

Sharing the knowledge: training doctoral students to write beyond academia

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Sharing the knowledge: training doctoral students to write beyond academia

In 2020, in the midst of the COVID-19 pandemic, the president of the United States horrified the medical establishment by [proposing injections with disinfectant as a treatment for COVID](#). It's hard to think of a better example as to why now, perhaps more than ever, society needs to hear from experts – and those experts need to be skilled communicators if they are to be heard.

Our doctoral students are the experts of the future. Those of us in the academic writing research and teaching community know quite a bit about how to develop their scholarly writing – the thesis, research papers and so forth – writing targeted towards other experts in the field. But considerably less is known about how we can best develop doctoral students' capacity to communicate findings to the public. This type of 'outreach' or 'popular' communication requires refined writing skills, and raises important theoretical and practical questions: for example, does a skilled academic writer necessarily know how to write a blog post? If yes, how do they know? What is it about their writing knowledge that enables them to transfer their writing expertise from one situation to another? And if they can't, how can we facilitate the transfer of that knowledge?

To address these questions, we developed a novel, theoretically grounded approach to writing pedagogy. So far, we have trialled the approach in blog writing workshops for doctoral students in the UK, Sweden and the US. Does it work? We have yet to conduct a detailed analysis of the posts the participants produced and our interviews with them on the experience. But at the end of the day, those doctoral researchers weren't writing their posts for academic writing experts like us – they were writing them for you, the blog-reading public. So, we invite you to hear from four experts of the future by reading the posts below, most written by [ESRC \(White Rose\)](#) funded doctoral researchers. We think you will find it's time well spent.

Dr Lisa McGrath is an associate professor in the Sheffield Institute of Education.

Dr Raffaella Negretti is a professor at Chalmers University of Technology, Sweden.

Christine Feak is a senior lecturer at the University of Michigan

The impacts of menopause on women teachers: The elephant in the room

"Working as a senior teacher, at school from 7 am often until the same time at night, the fatigue was really hard to deal with and was coupled with short-term memory issues...I felt increased panic through my day...I took early retirement at 55."

[This quote](#) from a mid-life teacher captures the often-overlooked struggle many women teachers face due to menopause. Menopause, a natural ageing process for cisgender women typically occurring between the ages of 45 and 55, brings a variety of symptoms like hot flushes, fatigue, insomnia, and brain fog. These symptoms can last from a couple of years to a decade. This blog explores how menopause affects women teachers, contributing to increased attrition rates, and looks at what can be done to support them better.

Understanding Menopause and Its Symptoms

Menopause marks the end of menstrual cycles and usually happens between the ages of 45 and 55. Some women between 39 and 44 years may experience perimenopause, a period before menopause when their hormonal levels start to fluctuate. The fluctuations of the oestrogen hormone bring along symptoms including hot flushes, insomnia, problems with memory or concentration, and mood swings. These symptoms can significantly disrupt daily activities and job performance, making routine tasks challenging.

Impact on the Teaching Profession

[A survey reports](#) that two-thirds of women experience a moderate to severe impact on their working lives, and some women leave employment altogether. In the education sector, [86% of women reported struggling with compounded stress of managing menopause symptoms alongside teaching](#). Personal accounts from teachers on [Dr Louise Newson's Podcast](#) and [blogs](#) reveal the depth of these struggles: *"I thought I was losing my mind or suffering from some undiagnosed condition"; "I was exhausted and in pain. Even marking was impossible."; "I can't go back because I can't talk to anyone about this...It's just too embarrassing."*

Most importantly, with [75% of women making up the UK's teaching workforce](#), and Britain's teachers among the youngest in the OECD with an average age of 39, schools cannot afford to lose this experienced, highly skilled, and capable group of teachers.

Current Support and Initiatives

A small number of organisations have responded to this issue with initiatives to support women teachers going through menopause, such as the [NICE Guidelines](#) suggested by the [British Menopause Society](#). These guidelines raise awareness and suggest ways to mitigate menopause impacts, like hormone replacement therapies (HRT); [NEU Menopause Toolkits](#) (resources for educators to understand and manage menopause); [NASUWT Template Menopause Policy](#) for institutions to mandate actions around menopause transitions.

Despite these initiatives, more needs to be done. According to [NEU research](#), factors contributing to this attrition include a lack of understanding from administrators, insufficient accommodations, and the stigma associated with discussing menopause in the workplace. Similarly, [research from University of Edinburgh](#) found that organisations such as schools play a crucial role in reducing the burden of menopausal symptoms in the workplace. By acknowledging and addressing the challenges faced by women teachers during menopause, schools can create a supportive environment that allows them to continue thriving in their careers while managing their menopause symptoms effectively.

