

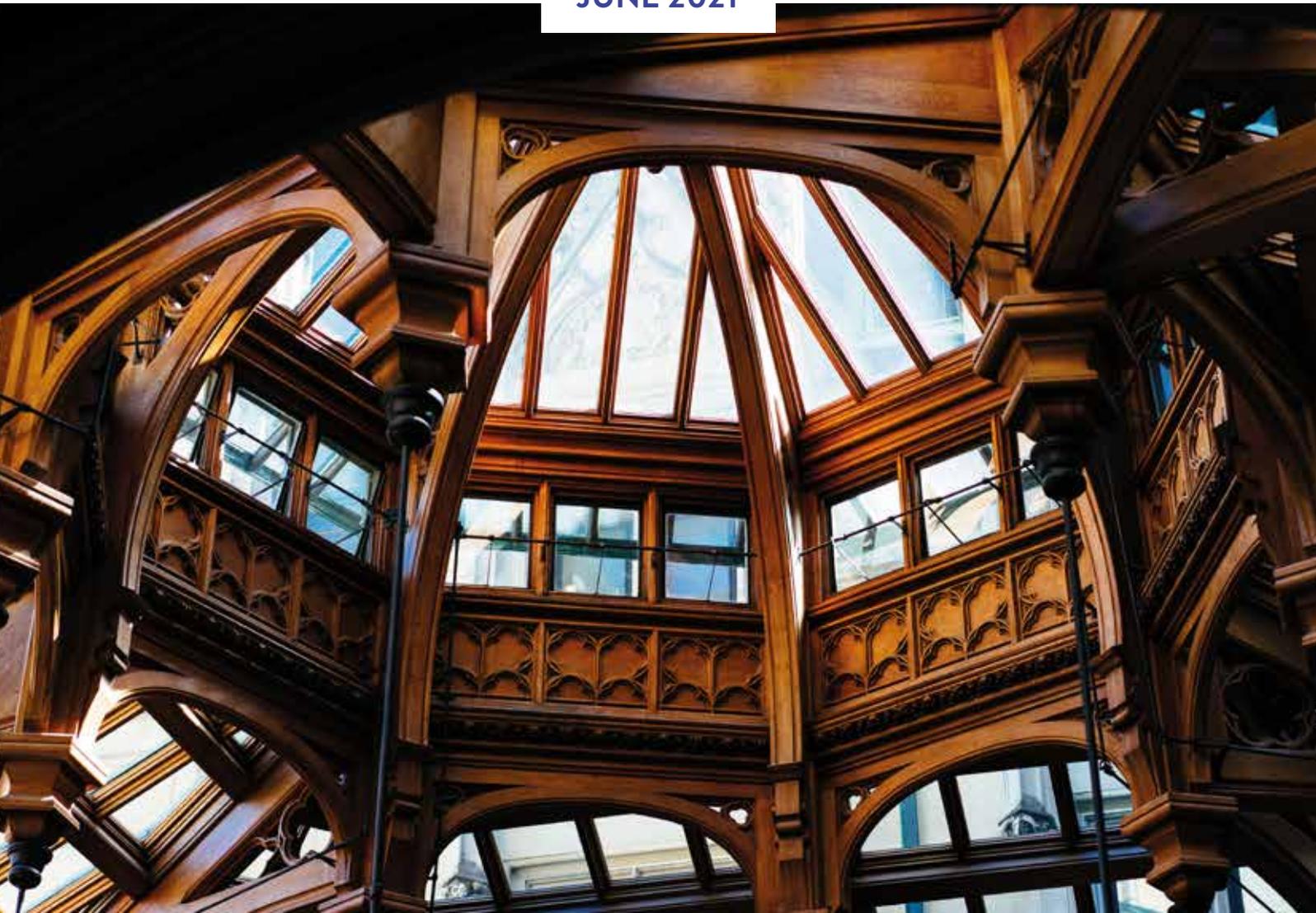


MONT ROSE[®]
COLLEGE

Journal of Academic Reviews

VOLUME 7 - ISSUE 1

JUNE 2021



J.A.R

Journal of Academic Reviews

Volume 7 Issue 1 June 2021

CONTENTS

- | | |
|--|-------|
| Impact of Stress in the Delivery of Healthcare for Nurses in General Practice | 3-7 |
| <i>Ayodele Aluko, Henry A. Aluko and Pratika Teysseidou</i> | |
| The pedagogical and technological effect of recorded audio feedback on written assignments submitted on Turnitin. | 8-17 |
| <i>Tabassum Ferdous</i> | |
| Dark tourism: an exploration of the Chernobyl disaster and its rising popularity as a tourist destination | 18-23 |
| <i>Funmi M. Alalade</i> | |
| Working from home: Making employers happy while keeping a work-life-balance | 24-28 |
| <i>John Oakshott</i> | |
| To decide or not to decide: fluctuating capacity and the impact on practice | 29-33 |
| <i>Jamil Ahmed</i> | |
| Lifestyle-induced cardiovascular diseases in Nigeria | 34-41 |
| <i>Samson Ojo</i> | |

Editor's comment

Dr. Samson Oluseye Ojo

In this first issue of the seventh volume of the *Journal of Academic Reviews*, a collection of articles from across the disciplines that deal with how stability can be made to different areas of our lives and businesses has been presented. This issue begins with an article on the 'Impact of Stress in the Delivery of Healthcare for Nurses in General Practice'. Aluko A., Aluko H. and Teyssedou P., in the first article, reported that nurses are at high risk of stress owing to several work-related factors such as harassment and bullying, working conditions, and job demands. As we know, the COVID-19 pandemic has affected everyone, and none more than the families and friends of those who have passed away as well as nurses and other front-liners who had to deal with extreme pressure from an increasing number of admissions. The authors went further to discuss some of the dire consequences of stress and offered suggestions, including reconstructive behavioural intervention, among others, on how this problem can be eliminated.

COVID-19 has underscored issues entrenched in our global education system; we have realised how strenuous it is to be on screens all day long and have come to the realisation that powerful learning can only happen when we are engaged, energetic, and focussed. The quality of feedback on an assignment is equally important, especially in this current era of social distancing, when student-lecturer contact has significantly reduced. Ferdous T. critiqued an article that investigates the effectiveness of the increased implementation of new technology in order to improve learning experiences for students from feedback given on their assignments. The author examined the level of effectiveness of audio-recorded feedback on Turnitin in relation to written feedback. Recommendations were offered on how best to provide effective feedback to the student.

Now that COVID-19 restrictions both in the UK and worldwide are gradually opening up and international tourism is slowly restarting, a number of people would welcome research and information on tourist destinations. An article by Alalade F. focuses on an exploration of the Chernobyl disaster and its rising popularity as a tourist destination, while Oakshott J. in the fourth article examined how staff who are working from home long-term cope with the structure of hours to ensure they keep a work-life-balance and the employer happy. With billions of people working from home, the author recognised both the positives and the negatives of working from home and has proffered suggestions for addressing this dilemma.

Again, the COVID-19 pandemic and the ensuing economic recession have adversely affected the mental health of many people and created new barriers for individuals who are already suffering from mental illness. It, therefore, becomes important for this current issue to consider research in the area of mental health. Ahmed J. presents the fifth article on 'To decide or not to decide: fluctuating capacity and the impact on practice'. The study was based on a recent case ruling where micro and macro decision-making processes were distinguished and explored the case and its impact on the existing legislative framework among other objectives and concludes with implications for practice. While the current focus of the research community worldwide is on the fight against COVID-19 (SARS-CoV-2) pandemic, the last article written by Ojo S., focuses on lifestyle-induced cardiovascular diseases with a particular focus on Nigeria, a sub-Saharan African country. The author exposed some myths and challenges frustrating the efforts of public health intervention and offered some useful recommendations to reducing the fingerprints of these diseases.

As the Editor-in-Chief, I am pleased to say that the *Journal of Academic Review* is seeking to expand its 'Journal Reviews' section and to make it a regular feature. Submissions are encouraged from researchers from other institutions and independent researchers. We welcome manuscripts on any topic relating to the themes listed on the last page. I would like to close by saying a big 'THANK YOU' to all the

contributors, the entire research team, the reviewers, and my Co-Editor-in-Chief, Sayeda Zain, for untiring support throughout.

Impact of Stress in the Delivery of Healthcare for Nurses in General Practice

Ayodele Aluko^{1, *}; Henry A. Aluko²; Pratika Teysseidou²

¹ Department of Business Marketing, Mont Rose College, Mont Rose House, 412-416 Eastern Avenue, Ilford IG2 6NQ

² Department of Hospitality Management, Mont Rose College, Mont Rose House, 412-416 Eastern Avenue, Ilford IG2 6NQ

* Correspondence: a.aluko@mrcollege.ac.uk

Abstract

This study examined the impact of stress in the delivery of healthcare for nurses in general practice so as to further advance a more empirically plausible solution to curb stress and counteract its effects on healthcare delivery and clinical service development. The study adopted a thematic review approach to interpret and understand swotted literature. Findings revealed that stress is taking a detrimental toll on patient care as most nurses are unable to provide the level of care that they ought to and many are either looking to leave their assigned job or exit the profession completely. The study, therefore, proffers the reconstructive behavioural interventionist approach as a proactive as well as a preventive measure to eliminate stress and its impact on healthcare delivery.

Keywords: Healthcare; Stress; Nursing Profession; Service Delivery

Introduction

The health of the people is collective precedence, which stretches back to the birth of modern civilization and the rise of science (Mansour, 2016); hospitals and nursing facilities have been the most common and dominant establishments engaged in the delivery of healthcare services. They provide individuals, families, and communities with promotive, protective, preventive, diagnostic, curative, and rehabilitative healthcare services (Donev, Kovavic and Laaser, 2014). At the focal point of the healthcare delivery services is the responsibilities borne by nurses in general practice, who are relied upon to provide humane, compassionate, culturally sensitive, competent, and ethical nursing care (Starc, 2018). To this end, nurses working in general practice are undertaking endlessly increasing broader roles by working in clinical surgery as part of a primary healthcare team, treating injuries, helping patients manage short/long term health conditions, including in-patient and out-patient care, and carrying out health screening, running vaccination, family planning, etc.

Consequently, nurses have found themselves in a more and more difficult, demanding and delicate situation which requires them to accomplish the growing tripartite complexity of nursing interventions (requiring professional empathy towards patients in need of help), in addition to the pressure to undertake continuing professional development, as well as meeting the demands for qualitative healthcare service delivery (Moustaka, 2020; O'Donovan *et al.*, 2015). With all this and more, nurses begin to show emotional signs of stress ranging from concern to dissatisfaction, tetchiness, angry outbursts, oversensitivity, fear, and then to despair, depression, and burnout. They also display intellectual and mental signs of stress vis-à-vis trouble concentrating, inability to think clearly, irrationality, unreasonable decisions, incompleteness of tasks, etc. Thus, working in nursing is deemed mentally and physically demanding, universally recognized as one of the most stressful professions in the human endeavour (Thompson, 2019).

On the basis of the foregoing, the aim of this study is to critically assess and address in concrete terms the impact of stress in the delivery of healthcare for nurses in general practice, so as to further advance a more empirically plausible measure to curb stress and counteract its effects on healthcare delivery and clinical service development.

Methods

A thematic review analytical approach is adopted to interpret and understand swotted literature. In fact, there is no better time than now for a review of such academic relevance and of preponderance human value. This study bridges literature gaps in the nursing practice and contributes to generalizable knowledge in health research as it will serve as an embodiment of knowledge to scholars, health scientists/practitioners, and the general public. The study will further extend the frontiers of knowledge by contributing to the plethora of extant literature related to the subject matter, thereby creating a fresh platform for further studies to emerge.

Considering the importance of the topic and the nature of the discussion, the paper investigated previous research that has been published in MEDLINE, RCN Google Scholar, and CINAHL, which are deemed as the most appropriate repository for nursing publications (Wright *et al.* 2015). To also ensure that the research is applicable to the 21st-century nursing practice, articles within the past ten years on the impact of stress have been chosen at random.

Results

The results from the investigation showed that nurses in the UK are overwhelmed with pressure, and these have various implications, including drug error, mental breakdown, and further repercussions on family and social lives. There is evidence of complexities surrounding the nursing profession and how these complexities have generated stress which, on the other hand, is having negative implications on the outcome. Labour demands and fatigue are also interrelated challenges resulting in stress for the nursing profession, as shown by research: increasing demand with limited human resources. Further investigation showed that absenteeism, high employee turnover, diminishing job satisfaction, low morale, and burnout are the resultant effects of stress on nurses. This is also indicated in the increasing number of bank staff and agency workers within the NHS Trusts to cover for inadequate staffing and absentees.

Discussion

Increase in demand and pressure of exceptional Healthcare Delivery

Our investigation on the impact of stress examined the work of Marangozov *et al.* (2018), where a survey by the Royal Council of Nursing on employment revealed that the nursing profession is extremely stressful and has continually evolved in terms of expectations and the demand for healthcare. The workforce expressed deep feelings of hard work and stress that make it almost impossible to have a private life after work. The description of Marangozov *et al.* (2018) was echoed by O'Donovan (2015), who emphasised that nurses are unable to bridge the gap between the requirements of the profession and the expectations of the public. Robertson *et al.* (2017), through The King's Fund, also emphasised the increase in NHS activities which includes a 7% increase in accidents and emergencies as compared to 10m years earlier, 27% increase in outpatient appointment, 14% rise in elective admissions, and over 50% increase in prescriptions dispensed. These statistics are clear indications of the need for selective appointments, which also is a result of the pressure to cope with the demand for healthcare. It also shows that nurses are working on their toes to cope with the pressure, especially with the shortages in manpower and funding issues.

Mental health

Another field study conducted by Thompson (2019) showed that the stress/burnout of nurses is because of the demanding, conflictive, and harder-to-manage patients, particularly those who are terminally ill, with whom the nurses have frequent contacts and see them suffer and most likely dying. Findings prove that over 27% of passionate young nurses in the UK become anxious, exhausted, and depressed of their vocation (Koinis *et al.* 2015). in line with the discussion of Koinis *et al.* further discovered that

continuous interaction with the patients and their families/friends could foster emotions of anger, embarrassment, fear, and desperation, especially when there are no solutions to the patients' problems, thus leading nursing professionals to a more complicated, frustrating situation. This indicated that nurses might feel too emotional to administer care and make mistakes in medication administration based on their experience, which is another problematic area in the nursing profession (Vasconcelos et al. 2016). The study above also highlights the findings of Taghinejad *et al.* (2014), which showed that nurses (up to 45%) showed a high prevalence of depression, anxiety, and mental disorders due to the emotional torture and frustrations they endure in taking care of patients. The implication of the argument above is that physical symptoms such as reduced productivity, chronic pain and musculoskeletal disorders are possible outcomes of mental breakdown.

A recent study by Graham *et al.* (2020) on the impact of a pandemic on the mental health of nurses showed that the nursing workforce in the UK is currently struggling to cope with the demand for COVID-19 related healthcare with a vacancy rate of more than 1 in 10 across the NHS Trusts. Evidence from the handling of previous pandemics such as the SARS showed that nurses are agitated and show emotional labour with dissonance, especially those at the early stages of their careers (Kinman and Leggetter, 2016). Further to the above, Kinman *et al.* (2020) presented findings from the NHS staff survey 2018 where 43.5% of 127,564 registered nurses in the UK reported that they feel unwell due to the stress they face daily on the job, which is similar to the result obtained in a related survey of 2000 nurses by the RCN in 2013 which shows 50% stress rate. The report and also shows that most nurses have low personal accomplishment due to burnout and stress factors. Records also showed that 148 nurses committed suicide between 2011 and 2015, which is the 6th highest among occupations studied by the Office of National Statistics (Windsor-Shellard and Gunnell, 2019).

