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# What prevents universities from ‘building back better’? Fault lines in university structures of care during the COVID-19 pandemic

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## ABSTRACT

Universities may have coped with the COVID-19 pandemic, but we argue there are still important lessons to be learnt from that experience of coping. In this paper, we explore whether universities could improve what they do, rather than just returning to pre-lockdown ways of working. We do this by analyzing a series of interviews with staff, recorded during the lockdown in the UK, using Tronto’s political theory of care. This analysis does not suggest that universities simply need to be more caring; it shows, instead, that they were already full of complex and overlapping caring activities. What staff accounts highlighted, however, were the fault lines between responsibilities for academic work and the tasks of caring; the competing priorities staff faced, between work, home and self; and how the burden of caring work was (and still is) unfairly distributed, with consequences for the wellbeing of staff. We conclude by suggesting that better-integrated caring practices are needed, and that developing these will require paying attention to the labour it takes to sustain academic work, and taking responsibility for helping the often-overlooked people who do this.

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COVID-19; lockdown; care theory; academic practice; university management

## Introduction

During the COVID-19 pandemic, the idea that we should ‘build back better’ rather than reverting to old norms gained traction globally. It featured, for example, in the Group of Seven’s economic initiative ‘Build Back Better World’, Biden’s election campaign in the USA, Johnson’s UK policies, and earlier, in a UN communication (2022). This idea suggested that instead of reverting to ‘normal’, we might use the disruption of the pandemic to create a fairer, more sustainable alternative.

There has been little attention, however, on what this might mean for universities. Some work identifies how universities might contribute to ‘building back’ more generally (e.g. Reimers 2021), but insufficient consideration has been given to what ‘better’ might mean

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for universities themselves. Added to this, government funding for universities has fallen in many countries, leaving universities reliant on international student fees. Disrupted travel during the pandemic, combined with growing cultural tension about China's global influence and outright racism towards Chinese students, highlighted the risks of this financial dependence on universities in countries such as Australia and the UK, whilst also undermining the cultural and intellectual diversity of university communities (Welch 2022).

Some systemic implications have been suggested, such as the growth of hybrid education or readiness for future catastrophes (e.g. Tilak and Kumar 2022). However, the lived experience of academic and professional staff working in universities has been ignored. Precarity and progress within academia have always operated along gendered (Silander et al. 2022) and racialised lines, distributing the burden of care inequitably – inequities that were amplified during the pandemic, with consequences for careers and mental health (Docka-Filipek and Stone 2021). Arguably, focusing on the idea of universities as communities, and on the central issue of staff experience, universities will not be able to 'build back better' without seriously engaging with the invisible labour of care and emotional work in higher education (Kennedy, Oliver, and Littlejohn 2022).

In this paper, we address this analytical neglect by exploring experiences of university staff as they undertake academic and professional work using the concept of care. For clarity, while students' experiences were also affected by the pandemic, those experiences are outside of the scope of this paper, except in the indirect ways in which they were mediated through the experiences of staff. First, we outline how universities reacted to lockdowns introduced during the pandemic. Then, we outline the theory of care, and detail how this was used to analyse interviews collected as part of an institutional project, and also to structure our reporting. Finally, we discuss what this analysis reveals about university work, drawing conclusions about what 'better' might look like if caring work was foregrounded rather than neglected.

## Universities during the pandemic

A rush of research was undertaken on universities during the COVID-19 pandemic. Much work focused on the closure of campuses and the rapid movement of teaching from physical classrooms to online platforms, interrupting the educational experience of an estimated 1.5 billion enrolled students of all ages, or 90% of the global student population around the globe (Bozkurt et al. 2020). This shift was variously described as 'crisis teaching' (Littlejohn 2020), 'emergency remote teaching' (Bozkurt and Sharma 2020), 'emergency remote education' (Bozkurt et al. 2020), 'panic learning' (Brabazon, Quinton, and Hunter 2020) and 'panic-gogy' (Spinks et al. 2021). Many of the highly-cited papers from this period focused on teachers' technical skills or students' perceptions of the acceptability of online learning (e.g. Coman et al. 2020; Kamarianos et al. 2020), often simply providing descriptive reports. Although this pragmatic focus was well intended, 'the thousands of refereed articles and scholarly monographs probing the flawed history of online learning were ignored. Instead, academic journalism stated the obvious' (Brabazon, Quinton, and Hunter 2020, 39).

The 'pivot online' exacerbated long-established injustices within the system, excluding the most vulnerable and compounding inequalities (Czerniewicz et al. 2020). The assumption that teachers were 'transferring' traditional teaching practices to the online

environment, rather than learning how to change and develop new approaches, also resulted in teachers experiencing threats to their sense of identity as well-established professional practices suddenly failed to work (Littlejohn et al., 2021).

Some studies began to draw attention to the quality of the relationships between teachers and students, rather than the technicalities of their interactions (e.g. Bozkurt et al. 2020; Vandeyar 2021). Such arguments often drew on the idea of a pedagogy of care, drawing on ideas from feminist care ethics. Many teachers instinctively engaged in caring for their students – even at great personal cost, as the emotional labour involved has never been properly recognised by Universities. This came at the same moment as multiple other demands and responsibilities arose, such as caring for families or worrying about personal job security (Kennedy, Oliver, and Littlejohn 2022). It also intersected with other areas of university life, such as research and governance, in a complex meshwork of work and relationships (Sørensen and Traweek 2022). As McCoy-Wilson (2022) posits, different kinds of leadership are needed for universities to connect with and sustain such acts of care.

### The ethics and politics of care

Pedagogies of care are not new, even if their relevance became apparent during the pandemic. Research over three decades has explored teaching as caring (e.g. Noddings 1984). However, Tronto (1993) argues that recognising care is not enough; a more political understanding is needed. Tronto rejects accounts that position care as essentially feminine, focusing instead on politically-charged material-affective practices that involve people, artefacts and the environment. Through this, Tronto recasts care as ‘everything we do to maintain, continue and repair the world so that we may live in it as well as possible’ (Fisher and Tronto 1990, 40).

