (2025) 'Lecturer workload and response to AI misuse at SOAS'. [online] Available at: https://www.businessinsider.com/lecturer-ai-cheating-students-chatgpt-2025-7 [Accessed 6 August 2025].

Cambra-Fierro, J.J., Blasco, M.F., López-Pérez, M.E. and Trifu, A. (2025) 'ChatGPT adoption and its influence on faculty well-being: An empirical research in higher education', *Education and Information Technologies*, 30(2), pp.1517–1538.

Chan, C.K.Y. and Hu, W. (2023) 'Students' voices on generative AI: perceptions, benefits, and challenges', *International Journal of Educational Technology in Higher Education*, 20(43), pp.1–17.

Connelly, F.M. and Clandinin, D.J. (2012) 'Narrative inquiry', in *Handbook of complementary methods in education research*. London: Routledge, pp.477–487.

Cowen, T. (2025) 'AI reveals systemic weaknesses in higher education assessment', *Business Insider*, 15 July. Available at: https://www.businessinsider.com/ai-reveals-how-broken-our-education-system-is-economist-says-2025-7 [Accessed 6 August 2025].

Creswell, J.W. and Poth, C.N. (2018) *Qualitative inquiry and research design: Choosing among five approaches*. 4th edn. Thousand Oaks: SAGE.

Financial Times (2025) 'Business schools race to keep abreast of developments in AI'. [online] Available at: https://www.ft.com/content/d5175011-d32c-48b2-8c20-bb8048537c95 [Accessed 6 August 2025].

Flick, U. (2018) *An introduction to qualitative research*. 6th edn. London: SAGE.

Ghimire, P., Prather, E. and Edwards, M. (2024) 'Exploring faculty readiness and perception of generative AI tools in higher education', *arXiv preprint*, arXiv:2502.05770.

Guardian / HEPI (2025) 'UK universities warned to stress-test assessments as 92% of students use AI'. [online] Available at: https://www.theguardian.com/education/2025/feb/26/uk-universities-warned-to-stress-test-assessments-as-92-of-students-use-ai [Accessed 6 August 2025].

Hasanein, A.M. and Sobaih, A.E.E. (2023) 'Drivers and consequences of ChatGPT use in higher education: Key stakeholder perspectives', *European Journal of Investigation in Health, Psychology and Education*, 13(11), pp.2599–2614.

Lindsay, E.D., Zheng, Y. and Taylor, R. (2023) 'The responsible development of automated student feedback with generative AI', *arXiv preprint*, arXiv:2308.15334.

Liu, Y., Wang, Q. and Lei, J. (2025) 'Adopting generative AI in future classrooms: A study of preservice teachers' intentions and influencing factors', *Behavioural Sciences*, 15(8), p.1040.

Meletiadou, E. (2025) *The effective use of generative AI in higher education: Exploring lecturers' AI literacy and sustainable assessment practices*. London Metropolitan University Research Repository. Available at: https://repository.londonmet.ac.uk/10439/1/The-Effective-Use-of-Generative-AI-in-Higher-Education-Exploring-Lecturers%27-Artificial-Intelligence-Literacy_-Unveiling-Sustainable-and-Ethical-AI-Powered-Practices-for-Learning-Teaching-and-Assessment.pdf [Accessed 6 August 2025].

Perkins, M., Furze, L., Roe, J. and MacVaugh, J. (2024) 'The AI Assessment Scale: Supporting ethical integration of generative AI in assessment', *arXiv preprint*, arXiv:2312.07086.

Roe, J., Perkins, M. and Ruelle, M. (2024) 'Faculty perceptions of generative AI in teaching and assessment: Insights from Southeast Asia', *arXiv preprint*, arXiv:2406.15808.

Sallai, D., Cardoso-Silva, J., Barreto, M., Panero, F., Berrada, G. and Luxmoore, S. (2024) 'Approach generative AI tools proactively or risk bypassing the learning process in higher education', *LSE Public Policy Review*, 3(3).

UKRI (2020) 'Research ethics guidance'. [online] Available at: https://www.ukri.org/councils/esrc/guidance-for-applicants/research-ethics-guidance/ [Accessed 6 August 2025].

AI in Human Resource Management: A Qualitative Literature Review of Strategic, Ethical, and Pedagogical Implications

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ABSTRACT

Artificial intelligence (AI) is reshaping human resource management (HRM), with applications spanning recruitment, performance management, and learning and development. While these technologies promise efficiency, scalability, and enhanced decision-making, they also generate significant ethical and pedagogical challenges. This qualitative literature review synthesises peer-reviewed scholarship published between 2016 and 2025 to explore the strategic, ethical, and educational implications of AI integration in HRM.

The review identifies three major themes. First, strategic integration: AI can streamline recruitment, personalise learning, and generate predictive insights for talent development, but its effectiveness depends on organisational readiness and governance. Second, ethical implications: algorithmic bias, lack of transparency, and privacy concerns undermine fairness and accountability, raising questions about trust and employee autonomy. Third, pedagogical implications: HRM education has not kept pace with technological change, with curricula often overlooking digital literacy, ethical reasoning, and critical engagement with AI systems.

The findings suggest that while AI offers transformative opportunities, its adoption risks entrenching managerial efficiency at the expense of human agency. The review calls for reflexive governance, context-sensitive adoption, and curriculum reform to equip HR professionals with future-ready competencies. Responsible AI in HRM demands not only technical proficiency but also ethical resilience and interdisciplinary insight.

Keywords: Artificial intelligence, Human resource management, Ethics, Recruitment, Performance management, Pedagogy

INTRODUCTION

The integration of artificial intelligence (AI) into human resource management (HRM) is reshaping the design, delivery, and governance of people practices. From algorithmic recruitment platforms to predictive performance analytics and adaptive learning systems, AI technologies promise efficiency, precision, and strategic alignment (Chamorro-Premuzic *et al.*, 2016; Meijerink *et al.*, 2021). Advances in machine learning and natural language processing now allow HR professionals to manage large volumes of data, enhance decision-making, and personalise employee development at scale. These developments, however, raise questions about fairness, ethics, and professional responsibility.

AI offers clear strategic benefits. In recruitment, automated systems can filter applicants, evaluate psychometric profiles, and predict cultural fit, reducing the cost and time of hiring (Raghavan *et al.*, 2020). In performance management, AI tools provide predictive insights into engagement, productivity, and retention, supporting evidence-based talent strategies (Tambe, Cappelli and

Yakubovich, 2019). In learning and development, adaptive technologies personalise training and provide real-time feedback, aligning professional growth with organisational needs (Garavan *et al.*, 2019). Together, these applications illustrate how AI can enhance efficiency, scalability, and adaptability in volatile labour markets.

Yet the adoption of AI is not straightforward. Ethical risks such as algorithmic bias, lack of transparency, and privacy concerns remain significant. AI systems trained on historical data may reproduce existing inequalities in hiring or promotion (Binns, 2018). Many algorithms operate opaquely, preventing scrutiny or accountability (Mittelstadt *et al.*, 2016). The collection of behavioural and biometric data also raises questions about surveillance and compliance with regulations such as the General Data Protection Regulation (Wright and Kreissl, 2014).

These challenges highlight the need for strong governance. Without cultural readiness, ethical safeguards, and clear policy frameworks, organisations risk superficial implementation, where efficiency gains are undermined by mistrust or unintended consequences (Leicht-Deobald *et al.*, 2019). AI in HRM should therefore be understood as a socio-technical transformation rather than a purely technical upgrade (Jarrahi, 2018).

The pedagogical dimension remains underexplored. HRM education has been slow to adapt curricula to reflect AI-mediated workplaces (Bondarouk and Brewster, 2016). While digital literacy and ethical reflexivity are increasingly recognised as essential, many business schools continue to privilege traditional personnel management models. As a result, graduates may lack the competencies needed to critically engage with AI or address the dilemmas it creates (Keevy and Chakane, 2021). This gap has implications for both organisational practice and employee wellbeing, as HR professionals play a central role in shaping ethical technology adoption.

AI also prompts deeper questions about the boundaries of HR knowledge. As algorithmic outputs influence decision-making, what becomes of professional judgement and tacit expertise? If data-driven rationality takes precedence over relational insight, the nature of HR practice may shift in ways that challenge its human-centred foundations. These questions underline the need for critical pedagogy, interdisciplinarity, and reflexivity in HRM education.

This review addresses these gaps by synthesising literature published between 2016 and 2025. It examines three interrelated domains: strategic integration of AI into HRM functions, ethical implications of AI adoption, and pedagogical responses within HRM education. By doing so, it aims to clarify key debates, identify convergences and divergences, and propose directions for responsible practice.

The review argues that the effective use of AI in HRM requires more than technical capability. It calls for ethical governance, context-sensitive adoption, and educational reform that prepares professionals to act reflexively and responsibly. By situating AI within organisational and educational contexts, the study contributes to debates on the future of HRM and offers a framework for human-centred, ethically grounded integration of AI technologies.

METHODOLOGY

This study employed a qualitative literature review design, chosen for its capacity to synthesise conceptual debates, empirical findings, and interpretive insights on the integration of artificial intelligence (AI) in human resource management (HRM). Unlike systematic reviews, which emphasise replicability and statistical aggregation, qualitative reviews prioritise thematic depth, critical interpretation, and contextual nuance (Grant and Booth, 2009; Suri, 2011). This approach

is particularly appropriate for examining the rapid and uneven adoption of AI in HRM, where theoretical perspectives and empirical evidence are still emerging.

Search Strategy and Inclusion Criteria

The review focused on peer-reviewed journal articles published between 2016 and 2025. This temporal scope was selected to capture early conceptual discussions of AI in HRM as well as more recent empirical studies reflecting current practice. Searches were conducted across major databases, including Scopus, Web of Science, ProQuest, and Google Scholar, using combinations of keywords such as *artificial intelligence*, *HRM*, *recruitment*, *performance management*, *learning and development*, *ethics*, and *pedagogy*.

Studies were included if they met the following criteria:

1. Explicitly examined AI applications within HRM domains such as recruitment, performance management, or learning and development.
2. Addressed ethical, strategic, or pedagogical implications of AI adoption.
3. Were published in peer-reviewed academic journals.

