2023

Healthy Professional Worker Partnership:
Academia Case Study Survey Findings

Examining the Pathway from Mental Health to Leaves of Absence & Return to Work and the Impact of the Pandemic

The Healthy Professional Worker Partnership

11/10/2023

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Executive Summary

The Healthy Professional Worker (HPW) Partnership is an initiative that examines the mental health, leaves of absence and return to work experiences of different professional workers from an intersectional and comparative perspective. Between the end of November 2020 and early May 2021, a bilingual (French-English) online, self-administered survey employing crowdsourcing recruitment via our partner organizations, direct email and social media was undertaken as one component of this study. This report presents the key findings from the 379 academic professionals who participated in this survey component. For many analyses, we compared subgroups of gender (women/men) and of academic status (permanent/tenure track/contract).

Pathway from Mental Health to Leaves of Absence and Return to Work:

Most of the academic workers surveyed (60%) reported experiencing a mental health issue over the course of their career or training; rates were higher for women (66% of women) than for men (54% of men). For the 226 academic workers who reported having a mental health issue:

- ✓ 54% made changes to their work.
- ✓ 49% considered taking a formal leave of absence from work.
- ✓ 23% took a formal leave of absence from work.
- ✓ 83% of academics who took a formal leave of absence returned to work; this differed based on academic status (96% of permanent academics, 75% of tenure track, 60% of contract).

What types of changes did academic workers report making?

- ✓ Seeking help from an allied health professional, such as a psychologist or social worker, was the most frequently chosen response (34% of all academics).
- ✓ Seeking support from the union (12% of academics) or formal accommodations from the employer (12% of academics) was NOT common.
- ✓ Women tended to seek out social support more often than men (27% of women, 16% of men).
- ✓ Tenure track academics sought out social support more often (37% of tenure track, 28% of contract, 20% of permanent).
- ✓ Permanent academics reported reducing their workload more often (35% of permanent, 24% of tenure track, 19% of contract)

What were the top reasons for NOT taking a leave of absence?

1. 57% – Believed their mental health issue was severe enough
2. 49% – Professional impact
3. 38% – Impact on patients/clients/students

What were the top facilitators of taking a leave of absence?

1. 42% – Financial coverage
2. 28% – Supportive supervisor
3. 28% – Supportive colleagues

4. 25% – Supportive union representative

What were the top barriers to taking a leave of absence?

1. 34% – No one to cover workload
2. 32% – Unsupportive supervisor
3. 32% – Unsupportive colleagues

Impact of the COVID-19 Pandemic on the Mental Health of Academics:

Mental health declined and psychological distress, presenteeism, and burnout significantly increased during the pandemic for all sub-groups of academics.

The average score for the single item on mental health ranged between 3 (good) and 4 (very good) for all sub-groups of academics on a scale from 1 (poor) to 5 (excellent) for the 4 weeks prior to the pandemic. During the pandemic, all sub-groups except men declined to range between 2 (fair) and 3 (good). Effect sizes indicated that the largest decline in mental health was for tenure track academics followed by women.

The pandemic increased how often academics worked while ill (i.e., presenteeism), although the increase in presenteeism was greater for women than for men and for contract and tenure track academics rather than tenured academics.

Increases in psychological distress were greatest for women and for tenure track academics.

Prior to the pandemic, academics on average indicated that they were occasionally under stress but "don't feel burned out". During the pandemic, average scores for academics increased closer to the range of "definitely burning out". Effect sizes for the increase in burnout were largest for tenure track academics and women, with the average score for tenure track academics exceeding "definitely burnout out".

The survey findings we have presented offer an informative view of issues facing academic professional workers with mental health challenges, for which we will next tap into the rich dataset provided by the in-depth interviews with stakeholders and academics. By combining this survey analyses with the qualitative analyses of our in-depth interviews we can develop interventions specific to the work and life context of academic professional workers.

Introduction

Academia is a uniquely challenging work environment wherein academics face a combination of stressors that are common across knowledge professions, such as time pressure and work overload, as well as stressors that are specific to academia such as pressure to obtain research funding, pressure to publish, and service work in the university and in one's discipline, often referred to as academic housework. Even before the COVID-19 pandemic, mental ill-health was commonplace in academia with academics reporting substantially lower levels of psychological health compared to community samples (Kinman, 2001; Winefield et al., 2003). This trend has continued, and likely worsened, during the pandemic based on early evidence that academics were experiencing high levels of psychological distress and mental health issues that were considerably higher than population norms (van der Feltz-Cornelis, et al., 2020).

Although much is known about contributors to mental ill-health in academia, there has been limited research attention toward how academics deal with experiencing mental ill-health. Negotiating leaves of absence (LoA) and return to work (RTW) can be challenging when mental health issues are involved, and preliminary evidence suggests that few academics take leaves of absences (Mantler et al., 2019). Based on a study of academics in the UK (Kinman et al., 2018), which found employees reported high levels of presenteeism, that is, working when sick, when they had high job demands, high autonomy, and work engagement. These work conditions are common in academia, therefore, it is highly likely that academics continue to work when they are experiencing mental ill-health. There needs to be a greater understanding of why and how academics continue to work while experiencing mental ill-health and how the few academics who do take leaves of absences manage to negotiate LoA and RTW processes. Findings are also mixed regarding when taking a leave is beneficial, with some evidence suggesting that taking leave (e.g., sabbatical leave; Davidson et al., 2010) is beneficial for academics' sense of well-being and reduces stress and burnout and other evidence that many academics who took a LOA for physical or mental health reasons did not report improving enough to return to work (Silveira et al., 2017).

