

Tipping Point: The Staff Wellbeing Crisis in Higher Education

Introduction

In May 2021, just over one year into the pandemic, the Nuffield Trust (2022) reported a significant fall in feelings of worthwhileness, life satisfaction and happiness across the general UK adult population with significant disparities between communities of social disadvantage and those that are more affluent. The Mental Health Foundation (MHF) produced similar findings. In September 2021, 18 months into the pandemic, the MHF's Wave 12 report found that, "UK adults, in general, have slowly become less able to cope with the stress of the pandemic" (MHF, 2022, Wave 12 section, para.1). Fewer people reported that they were "coping well" with just 60% in September 2021, compared to 73% in April 2020, shortly after COVID-19 had been declared a global health pandemic.

Those working in the education sector are clearly not immune to the negative mental health and wellbeing effects of the pandemic experienced by the general population. Indeed, there is evidence from the COVID-19 Mental Health and Wellbeing Surveillance: Report (GOV.UK, 2020), which gathers data from the UK Household Longitudinal Study (UKHLS), that key workers – those in roles deemed essential to the running of society such as health and education staff – were more likely to have been adversely affected. The report found that between March 2020 and February 2021, key workers consistently reported higher levels of depressive and anxiety symptoms than non-key workers. In addition, a survey by the UK's teachers' union, NASUWT (2022), revealed that 81% of teacher respondents had experienced work-related stress over the past year and almost half (48%) stated that their job had affected their physical health. Furthermore, 87% of respondents experienced anxiety and 79% had suffered from insomnia. The national charity, Education Support, also found that 77% of education staff were suffering from poor mental health and 72% from stress (Wray & Kinman, 2021). While the majority of literature focuses on schools, staff mental wellbeing is also a serious concern among those working in early years settings and in higher education. Pre-pandemic, one in four early years professionals were considering leaving the sector due to stress and mental health problems (Early Years Alliance, 2018). While at the other end of the education trajectory, a survey by Morrish (2019) highlighted the escalating crisis: Data from 59 higher education institutions revealed that referrals to counselling and occupational health services had risen astronomically between 2009 and 2016, increases of 50% were common and in some universities had exceeded 300%. It is therefore a matter of urgency that action is taken to improve the current situation, exacerbated by the pandemic, for all those working in the education sector.

The context of higher education

UK higher education has been dramatically influenced by a neoliberal discourse during the past three decades. Between 1980 and 2010 the number of students increased from 800,000 to over 2.5 million and the current figure stands at approximately 2.34 million (Welch, 2020). The massification of UK

higher education (Parker, 2018), the tripling of undergraduate tuition fees in 2012 and the decision to lift the cap on undergraduate numbers have arguably contributed to a climate of hyper-competition within and between institutions. Within this neoliberal context, students have been repositioned as consumers; they are viewed by institutional leaders as customers who are paying for a service, and this requires institutions to ensure that students have an excellent student experience (Collini, 2016).

There is also evidence that students view themselves as paying customers (Nixon et al., 2016). They expect a degree in exchange for their fees and therefore perceive that they are purchasing a product (Molesworth et al., 2009; Potts, 2005).

In the UK, student experience is measured through the National Student Survey (NSS) and data from this survey informs judgements about teaching quality within the institution. In addition, various proxies are used to evaluate teaching quality, including recruitment, retention, progression and employment data. These data inform outcomes in the Teaching Excellence Framework (TEF) which evaluates teaching quality at institutional level as gold, silver or bronze. The UK regulator, The Office for Students, is currently increasing the emphasis placed on these metrics through plans to name and shame degree programmes that do not help students to secure graduate level employment.

