THE IMPACT OF COVID-19 ON WELLBEING IN HIGHER EDUCATION – THE STUDENT AND ACADEMIC IN THE PANDEMIC

DR KARISHMA JIVRAJ

[1]Jivraj, K., [2]Chen-Wilson, J., [2]Hill, K., [2]Volkovyskaya, E., [2]Pourseied, K., & [2]Lyon, R.,

[1]karishma.jivraj@northampton.ac.uk, University of Northampton, United Kingdom

[2] University of Northampton, United Kingdom

Acknowledgements: Taylor, J | PPI Researcher

BACKGROUND

- The world of academia has shifted and been severely disrupted by Covid-19 (Sahu, 2020; Universities, UK n.d.)
- Shift to online measures – changes to general working practices and work/life balance
- Decline in students and academics general wellbeing pre-pandemic (Hunt and Eisenberg, 2010; Institute for public policy research, 2017). Existing strain on MH services may result in upsurge in service demand (WHO, 2020)
- Little known RE stressors

BACKGROUND

- Stressors known to affect wellbeing in academia include
  - Social media use (Lin et al., 2016)
  - Risky health behaviours (Chambless and Ollendick 2001; Grossman et al., 2004; Hendriks, 2018)
  - Work-Life balance (Stephens and Sommer, 1996; Connelly and Ghodsee, 2011)
- Resilience and coping strategies reported (Benzies and Mychasuik, 2009; Khosla, 2017; Olowokere & Okanlawon, 2014; Peng et al., 2014)
- Cross cultural research (Cao et al., 2020 - China; Khan et al., 2020 - Bangladesh; Son, et al., 2020 - USA; Toquero, 2020 - Phillipines)

RATIONALE / AIMS

Impact of disruptions on long term wellbeing is largely unknown as are coping and resilience strategies

Aim: To explore stressors affecting the mental health (MH) and wellbeing of students and academics during Covid-19

Objectives:

- Explore the effects of social media use, work-life balance, life satisfaction, physical health behaviours (substance use/sleep) on MH and wellbeing.
- Investigate changes from pre Covid-19 to lockdown one
- Explore resilience and coping strategies.

METHODOLOGY

Design:

Mixed method, concurrent triangulation design – Preliminary findings reported here are from phase 1

Quantitative Phase: Cross sectional questionnaires
Qualitative Phase: Semi-structured interviews

Participants:

Academic staff / Students at any HEI (Power analyses)
Snowballing / Purposive sampling

- **Quantitative Measures:**
  Demographic information
  Social Media Use Integration Scale (SMUIS, Jenkins-Guarnieri, 2013)
  Substance Use Sleep Scale (SUSS, Neale et al., 2018)
  General Practice Physical Activity Questionnaire (GPPAQ, 2013 Department of Health and Social Care
  Work-family conflict scale (Carlson, Kacmar and Williams, 2000)
  The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS 7-item version, Stewart-Brown et al., 2009)
  Satisfaction with life scale (SWLS: Diener et al., 1985)
  Patient Health Questionnaire (PHQ-9, Kroenke, Spitzer and Williams, 2001)
  Generalised Anxiety Disorder 7-item scale (GAD-7, Spitzer et al., 2001)
  Connor-Davidson Resilience Scale (CD-RISC-10, Campbell-Sills and Stein)

METHODOLOGY

Qualitative interviews

Semi structured interviews exploring wellbeing, life satisfaction, mood, anxiety, sleep/substance use, physical activity, social media use, work life conflicts and resilience

Data Analysis

Repeated 2x2 ANOVA and Multiple regression analyses to explore group comparisons and predictors of wellbeing – assumptions of parametric testing met