Conclusion

The findings of this study show that nurses are particularly at high risk of stress because of several work-related factors, including job demands, harassment and bullying, working conditions, and other factors. While it also affects the health, job satisfaction, and job security of the nursing staff; with dire consequences on the health organisation through absenteeism, employee turnover, and a negative image of the sector, the implication of stress on nursing healthcare service delivery is not just deleterious to the organisation, but is expected to have malignant multiplier effects in terms of daily increases in high mortality rate and depreciation in life expectancy. This will continue to frustrate the goals of various national governments and that of the WHO towards eradicating diseases and attainment of a continuous state of complete physical, mental and social well-being.

Recommendations

This study recommends the reconstructive behavioural interventionist approach as a plausible proactive measure to eliminate stress and its impact on healthcare delivery. The approach involves the provision of daily or weekly interactive sessions and other kinds of open meetings where nursing staff can express themselves to detoxify themselves emotionally/psychologically from stress and burnout. Moreover, defeating stress requires authentic and transformational leadership effectiveness in enabling nursing staff to become more involved and valued within their work. Likewise, addressing stress issues in nursing practice will also involve employers acknowledging their responsibility and ensuring that work-rest schedules are instituted into healthcare facilities, in addition to the provision of a conducive workplace environment to guard against physiological strain.

Funding: This research received no external funding.

Conflicts of Interest: The authors declare no conflict of interest.

References

- Brunew, S., Cowen, D. and Fairbrother, G. (2008). Reducing Emotional Distress in Nurses Using Cognitive Behavioural Therapy: A Preliminary Program Evaluation. *Japan Journal of Nursing Science*, 5(1): 109-115.
- Campbell, D. (2018). NHS could be Short of 350,000 Staff by 2030. The Guardian International Edition, www.guardian.com.
- Cardd, A. J. (2017). Moving Beyond the WHO Definition of Health: A New Perspective for an Aging World and the Emerging Era of Value-based Care. *World Medical Health and Health Policy Journal*, 9(1): 127-137.
- Chambers, V. (2020). NHS: Shortages in Nursing Posts as 43,000 more Nurses are needed to fill Vacancies. Mail online Health Report.
- Clausen, L. B. (2015). Taking on the Challenges of Healthcare in Africa. *Stanford Business Journal*, 55 (2), pp.12-22.
- Dim, S. (2019). Examining Nigeria's Healthcare Challenges. Business Day, 28th January 2019. Retrieved Saturday 3rd October 2020.
- Donev, D., Kovavic, L. and Laaser, U. (2015). The Role and Organization of Healthcare Systems. Research Gate Journal Publication, <https://www.researchgate.net>.
- Ebiziem, J. E. & Amadi, C. J. (2015). Appraisal of Ombudsman in Nigeria: Operations, Benefits and Challenges. *International Journal of Advanced Academic Research-Social Sciences and Education*. 1(2), pp.2-65.
- Ezika, G. A. (2018). The Role of the Public Complaints Commission (Ombudsman) in Ensuring Administrative Responsibility in Nigeria. *Journal Social Sciences and Management Research*. 3(2), pp. 56-67.
- Fab, O. (2019). Causes and Effects of Industrial Crisis in Nigeria: Some Empirical Clarifications. *Arabian journal of Social and Management Sciences Research*, 6(10), pp. 116-124.
- Graham, Y., Fox, A., Scott, J., Johnson, M. and Hayes, C. (2020). How a pandemic affects the mental health of the nursing workforce. *Nursing Times*, 116(8), pp. 20-22.
- Kinman, G and Leggetter, S. (2016). Emotional labour and wellbeing: what protects nurses? *Healthcare*, 4(4), pp.89.
- Kinman, G., Teoh, K. and Harriss, A. (2020). The mental health and wellbeing of nurses and midwives in the United Kingdom. Supporting occupational health and wellbeing professionals in association with the RCN Foundation, https://www.som.org.uk/sites/som.org.uk/files/The_Mental_Health_and_Wellbeing_of_Nurses_and_Midwives_in_the_United_Kingdom.pdf.
- Koinis, A., Giannou, V., Drantaki, V., Angellaina, s., Stratou, E., and Saridi, M. (2015). The Impact of Healthcare Worker Job Environment on their Mental-emotional Health: Coping Strategies. *Health Psychology Research Journal*, 3(1), pp. 52-67.
- Lee, S. N. (2014). Overview of Nursing Theory and Practice. *Nursing Practitioners' Journal*, 12(4), pp. 58-67.
- Mansuor, M. (2016). The Fundamentals of Modern Civilization: Consequences and Remedies. *IFAC Proceedings*, 38(23), pp. 13-16.
- Marangozov, R, Huxley, C., Manzoni, C. and Pike, G. (2018). Royal College of Nursing Employment Survey 2017. Institute for Employment Studies, www.rcn.org.uk.

- Moustaka, E. and Captain, R. N. (2020). Sources and Effects of Work-related Stress in Nursing. *Health Science Journal of Humanities*, 16(8), pp.1-12.
- O'Donovan, R., Doody, O. and Lyons, R. (2015). The Effect of Stress on Health and its Implications for Nursing. Research Gate Journal Publication, <https://www.researchgate.net>.
- Robertson, R., Wenzel, L., Thompson, J. and Charles, A. (2017). Understanding NHS financial pressures - How are they affecting patient care? The King's Fund, https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/Understanding%20NHS%20financial%20pressures%20-%20full%20report.pdf.
- Sarafis, P., Rousaki, E., Tsounis, A., Malliammu, M. and Lahang, L. (2016). The Impact of Occupational Stress on Nurses Caring Behaviours and their Health-Related Quality of Life. *BMC Nursing Journal*, 15(56), pp. 1-14.
- Shamian, J. (2014). The Role of Nursing in Healthcare. *Revista Brasileira De Enfermagem*, 67(6): 867-870.
- Starc, J. (2018). Stress Factors among Nurses at the Primary and Secondary Level of Public Sector Healthcare: The Case of Slovenia. *Open Access Macedonian Journal of Medical Sciences*, 6(2), pp. 416-422.
- Svalastog, A. L., Donev, D., Kristoffersen, N. J. and Gajovic, S. (2017). Concepts and Definitions of Health and Health-related Values in the Knowledge Landscapes of the Digital Society. *Croatian Medical Journal*, 58(6): PP. 431-435.
- Taghinejad, H., Suhrabi, Z., Kikhavani, S., Jaafarpour, M. and Azadi, A. (2014). Occupational mental health: a study of work-related mental health among clinical nurses. *Journal of Clinical Diagnostic Research*, 8(9), pp. 1-3.
- Thompson, H. J. (2019). Preventing Workplace Stress in Healthcare for UK Nursing Profession and other Health Staff. *Health Science Journal of Humanities*, 12(4), pp. 56-78.
- Triggle, N. (2018). NHS: Haemorrhaging Nurses as 33,000 leaves each Year. BBC Health News, www.bbc.com/news/health-4265342.
- Vasconcelos, S., Lopes de Souza, S., Sougey, E., Ribiero, E., Costa do Nascimento, Formiga, M., de Souza Ventura, L., da Costa Lima, M. and Silva, A. (2016). Nursing staff members mental health and factors associated with the work process: An integrated review. *Clinical Practice and Epidemiology in Mental Health*, 12 pp. 167-176.
- Windsor-Shellard, B. and Gunnell, D. (2019). Occupation-specific suicide risks in England: 2011-2015. *British Journal of Psychiatry*, 215(4), pp. 1-6.
- Wright, K., Golder, S. and Lewis-Light, K. (2015). What value is the CINAHL database when searching for systematic reviews of qualitative studies? *Systematic Reviews*, 4(104), pp.1-8.

The pedagogical and technological effect of recorded audio feedback on written assignments submitted on Turnitin.

Tabassum Ferdous^{1,*}

¹ Department of Education, Mont Rose College, Mont Rose House, 412-416 Eastern Avenue, Ilford IG2 6NQ

* Correspondence: tutor@mrcollege.ac.uk

Abstract: This article presents a methodological critique of empirical action research completed through conducting surveys and interviews of academicians and international students of postgraduate programmes. This article is to critique and evaluate the study, predominantly the research methodology, by reviewing research aims, the conceptualisation of the paper, and the collection and analysis of data to generate evidence.

Feedback is an essential factor in education and one of the most powerful influences on learning and attainment. Hence, the effectiveness and suitability of the feedback are crucial. This critique finds how effective is the use of audio-recorded feedback on Turnitin over the written feedback. Finally, this critique acknowledges the methodological strengths and weaknesses and suggests different ways to overcome the shortfalls of empirical research.

Keywords: audio recorded feedback, written feedback, Turnitin submission, international students, postgraduate programme, effectiveness

Introduction and Relevance for Selection

The empirical study selected, "To listen or to read? Audio or written assessment feedback for international students in the UK" (Chew, 2014), was published in the peer-reviewed academic journal, *On the Horizon*, Emerald publishing, a scholarly online journal which focuses on the intersections of education, social science, business, and technology.

This study addresses the impact and usefulness of audio feedback over written feedback to international students. It examines how the diversity of online assessment and audio feedback offers an enhanced learning experience for postgraduate students. Here, the feedback was given by using technology, where the effectiveness and sufficiency of the audio and written feedback were compared and examined. This study is what I have chosen to critique specifically how effective the audio feedback could be for overseas students.

The choice of this paper relates to my professional context. I work as an internal assessment professional in a higher education institution where the majority of the students are immigrants and speak other languages as their first language. In my institution, we are currently working on bringing diversity to the methods of providing feedback to students in the most effective manner. As I recognise, feedback is a significant way of informing learners on the learning progress in formative or summative assessment activities (Pearson, 2018). I believe effective feedback works as a learning progress mechanism only when students can put clear meaning to it (Bloxham & Boyd, 2007), and its application is essential in supporting and guiding learners in achieving set targets (Centre for Innovation Research and Teaching, 2017). Hence, the methods of assessment should be appropriate, motivational, and time-saving (Nicol & Macfarlane-Dick, 2006). I wanted to see how this research outcome meets my professional expectations.

I thought this study would be beneficial for my present job role. I have some experience of receiving feedback on my work as an international student in the UK, which is helpful in understanding key factors. Therefore, my objective in this article is to critique and evaluate the study, predominantly the research methodology, by reviewing research aims, the conceptualisation of the paper, and the collection and analysis of data to generate evidence.

Summary of the Research Paper

The selected paper aims to investigate the effectiveness of the increased implementation of new technology in order to improve learning experiences for students from feedback given on their assignments.

Evidence Background

The study draws on research on technology-enriched teaching, learning, and assessment. Although the paper includes a review of other research articles related to technology-based assessment-feedback in higher education through Action Research methods, this is quite narrow in focus. While the conceptual arguments made in the paper offer clear support to the research aims, this does not include any existing evidence on audio feedback explicitly. Also, with two out of nine articles included in the review by the author herself, and since eight articles were less than five years old, the coverage of the review appears limited. The inclusion of older and more varied articles in the review might have improved it.

The review paper looks at the implementation of audio feedback on overseas students' assignments. However, in doing so, it excessively highlights the importance of technology-based assessment and focuses on audio feedback rather than the effectiveness of the method of feedback in terms of the improvement of the learning and assessment process. Instead, some attention could have been given to research on the effectiveness of feedback for improving students' educational experience and knowledge.

Further, the author has critiqued Kolb's classification of learning styles (1984) and Fleming's VARK-model (2001) as potentially likely "to stigmatise and stereotype learners" (pp 128). In doing so, the author points to obstacles that educators may face when trying to use educational resources and facilities, which may stem from students' different learning styles and educational, cultural backgrounds they may have grown up within (Gibbs & Simpson, 2004).

However, the author has not considered that the above 'learning styles' perspective may potentially lead to students being forcibly grouped together in an overly simplistic way. This can prove disadvantageous when trying to effectively test these alternative types of assessment feedback. Therefore, a balance must be reached between recognising individual learning differences and maintaining an all-encompassing and inclusive form of educational engagement through these new technologies.

From a socio-cultural point of view, and given the paper's practice-focused context, it would have also been useful for the author to consider that tutors come from different backgrounds with entrenched but possibly less effective modes of expression (Chetwynd & Dobbyn, 2012). Similarly, overseas students come from diverse backgrounds (Gibbs & Simpson, 2004), with or little knowledge of the subject or assessment criteria (Sambell, McDowell, & Montgomery, 2013). The use of appropriate and clear language in written or verbal feedback is also important in enabling the students to establish key areas for development (Wilson, 2013). Therefore, the appropriateness of communication in feedback is essential to ensure a meaningful discussion between both parties (Gravells, 2016), which could be audio, written, or face to face, to which the author should have given more importance.

Research aims and questions

The research questions and aims are the key tools where researchers stipulate and operationalise what it is intended to follow in practice. Here, the author does not provide a research question, rather a specific aim, namely "to explore how the diversity of online assessment and feedback offer a better learning experience for international students" (pp 127). This is a potentially biased aim, as it does not appear to allow for the fact that diversity in feedback approaches may not be beneficial. This aim is mostly, though not entirely, reflected in the methodological approach, as outlined in what follows.

Methodological approach

The study has used an action research-type (Koshy, 2005) methodological approach, with the author providing a clear framework of the methods and their application. Action research is the most suitable

approach for transforming change in higher education practices, and the nature and aims of the research determine its method (McNiff & Whitehead, 2002). Action research is generally applied when research pursues transformative change over the current process of taking action and doing research (McNiff & Whitehead, 2002) which is exactly the aim of this study.

Here, in this study, the researcher applied an action research methodology thoroughly and appropriately. The methodology relies on two methods: a survey, followed by video interviews with five postgraduate international students (and one tutor) at the University of Glamorgan.

The data collection strategy used semi-structured video interviews and an online questionnaire with five students and an academic. According to Muijs (2011) the quantitative method is considered the best method for looking at issues of comparing and contrasting their pros and cons. Thus, in combination with the action research framework, the author has chosen a suitable method for the study, allowing for the collection of primary data, which helped the author to reach necessary qualitative and quantitative findings (Cohen, 2013).

Students were invited to share their thoughts and experiences using the alternative tools, which included a virtual learning environment (VLE) known as *Blackboard*, an online submission platform (*Turnitin*), and feedback from tutors in both audio-recorded and written form (*Grademark*). The surveying was carried out through online interviews and questionnaires with the students and tutor.

Sampling and Participants

The study participants are a small number of international students of the postgraduate (MBA) of the University of Glamorgan. As the author described, five students were selected out of twenty-two who were studying module-Economies. Students were selected from four different cognitive groups in a combination of excellent, good, ordinary, and poor in grade. Their coursework was assessed, and feedback had already been given on Turnitin in written and audio recorded formats. However, nowhere is it stated how those five students were selected for the study. It is clear that it was not a straightforward random selection but rather a purposive sampling because those students were kept under observation after implementing audio-recorded feedback on their assignments. According to Latham (2013) and Guest (2006) qualitative interview studies work well when a minimum of 12-15 participants take part and are homogeneous. The number of study participants is a big concern because to get a concrete and reliable outcome; it needs to test a bigger percentage of students in order to gain results that are more representative and draw stronger conclusions.

This is generally appropriate for the research questions and aims as tested across a number of different technological assessment and feedback tools. However, it tested with a small number of students and for a specific type of education or degree, which did not consider inclusivity and the diversity of students, course, and level taught. It is clear that the study recognises the inclusivity factor of audio feedback for students with learning difficulties as well as potential problems with language barriers for international students. However, contrarily, it overlooked the issue of international students potentially having varied and limited internet access and the effect this has on the effectiveness of technology implementation and movement to online forms.

There was no specific issue observed in the study which breaks the ethical guideline for research as recommended by the British Educational Research Association (2011). The study also complied with the process of anonymous data collection, General Data Protection Regulation (2018), and BERA has safeguarded confidentiality.

