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Lived experiences of diverse university staff during COVID-19: an examination of workplace wellbeing

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ABSTRACT

Survey research has evidenced the work-related stresses reported by higher education staff during the COVID-19 pandemic, with indications that some groups may have been more vulnerable than others. However, for the most part, this research has not taken into account individuals' intersecting identities and their circumstances, which are likely to influence the strategies which are best placed to support their wellbeing. This qualitative study contributes to this area of research through an examination of workplace wellbeing for diverse professional and academic staff, providing a more in-depth understanding of their lived experiences during the pandemic. Data were 36 open-ended questionnaires and 20 interviews from diverse academic and professional staff, in terms of their intersecting gender, sexual and ethnic identities; age; job role and grade scale; caregiving responsibilities and disability status, at a large UK public research university. Using inductive thematic analysis, the findings support key influences identified in the quantitative studies but also highlight new themes such as the salience of ethnic, religious and gender identities and anxiety and trauma from the pandemic. The findings further emphasise the importance of the organisational infrastructure to support staff welfare. Evidence-based, workplace strategies are offered to address the key findings. Overall, our study highlights the importance of providing targeted support and acknowledging the traumatic experiences of university staff during crisis situations and underscores how equity, diversity and inclusion are key considerations for wellbeing practices and policies in the workplace.

Higher education is an important context to examine diversity in lived experiences during the COVID-19 pandemic. At most universities, there were alternating periods of face-to-face and remote teaching in response to COVID-19 restrictions. Both staff and students struggled to cope with these (often rapid) changes, a phenomenon referred to as 'pandemic fatigue' (Michie, West, and Harvey 2020). Survey research has evidenced the work-related stresses reported by university faculty and staff during the pandemic, with indications that some groups may have been more vulnerable than others (Schmidt-Crawford, Thompson, and Lindstrom 2021). However, for the most part, this research has not taken into account individuals' intersecting identities and their circumstances, which are likely to influence the strategies which are best placed to support their wellbeing. This qualitative study

contributes to this area of research through an in-depth examination of workplace wellbeing for diverse professional and academic staff, which can further facilitate the recommendation of tailored strategies to foster inclusion and promote staff wellbeing in higher education.

Research background

With the transition to remote working and online teaching, the workload of university staff intensified (Schmidt-Crawford, Thompson, and Lindstrom 2021). In concert with the rapidly changing work and teaching arrangements, many university staff were faced with home-schooling children and shielding from vulnerable loved ones, which exacerbated their work-related stress (Van Der Feltz-Cornelis et al. 2020). Recent survey research in both the US and the UK has documented the negative effects of the pandemic on university staff. For example, a survey of 1055 staff at a UK university gathered in May-June 2020 found that most respondents reported high levels of psychological distress, with being younger, having children, being socially isolated and engaging in less exercise associated with higher levels of stress (Van Der Feltz-Cornelis et al. 2020). Further studies examining US survey data gathered during the early stages of the pandemic in 2020 reported similar findings (Peacock 2022).

Using survey data from 1,122 US faculty members in October 2020, another study found that most respondents reported experiencing high levels of mental exhaustion, increased stress, heavier workloads and a reduced work-life balance (The Chronicle of Higher Education with Fidelity Investments 2020). Female faculty reported feeling more overworked and overwhelmed, with a greater increase in their workload, compared to males, which the report attributes to the compounded pressures of caregiving and work during the pandemic. The report further suggests that the negative effects of the pandemic may be heightened for female faculty with specific intersecting identities which may include ethnicity, race, sexual orientation, gender orientation, age and disability, although this was not specifically examined in the survey.

More recent survey data suggest that the mental health and wellbeing of university staff continue to be a serious cause for concern. In an online survey gathered in March 2021, 1,182 staff across 92 UK universities reported higher levels of stress and anxiety compared to the UK national average, with ethnic minorities, females and those with caregiving responsibilities, who worked in excess of 50 hours per week, and in research/teaching roles, at greater risk of poor mental health (Dougall, Weick, and Vasiljevic 2021). A further study of 2,048 academic and academic-related staff at UK higher educational institutions found that staff reported lower mental wellbeing than population norms, with those in academic roles in comparison to non-academic roles, who are younger and who identified as disabled at greater risk of work-related stress and poor mental health (Wray and Kinman 2021). Gender differences were not shown and ethnic groups were too small to examine differences. Further research with higher education employees highlighting opportunities for change and identifying appropriate intervention strategies would contribute to building a more systemic and sustainable approach to supporting staff wellbeing.

Current study

Our qualitative study extends previous survey research by focusing on the lived experiences of diverse professional and academic staff at a large UK public research university during the COVID-19 pandemic. At this university, professional and academic staff worked exclusively from home from March 2020 to August 2021. After lockdown restrictions eased in August 2021, academic and professional staff were expected to work at least 40% of their time on-site. In 2022, the university offered hybrid working as an option for those workers whose role did not dictate that they are always on-site, with 20–80% of working time on-site at the university.

In this study, we adopted an 'intersectional approach' to socially locate individuals in the context of their 'real lives' (Weber and Fore 2007, p. 123). Intersectionality, coined by Kimberle Crenshaw

(1989), 'draws analytic attention to the fact that no social identity exists in isolation of others' (Phoenix 2018). To examine individual's multiple and co-existing social categories, we collected questionnaires from, and conducted interviews with, a diverse group of staff in terms of their ethnic minority, gender and sexual identities; age; job role and grade scale; caregiving responsibilities and disability status. Qualitative research was employed to capture the complexities and contradictions inherent in participants' lived experiences (Braun and Clarke 2006), allowing a more in-depth understanding of their intersecting identities and circumstances. Using inductive thematic analysis, we first generated themes or 'patterns of meaning' and then we identified inclusive strategies to promote wellbeing in the workplace post-pandemic, offering guidance for rapidly changing and uncertain emergency situations and crises, particularly in the context of higher education.