Thematic analysis of semi structured interviews

QUANTITATIVE FINDINGS

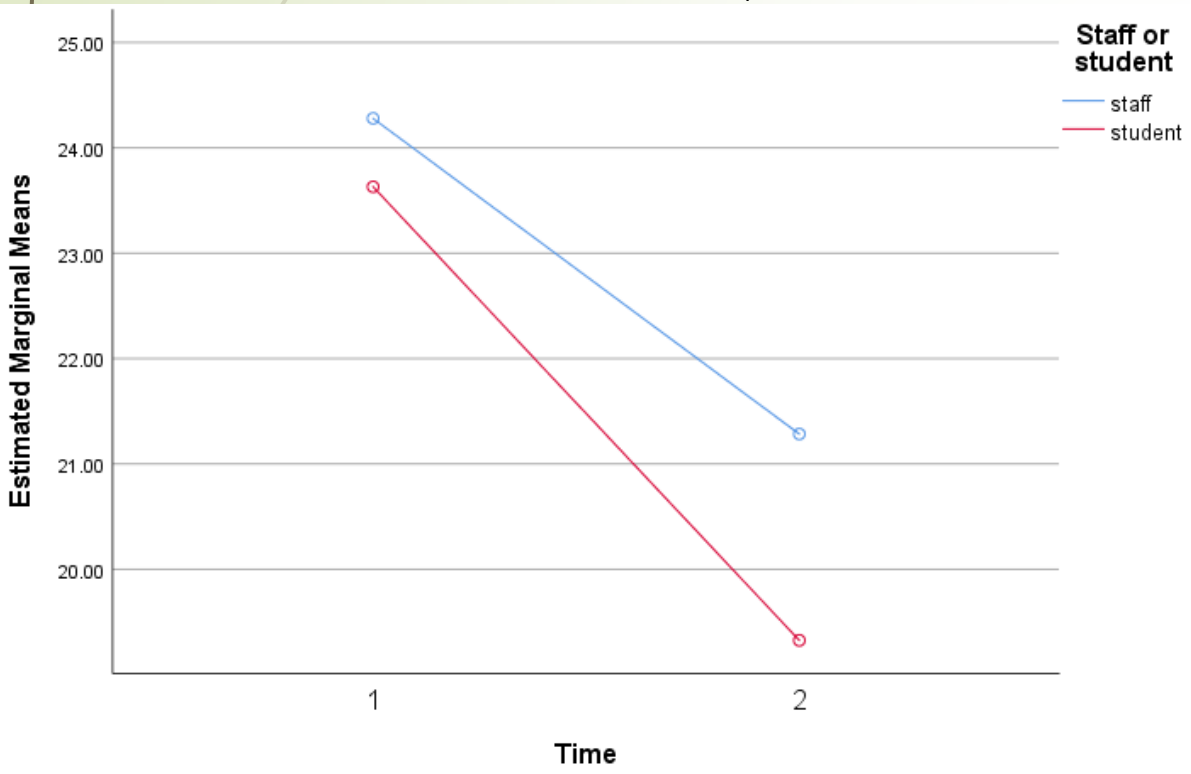
- Phase 1
- Descriptive Statistics:

Variable	Mean(SD)	N (%)
Age	33.57(12.60)	
Gender		
Male		12 (18.2)
Female		53 (80.3)
Non Binary		1 (1.5)
Ethnicity		
White		49 (74.2)
Black		5 (7.6)
Asian		7 (10.6)
Other		2 (3.0)
Prefer not to say		3 (4.5)
Educational Attainment		
A Level (/Equivalent)		14 (21.2)
Undergraduate Degree (/Equivalent)		18 (27.3)
Postgraduate Degree (/Equivalent)		19 (28.8)
Doctoral		15 (22.7)
Staff or Student		
Staff		25 (37.9)
Student		41 (62.1)
Marital Status		
Married		19 (28.8)
Cohabiting		8 (12.1)
Widowed		1 (1.5)
Divorced		1 (1.5)
Single		36 (54.5)
Prefer not to say		1 (1.5)
Parental Status		
Parent living with child		19 (28.8)
Parent not living with child		1 (1.5)
Not a parent		42 (63.6)
Prefer not to say		4 (6.1)
Homeschooling		
Yes		16 (24.2)
No		3 (4.5)

QUANTITATIVE FINDINGS (continued…)