Research on how academic work culture and structures impact experiences of mental ill-health, LoA, and RTW processes for academics with varying social identities - gender, age, career stage - is even more limited. Academia like all institutions is gendered, meaning that choices and opportunities are affected by the unequal allocation of resources and privileges among genders (Ruspini, 2021). There are unique permutations within academia (Acker, 1990); academics who identify as women are disadvantaged by the masculine work culture, particularly during the tenure process. Situational factors, such as the uneven division of academic housework (Heijstra et al., 2017), are also important to consider given mixed findings regarding how different situational factors affect academics at different career stages (Kinman, 2001).

To summarize, mental ill-health is common in academia, yet there is little empirical evidence about how academics manage working while experiencing mental ill-health. The first objective of this research was to contribute to this knowledge gap by understanding the pathway from the experience of mental ill-health to the decision to either take a leave of absence from work or not, specifically for academics. Given the complexities of academic work culture and organisation, the second objective was to examine how this pathway differs based on gender and type of position (contractual, tenure track, permanent faculty). Finally, although the impact of the COVID-19 pandemic was not the focus of our research, our study was conducted near the beginning of the

pandemic in North America, and we considered it important to examine how the pandemic affected mental health of academics given early evidence that the pandemic was having a major impact on the working population in general.

The Healthy Professional Worker (HPW) Partnership

The Healthy Professional Worker (HPW) Partnership is an initiative that examines mental health, leaves of absence, and return to work experiences from an intersectional and comparative perspective. HPW focuses on the experiences of mental health at work, the decision to take a leave of absence from work (or not, which is called presenteeism), and how return to work is negotiated and facilitated. Its focus is inclusive of workplace stress, overload, and burnout to experiences of anxiety, depression, and other forms of mental ill-health along a trajectory. It seeks to understand how personal, familial, work, and organizational contexts influence the path from mental health to leaves of absence to return to work. This is informed by the following conceptual framework.

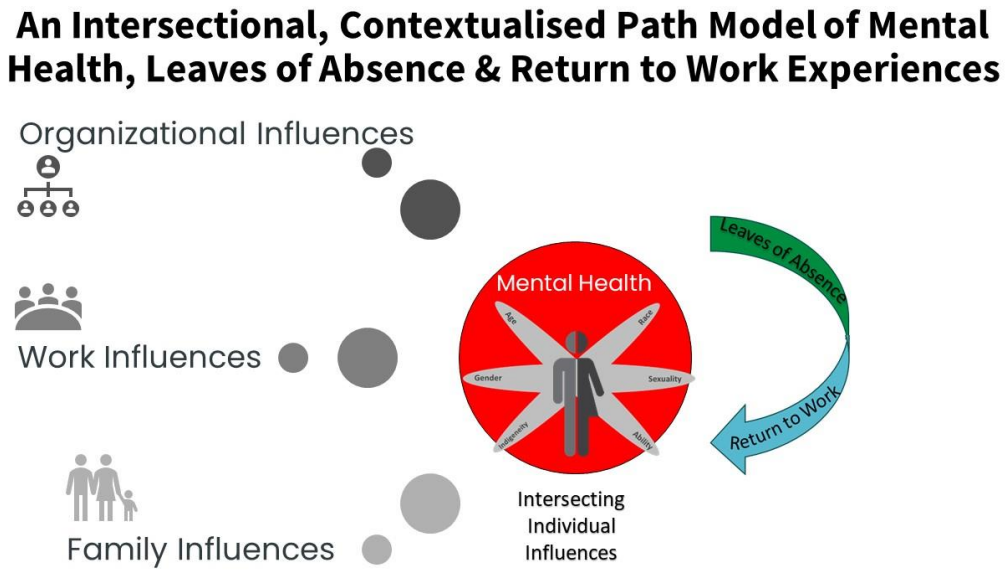
Conceptual Framework

Intersectional: At the centre of the framework (see Figure 1) is an individual professional worker of a particular age with intersecting (non-binary) gender, racial, Indigenous, ability and sexuality identities affecting their experiences of mental health, leaves of absence and return to work.

Contextualized: Enveloping the worker are the different contextual influences at the family, work and organizational context, all situated within the broader system and societal level.

Path: The pathway from mental health to leaves of absence to return to work is depicted in a cyclical fashion. This recognizes that an individual worker experiencing mental health may or may not contemplate or follow through with a leave of absence from work and in turn may or may not return to work.

Figure 1 Conceptual Framework



Depicting the pathway of mental health to leaves of absence to return to work and the influence of different factors and forces for professional workers with different identities can better enable the identification and development of targeted and more effective interventions to promote wellness and foster healthy return to work.

Overview of Methods

The interdisciplinary methodological approach for HPW involved multiple phases and multiple methods. It began with a Partnership Development Phase, which involved a scoping review, pilot survey and interviews with workers, interviews with key stakeholders, and a commissioned analysis of Statistics Canada data on our case study professions. The full Partnership study methodology built on this foundation and involved five key components: 1) Document Analysis; 2) Stakeholder Interviews; 3) Worker Surveys; 4) Worker Interviews; and 5) Intervention Toolkits. More information on each of these key components is included in the Healthy Professional Worker Partnership: Preliminary Comparative Findings report. The present report focuses on the Worker Surveys for the Academia Case Study.