This move draws attention to roles, resources and the distribution of power; care is reframed not simply as an individual affective act, but as necessary for the functioning of society. Tronto later developed this idea, considering how care as responsibility entails social negotiations that rest on situated assumptions about gender, race and class (Tronto 2013). The practices of care are always situated, relational and nested, reflecting wider political debates in day-to-day enactments of care and *vice versa* (Van Nistelrooij, Schaafsma, and Tronto 2014). This situated micro-politics focuses attention on the materiality of situated practices, and the ways in which these sustain or challenge established patterns of power and responsibility, including in Higher Education (Tronto 2020).

This framing has primarily gained traction as an explanation of pedagogic relationships in Higher Education (e.g. Tang and Walker-Gleaves 2022). Relatively little literature has related care to other areas of academic work, even though its wider relevance was noted during the affective turn in Higher Education research (Hey and Leathwood 2009), although Anderson et al (2020) discuss how ‘good’ teaching involves caring about the discipline, as well as caring about the practices of teaching and about students. Some studies have used care theory to focus on specific aspects of academic life. For example, Morley et al. (2018) have explored gendered forms of affective labour in the care economy of universities; the gendered effects of childcare on academic mobility such as conference attendance has been studied (Henderson 2021); Wu (2022) has used care theory to rethink technology breakdowns, failures and trouble; and Teodorescu,

Aivaz, and Amalfi (2021) identified how caring for siblings during the pandemic affected students' learning; but these are notable as exceptions. As Zournazi has argued,

I consider Tronto's call for alternative futures a necessity: the pathways, networks, and connections that we need to imagine for our communities and the ethical and social responsibilities for our teaching and learning. The question that has been prominent in my mind over these last years is how do we *care* for learning in the classroom and what are the implications for the future? (Zournazi 2022, ii–iii)

Drawing on Heidegger's work on building and dwelling, Zournazi goes on to explore how we might build creative uses of technologies that sustain forms of thinking and caring (2022b). Such creative uses, she suggests, may provide alternative futures, ones that avoid calculative thinking and instead open up new kinds of teaching relationships and learning experiences. Similarly but more broadly, Nørgård, Bengtsen, and Ess (2020) have speculated about the possibility of reshaping the university itself, not just teaching, in a way that embodies care ethics. In this proposal, value-sensitive design and ethics of care are argued to provide ways of materialising such an institution. The proposal is appealing, but unlike Zournazi's speculation, it focuses on procedures rather than starting from existing practices. As the authors recognise, value-sensitive design still needs empirical investigation as well as conceptual and technical investigation. In drawing on Heidegger, Zournazi's point of departure is the sense of *thrown-ness*, which requires thinking to be grounded in the specific social, material and historic situations in which we find ourselves. We cannot move towards desirable futures – or 'build back better', to adopt the popular recent phrase – without first understanding the specific circumstances we are building from.

The politics of caring academic work were thrown into sharp relief by the COVID-19 pandemic. In this paper we seek to offer an empirical foundation that can be used to build desirable alternative futures for universities, grounding this speculation in a specific historic moment. We explore the difficult experiences of the pandemic in order to learn what emerged from the shadows of academic life. In the next section, we will outline in more detail the way in which Tronto defined care as set of practices, as this theoretical framework shaped the analysis that follows.

### ***Tronto's registers of care as a framework for analysis***

Tronto (1993) notes that common usage of the term 'care' is amorphous and fragmented, and so offers a definition. This frames care not just as a disposition but also as a practice – one that is relational, addressing the needs of some other (perhaps a person but potentially an object or environment), and is also situated (materially and culturally).

Analytically, Tronto distinguishes four separate but interconnected registers of care:

- *Caring about*: recognising need and judging that it should be met; such judgements reflect cultural values, raising political questions about which needs should be prioritised. Good care therefore requires an ethic of attentiveness.
- *Taking care of*: assuming responsibility for this need, determining what action is possible and deciding how to respond. This introduces an ethic of responsibility.
- *Care-giving*: directly meeting needs; this is understood as a situated and embodied practice that usually requires meaningful contact. Good care-giving implies an ethic of competence.

- *Care-receiving*: recognition that the objects of care are responsive, offering reassurance that needs were met or even challenging what needs were perceived or prioritised. Caring well therefore requires an ethic of responsiveness.

Finally, Tronto notes that care can be fraught with conflict – both within registers (e.g. competing prioritisations of needs) and between them (e.g. whether there are disconnects between the registers, so that needs are not competently addressed). Care is also distributed, and Tronto highlights how power often frees the privileged from caring work while placing disproportionate burdens on others.

These registers, together with questions about power and conflict, provide a foundation for the analysis in this paper, as detailed in the following section.

## Methodology

This study formed part of a wider project, called UCL Moving to Online Teaching and Homeworking (MOTH) between March 2020 and March 2021. Following a survey of staff experiences, 32 interviews were conducted online to provide a representative cross-section of participants. Of the interview participants, 19 were female and 13 male; [Table 1](#) gives an overview of the profile of the participants.

They varied considerably in their length of time at the institution, the most recent having joined only weeks earlier, during the lockdown period, while the most well-established had been a member of staff at the institution for decades.

The interviews were semi-structured, and involved asking people about their experiences of transitioning to remote working, opening with an invitation to describe their ‘typical lockdown day’. A fuller description of the project’s methodology, including institutional ethical approval, is provided in previous research (Littlejohn et al. 2021).

For the research reported here, all previous coding was discarded, and the complete set of transcripts was re-coded from scratch, using the registers of care as a starting point. In other words, this paper presents a secondary analysis of the dataset generated by the initial project. The coding required judgements about the register of care that best reflected what was expressed; for example, feedback focused on specific actions, or reflections following a specific response, were coded as care receiving (responsiveness); whereas generalised claims or abstracted assertions of value were coded as caring about (attentiveness), reflecting a ‘recognition in the first place that care is needed’ (Tronto 1993, 106).

As the analysis progressed, sub-codes were added to indicate what the object of care in each excerpt was. [Table 2](#) gives the sub-codes used.