Method

Participants

Staff members were recruited from the university through staff emails and newsletters sent by the wider Equality, Diversity and Inclusion (EDI) team from May to June 2022. Staff needed to be over the age of 18 years and currently employed by the university to be eligible for inclusion in the questionnaires. To be interviewed, staff needed to have been employed by the university since March 2020, at the start of the pandemic. Eighty-eight individuals were interested in participating and were sent a participant information form and a questionnaire to complete. Of these, 36 met the inclusion criteria and completed a questionnaire, eight did not meet the inclusion criteria, six responded after there were sufficient participants, one did not want to complete the questionnaire and the remaining 37 did not respond to a follow-up email. From the questionnaires, 20 individuals were invited to participate in an interview in June and July 2022; interview selection aimed to achieve a diverse sample of professional and academic staff from a range of grade scales, sexualities and genders, including minoritized groups such as Black, Asian and Ethnic Minority staff and staff with disabilities. Participants were offered £25 as a voucher or charity donation for the interview. Table 1 shows the demographic information for the final sample of individuals who completed a questionnaire and/or those who participated in an interview. To maintain anonymity and ensure participants are not identifiable; gender, sexuality, religion and ethnicity are not shown.

Most of the staff who volunteered ($n = 31$) were from professional services, including Information Technology, Human Resources, Finance, Communications and External Affairs, representing a range of job levels from administrators (grades 5 and 6) to senior managers (grades 8 and 9), while five participants had research/clinical academic roles. The majority of the participants lived with their family and more than half did not have caring responsibilities. Most participants were between the ages of 31 and 50. Twenty-four participants identified as female, nine as males and three as non-binary/gender-fluid. The sample included those who identified as trans ($n = 2$) and those who identified as bisexual, gay or queer ($n = 6$). Thirteen participants identified as disabled/neurodiverse; seven of these stated that they had a disability, two were neurodiverse and four did not specify. There was representation from different religions but the majority described themselves as Christian ($n = 9$) or having no religion ($n = 14$). Participants self-identified as White (British, Irish, Other; $n = 14$), Asian or Asian British (Pakistani, Bangladeshi, Indian, Other; $n = 10$); Black or Black British (African, Caribbean, Other; $n = 5$), Chinese ($n = 2$), Filipino ($n = 1$), Mixed Heritage ($n = 2$), European ($n = 1$) and Vietnamese ($n = 1$).

Procedure

The study was registered with the University's Data Protection Officer and received approval from the Ethics Committee (CEHP/2020/579). A pre-interview questionnaire was sent via MS Forms to staff who met the criteria for inclusion. The pre-interview questionnaire contained demographic

Table 1. Demographics of participants in both the pre-interview questionnaire and interview.

ID	Length of service (years)	Grade	Role (PS = Professional Services)	single parent	Caring responsibilities?	Age	Disability?	Interview/Questionnaire
1	10	7	PS	Live with friends	No	41–50	Yes	Both
2	8	8	PS	Live with family	Yes	51–60	Yes	Questionnaire
3	3	6	PS	Live with others	No	31–40	No	Both
4	18	7	PS	Live with others	No	41–50	Yes	Both
5	3	9	PS	Live with friends	No	41–50	No	Both
6	3	6	PS	Live with family	Yes	31–40	No	Both
7	8	8	Research	Live with family	Yes	41–50	No	Both
8	16	8	PS	Live with family	Yes	41–50	No	Both
9	3	7	PS	Live with partner (unmarried)	No	21–30	Yes	Both
10	19	7	PS	Live alone	No	51–60	Yes	Both
11	30	8	PS	Live with family	No	41–50	No	Both
12	3	6	PS	Live with family	No	31–40	No	Questionnaire
13	4	7	PS	Live with friends	No	41–50	Yes	Both
14	2.5	8	PS	Live with family	Yes	31–40	No	Both
15	20	7	PS	Live with family	No	61–70	Yes	Both
16	1	7	Research	Live alone	No	21–30	No	Questionnaire
17	30	9	Clinical Academic	Live with family	Yes	61–70	No	Both
18	10	7	PS	Live alone	No	41–50	Yes	Questionnaire
19	6	6	PS	Live alone	No	51–60	No	Both
20	3	9	PS	Live alone	No	51–60	Yes	Questionnaire
21	5	9	PS	Live with family	Yes	41–50	No	Questionnaire
22	12	7	PS	Live with family	Yes	41–50	No	Questionnaire
23	3	8	PS	Live with family	No	41–50	No	Questionnaire
24	5	8	PS	Live with family	Yes	31–40	No	Questionnaire
25	10	7	PS	Single parent	Yes	41–50	No	Questionnaire
26	1	6	PS	Live with family	Yes	31–40	Yes	Questionnaire
27	8	9	PS	Live with family	Yes	41–50	No	Both
28	3	6	PS	Live alone	No	41–50	No	Questionnaire
29	1	6	PS	Live alone	No	21–30	Yes	Questionnaire
30	5	7	PS	Live alone	No	41–50	No	Questionnaire
31	5	8	Research	Live alone	Yes	31–40	No	Both
32	7	6	PS	Live with family	No	21–30	No	Both
33	6	5	PS	Live with family	Yes	51–60	Yes	Questionnaire
34	3	8	PS	Live with family	Yes	41–50	Yes	Both
35	1.5	7	PS	Live with family	Prefer not to say	31–40	No	Questionnaire
36	2	8	Research	Live with family	No	31–40	No	Both

and diversity questions, in order to select a diverse sample for the interviews, and two open-ended questions related to their wellbeing so that all of those who volunteered could share their views. These questions included: 'Thinking back, how did you find working during the pandemic and lockdown periods?' and 'What do you think about the support received from the university during the pandemic and lockdowns?' Interviews were then conducted via MS Teams and split between the second and third authors. Each interview lasted between 30 and 40 minutes. Table 2 displays the interview questions for this study. Interviews were conducted online and then transcribed.

