

# **Inside UK Universities: Staff mental health and wellbeing during the coronavirus pandemic**

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## About

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This report is published as a stand-alone piece aimed at both academic and non-academic readers. Findings arising from this research will inform a future peer-reviewed publication focused on social class and wellbeing in higher education, building on prior work by the authors (Dougall, Weick, & Vasiljevic, 2021).

A **visual abstract** illustrating some key findings can be found in the PsyArXiv Supplemental Materials, and downloaded from <https://osf.io/ytvs6/>.

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## Executive Summary

This report documents the mental health and wellbeing of university staff during the coronavirus pandemic, using survey data collected online in March 2021 from 1,182 staff employed across 92 UK universities. Overall, the survey data suggest that university staff are grappling with high levels of poor mental health and wellbeing:

- One in two university staff reported experiencing chronic emotional exhaustion (55%), worry (53%), and stress (51%) during the academic year 2020/21.
- Half of the staff surveyed (47%) described their mental health as poor.
- Over a third of staff members reported low life satisfaction (36%).
- More than a quarter of staff reported feeling as if the things they did in their lives were not worthwhile (27%).
- One in two staff members experienced high levels of anxiety (50%) – 1.5 times higher than the national average<sup>1</sup> (32%).
- One in three university staff reported low levels of happiness (33%) compared with a national average<sup>1</sup> of one in seven (14%).

In this report, we explore factors that may alleviate the burden of poor mental health and wellbeing amongst HE staff. Factors that fall more within the remit of institutions include social inclusion and the alignment between skills and task demands. Factors that fall more within the remit of government and policy makers include autonomy and the value that is placed on universities and their staff.

In publishing this report, we hope institutional leaders and policy makers will recognise the urgent need to improve staff mental health and wellbeing. As we approach another academic year impacted by Covid-19 and universities in England brace themselves for funding cuts in the next spending review, action is needed to prevent a further deterioration in staff mental health and wellbeing.

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<sup>1</sup> National average as reported by the Office for National Statistics in their Opinions and Lifestyle Survey from data collected between 24<sup>th</sup> Feb and 21<sup>st</sup> Mar 2021.

## Introduction

Amongst staff within UK universities, mental health and wellbeing is notoriously poor.

Surveys carried out before the coronavirus pandemic have shown that UK-based university staff face high levels of stress and burnout, and low levels of job satisfaction (Guthrie et al., 2017; Kinman & Wray, 2013; Morrish, 2019; Padilla & Thompson, 2016; Shin & Jung, 2014; Tytherleigh et al., 2007; Watts & Robertson, 2011).

Several factors have been attributed to the experience of university staff, including but not limited to, an academic culture that values workaholism (Hogan, 2016), and the proliferation of a lack of job support and unsatisfactory governance (Barkhuizen et al., 2014; Erickson et al., 2020; Tytherleigh et al., 2007). Perhaps overarching all these factors is the increased pressure to be “doing more with less” in the wake of the marketisation of the higher education sector (Kinman, 2014).

Within the last year, this picture has become more complex with the arrival of the coronavirus. For university staff, the pandemic signalled significant changes to the delivery of teaching and student support, which required staff to work remotely and adopt online teaching. These changes were implemented at a time when the mental wellbeing of people around the UK was suffering as a result of the pandemic and subsequent lockdowns (Jia et al., 2020), and placed increased demands on a group already at risk of poor mental health (Kinman et al., 2006).

Considering this, it is vital to collect data on the mental health and wellbeing of university staff and examine the breadth and depth of the problem. This report presents an effort to shed a timely light onto the experiences of university staff during the pandemic and considers some (selected) factors that may underpin the problem.

## Method

We had a sample of 1,182 university staff who took part in a 10-minute online survey between 23rd Feb and 18th March 2021. The university staff were employed across 92 universities; from 52 universities established pre-1992 and 40 universities established post-1992. Seventy-six percent (N = 899) of respondents were employed by pre-1992 institutions and 23% (N = 273) were employed by post-1992 institutions.

University staff were recruited online through circular emails disseminated via university departments, mailing lists, and via social media. As compensation, survey respondents could enter a prize draw to win up to £50 of shopping vouchers. The study received ethical approval from Durham University Department of Psychology Ethics Sub-committee.