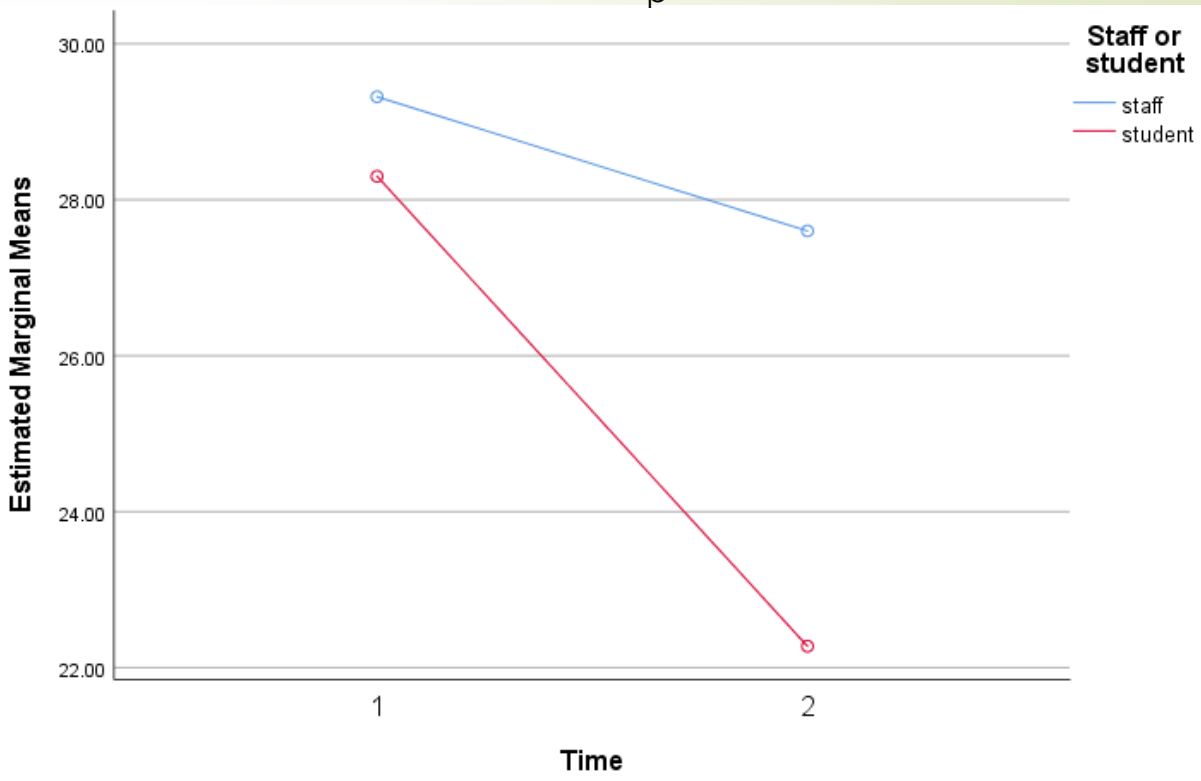
- Wellbeing

$F(1,64) = 52.1$, $p<.001$, $n_p^2 = .436$



- Life Satisfaction

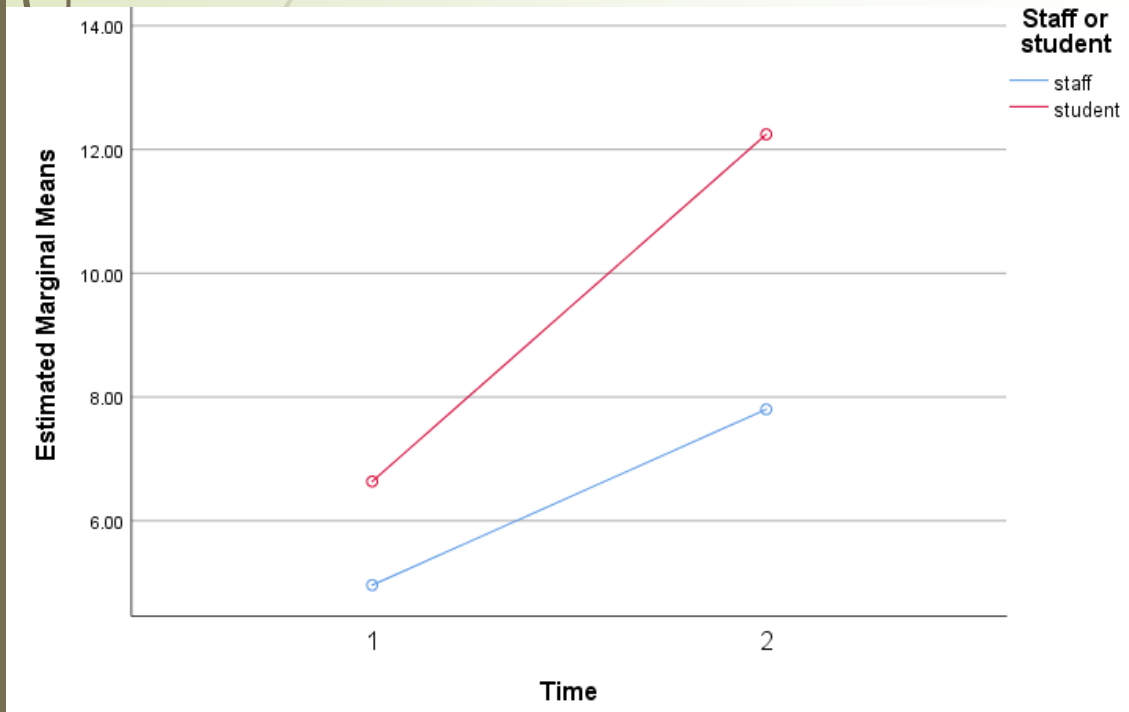
$F(1,64) = 22.87$, $p<.001$, $n_p^2 = .262$