Data analysis

Both the pre-interview questionnaire and interviews were coded using Braun and Clarke's six stage thematic analysis (Braun and Clarke 2006). For the interviews, the first stage involved being immersed in the data through reading and re-reading the transcripts, followed by the generation

Table 2. Example interview questions.

- Describe a typical day of work prior to the pandemic, for example, type of duties, location of work, hours of work, interaction with colleagues/employers.

- How did this change and how did you find working during the pandemic and the lockdown periods?

- How was your wellbeing at work?

- Do you feel that your identity, such as your gender, ethnicity or disability, had an impact on your experience of work during the pandemic? If so, in what way?

- What do you think about the support received from the university during the pandemic/lockdown?
  – Was it sufficient/well-supported in your work – how?
  – Not sufficient – how?

of initial inductive codes with meaningful statements as the unit of analysis. This initial coding was carried out by the second and third authors. A sample of interviews was then second-coded by the authors and discrepancies in coding were reviewed and discussed until there was 100% agreement. Questionnaire data were analysed and coded by the fourth author following the same steps as the interviews. A sample of the questionnaires was second-coded by the authors and discrepancies were discussed until there was 100% agreement.

All coded data were then reviewed together and assigned to broader, overarching inductive themes among the authorship team. For data triangulation, themes arising from both the questionnaires and interviews were discussed among the authorship team and reviewed to ensure that they accurately represented the data. Any themes that were generated in one format (questionnaire or interview) but not the other were indicated as such. Final themes were agreed upon and labelled through consensus. Inductive themes were further analysed to understand their relationships with diversity, equity and inclusion, for instance, noting when themes were particularly salient for individuals based on their identities and/or circumstances. All the authors are Psychologists and have been trained in thematic analysis.

Lastly, the authors identified workplace strategies for the themes based on previous research. Strategies were evaluated by applying the APEASE criteria, an acronym that refers to the following principles: affordability, practicability, effectiveness/cost-effectiveness, acceptability, side-effects/safety and equity. This 'checklist' helps to determine which workplace strategies are most feasible and more likely to be implemented in the context of an intervention (Whittal, Atkins, and Herber 2021). The first three authors first discussed and evaluated the strategies according to the APEASE criteria as a group then the wider EDI Team provided additional feedback and further suggestions.

Results

Table 3 shows the eleven inductive themes identified. All the themes were prevalent in both the questionnaires and the interviews, except the first theme which was prominent in the interviews but did not emerge in the questionnaires. Quotes from the interviews are indicated by an (I) and those from the questionnaires by a (Q) with the participant numbers, except for the first theme as participants could be identifiable.

Salience of ethnic, religious and gender identities

Seven participants expressed becoming more aware of their ethnic, religious and/or gender identities during the pandemic. Of these, four participants mentioned becoming more aware of their

Table 3. Wellbeing themes and definitions.

Theme	Definition
Salience of ethnic, religious and gender identities	The impact of different identities on experiences of working during the pandemic and also the impact that the pandemic had on identities
Disabilities and adjustments	The support and reasonable adjustments given by the organisation to those with disabilities; also covers particular experiences of individuals as a result of their disability through the pandemic
Emphasis on parents and carers	The perception of the environment and culture within the organisation where those with caring responsibilities were given additional focus, support and understanding
Struggles with parenting/caring responsibilities	Challenges due to having caring responsibilities and how these changed throughout the pandemic with enforced homeworking and absence of/changes to childcare
Adjustment to working from home	The experience of, and feelings about, transitioning to working from home
Institutional support for wellbeing	Perceptions of the support, including practical and emotional support offered by the organisation (as distinct from individual managers and colleagues within the organisation)
Wellbeing support from managers/ colleagues	The flexibility, supportive communication and other forms of support offered by line managers and/or colleagues
Anxiety and trauma from the pandemic	Emotional reactions to the pandemic, including mental health issues, health concerns and general worries
Pressures from work	Challenges around workload, demands of the job and meeting the requirements of their role during a difficult period
Communication and interaction with colleagues	How communication with colleagues was affected by the pandemic and the period of working from home
Communication from the wider institution	Perspectives on the quality and value of communication and guidance from the organisation

ethnic identity and others around them due to COVID-19 health inequalities. '*We're from a British Bangladeshi community and that was identified as being like really, really like really hard hit by COVID.*' (I) Another minority ethnic staff member mentioned having some challenges with COVID and religious observance. '*I'm from a Muslim background. So, we observe Ramadan and then like Ramadan during COVID and like not being able to get have food and then changing your work hours and stuff.*' (I) For two staff members, the salience of identity appeared to be triggered by events such as the Black Lives Matter movement. '*I suddenly felt very aware of my ethnicity with Black Lives Matter. Lots of stuff was going on in terms of internally about how people were going to address it. Two people reached out to see how I was … Two people out of 60 … only two people are black out the whole team.*' (I) and '*… because of what happened in the States with George Floyd … because of that movement … I'm a lot more aware of my identity at work.*' (I) One male minority ethnic participant expressed the impact of the lockdown on his gender identity. '*… sitting around not doing a lot … in terms of like my gender identity, a bit self-conscious because like my body shape changed … did kind of struggle in terms of my destabilised masculinity because I did feel like a bit less of a man that have been sitting in my room doing nothing.*' (I)

Disabilities and adjustments

This theme relates to nine participants who discussed their disabilities in relation to their experiences working from home and the support they received for any reasonable adjustments that they required. '*… very good and did listen to staff who needed Reasonable Adjustments and took our suggestions on board.*' [P15 (I)] Participants generally expressed receiving sufficient support for their disabilities.