## Respondents' Demographics

### Gender and Age

Of the university staff taking part, 68% identified as women ( $N = 802$ ), 30% identified as men ( $N = 359$ ), 1% identified as neither men nor women ( $N = 11$ ), and 1% did not disclose their gender identity ( $N = 10$ ). The mean age of respondents was 43.78 years ( $SD = 10.87$ ).

### Ethnicity

Considering ethnicity, 92% of respondents self-identified as White ( $N = 1083$ ), 3% as mixed or multi-ethnic ( $N = 36$ ), 3% as Asian or Asian British ( $N = 31$ ), 1% as belonging to other ethnicities ( $N = 15$ ), and the remaining respondents did not disclose their ethnic background (1%,  $N = 13$ ).

### Working at a University

Seventy-three percent (73%) of respondents were Academic staff ( $N = 860$ ), 23% of respondents were Professional Services staff ( $N = 271$ ), and 4% indicated that they did not fall into either of these categories ( $N = 49$ ). The majority (75%) of respondents were on permanent contracts ( $N = 890$ ), with 22% on fixed-term or temporary contracts ( $N = 258$ ), and 3% on zero-hours contracts ( $N = 31$ ).

Seven percent of respondents worked up to 20 hours in an average working week (7%;  $N = 84$ ), 43% worked between 21 and 40 hours ( $N = 503$ ), 42% worked between 41 and 60 hours ( $N = 498$ ), and 8% worked over 60 hours ( $N = 91$ ). In this survey, which included staff working part time, more than one-in-five (22%) respondents worked over 50 hours each week, which is in excess of the 48 hour weekly limit set by the UK Government's Working Time Directive.

## University Staff Wellbeing

All comparisons discussed in this report are statistically significant (at the 95% level) unless stated otherwise.

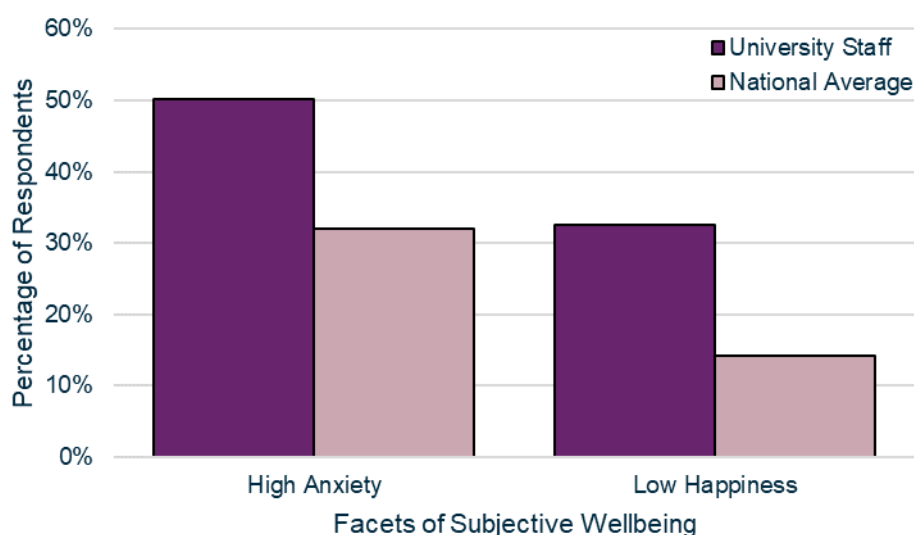
### Wellbeing Compared to the National Average

Respondents were asked to rate their levels of anxiety and happiness 'yesterday'. These questions were taken from the Office for National Statistics (ONS) Opinions and Lifestyle Survey (ONS, 2021). For happiness, scores were considered 'low' if respondents reported a score of 0 to 4, on a scale of 0 to 10. For anxiety, scores were considered 'high' if respondents reported a score of 6 and above. This is in line with the categories used in the ONS Opinions and Lifestyle Survey.

Figure 1 shows the present survey data plotted against the national average as reported by the ONS Opinions and Lifestyle Survey from data collected during the same time period (24<sup>th</sup> Feb - 21<sup>st</sup> March 2021).