Grey literature, such as professional body reports, was consulted for contextual insight but excluded from the formal synthesis to preserve academic rigour.

Data Extraction and Synthesis

Each study was reviewed to extract information on its aims, methodology, scope, and findings. Thematic coding was then applied, following Braun and Clarke's (2006) framework, to identify recurring patterns, conceptual tensions, and thematic clusters across the literature. The analysis proceeded in two stages:

- Narrative synthesis to capture conceptual framings and contextual insights.
- Thematic synthesis to generate overarching categories relating to strategic integration, ethical considerations, and pedagogical implications.

To enhance transparency and traceability, Table 1 provides a structured summary of the articles included in the review

Table 1: Summary of Selected Academic Studies on AI in HRM (2016–2025)

Author(s), Year	**Journal**	**HRM Domain**	**Methodology**	**Key Findings**	**Limitations**
Chamorro-Premuzic *et al.* (2016)	*Industrial and Organizational Psychology*	Recruitment & Talent Identification	Conceptual	AI offers new signals for assessing talent, improving efficiency in selection.	Overly conceptual, limited empirical validation.
Cascio & Montealegre (2016)	*Annual Review of Organizational Psychology and Organizational Behaviour*	HRM broadly	Literature review	Explores how technology, including AI, is transforming work and organisations.	Focused broadly on technology, limited AI-specific insights.
Mittelstadt *et al.* (2016)	*Big Data & Society*	Ethics & HRM applications	Conceptual analysis	Maps ethical concerns of algorithms, highlighting fairness, accountability, and transparency.	General discussion, not HR-specific case data.
Brougham & Haar (2018)	*Journal of Business Research*	Future of Work & HRM	Review	Highlights AI and smart technologies as drivers reshaping HRM.	Speculative, limited focus on HR functions.
Binns (2018)	*Proceedings of FAT Conference*	Recruitment & Algorithms	Conceptual / Applied ethics	Discusses fairness in algorithmic decision-making and bias in AI hiring tools.	Lacks empirical HRM-specific testing.
Jarrahi (2018)	*Business Horizons*	Decision-making in HRM	Conceptual	Explores human–AI symbiosis in organisational decision-making.	Theoretical, no HRM case data.
Leicht-Deobald *et al.* (2019)	*Journal of Business Ethics*	Algorithmic HR decision-making	Conceptual/Case examples	Examines integrity challenges with AI-driven HRM decisions.	Ethical lens dominant, empirical validation needed.
Tambe *et al.* (2019)	*California Management Review*	HRM Strategy	Conceptual/Case	Explores challenges and future of AI in HRM, emphasising strategic integration.	North American focus.
Meijerink *et al.* (2021)	*International Journal of HRM*	Algorithmic HRM	Literature synthesis	Consolidates cross-disciplinary insights on AI-driven HR systems.	High-level synthesis, limited empirical evidence.

Keevy & Chakane (2021)	*South African Journal of Higher Education*	Pedagogy in HRM	Conceptual	Calls for future-ready skills in HR education in light of AI.	Education focus, lacks empirical HR adoption data.
Garavan *et al.* (2019)	*Human Resource Development Quarterly*	L&D and HR impact	Empirical	Examines how digital tools (including AI) influence HRD outcomes.	AI is one of many technologies studied.
Mhlanga (2023)	*AI & Society*	Ethics in HRM	Review	Reviews ethical issues in AI use in HRM, especially fairness and surveillance.	General review, not focused on case data.
Hasanein & Sobaih (2023)	*European Journal of Investigation in Health, Psychology & Education*	Stakeholder perspectives	Survey/Empirical	Identifies drivers and consequences of AI use in education/HRM contexts.	Context overlaps with education, not purely HRM.
Lindsay *et al.* (2023)	*arXiv preprint*	Feedback/HRD	Conceptual/Case	AI in feedback shows potential but raises hallucination/bias risks.	Preprint, not peer-reviewed.
Liu *et al.* (2025)	*Behavioural Sciences*	HR education	Quantitative survey	Preservice teachers' adoption factors of AI; parallels to HR pedagogy.	Education-specific, transferable but indirect to HR.
Cambra-Fierro *et al.* (2025)	*Education and Information Technologies*	Faculty wellbeing & AI adoption	Empirical survey	Finds AI adoption in HE influences staff wellbeing, with implications for HR.	Higher education focus, not strictly HRM.
Sallai *et al.* (2024)	*LSE Public Policy Review*	AI tools in HE & HR functions	Conceptual/Policy	Advocates proactive AI use to avoid bypassing learning processes.	More policy than empirical.
Arowosegbe *et al.* (2024)	*Frontiers in Education*	HRM & HE contexts	Survey study	Investigates perceptions of AI in UK HE, with HR implications.	Context-specific to education.

Following the evidence mapped in Table 1, it is clear that research on AI in HRM spans a diverse range of conceptual, empirical, and case-based approaches. Collectively, these studies shed light on the strategic opportunities of AI adoption across recruitment, performance management, and learning and development, while also exposing recurring ethical concerns such as algorithmic bias, transparency, and data governance. At the same time, the review highlights notable gaps in pedagogical engagement, with relatively limited scholarship addressing how HRM education is preparing future practitioners for AI-mediated workplaces.

Taken together, this body of work offers valuable insights but remains fragmented, often constrained by methodological limitations or narrow disciplinary perspectives. These gaps underscore the importance of a more critical and integrative review, which the present study seeks to provide. The thematic synthesis presented in the Findings section builds directly on these insights, identifying key domains where AI promises value, where it raises ethical dilemmas, and where it calls for pedagogical reform.

FINDINGS

The critical review of literature reveals that artificial intelligence (AI) in human resource management (HRM) is simultaneously framed as a transformative opportunity and a disruptive challenge. While the scholarly conversation diverges in emphasis, three dominant domains can be discerned: strategic integration, ethical and governance concerns, and pedagogical implications. These domains overlap in significant ways, underscoring that the strategic promise of AI cannot be divorced from its ethical entanglements and educational consequences.

1. Strategic Integration: Efficiency Meets Fragility

The literature positions AI as a powerful lever for efficiency and optimisation in HRM, particularly in recruitment, performance management, and learning and development (L&D). Recruitment is the most visible frontier, where algorithmic tools automate screening, analyse psychometric traits, and even interpret candidate expressions in video interviews (Chamorro-Premuzic *et al.*, 2016; Leicht-Deobald *et al.*, 2019). Proponents highlight AI's ability to reduce bottlenecks and handle scale, presenting a vision of seamless, data-driven selection processes.

Yet this promise is fragile. Raghavan *et al.* (2020) show how recruitment algorithms, trained on biased data, systematically reproduce discrimination against women, ethnic minorities, and disabled applicants. What is marketed as "objective" efficiency risks entrenching historical inequities. Thus, AI's strategic potential is inseparable from questions of fairness and legitimacy.

Performance management provides a parallel story. On one hand, predictive analytics and AI dashboards enable continuous monitoring and proactive interventions (Meijerink *et al.*, 2021; Tambe *et al.*, 2019). On the other, Brougham and Haar (2018) warn of surveillance cultures that undermine trust, where "optimisation" translates into anxiety and self-fulfilling labels of "low potential." Strategic integration is therefore less about technology per se and more about the balance between oversight and empowerment.

In L&D, adaptive AI platforms tailor learning pathways and offer real-time feedback (Garavan *et al.*, 2019). The literature celebrates this alignment with lifelong learning ideals. Yet Cascio and Montealegre (2016) caution that without cultural readiness and interpretive capacity, AI-enabled learning risks becoming a superficial add-on rather than a genuine driver of growth.

Across these subdomains, the consensus is clear: AI can indeed enhance strategic HRM functions, but its impact is conditioned by the quality of governance, the inclusivity of data, and the interpretive work of HR professionals. Efficiency gains without reflexivity risk producing shallow or exclusionary practices.

2. Ethical and Governance Concerns: The Fragile Foundations of Trust

If strategic integration reveals AI's potential, the ethical discourse exposes its fragility. The literature converges on three concerns: algorithmic bias, opacity, and data surveillance.

Algorithmic bias, far from a technical aberration, is described as a structural issue. Recruitment algorithms reproduce exclusionary patterns when built on skewed historical data (Raghavan *et al.*, 2020). Scholars such as Eubanks (2018) argue that such bias reflects broader social inequalities encoded into datasets. Technical fixes alone are insufficient; meaningful mitigation requires deliberate human oversight and diversity-oriented auditing.

Transparency and accountability remain elusive. Many HR systems operate as "black boxes," their proprietary algorithms obscuring the logics of decision-making (Leicht-Deobald *et al.*, 2019). While explainable AI (Floridi *et al.*, 2018) offers a conceptual pathway, the literature suggests adoption is sporadic, with efficiency often outweighing accountability in organisational priorities. This opacity erodes employee trust and raises profound governance dilemmas.

Finally, data privacy is a recurrent flashpoint. AI-enabled HRM depends on granular employee data, from keystroke monitoring to biometric profiling (Wright and Kreissl, 2014). GDPR establishes a regulatory baseline, yet consent is frequently procedural rather than substantive (Mhlanga, 2023). The literature calls for a shift from compliance-driven approaches to rights-based frameworks that centre dignity and autonomy.

Together, these ethical tensions illuminate a paradox: the very technologies intended to streamline and rationalise HR functions risk generating distrust and ethical backlash. As such, AI adoption without robust governance is not only operationally risky but also socially unsustainable.

3. Pedagogical Implications: Preparing for AI-Infused Futures

Perhaps the most underdeveloped but urgent domain concerns the pedagogical readiness of HRM education. Bondarouk and Brewster (2016) note that HR curricula remain anchored in traditional personnel management, leaving graduates underprepared for the digital realities of contemporary workplaces.

Keevy and Chakane (2021) emphasise the need for embedding future-ready competencies such as digital literacy, systems thinking, and ethical reasoning. These are essential not only for using AI effectively but also for shaping its responsible deployment. Yet the literature shows little empirical evidence of business schools actively reforming curricula. Most contributions remain aspirational, with scant documentation of best practice or student outcomes.