It became clear that participants talked about conflicts and tensions that arose between objects of care, so further sub-codes were introduced to denote this, and multiple codes

**Table 1.** An overview of the interview participants.

Academic (teaching and research)	11 (7 female, 4 male; 4 were managers, including a Head of Department)
Teaching only	8 (5 female, 3 male; 1 was a postgraduate teaching assistant)
Research only	5 (4 female, 1 male; 2 were postdocs)
Professional services and administration	8 (3 female, 5 male; 3 specialised in educational administration and 1 in research administration; 1 was a team manager.)

**Table 2.** Registers of care and sub-codes.

Register of care	Sub-codes
Caring about (attentiveness)	Children; Environment, equalities & broad societal issues; Family; Managed staff; Research; Self; Teaching; Work
Taking care of (responsibility)	Children; Family; Managed staff; Research; Self; Teaching; Work
Care giving (competence)	Children; Family; Friends; Home; Managed staff; Research; Self; Teaching; Work
Care receiving (responsiveness)	Children; Housemates; Managed staff; Research; Self; Teaching; Work

were used where excerpts involved discussion of more than one object of care. For example, ‘Caring about (attentiveness) – Self’ and ‘Caring about (attentiveness) – Teaching’ each included a further sub-code of ‘conflicts and limits’, which was used to code excerpts where participants described being aware of the tensions between looking after their own wellbeing and fulfilling their obligations as a teacher.

Tronto’s original analysis is, arguably, focused on discontinuities between registers of care – for example, whether the distribution of the labour of care is undertaken in ways that are gendered, raced and classed (Tronto 1993, 112), and whether specific roles, groups or individuals enjoy the ‘privileged irresponsibility’ (Tronto 1993, 120–121) of ignoring forms of hardship that they do not face themselves. However, we also used the sub-codes to highlight the competition over attention, time, space and materials that people also experienced *within* each register of care, revealing the situated and material micro-politics of practices of care.

## Objects of care

Coding the 32 transcripts revealed a wide and complex array of objects of care. At a broad level, these reflected the structure of the interview, addressing needs that arose within work and at home.

Within work, these concerned research, teaching and management activities. For research, objects of care included ongoing projects and experiments, Lab materials and equipment, papers, research staff and their careers, data and research networks. For teaching, students were the most commonly mentioned object of care, in terms of their relationships with teachers, their academic and emotional needs, as well as their safety and wellbeing. Other objects of care in relation to teaching included resources, assessments and the technical infrastructure of remote teaching, such as screens or cameras. Management activities included expressions of care related to staff and their well-being, their careers and networks, the sense of community (at a research team, department or other group level), the provision of material resources such as computers, chairs and screens, and the need for clear and consistent information and guidance. One participant also commented that, ‘weirdly, I was also very concerned about the plants in my office dying’ (Julia).

Outside of work, objects of care were often children, but also partners, parents, friends, pets, shopping, housework and cooking. As with other people, the needs that were discussed included their physical and mental well-being, the need for attention, and also the competing pressures arising from other settings such as schools or other workplaces.

Objects of self-care included participants' own health and well-being, relationships, their job security and career prospects, opportunities for networking, and activities outside of work that gave them pleasure.

Unsurprisingly, all participants discussed a range of objects of care, and none discussed all of them. The subset of cares that they faced reflected the specific roles they held, relationships they were in, resources they had and politics that they encountered. These patterns will be illustrated in the following sections.

The majority of codes were clustered within the middle two registers of care. This may reflect the prompts used for the interviews, which were about lived experience; people also commented on general issues, and discussed specific situations that had required them to change or rethink their approach, but much of the conversation was about what was done and who was (or was not) responsible for these things. As a result, we will avoid conflating the prevalence of registers with their importance, either to research or to the participants themselves.

## Registers of care

### *Caring about things*

Tronto's first register of care concerns what people cared about, understood as an ethic of attentiveness. Among the wide range of objects of care attended to were broad social issues (e.g. spread of the pandemic, panic buying, fear of looting), environmental sustainability and injustices linked to race, gender and class. Some identified cares relevant to their personal situation, such as using their work expertise to help teachers of vulnerable children as schools moved online, or being a school governor.

In work, workload issues needed attention, for example, prioritisation, time management and keeping up with communications. Relational work was important, to help participants keep in touch with colleagues, professionally and socially. Physical and mental wellbeing was considered in terms of social isolation, how adequate their home 'office' setup was, the pressures of commuting, and their family responsibilities.

Participants were attentive to the practicality of different kinds of research work that were feasible during lockdown, differentiating between working with materials in labs and archives or with digitally accessible texts and data. Ethical issues were considered, such as participants' safety; data protection when working remotely; and risks around interpersonal contact. Lost opportunities for networking were highlighted, as were positive opportunities attributed to increased numbers of online events.

Participants' attention to teaching concerned students' experiences, including their mental and physical well-being, as well as experiences they would miss out on, such as fieldwork, opportunities to develop technical or specialist practices (e.g. lab-based experimental skills), networking opportunities or discussion. Students' preferences were considered in relation to group work, pre-recorded lectures or working online; to the lack of clarity about what studying under lockdown would be like; and to equity issues such as access to suitable study spaces, the library, or WiFi.

Outside of work, attention was focused on children, including their health (physical and mental), emotional state and school attendance, the quality of their study environment at home, and their hobbies and sports. Other forms of caring attended to at



home included eldercare and care for vulnerable relatives who were susceptible to COVID. Participants also attended to their homes as material environments, which they needed to keep clean and safe.

Participants considered their own needs – the loneliness of being separated from a partner or other family members, the need to keep in touch with friends and family, their own physical and mental well-being, the need for exercise and good sleep, and the feeling of a lack of control over their own lives. Achieving work-life balance and placing limits on their working hours were considered, as were risks of catching COVID while commuting. Many expressed anxiety about job security, losing touch with colleagues or research networks (e.g. by not being able to attend seminars or conferences), and what effect these interruptions might have on career prospects (especially for early career staff).