> I suffer [disability] and due to long sitting down periods when working from home, my [disability] started to give me an unbearable pain. They offered me support via providing office material to be more comfortable at home and flexible arrangements to do my strengthening/rehab activities, but still be able to deliver my duties, for which I am extremely grateful. [P34 (I)]

A few participants mentioned that working from home was challenging due to their disability. '*I found it challenging with being dyslexic and having people call me, message me on Teams and email.*' [P13 (Q)] *One participant mentioned that it was isolating.* '*I also found isolation due to my being immunosuppressed to be a factor no one understood. People thought it was easy for me to work from home when in reality I wanted my life and freedom back. It was a mental minefield.*' [P2 (Q)]

Emphasis on parents/carers

This theme reflects that four participants felt parents and carers were far more focused upon than others in terms of communication, guidance and support available to them from the organisation. *'A lot of the focus at the time was on those with caring responsibilities whereas single adults living alone may have had less support, from all areas.' [P25 (Q)]* This sentiment was prevalent, especially from those participants without parenting or caring responsibilities. '*They were giving more attention to people, again, with caring responsibility fair enough, fair point. But people without caring responsibilities were still experiencing in a way some type of stress, so probably this is what I didn't see.' [P36 (I)]* One participant mentioned that parents and carers were afforded more leniency in respect to their work compared to others. '*It was okay if parents and carers didn't do the same amount of work, but they never said that about other staff … as if all the rest of us were expected to be operating at full pre-pandemic capacity.' [P1 (I)]*

Struggles with parenting/caring responsibilities

This theme relates to the challenges eight participants who were mothers or fathers experienced with their parenting duties during the pandemic.

> It was hard trying to work whilst my daughter was also at home. Being a toddler, she wanted constant attention and play and we lived in a tiny flat, so I often had to work early in the mornings or late at night when she was sleeping – this was exhausting. [P14 (Q)]

They expressed that they struggled with the additional responsibilities without childcare during the pandemic. 'Manic. Stressful. My husband and I both tried to work full time with two young kids at home. We shared childcare responsibilities, so effectively watched the kids 50% and worked 50% of time (when not sleeping). My mental health suffered.' [P7 (Q)] On the other hand, parents enjoyed spending time with their children, although they relayed that it was still challenging. 'As well as it being difficult, it was kind of. It was nice and not nice. I don't know if that makes, don't know if that makes sense. Like there were nice parts to it that I felt like I could bond with her on a different level and I got more time with her.' [P14 (I)]

Adjustment to working from home

Twenty-three participants discussed the transition to remote working from home and their associated experiences and feelings about it. Participants emphasised finding the transition period to working from home stressful, but things became easier once they had settled into this new way of working. '*To start with stressful and difficult, but then developed to be less stressful and easier all round.' [P22 (Q)]* For others, the workload increased when working from home as the boundaries between work and personal life blurred. *'I have probably ended up doing more working hours than before the pandemic. You have to be more disciplined about leaving your desk/home office.' [P11 (Q)]* A few mentioned that working from home, using online meeting platforms, had a negative effect on their mental and physical health, including due to a disability.

> I also could find it really distracting when people would be speaking and other people were just … the sort of chats at the side were just going wild. And I also found it really challenging, you know, working on email. And my mental health, I just wasn't used to just being sat in front of this screen all day, every day. [P13 (I)]

On the other hand, four people mentioned they felt more comfortable working from home because of their introversion. '*I'm quite an introvert. I actually found it really comfortable to be working from home.*' *[P6 (I)]*

Pressures from work

This theme focuses on 13 participants' perceptions of increased pressures from work for both academic and professional staff. There was an increase in workload for some staff due to new projects as well as adjusting to teaching online. '*There was an incredible amount of work and so it was on the individual to be resilient and get on with the work.*' *[P30 (Q)]* Participants also felt there was an expectation that they would work longer hours during the pandemic.

> When we did have like really big departmental meetings and people kind of telling you all their outputs, it does put a slight pressure on, you know, [that] maybe we should be achieving more because we're not commuting and we've got less meetings or we're just home all the time and, you know, there's nothing else to do. So maybe we should be like working in the evenings and so forth. [P31 (I)]

Many noted that work pressures were extremely stressful. '*During that time (pandemic), I think I was just in survival mode. I was leading a research project that started. I was just really stressed.*' *[P7 (I)]* Others mentioned that pressures from work had a negative effect on their mental health. '*I was working probably 50–60 hours a week, sometimes in the weekends as well. So … that started, I think I didn't realise it at the time, but then it eventually started impacting me.*' *[P8 (I)]*

Institutional support for wellbeing

This theme relates to 24 participants' perceptions of the support they received from the organisation. There were mixed responses from participants with some expressing that the support they received was insincere. '*Wellbeing initiatives superficial and very much like, do these things because we're framing your wellbeing as your fault and not anything to do with the workplace atmosphere, we create.*' *[P3 (I)]* Another participant explained that '*it felt like the university didn't want to acknowledge the grief and trauma of COVID.*' *[P1 (I)]* However, most felt positive about the institutional support they received including positive support for their mental health, reasonable adjustments and the provision of equipment, especially those who required specific equipment due to a disability. '*The support provided was great. There were resources for my mental wellbeing, as well as equipment provided for physical adjustments working at home.*' *[P12 (Q)]*

Wellbeing support from managers/colleagues

This was mentioned as an important theme by all of the participants. The majority of the participants spoke of having supportive managers within their departments and feeling looked after by their team and colleagues at work. '*The head of our department at the time was brilliant with making sure everyone was okay and being very supportive of people that had caring responsibilities.*' *[P13 (I)]* The flexibility offered by managers to individuals based on their needs was mentioned as an important way to support staff especially those with caring responsibilities. '*The flexibility from my line manager and our second line manager, they were quite understanding on, yeah, you don't have to be found on Teams every single second that someone calls you.*' *[P4 (I)]* On the other hand, some participants expressed a lack of recognition of their individual needs, especially for those who have a disability.