At a deeper level, AI adoption unsettles the epistemological foundations of HRM. As predictive analytics displace experiential judgement, the nature of HR expertise itself comes into question (Susskind and Susskind, 2015). Jarrahi (2018) suggests reframing this not as replacement but as symbiosis, where human agency and algorithmic systems co-construct decisions. Such reframing requires a critical digital pedagogy that interrogates the socio-technical assemblages of AI, rather than treating it as a neutral tool.

The silence of empirical research on pedagogical reform is itself telling. Without curricular innovation, HRM education risks producing professionals who uncritically adopt AI logics, thereby reinforcing rather than challenging their ethical shortcomings.

Synthesis of Themes

The findings across these domains reveal a landscape marked by both promise and peril. Strategic integration highlights AI's ability to streamline HR functions but also its propensity to reinforce inequities. Ethical and governance debates underscore the precariousness of trust in AI-mediated decisions. Pedagogical gaps point to the risk of a future workforce unprepared to critically engage with AI.

In sum, AI in HRM is not merely a technical issue but a socio-technical transformation that demands reflexivity, governance, and educational reimagination. The reviewed literature suggests that unless these three domains are addressed in tandem, AI adoption risks becoming a technocratic exercise that undermines, rather than enhances, the human essence of HRM.

DISCUSSION

The reviewed literature paints a complex and sometimes contradictory picture of AI in human resource management (HRM). On one hand, AI is celebrated for its strategic potential: streamlining recruitment, personalising learning, and generating predictive insights into performance. On the other, it is critiqued as a vector of bias, opacity, and surveillance that threatens the very principles of fairness and trust upon which HRM is built. The discussion below situates the findings within wider scholarly debates, highlighting points of alignment, divergence, and unresolved tension.

Strategic Optimism and Fragile Realities

Strategic narratives in the literature often portray AI as a transformative enabler of efficiency. Chamorro-Premuzic *et al.* (2016) and Meijerink *et al.* (2021) illustrate how recruitment and performance management systems can enhance decision-making by processing data at scales unattainable for human practitioners. Similarly, Garavan *et al.* (2019) highlight the promise of adaptive learning technologies to cultivate continuous professional development.

Yet this optimism is fragile. Studies such as Raghavan *et al.* (2020) demonstrate that algorithmic recruitment can reproduce discrimination embedded in historical data. Brougham and Haar (2018) warn that predictive monitoring risks cultivating cultures of surveillance rather than empowerment. Cascio and Montealegre (2016) argue that unless aligned with workplace learning cultures, AI-enabled learning becomes cosmetic. Thus, while AI can provide operational benefits, its strategic value is conditional on human oversight, cultural alignment, and governance structures. Without these, efficiency gains may conceal deeper inequities or produce unintended harm.

Ethical Tensions and the Precariousness of Trust

The ethical discourse is perhaps the most unsettled. The findings align with Mittelstadt *et al.* (2016) and Binns (2018), who foreground concerns of bias, accountability, and fairness. Algorithmic opacity remains a central challenge: as Leicht-Deobald *et al.* (2019) observe, HR professionals often lack the literacy to interrogate black-box systems, undermining transparency. Floridi *et al.* (2018) call for explainable AI, but the literature shows adoption remains inconsistent.

This tension points to the precariousness of trust. Employees are unlikely to embrace systems they cannot understand or challenge. Furthermore, the literature reveals a mismatch between regulatory frameworks such as GDPR and everyday organisational practice. Mhlanga (2023) shows how employee consent is often nominal, raising questions about the substantive protection of dignity and autonomy. These findings echo Eubanks (2018), who situates algorithmic harm not as a glitch but as a reproduction of structural inequality.

Thus, ethical debates move beyond compliance into the terrain of organisational culture and political economy. Responsible AI in HRM is not achieved by technical adjustments alone, but through embedding reflexivity, accountability, and rights-based approaches into institutional practice.

Pedagogical Lag and Epistemological Disruption

Perhaps the starkest gap lies in HRM education. Bondarouk and Brewster (2016) note that curricula remain tied to legacy models, inadequately equipping students for digital realities. Keevy and Chakane (2021) argue that digital literacy, systems thinking, and ethical reasoning are essential future-ready skills, yet empirical evidence of curriculum reform is scarce.

This pedagogical lag carries significant consequences. As predictive systems increasingly mediate HR decisions, the nature of HR expertise itself is shifting. Susskind and Susskind (2015) warn of the erosion of professional judgement, while Jarrahi (2018) reframes AI not as replacement but as symbiosis, demanding a new kind of professional reflexivity. Without curricular reform, graduates risk becoming passive adopters of AI logics rather than critical shapers of its role in organisations.

The epistemological disruption is particularly striking. If AI systems privilege quantifiable metrics, then tacit knowledge, relational skills, and experiential judgement risk marginalisation. This challenges the very identity of HRM as a discipline concerned with the "human" dimensions of work. A critical digital pedagogy, capable of interrogating these socio-technical assemblages, is urgently needed.

Intersections and Implications

When considered together, the findings illustrate that strategic, ethical, and pedagogical dimensions are not separate silos but mutually reinforcing. Strategic adoption without ethical safeguards risks entrenching inequity. Ethical debates without pedagogical reform remain abstract, failing to prepare future professionals for real-world dilemmas. Pedagogical innovation without strategic grounding risks irrelevance.

This synthesis underscores the need for a holistic framework for AI in HRM that integrates efficiency with equity, governance with trust, and education with reflexivity. Such a framework requires collaboration between practitioners, policymakers, and educators. It also demands empirical inquiry that goes beyond conceptual debate, capturing the lived experiences of HR professionals and students navigating AI-mediated environments.

Towards a Reflexive Future

The discussion ultimately points towards reflexivity as a guiding principle. AI in HRM cannot be treated as a neutral technology. Its deployment is shaped by social, cultural, and political forces, and in turn reshapes professional identities and organisational cultures. To navigate this, HR professionals must be positioned not only as users of AI tools but as critical interpreters and ethical

stewards. Educators, meanwhile, must reimagine curricula to cultivate these reflexive capacities, ensuring that graduates can engage with AI critically rather than uncritically reproducing its logics.

CONCLUSION

This review has explored the strategic, ethical, and pedagogical implications of artificial intelligence (AI) in human resource management (HRM). While AI offers clear benefits in recruitment, performance management, and learning and development, these advantages are closely tied to challenges around fairness, transparency, and organisational trust. The literature shows that efficiency gains can easily be undermined by algorithmic bias, surveillance practices, and the absence of strong governance frameworks.

Ethical concerns remain central, with many studies warning that current practices prioritise speed and optimisation over accountability and employee rights. Without explicit safeguards, AI risks amplifying existing inequalities rather than addressing them.

The review also reveals a significant pedagogical gap. HRM curricula remain slow to adapt, often neglecting the digital and ethical competencies required for AI-infused workplaces. This inertia threatens to produce graduates unprepared for the realities of AI-mediated decision-making.

In sum, responsible AI adoption requires more than technical integration. It demands ethical reflexivity, inclusive governance, and curriculum reform to ensure that AI strengthens, rather than erodes, human-centred HRM practice.

REFERENCES

Arowosegbe, A., Jain, K. & Raghuram, V., 2024. Perception of generative AI use in UK higher education. *Frontiers in Education*, 9, p.1463208.

Baig, M.I. & Yadegaridehkordi, E., 2024. ChatGPT in higher education: A systematic literature review and research challenges. *International Journal of Educational Research*, 127, p.102411.

Binns, R., 2018. Fairness in machine learning: Lessons from political philosophy. *Proceedings of the 2018 Conference on Fairness, Accountability and Transparency*, pp.149–159.

Bondarouk, T. & Brewster, C., 2016. Conceptualising the future of HRM and technology research. *The International Journal of Human Resource Management*, 27(21), pp.2652–2671.

Braun, V. & Clarke, V., 2006. Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), pp.77–101.

Brougham, D. & Haar, J., 2018. Smart technology, artificial intelligence, and the future of work: A review and research agenda. *Journal of Business Research*, 97, pp.13–25.

Cambra-Fierro, J.J., Blasco, M.F., López-Pérez, M.E.E. & Trifu, A., 2025. ChatGPT adoption and its influence on faculty well-being: An empirical research in higher education. *Education and Information Technologies*, 30(2), pp.1517-1538.

Cascio, W.F. & Montealegre, R., 2016. How technology is changing work and organizations. *Annual Review of Organizational Psychology and Organizational Behavior*, 3(1), pp.349–375.

Chamorro-Premuzic, T., Winsborough, D., Sherman, R.A. & Hogan, R., 2016. New talent signals: Shiny new objects or a brave new world? *Industrial and Organizational Psychology*, 9(3), pp.621–640.

Davenport, T.H., Guha, A., Grewal, D. & Bressgott, T., 2020. How artificial intelligence will change the future of marketing. *Journal of the Academy of Marketing Science*, 48(1), pp.24–42.

Eubanks, V., 2018. *Automating Inequality: How High-Tech Tools Profile, Police, and Punish the Poor*. New York: St. Martin's Press.

Floridi, L., Cowls, J., Beltrametti, M., Chatila, R., Chazerand, P., Dignum, V., Luetge, C., Pagallo, U., Rossi, F., Schafer, B., Valcke, P. & Vayena, E., 2018. AI4People: An ethical framework for a good AI society. *Minds and Machines*, 28(4), pp.689-707.

Garavan, T.N., McCarthy, A., Sheehan, M., Lai, Y., Saunders, M.N.K., Clarke, N., Carbery, R. & Shanahan, V., 2019. Measuring the organizational impact of training: The need for greater methodological rigor. *Human Resource Development Quarterly*, 30(3), pp.291-309.

Grant, M.J. & Booth, A., 2009. A typology of reviews: An analysis of 14 review types and associated methodologies. *Health Information & Libraries Journal*, 26(2), pp.91-108.

Hasanein, A.M. & Sobaih, A.E.E., 2023. Drivers and consequences of ChatGPT use in higher education: Key stakeholder perspectives. *European Journal of Investigation in Health, Psychology and Education*, 13(11), pp.2599-2614.