I do miss the regular contact that I had with people [...] I'm living on my own, there's no one to hug apart from my cats, and as much as I adore them, they don't hug you back! [laughs] (Jo)

Sometimes participants' attention felt split between competing needs, including trying to focus on urgent work tasks whilst also managing children; or deciding between spending time outside of office hours on research or with the family. Senior staff discussed the competing demands of research and management, while others discussed the competing pressures of research and teaching.

Many intersecting tensions involved work and family needs, such as coordinating teaching around a partner's work patterns when sharing a common home workspace, or risking COVID entering the home after commuting. However, there were also examples of competing needs within work: short-term demands might contribute to immediate job security, but were set against achievements needed for promotions; and on-campus working was balanced against the health risks of exposure to COVID. A distinctive tension within this register concerned contract types, for example, attending to the preferential treatment of academics over professional services staff for flexible working or access to private *versus* open-plan offices. Participants were aware of further tensions between the needs of teachers and students, sometimes expressed politically as keeping students happy at the expense of staff.

The student voice is what seems to influence [institutional] policy stronger than the staff voice ... So if that voice was loud enough, UCL might shift its stance. (Ella)

Participants knew these tensions affected their own well-being. They described their own need for boundaries between work and home life, the disappointment of not being asked by others about their needs or feelings, and the sense of constant pressure to solve problems by working more.

I talked to colleagues about this and [...] we feel this sort of constant low level guilt ... , about not doing enough and not being as productive as we would if we were in the office. (Ellie)

### ***Taking care of things***

The second register of care focuses on taking care of things, understood as an ethic of responsibility. Again, participants discussed responsibilities around both work and the family; there was however little mention of wider responsibilities.

Formal responsibility for managing other staff was important. This covered ongoing duties; mental and physical well-being; job security and career development; equipment needed to work from home; and also, recognition for their exceptional work and efforts. It also involved renegotiating patterns of work as people got sick, had to look after children and so on. A particular challenge involved finding out about and implementing new policies as they were introduced throughout the pandemic (e.g. ensuring staff understood changes required for online teaching and resourcing these). Some staff talked about the need to compare what they were doing with other managers outside of their team or department, to check responsibilities were not missed, and were handled consistently.

Teaching issues included developing online versions of teaching and assessment, and taking responsibility for helping others learn how to do this. This included setting up the infrastructure for teaching (e.g. virtual learning environment), creating training videos, ensuring that changes still met the requirements of professional or accrediting bodies, and that the platforms used for online teaching (such as Teams and Zoom) could be used by students based in other countries (e.g. China).

There was less discussion of students' needs, compared to the register of attentiveness, although there were examples related to students' experiences. These included feeling guilty when teaching was cancelled or regular office hours were disrupted; allowing students to study online if they remained concerned about travelling; offering to provide support flexibly over WhatsApp; ensuring doctoral assessments were consistent and fair across departments; and trying to recreate an inclusive and welcoming environment for new students.

Research responsibilities were discussed in terms of stopping or redesigning empirical work to protect researchers and participants; delivering against agreed plans; renegotiating contracts with funders; the quality of work possible during these restrictions; setting up opportunities for early career staff to build their networks in spite of the lockdown; maintaining expensive Lab equipment; and either ensuring Labs remained open, or deciding that they should close in order to protect staff and students.

Responsibilities for childcare were widely discussed, including children's well-being, schooling, their emotional state, exercise, diary, transport to and from activities, as well as waking them, ensuring they were fed and getting them to go to sleep. Other family caring responsibilities included shopping for parents when they were sick, arranging medical appointments for elderly relatives, shielding vulnerable partners from COVID, walking the dog, and simply making time to chat with each other.

Participants described taking responsibility for their own well-being, including taking breaks, exercising and trying to get enough sleep, as well as things like keeping in touch with friends, planning their career development, and trying to sustain boundaries between work and home life. There was also discussion of how the institution took responsibility for the work and well-being of its staff, for example by opening up one building for socially distanced working for staff who could not work at home; providing a digital infrastructure for research and teaching; providing policies, guidance and training to help staff adapt to working during the lockdown; and sending out regular emails to keep staff feeling connected and informed. However, not everyone felt the institution handled these responsibilities competently, a point that will be explored further in the next section.

As with the first register of care, there were some examples of conflicts between responsibilities, although these were less extensive than for the register of attentiveness.

The tensions included keeping on top of work or spending quality time with the children; dealing with urgent work or protecting time for themselves; focusing on work when trying to support sick family members; and looking after themselves against prioritising the needs of their family. The difficulties of balancing work and family responsibilities were felt acutely by postdoctoral staff, due to the precarity of their careers. Managers had formal responsibility for other staff and their wellbeing, but many participants took on this kind of responsibility informally.

These competing responsibilities were described by several participants as being tiring to deal with:

It's about evaluating priorities, because there's so much. You can't get it all done. So, it's to do with what things if I don't do today, will have negative consequences for other people? [...] I try and prioritise on that basis. (Alice)

A further issue for the institution was balancing its responsibilities to provide students with high-quality education against keeping teaching staff safe. Many (but not all) students wanted in-person sessions, whereas staff had been advised that they would not be forced to come to campus; staff were concerned that students' needs would be prioritised over safeguarding staff because the institution needed their fees to remain financially viable.

### **Care giving**

The third register of care focuses on the activities of care-giving, and is associated with an ethic of competence. These situated and embodied practices constituted the largest proportion of the dataset. This was also distinctive in being dominated by the tensions and issues resulting from lockdown, rather than broadly describing areas of care.

Routine practices of caring for areas of work included making lists, prioritising tasks, checking emails and meeting staff – but discussion moved rapidly to issues such as being unable to enact all these within the working day. A few staff described being able to 'be very productive with catching up other things' (Benjamin) because meetings were cancelled and there was no need to commute; however, most found looking after so many changes at once was overwhelming and exhausting. These changes included improvising new working environments at home, supporting others with unfamiliar tasks, and also learning to use the software platforms that provided the infrastructure for remote education.