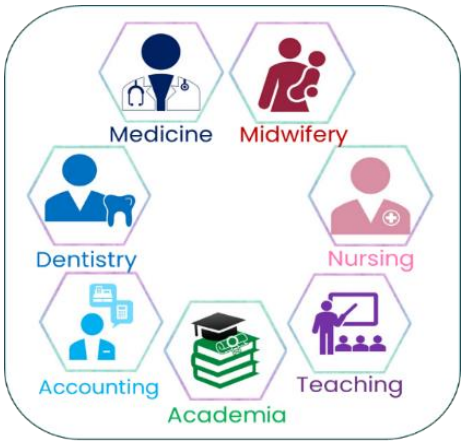


Figure 2. HPW Case Studies

Worker Surveys - Academia Case Study

Between the end of November 2020 and early May 2021, a bilingual (French-English) online, self-administered survey employing crowdsourcing recruitment via our partner organizations, direct email, and social media was undertaken. Participants were asked to choose their primary professional role from a list of professions (Academic-Professor, Professional Accountant, Dentist, Nurse, Midwife, Physician, Elementary/Secondary Education Worker). Other than this initial question, no other questions were mandatory to complete.

Participants who selected the Academic-Professor response option were directed to an initial set of questions about occupational characteristics specific to academia (e.g., academic discipline). They then responded to several cross-cutting questions asked of all case studies to assess mental health, distress, presenteeism, and burnout during the COVID-19 pandemic compared with prior to the pandemic. Next, participants responded to a set of customized questions specific to the academic work context about potential work-related factors that influence mental health. The final component of the survey focused on the mental health, leaves of absence, and return to work pathway. Initial data screening yielded 379 survey responses from academic participants. The analysis for this report is based on the 354 academic survey participants who responded to the question at the beginning of the final pathway component asking if they had ever experienced a mental issue over the course of their career. The survey took approximately 20 minutes to complete. To date, descriptive analyses of the survey data have included frequency cross-tabulations with appropriate tests of significance undertaken at a $p < 0.05$ criteria.

Key Findings

Background of Survey Respondents

Information on the gender identity and age of academic survey respondents is shown in Figure 2 and Figure 3, respectively. The sample of academic survey respondents was predominately women (73%) even though the gender breakdown of the academic population is balanced. Because the number of academics who identified as gender fluid, preferred to self-describe, or preferred not to answer was only 3% of the sample, we did not include these participants in statistical comparisons involving gender. Qualitative analysis of non-binary groups will be included in future reports based on data from the interview components of our study. There were 19 academics who reported identifying as a racialized person, 27 who identified as a person living with a disability, and less than 5 who identified as Indigenous.

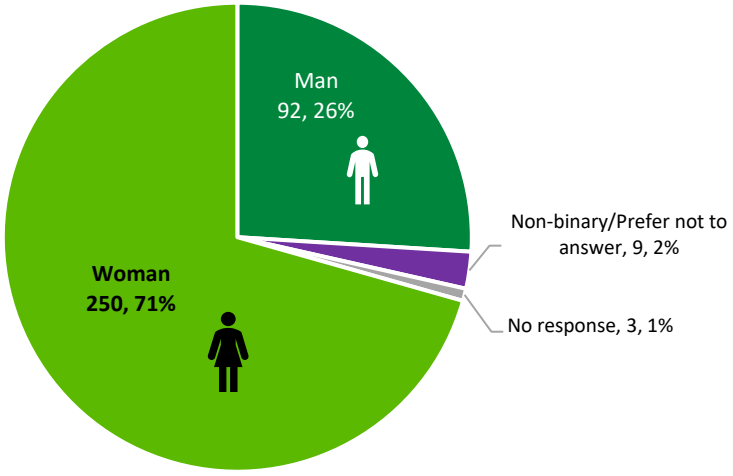


Figure 2: Gender Identity of Academic Survey Respondents

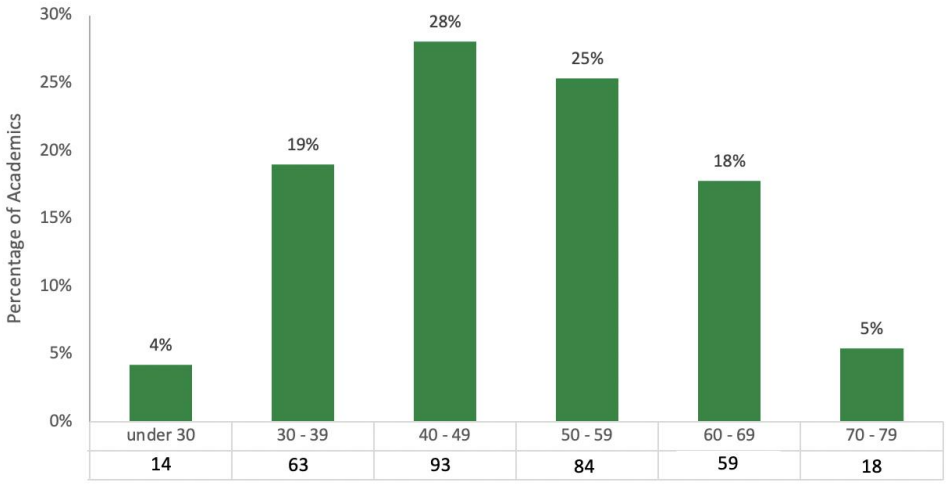


Figure 3. Age of Academic Survey Respondents

Information on the career stage of academic survey respondents by academic status and years in profession is provided in Figure 4 and
Figure 5, respectively. Academic status of participants was categorized as permanent (tenured, university administration, permanent teaching faculty), tenure track, or contract (term, sessional, contract, post-doc researchers). Participants had a mean of 18.0 years of experience in their field, and more than half were permanent faculty members.