Data Collection and Analysis of the Evidence

The researcher's data collection is valid and reliable in some, though not all, aspects. The research data is collected through two different ways, through an online questionnaire and video interviews with

students and an academic. Two different sets of questions are used; the questionnaire has multiple choice, and the other set has open-ended questions (Please see Table-1 and 2) to collect qualitative information. Therefore, the approaches of data collection fit with the overall research design of action research. The questionnaire generated quantitative data to analyses and evaluate the methods of giving feedback to students and technical familiarity impacted outcomes. This is a suitable means for producing quantitative data based on usually qualitative conditions. A well-designed questionnaire is significant to an effective survey. It helps directly to achieve the research aims and delivers accurate information (Latham, 2013). Questionnaires are consistent and reliable measuring tools that provide objective outcomes that can be evaluated quantitatively (Cohen, 2013).

The headline of the article proceeds to a subsequent examination on how “the diversity of online assessment feedback offers a better learning experience for international students.”

Table 1: Video Interview with students

The exploration of the innovative online assessment feedback – audio or written text

1. What are your top positive experiences with audio feedback for your assessment?
B. Do you think that it enhanced your learning experience and how?
2. What are your top disconfirming experiences with audio feedback if there is any?
B. How do they brought hassles to your learning experience or made you frustrated?
C. How do you overcome these issues?
3. Please share your comparative experience of audio feedback and Turnitin Grade Mark (the red apple).
B. Which one would you prefer and why?
4. Any other thing you would like to share or to highlight?

Table 2: Questionnaire

1. How have you listened to the audio feedback?
2. About how long was the audio feedback?
3. How easy was it to listen to the audio feedback?
4. Do you like to listen to the feedback?
5. In which way would you prefer to receive your feedback?
6. Please explain the reason for Question 5.
7. How does audio feedback compare with written feedback?
8. Would you like to receive audio feedback for future assignments?
9. Do you have any other comments about receiving audio feedback?

The Action research nature of the research design was reflected clearly through conducting a survey in education, engaging students in an academic matter, and appealing way to make development in the method of assessment feedback.

These are the main questions for the action research, but they could be more strategically designed to add extra value to the research findings. In the questionnaire, Question-4 asks students if they like to listen to feedback, and Question-8 asks if they’d like to receive audio feedback in the future. If the response to Q4 is YES, then there is no valid reason to say NO to Q8 and vice versa. It means if students like to listen to feedback, then they would like to listen in the future. Though the meanings of these two questions are different, practically, they do not bring any different outcomes. Hence, Q4 can be eliminated. Similarly, I find the same issue in Q6, and in Q9, when Q6 is answered, then there is no need to repeat it in Q9. Instead of Q9, some other value-adding questions could have been included to get some more significant information.

Similarly, questions for the video interview could be more tactically designed to add significance to the research findings. Furthermore, the researcher used two different sets of questions for the same participants. There is no justification given in favour of this practice which creates a big confusion. It is

clearly understandable from the sets of questions that both were used once the audio feedback had been given by the tutor. It is also clear that both sets of questions have the very same objectives. Hence, I believe there was no necessity to have two different question sets. To avoid unnecessary complications, the author could have used one-set with an increased number of relevant and consistent questions to gain more valuable evidence.

Usually, a researcher uses a tool to analyse data and generate results and make interpretations in the study. Though it is clear from the article how the data is collected, however, it is nowhere stated that how the data is analysed. It is one of the many weaknesses of this research that it does not provide any indication of data analysis approaches.

Findings

The article rightly puts a lot of focus on the effects on the students, but I consider it is important to make sure that the tutor's opinions are taken on board as they are half of the process. For example, the tutor could be asked how happy they were using the system as well as the time is taken to complete the feedback. Some tutors who are more proficient in using technology may find it easier and quicker than those who do not use technology regularly.

There is a substantial possibility of having a different outcome from this research study if diversity were considered and a bigger number of participants (students and tutors) had been chosen. There are many core issues involved in it, such as the quality of the sound of the MP3 recording, the tutor's accent, pronunciation, use of standard English (difficulty in understanding the meaning, use of compound and complex sentences), and the effectiveness of the audio feedback (clear comments, delivery speed, easy to follow, encouraging tone of voice, developmental feedback). Along with all these issues, the teacher's personal interest, passion, length of experience, and assessing skills/knowledge and qualification have an enormous impact on feedback that could be written or audio recorded feedback.

There is another factor in regard to the educational level and course over which this study was taken. The study chose five international students from an MBA course. In order to obtain a broader range of data, the study could test the alternative assessment and feedback methods with undergraduate students as well. There is a great deal of difference in maturity levels between Bachelor's and Master's level students. Most international MBA students return to study after having developed a professional career. Undergraduate students, on the other hand, are mostly secondary school leavers or high school graduates. This is likely to alter the extent to which different feedback methods, especially those which integrate technology, impact students across different age ranges and educational maturity levels.

The survey showed that students were unanimously in favour of the audio feedback because of "the human element." The author should have considered the frequent challenges that International students face (Murphy, 2011) because of the new and learning and assessment philosophy and environment (Carroll, 2008). Including a new way of giving feedback may add an extra challenge to their learning.

The author stated that students were able to play the audio feedback several times but have not considered the availability of personal electronic devices for listening to audio feedback according to their convenience. The author should have been more thoughtful about effective feedback rather than just introducing technology as a feedback mechanism.

A further concern is with regard to the term 'International Student': who were the participants of this study? The countries of origin of those five students are not mentioned in the study. It makes a huge difference due to the socio-economic condition of the students' country and their educational system (Yew Koo, 2014). Therefore, grouping students under the umbrella term of "international" can be problematic when trying to analyse data that groups them together as students. Students from Asian countries have a different schooling system and syllabus to those from the UK (Yew Koo, 2014) and

may not have ever used technical or online resources such as Moodle or a Virtual Learning Environment (Asian Development Bank, 2020). Schooling in Asia is much more written exam-based, and formative assessments are rarely used. Over 36% of the postgraduate students are from overseas in the UK, and the majority of them are from Asia (Universities UK, 2019). So, it is important to take into account how familiarity with technologically advanced forms of teaching can affect how useful students find them ultimately to be.

This study focused in on one particular module taught by one teacher on the MBA programme. However, in order to make the data more reliable, the feedback system should be tested across a variety of degree types and different tutors, including Science, Arts, Finance, and Humanities degree programmes. This can be brought back to different types of students having preferred learning styles (Fleming, 2001). As much as audio feedback may prove to be effective with certain learning styles, it is vital to test it with students across all different preferred learning styles as it may have varying levels of success with students who are visual learners or those who prefer to learn through reading and writing, for example.

The study showed that participants were unanimously in favour of the audio feedback. However, the author has not considered that certain degree types may not lend themselves as well to audio feedback as others; for example, physics requires an understanding of equations that may not be able to be easily or most effectively explained through audio. Alternatively, literature or music-based courses may benefit greatly from audio feedback as the lecturer will be able to supply specific works for the students to act as a reference whilst giving feedback. Therefore, to make the data more reliable, the author should have considered this matter.

If the study involved more tutors from diverse subject disciplines (History, Finance, Chemistry, and Literature), it would have been more reliable and valid because this research involving only one Economics tutor who gives audio feedback is exceptionally small scale.

Aspects of validity and quality of overall research

Ensuring quality and validity is fundamental for any research. Validity in any qualitative research means considering careful and fair data sampling, using suitable research tools and methods, and correct handlings of the data. It is also comprehensible that research cannot be a hundred percent valid. (Cohen, 2000).

A researcher applying a qualitative approach is supposed to attend to the research participant's view when doing his/her study (Cresswell, 2008). This approach includes asking general open-ended questions and collecting data in a regular setting as the study develops (Creswell, 2008). Hence, the following findings are based on criteria for validity check (Cohen, 2000) (See Table 3).

Conclusion and Reflection

Reading this article was greatly interesting, and critiquing it has given me a valuable experience that has enriched my knowledge and understanding of research work. Through critiquing this article, I have become more conscious of different parts and stages of a research project which include clear research aims and outline intentions, an operative research design, a concrete conceptual framework, effective research methods, and methodology, and necessary ethical considerations.

In addition, I have also learned how a well-explained literature review guides the research direction to make a strong bridge between the research aims and collected key ideas from literature. In my job role as an assessor and Internal Verifier, we are working to ensure operational diversity to the methods of giving effective feedback through emerging technology. This article has given me an operational idea that can be applied to our practice straightway with some additions. Besides this, as a newly appointed member of the research team of my institution, I do peer review (informally) of our internal journal

articles. Doing this critical review has enhanced my understanding which will certainly help me to review and critique articles efficiently in a more professional and structured manner. Thus, obviously, it has been a hugely worthwhile and educational involvement for me.

There are some strengths of this research that have been evaluated in the above sections. Among those strengths are the application of an Action Research Methodology where quantitative and qualitative research methods are used for collecting data and are appropriate for such a small-scale study. The literature review is brief, but it is conceptualised clearly on technology-enriched learning and assessment. The article clearly describes literature relating to technology-centered feedback in higher education and was easy and interesting to follow. It also complied with the necessary ethical guideline of the British Educational Research Association (BERA).

In spite of these strengths, there are some limitations observed that make the research less credible and operative. These limitations, such as sample size, are specifically analysed in the Findings section above. If the study had involved more than one tutor and from diverse subject disciplines, it would have more reliability and validity. This research involving only one tutor who gave audio feedback is an exceptionally small-scale offering. The lack of discussion of how the data was analysed is another weakness of this research. Finally, two different sets of questions were used for the same participants, and both sets of questions had the same objectives. Practically, there was no necessity to have two different question sets, which created unnecessary complications and confusion.

The main objective of this research was to find the pedagogical and technological effect of audio feedback on written assignments submitted on Turnitin. According to Chew and Jones (2009), effective audio-recorded feedback will work as a great communication medium to boost learning. However, audio recorded feedback will not work effectively without some written feedback on Grade Mark. Therefore, to make the feedback appropriately effective and developmental, audio recorded feedback and written feedback are both required, which would be a matter of time consumption. The author should have considered these in the self-evaluation and reflection.

Despite some weaknesses which have lessened the reliability of this research study, nevertheless, the study reported on in this paper has at least generated a clear direction for additional research in the area of technology-based audio feedback in higher education assessment.

Table 3: Criteria for validity check

| Conditions for validity Check | Findings |
|---|---|
| Sufficient resources for research to be carried out | Considering it as reasonable due to the nature of research. Though it is done on a very small scale, the researcher has access to data samples for analysis. |
| Suitable methodology for responding to the research questions | Action research methodology is applied satisfactorily where quantitative and qualitative research methods used for collecting data are appropriate. |
| Suitable tools for data analysis | Unclear as there is no mention of how the data is analysed or what instruments or tools have been used. |
| Checking construct validity | The questions in the questionnaire and for the interview are well linked to the aims of the research but could be more concrete and focused. |
| Appropriateness of the study | Overall, research aims are clear, time befitting, and essential for technology-dependent teaching, learning, and assessment system and for higher education policy development. Small-scale research nevertheless carries value. |
| Action research focus group | All research participants are international students of the MBA programme of the University of Glamorgan. Out of twenty-two, five students are selected who are studying module-Economies. Satisfactory as far as it is observable. |
| Bias in choice of research participants | Five students are selected to take part in the research, but there is no mention of their gender. How many of them are male and female students remains Unclear . Gender equality is a vital area to consider. Besides this, where the issue is of using technology in audio feedback, then females from developing countries have a huge difference in ICT skills than males. |
| Number of academic participants and reliability on outcomes | Only one academic is interviewed who taught module-Economies. Tutors' variance feedback & communication style, English accent, pronunciation, experience may have an enormous impact on the research outcome. Hence, in terms of the reliability of the research outcome, it is not very satisfactory as a minor threat is involved here. |

Funding: This research received no external funding.

Conflicts of Interest: The authors declare no conflict of interest.

References

- Asian Development Bank (2020) *Education Issues in Asia and the Pacific*. Retrieved from [https://www.adb.org/sectors/education/issues\(2020, June 10\)](https://www.adb.org/sectors/education/issues(2020, June 10))
- Bloxham, S., & Boyd, P. (2007). *Developing Effective Assessment in Higher Education: a practical Guide*. Berkshire: Open University Press.
- Carroll, J. (2008). Assessment issues for international students. *Enhancing the International Learning Experience*, in Atfield, R. and Kemp, P. (Eds) Threshold Press, Newbury.
- Centre for Innovation Research and Teaching. (2017, May 5). *Effective feedback in the classroom*. Retrieved from <https://cirt.gcu.edu/teaching3/tips/effectivefeed>
- Chew, E. (2014). To listen or to Read? audio or written assessment feedback for international students in the UK. *Emerald Group Publishing Limited, ISSN 1074-8121 On The Horizon, VOL. 22 NO. 2 2014*, pp. 127-135.

- Cohen, L., Manion, L., & Morrison K. (2000). *Research Methods in Education (5th Edition)* Falmer. London: Routledge.
- Cresswell, J. W. (2008). *Educational Research: Planning, Conducting, and Evaluating Quantitative and Qualitative Research*. Upper Saddle River: Pearson Prentice Hall.
- Crouch, M., & McKenzie, H. (2006). The logic of small samples in interview-based qualitative research. *Social Science Information*, 45-18. doi:10. 1177/ 0539018406069584
- Fleming, N. (2001). *Teaching and Learning Styles: Vark Strategies*. N.Z: Christchurch.
- Gibbs, G., & Simpson, C. (2004). Does your assessment support your students' learning? *Centre for Higher Education Practice, Open University*, 1-74.
- Gravells, A. (2016). *Principles and Practices of Assessment- A guide for assessors in the FE and skills sector* (3rd ed.). London: Sage Publications Ltd.
- Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field Methods*, 18, 4
- Kolb, D. (1984), *Experiential Learning: Experience as the Source of Learning and Development*, Prentice Hall, Englewood Cliffs, NJ.
- Koshy, V. (2005), *Action Research for Improving Practice – A Practical Guide*, Paul Chapman Publishing, London.
- Latham, J. R. (2013). A framework for leading the transformation to performance excellence part-I: CEO perspectives on forces, facilitators, and strategic leadership systems. *Quality Management Journal*, 20-2,22.
- McNiff & Whitehead (2002) *Action Research: Principles and Practice* Retrieved 6 11, 2020, ISBN 9780415535267, Published February 21, 2013 by Routledge
- Murphy, P. (2011, 06 01). *The barriers facing international students in the UK and how we can adapt*. Retrieved 6 10, 2020, from AdvanceHE: <https://www.advance-he.ac.uk/knowledge-hub/barriers-facing-international-students-uk-and-how-we-can-adapt>
- Pearson. (2018, May 18). *Pearson Education Limited*. Retrieved from BTEC Higher Nationals - (RQF) Assessment & Feedback Guidance for Centres/Tutors: [hn-assessment-feedback-guidance.pdf](https://www.pearson.com/uk/education/higher-education/btec-higher-nationals-rqf/assessment-feedback-guidance-for-centres-tutors)
- Sambell, K., McDowell, L., & Montgomery, C. (2013). *Assessment for Learning in Higher Education*. Oxon: Routledge.
- The Higher Education Academy. (2013, May 10). *HEA feedback toolkit*. Retrieved from https://www.heacademy.ac.uk/system/files/resources/feedback_toolkit_whole1.pdf
- Universities UK . (2019, July 30). *Universities UK* . Retrieved 2020, from International Facts and Figures 2019 presents a snapshot of the international dimensions of UK higher education: <https://www.universitiesuk.ac.uk/policy-and-analysis/reports/Pages/Intl-facts-figs-19.aspx>
- Wilson, L. (2008). *Practical Teaching- A Guide to PTTLS & CTLLS* (1st ed.). Hampshire: Cengage Learning EMEA.
- Yew Koo, H. z. (2014, December 01). Comparing Selected Higher Education Systems In Asia. *Researchgate*. Retrieved 2020, From Researchgate: https://www.researchgate.net/publication/280322646_Comparing_Selected_Higher_Education_Systems_In_Asia

Appendix- (The Original Article)

“To listen or to read?” Audio or written assessment feedback for international students in the UK
Chew, E. (2014). To listen or to Read? audio or written assessment feedback for international students in the UK. *Emerald Group Publishing Limited, ISSN 1074-8121 On The Horizon, VOL. 22 NO. 2 2014, pp. 127-13.*

Dark tourism: an exploration of the Chernobyl disaster and its rising popularity as a tourist destination

Funmi M. Alalade ^{1,*}

¹ Department of Hospitality Management, Mont Rose College, Mont Rose House, 412-416 Eastern Avenue, Ilford IG2 6NQ

* Correspondence: f.alalade@mrcollege.ac.uk

Abstract

The notion of dark tourism may have been introduced as an option of mainstream tourism in the 21st century; however, the phenomenon has been around for centuries; from the individuals who traveled to witness the horrors of medieval public beheadings, hangings, and gladiator battles in royal arenas, to the public judgment and execution of witches as part of the now-legendary witch trials witnessed by crowds of willing, shocked, and entertained spectators to name but a few. Therefore, it is no surprise that a world-famous disaster site such as the Chernobyl nuclear power plant in Ukraine, where on April 26, 1986, the power plant experienced a catastrophic failure which is considered to be the worst peacetime nuclear disaster in human history. A devastation that caused so much death, environmental destruction, and economic damage, which taps into this niche vein of morbid tourism, and attracts a flood of tourists from all parts of the world. This paper aims to investigate the Chernobyl catastrophe as a dark tourism site, the motivations behind tourists who dare to risk their health and lives to visit such a harmful location, and the possible side-effects from the disaster that remains till this day.