Areas of work competed with each other for time and attention, highlighting the politics of care-giving. For example, several participants described how they, or a colleague, would turn off their camera in online meetings and do other work while listening in. Some felt that this was more productive; others described it as distracting or disrespectful.

Several people described caring for other staff – usually in teams they led, but also informally. Social interactions were particularly important, although informal opportunities also arose around regular team meetings, or through developmental discussions, such as research-related reading groups. Care giving also included *not* acting – for

example, not sending emails, or avoiding contact outside of work hours, to provide respite, structure and boundaries.

I'll do it for social Zoom meetings in the evenings with my friends, but I, yes, there's just something about ... I don't let my work colleagues in my bedroom. [Laughs]. (Sandra)

Some talked about how others gave them care – or failed to do so. Institutional communications were widely considered reassuring and supportive, and legal obligations to check home environments were suitable for work were met, but some felt neglected by managers who were too busy dealing with other crises to spend time caring for them. Managing staff proved challenging because people were unable to interact informally or to read body language during meetings. One participant reported that staff had stopped raising issues with them because scheduled online meetings had replaced informal contact. Many staff described worries that no one addressed – particularly around job security, given the financial pressures on the institution. This was a particular concern for staff on fixed-term contracts, early career researchers and those who had recently taken maternity leave.

Material constraints created work-related challenges. Campus space was restricted or closed by social distancing requirements, forcing managers to prioritise access. This sustained some individuals' established practices, but always at the expense of others. The materiality of home working also posed challenges – for example, because WiFi didn't reach areas of the house, or because cooking or washing disrupted an 'office' constructed at the kitchen table.

There's one poor girl who seems to have one household nightmare after another, she's had the washing machine leak, she's had roof building works, her internet has gone down, she's had just one thing after another. So, she seems to spend her days on the phone trying to sort out the internet, the boiler and the roof, whereas, I'm trying to sort out my kids. And probably both of us are frustrated with our lack of progress with work. (Amy)

Work practices had to adapt. Some participants introduced rotas so that material constraints (such as places to work), or demands on time (such as taking children to school) were shared fairly within the family, whereas others divided their spaces and times unevenly, according to the demands of peoples' work. Several participants had to take turns with partners to do work that involved talking (such as meetings, or teaching online) because they lived somewhere small and had to share working space. One described a colleague having to join meetings from a café with WiFi, due to constraints at home. Work also conflicted with family practices, for example, turning the dining room table into a workspace made it harder to eat together.

A few respondents, however, were used to working remotely – for example, because they had to travel for fieldwork or to undertake school visits as teacher educators; their work needed fewer adjustments.

Many research practices changed or were interrupted by the lockdown. This included meetings, seminars and reading groups. Some, however, moved online, creating new opportunities for connections with distant colleagues. Material constraints also arose, most obviously in relation to Lab work and clinical settings. This led many to focus on writing, reading and reviewing, since digital texts were easier to distribute than material infrastructures. Some participants reported writing more productively than

had been possible before, others read more, while some discussed replacing lab-based studies with work such as systematic literature reviews.

Some new opportunities opened up, particularly where COVID was relevant to research they cared about. The process of research was still disrupted, however. Some were redistributed over multiple sites, where people worked in isolation (e.g. undertaking online interviews, or transporting organs for a distributed autopsy), digitised their materials and then shared writing and resources online. Even when digital infrastructure existed, lockdown required it to be used more extensively, by new people and in new ways.

An unexpected feature within this register was the appearance of groups not discussed elsewhere. This included IT support staff, who provided remote support to set up the infrastructure and distribute equipment needed for home working; programme administrators, who developed and implemented new processes to support teaching; technical support staff working in Labs; and departmental administrators, who placed orders for chairs, desks and technology to make home working viable. These groups all received criticism when their care-giving processes failed, however. Estates staff also featured, but only in one person's comments; they criticised Estates for limiting access to campus through their inflexible application of safety rules. Within this register, the institution was also criticised for poor communication, when rapidly changing or conflicting advice created anxieties for staff.

Teachers' pedagogic practices were also disrupted, and there was widespread concern that teachers and researchers lacked the competence to teach online. Practical and embodied learning, including building architectural models and using Lab equipment, had to be replaced by theoretical or informative work, involving discussion or video. One participant explained that 'we have no idea what we're going to do with [Labs] because, you know, they require you to be where the objects are' (Emily). Another participant explained that their module focused on a student debate, and that 'it's just very difficult to, to replicate that online' (Roxy). Teaching was also disrupted by not seeing how students reacted when they studied remotely – particularly when they turned off their cameras.

However, these changes did not mean the practices were disembodied; they simply required new configurations of people and technologies, and gave rise to different embodied issues.

A couple of participants attempted to maintain teaching practices by involving students or Postgraduate Teaching Assistants who could undertake tasks for them. Others remediated or repaired their practices by pre-recording sessions rather than teaching synchronously, then answering questions 'live'; or by using screen-sharing software so that they could discuss data or writing with colleagues or students remotely. One participant described asking students about their home computer in advance of the lockdown, as they anticipated needing to teach remotely and wanted to understand how their practices would have to adapt. Several commented that these challenges had forced them to rethink established practices, and were committed to sustaining some of these changes after the lockdown.

A related issue concerned student communication, for example, what the educational changes would mean for students, and honesty about what to expect when they travelled to the UK. Student expectations about in-person education clashed with institutional social distancing policies and the commitment that staff could choose to work from home to minimise infection risks.

The big questions we're getting asked are if I come, can I come to campus? Like, not just even for lessons but can I come to the coffee shop? Can I come to the library? (Nuala)

Administrative processes related to teaching were disrupted – for example, committees considering student requests for extensions due to illness were overwhelmed, so the process was amended to allow self-certification for COVID.

Family needed caregiving, including getting people up in the morning, getting children bathed and into bed, taking children to and from school, managing their moods and spending time together. Houses needed cleaning and tidying, shopping, cooking, laundry and washing up had to be done, and pets needed to be walked. Meals were seen as an opportunity to spend quality time together, and several participants appreciated being able to stop work and have lunch with their families. Exceptionally, more serious maintenance was needed, for example, to fix the heating, Internet access or a leaking roof.