Strategies for Improvement

Given the importance of retaining experienced teachers, schools may consider the following strategies to make the working environment better for women teachers going through menopause:

It's Time to Talk About 'The Menopause Elephant'

- Awareness and Education: Encourage open conversations about menopause to reduce stigma and increase understanding among all staff members.
- Training: Provide training for administrators and colleagues to recognize and support menopausal symptoms.

Reconditioning the Working Environment

- Flexible Working Hours: Allow for flexible scheduling to accommodate those experiencing severe symptoms.
- Comfortable Workspaces: Ensure classrooms and staff rooms are comfortable, with options to regulate temperature and access to rest areas.

Menopause Policy in Schools

- Formal Policies: Implement formal menopause policies that provide clear guidelines and support mechanisms.
- Health and Wellness Programs: Integrate wellness programs that focus on physical and mental health support.

A further resource of supporting networks for women teachers can be found at [Flexible Working Ambassador Multi-Academy Trusts and Schools \(FWAMS\)](#) By addressing menopause openly and providing the necessary support, schools can help ensure that experienced and capable teachers remain in the profession, benefiting both teachers and students.

Quynh Trang Lai is a PhD student at Sheffield Hallam University. Her research interests lie in women's studies, especially women in education, their roles, and experiences in contemporary society. Her current exploratory study focuses on understanding the attrition of women teachers in mid-life related to menopause. If you would be willing to support the study and share your experiences in an interview, please email the researcher Quynh Trang Lai at trang.q.lai@student.shu.ac.uk

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Cancer, but not as we know it.

What do you think of when you hear the word 'cancer'?

When we hear that someone has a cancer diagnosis, we often assume they will be rushed to hospital and started on treatment right away. We hope that this treatment will lead to a cure, but we're conscious that cancer still cuts lives short. However, this urgency and immediate treatment is not actually the case for some cancers – some do not need urgent treatment, or even treatment at all. For example, Chronic Lymphocytic Leukaemia (CLL) is a chronic blood

cancer, meaning that it grows slowly. Rather than immediately treating patients in ways that can cause unpleasant side-effects, doctors instead monitor the patient's symptoms.

Studying the experiences of people with new CLL diagnoses is very interesting and important for two main reasons. [Firstly, up to 8/10 people do not have any symptoms when they are told that they have CLL.](#) Their diagnosis comes to light from an unrelated blood test. And secondly, nearly 4000 people are diagnosed with CLL in the UK each year, and [most people do not need treatment when they receive their diagnosis.](#)

So, imagine this: You have just been to the GP for a routine blood test and she calls you back to the GP surgery – there's something wrong with your blood results. Your GP refers you to a blood specialist at your local hospital and they tell you that you have cancer and that it's incurable. But you feel fine, well even. As the nurse in clinic hands you leaflets about your leukaemia, the doctor explains that you do not need treatment. And you may never need treatment. You will just need to be monitored for now. Would you feel scared, relieved, left to fend for yourself?

Learning about how a person feels after hearing that they have an illness such as chronic cancer can teach us a lot about their journey as a patient up to the diagnosis and how healthcare professionals supported them along this journey. We can also learn about how we, as a society, think about cancer and what we can do to better support people. When talking to people living with CLL in my previous research, I met one lady who felt that her loved ones were not taking her cancer seriously as she was very fit and active. She looked very well but she needed more support.

By interviewing 15 people soon after their CLL diagnosis I hope to learn what this group of people really understand about this type of cancer and what they expect to happen over the next few months as they build a routine of monitoring with their blood specialist doctors and nurses. I will stay in close contact with the people in my study until we meet again to review their first months living with cancer. Learning about people's expectations when hearing that they have cancer and then reviewing these experiences will help to identify ways in which blood cancer doctors, clinic nurses and other healthcare professionals can better support patients following a chronic cancer diagnosis – a diagnosis which could affect any one of us.

Kate Montague-Hellen is an ESRC funded doctoral student at University of

Sheffield on the White Rose Wellbeing, Health and Communities pathway. Her research focuses on the sociology of health and illness, and the sociology of diagnosis.

Adultification: what it is, and why it matters

Adultification. If you were asked to explain your understanding of this word, some of you may make a vague reference to 'children being like adults'. But the issue of the adultification that Black girls experience prior to entering state/local authority care, during their time in state/local authority care, and as they transition from state/local authority care is more complex than that. Indeed, the underlying theme is that parents and supporting professionals place expectations that would ordinarily be required of adults on the girls. The level of support is reduced in a way that erodes the girls ability to be children who are nurtured, loved and given the space to make mistakes and to grow in a healthy way and at a healthy pace.