### Figure 1

*Rates of happiness and anxiety among university staff compared with the national average as reported by the ONS Opinions and Lifestyle Survey.*



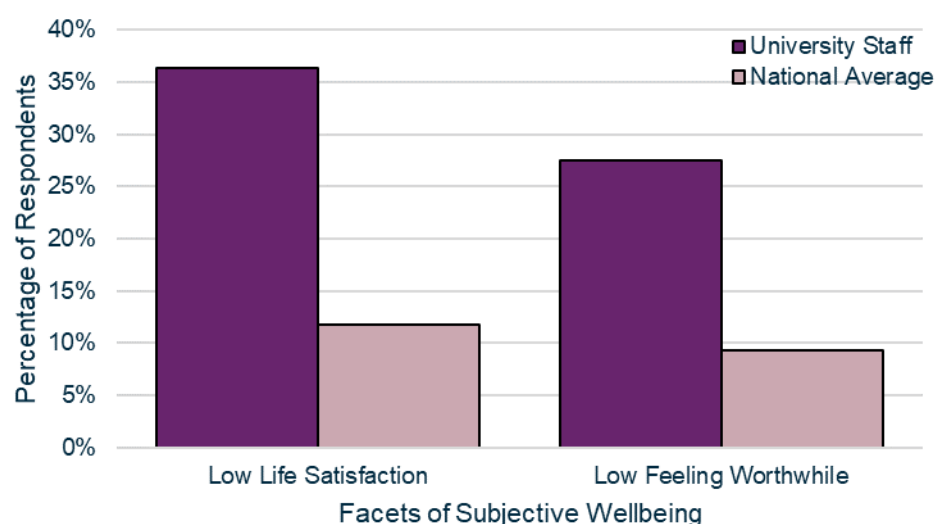
Half of university staff reported having high anxiety – 1.5 times as many as ONS respondents (50% and 32%, respectively). Furthermore, one-in-three university staff reported low levels of happiness (33%) compared with one-in-seven (14%) ONS respondents.

Respondents were also asked to rate their levels of life satisfaction and whether they felt like the things they did in their lives were worthwhile. These questions were adapted from the ONS Opinions and Lifestyle Survey. While the ONS survey gauges respondents' experiences 'overall', the present survey gauged respondents' experiences 'since the start of the academic year'. As above, and in line with the ONS Opinions and Lifestyle Survey, scores were considered 'low' if respondents reported a score of 0 to 4, on a scale of 0 to 10.

More than one-in-three (36%) university staff members reported having low life satisfaction, and more than one-in-four (27%) did not feel things in their lives were worthwhile since the start of the academic year. Figure 2 illustrates these data along with responses collected from ONS respondents, 12% of whom reported experiencing low life satisfaction, and 9% of whom reported that they did not feel things in their lives were worthwhile.

**Figure 2**

*Rates of life satisfaction and feeling worthwhile among university staff, and the national average as reported by the ONS Opinions and Lifestyle Survey.*



## Mental and Physical Health

Respondents were asked to rate their overall mental and physical health on a 0-10 scale. Again, we categorised responses ranging from 0 to 4 as an indication of poor health. Almost half of respondents reported their mental health to be poor (47%), and 28% reported their physical health to be poor.

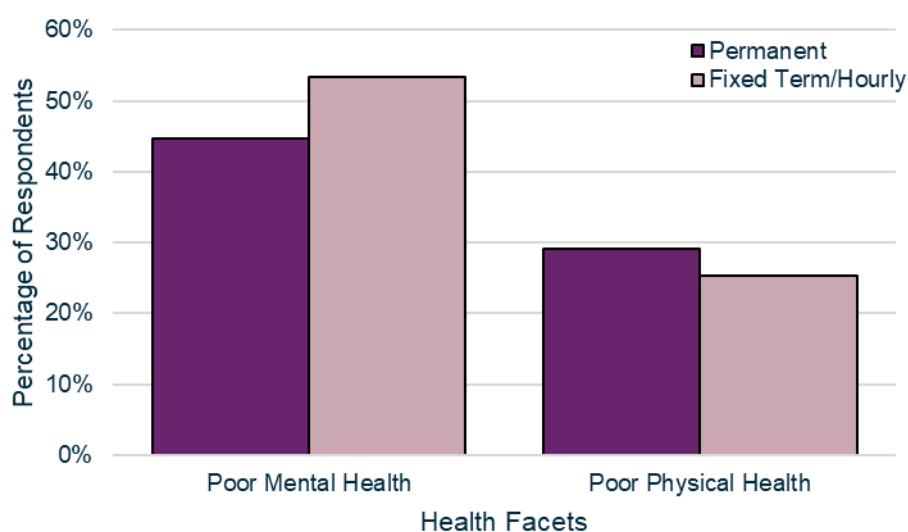
## Mental and Physical Health by Employment Status

Rates of poor mental and physical health varied with respondents' employment status. Of those employed on a permanent contract, 45% reported poor mental health compared with 53% of those on fixed-term or hourly contracts. However, rates of poor physical health among those on permanent contracts (29%) were not significantly different from those on fixed-term or hourly contracts (25%). See Figure 3.