Family caregiving frequently conflicted with work needs, however. Several participants described turn-taking with partners so that each could focus properly either on work or children. However, it was not always possible to apportion caregiving successfully. One participant described 'shouting to all my children in the house, everyone must get off their tech immediately because I needed the bandwidth [Laughs]' (Fenella), and another described working with their partner for 2–3 h after 9 pm, when their children were finally in bed.

A common issue involved staff prioritising childrens' or students' needs over their work (or their own needs). Childrens' needs often arose as urgent interruptions, disrupting work in ways that would later require effort to repair, and left participants 'struggling to focus' (Mary). This left participants feeling stressed, and to work being displaced into what would normally be family or personal time. Several discussed the 'blurred boundaries' between work and home life this created. Others described how these demands caused other needs to be neglected, such as maintaining social connections at work, or undertaking their own research. Some described multitasking, such as reading work or emails while eating, which left them feeling unable to stop work; maintaining boundaries was challenging.

I think physically leaving the house does help detach from work a bit. (Clyde)

Just as new groups were introduced within this register as care-givers at work, friends and neighbours featured for the first time too. They gave or were given care by keeping in touch or socialising, whether by chatting, swapping messages on a WhatsApp group, eating together outside, or sharing a drink over a video call. Mediated socialisation was, however, sometimes felt to be draining.

People also discussed how they took care of themselves, both physically and mentally. Several felt isolated from friends and colleagues, even if they were with family. The initial loss of structure and routine during lockdown created anxiety and stress for some participants, even though others experienced it as being freeing. Caring for the self included getting exercise; taking time alone; sleeping more; meditating; relaxing by watching television, reading or video games; and doing hobbies such as knitting or drawing. Maintaining a good posture during work was challenging for many, in their improvised working spaces. However, some care-giving was also experienced as being satisfying – such as gardening on an allotment, or cooking.

I quite enjoyed the simplicity of making soup (Amy)

Experiences varied about whether people got more or less exercise during lockdown; walking and cycling to work stopped and gyms had closed but some made more time for regular exercise, either by going out at the weekend or doing something when they would otherwise have been commuting.

### ***Responding to feedback***

The final register focuses on how caring is experienced, and is associated with an ethic of responsiveness by the care giver. In this analysis, this included participants' reflections on their own care giving activities, reports about others' experiences of their care, and also their experiences of being cared for by others.

Participants reported various positive experiences, related to things they cared about, although they did not raise these specifically as feedback about caring practices. These included not having to travel internationally (creating new opportunities), commute or travel between meetings; having greater privacy for confidential meetings than in their office; and being able to work from home or in distributed teams. People also appreciated things that might usually be taken for granted, such as being employed, being healthy and having good Internet access.

Overall, I think my work, my work life has, has improved. Uh, I wouldn't like to go back. [Laughs]. (Clyde)

Other experiences directly related to caring. Where managers had given positive feedback, this was appreciated. Two described the experience of collaborating with colleagues to deal with this unprecedented situation as a positive achievement, even if the situation itself caused anxiety; and another felt that seeing people in their homes built friendly and informal relationships. One noted that distributed working minimised opportunities for conflict with a problematic colleague.

Many participants expressed frustration that work they cared about was suspended, disrupted or slowed, and about feeling isolated from colleagues. Many small issues developed unnecessarily – reflecting a lack of feedback – because of the lack of informal opportunities for early resolution. One participant described 'phone calls from two colleagues, who've been having panic attacks, following overwhelming things at work [...] the first time it happened, I thought they were having a heart attack' (Alice).

There were related issues for anti-racist outreach work, where 'one of the most important things about widening participation is being able to see someone who looks like you or who seems like you as a role model' (Roxy). Lost opportunities for informal questions and connections were a major issue in this context.

Small successes stood out but also highlighted patterns of frustration with a lack of feedback on work they cared about. Some participants worried about whether they were doing a good job because their experiences under lockdown were so different that it was unclear to them how they should be judged, even when colleagues gave them feedback or reassurance.

I feel like I'm not doing my job very well. Colleagues go, you're doing a great job, nobody's being efficient, nobody's being effective and if you haven't got as much done today you're no different from people who don't have kids. (Amy)

Complaints also acted as feedback, albeit negatively. For example, while people appreciated regular institutional communication, they complained when the volume of information became overwhelming, for example when guidance kept changing.

Many examples addressed caring for others at work. Participants reported that other people seemed increasingly worn down as lockdown dragged on. The widespread absence of feedback was a challenge when working remotely: they did not know whether their actions helped because they were not present to see the outcome and did not hear back about it. For example, a team leader explained that their open-plan office showed activity and body language, which was no longer visible. Some actively initiated this kind of emotional labour, asking colleagues how they were doing, to recreate these informal opportunities for responsiveness; one participant explained that this

felt really good, because [...] I could share how I felt, and [...] to hear that other people were going similar difficulties, because I felt a bit like maybe it's only me' (James). Where such meetings took place, they showed 'a lot of people were incredibly understanding and supportive [...] and they showed incredible sympathy. (James)

There was little discussion of feedback in relation to research. Some participants spoke positively about the institution's scientific contributions to tackling COVID, but there was little mention of praise or challenge about the research people cared about. People felt that the networking, development, fieldwork and Lab-based opportunities they were missing out on were not acknowledged. This included postponing research in order to focus on students' needs, given that income from teaching was important to the financial security of the institution. Three participants, however, felt lockdown made others appreciate the challenges they faced routinely: one, because his passport made international work travel very difficult; one who had been unable to do research for years due to teaching workload; and one who had missed opportunities because of childcare.

By contrast, teaching and students' experiences were widely discussed. Again, feedback on the work they cared for was absent. Moving teaching online left many staff feeling anxious, with their previous expertise undermined, unable to anticipate students' needs and doubting the quality of materials they had created. Where embodied tasks were central to the curriculum, staff described the move online as 'heartbreaking' (Lawrence). The additional efforts they made took time from other tasks, left them tired as they tried to sustain this extra work, and even led to unconstructive forms of feedback.