Jarrahi, M.H., 2018. Artificial intelligence and the future of work: Human–AI symbiosis in organizational decision making. *Business Horizons*, 61(4), pp.577-586.

Keevy, J. & Chakane, M., 2021. Future-ready graduates: Reimagining higher education curricula for the Fourth Industrial Revolution. *South African Journal of Higher Education*, 35(4), pp.1-15.

Leicht-Deobald, U., Busch, T., Schank, C., Weibel, A., Scherer, A.G. & Wildhaber, I., 2019. The challenges of algorithm-based HR decision-making for personal integrity. *Journal of Business Ethics*, 160(2), pp.377-392.

Lindsay, E.D., Zheng, Y. & Taylor, R., 2023. The responsible development of automated student feedback with generative AI. *arXiv* preprint (note: not peer-reviewed).

Liu, Y., Wang, Q. & Lei, J., 2025. Adopting Generative AI in Future Classrooms: A Study of Preservice Teachers' Intentions and Influencing Factors. *Behavioural Sciences*, 15(8), p.1040.

Meijerink, J., Boons, M., Keegan, A. & Marler, J., 2021. Algorithmic human resource management: Synthesising developments and cross-disciplinary insights on digital HRM. *The International Journal of Human Resource Management*, 32(12), pp.2545-2562.

Mhlanga, D., 2023. Ethical issues in the use of artificial intelligence in human resource management: A review. *AI & Society*, 38, pp.123-138.

Mittelstadt, B.D., Allo, P., Taddeo, M., Wachter, S. & Floridi, L., 2016. The ethics of algorithms: Mapping the debate. *Big Data & Society*, 3(2), pp.1-21.

Perkins, M., Furze, L., Roe, J. & MacVaugh, J., 2024. The AI Assessment Scale: Supporting ethical integration of generative AI in assessment.

Roe, J., Perkins, M. & Ruelle, M., 2024. Faculty perceptions of generative AI in teaching and assessment: Insights from Southeast Asia.

Raghavan, M., Barocas, S., Kleinberg, J. & Levy, K., 2020. Mitigating bias in algorithmic hiring: Evaluating claims and practices. *Proceedings of the 2020 Conference on Fairness, Accountability and Transparency*, pp.469-481.

Susskind, R. & Susskind, D., 2015. *The Future of the Professions: How Technology Will Transform the Work of Human Experts*. Oxford: Oxford University Press.

Suri, H., 2011. Purposeful sampling in qualitative research synthesis. *Qualitative Research Journal*, 11(2), pp.63-75.

Tambe, P., Cappelli, P. & Yakubovich, V., 2019. Artificial intelligence in human resources management: Challenges and a path forward. *California Management Review*, 61(4), pp.15-42.

Exploring the Relationship between Ethical Leadership and Job Satisfaction among Healthcare Staff: A Systematic Review

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ABSTRACT

Ethical leadership is increasingly recognised as a key factor in improving workplace outcomes in healthcare, particularly job satisfaction among staff. This systematic review explored the relationship between ethical leadership and job satisfaction, and the factors influencing this link. Four databases (ScienceDirect, PubMed, BPP Online Library, and Google Scholar) were searched for studies published between 2017 and 2024, screened using PRISMA guidelines, and appraised with the CASP tool. Ten peer-reviewed articles met the inclusion criteria.

Across studies, ethical leadership was consistently associated with higher job satisfaction, with mediating effects identified for work and family conflict, corporate social responsibility, and ethical climate. Broader benefits included improved well-being, reduced turnover intentions, and fewer counterproductive behaviours. However, the predominance of cross-sectional designs and reliance on convenience sampling limited causal conclusions.

Practical implications highlight the importance of embedding ethical leadership into healthcare training, fostering fairness and transparency, and promoting people-oriented management practices. Ethical leadership enhances morale, retention, and organisational culture, with potential benefits for patient care.

Keywords: Ethical leadership, Job satisfaction, Healthcare staff, Leadership, Systematic review

INTRODUCTION

Effective leadership is essential for the success of healthcare organisations. Leadership involves influencing and motivating individuals to achieve shared goals (Ahmed, 2018). Ethical leadership refers to principles and behaviours demonstrated by leaders who act with integrity and fairness, and who set high moral standards for themselves and their teams (Brown, Treviño, & Harrison, 2005). Ethical leaders carry forward the mission, vision, and values of their organisations while aligning these with the needs of employees and external stakeholders (Bello, 2012).

Research shows that ethical leadership creates trust and fosters a culture of respect, thereby increasing job satisfaction (Ahmad, Donia, & Shahzad, 2019). In healthcare, where staff face high levels of responsibility and moral decision-making, ethical leadership becomes particularly relevant. This review explores how ethical leadership influences job satisfaction among healthcare staff, and identifies the factors that mediate or shape this relationship.

Ethics in healthcare has historically focused on the relationship between practitioners and patients. However, modern healthcare systems require ethical conduct at all levels, including administrators, managers, clinicians, and policymakers (Ho & Pinney, 2016). The introduction of market-driven objectives such as cost-effectiveness and efficiency has created new ethical challenges for healthcare leaders (Makaroff, Storch, Pauly, & Newton, 2014).

Contemporary leadership theories emphasise the importance of moral principles in guiding behaviour (Nawaz, Aihua, & Khan, 2022). An organisation's long-term success depends on its ability to operate within ethical and legal boundaries while safeguarding the well-being of staff and patients (Ghasempour Ganji, Rahimnia, Ahanchian, & Syed, 2021). Increased awareness of issues such as fairness, justice, transparency, and accountability has led to greater interest in ethical leadership (Dion, 2019).

Job satisfaction, defined as a positive emotional state resulting from one's work experience (Ahmad & Umrani, 2019), is closely linked to motivation, commitment, and performance (Paais & Pattiruhu, 2020). Theories such as social exchange, social learning, and transformational leadership highlight how ethical leadership fosters trust, empowerment, and purpose, which in turn strengthen staff satisfaction (Demirtas & Akdogan, 2015; Kalshoven, Den Hartog, & De Hoogh, 2011).

This systematic review investigates the association between ethical leadership and job satisfaction among healthcare staff. It synthesises evidence, identifies mediating factors, and considers the broader implications for workforce well-being and organisational performance.

METHODS

This study adopted a systematic review design, which is regarded as a robust method for identifying, evaluating, and synthesising existing evidence on a given topic. The review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 guidelines (Page *et al.*, 2021).

Search Strategy

A comprehensive search was undertaken across four major databases: PubMed, ScienceDirect, BPP Online Library, and Google Scholar. Additional manual searches of relevant journals and reference lists of included studies were also performed. The search was restricted to studies published between 2017 and 2024 to capture the most recent evidence on ethical leadership and job satisfaction among healthcare staff. Keywords and Boolean operators were applied in varying combinations, including "ethical leadership," "job satisfaction," "healthcare staff," "nurses," "physicians," and "healthcare organisations."

Eligibility Criteria

Eligibility was defined using inclusion and exclusion criteria to ensure rigour and focus. These criteria are summarised in **Table 1**.

Table 1. Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
Published between 2017–2024	Published before 2017
Focused on ethical leadership	Other leadership styles
Examined job satisfaction among healthcare staff	Outcomes other than job satisfaction
Conducted in healthcare settings	Conducted outside healthcare
English language	Non-English
Qualitative, quantitative, or mixed methods	Case studies, meta-analyses, review papers

Study Selection Process

All identified records were imported into a reference manager, and duplicates were removed. Titles and abstracts were screened by the reviewer against the eligibility criteria. Full-text articles were then retrieved for studies meeting the inclusion thresholds or where eligibility was unclear at the abstract stage.

Quality Appraisal

The quality of the included studies was assessed using the Critical Appraisal Skills Programme (CASP) checklists for cross-sectional and survey-based designs (CASP, 2024). This appraisal ensured methodological rigour and provided transparency in the evaluation of evidence quality.

Data Extraction and Synthesis

Data from the included studies were extracted into a structured template, capturing study aims, research design, setting, sample size, measurement tools, key findings, and implications. A narrative synthesis approach was adopted to integrate findings across diverse methodological approaches. Emerging themes were then organised into categories reflecting the relationship between ethical leadership and job satisfaction, mediating and moderating variables, and broader organisational outcomes.

RESULTS

Study Selection

The search strategy identified 154 records across four databases. After removal of 24 duplicates, 130 records remained for screening by title and abstract. Eighty-two records were excluded for not meeting the eligibility criteria. Forty-eight full-text reports were retrieved, of which three could not be obtained. The remaining 45 reports were screened in detail, and 35 were excluded due to irrelevance (n = 10), inappropriate setting (n = 15), wrong population (n = 6), or language limitations (n = 4). Ten studies ultimately met the inclusion criteria and were incorporated into this systematic review. The study selection process is presented in the PRISMA 2020 flow diagram (Figure 1) (Page *et al.*, 2021).

Study Characteristics

The ten included studies were published between 2019 and 2024 and conducted in Portugal, Iran, Pakistan, South Korea, Indonesia, and Austria. All employed quantitative cross-sectional designs, primarily using structured surveys and validated scales such as the Ethical Leadership Scale (ELS), Job Satisfaction Survey (JSS), and the Minnesota Satisfaction Questionnaire (MSQ). Sample sizes ranged from 110 to 458 participants, encompassing nurses, physicians, and other healthcare professionals working in both public and private hospitals. Analytical approaches included correlation tests, regression modelling, confirmatory factor analysis, structural equation modelling (SEM), and moderated mediation models. A detailed overview of the characteristics, methods, and findings of the included studies is provided in Table 2.

Mediators and Moderators

The review also identified several variables that mediated or moderated the relationship between ethical leadership and job satisfaction. Work–family conflict, hindrance stress, corporate social

responsibility, ethical climate, and work–life balance all functioned as mediators, while job stress weakened the relationship between leadership and satisfaction. Some studies identified turnover intention and counterproductive work behaviours as outcomes influenced indirectly via job satisfaction.

These mechanisms are summarised in Table 3.