Keywords: Dark tourism, Chernobyl, Popularity, Effects

Introduction

Even though the dark tourism phenomenon has been given lots of attention in subsequent years by various academicians, a more holistic and comprehensive picture of the drives behind why these niche individuals patronise the industry is still limited. This article presents a shift from defining dark tourism to understanding the motivations behind the social phenomenon's popularity. It aims to investigate and impart knowledge on the Chernobyl catastrophe as a dark tourism site, the motivations behind tourists who dare to risk their health and lives to visit such a harmful location, and the possible side-effects from the disaster that remains till this day. The paper further highlights some key points of the motivation behind the growth of the industry.

The history of dark tourism

The phrase 'Dark Tourism' itself was devised in the 1960s by academicians Lennon, J. and Foley, M. The term implies to locations linked to tragedy, death, and devastation (McKinney, 2020). Dark tourism, also known as 'Thanatourism', is defined as the depiction of inhumane deeds and by what method they are construed for tourists (Lennon and Foley, 2000 cited in Strainton, 2020). Gotham (2015 cited in Stainton, 2020) describes 'Dark tourism' as the movement of tourists to locations portrayed by pain, violence, or misery and anguish. The exact particulars of dark tourism express circumstances whereby dark tourists are sold visitations to locations of the aftereffects of a catastrophe or an extremely harrowing incident such as Chernobyl.

The notion of dark tourism may have been introduced as an option of mainstream tourism in the 21st century; however, the phenomenon has been around for centuries; from the individuals who traveled to witness the horrors of medieval public beheadings, hangings, and gladiator battles in royal arenas, to the public judgment and execution of witches as part of the now-legendary witch trials witnessed by

crowds of willing, shocked, and entertained spectators to name but a few. Therefore, it is no surprise that a world-famous disaster site such as the Chernobyl nuclear power plant in Ukraine, where on April 26, 1986, the power plant experienced a catastrophic failure which is the worst peacetime nuclear disaster in human history. The devastation that caused so much death, environmental destruction, and economic damage, which taps into this niche vein of morbid tourism and attracts a flood of tourists from all parts of the world.

The human and environmental tragedy that occurred at the Chernobyl plant in Pripjat, Ukraine, struck in 1986 when one of the four nuclear reactors in the immense power plant exploded. This nuclear detonation resulted in deadly radioactive material being released into the atmosphere. This catastrophe shocked many nations across the globe since it was horrifying to believe that such destructive material would be permitted to escape from containment and cause a disaster of this scale. The accident not only caused the death of two workers in the initial eruption but went on to take the lives of forty brave individuals who worked in the emergency response team (Mara, 2011).

In the subsequent years that trailed the accident, thousands of innocent and uninformed people fell victim and died from varying illnesses that are attributed to be affected by the release of dangerous radioactive material from the plant. The question many investigators have asked was whether or not the accident might have been averted, whilst other contributors contemplate the disastrous event as an ill-starred section in the narrative of 'mankind's interaction with nuclear power'; whereas others believe that the narrative should have come to an end completely (Mara, 2011).

Currently, the consequences from the Chernobyl accident continues to not only affect the people and other living organisms (i.e., through radiation contamination in significant regions close to Pripjat), causing adverse health effects and a heightened danger of 'radiogenic diseases', but also to the environment i.e., the contamination of the earth, the soil, and foliage, as the invisible radioactive element pollutes the varying forms of foods (Yablokov *et al.*, 2009). With each passing year, a rise in 'non-malignant diseases' has been seen, which has increased the prevalence of general ill-health in children in regions touched by the devastation; the percentage of essentially healthy children has continuously declined. For instance, "in Kiev, Ukraine, where before the meltdown, up to 90% of children were considered healthy, the figure is now 20%. In some Ukrainian poles' territories, there are no healthy children, and general morbidity has essentially increased for all age groups. The frequency of disease has increased several times since the accident at Chernobyl" (Yablokov *et al.*, 2009). Which begets the question, why does the location draw in so many willing and paying visitors?

The rising popularity of the macabre

Many studies have been conducted (e.g., Robert Hertz, 2011; Dorma Buda, 2015, etc.), to better understand the reasons behind the fascination and peddling of such sites that stand as monuments to earth-shattering failure, death, and human destruction. Some have used the social and psychological sciences to further comprehend the motivation behind dark tourism (Amirtha, 2015). However, Buda (2015), proposed that perhaps more crucial than the inspiration element are the feelings that are evoked when visiting these locales. In a published article by Osbaldiston and Petray (2011), the two tourism researchers worked in conjunction with Hertz's sociological hypotheses on 'death', debated that dark tourists who visit locations that have been affected by the disaster as shown in figure 1 and death are driven more by inquisitiveness, sympathy, and dismay. Further suggesting through Hertz's theories that an individual initiates an understanding of the contradiction death represents when faced with the loss of life, death not only indicates lasting demise but a predetermined shift in existence. Dark tourism, therefore, becomes a channel to honour the dead and in sweeping away the unpleasant emotions associated with the place (Amirtha, 2015). This remains a well-regarded 'positive' stance on the motivations behind the rise of dark tourism and the people who pay to experience the nightmares of others.

Rangus *et al.* (2017) stated that dark tourists search for challenges that evoke feelings such as 'fear', outrage, and disbelief. Fear is evoked as a 'psychological' element of dark tourism and sold as

merchandise. In spite of modern-day civilization's declining familiarity with 'death' as a direct consequence of 'institutional sequestration' (living longer lives due to medical progressions); it was suggested by Tercier (2005 cited in Stone and Sharpley, 2008) that individuals have become viewers of additional deaths as opposed to previous generations, propelled equally by actual and imagery shown of deaths. Arguably with that in mind, people are often left feeling alone when faced with the concept of 'death' or in dealing with the reality of death itself, hence summoning and using their personal means to seek, make sense of, and in coming to grips with the constraints of their own mortality. So, 'dark tourism' in its many semblances, with various disguises, are presented in diverse ways to suit varied tourists that either want to pander to their thirst for knowledge, captivations, or obsession with death within the personal construct of their being (Stone and Sharpley, 2008).



Figure 1 shows an aerial view of the Chernobyl power plant disaster (Source: AP Photo, 2016)

Although death truly exists here and now and certainly in 'popular culture', given that death is the only certainty in life, Durkin (2003 cited in Stone and Sharpley, 2008), explains that modern-day civilisation pushes aside thoughts of mortality and shields people from imminent 'death'; these shields prompt individuals to seek knowledge and understanding regarding death. He explains further that the occurrences of 'death' motifs and the dealings of death for entertainment widespread is merely a means of transporting the awareness of 'death' into the forefront of society.

Dark Tourism and Chernobyl

The continuous tug of war amongst gradually passing on, mortality, and vacationing is known; however, the nature of humanity's consumption of death for leisure currently explains our way of being now (Kaul and Skinner, 2018). Parson (1978, cited in Kaul and Skinner, 2018) explains how death requires a re-evaluation and freshly studied practically with each 'generation'. As we maneuver through an era of capitalism and neo-liberalism, whereby all could be traded, and perhaps not surprisingly so, "even death is for sale" (Kaul and Skinner, 2018). The popular 1960's slogan 'sex sells' has received a darker and more psychological offspring. As much of this century's pop culture movement to a darker and gritty reality, from TV shows, movies, music, and comic books, it appears that 'death' is the new 'sex.'

Tourism to locations linked to 'death' for the experience is far from a recent trend. From time immemorial, human beings have been attracted with resolve to locations of interest or occurrences associated with 'death,' misery, bloodshed, or tragedy (Stone, 2005 cited in Stone and Sharpley, 2008).

The 'Roman gladiator games', excursions, or being present at 'medieval' communal slayings were instances of the first appearances of dark tourism. Boorstin (1964 cited in Stone and Sharpley, 2008) claims that one of the first directed trips in England was a train excursion to observe the execution of a couple of killers. Also, trips to the mortuary were recurring aspects of the 19th century Parisian excursions (Stone and Sharpley, 2008), or with visitors known to be enticed to visiting locations of dreadful historic warfare such as the battleground of Waterloo. Dark tourism locations can be located across the globe in differing arrays of what is considered the macabre (Mckinney, 2020).

Thousands of individuals have undertaken tours to Chernobyl over the years illegally (Bennetts, 2011 cited in White and Frew, 2013), nonetheless, the Ukrainian government seeing a market to be capitalised upon and regulated, have now permitted entry to the 'dead zone', with the inclusion of a guidebook (stalkers guide) and ceremonial dinner at the cafeteria (White and Frew, 2013). Visitors are required to sign a disclaimer that renounces their rights to sue if they get sick, indicating "*it's safe but don't blame us if you get cancer*" (Lyons, 2011 cited in White and Frew, 2013).

Visits to the Chernobyl power plant and the ghost town of Pripyat have risen recently, which has been attributed to the release of the critically acclaimed US television show '*Chernobyl*' according to an article by Hunder (2019). One of the organisations in charge of tours to Chernobyl stated a boost of forty percent in bookings for excursions to the location since the first viewing of the show began in May 2019, compared to previous years; With English speaking tours costing about one hundred dollars each (Hunder, 2019).

The effects of dark tourism on the region

Many critics believe that 'tourism is toxic', it pollutes the region and corrupts its residents, it affronts, destroys, and in some cases kills. Nevertheless, Tourism is a widespread occurrence that brings in millions in revenue and is deemed the biggest industry worldwide (Pezzullo, 2007).

While there are difficulties determining the specific reasons for an individual's travel from collected data, 'pop culture' through social media platforms certainly has an influence; pictures taken of sites and posted on Instagram or spoken/tweeted about inspire tourism to the location (Mitra, 2019). The tourism board in the city of Kiev where the dark tourist is known to transit to get to Chernobyl, Pripjat, anticipate a further influx of one hundred thousand visitors, compared to the seventy thousand from the year before; flights to Kiev has also seen a boost of eight percent, which inadvertently rises tourism, and aids in boosting revenue for organisations in the hospitality industry such as hotels, restaurants, and other attractions in the region, and in turn advancing employment for native residents, therefore improving their way of life (Mitra, 2019).

The effects to the environment in Pripjat are still ongoing even though the foliage has gradually begun to rejuvenate itself. However, experts have since discovered proof of higher cases of the condition's called 'albinism' and 'cataracts' in several animals, and reduced levels in helpful 'bacteria' in the region currently; nevertheless, for the fact that human beings have been prohibited from venturing near the secured Chernobyl plant, an increase to varying animals such as 'lynxes' and 'elk' have been seen (Blakemore, 2019). A group of assigned scientists collecting data on the area approximated that a rise in more wolves can also be seen sevenfold in the 'exclusion zone,' in comparison to local reserves in the region, which could be attributed to the absenteeism of humanity itself (Blakemore, 2019).

Subsequent effects from the disaster at Chernobyl are said to have contributed economically and politically to the fall of the Union of Soviet Socialist Republic (USSR) and driven 'anti-nuclear efforts. The catastrophe was projected to cost over two hundred and thirty billion dollars in reparations. The country now known as Belarus, was affected by the contamination of twenty percent of its region from the disaster, with a 5th of its 'agricultural' terrain left unable to grow crops safe enough to be consumed. During the efforts to curb the effects of the Chernobyl disaster, Belarus was recorded to have expended twenty-two percent of the entirety of their 'budget' to deal with the effects of the tragedy (Blakemore, 2019).

Currently, although the calamity at the Chernobyl plant epitomises the possible destruction that could ensue from 'nuclear' energy, it was recorded that Russia still has eleven 'RBMK reactors' such as there was in Chernobyl in operation today (Blakemore, 2019).

This study does come with its own drawbacks, such as a certain lack of validity as the data may be biased, does not fully capture the essence behind the rise of dark tourism itself, and does not fully represent the wider population's views. Be that as it may, the study does open the possibility for further future research in gaining a more in-depth understanding of the consumption of the phenomenon in its entirety, using primary sources.

Conclusion

Tourism to sites such as Chernobyl is an increasing trend that has since drawn in the interest of various academic institutions, researchers, and a host of privately funded individuals. Dark tourism in lesser-known, lesser-marketed regions of Europe and the free world has now become a source of revenue for destinations known to have experienced tragedy in different forms and its inhabitants through employment. The fascination with the macabre has not only opened up what was once considered a small corner of the tourism market due to its rising popularity but can now be marketed to suit varying individual needs (i.e., as a form of gaining historical knowledge, evoked feelings from death, etc.). There are also different forms of dark tourism, from nuclear disasters to remains genocide, prisons, holocaust sites, etc. This article chooses to focus primarily on the nuclear catastrophe that took place at the Chernobyl plant in Pripjat, Ukraine. The reasons behind the rise in tourism in the region of Pripjat and the snowballed effects from that on an economic, environmental, and political scale were clearly highlighted. Regardless of the rationale behind what motivates individuals to visit a site like Chernobyl, it is clear that human beings are continuously searching for different ways to incite or invigorate a sense of being alive; some do this through adventure or daring stunts, whilst others accomplish this by touring sites of death and destruction.

Funding: This research received no external funding.

Conflicts of Interest: The authors declare no conflict of interest.

References

- Amirtha, T. (2015). *Dystopia death, and the growing popularity of dark tourism* [online]. Available: <http://www.atlasobscura.com/articles/dystopia-death-and-the-growing-popularity-of-dark-tourism> [accessed 6 August 2020]
- Blakemore, E. (2019). *The Chernobyl disaster: what happened, and the long-term impacts* [online]. Available: <https://www.nationalgeographic.com/culture/topics/reference/chernobyl-disaster/> [accessed 21 August 2020]
- AP Photo, (2016). *30 years on: the impact of the Chernobyl nuclear disaster* [online image]. Available: <http://www.thejournal.ie/chernobyl-disaster-effects-ireland-2727840-Apr2016/> [accessed 5 August 2020]
- Buda, D. M. (2015). *Affective tourism: dark routes in conflict*. Oxon: Routledge.
- Hunder, M., (2019). *HBO show success drives Chernobyl tourism boom* [online]. Available: <http://uk.reuters.com/article/us-ukraine-chernobyl-tourism/hbo-show-success-drives-chernobyl-tourism-boom-idUKKCN1T51MF#:~:text=Seriy%20Ivanchuk%2C%20director%20of%20SoloEast,aired%20the%20show%2C%20he%20said.> [accessed 18 August 2020]
- Kaul, A. And Skinner, J. (2018). *Leisure and death: an anthropological tour of risk, death and dying*. Colorado: University Press of Colorado.
- Mara, W. (2011). *The Chernobyl disaster: legacy and impact on the future of nuclear energy*. New York: Marshall Cavendish Corporation.