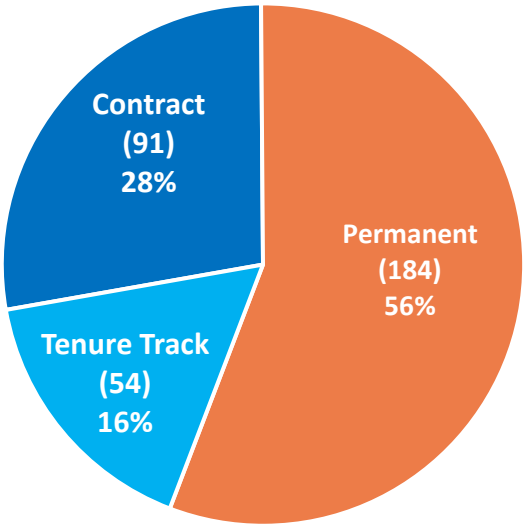


Figure 4. Career Stage of Academic Survey Respondents, Academic Status

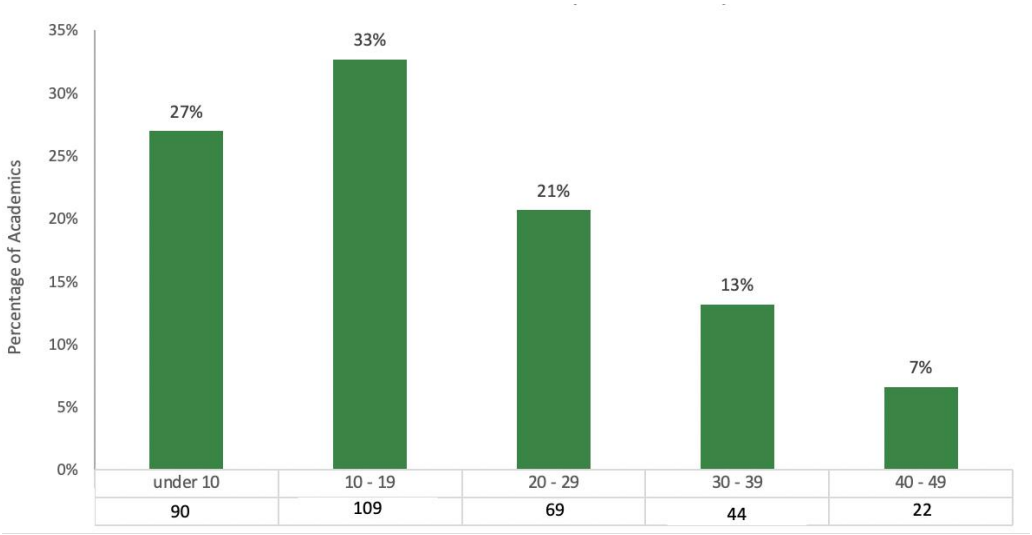


Figure 5. Years in Profession of Academic Survey Respondents,

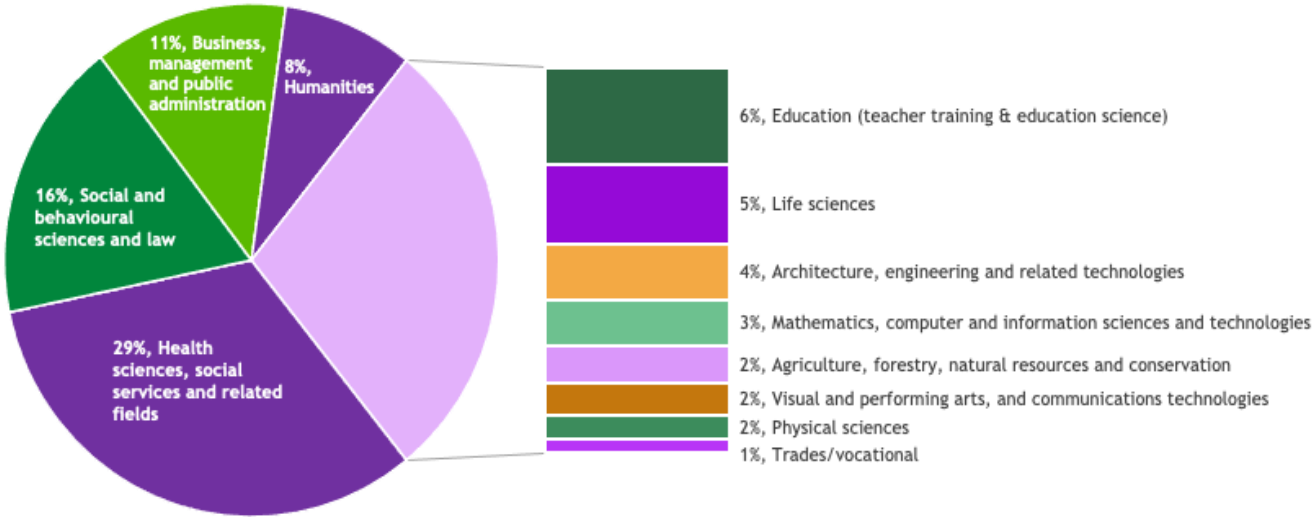


Figure 6. Academic Discipline of Survey Respondents

With respect to academic discipline (see Figure 6), the highest percentage of academics were from health sciences, social services, and related fields (29%), social and behavioural sciences and law (16%), and business management (11%).