Synthesis of Findings

Across all studies, ethical leadership was found to be positively and significantly associated with job satisfaction. Reported explained variance ranged between 39 per cent and 64 per cent. While the direct relationship was consistently strong, mediating and moderating factors highlighted in Tables 2 and 3 provide important insight into how and under what conditions ethical leadership influences staff outcomes.

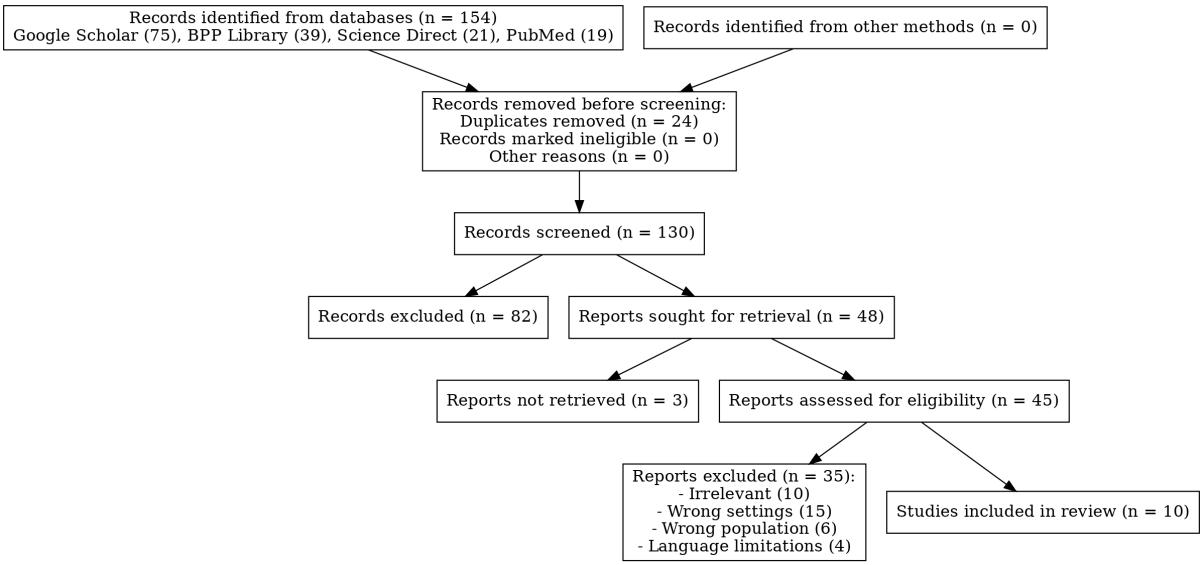

Figure 1: PRISMA 2020 flow diagram illustrating the process of study identification, screening, eligibility assessment, and inclusion in the systematic review.

Table 2: Characteristics of Included Studies

Author(s), Year	Country	Sample (n)	Setting	Measures	Key Findings
Freire & Bettencourt, 2020	Portugal	79.4% response, nurses	Public hospital units	ELS, JSS	Ethical leadership explained 39% of job satisfaction variance; reduced work–family conflict.
Kaffashpoor & Sadeghian, 2020	Iran	166 nurses	Four private hospitals	SEM, standard questionnaire	Positive effect of ethical leadership on well-being, mediated by job satisfaction.
Özden *et al.*, 2019	Turkey	285 nurses	ICUs, surgical & internal medicine units	ELS, MSQ	Ethical climate and leadership weak but significant predictors of satisfaction.
Ullah *et al.*, 2024	Pakistan	262 physicians	Public hospitals (KPK)	ELS, job satisfaction scale, SEM	Ethical leadership explained 64% of job satisfaction variance; CSR key mediator.
Jang & Oh, 2019	South Korea	272 nurses	4 general hospitals	K-ELW, MSQ	Ethical climate explained 44.4% of job satisfaction variance.
Freire & Bettencourt, 2022	Portugal	224 nurses	Mixed hospitals	Moderated-mediation model	Ethical leadership mitigated negative effects of stress/conflict on job satisfaction.
Dewanata, 2024	Indonesia	121 nurses	Pandan Arang Hospital	ELS, job satisfaction indicators	Job satisfaction mediated link between leadership and counterproductive behaviours.
Udin *et al.*, 2023	Indonesia	110 professionals	Private hospital	ELS, job satisfaction scale, SEM	Work–life balance strengthened effects; job stress weakened them.
Franczukowska *et al.*, 2021	Austria	458 staff (nurses, doctors, others)	Public & private organisations	ELS, job satisfaction scale	Ethical leadership positively correlated with satisfaction; no moderation by emotional stability.
Adithya & Artha, 2023	Indonesia	149 nurses	Private hospitals	Likert scale, path analysis	Job satisfaction mediated the relationship between stress, leadership, and turnover intention.

Table 3: Mediators and Moderators Identified in the Included Studies

Study	Mediators	Moderators	Key Insight
Freire & Bettencourt, 2020	Work–family conflict	–	Ethical leadership reduced work–family conflict, improving satisfaction.
Kaffashpoor & Sadeghian, 2020	Job satisfaction (mediating effect on well-being)	–	Job satisfaction mediated the link between ethical leadership and staff well-being.
Özden *et al.*, 2019	Ethical climate	Demographics (gender, education, workplace)	Perceptions of ethical climate shaped satisfaction outcomes.
Ullah *et al.*, 2024	Corporate Social Responsibility (CSR)	–	CSR strengthened the relationship between ethical leadership and satisfaction.
Jang & Oh, 2019	Ethical climate	–	Ethical climate explained 44.4% of variance in job satisfaction.
Freire & Bettencourt, 2022	Hindrance stress, work–family conflict	–	Ethical leadership mitigated negative stress/conflict effects on satisfaction.
Dewanata, 2024	Job satisfaction (between leadership and counterproductive behaviours)	–	Job satisfaction mediated link between leadership and reduced counterproductive behaviours.
Udin *et al.*, 2023	Work–life conflict	Work–life balance (+), job stress (–)	Work–life balance enhanced, while stress weakened leadership's effect on satisfaction.
Franczukowska *et al.*, 2021	–	Emotional stability, frustration tolerance (no effect)	No moderating effect of emotional traits found.
Adithya & Artha, 2023	Job satisfaction (between leadership, stress, turnover)	–	Job satisfaction reduced turnover intention by mediating ethical leadership and stress.

Narrative Summary

This table highlights that ethical leadership operates through multiple mediating mechanisms such as work–family conflict, stress, CSR, job satisfaction itself, and ethical climate. Moderating influences were less consistent: while work–life balance enhanced the positive effects, job stress weakened them, and personal traits (e.g., emotional stability) showed little impact. Together, these findings suggest that ethical leadership not only exerts a direct effect on job satisfaction but also works indirectly by shaping organisational environments and personal experiences.

DISCUSSION

This systematic review synthesised evidence from ten studies investigating the association between ethical leadership and job satisfaction in healthcare settings. Despite variations in setting, population, and methodology, all included studies demonstrated that ethical leadership is positively related to staff satisfaction, with explained variance ranging from 39 per cent to 64 per cent.

Interpretation of Findings

The evidence indicates that ethical leadership acts as both a direct determinant of job satisfaction and an indirect driver through its influence on mediating factors. As summarised in **Table 3**, ethical leadership was found to reduce work–family conflict and hindrance stress, promote corporate social responsibility, and foster supportive ethical climates. These mechanisms ultimately contributed to greater job satisfaction, reduced counterproductive behaviours, and lower turnover intention.

The findings also revealed moderating influences. Work–life balance strengthened the positive association between leadership and satisfaction, whereas job stress weakened it. Importantly, job satisfaction itself served as a mediator in several models, underscoring its role as a crucial pathway linking leadership practices with broader organisational outcomes.

These results align with the wider literature on ethical leadership, which has consistently associated such leadership behaviours with trust, engagement, and reduced burnout across professional contexts (Brown and Treviño, 2006; Hoch *et al.*, 2018). In healthcare, these associations take on heightened significance, as staff satisfaction is closely linked to quality of care, patient safety, and workforce retention. By promoting fairness, transparency, and moral integrity, ethical leaders help create environments where staff feel valued and supported, thereby enhancing organisational resilience.

The integration of mediating and moderating variables, particularly those captured in **Table 3**, represents an important contribution of this review. Variables such as corporate social responsibility and ethical climate highlight the interplay between leadership behaviours and broader organisational systems. This suggests that ethical leadership cannot be understood as an isolated attribute of individual leaders but must be viewed as embedded within institutional structures and cultures.

Strengths and Limitations

A strength of this review lies in its systematic design, adherence to PRISMA 2020 guidelines, and the use of the CASP appraisal tool to ensure methodological quality. The inclusion of diverse settings adds breadth and provides a degree of cross-cultural validity.

However, several limitations warrant attention. All studies employed cross-sectional survey designs, restricting the ability to infer causality. Convenience sampling was the predominant approach, which limits representativeness. The geographical scope was uneven, with an absence of studies from Africa, North America, and Latin America. Restriction to English-language publications may also have introduced bias.

Implications for Practice

The consistent positive association between ethical leadership and job satisfaction has important practical implications. Leadership development programmes should embed ethical competencies, and organisational policies should encourage corporate social responsibility and cultivate ethical climates. As Table 3 illustrates, supporting work–life balance and reducing occupational stress are essential for maximising the benefits of ethical leadership. Recruitment and promotion processes should incorporate ethical competencies as a key selection criterion.

Implementing these measures has the potential to improve staff well-being, reduce turnover, and enhance patient outcomes.

Implications for Research

Future research should address the limitations of the current evidence base by employing longitudinal and experimental designs to establish causal relationships. Mixed-methods approaches could enrich understanding of how ethical leadership is enacted and experienced in everyday practice. Underrepresented regions, particularly Africa and North America, should be prioritised in future studies to enhance generalisability.

Additional exploration of mediating and moderating mechanisms is also warranted. Psychological safety, resilience, and moral injury remain underexplored and may provide deeper insights into how ethical leadership influences staff outcomes. Multi-level analyses that examine the interaction between individual, team, and organisational factors would also add valuable nuance.