> My then line manager was not good at talking, neither checking if I was alright. One has to remember, just because you are talking to a screen and the other person is responding that does not mean the other person is alright … , particularly if they have just experienced a loss or suffer with mental health issues. [P19 (Q)]

Institutional support for wellbeing

This theme relates to seven participants who expressed mental health concerns from traumatic experiences of the pandemic. A few participants mentioned that the pandemic made them feel anxious and stressed. '*Whatever stresses I had were related to the actual situation … what if we catch it? What happened? Then are we all going to die?*' *[P9(I)]* These feelings were particularly salient for participants with previous mental health issues. '*Those of us who were struggling before the pandemic, we're still struggling.*' [P1 (I)] Another staff member, who was both a clinician and an academic, discussed the stress of worrying about patients. '*It was quite worrying you know, quite a lot of anxiety provoking stresses … I didn't like not being able to see patients.*' *[P17 (I)]* Others mentioned concerns about becoming infected, which was especially acute for professional staff who worked on campus during the pandemic. '*I have to deal with postage and deliveries and I need to be in the office more than others. So, I kind of was a bit concerned.*' *[P32 (I)]*

Communication and interaction with colleagues

This theme captures 18 participants' experiences of communication during the working from home period and there were mixed sentiments expressed. Some felt that their remote interaction with colleagues was sub-optimal. '*I just feel like the communication was a lot better when we were all in person. And it's like now, things can get lost over e-mail and Teams.*' *[P31 (I)]* Others, especially those who identified themselves as introverts, preferred online communication compared to face-to-face interactions.

> I'm relatively introverted and I could sometimes find it draining being in the office five days a week and all the kind of social interactions and that goes along with it, so I found that I had a lot more energy without all the kind of social aspects of the office. [P9 (I)]

A few participants also expressed feeling isolated and lonely due to a lack of social interactions with colleagues. '*I did not like working from home 100% of the time. It felt very lonely, isolating and impersonal. Also, there was no opportunity to meet other colleagues/line manager.*' [P16 (Q)] Life circumstances could also exacerbate feelings of loneliness for staff members. '*I found it incredibly lonely actually … and also as a solo mum by choice.*' [P27 (I)]

Communication from the wider institution

This theme reflects ten participants' views on the guidance and communication they received during the pandemic from the wider institution. Participants appreciated the frequent emails and newsletters. '*I think having the weekly kind of newsletters was quite useful just to kind of have updates.*' *[P32 (I)]* The majority of the participants expressed positive sentiments regarding the communication they received and found it to be comforting and helpful. '*What I found very reassuring was the updates … felt we were getting really good information, really clear information compared to friends and family of mine who work at other organisations.*' *[P13 (I)]* In contrast, another participant noted that communication from the wider organisation lacked sympathy and compassion regarding staff's challenges with COVID. '*The regular communication received were, in my opinion is useful but I think generally lacked some empathy or connection.*' *[P23 (Q)]*

Discussion

Recent survey research has evidenced the low mental health and wellbeing of university staff during COVID-19 (Dougall, Weick, and Vasiljevic 2021; Peacock 2022; Wray and Kinman 2021). In this qualitative study, we further explore this worrying trend with an in-depth examination of the lived experiences of diverse professional and academic staff during the pandemic. The findings support some key influences identified in the quantitative studies such as stresses related to increased work

pressures (e.g. The Chronicle of Higher Education with Fidelity Investments 2020) but also highlight additional themes such as trauma and anxiety from the pandemic.

Some themes directly connect to issues of diversity, equity and inclusion such as the salience of ethnic, religious and gender identities and disabilities and adjustments, while others relate to staff's individual circumstances such as an emphasis on parents/carers and struggles with parenting/caring responsibilities. There are also more general themes which affected the majority of staff including those related to communication and wellbeing support from the institution, their managers and colleagues. However, these latter themes often varied according to staff's identities and their circumstances such as having a disability, being a parent or living alone. Overall, the findings emphasise the importance of organisational infrastructure to promote inclusivity and support staff welfare. Table 4 provides an overview of the evidence-based workplace strategies we identified to address the key findings raised in this study; these strategies have been evaluated in terms of their feasibility and acceptability to better support staff wellbeing in this sector.

Workplace wellbeing and evidence-based strategies

The salience of identity was mentioned by staff who felt that the pandemic and recent events emphasised their ethnicity, religious and gender identities. Prior social-psychological literature posits that self-efficacy and identity are inextricably linked and identity construction, especially in the face of a threat (e.g. COVID-19) can provide individuals with feelings of competence and control (Jaspal and Cinnirella 2013). Bearing in mind the disproportionate impact of COVID-19 on Black, Asian and Minority Ethnic (BAME) groups for physical (Khunti et al. 2020) and mental health (Smith, Bhui, and Cipriani 2020), it is not surprising that those identifying from BAME communities expressed views in relation to their identity. For some, this was related to health inequities highlighted by the pandemic; others noted that recent events surrounding Black Lives Matter were left unspoken and unacknowledged in the workplace, leading to feelings of isolation and resentment. Intersectionality was also highlighted in the interviews, with ethnic minority staff focusing on their gender and religious identities in relation to their wellbeing during COVID. Strategies may involve encouraging communication and transparency regarding diversity and inclusivity issues in the workplace; promoting education on inclusive language and awareness of diverse ethnicities, races and cultures through workshops and resources such as books, blogs and videos (Mmeje et al. 2020); and providing bespoke training for managers on specific issues faced by BAME groups that may affect their work/wellbeing including socio-political events (McGregor-Smith 2022).