- McKinney, D. (2020). *Dark tourism: what is it and why is it important?* [online]. Available: <http://culturaobscura.com/what-is-dark-tourism/> [accessed 4 August 2020]
- Mitra, M., (2019). *Pop culture is changing the tourism industry-the proof is in Chernobyl* [online]. Available: <http://cubc.com/2019/06/14/chernobyl-sees-a-spike-in-visitors-as-pop-culture-influences-tourism.html> [accessed 18 August 2020]
- Pezzullo, P. C. (2007). *Toxic tourism: rhetoric's of pollution, travel, and environmental justice*. Alabama: The University of Alabama Press.
- Strainton, H. (2020). *Dark tourism explained: what is it and where* [online]. Available: <http://www.tourismteacher.com/dark-tourism/> [accessed 4 August 2020]
- Stone, P. and Sharpley, P. (2008). *Consuming dark tourism: a thanatological perspective*. *Annals of Tourism Research*, 35(2), pp. 574-595.
- Rangus, M., Gorenak, M. and Brumen, B. (2017). *Sustainability in tourism and regional development*. Newcastle upon Tyne: Cambridge Scholars Publishing.
- white, L. and Frew, E. (2013). *Dark tourism and place identity: managing and interpreting dark places*. Oxon: Routledge.
- Yablokov, A. V., Nesterenko, V. B. and NESTERENKO, A.V. (2009). *Chernobyl: consequences of the catastrophe for people and the environment*. Boston: Blackwell Publishing.

Working from home: Making employers happy while keeping a work-life balance

John Oakshott ^{1,*}

¹ Department of Hospitality Management, Mont Rose College, Mont Rose House, 412-416 Eastern Avenue, Ilford IG2 6NQ

* Correspondence: johnoakshott@mrcollege.ac.uk

Abstract

Whether working from home is the key or drawback to employees' efficiency and work-life balance became an overwhelming question for both employees and their employers. This present article reviewed several different studies on the benefits associated with working from home and the traditional way of working. These two modes of working were found to be highly beneficial in their own right. Recommendations were offered on how staff who may be working from home long-term cope with the structure of hours to ensure they keep a work-life balance and the employer happy.

Keywords: Work from home, employer, trust, performance

Introduction

Working from home (WFH) is the new buzz phrase for 2020, but even in pre-industrial time's people worked from home. Factories and industrialization created the organizational behaviours as seen today. For 200 years, we report to a place of work, carry out functions, leave at a prescribed time, and get paid (Mayo, 1945). This has allowed employers to monitor activities to ensure that staff was not avoiding work. In the last twenty years, technology has allowed many to work from home, but trust has prevented this from happening. Employers generally want to confine staff in buildings to monitor as they have always done (Liput, 2009). However, this year 2020 is special as governments have instructed us to work from home due to Covid 19. This has left many bosses out of control and for the first time been made to trust staff to work to the standard. Many bosses have found this year that their staff, in fact, work just as well, if not harder. It has been reported some companies have even closed their offices and made WFH permanent (Dwoskin, 2020). The question is, how do staff who may be working from home long-term cope with the structure of hours to ensure they keep a work-life balance and the employer happy?

Employee monitoring challenges

The workplace, regardless of the industry, has the purpose of improving performance. Many industries employ a scientific approach where staff is monitored whilst carrying out as many tasks as possible within given hours. To ensure employees were seen to be working, production is measured on a production line how many objects were made and, when distributed, how many deliveries were made. This only focused on the production, not the person. This is the same in the professional world, where office workers are monitored for what they perform regardless of the tasks. Take a GP, for instance; they are given ten minutes for an appointment regardless of the ailment. The GP as a professional has three options, first to overstep the time to diagnose fully, second is to diagnose the basics then refer to a specialist; or third, take the chance the diagnosis was right and keep to the time. The people deciding these factors want quality, quantity quickly. This triangle will never cover all three sides; one has to give. In this respect, it can be given that if the worker is performing repetitive tasks, this method will work well; if the tasks are variable, a new method needs to be considered to gain optimal performance

(Taylor, 2016). Companies today, as they grow, tend to choose a bureaucratic approach by skilfully choosing staff for a particular task based mainly on experience or qualifications. Each role is defined within a fixed chain of command. By standardizing these divisions, managers can monitor sections or departments, so rather than GP being compared with a delivery driver, the GP is compared with another GP. Still performance-based but a more level playing field. Again, this is still based on performance, not on the person (Parkin, 2002).

Then there is the consideration of the overall structure of the organization. Smaller companies enjoy better people to people communications. The relationships are more personal, which develops trust, and this culture produces respect at all levels. Larger companies try to replicate this by creating teams but still have a top-down approach, so the culture is still more of obedience than choice. This approach does stifle creativity and individualism pushing workers to focus on their own tasks rather than the greater team as employers are only interested in company performance. This can be reflected in the long-term orientation of the individual where they view the relationship with their company as either attached with a long-term investment or unattached and a short-term job. This will be reflected in staff turnover, which in turn demonstrates trust (Hofstede, 2001).

The concept of working

The concept of going to work is, in historical terms, relatively new. About 200 years ago, the advent of the industrial revolution meant people left home each day to go to a place of work because the tools and equipment were situated there, which in factories still the case is (Allen, 2017). Offices, however, can be more remote as technology has the internet and laptops can be anywhere. Some have questioned if there is a point in traveling to a place of work where time and costs are involved (Gately, 2014). Trust is still the overriding issue; employers spy on staff in the work environment visually and monitoring activities on computers. Managers employing these methods are not effectively getting the best from staff. Staff do enjoy going to the workplace as it separates from the home, workmates are there to socially interact with which is important for moral but can encourage shirking. Many companies still pay a reservation wage taking on staff for the least wage for their position in the hope that managerial pressure will increase performance. This will only encourage homo economicus. Employers have been known to force staff to offices even when the government says work from home if it is possible. If trust is an issue in the workplace, how can employers possibly trust staff to work from home (Cohen, 2014).

In April 2020, the government recorded that 47% of people were working from home as an impact of Covid-19, more than half in the London area (ONS, 2020). X and Y types would have performed differently. X types, according to McGregor are only at work for the money and will do the least to get it, they will shirk where possible, and then Y types are working because the job itself fulfills them; they would work more at home as discussed in the following research (Koonz & Wehrich, 2008). The Harvard Business Review conducted research in 2013 to investigate how WFH employees used their time and compared that in a 2020 study. The findings offered showed that having a clear understanding of the job description, employees spent less time in meetings with managers and bosses and less time interacting or chatting to fellow staff. More time was spent customer-facing and updating training skills. It was more productive.

However, on the flip side, creativity declined as zoom meetings are not the same as being in one physical room throwing ideas at each other. One person in the research said, "We are slowly losing the social glue that holds us together." So, knowledge workers need to be left to create they enjoy the process and are responsible enough to call upon managers and colleagues if the task is too great (Birkenshaw, 2020)

Many employers have had to take a close look at their companies and think about the future, not just now but 5 or even 10 years from now; planning for 2021 is just firefighting, plan ahead prepare the future is coming quicker than originally thought. Covid 19 has proven that. Presently people still have a social connect to a place they call work; it is part of their identity and social being. This must change

as the impacts of the high street have shown us. Retailers that moved online more than 10 years ago fared reasonably this year, but the large retailers who did not move online and kept to the old management methods went out of business. This will radically change the landscape of the high street as there will be a vast surplus in the retail property (Grimsey, 2012). This may happen in the office environment some companies have closed their offices permanently knowing staff can work very well from home. When the pandemic is over, they can use venues like hotels and coffee shops to meet (McLennan, 2008). Even in such a short time, modern managers have understood morale is a key to productivity and wellbeing of staff WFH. Meetings are being held weekly officially to make sure individual staff are coping well at home, offering an open hand in support and group meetings, not about figures and performance but fun, chit chat, catching up on how people are. The key is to hold out the olive branch, offering support, not beating them with it.

How much will companies save by reducing office space? It does not have to all go as many need to keep a physical presence. Banks in Canary Wharf, London, have emptied skyscrapers for most of this year. Nobody knows if everyone goes back, economics may be the deciding factor. To support this, the Institute of Directors (IoD) surveyed a number of executives who said they plan to allow half their staff to work permanently if they wish to after the pandemic is over. These plans are as a result of a forced shutdown over most of this year where managers reported that productivity had not been affected. This has led directors to rethink expensive city offices, not in closing them but when leases allowed reducing them in size. They recognized that WFH was not for everyone, and networking and client meetings were still better held informal surroundings. The IoD's director of policy Roger Barker stated with an unknown future, companies needed to keep a flexible blended approach especially as travel restrictions may also impact staffing. As well as discussions with big-city firms, the IoD has urged the government to support SMEs to work remotely by offering tax incentives that can allow them to have the latest digital technologies (Thomas, 2020).

Also, offering jobs, WFH may, for certain professionals, reverse the effects of the industrial revolution. Why live in a big expensive city with grime and crime when you can move to the country and give your family a better life. Work-life balance WLB has been more important to highly skilled professionals in recent years. Their work is part of their life that can be flexibly built around the family. Clocking in at 9, clocking out at 5 is so old-fashioned. As long as the job gets done, does it matter? 1.6 million people in London have expressed they are seriously planning to leave the big city, which supports the claim (Wilson, 2020). So, in the future, professionals may be moving away from the city, and nonprofessionals will have to remain as their work is there. Further dividing the haves and have nots (BBC, 2020). The future is here, and there is no going back. If your organization has not planned ahead for this, your competition certainly has. There is an urgent need to consider the options as 2021 will be a pivotal year. Companies that do not choose and do not adjust their management style to suit it will suffer. In considering the new normal, many companies have decided to downsize their office space before the marketplace gets saturated with commercial property. Some companies are upgrading their IT to enable flexible working (Burke, 2020).

Returning to work

Consider going back to how it was, the pandemic is over, and we can return to normal. This is how staff like it; it is what companies have always done, so no change is needed. Staff does not like working from home; they prefer to be at work with their work friends. It is easier to manage with everyone in one place; these comments may now be familiar. These may be seen by some as positives, now some negatives. Government restrictions will still be in place for most of next year, which means lower capacity in offices just to keep them Covid compliant. And some staff has adjusted so well to WFH they may be reluctant to return, so employers will need to either coax or force them to return. In this scenario, without consultation with employees may be viewed as coerced, the worst Orwellian option (Bradford, 2020).

Working from home is the opposing view that brings its own challenges. The staff has managed for almost a year they got used to it, and we can save on office costs. Both employer and employee are contented, but keeping people at home has the consideration of taxation, correct equipment, and suitable managing. Let alone the fact that staff WFH has suffered in cramped homes trying to clock in and clock out on time whilst their partner and children disrupt the flow of creative work. Even an enterprise standard personal office is just a bridge, not a solution. WFH has only ever been a temporary solution whilst the pandemic was prevalent, eventually, the social isolation would push good stuff away. The news more recently shows many have had enough and need to mix with people. Again, consultation and assessment with each and every worker would be needed because if enforced Orwell would certainly have been right (BMJ, 2020).

Conclusion

Blended working is the middle ground. It brings the best of both in some days WFH other days. Coordinated properly and with consultation, staff would be even happier than BC Before Covid. This would offer the chance to work on serious projects at home and meetings and social work. The employers also get the best of both worlds as they can maximize resources such as desk sharing in a smaller building. This saving in costs will make them more competitive in their sector and still showing a physical presence that still has value to customers. Workers can say use a 2/3 model of working giving them the opportunity to live away from the city in a better work-life balance. Companies that plan this properly, not just thrown together, may find talented people knocking at their door wanting to work there. New blood, new skills will benefit the company further (Lake, 2016).

Funding: This research received no external funding.

Conflicts of Interest: The authors declare no conflict of interest.

References

- Allen, R. (2017). *The Industrial Revolution*. 1st ed. Oxford: Oxford University Press.
- BBC, (2020). *Coronavirus: How the world of work may change forever*. [Online]
Available at: <https://www.bbc.com/worklife/article/20201023-coronavirus-how-will-the-pandemic-change-the-way-we-work>
[Accessed 15 December 2020].
- Birkenshaw, J. (2020). *Research: Knowledge Workers Are More Productive from Home*. [Online]
Available at: <https://hbr.org/2020/08/research-knowledge-workers-are-more-productive-from-home>
[Accessed 15 December 2020].
- Razai, M.S. Oakeshott, P., Kankam, H., Galea, S. and Stokes-Lampard, H., (2020). Mitigating the psychological effects of social isolation during the covid-19 pandemic. *British Medical Journal*, 369.
[Accessed 15 December 2020].
- Bradford, R. (2020). *Orwell: A Man of our Time*. 1st ed. London: Bloomsbury.
- Burke, I. (2020). *Scenario planning for the Workplace of the Future*. [Online]
Available at: <https://medium.com/enterprisetech-london/scenario-planning-for-the-workplace-of-the-future-4dcb1b97e918>
[Accessed 15 December 2020].
- Cohen, D. (2014). *Homo Economicus*. 1st ed. Paris: Polity Press.
- Gately, I. (2014). *Rush Hour*. 1st ed. London: Head Zeus.

Grimsey, B. (2012). *Sold Out*. 1st ed. Croydon: Filament Publishing Ltd.

Hofstede, G. (2001). *Culture's Consequences*. 2nd ed. London: Sage.

Koonz, H. & Wehrich, H. (2008). *Essentials of Management, An International Perspective*. 7th ed. New Delhi: McGraw.

Lake, A. (2016). *Smart Flexibility: Moving Smart and Flexible Working from....* 1st ed. Aldershot: Gower Publishing Ltd.

McLennan, K. (2008). *The Virtual World of Work*. 1st ed. Charlotte: Information Age Publishing.

Office for National Statistics (2020). *Employment and employee types*. [Online]

Available at:

<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/>

[Accessed 15 December 2020].

Parkin, F. (2002). *Max Weber a Revised Edition*. 2nd ed. Oxford: Routledge.

Taylor, F., 2016. *The Principles of Scientific Management*. 4th ed. Chicago: Cosimo Classics.

Thomas, D., 2020. *Company Chiefs Plan to Cut Office Space after Pandemic*. [Online]

Available at: <https://www.ft.com/content/c4000088-c256-4d31-ba98-f695c39e6e21>

[Accessed 15 December 2020].

Wilson, J., 2020. *MIGRATION FROM LONDON AS 1.6M PLAN MOVE OUT OF CAPITAL*. [Online]

Available at: <https://www.thehrdirector.com/business-news/covid19/covid-19-accelerates-migration-from-london-as-1-6m-plan-moves-out-of-the-capital/>

[Accessed 15 December 2020].