CONCLUSION

This review demonstrates that ethical leadership is a consistent and important predictor of job satisfaction among healthcare staff. As summarised in Tables 2 and 3, its impact is both direct and indirect, shaped by mediating and moderating influences including stress, work–life balance, ethical climate, and corporate social responsibility. While methodological limitations constrain causal interpretation, the consistency of the evidence underscores the importance of embedding ethical leadership into healthcare leadership development and organisational culture as a strategy for enhancing workforce satisfaction and performance.

REFERENCES

Ahmad, A., Donia, M.B.L. and Shahzad, K., 2019. Impact of ethical leadership on workplace behaviours: A study of nurses in Pakistan. *Journal of Nursing Management*, 27(5), pp.1177–1185.

Ahmad, I. and Umrani, W.A., 2019. The impact of ethical leadership style on job satisfaction: Mediating role of work–life balance and moderating role of employee motivation. *International Journal of Management and Sustainability*, 8(2), pp.94–105.

Ahmed, I., 2018. Leadership and organisational success: A conceptual analysis. *International Journal of Business and Management*, 13(7), pp.1–9.

Adithya, P. and Artha, I.M.S., 2023. How job satisfaction mediates the effect of job stress and ethical leadership on turnover intention. *International Journal of Social Science Research and Review*, 6(1), pp.321–331.

Bello, S.M., 2012. Impact of ethical leadership on employee job performance. *International Journal of Business and Social Science*, 3(11), pp.228–236.

Brown, M.E., Treviño, L.K. and Harrison, D.A., 2005. Ethical leadership: A social learning perspective for construct development and testing. *Organizational Behavior and Human Decision Processes*, 97(2), pp.117–134.

Brown, M.E. and Treviño, L.K., 2006. Ethical leadership: A review and future directions. *The Leadership Quarterly*, 17(6), pp.595–616.

Critical Appraisal Skills Programme (CASP), 2024. *CASP Checklists*. [online] CASP UK. Available at: https://casp-uk.net/casp-tools-checklists/ [Accessed 14 September 2025].

Demirtas, O. and Akdogan, A.A., 2015. The effect of ethical leadership behaviour on ethical climate, turnover intention, and affective commitment. *Journal of Business Ethics*, 130(1), pp.59–67.

Dewanata, D., 2024. Ethical leadership and counterproductive work behaviour: The mediating role of job satisfaction. *Indonesian Journal of Nursing Research*, 11(2), pp.45–55.

Dion, M., 2019. The ethical leader: An overview. *Journal of Business Ethics*, 155(4), pp.909–924.

Franczukowska, A., Krczal, E., Knapp, R. and Baumgartner, A., 2021. Examining ethical leadership in health care organisations and its impacts on employee work attitudes: An empirical analysis from Austria. *Journal of Health Organization and Management*, 35(8), pp.892–909.

Freire, C. and Bettencourt, C., 2020. Impact of ethical leadership on job satisfaction: The mediating effect of work–family conflict. *Nursing Ethics*, 27(2), pp.471–483.

Freire, C. and Bettencourt, C., 2022. The effect of work–family conflict and hindrance stress on nurses' satisfaction: The role of ethical leadership. *Journal of Nursing Management*, 30(3), pp.672–680.

Ghasempour Ganji, S.F., Rahimnia, F., Ahanchian, M.R. and Syed, J., 2021. Ethical leadership, trust, and creativity in healthcare organisations. *Journal of Business Research*, 134, pp.492–501.

Hoch, J.E., Bommer, W.H., Dulebohn, J.H. and Wu, D., 2018. Do ethical, authentic, and servant leadership explain variance above and beyond transformational leadership? A meta-analysis. *Journal of Management*, 44(2), pp.501–529.

Ho, A. and Pinney, S.J., 2016. Ethical leadership in the healthcare setting. *BMJ Leader*, 0, pp.1–4.

Jang, I. and Oh, D., 2019. Impact of ethical factors on job satisfaction among Korean nurses. *Journal of Nursing Management*, 27(5), pp.1085–1093.

Kalshoven, K., Den Hartog, D.N. and De Hoogh, A.H.B., 2011. Ethical leadership at work questionnaire (ELW): Development and validation of a multidimensional measure. *The Leadership Quarterly*, 22(1), pp.51–69.

Kaffashpoor, A. and Sadeghian, M., 2020. The effect of ethical leadership on subjective well-being, given the moderator job satisfaction. *BMC Nursing*, 19(1), p.117.

Makaroff, K.S., Storch, J.L., Pauly, B. and Newton, L., 2014. Searching for ethical leadership in nursing. *Nursing Ethics*, 21(6), pp.642–658.

Nawaz, M., Aihua, L. and Khan, I., 2022. Ethical leadership and its role in promoting organisational sustainability: Evidence from healthcare. *Frontiers in Psychology*, 13, 896547.

Özden, D., Arslan, G.G., Ertuğrul, B. and Karakaya, T., 2019. The effect of nurses' ethical leadership and ethical climate perceptions on job satisfaction. *Nursing Ethics*, 26(5), pp.1486–1498.

Page, M.J., McKenzie, J.E., Bossuyt, P.M., Boutron, I., Hoffmann, T.C., Mulrow, C.D., Shamseer, L., Tetzlaff, J.M., Akl, E.A., Brennan, S.E., Chou, R., Glanville, J., Grimshaw, J.M., Hróbjartsson, A., Lalu, M.M., Li, T., Loder, E.W., Mayo-Wilson, E., McDonald, S., McGuinness, L.A., Stewart, L.A., Thomas, J., Tricco, A.C., Welch, V.A., Whiting, P. and Moher, D., 2021. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ*, 372, n71.

Paais, M. and Pattiruhu, J.R., 2020. Effect of motivation, leadership, and organisational culture on satisfaction and employee performance. *Journal of Asian Finance, Economics and Business*, 7(8), pp.577–588.

Udin, U., Nurfitri, E. and Shaikh, A.A., 2023. Ethical leadership and job satisfaction: Extending the dual mediation mechanism. *Cogent Business & Management*, 10(1), 2203674.

Ullah, Z., Khan, A., Rehman, M. and Ali, M., 2024. Mediating role of corporate social responsibility between ethical leadership and job satisfaction. *Pakistan Journal of Medical Sciences*, 40(2), pp.215–222.

Exploring Intersectional Inequalities in Youth Mental Health in the UK: A Qualitative Study of Lived Experiences Across Social Locations

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ABSTRACT

Youth mental health in the United Kingdom has worsened markedly over the past decade, with sharp increases in anxiety, depression, self-harm, and suicide ideation, particularly following the COVID-19 pandemic. Evidence consistently shows that these challenges are not evenly distributed. Young people from marginalised groups, including those defined by ethnicity, class, gender, disability, or sexuality, face disproportionate risks shaped by structural disadvantage and systemic discrimination. Yet much research and policy continue to analyse these factors separately, overlooking how they intersect to produce distinct vulnerabilities.

This review synthesised UK-based qualitative studies published between 2013 and 2023 that examined youth mental health through the lens of social identities and inequalities. Searches were conducted across Scopus, Web of Science, PsycINFO, and Google Scholar. Ten studies met inclusion criteria and were integrated using a thematic synthesis approach.

Five themes emerged: compounding mental health impacts across intersecting identities; systemic barriers in healthcare and education; coping strategies and sources of resilience; critiques of existing policy and practice frameworks; and young people's calls for change. Findings highlight that institutional neglect and "chains of dismissal" exacerbate psychological distress, while resilience is sustained through peer networks, cultural identity, and activism. However, coping strategies alone cannot substitute for structural reform.

The review concludes that embedding intersectionality in mental health research, policy, and practice is essential. Services must move beyond individualised, medicalised models to culturally responsive, youth-led, and structurally informed approaches. Without such change, the inequities shaping young people's mental health will persist.

Keywords: youth mental health, intersectionality, inequality, qualitative synthesis, United Kingdom

INTRODUCTION

Youth mental health has become a major public health concern in the UK. Recent epidemiological data paint a stark picture: surveys (Bawden, 2025; McDermott *et al.*, 2024) indicate about one in four young people aged 16–24 have a probable mental disorder. Rates have spiked in the past decade. For example, the proportion of 16–24-year-olds with a disorder increased from 18.9% in 2014 to 25.8% by 2024. Suicide-related outcomes are alarmingly high: over 30% of 16–24-year-olds have had suicidal thoughts, and nearly a fifth attempted suicide in the past year. Young women are disproportionately affected, with 36.1% reporting a disorder compared with 16.3% of men (Bawden, 2025). Among youth aged 17–25, the prevalence of any mental health problem now exceeds 20% (NHS Digital, 2023), with females having double the rate of males. These data, corroborated by national surveys and reports, confirm a growing mental health crisis among UK children and adolescents.

These problems are not evenly distributed. The poorest and marginalised youth bear the greatest burden. Children in the lowest income quintile are many times more likely to report serious mental health issues than those in affluent families (Mental Health Foundation, 2023). The Mental Health Foundation notes that living in the bottom 20% income bracket is associated with two to three times higher odds of developing mental health problems (Tinner and Alonso Curbelo, 2024). In line with this, NHS data show young people with probable disorders are three times more likely to be unable to afford social activities (Sarr, 2023). Socioeconomic disadvantage therefore strongly compounds risk.

Racial and ethnic minorities also face disparities. Evidence from the UK (McDermott *et al.*, 2024) indicates that ethnic minority youth have elevated rates of mental health difficulties compared with White peers. Similarly, LGBTQ+ young people suffer disproportionately. A UK survey (Mental Health Foundation, 2023a) found that half of LGBTQ+ young people experienced depression and three in five had anxiety, with about one in eight LGBTQ+ 18–24-year-olds reporting suicide attempts. Another UK study of over 9,600 LGBTQ+ youth found 70% reported anxiety symptoms and 58% had seriously considered suicide in the past year. Disabled youth also face overlapping challenges, with learners with disabilities experiencing four to five times higher rates of mental illness (Sarr, 2023). In short, multiple social factors including class, race or ethnicity, sexuality, disability, gender and age intersect to worsen youth mental health.