The NSS, TEF and the Research Excellence Framework (REF) are part of the machinery of performativity which now shape UK higher education. The pressure on institutional leaders to raise outcomes in each of these is intense (Welch, 2020) and their careers often depend on these metrics. In addition, the emphasis on narrow performance indicators has led to several other adverse effects. Teaching staff are frequently placed under pressure to teach to the metrics (Muller, 2018). There is evidence that students are increasingly ‘spoon-fed’ curricula (Frankham, 2017) and that some institutions ‘game’ the data to protect their brand (Spence, 2019). In addition, the focus on graduate employability skills is reductive and can lead to degree programmes prioritising generic marketable skills rather than focusing on developing students’ critical understanding of theory and research. Current emphasis on graduate level skills in curriculum design has led to the intellectual dilution of the student experience (Spence, 2019) and Arum and Roksa (2014) have warned that a lack of academic rigour will lead to adverse employability outcomes for graduates.

This marketised higher education environment in the UK (Natale & Doran, 2012) has had dire consequences for academics at all levels. According to Berg and Seeber (2016) academics are busier and working faster than ever, while the focus is on what we *do* rather than on who we *are* (Ball, 2012). There is evidence of an undermining of academic professionalism (Welch, 2020), academic freedom (Lynch, 2015) and increased job insecurity in the sector (Spence, 2019). It is not possible for academics to position themselves outside of the performance culture and still be viewed as a valued team member (McWilliam, 2004). For McWilliam, universities, are now “risk organisations” which must focus on avoiding failure and consequently generate specific types of activity – administrative,

relational, pedagogical and technological – to minimise danger. Notably, the ways in which universities around the world manage risk varies; universities in the UK, Australia and New Zealand, for example, exhibit more overt regulatory pressure from government than those in Europe or the USA. According to Ball and Olmedo (2013, p.88), neoliberalism has spawned a new type of educator formed within the “logic of competition”, rendering staff responsible for their own performance and for the performance of others. Moreover, this is presented as something both logical and desirable and thus, acceptable. As one educator remarks, “the more time you spend at work trying to please your superiors, the more you use the language of performativity and begin to believe in it yourself” (2013, p.88). Nonetheless, as the authors insist, performativity inevitably introduces a results-driven regime of constant reporting and recording while simultaneously isolating staff through processes of individualisation. Paradoxically, tackling performative culture is inexorably tied to resisting one’s own practices.

Research conducted in Canada (Mountz et al., 2015), highlights the nefarious effects of embodied work conditions within the neoliberal university, arguing that demands are often overwhelming and exact an isolating psychological and physical toll that is neither reasonable nor sustainable. Furthermore, an endemic “counting culture” has led to “intense, insidious forms of institutional shaming, subject-making, and self-surveillance” (Mountz et al., 2015, p.1243). Sadly, at the expense of collegiality and academics pursuing more meaningful and valuable activities. The authors urge for a shift from such individualised experiences of neoliberal time; this requires academics taking *collective* action to “resist intensified pressures to do it all” (2015, p.1248).

While the university sector in many countries has experienced profound and widespread change over recent decades, within this paper, our concerns relate specifically to the impact of this culture of performativity on the wellbeing of staff who work in UK higher education institutions.

State of the nation: mental wellbeing among higher education professionals

Recent research has exposed a concerning picture of deteriorating mental health among higher education staff. Over half of respondents (53%) to a UK-wide survey (Wray & Kinman, 2021) reported probable depression, while 47% of participants in one online study (Dougall et al., 2021) conducted during the pandemic described their mental health as ‘poor’. Other studies (e.g. Morrish, 2019; Watts & Robinson, 2011), predating the COVID-19 crisis, have consistently shown elevated levels of poor mental wellbeing among university staff and document higher levels of stress and burnout in the profession compared to the general population.

Myriad work-related factors contribute to diminished wellbeing and greater risk of poor mental health for university staff. Internal stressors including arduous workloads, lack of autonomy, and a culture of performance management have been exacerbated by the strain of adapting to new ways of working in the wake of COVID-19. These tensions, alongside extrinsic pressures such as high stakes external

audits and performance metrics, have been largely attributed to an ill-fitting and dysfunctional consumerist model of higher education. According to Kinman (2014) the overarching burden for higher education professionals is the perpetual pressure of ‘doing more with less’; a situation which is deemed unsustainable, yet inevitable, due to the marketisation of the sector.