Disabilities and reasonable adjustments were also highlighted. Some disabled staff found remote working conditions and the ensuing reasonable adjustments challenging to negotiate, while others were grateful for the practical and emotional support offered by the institution. Workplaces can better support disabled staff by ensuring that the process of asking for reasonable adjustments is simple and accessible, including for those with invisible disabilities, and flexibility is offered in patterns of working (Olsen 2021; Taylor et al. 2022). In the UK, this could be effectively supported by signing up for the UK Government's Disability Confident Scheme, a scheme which is designed to encourage organisations and employers to recruit and retain employees with disabilities and to help employers make use of the skills and talents of those with disabilities (DWP 2014). This scheme was developed by representatives of people with disabilities along with employers and is a voluntary scheme that has been incorporated by many organisations.

Being a parent and caregiving responsibilities were noted in several themes. Those who were not caregiving felt that there was a greater emphasis on parents from the university, which can lead to resentment, demotivation and even disengagement from work due to a perception of inequity experienced by other groups in the workplace (Delouya and Hartmans 2022). To tackle these perceptions, equity in support should be provided for all groups (CIPDa 2021), with any leniency or flexible work arrangements offered based on personal/individual circumstances rather than being group specific. Parents, both mothers and fathers, also noted challenges with managing working from

Table 4. Themes with workplace strategies and wider implications.

Theme	Issue	Workplace strategies	Implications	APEASE
Salience of ethnic, religious and gender identities	Awareness of identity and lack of diversity in the workplace	Organisations can employ various strategies to enhance communication and transparency regarding diversity and inclusivity issues in the workplace. For instance, promotion of education on inclusive language and awareness of diverse ethnicities, races and cultures through workshops, training and the availability of resources including relevant literature.	Research suggests that feelings of inclusivity among employees can lead to higher productivity, collaborative working, sense of belonging and overall enhanced wellbeing (Bourke and Titus 2019).	Affordable – Low cost if training/workshops are in-house but higher cost if training is bespoke and tailored Practical – Yes, needs to be uniformity in policy and implementation across the board Equitable – Yes, inclusive Acceptable – Yes Safe/side effects – None foreseen Effective – Recommended by McGregor-Smith (2022) and Mmeje et al. (2020)
Disabilities and adjustments	Challenges related to disabilities	Managers should ensure that the process of asking for reasonable adjustments is simple and accessible and flexible working patterns are offered (Olsen 2021). This could be supported by the organisation signing up to the UK government's Disability Confident Scheme (DWP 2014).	Employers have a duty to ensure safety of work environment (home or office) for all staff and even more so for disabled staff. Provision of the right equipment and ensuring reasonable adjustments are made can minimise any negative impact on disabled staff and their wellbeing. Addressing individual needs and regular communication with disabled staff can result in a more comfortable work environment and enhanced wellbeing.	Affordable – Dependant on reasonable adjustments Practical – Dependant on the adjustment requested Equitable – Yes, inclusive Acceptable – Yes, will be welcomed by staff with disabilities Safe/side effects – None foreseen Effective – Recommended in DWP (2014), Olsen (2021), and Taylor et al. (2022)
Emphasis on parents and carers	More support focused on parents/carers and less on others	There needs to be uniformity of support provided across all staff (CIPDa 2021) and clarity in communication that support can be accessed by anyone. Leniency and flexible working arrangements should be offered based on individual circumstances.	It is suggested that favouring a particular group(s) of employees can lead to resentment, demotivation and even disengagement from work due to a perception of inequity experienced by other groups in the workplace (Delouya and Hartmans 2022). Tackling these perceptions from employees can improve fairness and ensure no group is feeling left out and without support.	Affordable – Low/no cost Practical – Yes Equitable – Yes, helps with equity and inclusion Acceptable – Yes Safe/side effects – None foreseen Effective – Recommended in guidance by CIPD (CIPDa 2021)
Struggle with parenting/caring responsibilities	Challenges related to having young children at home while working	Organisations should foster a workplace culture that supports parents/carers by promoting flexible policies such as parental leave and creating a culture where workers are aware of and can readily access these policies (Feeney and Stritch 2019).	Inadequate support for parents and carers can exacerbate problems with employee wellbeing such as lack of sleep, fatigue, lack of personal and work boundaries and mental health issues, among others (University of Oxford 2021). Hence, it is vital to address needs of parents and carers and provide adequate support.	Affordable – Low to medium cost dependent on provision Practical – Yes Equitable – Yes, inclusive Acceptable – Yes, will be welcomed by parents and carers Safe/side effects – None foreseen Effective - Recommended in Feeney and Stritch (2019)

(*Continued*)

Table 4. Continued.