Pathway from Mental Health, Leaves of Absence to Return to Work

The main purpose of this study was to understand the pathways from experiencing mental health issues, making changes to work in response to mental health challenges, considering or taking a formal leave of absence for mental health reasons and returning to work. These pathways are complex, with academics who experience mental health issues making use of none, some, or all of these options, and we have used the survey data to get a broad view of these pathways.

In the context of this study, mental health issues include mental or psychological stress or distress, burnout, anxiety, depression, other mood disorders, substance use or dependence, post-traumatic stress disorder, or serious thoughts of suicide. It includes both short term mental health problems that temporarily limit our ability to function as well as more persistent and severe medical health disorders that require medical intervention. This definition of mental health issues was included in the instructions to participants.

Figure 7 shows a comparison between all our survey respondents and different groups of academics who embarked on this pathway. Each row of circles in the figure represents a group of participants: all professional workers including academics, only academics, academics who identified as men, academics who identified as women, and academics in permanent, tenure track, or contract positions. Percentages of participants who reported making changes to their work, considering taking a leave of absence, and taking a leave of absence were computed using the number of participants in that group who reported experiencing a mental health issue. For example, 122 (54%) of the 226 academics who reported having had a mental health issue reported making changes to work. Percentages of participants who reported returning to work were computed using the number of participants in that group who took a leave of absence. For example, 30 (83%) of the 36 women who took a leave of absence returned to work.

Academics were significantly less likely to have *considered* taking a leave of absence and significantly less likely to have *taken* a leave of absence compared to the average of all professions. Comparisons based on gender (man, woman) revealed that men and women differed significantly only in terms of having had a mental health issue (54% of men, 66% of women), $\chi^2(1) = 4.20$, $p = .04$. Comparisons based on academic status (permanent, tenure track, contract) revealed that permanent, tenure track, and contract academics differed significantly only in terms of proportions who had returned to work (96% of permanent, 75% of tenure track, 60% of contract).