Evidently, the mental wellbeing crisis in higher education is not going away. In 2020, the COVID-19 pandemic heralded swift and unprecedented changes to teaching and student support services which at the height of lockdown restrictions were exclusively online. This placed even greater demands on a profession already at risk of diminished wellbeing, with many higher education staff claiming drastically increased working hours and the expectation from managers to maintain ‘business as usual’ (Wray & Kinman, 2021). Not only has emerging evidence shown how the pandemic increased the likelihood of chronic stress and exhaustion among staff, but entrenched inequalities were exposed; women, and others with caring responsibilities, staff from ethnic minorities, and those on precarious contracts (BAME academics make up a significant percentage of these workers (Advance HE, 2018)), appeared at greater risk of poor mental health (Dougall, 2021). These revelations align with Heffernan’s (2021) findings from an international review of student evaluations of higher education courses and teaching (SETs) which show these globally endorsed metrics to be openly prejudiced against women and ethnic minorities. Biases have also been found in relation to academics’ age, disability, sexual identity, and appearance (e.g., Cramer & Alexitch 2000; Worthington 2002). Heffernan’s paper not only highlights the initial stress and anxiety these SETs evoke for some marginalised academics, but also the subsequent impact on individual mental health and wellbeing as such metrics can be used to gage performance and inform hiring, promotion and dismissal decision-making. The dilemma of experiencing poor wellbeing or mental health distress is further compounded for staff from BAME communities who face barriers in accessing contextually appropriate psychological interventions as well as a dearth of healthcare professionals from diverse backgrounds (Arday, 2021).

Despite a burgeoning literature informing the wider discourse on mental health at work, alongside a raft of resources and recommendations such as, The Mental Health at Work Commitment Framework for Workplace Wellbeing (Mind, 2021), there remains patchy awareness about the support available for staff wellbeing across the higher education sector, and moreover, a paucity of evidence for the effectiveness and social validity of specific mental wellbeing interventions and initiatives.

Mental health and wellbeing guidance and good practice models

A commitment to embedding ‘a whole university approach to mental health’ was pledged by Universities UK (UUK) back in 2016, leading to a pilot of the Stepchange framework one year later. Insights gleaned from the handful of pilot universities and the Student Minds University Mental Health Charter (Hughes & Spanner, 2019) were used to inform a revamped iteration of Stepchange in

2021 (UUK, 2021). Emergent evidence highlighted the need for role clarification and training for academic staff who support students experiencing mental health difficulties. This comes amid a growing recognition that the toll of helping students in distress can negatively impact on staff's own wellbeing, particularly those who feel poorly prepared and unsupported (Hughes et al., 2018; Jayman & Lynam, 2021). Educators are facing increased risk of compassion fatigue and/or vicarious traumatization (Hydon et al., 2015). There is clearly an association between teacher and learner wellbeing which is well supported by studies conducted in school settings (Lever et al., 2017). Evidence suggests that staff stress is predictive of student academic outcomes and correlates with poorer effective learning and reduced motivation (Zhang & Sapp, 2008). Furthermore, Oberle and Schonert-Reichl (2016) found an effect of teacher stress on the stress levels of their students which accounted for more than half of the variability in students' levels of the stress hormone, cortisol. Staff and student wellbeing are inextricably linked, and it therefore stands to reason that effective strategies for tackling student mental health, while also benefitting their academic progress, must consider and support the mental wellbeing of teaching staff.

While it is purported that a wide range of services including counselling, helplines and digital interventions are available in universities, there appears to be no definitive service offer on the table. A recommendation from Stepchange (UUK, 2021) is for support services to be embedded within each institution's universal mental health strategy, spear-headed by senior leaders and designed collaboratively with students and staff. Thus, services are more likely to be culturally and contextually appropriate and inclusive of all members of the university community. Arday (2021) advocates the need to diversify and modernise mental health approaches to accommodate the needs of expanding, multi-diverse university communities. A further recommendation from Stepchange urges for all support interventions to be monitored and evaluated on effectiveness and quality. This would address some specific concerns raised by Wray and Kinman (2021): some wellbeing initiatives were perceived by staff as tokenistic and ineffectual and, moreover, the perpetuation of a resilience narrative, which places the onus for mental wellbeing on the individual, was condemned. For staff, organisational level support was considered a priority, for example, having a manageable workload, increased autonomy, and feeling appreciated and respected. While counselling, coaching and mentoring services were valued by staff, provision was reported as often limited and access problematic.