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Theme	Issue	Workplace strategies	Implications	APEASE
Adjustment to working from home	Lack of boundary between work and personal life	Managers should work with employees on an individual basis to ensure work/life balance by creating boundary management strategies and role modelling a work-life balance (e.g. switching off work/not emailing at certain hours).	Employee mental health difficulties have been linked to absenteeism, poor productivity and higher staff turnover (Parsonage and Saini 2018).	Affordable – Low cost Practical – Yes, easily applied Equitable – Yes Acceptable – Yes, can lower work pressures Safe/side effects – None Effective – Recommended in Mellner, Aronsson, and Kecklund (2015) and Braun and Peus (2018)
Pressures from work	Increase in workload	Regular communication/guidance on managing workload should be offered to all employees and this can be facilitated through management software and regular communication with team managers.	High workload is inversely related to productivity (Bruggen 2015) and ensuring employees have adequate support to manage workload can, in turn, increase productivity and decrease employee stress and risk of burnout.	Affordable – Yes, if software already licensed is used Practical – Yes Equitable – Yes, aims to support employees with work pressures Acceptable – Yes Safe/side effects – None Effective – Recommended by Bhui et al. (2012)
Institutional support for wellbeing	Superficial support lacking empathy	An emphasis on data led strategies for wellbeing can ensure employees feel supported emotionally (CIPDa 2021). Collecting employee wellbeing data can help ensure support is tailored and matches individual needs.	Targeted workplace interventions which consider individual needs can be more effective than blanket mental health strategies (Akerstrom et al. 2021).	Affordable – Low-cost Practical – May require training Equitable – Yes, would encourage communication and ensure strategies are in line with employee needs Acceptable – Yes Safe/side effects – None Effective – Recommended in CIPD guidance (CIPDa 2021)
	Unhealthy workplace atmosphere	Organisations need to recognise the effect of the work environment on employee wellbeing and implement a framework (e.g. Talking Toolkit; HSE 2021) to manage stress at work and create an environment more conducive to employee wellbeing.	High pressured deadlines and consistently high workloads are negatively associated with employee wellbeing (e.g. Bowling et al. 2015). A framework like the Talking Toolkit provides a systematic way of having conversations about work-related stress and the work environment with managers, setting targets and ensuring changes are made at an organisational level to foster a healthy environment at work.	Affordable – Medium cost Practical – May require time and targeted changes dependent upon issues raised Equitable – Encourage an open environment where issues are discussed and help build a trusting relationship between employees and the larger organisation Acceptable - Yes Safe/side effects – None Effective – Recommended by the Health and Safety Executive (HSE 2021)
Wellbeing support from managers/ colleagues	Lack of recognition of individual needs (e.g. mental health, bereavement)	Training managers to be advocates of wellbeing can help ensure tailored wellbeing support is available to all employees.	Research shows that wellbeing support from managers can be most effective in improving employee wellbeing (Limeade and Quantum Workplace 2015). Providing training to managers to ensure they are well-equipped to handle issues such as bereavement can have a positive effect on employee wellbeing.	Affordable – Low cost Practical – Yes, may require manager training Equitable – Yes Acceptable – Yes, especially for staff with specific needs Safe/side effects – None Effective – Recommended in CIPD (2021); Dimoff and Kelloway (2019)

Table 4. Continued.

Theme	Issue	Workplace strategies	Implications	APEASE
Anxiety and trauma from the pandemic	Acknowledgement of stresses associated with pandemic	Availability of a service for employees to discuss anxieties (such as an Employee Assistance Programme; EAP) can aid in cultivating a 'safe' workplace. It can help ensure pandemic guidelines are in place and employees are able tocommunicate any worries to managers.	Fears and anxieties about the pandemic can lead to employee stress, mental health difficulties and even burnout (CDC 2021). Further to this, issues surrounding long COVID, and associated absenteeism need to be addressed and managed by organisations. In ensuring employee anxieties are listened to and effective support is available to them, organisations can combat these concerns effectively.	Affordable – Forums can be low cost, EAP may have a higher cost Practical – Depends on provision Equitable – Yes, will be welcomed by employees as a means of dealing with stress Acceptable – Yes Safe/side effects – None Effective – Recommended in Brooks and Ling (2020) and Mun et al. (2022)
Communication and interaction with colleagues	Isolation	Several strategies can help ward off feelings of employee isolation. These include regular 'check-ins' by colleagues and managers, social events (remote or in-person) and a 'buddy' system at the workplace.	Research has demonstrated the negative effects of loneliness on employee stress, burnout and productivity (Lunstad 2018; Wright and Silard 2020). Cultivating a workplace culture of social connectedness and regular communication may ensure employees do not feel lonely or isolated.	Affordable – Low cost for regular check-ins and a 'buddy' system; medium cost for social events Practical – Yes Equitable – Yes Acceptable – Yes Safe/side effects – None Effective – Recommended in Greenwood and Krol (2020)
	Daily/frequent face-to-face interaction found to be draining by those identifying as 'introverts'	Allowing flexibility in communication channels among employees based on individual personality and needs can help accomodate various employee personality types (O'Donovan 2017).	Learning about employee needs based on what part of the introvert-extrovert spectrum they fall on can help instil a workplace that is a suitable environment for everyone to work effectively (Schwartz et al. 2019).	Affordable – Low/no cost Practical – Yes, easily implemented based on individual needs Equitable – Yes Acceptable – Yes Safe/side effects – None foreseen Effective – Recommended in Donova (2017); Greenwood and Krol (2020)
Communication from the wider institution	Lacking empathy and connection	Frequent communication, e.g. daily or weekly emails, is advised and other channels of communication can also notify the university community of new wellness programmes and resources (Wray and Kinman 2021).	Communication is essential for supporting wellbeing but must be strategic, offering wellness opportunities and resources (Amaya et al. 2017).	Affordable – Low/no cost Practical – Yes, can be implemented with some support from mental health advisors/practitioners Equitable – Yes, inclusive Acceptable – Yes, will be welcomed Safe/side effects – None foreseen Effective – Recommended in Wray and Kinman (2021)

home with the additional responsibilities of home-schooling and caregiving during the pandemic. In line with the above suggestion, managers can communicate with individual employees, offering flexibility based on specific needs. Tailored support networks (e.g. parent groups) and peer support can also help those struggling with additional responsibilities (Working Families 2020). Promoting flexible working policies and family friendly policies can help to create a culture where employees feel encouraged to use these policies when needed (Feeney and Stritch 2019).

Similar to previous COVID-19 research (e.g. The Chronicle of Higher Education with Fidelity Investments 2020), this study found that staff experienced challenges blending their work and home life in the adjustment to working from home. Our findings support previous research suggesting that personality (such as introversion) and individual circumstances (such as caregiving) have an impact on how boundaries between work and personal life are managed (Gardner et al. 2021). Thus, targeted workplace interventions which consider individual needs can be more effective than blanket mental health strategies (Akerstrom et al. 2021). Managers can work with employees to come up with boundary management strategies based on personal circumstances, such as switching off work at certain hours and regular check-ins to ensure work is manageable (Mellner, Aronsson, and Kecklund 2015). Senior managers can also role model work/life balance such as by not emailing out of hours and scheduling breaks from work without checking in (Braun and Peus 2018).