QUANTITATIVE FINDINGS (continued…)

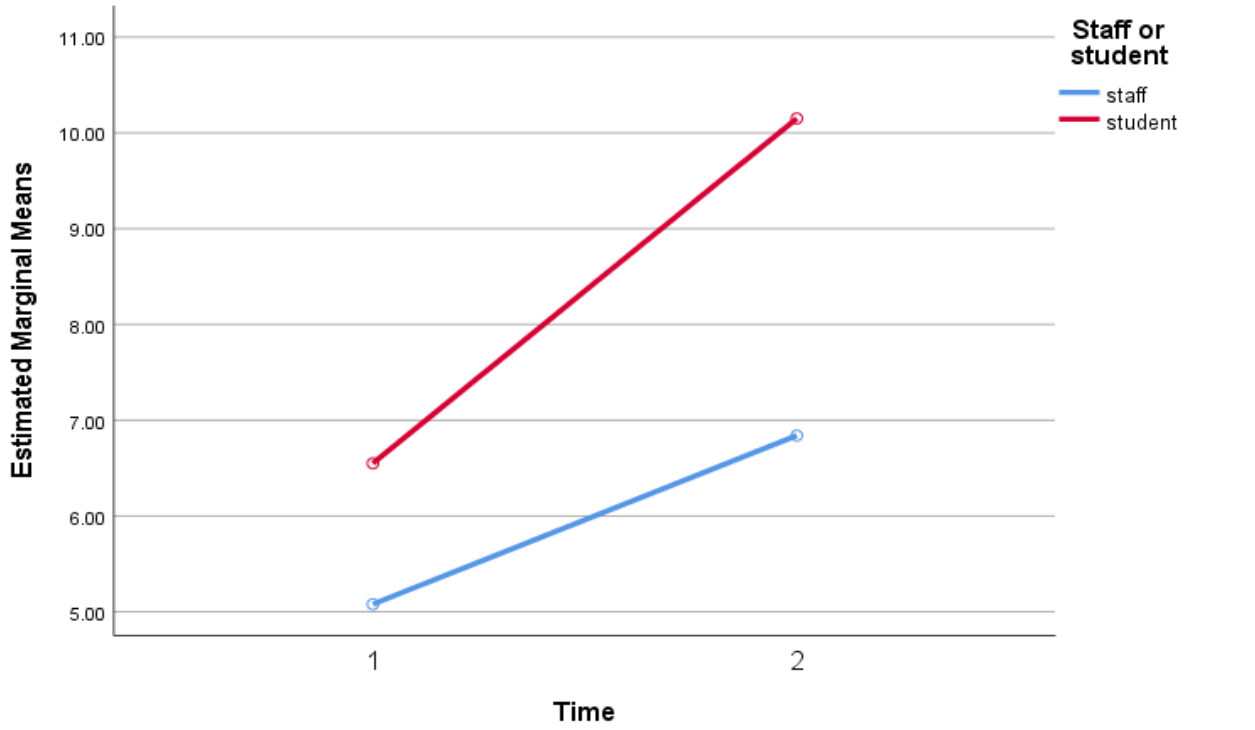
- PHQ-9 Depression

$F(1,64) = 45.23$, $p<.001$, $n_p^2 = .414$



- GAD-7 Anxiety

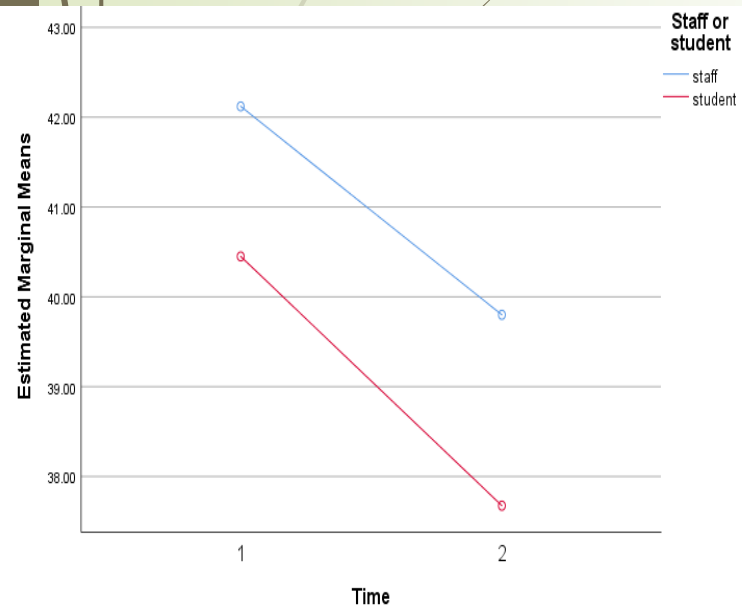
$F(1,64) = 12.37$, $p<.05$, $n_p^2 = .162$