Back in 2019, Mind introduced a pilot mentally healthy universities programme (Mind, 2019) providing specialist training in nine English universities; although only one of the project's five principal goals was specifically directed at staff, which was to reduce stigma and foster peer support. Nonetheless, in line with Stepchange (UUK, 2021), a key recommendation from this small study was to enable co-production in service design and development among students and staff to ensure that interventions are rooted in lived experience and reflect the needs and preferences of those accessing

them. This called for the systematic causes of mental health problems within each institution's specific demographic of students and staff, encompassing those from diverse backgrounds, to be reviewed to inform future strategies. It would appear that there is still much work to be done in this respect.

The nagging gap between good recommendations and good practice in higher education institutions

Initiatives aimed at improving wellbeing at work are multiple and broad ranging, however, it is widely agreed that a multi-level systemic approach is needed for optimal effectiveness (Nielsen & Noblet, 2018). Moreover, despite the existence of in-person and digital support designed for improving employee wellbeing, evidence suggests that this type of provision may be poorer in universities than in many other organisations (Winefield et al., 2008). Kinman (2014) attributed widely held notions of the inherent flexibility of academic work to explain, in part, the lack of effort to foster a better work-life balance in many universities. For many higher education employees, this balance remains poor. Recent survey findings from Wray and Kinman (2021) identified that more than one-third of respondents (36%) "always" or "almost always" neglected their personal needs due to work demands; lack of time and inflexible schedules were common barriers to seeking wellbeing support.

Furthermore, the survey revealed a pervading fear of stigma around work-related stress and mental health, with the majority of respondents admitting that they were worried about being perceived as weak or inadequate for seeking help, which could be detrimental to their career.

Authors of the University Mental Health Charter, Hughes and Spanner (2019) insist that universities should provide clear and fair policies which promote an open culture around mental health and wellbeing, encouraging staff to seek help if they need to. Conversely, they also highlight research (Hughes et al., 2018) which found that in some universities poor communication regarding available support and confidentiality resulted in lack of staff awareness and poor take up. This mirrors findings from other authors (Farmer & Stevenson, 2017; O'Brien & Guiney, 2018; Wray & Kinman, 2021) which indicate staff are reluctant to speak to managers or access formal support due to fear of judgement or perceived negative repercussions on their careers; 61% of survey respondents admitted that they would not seek support from their manager but rather approach colleagues for informal conversations regarding their wellbeing (Wray & Kinman, 2021). Training for peer supporters was implemented as part of the Mentally Healthy University pilot programme (Mind, 2019) mentioned earlier, to help promote a more open culture around mental health. One recipient of the training applauded the fact that speaking up not only destigmatises and demystifies mental illness, but also highlights the capability of those staff with mental health issues to contribute to higher education as equally as their counterparts who do not experience such difficulties. While these types of informal support systems appear both popular and effective, work colleagues are not responsible for the

wellbeing of others and in a similar vein to the experience of dealing with students' mental health concerns, for some, this could have a detrimental impact on their own wellbeing.