Wellbeing support was also highlighted as important, focusing on the support offered by the wider institution and from managers and colleagues. Participants recognised the support provided but some noted that it seemed insincere with inadequate acknowledgement about the trauma of the pandemic and bereavement. Some staff with specific needs such as a disability and those with caregiving responsibilities also noted that there was a lack of recognition of their individual needs. Research finds that investing in support that is not aligned with employee needs for wellbeing can result in a 'tick-box trap' for organisations (Golby 2022) leading to wasted resources and inadequate support for employees. Cultivating a workplace culture where there is openness about mental health difficulties involves having a clear mental health strategy and specific policies to ensure that mental health support is targeted and based on individual needs (Adams et al. 2021). Strategies include training managers on mental health issues and ways of providing support and removing the stigma attached to mental health difficulties by promoting communication around mental health in the workplace (CIPDb 2021; Dimoff and Kelloway 2019).

Further to this, the onus of creating a positive environment which is conducive to employee wellbeing rests on organisations. The use of the Talking Toolkit (HSE 2021) is proposed which consists of six templates each of which is designed to start conversations between managers and employees about issues, especially those pertaining to work-related stress, pressure from deadlines and support required, and to develop action plans to tackle these issues. Prior research shows that employees who feel 'seen' and feel their voice is being heard and their issues addressed, along with having consistent contact with their managers, report a more positive work environment (von Vultée, Axelsson, and Arnetz 2007). Implementation of a framework like the Talking Toolkit can help create a positive work environment and tackle work-related issues which negatively impact employee wellbeing.

Staff also discussed experiencing trauma and anxiety due to the pandemic, which was particularly acute for those who had previous mental health issues. Some participants in this study expressed that they found regular 'check-ins' by colleagues and managers helpful. This could be a strategy implemented by managers in their teams to ensure regular communication and knowledge of employee wellbeing and to ward off feelings of isolation (Greenwood and Krol 2020). The availability of a service for employees to discuss and receive support for anxieties and stress (such as the Employee Assistance Programme or EAP, which is an employer-enacted scheme for helping employees to overcome personal issues) has also been suggested as a relevant strategy (Mun et al. 2022). EAP programmes in the UK, akin to those offered in the USA, help give support to staff and enable them to perform their jobs effectively. These programmes include personal development resources as well as mental health support. However, there also needs to be a collective centring of the grief

and loss experienced during the pandemic. Castrellon et al. (2021) suggest that organisations have a role to play in acknowledging the losses and grief experienced by many and the way to do this is by becoming 'sites of collective healing' which includes creating a community which acknowledges and addresses the impact of COVID, especially on marginalised communities, and engages in collective conversations about healing. This enables organisations to become better equipped to respond to both individual and collective trauma from the pandemic. Furthermore, for those individuals who contracted coronavirus, some experienced symptoms attributed to COVID for long periods of time known as 'post-covid syndrome' or simply 'long-covid'. Due to persisting effects of COVID such as fatigue, breathlessness and muscle weakness, this medical condition is associated with absenteeism as well as high stress among those impacted (Davis et al. 2021; Ham 2022). Organisations' response should ensure employees are provided with reasonable adjustments to aid their recovery and support to minimise their stress and anxiety.

Communication among colleagues/managers and from the institution more broadly was also highlighted in several themes. Among colleagues and managers, communication was viewed as sub-optimal by some; others, such as those who identified as introverts, preferred online communication. During periods of isolation, ensuring regular communication might be particularly important for some staff, such as those who were single and lone parents. This stresses the importance of allowing flexibility in communication channels among employees based on individual personalities and needs (O' Donovan 2017). For example, participants also discussed the communication from the wider institution, again with mixed feelings. Research suggests that frequent communication, e.g. daily, or weekly email, is advised (Wray and Kinman 2021). Informal channels of communication such as team chats can notify the university community of new wellness programmes and resources while the President and Provost can include these resources in their weekly and daily communications. Mental health practitioners can advise on the emails and initiatives offered to ensure they address diverse needs.

Limitations and future studies

The results of this study should be considered in light of several limitations. First, data were gathered from a wide range of academic and professional staff, however, participants were recruited via EDI channels and volunteered to participate. As a result, participants may be more likely to have had specific issues related to EDI that they wanted to raise in the study. Second, the sample included a higher proportion of staff from professional services (86%) than the university as a whole (44%); nevertheless, the themes were mostly consistent across different role types with any differences noted. Third, a number of participants did not progress from initially expressing an interest in participating in the study to completing the pre-interview questionnaire. It is possible that some staff from particular groups were discouraged by the personal demographic information which was requested to allow analysis from an EDI perspective. Fourth, there is a possibility of social desirability bias as interviewers and participants were associated with the same institution. As a result, participants may have been more reserved in how they expressed their views. However, this was mitigated by data triangulation with the questionnaires which showed similar themes to the interviews. Finally, participants worked at the same higher education institution, therefore, the findings may not be applicable to other institutions or organisations. Future studies should investigate whether similar themes arise in different contexts.

Implications and conclusions

Our qualitative study extends previous research through the identification of key themes related to workplace wellbeing during the COVID-19 pandemic. Although the study focuses on academic and professional staff in higher education, the highlighted themes are relevant for higher education institutions as well as organisations more broadly and evidence-based workplace strategies are offered

to address the key issues raised. This study further provides evidence of the salience of identity and specific circumstances/needs and how these relate to the experiences of the pandemic and workplace wellbeing. Overall, the findings highlight the importance of providing targeted support and acknowledging the anxiety, uncertainty and often traumatic experiences of employees during crisis situations and underscore how equality, diversity and inclusion are key considerations for wellbeing practices and policies in the workplace. Higher education institutions must continue to tackle barriers related to the stigma of mental health problems and work on solutions that address staff welfare in a holistic and equitable yet individualised manner.

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