QUANTITATIVE FINDINGS (continued…)

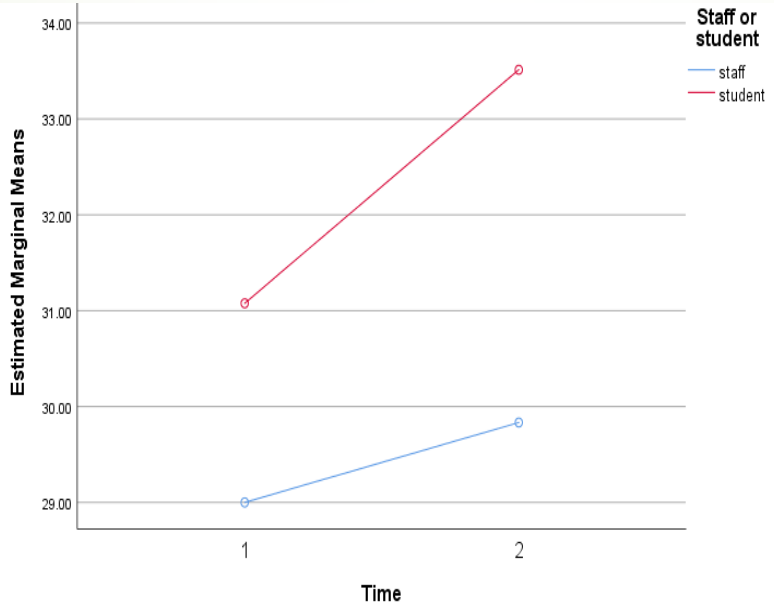
- SUSS (Substance Use/Sleep)

$F(1,64) = 25.80, p<.001, n_p^2 = .287$



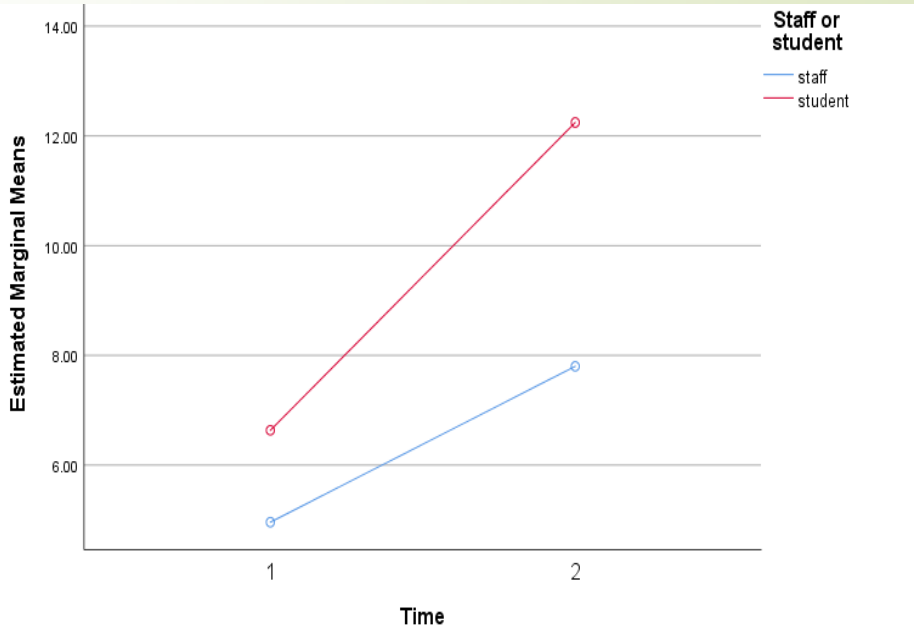
- SMUIS (Social Media Use)