**Figure 3**

*Percentage of respondents with poor mental and physical health by employment status.*

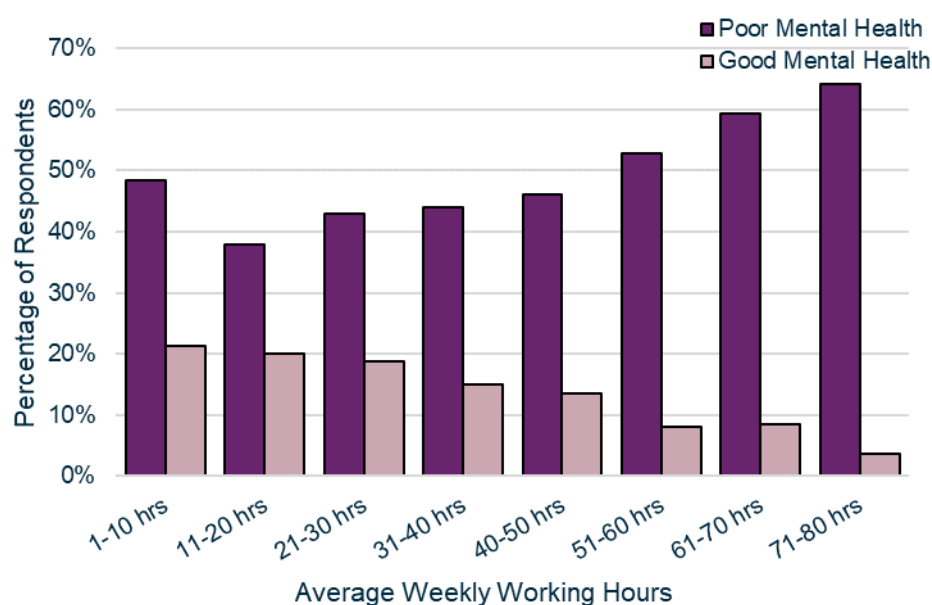


### **Mental Health by Hours Worked**

We explored how the average number of hours worked each week relates to respondents' mental health. As shown in Figure 4, the lowest proportion of staff reporting poor levels of mental health was observed amongst respondents working 11-20 hours per week (38%), and the highest proportion amongst respondents working in excess of 50 hours (53%-64%). For every additional 10 hours worked beyond 31-40 hours, the proportion of staff reporting poor mental health increased by around 5%.

**Figure 4**

*Mental health by average weekly working hours since the beginning of the 2020/21 academic year.*

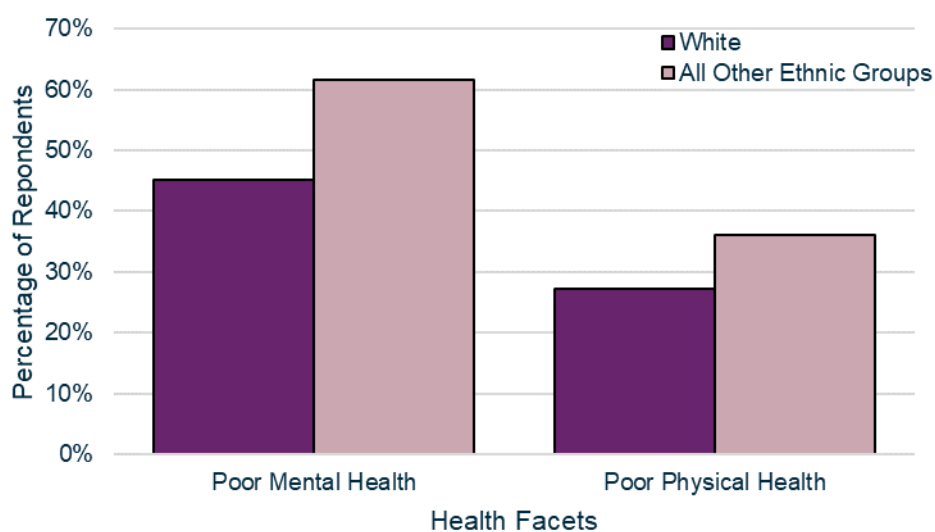


### **Mental and Physical Health by Ethnicity**

Due to a low number of respondents from ethnic minority groups, we collapsed respondents' ethnicity into two groups; white and all other ethnic groups combined. A greater proportion of respondents from ethnic minority groups reported having poor mental health (62%) compared with white respondents (45%). The proportion of respondents from ethnic minority groups reporting poor physical health (36%) was not significantly different from the proportion of white respondents (27%). See Figure 5.