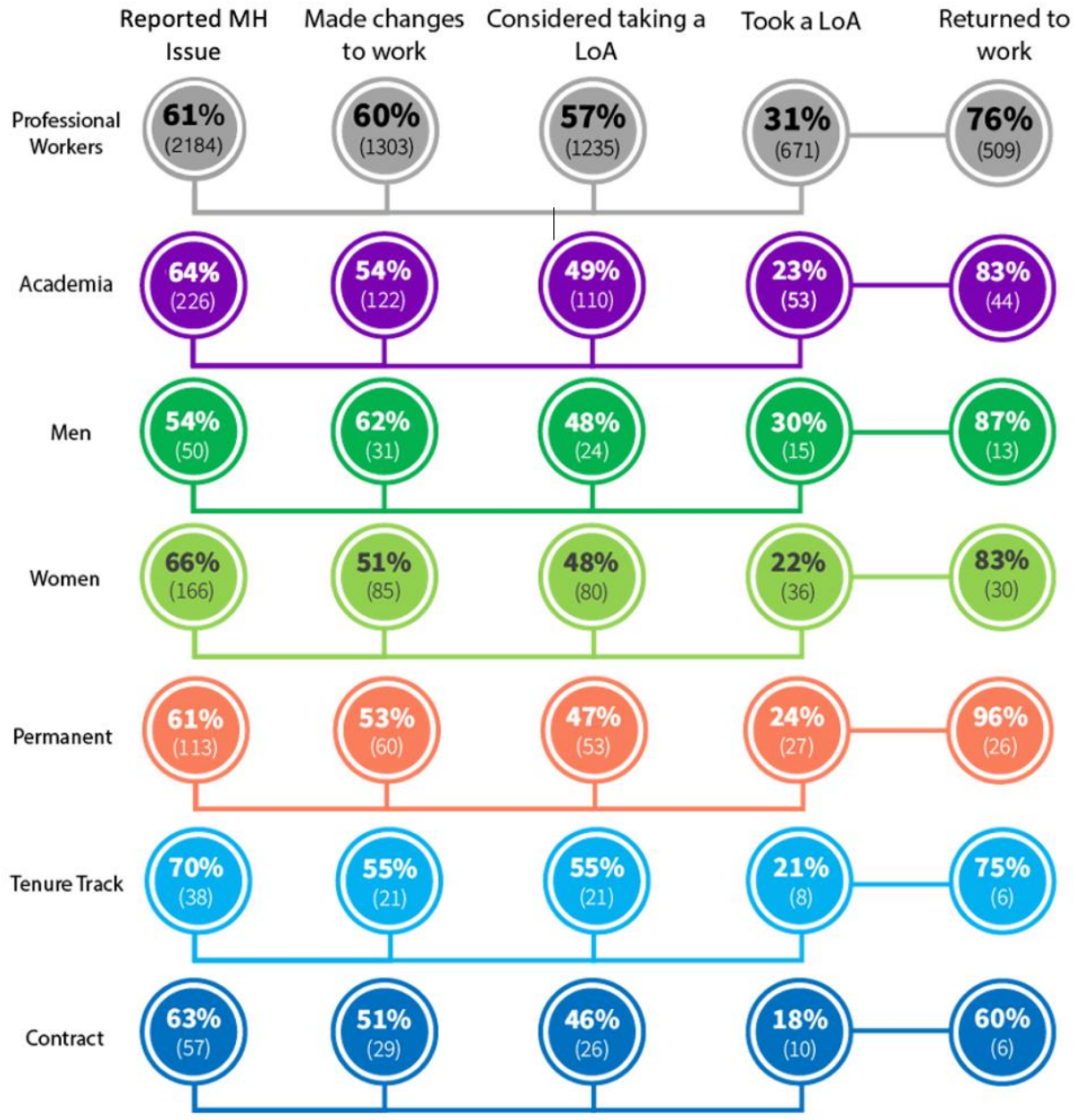


Figure 7. Pathway from Mental Health to Leaves of Absence and Return to Work

Changes to Work

Just over half of the academics (54%) who reported having experienced a mental health issue over the course of their career also reported making changes to their work or training in response to a

mental health issue. The most frequently chosen response across all academics (see Figure 8) was to seek help from an allied health professional, such as a psychologist, counsellor, or social worker. Men and women made similar choices about who they went to for help and the kinds of changes to work with the exception that women tended to seek out social support at work (27%) more than men (16%). Choices were also very similar based on academic position except for seeking social support (37% of tenure track, 28% of contract, and 20% of permanent) and reducing workload (35% of permanent academics, 24% of tenure track, 19% of contract). It was uncommon for participants to seek support from the union (12%) or formal accommodations from the employer (12%), particularly in the case of contract academics (3% and 5%, respectively).

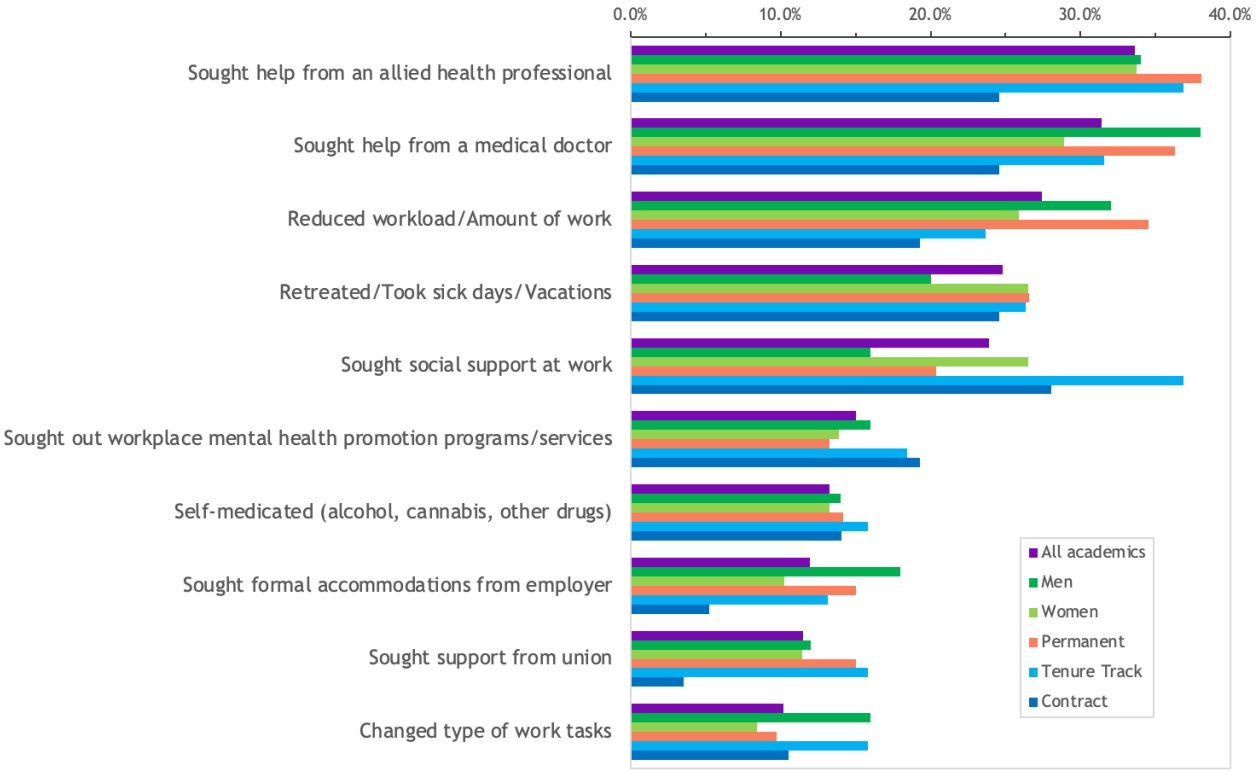


Figure 8. Changes to Work and Help-Seeking

Reasons for Not Taking Leave of Absence

Academics who did not take a leave (77%) were reluctant to do so because they felt their issue was not severe enough to warrant a leave, and they were concerned about stigma and the impact that taking a leave would have on their colleagues' workload. Although the numbers are too small for statistical comparisons, as shown in Figure 9, women reported more concerns for the professional impact of taking a leave and for the lack of a replacement. Permanent faculty were more concerned that their mental health issue was not severe enough and the impact their leave would have on others. Tenure track and contract instructors were also concerned about the professional impact of a leave of absence.