$F(1,62) = 2.61, p= .111, n_p^2 = .040$



- GPPAQ (Physical activity)

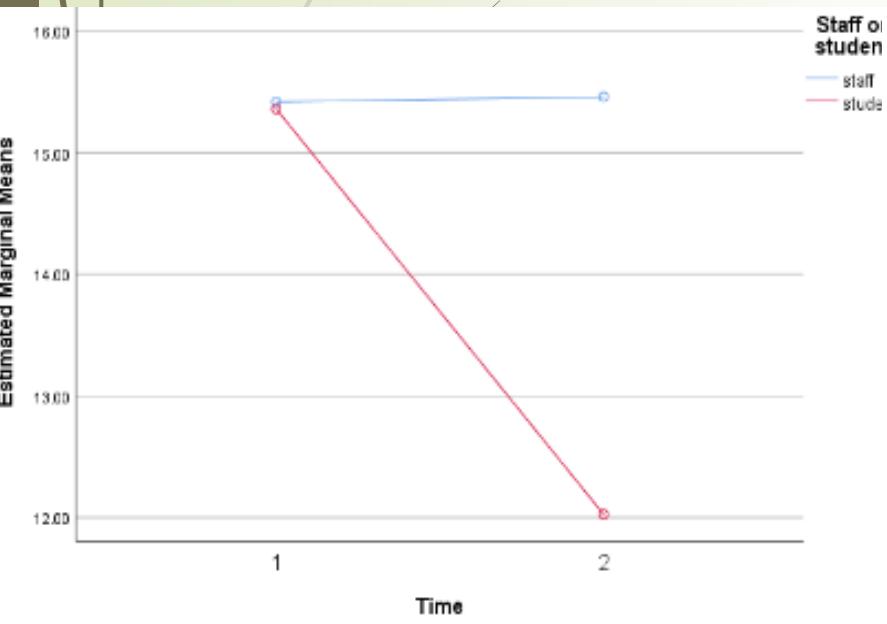
$F(1,64) = 1.83, p= .181, n_p^2 = .028$



QUANTITATIVE FINDINGS (continued…)