**Figure 5**

*Percentage of respondents with poor mental and physical health by ethnicity.*

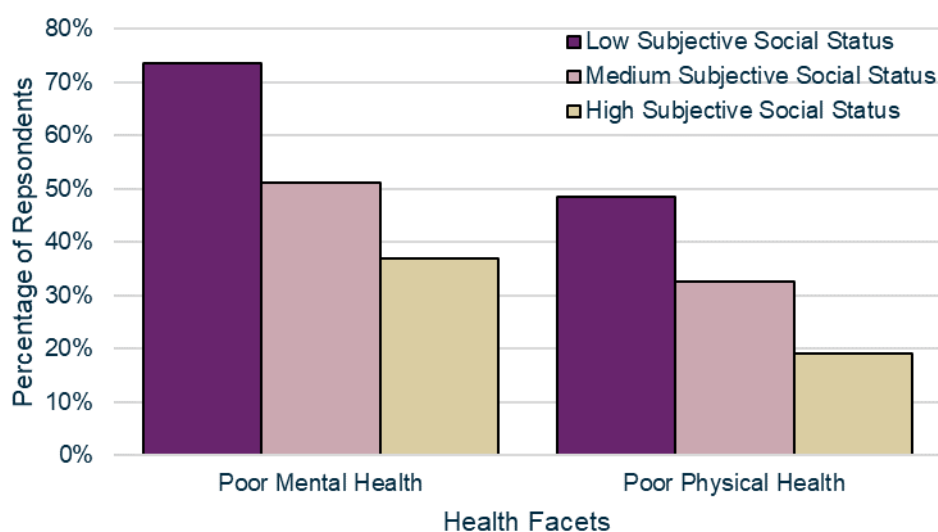


### **Mental and Physical Health by Subjective Social Status**

To measure subjective social status, we asked respondents to indicate where they thought they stood in society in terms of their economic, social and cultural capital, from 0 (worst off) to 100 (best off). For the analysis, we created an average score from these three measures, and respondents were divided into three groups representing low (0-33) medium (34-66) and high (67-100) subjective social status groups (similar to Bosma et al., 2015; Chen et al., 2012). As can be seen in Figure 6, among respondents with low subjective social status, 73% reported poor mental health since the lockdown began, compared with 37% of respondents with high subjective social status (see Dougall et al., 2021, for a recent study exploring the link between social class and mental health and wellbeing amongst university staff). Considering physical health, 48% of low subjective social status respondents reported poor physical health since the lockdown began compared with 19% of high subjective social status respondents.

**Figure 6**

*Percentage of respondents with poor mental and physical health by subjective social status.*



## Stress and Worry

Respondents were asked to consider how often they felt emotionally exhausted, stressed, and worried since the start of the academic year (ca. 5-6 months). Reported states were considered 'chronic' if respondents scored 8 or above, on a scale of 0 (never) to 10 (always). Over half of respondents had experienced chronic emotional exhaustion (55%), worry (53%) and stress (51%) since the beginning of the academic year.

## Stress and Worry by Caring Responsibilities and Gender

In this section, due to the low number of respondents that identified as neither men nor women, we have only reported the results for two gender identities: men and women.