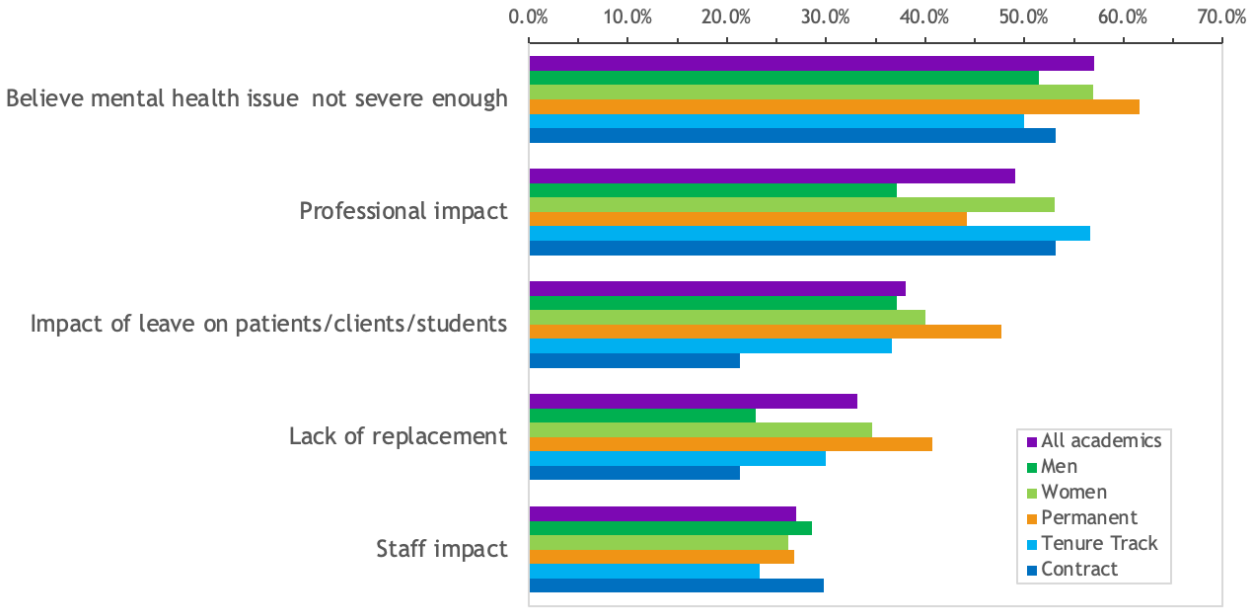


Figure 9. Top 5 Reasons for Not Taking a Leave of Absence

Facilitators and Barriers Taking a Leave of Absence

Academics who reported taking a formal leave of absence were also asked about facilitators and barriers to taking a leave. Figure 10 shows that the top facilitator was having financial coverage while on leave (42%) but that having a supportive supervisor (28%), colleagues (28%), and union representative (25%) were also important. Figure 10 also shows that the most frequently reported barriers to taking a leave were not having anyone to cover their workload (34%) and having an unsupportive supervisor (32%). Responses to these questions were not broken down by gender or academic status because numbers were considered too small for meaningful comparison.

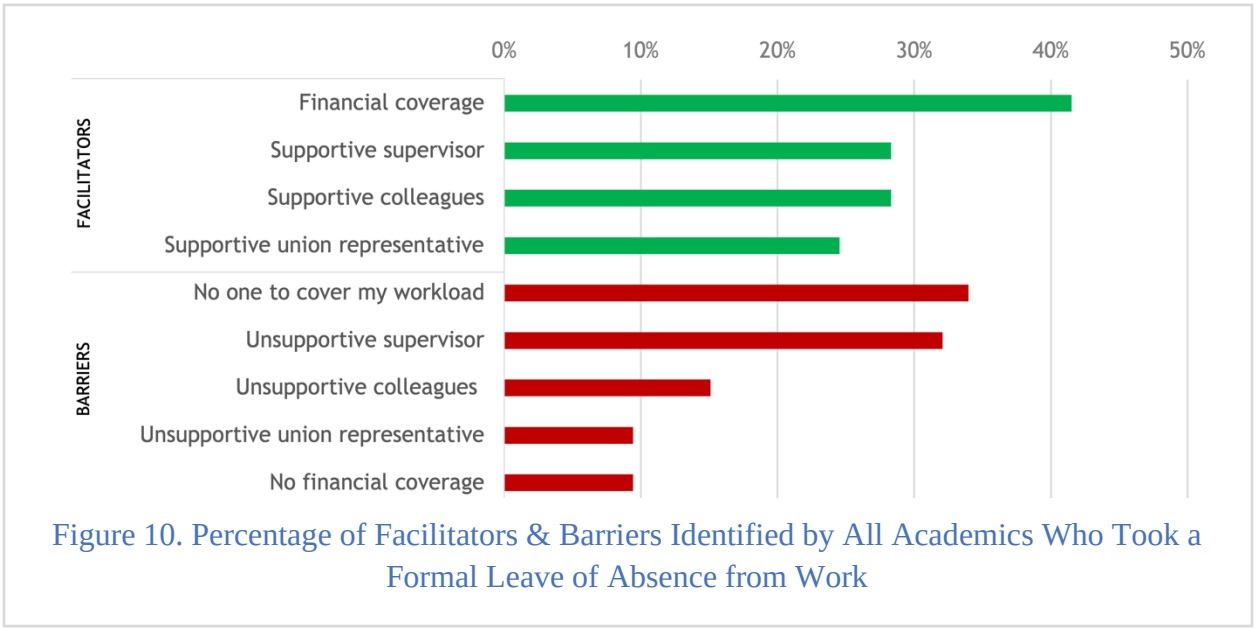


Figure 10. Percentage of Facilitators & Barriers Identified by All Academics Who Took a Formal Leave of Absence from Work