To decide or not to decide: fluctuating capacity and the impact on practice

Jamil Ahmed ^{1,*}

¹ Department of Health & Social Care, Shakespeare House, South Campus, 267 Cranbrook Road, Ilford, Greater London, IG1 4TG

* Correspondence: j.ahmed@mrcollege.ac.uk

Abstract

Fluctuating capacity, an issue that emerges within healthcare practice, is when mental competence may oscillate between the competence to make decisions or not. A level of uncertainty exists around particular individuals impacting how the legislative framework is applied. This analysis will focus on a recent case ruling where micro and macro decision-making processes were distinguished. Firstly, it will explore the case and its impact on the existing legislative framework. Secondly, it will explore unwise decisions in light of the recent case. Lastly, a focus on other contextual factors that provide meaning for decisions that extend beyond micro and macro processes will be provided. The analysis will conclude with implications for practice.

Keywords: fluctuating capacity, case law and healthcare practice

Introduction: fluctuating capacity and case law

The legislative framework for healthcare consists of legislation, policies and case law. Legislation can provide a sense of consistency when understanding roles, duties concerning the healthcare landscape. However, the consistency afforded by legislation can lead to unwanted issues when applied categorically. Case law, in this instance, can offer a healthy balance to consistency in the form of adaptation. Case law or precedent are cases on which the judiciary rule, providing, in some instances, binding actions (Williams, 2020). Based on the principle of *stare decisis*, decisions usually follow preceding cases to ensure consistency unless the circumstances differ, warranting a different decision (Horty, 2011). The discretionary freedom allows the judiciary to accommodate complexity. In other words, it captures the spirit rather than the legislative letter of the law. It is the spirit that the case of Royal Borough of Greenwich v CDM [2019] attempts to communicate as it was a rare occasion when fluctuating capacity was legally recognised.

Fluctuating capacity is when a person's ability to determine choices for themselves varies frequently and consistently (Gergel and Owen, 2015). There are numerous causal factors, including mental health issues, physical conditions, and medication withdrawal (Trachsel, Hermann and Biller-Andorno, 2015). This case involved a 64-year-old woman, referred to as CDM, with co-morbidities, including personality disorder and diabetes, and a history of medical non-adherence. The care home where she resided was found to have deprived her liberties against her wishes. Based on psychiatric expert evidence, the judge decided that CDM's decision-making process, psychopathology, and poorly managed diabetes were intertwined, leading to difficulty identifying when CDM had capacity (Curtice, 2020).

The Mental Capacity Act (the Act) 2005 and the accompanying Code of practice (which offers practical recommendations) acknowledge that conditions may influence the capacity to make decisions. However, both focus on the ability to make a single decision. This then brings us to the key terms, which emerged from this case: micro and macro decision-making. Micro decisions involve a decision that would not involve other elements or an overall contextual view. Macro would involve several elements to keep in mind when deciding something. To manage one's diabetes, one would need to consider diet, testing the glucose level, administering insulin, and CDM could not take all of those factors into consideration. This would go beyond the single decision.

The particular case brought forward a novel way of conceptualising fluctuating capacity. For example, does decision-making involve micro, macro, or a sequence of micro-decisions? Identifying how particular clients engage with this process could throw light onto whether they have fluctuating capacity. However, several issues emerge based on this process-driven approach to decision-making and its alignment with the legislative framework. These issues will be explored below.

Alignment with the Mental Capacity Act

The case suggests that decision-making is a process and can involve many factors. However, if we are to assess capacity as a process, how does that align with the Act? The Act delineates the requirements when assessing capacity. The capacity assessment focuses on some elements: 1) understanding information relevant to make a decision; 2) ability to retain the information; 3) assess the information to make a decision and 4) communicating the decision (Johnston and Liddle, 2007).

Although it attempts to identify the ability to make decisions, the standard capacity test differs from the process-driven approach emphasised within case law. It is outcome-driven, i.e., being medically non-compliant (the outcome) may be grounds for identifying whether someone has the capacity or not. The first condition of the assessment is to assume capacity, meaning an assessor would identify and facilitate certain aspects like weighing information, retaining information, and providing information that the person understands, whether verbal or written. The ability to retain information can also be considered to be an outcome. A default test would request the individual to recall the information they were asked to retain. If they were unable to do this, then our evaluation would be based on this outcome. There would be little focus on the process of retaining information. What about assessing relevant information? Weighing information could also be an outcome as the assessor (s) would be identifying whether the individual can provide a rationale for what they may do. What about communicating one's decision? Whether spoken, written, or conveyed through sign language, the outcome would still determine whether comprehension occurred. So, although the rulings in case law may view capacity as a process of sorts, it is clear that the Act emphasises outcomes. This polarity, process versus outcome, highlights a more profound issue about how we attempt to understand ourselves and each other. For decisions, one may focus on the process of arriving at a choice. For instance, one may decide to do x based on y and z . Only the decision-maker has privileged insight into this process by virtue of their subjectivity. It is self-evident how one arrives at their decisions because of the access to their thoughts. Even when it is not as apparent, one could reflect on their process to gain insight. However, this privileged insight cannot be extended to others because subjectivity is accessible only for the subject. Therefore, understanding the decisions of others may rely on behaviourism. This is referred to as analytical behaviourism, where statements or expressions of thoughts are interpreted using bodily actions (Ryle, 1949). It is this tension between understanding self and others that is present within the legislative framework. We may provide as much as possible to facilitate the process, but the emphasis is on behaviour to determine capacity. This position is fraught with difficulties, especially when it is unclear whether mental processes can be aligned with bodily processes (Wilson and Golonka, 2013). Furthermore, a reliance on behaviour, which the Act encourages, may lead to further issues, especially concerning unwise decisions.

Unwise decisions

A mental capacity assessment is a structured process to determine whether individuals can make choices involving their care and wellbeing (Barry and Docherty, 2018). The process may incorporate a range of information generated from interviews, psychometric tests, and reports by practitioners involved in their care. Other instruments may be used with individuals with mental health issues, such as the personality assessment inventory. On the surface, both the Act and the code of practice remind us that people have the right to make decisions that others consider unwise. So, if I chose to engage in

risky behaviour, that is my right, even when others deem it an unwise decision, that is, given a similar situation and evidence, others may arrive at a different decision, which does not necessarily make one incapacitous (Cave, 2017). What emerged from the case was that it was difficult in identifying whether CDM was able to make decisions generally. Furthermore, the structured process of the assessment could impact what is being assessed. For example, if it is behaviour that is being assessed, then through stimulus and response, one could learn to exhibit the behaviours, suggesting capacity (Lennard, 2016). Therefore, the autonomy to make unwise decisions is not a privilege that could be attributed to CDM. Even when CDM may appear behaviourally to be regulated and appears to be capacitous, there will always be an element of uncertainty. The underlying theme is that relying on behaviour, which the Act promotes, cannot clarify whether CDM has capacity. If that is so, what does provide clarity?

What makes an unwise decision, according to the Act, is by virtue of the outcome within social settings that stems from the choices I make. So, if I choose to be medically non-compliant, the end process makes it unwise as it diverges from acceptable parameters. The causal chain of decisions involving intervening acts and outcomes is an integral aspect of demonstrating legal sufficiency (Fumerton and Kress, 2001). However, there is difficulty distinguishing between wise from unwise and disrupting the causal chain for someone with fluctuating capacity. Following this argument could lead one into a paradoxical situation where one could arrive at the right outcome (being medically compliant) for the wrong reasons. However, what differs from the paradoxical situation and the typically unwise decision, is the level of insight. So, here we are referring to the level of understanding one may have on what is wise or not. Strictly applying the legislation may not provide enough purchase to address the complexity of fluctuating capacity.

How would practitioners distinguish between making unwise decisions with capacity and unwise decisions without? Some of the difficulties in conceptualisation also stem from conflating mental capacity with legal capacity. Mental capacity within everyday occurrences, as healthcare practitioners know, involves a complex interwoven tapestry of relational and contextual factors (Halpern, 2012). Whereas the Act, section 2(1), makes it functional and time-specific and states that *A person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter*. This approach is, in many ways, being challenged by CDM's case. An aspect of this tension may stem from a moral rigidity to autonomy and legal capacity, which must be clearly demonstrated before any person(s) can act as an agent (Baybrooke, 2002). However, to fully appreciate the complexity of capacity, we may have to move beyond the processes of micro and macro decisions. We are also referring to reflective insight, understanding the salient features of making unwise decisions with capacity. If we are to focus on areas other than cognitive processes and behavioural outcomes, what would that be?

Decisions within my pragmatic context

Are micro-decisions done in isolation? If I choose option A or option B, it could be based on my fancy. Although this could be considered a simple decision, it may still involve some other elements such as mood, predisposition, and any other contextual factors influencing the process. Therefore, a seemingly simple binary decision has other background elements, which may shape the decision. For instance, impulsivity, a characteristic whereby certain behaviours are enacted without foresight (which would typically be tolerated), is within healthy populations and can influence one's decisions (Whiting, 2020). If micro-decisions have other shaping elements, what about macro decisions? The case stated macro decisions as invoking many factors, which one has to take into consideration, meaning one takes a global stance on necessary factors leading to the decision.

However, there is a qualitative difference between micro-decisions and macro-decision that is present in this case. What distinguished them is the focus on the self, i.e. we must have ourselves in consideration as well as possible implications, whereas micro-decisions, transactional in nature, may

not. Therefore, if I have to maintain a routine to be medically compliant, what factors into my consideration is my care and wellbeing. This then follows that understanding how something may impact an individual requires the capacity to reflect on everything, including myself. The capacity to reflect was not mentioned in the case, making sense as it is an oft-used term that may not provide clarity. For this paper, I will use the term *pragmatic context* borrowed from linguistics. Words and other descriptors are meaningful, not because of their isolated significance but from the holistic space that the words share (Papafragou, 2018). The shared space also enriches the meaning as each element reinforces one another (Pagin, 2014). What one says within social discourse makes sense within a framework, throwing light on the different interaction and their meaning (Van Dijk, 1977). This is referred to as the pragmatic context. For instance, the reasons for one's decision to wake early can have the meaning extended by knowing the contextual factors: to ensure one takes their necessary medication to manage their condition. The decision to wake early is consistent with this dynamic context, which throws light onto their decisions. A shift towards the pragmatic context could offer a way around the problem of subjectivity, leading to the lack of insight into another's decisions. Understanding the background, which may frame choices, means one gets closer to conceptualising the meaning that underlies choices.

The focus, then, on micro and macro decisions alone does not provide enough tools for the clinicians to make sense of fluctuating capacity as it deviates away from the integral meaning-making element, the context. Returning to CDM, the patient's choices may be transactional or not but will still unfold within a pragmatic context. Ensuring CDM takes her insulin will have an overall impact on her wellbeing. However, if CDM is not aware of her pragmatic context, any decision (whether macro or micro) may feel singular, isolated, and disconnected. Instead, what one is left with is the perennial now coupled with bodily impulses. Capacity, then, goes beyond just making decisions; it is also about understanding the pragmatic context in which decisions are framed.

Implications for practice

Although practitioners come across fluctuating capacity in clinical practice, it has not often been acknowledged within the legislative landscape. The Mental Capacity Act, which is the primary source for professionals working with clients lacking capacity issues, remains silent on fluctuating capacity. Based on what is stipulated in the Act, the capacity assessment retains a structured process focusing on behavioural outcomes. It could lead to people learning, through stimulus and response, certain behaviours ostensibly presenting elements of capacity.

So, the problems that arise for clinicians are how to work with such clients? CDM's has introduced a novel way of conceptualising fluctuating capacity, emphasising the process of decision-making. However, there are some difficulties in solely focusing on the cognitive process. Firstly, although the process-driven approach is mentioned, it is the behavioural outcomes that determine the processes. Therefore, if the process-driven approach is applied prescriptively, it starts resembling the conventional structured tests. Secondly, decisions involve many contributing factors that extend beyond the micro-macro processes. They provide the shape and contours to decisions that are not always explored in capacity assessments. Following on from this, to understand the process and context, time to understand and interpret the actions and behaviour of individuals would be required. Therefore, when assessing an individual with fluctuating capacity, one would need to extend beyond micro and macro decisions; it would also involve socialising oneself into the pragmatic context.

Conclusion

This legal case was a first at successfully addressing fluctuating capacity. There have been numerous challenges to the conventional approach to assessing capacity, which means future cases will most likely add further to the discourse of fluctuating capacity. The case introduced a novel approach

focused on the decision-making process. Other cases, building on the one discussed, will undoubtedly influence healthcare-related decisions, shifting towards a holistic and ecologically valid approach in conceptualising capacity.

Funding: This research received no external funding.

Conflicts of Interest: The authors declare no conflict of interest.

References

- Barry C., Docherty, M. (2018) Assessment of mental capacity and decision-making. *Medicine* 46 (7) pp. 405-410.
- Braybrooke, D. (2002). Moral Rigidity Inside and Outside the Law. *Public Affairs Quarterly*, 16(2), pp. 173-188.
- Cave E. (2017). Protecting Patients from their Bad Decisions: Rebalancing Rights, Relationships, and Risk. *Medical law review*, 25(4), pp. 527–553.
- Curtice, M. (2020). Fluctuating capacity: The concept of micro- and macro-decisions. *BJPsych Advances*, 26(4), pp. 238-244.
- Fumerton, R., Kress, K. (2001). Causation and the Law: Preemption, Lawful Sufficiency, and Causal Sufficiency. *Law and Contemporary Problems*, 64(4), 83-105.
- Gergel, T., Owen, G. S. (2015). Fluctuating capacity and advance decision-making in Bipolar Affective Disorder - Self-binding directives and self-determination. *International journal of law and psychiatry*, 40, pp. 92–101.
- Halpern, J. (2012) When Concretized Emotion-Belief Complexes Derail Decision-Making Capacity. *Bioethics*, 26(2): pp. 108–116.
- Horty, J. (2011) Rules and Reasons in the Theory of Precedent. *Legal Theory*, 17(01), pp.1-33.
- Johnston, C., Liddle, J. (2007). The Mental Capacity Act 2005: a new framework for healthcare decision making. *Journal of medical ethics*, 33(2), pp. 94–97.
- Lennard, C. (2016) Fluctuating capacity and impulsiveness in acquired brain injury: the dilemma of “unwise” decisions under the Mental Capacity Act, *The Journal of Adult Protection*, 18(4), pp. 229-239.
- Mental Capacity Act 2005. <http://www.legislation.gov.uk/ukpga/2005/9/contents> [Accessed June 27, 2021]
- Mental Capacity Act 2005 Code of practice 2013
<https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice> [Accessed: June 27, 2021]
- Pagin, P. (2014). Pragmatic enrichment as coherence raising. *Philosophical Studies: An International Journal for Philosophy in the Analytic Tradition*, 168(1), pp. 59-100.
- Papafragou, A. (2018) Pragmatic Development, Language Learning and Development, 14(3), pp. 167-169.
- Ruck Keene, A., Kane, N. B., Kim, S., & Owen, G. S. (2019). Taking capacity seriously? Ten years of mental capacity disputes before England's Court of Protection. *International journal of law and psychiatry*, 62, pp. 56–76.
- Ryle, G., (1949). *The Concept of Mind*, London: Hutchinson.
- Trachsel M., Hermann H, Biller-Andorno N. (2015) Cognitive Fluctuations as a Challenge for the Assessment of Decision-Making Capacity in Patients With Dementia. *American Journal of Alzheimer's Disease & Other Dementias*. pp. 360-363.
- Van Dijk, T.A. (1977) Context and cognition: Knowledge frames and speech act comprehension, *Journal of Pragmatics* 1(3), pp. 211-231.
- Whiting, D. (2020) Traumatic Brain Injury with Personality Change: a Challenge to Mental Capacity Law in England and Wales. *Psychological Injury and Law* 13, pp. 11–18.
- Williams, G., (2020) *Glanville Williams: learning the law*.
- Wilson, A, Golonka S. (2013) Embodied Cognition is Not What you Think it is. *Frontiers in Psychology* 4 (58), pp. 1-13.