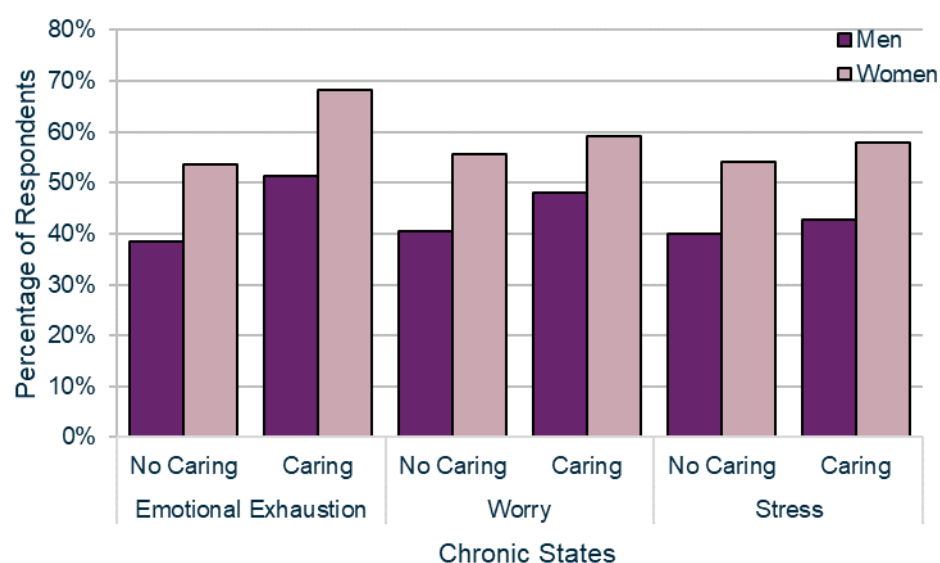
We asked respondents whether they currently had any caring responsibilities; this included caring for any adult or any child, with or without additional needs. Forty-six percent of women and 42% of men reported having caring responsibilities.

Among women, rates of chronic emotional exhaustion were higher among those with caring responsibilities (68%) compared to those without (54%). A similar pattern was seen among men: 51% with caring responsibilities experienced chronic emotional exhaustion compared to 38% of those without.

Considering chronic stress and worry, there were no significant differences between women with caring responsibilities (58%-59%) and those without (54%-56%). There were also no significant differences among men, with rates ranging between 43%-48% for those with caring responsibilities, and 40% for those without. See Figure 7.

**Figure 7**

*Percentage of respondents reporting chronic emotional exhaustion, worry and stress by caring responsibilities and gender.*