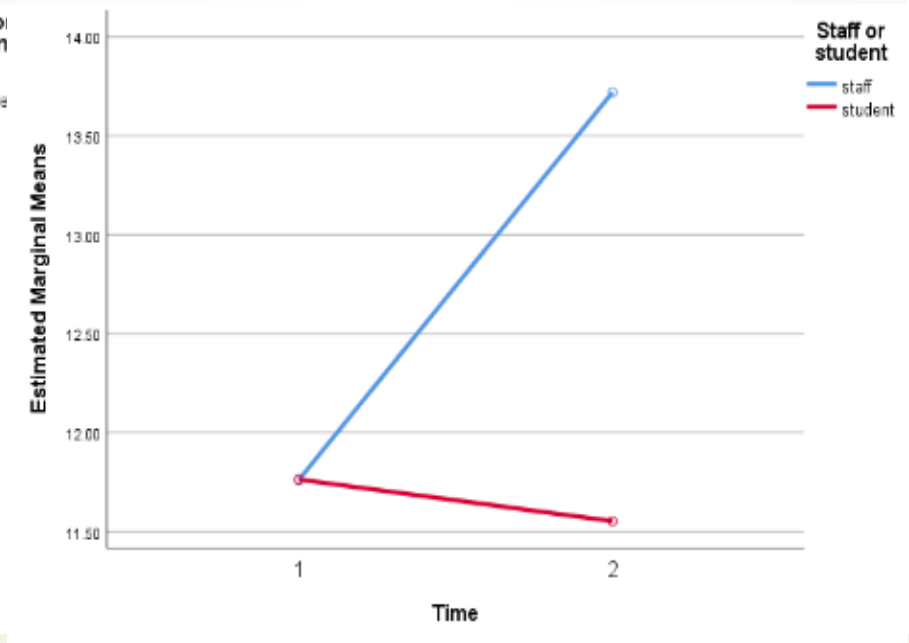
- Work to life conflicts

$F(1,62) = 6.371$, $p<.05$, $n_p^2 = .093$



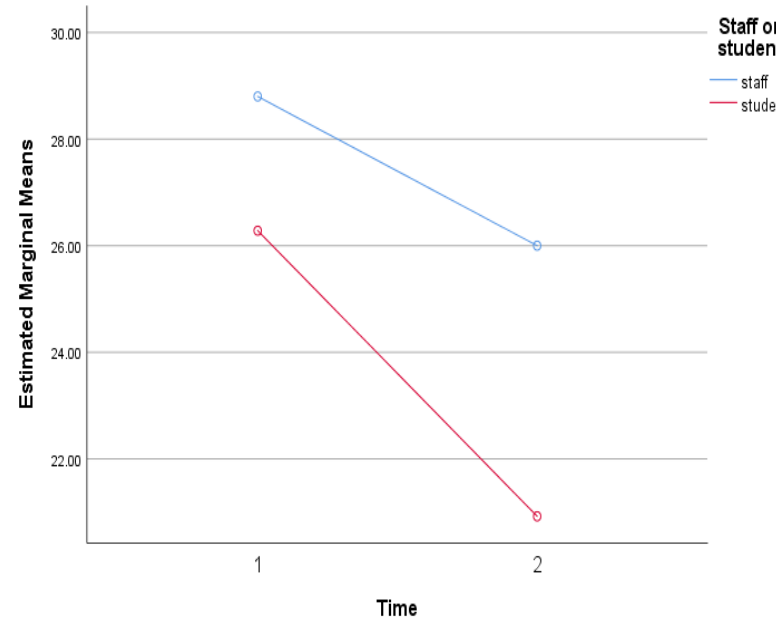
- Life to work conflicts

$F(1,62) = 2.201$, $p = .143$, $n_p^2 = .034$



- Resilience

$F(1,63) = 25.058$, $p <.001$, $n_p^2 = .285$



QUANTITATIVE FINDINGS (continued…)

Table 1: Predictors of wellbeing

	B	*SE B*	ß	*t*	*p*
Resilience	.174	.038	.464	4.64	.000
Life Satisfaction	.130	.045	.300	2.90	.006

- Regression analyses (N=61):
  - DV (Wellbeing during lockdown)
  - IVs (Age/Gender/Staff or student/SUSS/SMUIS/Worklife conflicts/PHQ-9/GAD-7/SWLS/Resilience
- A highly significant model was found $F(11)=10.535$, $p<.001$ with 74.8% of the variance being predicted by the IVs included

QUALITATIVE FINDINGS - preliminary

- N = 5 (academics)
- Undergoing thematic analyses however:

Struggles with wellbeing at home

Reduced work-life conflict

Importance of Resilience and Coping

- Support networks
- Increased physical activity

DISCUSSION

- Statistically significant increase in sleep, depression and anxiety ratings between pre lockdown and during lockdown 1
- Statistically significant decrease in wellbeing, life satisfaction, resilience
- Life satisfaction, work-life conflict and resilience consistently predict wellbeing pre pandemic and during lockdown 1
- Interviews shed light on similar stressors but notably highlight the importance of ultilising resilience and coping strategies and support networks

DISCUSSION / CONCLUSION

- Generalisability can be limited by the sample size plus skewed demographics
- However, points to a real need to explore key stressors such as work-life conflict and resilience / coping strategies in HE
- Ongoing phases of the research to observe these over time
- Policy makers (in higher education and healthcare) should heed warnings of poor wellbeing in HE and provide/enforce support for institutions, their staff and students.
- Further research is required as we come out of national lockdown.

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THANK YOU - Questions?