Lifestyle-induced cardiovascular diseases in Nigeria

Samson O. Ojo^{1,*}

¹ Department of Health & Social Care, Shakespeare House, South Campus, 267 Cranbrook Road, Ilford, Greater London, IG1 4TG

* Correspondence: s.ojo@mrcollege.ac.uk

Abstract

A literature review on lifestyle-induced cardiovascular diseases was conducted to provide information about the burdens associated with lifestyle-induced heart diseases other than birth defects in the context of Nigeria. Lifestyle choices such as dietary habits, consumption of alcohol, tobacco smoking, physical inactivity, and urbanisation appear to be driving an increasing prevalence of cardiovascular diseases, while hypertension is the most prevalent of all heart diseases in Nigeria. Beliefs such as 'weight gain or obesity is a sign of affluence, and the misconception that cardiovascular disease is associated with witchcraft was a big factor. There is an urgent need for the implementation of an aggressive operational policy to health-educate people in the rural and urban areas about the risk attached to obesity, smoking, alcohol consumption, and physical inactivity.

Keywords: cardiovascular disease; lifestyle; hypertension; obesity; physical inactivity; Nigeria

Introduction

Non-communicable diseases (NCDs) are chronic medical conditions (such as cardiovascular diseases, chronic respiratory diseases, diabetes, cancer etc.) that are associated with long durations and slow progress (Budreviciute *et al.*, 2020). NCDs represent the leading cause of death, killing 41 million people each year, equivalent to 71% of all deaths worldwide (GBD 2015 Risk Factors Collaborators, 2016). Until lately, the burden of cardiovascular diseases (CVDs) and other non-communicable diseases (NCDs) was believed to be a problem of the western countries. However, growing evidence has shown that developing countries suffer from this problem more than the developed ones (Budreviciute *et al.*, 2020; Maiyaki. and Garbati, 2014).

Before COVID-19, a number of developing countries were experiencing a decline in the incidence of communicable diseases but a rapid increase in the prevalence of cardiovascular diseases such as myocardial infarction, stroke, and hypertension (Islam *et al.*, 2014). With the decline in the incidence of communicable diseases and constantly increasing morbidity and mortality due to NCDs, it can be said that Nigeria is experiencing epidemiological transition (Maiyaki and Garbati, 2014). In Nigeria, like most of the other African countries, the current focus of the research community and the rest of the world is on the fight against COVID-19 (SARS-CoV-2) pandemic despite the fact that so many lives have been lost to cardiovascular diseases nationally and across the globe (Chinedu and Emiloju, 2014). Growing evidence suggests that COVID-19 and NCDs may be related on several levels, and this may pose unforeseen consequences on health outcomes. To be precise, COVID-19 is linked with cardiovascular diseases, including cardiac injury (e.g., myocarditis), stroke, and exacerbation of subclinical vascular pathology (Aggarwal, Lippi and Michael., 2020; Helms, Kremer and Merdji, 2020; Markus and Brainin, 2020).

There has been empirical evidence linking NCDs and globalization, urbanization, demographics, lifestyle transition, socio-cultural factors, and poverty (Venkat Narayan, Ali, and Koplan, 2010). Similarly, mounting evidence has strongly identified a wide number of lifestyle choices, like smoking, alcohol, dietary habits, and physical inactivity, as possible risk factors of cardiovascular diseases (Mozaffarian, Wilson and Kannel, 2008; GBD 2015 Risk Factors Collaborators, 2016). This explains why the majority of national and international guidelines for the prevention of cardiovascular diseases often recommend the use of suitable medication and adoption of a healthy lifestyle, such as regular exercise and eating healthily (Claassena *et al.*, 2012). In 2008, the incidence of raised cholesterol and obesity in Nigeria was found to be 16.1% and 6.5%, respectively (WHO, 2011; Awosan *et al.*, 2013). A recent

systematic review by Adeloye *et al.* (2020) reported that the pooled crude prevalence of hypercholesterolemia in Nigeria was 38% (95% CI: 26–51). This high prevalence was, however attributed to the adoption of western lifestyle by most Nigerians, who now prefer fast food to low fat traditional diets (Olaitan *et al.*, 2013). Furthermore, the prevalence of physical inactivity in Nigeria has also been estimated to be between 22% (Adewale, *et al.*, 2018), while people who do not engage in any form of physical activity have 20-30% increased risk of dying prematurely (Olatunbosun *et al.*, 2000). Tobacco smoking is another lifestyle choice that has been heavily implicated in cardiovascular disease in Nigeria; a CDC report states that smoking increases the chance of developing heart disease by 24% (CDC, 2012). Currently, there is no record of empirical data attributing tobacco to illness and death in Nigeria (Abikoye, Kashimawo and Eze, 2013); however, about 22.6% of the Nigerian population regularly smoke (Nwaneli, 2010), while the record shows that about 6% smoke daily (WHO, 2014). In total, cardiovascular diseases (CVDs) have accounted for roughly 12% of mortality in Nigeria (WHO, 2011; Awosan *et al.*, 2013). Therefore, this review seeks to provide information about the burdens associated with lifestyle-induced heart diseases other than birth defects.

The burden of lifestyle-induced cardiovascular diseases

In Nigeria, the impact of NCD, including cardiovascular disease, is huge and conspicuous (Maiyaki and Garbati, 2014). In fact, it has been projected that up to 5 million Nigerians may have died as a result of NCDs and cardiovascular diseases by the year 2015. Some of the main risk factors for cardiovascular diseases in Nigeria are poor diet, alcohol consumption, tobacco smoking, and lack of physical exercise. Tobacco smoking is a common risk factor for atherosclerosis and coronary heart disease (CHD) (Carter *et al.*, 2016; GBD 2015 Risk Factors Collaborators, 2016). It is worth noting that risk increases with increasing duration of use and with greater intensity of smoking, as measured by the number of cigarettes smoked per day (Pirie *et al.*, 2013). The use of tobacco products has been on the increase in Nigeria, and it is more prevalent in urban areas than rural areas and mostly practised by young people (Nwaneli, 2010). According to CDC (2012), tobacco smoking increases the probability of developing cardiovascular disease by about 24%. When tobacco smoke is inhaled, it triggers a number of instant responses within the heart and its blood vessels (Abikoye, Kashimawo and Eze, 2013). There is a drastic increase in the heart rate just within few minutes of starting to smoke because of the effect of Carbon monoxide released from smoke and Nicotine (WHO, 2014). The body is stimulated by Nicotine to release adrenaline, which causes the heart to beat faster, thereby leading to increased blood pressure (WHO, 2014). The elevated heart rate and blood pressure indicate that the hearts of smokers, in most cases, have to work harder than the hearts of non-smokers, thereby leading to an increased risk of heart disease or stroke (WHO, 2014).

An estimated 2.7 million incidents of cardiovascular disease have been attributable to diets that are low in fruits and vegetables and high in fat. WHO (2009) identified poor diet and physical inactivity as the leading contributors to overweight (body mass index (BMI): 25–29.9 kg/m²) and obesity (BMI greater than 30 kg/m²). Obesity always results in physical discomfort, psychological disturbance and predisposes the affected individuals to a complex condition commonly referred to as a metabolic syndrome, which is characterised by lipid disorders, sleep apnea, respiratory diseases, and hypertension which often leads to accelerated aging and cardiovascular disease (Chinedu and Emiloju, 2014). Obesity has been described by Nwaneli (2010) as a risk factor in the development of hypertension and Diabetes Mellitus (T2D), and it is more prevalent in women (35.7%) than men (8.3%). Opadijo, Akande, and Jimoh (2004) in a study on risk factors of coronary heart disease among Nigerians with hypertension found that 54% of hypertensive patients with low high-density lipoprotein (HDL) to total cholesterol ratio had BMI greater than 25 kg/m². A similar report by Akpa, Agomuoh, and Alasia (2006) reported that 33.6% of healthy patients in their investigation on lipid profiles were also found to be obese with BMI greater than 30 kg/m². Based on these findings, it can be inferred that there is an aggregation of several risk factors for coronary heart disease among Nigerian patients suffering from hypertension and hyperlipidemia. Otunola *et al.* (2010) stated that continuous consumption of food high in saturated fat and cholesterol increases the risk of hypercholesterolemia and atherosclerosis - a

serious disease condition in which arteries become blocked by fatty substances known as plaques or atheroma causing blood flow restriction (Blaton, 2003).

Furthermore, lack of physical exercise has been implicated as one of the lifestyle choices increasing the burden of cardiovascular disease in Nigeria (Oyeyemi and Adeyemi, 2013). Due to the dearth of data, it is quite difficult to measure trends in physical inactivity in Nigeria, but about 22 to 57% of Nigerians were believed to be physically inactive (Akarolo-Anthony and Adebamowo, 2014; Adewale, *et al.*, 2018). Physical inactivity is the fourth leading risk factor for morbidity and mortality globally, as it has contributed to 27% of diabetes and about 30% of ischemic heart disease burden, and 21 to 25% of breast and colon cancer burden (Akarolo-Anthony and Adebamowo, 2014). Due to urbanisation, many Nigerians now favour white-collar and modern jobs with associated public health consequences (Oyeyemi and Adeyemi, 2013; Momoh, Opaluwah, and Albeera, 2018). However, growing evidence has shown that engaging in the health-promoting activity will prevent the development of cardiovascular disease, like coronary heart disease and stroke (Abubakari and Bhopal, 2008; Forrest *et al.*, 2001; WHO, 2010).

Alcohol consumption is the fifth leading death risk factor and is responsible for 4% of death-causing diseases (WHO, 2009). Although the side effects of alcohol on conditions like liver cancer, hepatitis, liver cirrhosis have been fully established, the possible effects of alcohol on coronary heart disease and stroke have not been fully understood (Essien *et al.*, 2014). A study conducted at the University College Hospital, Ibadan by Oguntade and Ajayi (2021) found that alcohol consumption (per 10g/day) was associated with 23% increased risk of hypertensive heart failure (HHF). On the other hand, epidemiological studies have revealed that moderate alcohol consumption reduces the risk of developing coronary artery disease (CAD) or myocardial infarction (MI), while heavy drinking speeds up the progression of atherosclerosis in the carotid artery. It was further added that binge drinking could initiate a stroke and acute myocardial infarction (AMI) (Biyik and Ergene, 2007). A recent systematic review has also shown that no amount of alcohol is safe for health (Burton and Sheron, 2018; GBD 2016 Alcohol Collaborators, 2018).

Hypertension: The most prevalent risk factor of CVD

Hypertension remains the most common risk factor for cardiovascular disease (Okubadeju *et al.*, 2019), affecting Nigerians due to their adopted lifestyle (Ogah *et al.*, 2012). It is more dominant in the urban than rural areas, and this is mainly triggered by obesity caused by poor dietary habits and physical inactivity (Adediran *et al.*, 2013). It poses an immense public health burden on Nigeria and is often referred to as a "silent killer" (Sande, 2003; Belue, *et al.*, 2009) because it is often asymptomatic, which makes early detection very difficult; however, it has been identified as a chief cause of several serious heart disease and stroke (Belue *et al.*, 2009). Ogah *et al.* (2012) reported that the overall prevalence of hypertension in Nigeria is between 8% and 46.4% depending on the study focus group, type of measurement used, and cut-off value used in defining hypertension. The population of Nigerians who are hypertensive is estimated to be around 56 million (Essien *et al.*, 2014). However, elsewhere, the prevalence of hypertension has been estimated to be in the region of 28.9% (30.6% in urban and 26.4% in rural dwellers) (Adeloye *et al.*, 2015). A more recent study based on the data from a nationwide survey across the six geo-political zones in Nigeria between March 2017 and February 2018 reported an increase in the prevalence of hypertension to the tune of 38.1% (Odili *et al.*, 2020).

Myths and Challenges

Several uneducated Nigerians believe that cardiovascular disease is mainly caused by witchcraft, while some see weight gain or obesity as a sign of wealth. Agazue (2013), in a study, buttressed this view by pointing to the fact that most Nigerians are of the opinion that even diagnosable conditions can be magically caused by someone. As a result, many sick people with medical certificates are often told by prophets and witch doctors to abandon any medical treatment for exorcisms to incapacitate the 'magico-spiritual' attacks and for cleansing. It is therefore believed that witches can inflict medical

conditions, such as diabetes, strokes, cancer, heart disease, and many more (Agazue 2013; Belue, 2009). The popular notion is that people do not just take ill by chance, but every illness has its primary root in a primary supernatural cause, while other causes, such as viruses, parasites, or lifestyle choices, are secondary causes (Asu, 2013). Iloh, Ikwudinma, and Obiegbu (2013) stated that most people, especially the middle-aged group perceive a sedentary lifestyle as a sign of wealth and could be responsible for the socio-cultural belief that being obese is an indication of beauty and evidence of good husband care. Arojo and Osungbade (2013) added that obesity is culturally and socially acceptable in Nigeria; therefore, it is not seen as a serious problem. Adeleke and Ayenigbara (2019, p.114) described it as “a developing nation that is plagued with a low level of education, superstition, poverty, poor health care services, and near non-existent health statistics.”

Public health strategy for reducing lifestyle-induced heart disease

A report published by the Centre for Disease and Control and Prevention (CDC) stated that the Nigerian Government pays more attention to communicable diseases, such as HIV, Polio, and Malaria (CDC, 2012). However, according to the Nigeria Heart Foundation, there are plans to cut down on blood pressure, dietary salt intake, cigarette smoking, alcohol consumption, and diabetes by 25%, to reduce the incidence of CVDs and deaths caused by cardiovascular disease in the country, via aggressive campaign and health education (Obinna, 2013). A report published by the WHO (2014) stated that there is no operational policy, strategy, or action plan in place, to reduce harmful consumption of alcohol, the burden of tobacco used, unhealthy diets, physical inactivity, and promote physical activity. However, in a more recent report, the WHO (2019), via its website, stated that the Nigerian government had implemented the National Tobacco Control Act (NTC Act) 2015.

Economic implications of cardiovascular disease and heart failure

Lifestyle-induced cardiovascular diseases and heart failure are common among the middle-aged group, and this has resulted in reduced labour productivity and increased absenteeism leading to large economic losses. According to a report by Abegunde and Stanciole (2006), the burden of cardiovascular disease cost Nigeria about \$0.4billion in 2005, and the country might lose up to \$2.5billion in national income by 2015. The costs of management of these diseases are on the increase, a view also supported by Kankeu *et al.* (2013), who reported that the treatment of non-communicable diseases, including cardiovascular disease, requires regular health check-ups in addition to the inability to work as a result of poor health. Abegunde and Stanciole (2006) stated that cardiovascular disease has a grave impact on the economic growth of Nigeria, as it causes reduced labour force from absenteeism, disability, and early retirement of the affected people, which in turn leads to a higher dependency ratio, that is, diminished labour productivity increased consumption and reduced savings, and therefore causes the GDP per capita to reduce. Approximately 8 million Nigerians have been affected by hypertension, while about 4 million suffer from diabetes, both of which are predisposing factors for cardiovascular diseases (Ekpenyong *et al.*, 2012). According to the world bank, the poverty headcount ratio was \$1.90 a day (2011) to be 53.5% (both in 2003 and 2009) (% of the population), and the implication of which is that Nigerians are neither able to access nor afford health care services (Ike and Onyema, 2020).

Conclusion

This study has revealed that dietary habit, consumption of alcohol, tobacco smoking, obesity, and physical inactivity are the major risk factors for cardiovascular diseases and that hypertension is most prevalent of all heart problems in Nigeria. The burden of these diseases has not only affected the households but has an immense impact on the economic growth of the country, owing to lots of absenteeism, early retirement, and disability. The Nigerian government needs to embark on health education via social media, media, and rural outreach platforms to enlighten the residents on the need to adopt a healthy lifestyle and change their misconceptions about the causes of cardiovascular diseases. It is recommended that the Nigerian government implements an aggressive operational policy, strategy or action plan which will help in reaching people both in rural and urban areas about the risk of becoming obese, smoking, alcohol consumption, and physical inactivity.