We've got programme leaders who do a fabulous job face-to-face. [...] In many ways, the more important they are and the more status they have, the harder it is for them to deal with. And it ends up sometimes with crossness. They're not used to feeling a bit of newbie and at a loss. And suddenly they get their student intern explaining them how to upload a document. (Alice)

Few reported receiving any feedback about teaching at all. Most discussed how remote teaching removed informal connections with students, making it difficult to build 'rapport' (Amy), read their reaction or adapt sessions to their needs, although one participant reported that the relative anonymity of online participation helped nervous participants ask questions. Generally, however, this lack of feedback left teachers struggling, tired and anxious, and was compounded by students turning off cameras:

The moment you know you're just talking to a camera rather than to a, a group of people ... I was really dead, you know, I'd have sent myself to sleep in, in two minutes flat. (Neil)



However, one participant noted how environmental cues could act as material forms of feedback, for example, background noise or dropped connections signalling access issues for students.

One participant described proactively emailing students about their needs, but getting no responses; another offered an additional online session no students came to. This lack of connection sometimes led to problems escalating into negative feedback, such as an angry student shouting at their teacher. Teachers and administrators struggled when the advice to students was unclear or contradictory, such as asking international students to travel to London if sessions were taught online.

We're getting 1,000 students emailing us, going what's going on? We've got such a big cohort and you know, 65% overseas. Very stressed people. [...] So, we're trying to deal with student wellbeing but can't actually tell them anything. (Nuala)

Considering all these challenges, one participant consoled themselves 'that we're managing to do this at all an achievement at the moment, So, I was like, well, I kind of feel like I've got a free pass' (Christine).

There was little discussion of feedback about care-giving within the family. Where it arose, it was primarily expressed in terms of conflict with work. Such interruptions often left participants feeling 'like I was being a rubbish mum or a rubbish employee' (Amy). It also reminded them that there were always more things that could be done for family members. However, there were occasions when these interruptions were experienced as an act of care, rather than feedback about neglect.

It was continuous hearing noises from the children, interruptions and them popping in to see how I was doing, who I was talking with on Teams and so on, which is lovely. I really liked the part of them being more in touch with my work. But when you're doing these things that require focus and so on it was particularly hard. (James)

While such feedback was rare, expressions of appreciation, support and understanding from family members, friends and neighbours were experienced as important and sustaining.

Given the prevalence of negative feedback, parents described a lack of interruptions as feedback that children were content – although they often added that this relied on using television, video games or computers to keep them occupied. They adapted their child-care based on their children's moods, which they used as feedback about when to concede and when to stand firm about tidying, homework and so on.

Finally, participants also discussed how they responded to their own needs – or became aware that they had failed to. Stress was widespread, feeding back about the constant challenge and complexity of working through lockdown. Pre-existing conditions were exacerbated by circumscribed living conditions. Mundane experiences such as hunger or tiredness also signalled the need for self-care (although some participants reported eating, sleeping or exercising better than before lockdown, and feeling better as a result).

Several described how physical and mental fatigue signalled that they needed more exercise, or had become isolated; however, not all participants acted on this embodied feedback. Some developed new conditions, including headaches, back-ache, neck-ache, eye-ache, ear-ache and throat problems, many associated with posture when working

at home, particularly during online meetings. Requests for equipment that might address this were made departmentally, and some departments were more responsive than others in meeting these needs. Similarly, some tried to discuss work and wellbeing with their managers; this was easier when meeting informally in the office, but now required scheduling. Some managers were unresponsive, however, and did not make time for this.

One participant described trying a phone app to support mental health but gave up because it felt like wasting time. Another admitted finding their children's play boring; having accepted this feedback about their attentiveness, they took a book on walks so that they could entertain themselves while their children played, attending to their own needs alongside taking responsibility for their children's.

## Discussion

Tronto argues that caring should be integrated systemically and distributed equitably. The analysis above shows how this failed within universities under lockdown. The more abstract and values-based registers of care, focused on attentiveness and responsibility, continued operating in familiar ways: issues with work-life balance persisted, and while tensions or conflict existed, these were manageable. Within the situated, interpersonal and embodied practices of care-giving and responsiveness, however, well-established practices fractured as they were redistributed in time and space: the routine, everyday needs of work and family clashed as they all relocated to kitchens and sofas, and working relationships faltered as people were distanced and feedback vanished.

The politics of care surfaced through the interruption of work by children; the sacrifice of leisure to sustain work; the prioritisation of students' needs over research or career development; and the wearing down of physical and mental well-being. Some individuals thrived, care-free in well-resourced homes without dependents, their 'privileged irresponsibility' (Tronto 1993, 120–121) allowing them to care more for things that benefited their careers as requirements to travel or support others disappeared. Most, however, put family and students' needs before their own well-being and tended to care for others rather than engaging in work activity they would be rewarded for (e.g. research). They had to sustain all the burdens of care carried before lockdown, compounded by the challenge of boundaries vanishing and expectations needing constant renegotiation.

Overlooked care-givers also appeared: the support staff who keep buildings open and clean, infrastructure running, and students supported. The invisible labour of teaching has been highlighted already (e.g. Kennedy, Oliver, and Littlejohn 2022); what this added was that participants were themselves inattentive to the labour and needs of these other staff, and none took responsibility for them.

While the analysis here focused on conflicts within registers, Tronto also highlights the importance of integration between them. This 'vertical' analysis shows, for example, persistently gendered patterns of care. (These may be racialised, too, but the limitations of the data set make this hard to demonstrate.)

Previously published survey data from this project (Littlejohn et al. 2021) showed half of respondents had caring responsibilities for children, parents, partners or other dependents, with females being significantly more likely to report childcare responsibilities than males. This pattern was echoed in this analysis. Of the 32 interviewees, 13 were

male and 19 female; the proportions who described attending to the needs of partners were comparable, as were proportions for the needs of parents. However, only one male compared to eight females referred to the needs of children.