However, research and policy often examine these identity factors in isolation. Traditional studies tend to analyse single-axis disparities, for instance looking only at race or only at gender, rather than the lived reality of youths who occupy multiple marginalised positions at once. For example, poverty and ethnicity are usually treated as separate risk factors (Kern *et al.*, 2020). Kimberlé Crenshaw's seminal concept of intersectionality provides a critical alternative lens. Intersectionality (Crenshaw, 1989) emphasises that individuals' social identities such as race, gender and class are inseparable and interact to produce unique forms of advantage or oppression. In the context of mental health, this means that a Black working-class gay teenager may face combined stressors that cannot be understood by considering race, class or sexuality separately. As Varcoe *et al.* noted, "differences among women are often greater than the differences between women and men", underscoring how varied the experiences of youth, even within one gender, can be (Sarr, 2023).

Intersectionality has been influential in sociology and feminist studies, but it is only recently being applied to youth mental health research. Early intersectional analyses, mostly US-based, suggest that multiple forms of discrimination such as racism and sexism, or racism and homophobia, compound psychological distress and shape coping in complex ways. For example, qualitative work has found that sexual minority youth of colour experience intersectional minority stressors that undermine their well-being (Kern *et al.*, 2020). Likewise, an intersectional UK study (Tinner and Alonso Curbelo, 2024) of young women in Scotland showed that ethnic and socioeconomic disadvantage overlapped to amplify mental health struggles.

Despite these insights, a clear gap remains in understanding intersectional inequalities in UK youth mental health. Few UK studies explicitly integrate intersectionality theory or consider multiple identities simultaneously. Qualitative research in young populations is sparse and often limited to one axis, for example studies of ethnic minority youth or LGBTQ+ youth separately. There is a lack of holistic syntheses on how overlapping identities such as race, gender, class, sexuality and disability interact with social systems including schools, health services and communities to affect young people's mental health. This review therefore aims to fill that gap by synthesising existing qualitative and theoretical literature on youth mental health through an intersectional lens. Specifically, it seeks to understand how intersecting social locations shape young people's

experiences of distress, barriers to support, coping and encounters with institutions. In doing so, it emphasises the voices and lived experiences of young people themselves.

METHODS

This study presents a qualitative literature review using a thematic synthesis approach to examine recent UK research on youth mental health. Structured searches were conducted across Scopus, Web of Science, PsycINFO, and Google Scholar. Search terms combined keywords such as *"intersectionality"*, *"mental health"*, *"young people"*, *"adolescents"*, *"UK"*, *"qualitative"*, and *"lived experience"*.

Inclusion criteria were peer-reviewed articles published between 2013 and 2023, focused on UK-based samples of young people aged approximately 12–25, that explored mental health experiences (such as anxiety, depression, or wellbeing) in relation to social identities or inequalities. Studies using qualitative or mixed-methods designs were included if they reported substantive qualitative findings.

Exclusion criteria were opinion pieces, quantitative-only studies, non-UK research, and articles published before 2013. Reference lists of relevant articles and recent reviews were also screened to identify additional eligible publications.

Each included study was appraised and data were extracted on sample characteristics, social identities examined, study design, and key findings. Thematic synthesis (Thomas and Harden, 2008) guided analysis. This involved line-by-line coding of reported results and participant quotations, grouping of codes into higher-order categories, and development of overarching analytical themes capturing how intersecting identities influence youth mental health.

The synthesis drew on both participants' accounts (for example, direct quotations on coping or barriers) and researchers' interpretations (such as discussions of systemic issues). Where possible, attention was paid to participants' intersecting identities to provide contextual depth (e.g. a Black disabled teenager's perspective was analysed as such). As this study is a secondary analysis of published literature, ethical approval was not required.

RESULTS

The review identified five key themes in the qualitative literature on intersectional youth mental health in the UK. Direct quotations from participants, where reported in the primary studies, are included to illustrate these themes.

1. Compound Mental Health Impacts Across Intersecting Identities

Young people holding multiple marginalised identities described how stressors compounded across domains of life. Tinner and Alonso Curbelo (2024) reported that racism and sexism often interacted to produce symptoms of anxiety and low self-worth. In their study, one participant explained: *"If you were a girl, and you're a hijabi girl, you will definitely get bullied. Boys think you can't do anything, you need to stay by yourself"* (p. 9). Another young woman described changing her name to avoid discrimination, reflecting the anticipation of prejudice before it occurred.

Socioeconomic disadvantage amplified these pressures. In Sarr's (2023) evaluation of CAMHS services, participants described financial hardship layered with cultural stigma as a constant strain. One young person explained that daily challenges "added on top of each other" and left her "not

very good mentally." These examples demonstrate how intersecting disadvantages of gender, ethnicity, class and faith combine to create persistent psychological distress.

2. Systemic Barriers and Institutional Marginalisation

Across healthcare and education, marginalised youth reported barriers linked to intersecting identities. In Sarr's (2023) study, ethnic-minority participants described institutional racism and language barriers that limited trust in services. One participant reflected: *"When I tried to explain, they said I was just stressed because of my background. They didn't listen."*

In schools, gendered dismissal was also common. Tinner and Alonso Curbelo (2024) documented young women reporting that doctors and teachers trivialised their distress as "just hormones." One girl in their study commented: *"I felt like they just wanted to write me off and tell me to get on with it."* Similarly, Morgan *et al.* (2024) found that LGBTQ+ students experienced erasure within heteronormative curricula, leaving them feeling invisible and unsupported. Collectively, these narratives reveal how institutional practices reinforce inequalities across sectors.

3. Coping Strategies and Sources of Resilience

Despite systemic barriers, young people drew on informal networks and cultural resources for resilience. Liverpool *et al.* (2024) found that marginalised students relied heavily on peer groups, with one respondent stating: *"Talking to friends who go through the same thing makes me feel I'm not alone."* Religious practice also provided strength; in McDermott *et al.*'s (2024) work, one participant described prayer as *"the only time I feel peace."*

Creative outlets such as music, art and sport were commonly reported strategies, though often framed as temporary distractions. Tinner and Alonso Curbelo (2024) noted that some girls deliberately altered their communication styles to be taken seriously by professionals, with one explaining: *"I had to speak like I was older, very unemotional, so they would believe me."* These coping strategies highlight resilience but also demonstrate the heavy burden placed on young people to adapt to systemic failings.

4. Critiques of Policy and Practice Frameworks

Several studies included participants' critiques of the inadequacy of existing mental health frameworks. McDermott *et al.* (2024) concluded that UK services lack an intersectional perspective, observing that LGBTQ+ young people's rights were "not prominent in practice." A participant in their study reflected: *"They just wanted to medicate me and move me on. Nobody asked what was happening in my life."*

Similarly, Sarr (2023) reported that minority ethnic participants felt clinicians misunderstood cultural contexts, leaving them alienated from care. Tinner and Alonso Curbelo (2024) described this pattern as a "chain of dismissal," whereby young women's distress was minimised and medicalised without recognition of wider social determinants.

5. Youth Agency and Calls for Change

Finally, young people expressed desires for services that were culturally responsive, youth-led and attentive to intersectional realities. Liverpool *et al.* (2024) found students requesting identity-affirming counselling, mentors from similar backgrounds, and online platforms that reduce stigma.

One participant in their study said: *"I want someone who understands, not just someone who sees me as a case file."*

The literature also highlighted youth-led activism and peer networks as critical spaces of support and advocacy. McDermott *et al.* (2024) argued that involving young people directly in the co-design of policy and services is essential for moving beyond tokenistic inclusion.

DISCUSSION

This review has synthesised qualitative evidence on the intersectional determinants of youth mental health in the UK. Across the included studies, five themes consistently emerged: compounded impacts of intersecting identities, systemic barriers in services and education, coping strategies and resilience, critiques of policy and practice, and youth agency in demanding change. Together, these findings illuminate both the structural inequalities shaping young people's mental health and the limitations of current responses within education, health, and policy sectors.

Intersectionality and Compounded Impacts

A central contribution of this review lies in demonstrating how intersecting identities amplify mental health challenges. Young people rarely experience discrimination in a single, isolated form. Rather, inequalities overlap, producing complex burdens of stress, stigma, and exclusion. Studies showed, for example, that girls from ethnic-minority or religious-minority backgrounds experienced multiple, simultaneous forms of prejudice that were internalised and manifested as anxiety, low self-worth, and withdrawal from social life (Tinner and Alonso Curbelo, 2024).

This resonates with the foundational work of Crenshaw (1991) and subsequent scholarship emphasising that intersectionality is not a matter of "double jeopardy" or simple addition of disadvantages, but rather of qualitatively different experiences produced at the intersection of identities (Bowleg, 2012). For youth, these compounded effects are particularly salient given the developmental stage of identity formation and the heightened significance of peer and institutional recognition. Anticipatory stigma, such as changing one's name to avoid discrimination, demonstrates how discrimination is embodied not only as lived experience but as expectation, shaping behaviour long before an act of prejudice occurs.

The findings mirror international evidence on intersectional disadvantage in youth mental health. For instance, studies in the United States and Canada have shown that Black and Indigenous youth experience compounded effects of racism and socioeconomic marginalisation on depression and anxiety (Gone and Trimble, 2012; Poteat *et al.*, 2020). However, the UK context adds specific dimensions, including the role of immigration histories, linguistic diversity, and postcolonial dynamics, all of which warrant closer examination in future research.

Systemic Barriers in Healthcare and Education

The reviewed studies highlighted systemic barriers in both healthcare and educational contexts. Ethnic-minority and immigrant-background youth reported that health professionals often dismissed or misattributed their concerns, framing them as stress "linked to culture" rather than recognising structural or psychological dimensions (Sarr, 2023). Girls frequently described their distress being trivialised as hormonal, and LGBTQ+ students noted invisibility within curricula and lack of institutional recognition (Morgan *et al.*, 2024).

Such patterns are consistent with critiques of institutional racism and sexism in British public services (Nazroo, Bhui, and Rhodes, 2020). They also echo findings from healthcare more broadly, where structural bias limits diagnostic accuracy, trust, and engagement for marginalised populations (Fernando, 2017). Within schools, the erasure of minority identities reproduces a hostile learning environment, which not only harms wellbeing but also undermines educational attainment. These findings point to an urgent need for system-level reform, as young people cannot meaningfully access support when their identities are misrecognised or disregarded by the very institutions tasked with their care.