Funding: This research received no external funding.

Conflicts of Interest: The authors declare no conflict of interest.

References

- Abegunde, D. and Stanciole, A. (2006) "An estimation of the economic impact of chronic noncommunicable diseases in selected countries". World Health Organisation Working paper.
- Abubakari, A.R. and Bhopal, R.S. (2008) 'Systematic review on the prevalence of diabetes, overweight/obesity and physical inactivity in Ghanaians and Nigerians', *Public health*, 122:173-182.
- Adediran, O.S., Okpara, I.C., Adeniyi, O.S. and Jimoh, A.K. (2013) Hypertension prevalence in an Urban and Rural area of Nigeria, *Journal of Medicine and Medical Sciences* 4:4, pp. 149-154.
- Adeleke, O.R. and Ayenigbara, G.O. (2019). Preventing diabetes mellitus in Nigeria: effect of physical exercise, appropriate diet, and lifestyle modification. *International Journal of Diabetes and Metabolism*, 25(3), pp.61-65.
- Adeloye, D., Abaa, D.Q., Owolabi, E.O., Ale, B.M., Mpazanje, R.G., Dewan, M.T., Omoyele, C., Ezeigwe, N., Alemu, W., Harhay, M.O. and Auta, A., (2020). Prevalence of hypercholesterolemia in Nigeria: a systematic review and meta-analysis. *Public health*, 178, pp.167-178.
- Adeloye, D., Basquill, C., Aderemi, A.V., Thompson, J.Y., Obi, F.A. (2015) An estimate of the prevalence of hypertension in Nigeria: a systematic review and meta-analysis. *Journal of Hypertension*. 2015;33:230-42
- Agazue, C. (2013) *The Role of a Culture of Superstition in the Proliferation of Religio-Commercial Pastors in Nigeria*. 1st edition. Ikeja: Author House.
- Aggarwal, G., Lippi, G. and Michael, H.B. (2020) Cerebrovascular disease is associated with an increased disease severity in patients with coronavirus disease 2019 (COVID-19): a pooled analysis of published literature. *International Journal of Stroke*. 1747493020921664.
- Akarolo-Anthony, S.N. and Adebamowo, C.A. (2014) 'Prevalence and correlates of leisure-time physical activity among Nigerians', *BMC Public Health* 14:529.
- Akpa, M.R. and Agomuoh, D.I. (2006) Alasia DD. Lipid profile in healthy adult Nigerians in Port Harcourt Nigeria. *Nigerian Journal of Medicine* 15:2, pp. 137-140.
- Arojo, O.O. and Osungbade, O.K. (2013) 'Trends of Obesity Epidemic and its Socio-cultural Dimensions in Africa: Implications for Health Systems and Environmental Interventions', *Emerging Issues in Medical Diagnosis and Treatment* 1:7.
- Awobusuyi, J., Adebola, A. and Ajose, F. (2012) 'Prevalence and Socio-Demographic Profile of Hypertensive Patients in A Nigerian General Out-Patients' Department', *The Internet Journal of Third World Medicine*, 10:1.
- BeLue, R., Okoror, T.A., Iwelunmor, J., Taylor, K.D., Degboe, A.N., Agyemang, C. and Ogedegbe, G. (2009) 'An overview of cardiovascular risk factor burden in sub-Saharan African countries: a sociocultural perspective', *Global Health* 5:10.
- Biyik, I. and Ergene, O. (2007) 'Alcohol and acute myocardial infarction,' *Journal of International Medical Research* 35:1, pp. 46-51.
- Bode-Thomas, F. (2012). Challenges in the Management of Congenital Heart Disease in Developing Countries, *Congenital Heart Disease - Selected Aspects*, Prof. P. Syamasundar Rao (Ed.), ISBN: 978953-307-472-6, InTech.
- Budreviciute, A., Damiati, S., Sabir, D.K., Onder, K., Schuller-Goetzburg, P., Plakys, G., Katileviciute, A., Khoja, S. and Kodzius, R., (2020). Management and prevention strategies for non-communicable diseases (NCDs) and their risk factors. *Frontiers in public health*, 8, p.788.
- Burton R, Sheron N. (2018) No level of alcohol consumption improves health. *Lancet* 392:987-8. pmid:30146328

Carter, B.D., Abnet, C.C., Feskanich, D., Freedman, N.D., Hartge, P., Lewis, C.E., Ockene, J.K., Prentice, R.L., Speizer, F.E., Thun, M.J. (2015) Smoking and mortality – beyond established causes. *New England Journal of Medicine*.;372(7):631–40.

Chinedu, S. N. and Emiloju, O.C. (2014) 'Underweight, overweight and obesity amongst young adults in Ota', Nigeria, *Journal of Public health and Epidemiology* 6:7, pp 235 – 238.

Claassena L.,Hennemana ,L., van der Weijdenb, T., Marteauc, T.M. and Timmermans, D.R.M. (2012) 'Being at risk for cardiovascular disease: Perceptions and preventive behavior in people with and without a known genetic predisposition', *Psychology, Health & Medicine*, 17:5, pp. 511–521.

Ekpenyong, C. E., Udokang, N.E., Akpan, E.E. and Samson, T.K. (2012) 'Double Burden, Non-Communicable Diseases and Risk Factors Evaluation in Sub-Saharan Africa: The Nigerian Experience', *European Journal of Sustainable Development* 1: 2, pp. 249-270.

Essien,O.E. Andy, J. Ansa, V., Otu, A.A. and Udoh, A. (2014) 'Coronary Artery Disease and the Profile of Cardiovascular Risk Factors in South-South Nigeria: A Clinical and Autopsy Study', *Cardiology Research and Practice*, ID 804751: 7.

Forrest, K.Y., Bunker, C.H., Kriska, A.M., Ukoli, F.A., Huston, S.L and Markovic, N. (2001) 'Physical activity and cardiovascular risk factors in a developing population', *Medicine and Science in Sports and Exercise* 33, pp. 1598-1604.

GBD 2015 Risk Factors Collaborators, (2016). Global, regional, and national comparative risk assessment of 79 behavioural, environmental and occupational, and metabolic risks or clusters of risks, 1990–2015: a systematic analysis for the Global Burden of Disease Study. *Lancet (London, England)*, 388(10053), p.1659.

GBD 2016 Alcohol Collaborators (2018) Alcohol use and burden for 195 countries and territories, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. *Lancet* 392:1015–35. pmid:30146330

Helms, J., Kremer, S., Merdji, H. (2020) Neurologic features in severe SARS-CoV-2 infection. *New England Journal Medicine*. 382:2268–2270.

Ike, S.O. and Onyema, C.T. (2020). Cardiovascular diseases in Nigeria: What has happened in the past 20 years?. *Nigerian Journal of Cardiology*, 17(1), p.21.

Iloh, G.U.P., Ikwudinma, A.O. and Obiegbu, N.P. (2013) 'Obesity and Its Cardio-metabolic Comorbidities Among Adult Nigerians in a Primary Care Clinic of a Tertiary Hospital in South-Eastern, Nigeria', *Journal of Family Medicine Primary Care*, 2:1, pp. 20–26.

Islam, S.M.S., Purnat, T.D., Phuong, N.T.A., Mwingira, U., Schacht, K. and Fröschl, G., (2014). Non-Communicable Diseases (NCDs) in developing countries: a symposium report. *Globalization and health*, 10(1), pp.1-8.

Jamshed, S. (2014) 'Qualitative research method-interviewing and observation', *Journal of. Basic and Clinical Physiology and Pharmacology* 5, 87–88.

Kaiser, K. (2009) 'Protecting Respondent Confidentiality in Qualitative Research. *Qualitative Health Research*', 19, pp. 1632–1641.

Kankeu, H.T., Saksena, P., Xu, K. and Evans, D. (2013) 'The financial burden from non-communicable diseases in low- and middle-income countries: a literature review', *Health Research Policy and Systems*, 11:31.

Khan, K. (2012) Physical inactivity in Nigeria: A short analysis (part 1 of 2). Available at:<https://blogs.bmj.com/bjism/2012/09/07/physical-inactivity-in-nigeria-a-short-analysis-part-1-of-2/> [Accessed: 09/04/2020].

Maiyaki M.B. and Garbati,M.B. (2014) 'The burden of non-communicable diseases in Nigeria; in the context of globalization,' *Annals of African Medicine* 13, pp. 1-10.

Markus, H.S., Brainin, M. (2020) COVID-19 and stroke-A global world stroke organization perspective. *International Journal of Stroke*. 1747493020923472

- Max Roser and Hannah Ritchie (2016) - "Burden of Disease". Published online at OurWorldInData.org. Available at: <https://ourworldindata.org/burden-of-disease> (Accessed: 17/07/21).
- Momoh, J., Akor, O. and Haithem, A., (2018). Challenges Facing Nigeria's Urban Environment: The Abuja Case. *Journal of Sustainable Development in Africa* 20 (2)
- Mozaffarian, D., Wilson, P.W.F. and Kannel, W.B. (2008) 'Contemporary Reviews in Cardiovascular Medicine: Beyond Established and Novel Risk Factors. Lifestyle Risk Factors for Cardiovascular Disease', *Circulation* 117, pp. 3031-3038.
- Muna, W.F. (1993) Cardiovascular disorders in Africa. *World Health Statistics Quarterly* 125-133
- Musselwhite, K., Cuff, L., McGregor, L., and King, K.M. (2007) 'The telephone interview is an effective method of data collection in clinical nursing research: A discussion paper', *International Journal of Nursing Studies* 44, pp.1064-1070.
- Nwaneli C.U. (2010) Changing Trend in Coronary Heart Disease in Nigeria. *Afrimedical Journal* 2:1, pp. 1.
- Odili, A.N., Chori, B.S., Danladi, B., Nwakile, P.C., Okoye, I.C., Abdullahi, U., Nwegbu, M.N., Zawaya, K., Essien, I., Sada, K. and Ogedengbe, J.O., 2020. Prevalence, awareness, treatment and control of hypertension in Nigeria: data from a nationwide survey 2017. *Global heart*, 15(1).
- Ogah, O.S., Okpechi, I. Chukwuonye, I.I., Akinyemi, J.O., Onwubere, B.J.C., Falase, A.O., Stewart, S. and Sliwa, K. (2012) 'Blood pressure, prevalence of hypertension and hypertension related complications in Nigerian Africans: A review', *World Journal of Cardiology* 4:12, pp. 327-340.
- Ojua, T.A. (2013) 'African Cultural Practices and Health Implications for Nigeria Rural Development', *International Review of Management and Business Research* 2:1.
- Okubadejo, N.U., Ozoh, O.B., Ojo, O.O., Akinkugbe, A.O., Odeniyi, I.A., Adegoke, O., Bello, B.T. and Agabi, O.P., 2019. Prevalence of hypertension and blood pressure profile amongst urban-dwelling adults in Nigeria: a comparative analysis based on recent guideline recommendations. *Clinical hypertension*, 25(1), pp.1-9
- Olatunbosun, S.T., Kaufman, J.S., Cooper, R.S. and Bella, A.F. (2000) 'Hypertension in a black population: prevalence and biosocial determinants of high blood pressure in a group of urban Nigerians', *Journal of Human Hypertension* 14, pp. 249-257.
- Opadijo, O.G., Akande, A.A. and Jimoh, A.K. (2004) 'Prevalence of coronary heart disease risk factors in Nigerians with systemic hypertension. *African Journal of Medicine and Medical Sciences*' 33:2, pp. 121-125.
- Otunola, G. A., Oloyede, O.B., Oladiji, A.T. and Afolayan, A.A. (2010) 'Effects of diet-induced hypercholesterolemia on the lipid profile and some enzyme activities in female Wistar rats African', *Journal of Biochemistry Research* 4: 6, pp. 149-154.
- Oyeyemi A.L. and Adeyemi, O. (2013) 'Relationship of physical activity to cardiovascular risk factors in an urban population of Nigerian adults', *Archives of Public Health*, 71:6.
- Oyeyemi, A.L., Oyeyemi, A.Y, Jidda, Z.A and Babagana F (2013) 'Prevalence of physical activity among adults in a metropolitan Nigerian city: a cross-sectional study, *Journal of Epidemiology*, 23, pp. 169-177.
- Pirie, K., Peto, R., Reeves, G.K., Green, J., Beral, V. (2013). Million Women Study Collaborators. The 21st century hazards of smoking and benefits of stopping: a prospective study of one million women in the UK. *Lancet*. 381:133-41.
- Sallis J.F., Bull, F., Guthold, R., Heath, G.W., Inoue, S., Kelly, P., Oyeyemi, A.L., Perez, L.G., Richards, J., Hallal, P.C., (2016) *Lancet Physical Activity Series 2 Executive Committee*.
- Sande, M.A. (2003) 'Cardiovascular disease in sub-Saharan Africa: a disaster waiting to happen', *Netherlands Journal of Medicine* 61, pp. 32-36.
- Terzic, A, and Waldman, S (2011): Chronic diseases: the emerging pandemic. *Clinical and translational science*. 2011, 4 (3): 225-226.
- Thomas, M.O., Olusoji, O. and Awolola, N. (2012) 'Spectrum of congenital heart diseases in an African population: A necropsy study, *World Journal of Cardiovascular Diseases*, 3, pp. 34-39.

Ulasi, I.I., Ijoma, C.K., Onwubere, B.J.C., Arodiwe, E., Onodugo, O. and Okafor, C. (2011) 'High Prevalence and Low Awareness of Hypertension in a Market Population in Enugu, Nigeria', *International Journal of Hypertension*, ID 869675.

Venkat Narayan, K.M., Ali, M.K. and Koplan, J.P. (2010) 'Global non-communicable disease-where worlds meet'. *New England Journal of Medicine*, 363:13, pp.1196-1198.

WHO (2009) Global Health Risks. WHO Mortality and burden of disease attributable to selected major risks. Available at:

https://www.who.int/healthinfo/global_burden_disease/GlobalHealthRisks_report_full.pdf
(Accessed: 10/04/2020).

WHO (2010) Global recommendations on physical activity for health. In Book Global Recommendations on Physical Activity for Health. Geneva.

World Health Organization (2013): Global action plan for the prevention and control of noncommunicable diseases 2013-2020. In. Edited by WHO. Geneva, Switzerland.

We accept manuscript submission from any of the themes listed below:

Business and Innovation

- marketing, management (risk, operations, TQM), entrepreneurship, strategy, NPD, e-commerce, SMEs, logistics/supply chains, leadership, HRM, CSR, data mining, business psychology, business education, corporate finance, corporate governance, disruptive technologies, equity capital markets, ethics, microfinance, access to credit, credit unions, personal finance, training and development, recruitment and selection, social media, banking, consulting, aviation

Health and Social Care

- NHS finances and performance (GPs, mental health, community services), NHS reform (ageing population, public health), social care quality, care home provision, domestic violence/abuse, alcoholism, adult healthcare learners, epigenetic factors, BME, prolonged pain

Hospitality and Sustainability

- Tourism, leisure, climate change, sports and recreation, service quality, culture, dark tourism, social media, volunteer tourism, poverty reduction, digital world, Airbnb, Brexit impact on UK hospitality, events management, micro tourism, tourism in developing countries

Teaching and Education

- e-learning, curriculum development, assessment and attainment, school reform, health and child development, government policies, blended learning, pedagogy, massive open online courses, assessment and delivery, class attendance, finance in education, hospitality education



ISSN 2059-5441 (Online)

ISSN 2059-5433 (Print)



Mont Rose House: 412-416 Eastern Avenue, Gants Hill, IG2 6NQ

Shakespeare House: 267 Cranbrook Road, Ilford, Essex IG1 4TG

Call: 020 8556 5009

E: info@mrcollege.ac.uk | W: www.mrcollege.ac.uk