Following the infamous case of [Child Q](#) (a Black girl who was strip searched by police officers in England) there has been wider discussion around the adultification of Black girls in society and academic research has explored Black girls' experience in different aspects of their lives that reflect society's adultification of them. What does this mean for Black girls in state care? In 2023, I spoke to experts in Washington D.C to unpack my question. My key objectives as I embarked on my Churchill research fellowship were to identify exactly what the adultification of Black girls in state care is, how Black girls in state care are adultified; why Black girls in state care are adultified; and potential solutions to address these issues. I interviewed Black girlhood specialist Sadiyah Malcolm (author of the PhD study *Yuh Tink You're a Big Woman?*); Professor Linda Burton (developer of the groundbreaking [conceptual model](#) on the adultification of children in their dynamic with their parents) and Travonne Edwards, Andre Laylor, Rasnat Chowdhury and Professor Bryn King (authors of the 2023 study [Pushed, Dropped, or Fleeing from Care: The Narratives and Adultification of Black Youth Who Have Aged out of Ontario's Child Welfare System](#)).

I discovered that Black girls' adultification within their parental dynamic with their biological parents is often a significant factor to their entry into state care. My conversation with Professor Burton helped me to unpack how the issue of a parent-child dynamic in which the child takes on the role of the responsible adult and the parent takes on the role of the child can operate

through the lens of her (2007) conceptual model. Canadian scholars Travonne Edwards and his colleagues reflected on issues of Black children in care receiving more punishment and less support within children's homes.

My hope is that my findings will support professionals who work with Black girls in state/local authority care to start thinking about how to help the girls recover their childhood – a childhood that their adverse experience often causes them to lose.

Sylvia Ikomi is a recipient of an Economic and Social Research Council Stuart Hall PhD studentship on the adultification of Black girls in local authority care at Leeds University. She is an HE lecturer, secondary school teacher, and author of *Child Q: A Case Study of the Adultification of Black Girls in Schools* and *The Adultification of Black Girls in State Care: Perspectives*.

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Dynamic delight: exploring motion effect in aesthetic preferences

"An eye has no shutter, and yet the moving world does not appear as a blur. The visual system works not like a camera but more like a computer with a program of specific mathematical rules." – G. Johansson.

Every day, we engage in various forms of movement: taking a walk, going for a stroll, running, or driving a car. The world around us is in constant motion, but do we really notice it? Do we find ourselves craving it? Could we actually call movement beautiful?

Art galleries are full of photographic or painted images depicting [perceptual movement](#), where the image itself is static, but it looks like about to move. This effect is normally obtained through certain colour combinations, line positioning, suggestive paint brushing and so on.

Most of the time, we enjoy exploring the interplay between static and dynamic elements in images, appreciating the implied motion they convey. However, we know relatively little about how our aesthetic judgment systems respond to actual, physically moving objects. Could movement interact with other object characteristics, such as curved contours and shapes? Can the aesthetic value of an object change through movement? To this day these questions have persisted without clear answers.

Previous studies involving monkeys, human infants, and adults suggest that we may have a fundamental attraction to movement. For instance, research showed that monkeys consistently chose a moving train over food, highlighting the strong impact of movement on visual stimulation and exploration. Similarly, human infants displayed a significant attraction to flashing lights moving in specific patterns. Human adults also tended to prioritize flashing and vibrating objects over static ones. These findings indicate that movement may play an intrinsic role in our aesthetic choices and decisions, a role that we still understand very little about.

Building on these findings, I aim to explore the psychological effects of movement on our aesthetic judgment processes. Pioneers in aesthetic research have shown that object characteristics, such as shape and contour, activate the arousal system, influencing our preferences, such as liking or disliking. This response, however, depends heavily on the object's intensity and complexity, which can quickly shift our aesthetic preference from positive to negative appraisals. While the exact tipping point remains unknown, I am eager to uncover tendencies related to specific object features, both individually and in combination with other known aesthetic characteristics, such as curved edges and structural complexity. Could it be that we prefer motion only when an object is curved and not complex? Can motion and curvature together enhance aesthetic appeal? These are the intriguing questions I hope to answer in my research.

Emerging insights into the combination of aesthetic features and the phenomenon of movement hold great promise for advancing research in aesthetics. These insights could lead to the development of not only aesthetically pleasing product designs and art installations but also environments that nurture our emotional well-being. Progress in understanding the aesthetics of motion could be particularly beneficial for our neurodivergent society, where enhanced emotional regulation might be achieved by creating multiple 'aesthetic pleasure bubbles' in the brain.

Ultimately, by delving into the complexities of behavioural mechanisms in aesthetics, we unlock the potential to enhance our environment, enrich our everyday experiences, and improve our overall well-being.

Jurate Rimiskyte is an ESRC White Rose funded doctoral student based in the Psychology, Sociology and Politics Department at Sheffield Hallam University. Her research focuses on psychophysics and aesthetic preferences for moving objects.