(One male and one female also mentioned not having children so being freed from attending to those needs, and one male talked about children as an asset to women's careers because it made them more strategic: 'they could only come into the lab for a bit, so they had time to, sort of, plan what they were going do a bit better' (Morgan).

Discussions of responsibility followed a similarly gendered pattern, although there were some exceptions.

There was a huge, huge guilt I felt as a mother ... my husband was, has been brilliant and not ever complained for a day about ... managing childcare. But I think I just felt very guilty ... it's a joint responsibility and I've left it almost entirely to him. (Roxy)

The gendered division of care giving was discussed several times, although it was not universal. Some male participants described undertaking childcare, some participants described turn-taking, but there were several examples of males being described by females as well-intentioned but unable to enact competent care.

Both my husband and I spend as much time looking after the, after our daughter. But yeah, he's pretty rubbish at the, at domestic stuff. (Emily)

Even in situations where both partners attempted to take turns care-giving, children were routinely described defaulted to seeking care from mothers, interrupting female academics' work disproportionately.

Similarly, feedback to managers revealed how material micro-politics contributed to these gendered differences, in terms of men's work-related needs being met at home while women's were not.

For my team [...] it's sort of sex based, so all the men would rather work from home, and all the women would rather work from the office. Which um, is a little bit surprising, I thought. But [...] they've got different home arrangements. One of them for example has sort of got a very small place, and she ... also needs an ergonomic chair and an ergonomic mouse, so you know, working from home has been a big strain. [...] On the boys' side, [...] two of them at least have got dedicated space, like a little office corner that they've been able to create, so it's much easier to keep it in just one place and keep it separate. (Martin)

Using the registers of care to structure this analysis shows the gendered micropolitics of academic life, contributing to the kinds of effects noted by Silander et al. (2022): the gendered politics of care are normalised through discourse, particularly discourses of femininity (Morley et al. 2018), which circulates and sustains norms; in practice, through the micro-politics of this kind of labour; and structurally, through differentiated resources and obstructions that materialise these inequalities.

## Conclusions

If you don't care about something, you don't even notice it. But when you start caring [...] that feeling of unfairness grows. (Hannah)

If universities wish to move on from the pandemic, rather than just trying to forget about it, we need to pay attention to what this time revealed about the character of academic

life. As we argued earlier, speculative visions of preferable futures need to be built on empirical foundations (Nørgård 2022), being grounded in the specific historic moment in which we find ourselves. In other words, if universities are to ‘build back better’, we first need to know: better than what? And better for whom?

Even before the pandemic, critiques of managerialism and neoliberalism characterised universities as ‘ruined’ institutions; in response, scholars have speculated whether it might be possible to work towards preferable futures, creating a ‘University of We’: a values-led and ethical future, built to embody care ethics (Nørgård, Bengtson, and Ess 2020).

However, the analysis in this paper has demonstrated that the idea of a university shaped by care is not some kind of speculative future. It cannot be a panacea for universities, because universities are *already* inherently shaped by care. The issue revealed by this analysis is not that ‘care’ is missing, but that it is messy: it spreads through research, teaching and service work, and across people, things and practices. Following Sørensen & Traweek’s analysis of university life (2022), we might say that it constitutes a *meshwork*, relating together people and practices. It is complicated, relational and interdependent: it involves managers caring for staff who care for the infrastructure that enables others to care for their work and their students. The analysis has also shown that this meshwork does not end neatly at the edge of the organisation, but instead reaches out into homes and parks and into society more broadly – illustrating how all of the inequalities that staff experience in society can still have a real impact on their working lives.

Perhaps if this meshwork of care were well integrated, it might become a ‘University of We’; but as this analysis has shown, it is not well integrated, and it is not fair. The value of the theory we used for this analysis, Tronto’s theory of care, was that it revealed the contours of these controversies; its limit is that it cannot resolve them for us. It raises political questions, for example, about whether we should care more about teachers’ or students’ needs, about research or teaching, about short-term job security or long-term career prospects. The answers to these questions are not determined by Tronto’s theory; instead, they reflect values and priorities that need to be negotiated by the ‘we’ that constitute any given university. The theory has helped to map the ‘ruins’ on which we must build but does not determine for us what it is that we need to build on these foundations.

As well as revealing the politics of our values, the analysis has also demonstrated the politics of our practices. It shows how some people are *care-full* in ways that allow others to be *care-free* (or perhaps *care-less*), and that the burdens of care are inequitably distributed by gender and across groups of staff, some of whom are effectively invisible because the services they provide are taken for granted. (The politics of care are likely to be racialised too, although our dataset was inadequate to demonstrate this.) This draws attention to the need for ongoing vigilance and reflection about how inclusive that ‘we’ need to be, if it is intended to stand for the university as a community.

However, in addition to these broad questions about the nature of the university and the character of its work, the common fault lines in this analysis also suggest several practical, day-to-day ways in which we as members of a university community could already begin to care better. For example, we can clarify the expectation that managers are responsible for checking in with their staff, rather than waiting to be contacted. The absence of feedback, particularly positive feedback, can be addressed. We could even

accept that there are times when teaching might need to stop, for example, while staff and students alike work out how to cope with campus closures.

To do this practical caring well, in a way that is equitable and integrated, we must not just feedback to staff on their work, but must also make time to hear what it cost them. We must start to pay attention to the quietly successful staff who provide and maintain the physical and digital infrastructure we usually take for granted. And we must work to name and challenge inequitable burdens of care, gendered and otherwise, that have been taken for granted in our current historic moment, and which we will have to work to mitigate when they reach into academic life from society more broadly.

If universities are to ‘build back better’, to pursue preferable futures and care well, we must start by knowing where we are now. Tronto’s theory of care has enabled close and careful attention to the experience of working in a university; this provides the empirical foundations from which preferable futures can be constructed in future research. Practically, the immediate priority is to ensure that the kinds of fault lines, clashes and neglect seen in this analysis are attended to, that people take responsibility for them, that action is taken to address them, and that we listen to and learn from the staff who experience these changes.

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