Coping and Resilience

Despite these systemic shortcomings, young people displayed considerable resilience, often relying on informal networks, cultural resources, and creative practices. Peer groups were consistently highlighted as vital spaces of solidarity, with youth emphasising the relief of sharing experiences with others who understood their challenges. Religious practices, such as prayer, were described as providing emotional stability and peace (McDermott *et al.*, 2024).

At the same time, the review revealed the costs of such self-reliance. Youth often adjusted their communication, suppressed emotions, or altered behaviour to secure recognition from professionals, effectively shouldering the burden of overcoming institutional shortcomings (Tinner and Alonso Curbelo, 2024). This adaptation underscores a neoliberal tendency in mental health governance, where responsibility for resilience is shifted onto individuals rather than institutions addressing structural determinants (Rose, 2019). While resilience is a critical protective factor, framing it as the solution risks obscuring the root causes of distress.

Critiques of Policy and Service Models

A further theme across the literature was youth critique of policy and service frameworks. Studies documented frustration with the dominance of medicalised approaches, where psychological distress was frequently pathologised and treated through standardised interventions without sufficient attention to context. Medication, for example, was often prescribed without inquiry into the social or cultural dynamics underpinning distress (McDermott *et al.*, 2024).

This critique aligns with a broader literature on the limitations of biomedical approaches to mental health, particularly in multicultural contexts (Kirmayer *et al.*, 2011). The reviewed studies suggest that failure to adopt an intersectional perspective risks perpetuating disengagement and mistrust among marginalised youth. Moreover, the absence of culturally competent, identity-affirming, and participatory approaches represents a significant gap between policy rhetoric and practice implementation.

Youth Agency and the Demand for Change

Importantly, the review also highlighted the proactive agency of young people. Marginalised youth were not simply recipients of inadequate services but advocates for transformation. They called for culturally responsive counselling, identity-affirming mentors, and digital platforms that reduced stigma and provided safe spaces for expression (Liverpool *et al.*, 2024).

Beyond individual service reforms, youth-led activism and peer networks emerged as critical spaces for advocacy and support. The demand for co-design of services reflects a broader shift towards participatory paradigms in public health and education (Ozer, 2017). Young people's voices make

clear that intersectional frameworks must move beyond academic analysis into practice, where youth are equal partners in shaping the systems that affect their lives.

Critical Appraisal of the Evidence

While the reviewed studies provide rich insights, several limitations must be acknowledged. First, most drew on small, qualitative samples concentrated in specific urban contexts, limiting generalisability. Second, while intersectionality was a guiding framework, the depth of analysis varied. Some studies explicitly examined multiple intersecting identities, whereas others referenced only one or two dimensions without fully exploring their interaction. Third, methodological details were often underreported, particularly regarding recruitment strategies and reflexivity, raising questions about representativeness and researcher positionality.

Nevertheless, qualitative methods are particularly well-suited to capturing the lived realities of marginalised youth, which are often obscured in large-scale quantitative surveys. By foregrounding young people's voices, these studies provide invaluable depth and texture to understanding the mechanisms through which inequality shapes mental health.

Comparison with International Literature

The findings of this review resonate with global scholarship on youth mental health inequalities. Studies in North America, for example, highlight the compounded risks faced by Black, Indigenous, and LGBTQ+ youth, with discrimination and socioeconomic marginalisation identified as key drivers of poor mental health outcomes (Meyer, 2003; Poteat *et al.*, 2020). European research similarly points to the intersection of migration status, ethnicity, and class in shaping access to services (de Abreu *et al.*, 2021).

However, the UK context exhibits unique dynamics, particularly the interplay of postcolonial histories, religious diversity, and austerity-driven service cuts. These contextual factors underscore the importance of developing locally grounded but globally informed models of care. Future research should build comparative frameworks that can identify both universal and context-specific drivers of intersectional youth mental health.

Implications for Research, Policy, and Practice

The review suggests several key implications. For research, there is a need for more longitudinal and participatory studies that capture the evolving trajectories of youth mental health across intersecting identities. Mixed-methods designs could combine the depth of qualitative inquiry with the breadth of quantitative analysis, offering a more comprehensive understanding of inequalities.

For policy, embedding intersectionality requires more than rhetorical commitment. It demands structural reforms, including culturally competent training for professionals, recruitment of diverse staff, and accountability mechanisms to address bias and discrimination. Mental health policy must move beyond siloed approaches and integrate social determinants, acknowledging that mental health cannot be divorced from issues of poverty, racism, sexism, and heteronormativity.

For practice, co-design with young people should be prioritised. Services must be flexible, responsive, and affirming of diverse identities, ensuring that youth feel heard and respected. Digital platforms may also play a growing role, offering anonymous, accessible spaces for support, though these must be carefully regulated to ensure safety and inclusivity.

CONCLUSION

This review highlights that intersectionality is a lived reality shaping the mental health of young people in the UK. Distress frequently arises from compounded stressors such as poverty, racism, sexism, ableism and homophobia, which are reinforced by institutional neglect within healthcare, education and social systems. These inequalities undermine wellbeing and limit access to meaningful support.

At the same time, young people demonstrate resilience and agency through peer networks, cultural identity, faith and activism. Yet such strategies, while valuable, cannot substitute for structural change. Current service frameworks remain insufficiently responsive, often medicalising distress while ignoring its social roots.

Embedding intersectional approaches in research, policy and practice is therefore essential. Co-produced interventions, culturally competent professional training and policies that tackle systemic inequalities are critical to building equitable and inclusive mental health systems. Without such reform, youth services risk perpetuating the very disadvantages they aim to address.

REFERENCES

Bawden, A. (2025). One in four young people in England have mental health condition, NHS survey finds. *The Guardian* [online]. Available at: https://www.theguardian.com/society/2025/jun/26/young-people-england-common-mental-health-conditions-nhs-survey [Accessed 1 Jul. 2025].

Kern, M.R., Duinhof, E.L., Walsh, S.D., Cosma, A., Moreno-Maldonado, C., Molcho, M., Currie, C. and Stevens, G.W.J.M. (2020). Intersectionality and adolescent mental well-being: A cross-nationally comparative analysis of the interplay between immigration background, socioeconomic status and gender. *Journal of Adolescent Health*, 66(6), pp.S12–S20. doi:10.1016/j.jadohealth.2020.02.013.

Liverpool, S., Moinuddin, M., Bracegirdle, K., Eddison, J., Joseph, S., Aithal, S., Allen, E., Carmichael-Murphy, P., Marsden, J., McKenzie, H., Murphy, C., Owen, M., Patel, T., Raji, N.A., Roocroft, L., Fletcher, K. and Karkou, V. (2024). Mental health coping strategies and support needs among marginalised further and higher education students in the UK: A cross-sectional study. *PLOS Mental Health*, 1(1), pp.e0000046. doi:10.1371/journal.pmen.0000046.

McDermott, E., Eastham, R., Hughes, E., Johnson, K., Davis, S., Pryjmachuk, S., Mateus, C., McNulty, F. and Jenzen, O. (2024). 'What works' to support LGBTQ+ young people's mental health: An intersectional youth rights approach. *International Journal of Social Determinants of Health and Health Services*, 54(2). doi:10.1177/27551938241230766.

McDermott, E., Schaub, J., Stander, W.J., Reid, B., Taylor, A.B., Eden, T.M., Hobaica, S., Kofke, L., Jarrett, B.A., Suffredini, K. and Nath, R. (2024). *2024 United Kingdom report on the mental health of LGBTQ+ young people*. West Hollywood, California: The Trevor Project. Available at: https://thetrevorproject.org/survey-international/uk/2024/en/ [Accessed 22 May 2025].

Mental Health Foundation (2023a). LGBTIQ+ people: statistics. *Mental Health Foundation* [online]. Available at: https://www.mentalhealth.org.uk/explore-mental-health/statistics/lgbtiq-people-statistics [Accessed 22 May 2025].

Mental Health Foundation (2023b). Poverty: statistics. *Mental Health Foundation* [online]. Available at: https://www.mentalhealth.org.uk/explore-mental-health/statistics/poverty-statistics [Accessed 22 May 2025].

Morgan, A., Cunningham, E., Dyrud, J., Elliott, L., Ige, L., Knowles, G., Konieczka, L., Mascolo, A., Sabra, I., Sabra, S., Singh, E., Rimes, K.A. and Woodhead, C. (2024). Intersectionality-informed and narrative-shifting whole school approaches for LGBTQ+ secondary school student mental health: A UK qualitative study. *PLOS ONE*, 19(7), pp.1–17. doi:10.1371/journal.pone.0306864.

NHS Digital (2023). *Mental health of children and young people in England, 2023: Wave 4 follow up to the 2017 survey*. NHS Digital [online]. Available at: https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2023-wave-4-follow-up [Accessed 22 May 2025].

Sarr, R. (2023). Experiences of ethnic minoritised young people in a specialist child and adolescent mental health service: A qualitative analysis as part of a mixed methods service evaluation. *Clinical Child Psychology and Psychiatry*, 29(1), pp.127–140. doi:10.1177/13591045231208571.

Thomas, J. and Harden, A. (2008). Methods for the thematic synthesis of qualitative research in systematic reviews. *BMC Medical Research Methodology*, 8(1), pp.1–10. doi:10.1186/1471-2288-8-45.

Tinner, L. and Alonso Curbelo, A. (2024). Intersectional discrimination and mental health inequalities: A qualitative study of young women's experiences in Scotland. *International Journal for Equity in Health*, 23(45), p.45. doi:10.1186/s12939-024-02133-3.

Varcoe, C., Hankivsky, O. and Morrow, M. (2007). *Women's health: Intersections of gender and other social determinants*. Toronto: University of Toronto Press.

Walsh, S.D., Duinhof, E.L., Cosma, A., Moreno-Maldonado, C., Molcho, M., Currie, C. and Stevens, G.W.J.M. (2020). Intersectionality and adolescent mental well-being: A cross-nationally comparative analysis. *Journal of Adolescent Health*, 66(6), pp.S12–S20.

World Health Organization and UNICEF (2021). *On my mind: The state of the world's children 2021*. New York: UNICEF.

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