From Stepchange to Sea change

Plainly there are gaps in current awareness and good practice with respect to the mental health and wellbeing of staff in higher education and the unique added pressures of the pandemic have brought this dilemma further into the spotlight. Moving forward, a proactive approach is urgently needed, one which instigates systemic changes and allows *all* education staff to access appropriate psychological intervention and ongoing support. While universities spend considerable time and effort on enhancing the student experience, this falls short of prioritising wellbeing among academics despite the inevitable implications for teaching quality, given the clear relationship between workplace wellbeing and performance (De Neve et al., 2019). Douglas (2019) suggests that universities take a more strategic approach, for example, consulting staff in decisions around their working practices to demonstrate staff are valued. Wray and Kinman (2021, p7) identify several priorities for enhancing wellbeing in higher education; perhaps the most challenging is the need for institutions to “take staff wellbeing seriously”. Nonetheless, it is broadly recognised that the current precarious situation can only be resolved through members of the higher education community truly working collaboratively, alongside policy makers, to prioritise mental wellbeing for all. A ‘whole university approach’ recommends that all aspects of university life promote and support student and staff mental health and has co-production at its heart (de Pury & Dicks, 2020). Implementations of this nature require significant cultural and structural change and universities are highly complex and multi-layered organisations. Nevertheless, the Mentally Healthy Universities Framework (de Pury & Dicks, 2020) and The University Mental Health Charter (Hughes & Spanner, 2019) offer a vision for change.

Encouragingly, some universities are spearheading positive change such as the nine involved in helping to develop and embed the Mental Health at Work Commitment framework (Mind, 2021) which aligns with the whole-university approach set out by Hughes & Spanner (2019) and de Pury & Dicks (2020). This framework is underpinned by six core standards: 1) *prioritise mental health in the workplace by developing and delivering a systematic programme of activity* – all staff contribute to creating a ‘living’ wellbeing document which is regularly reviewed; 2) *proactively ensure work design and organisational culture drive positive mental health outcomes* – nurturing a positive wellbeing culture and a healthy work/life balance instead of ‘always-on’ working patterns; 3) *Appointing a board-level lead* – securing senior buy-in and commitment to an open culture around mental health; raising awareness, challenging stigma, and highlighting available support; 4) *increase organisational confidence and capability* – raising the mental health literacy of all staff, and crucially training line managers to recognise difficulties and offer appropriate support; 5) *provide mental health tools and support* – ensuring staff are aware of various resources and the tailored support they can

access; 6) *increase transparency and accountability through internal and external reporting* – allowing any gaps to be identified and procedures compared against those of other institutions, specifically for the non-competitive purposes of sharing good practice. For example, one institution has introduced Wellness Action Plans within appraisal procedures so managers can support staff to consider wellbeing objectives; this sends a clear message about the importance of wellbeing for the whole learning community. The pioneering work of these universities, alongside other inspiring case studies (e.g. Dickinson, in press), illustrate the transformative power of group action at a local level to bring about meaningful change; or in other words, collective resistance to the influence of performative culture, helping to generate community resilience to poor wellbeing. This aligns with Mountz and colleagues (2015) commitment to collective modes of action which challenge individualisation, competition and traditional hierarchies within the neoliberal university.

As universities consider new and sustainable ways of working post-pandemic, mental wellbeing for the whole university community must be at the core; evidence of local demand and need in student and staff populations provides a basis for designing work and learning around a wellbeing agenda. Beyond this, creative and equitable strategies rooted in firm research evidence are required to improve wellbeing across the sector (Kinman, 2014). There are preliminary signs of a step change in the sector, prompted by practical guiding principles aimed at steering universities towards becoming more mentally healthy working environments. Alongside the obvious benefits of a mentally healthy workforce, there is also a clear business case. As Layard (2021, p1) posits, “Even policy-makers unmoved by wellbeing as an objective should promote it because of its large positive effects on productivity, academic learning and life-expectancy.” While conversely, the cost of poor mental health per employee in the education sector is estimated to be between £1,203 and £1,585 per year, regardless of whether they have a mental health problem (Mind, 2021). Therefore it stands to reason that government policy should have a wellbeing focus, not simply because that would be ethically just, but because it makes sound economic and political sense. Evidence-based preventative and early interventions, innovative services and approaches, including digital technologies, can be harnessed and have the transformative potential to nurture healthy settings for learning and working. However, wellbeing support across institutions must be properly resourced and address specific inequalities, meeting individual needs and being responsive to changing requirements. Crucially, transforming universities into authentically healthy settings requires a sea change in working culture and the higher education environment. ‘Slow scholarship’ (Mountz, 2015) prioritises caring and allows us time to think, plan and work well and has the transformative potential to make higher education institutions places where the whole learning community can collectively and collaboratively thrive.

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