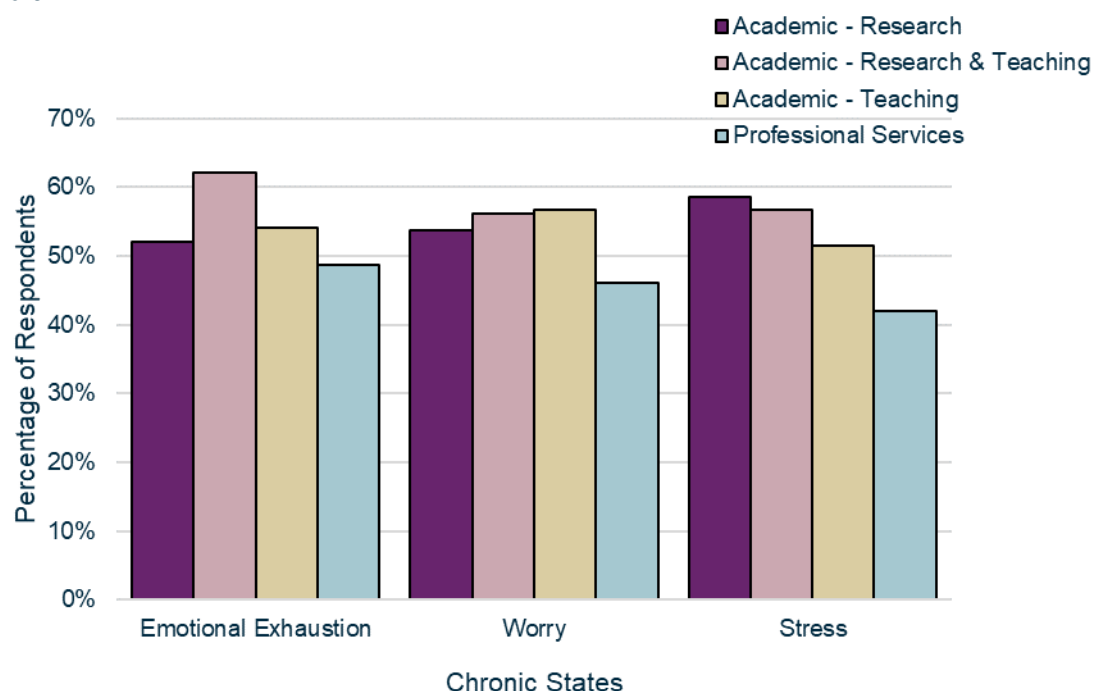


### **Stress and Worry by Staff Role**

The proportion of respondents who experienced chronic emotional exhaustion was lower among those in Professional Services roles (49%) compared to those in combined Research and Teaching roles (62%). Similarly, for experiences of chronic stress, the proportion of respondents was lower among those in Professional Services roles (42%) compared to those in Research-only roles (59%), and those in Research and Teaching roles (57%). The proportion of respondents who had experienced chronic worry did not significantly differ by staff role, ranging from 46% among those in Professional Services roles to 57% among those in Teaching-only roles. See Figure 8.

**Figure 8**

*Percentage of respondents reporting chronic emotional exhaustion, worry and stress by staff role.*



## Factors Related to Wellbeing

We also sought to explore factors that may underpin this pattern of poor mental health and wellbeing amongst university staff members (see also Dougall et al., 2021). Below, we separate those factors into aspects that fall more within the remit of institutions, and aspects that fall more within the remit of government and policy makers.

### Institutions

#### Social Inclusion

Three quarters of respondents felt included at work (75%). Feelings of inclusion were related to wellbeing: respondents who felt more socially included reported better mental health than those who did not. For example, we asked respondents whether they felt like their colleagues were willing to be friends with them. For those who did believe this to be true, scores for mental health were higher (5.1 out of 10) than for those who did not (2.5 out of 10).

#### Alignment between Skills and Task Demands

We also examined feelings of competence and achievement as an indication of the alignment between staff members' skills and task demands. More than a third of respondents did not feel competent at work (36%). Staff who felt competent had better

mental health than those who did not. For example, we asked respondents whether they had been given a chance to show what they are capable of since the start of the academic year. Among respondents who had been given this opportunity, mental health was higher (6.4 out of 10) compared to those who had not (2.9 out of 10).

## Policy Makers

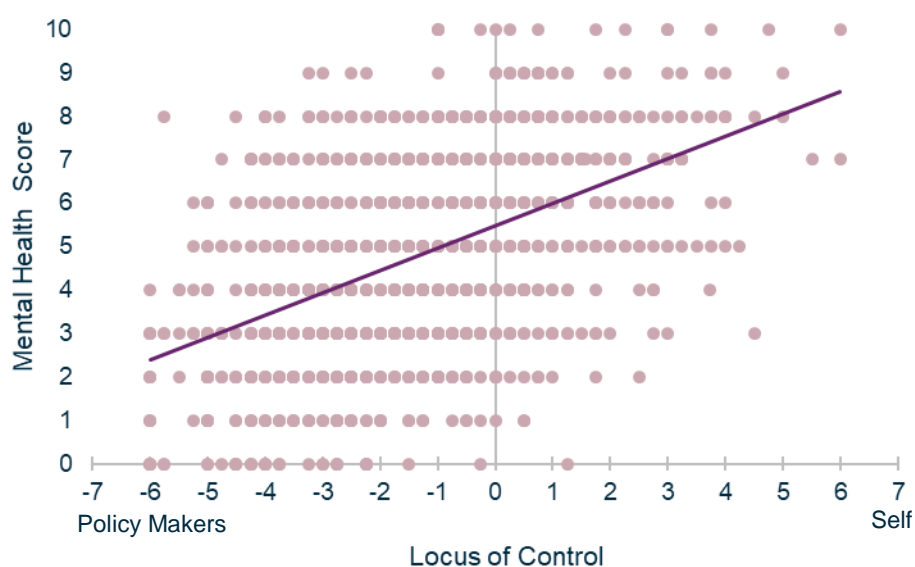
We also probed respondents' beliefs about views and actions of policy makers. In our survey, we defined policy makers as people responsible for creating UK policies and regulations. For example, members of the Government, MPs, Lords, Scientific Advisers, civil servants, advisory staff, etc.

## Locus of Control

Four-in-ten respondents (45%) expressed having low levels of personal control, and the majority of respondents (71%) thought their lives had been more strongly influenced by policy makers than by themselves. As shown in Figure 9, the more respondents thought they were in control as opposed to policy makers, the better their mental health.

**Figure 9**

*Locus of control (policy makers vs. self) and mental health.*



## Feeling valued

Finally, we explored the extent to which respondents felt valued by policy makers. Just 16% of staff reported feeling valued. In contrast, over half of respondents (55%) indicated that they did not feel valued. Respondents who felt valued by policy makers had better mental health and wellbeing than those who did not. For example, we asked respondents whether they thought that policy makers saw them as important. Respondents who agreed had

higher mental health scores (6.4 out of 10) than respondents who did not think policy makers saw them as important (3.6 out of 10).

## Practice and Policy Implications

This report, alongside other research, suggests that rates of poor mental health and wellbeing are high amongst UK university staff. In the present survey, about one-in-two staff members appears to be at risk of poor mental health. This has significant repercussions both in terms of the human cost and in terms of its economic impact on a sector that contributes 2.9% of UK GDP and supports 940,000 jobs (Oxford Economics, 2017).

The coronavirus pandemic put additional pressure on already stretched staff resources to provide student-facing services. The present survey suggests that a sizable number of staff members struggled over the course of the pandemic and are suffering from chronic stress and exhaustion.

The present survey also unveiled some entrenched inequalities. Staff with an ethnic minority or low (subjective) social status background, women staff members, staff on fixed term contracts, and staff with caring responsibilities were all at greater risk of poor mental health. This suggests that as university communities we need to double down on our efforts to create an inclusive environment for all. The Athena Swan Charter and the Race Equality Charter may provide a powerful lever to encourage us to reduce the discrepancies in mental health that we see amongst different staff groups.

The present survey highlights ways in which institutional leaders and policy makers may be able to stem the tide of poor mental health and wellbeing in the higher education sector. As we enter new phases of the coronavirus pandemic, we would do well as university communities to consider how we can foster a sense of inclusion and connectedness amongst colleagues. Of course, this needs to be combined with a manageable workload given that chronic stress triggers burnout, which in turn is associated with avoidance and withdrawal (e.g., Volpone, & Avery, 2013).

One factor that is perhaps less well explored is that of staff members' perceptions of the actions and views of policy makers. Successive higher education policies have created conditions that have led to an erosion of staff remuneration, fierce competition, and, recently, redundancies (Fazackerley, 2021, January 22; Musselin, 2018; UCEA, 2019). Coupled with this is a discourse that is pitting universities against the public with claims such as "Britain has had enough of experts" (Mance, 2016, June 3), and "young people have been taken advantage of" (Coughlan, 2020). The present survey highlights the potential repercussions of these recent trends, and the importance of university staff feeling valued.



While policy makers and university leaders have an important role to play, we have noted earlier that the current status quo is the result of a range of factors, including but not limited to working cultures and entrenched working practices. The situation can only be resolved through policy-makers and all members of the higher education community working together to prioritise staff and student welfare.

Some milestones have been achieved recently. For example, Universities UK (UUK) published the *Mentally Healthy Universities* framework advocating a whole university approach to mental health and wellbeing, calling on universities to make mental health a strategic priority (de Pury & Dicks, 2020). It is important to note that a whole system approach implies that mental health and wellbeing underpins all university policies and practices, and as such, goes beyond staff (and students) taking responsibility of their own wellbeing and making use of opportunities for self-care. The *University Mental Health Charter* developed by Student Minds also incorporates staff wellbeing as one of 18 themes for which the charter provides principles of good practice (Hughes & Spanner, 2019). The present report highlights the timeliness and importance of adopting those principles and making the mental health of staff and students a strategic priority.

Overall, this report has documented high levels of poor mental health and wellbeing among university staff. Given the consequences of poor health and wellbeing on productivity and performance (Ford et al., 2011), this may have significant repercussions for the UK university sector, and society more broadly. In publishing this report, we hope institutional leaders, policy makers, and university communities will take remedial action and work together constructively to improve the mental health and wellbeing of university staff.

## Useful Contacts

If you have been affected by the issues raised in this report, the following places can provide help or advice:

- If you work at a university, your employer will likely provide welfare, counselling and/or occupational health services that you can access.
- Your GP can provide help and support, and can refer you to specialist NHS services such as talking therapies and counselling.
- The NHS website provides information on a variety of mental health conditions, and details how you can refer yourself for talking therapies or counselling ([www.nhs.uk/conditions/stress-anxiety-depression/](http://www.nhs.uk/conditions/stress-anxiety-depression/)).
- Samaritans provides confidential emotional support if you are experiencing feelings of distress or despair. Call free on 116 123 or visit [www.samaritans.org](http://www.samaritans.org).

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