Impact of the Pandemic on the Mental Health of Academics

Although the impact of the pandemic was not part of our original set of research questions, as it unfolded, it was clear that it was having an important impact on the mental health experiences of professionals at work and at home, which affected their broader experiences of burnout and presenteeism. The series of charts below show the impact of the pandemic on all academics in our sample and breaks this down further for academics who identified as men and women and for permanent, tenure track, and contract academics. Paired-samples *t*-tests indicated that each of these sub-groups of academics reported a significant impact of the pandemic on measures of mental health, distress, presenteeism, and burnout. Cohen's d, a standardized effect size for measuring the difference between two means, is reported for each paired-samples *t*-test to facilitate group comparison.

Mental Health

In response to the single-item measure asking them to rate how their mental health had been since the start of the pandemic and in the 4 weeks prior to the start of the pandemic, all groups of academics reported experiencing a decline in their mental health (see Figure 11). Cohen's *d* was highest for tenure track academics, *d* = -1.09, followed by women, *d* = -0.92, permanent academics, *d* = -0.85, men, *d* = -0.55, and contract academics, *d* = -0.51. Cohen's d for all academics in the sample was -0.81.

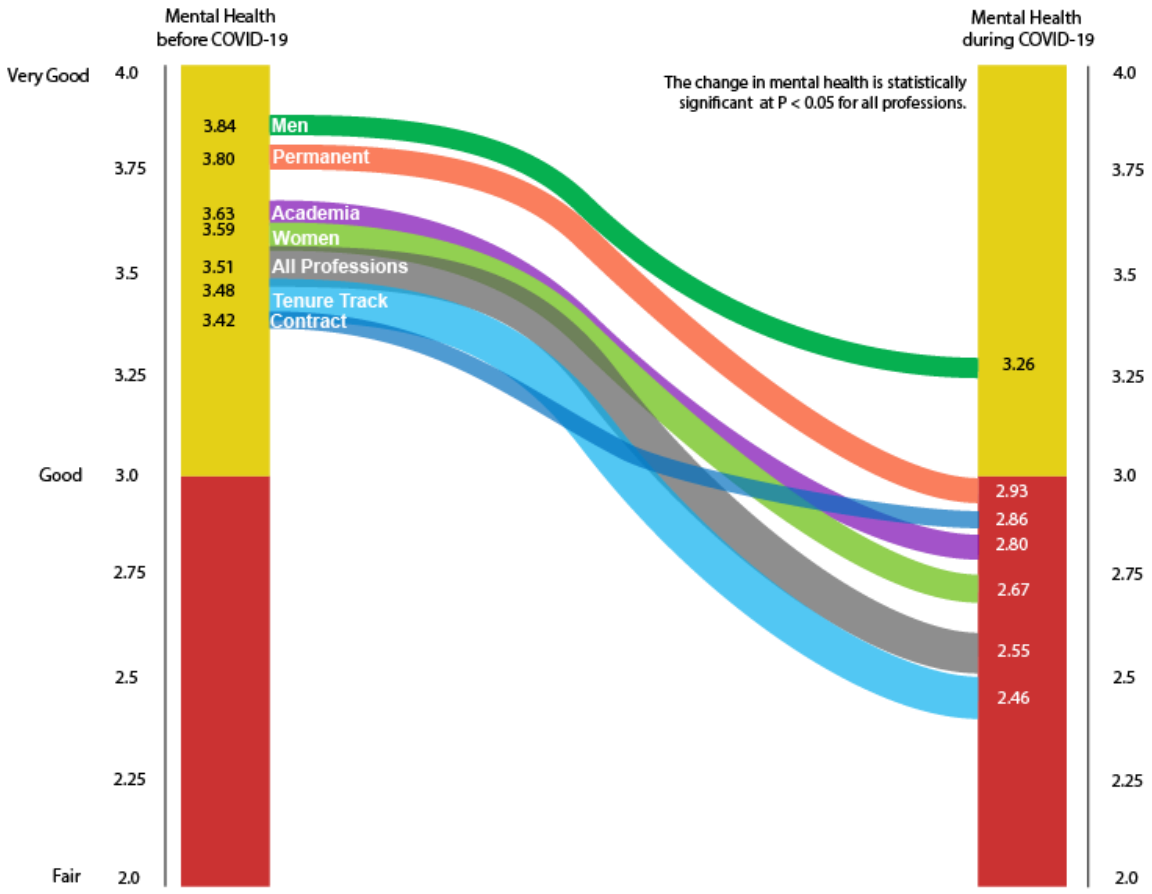


Figure 11. Mental Health Before and During the Pandemic

Psychological Distress

Participants also responded to the 6-item Kessler Psychological Distress Scale (K6) with respect to levels of distress they recalled experiencing in the 4 weeks prior to the pandemic and since the start of the pandemic. The perceived change in distress for all sub-groups shown in Figure 12. All groups of academics reported significant increases in psychological distress since the start of the pandemic with the largest effect sizes for women, d = 1.11, and tenure-track academics, d = 1.07, followed by permanent academics, d = 0.98, contract academics, d = 0.88, and men, d = 0.73. Cohen's d for all academics in the sample was 0.96.

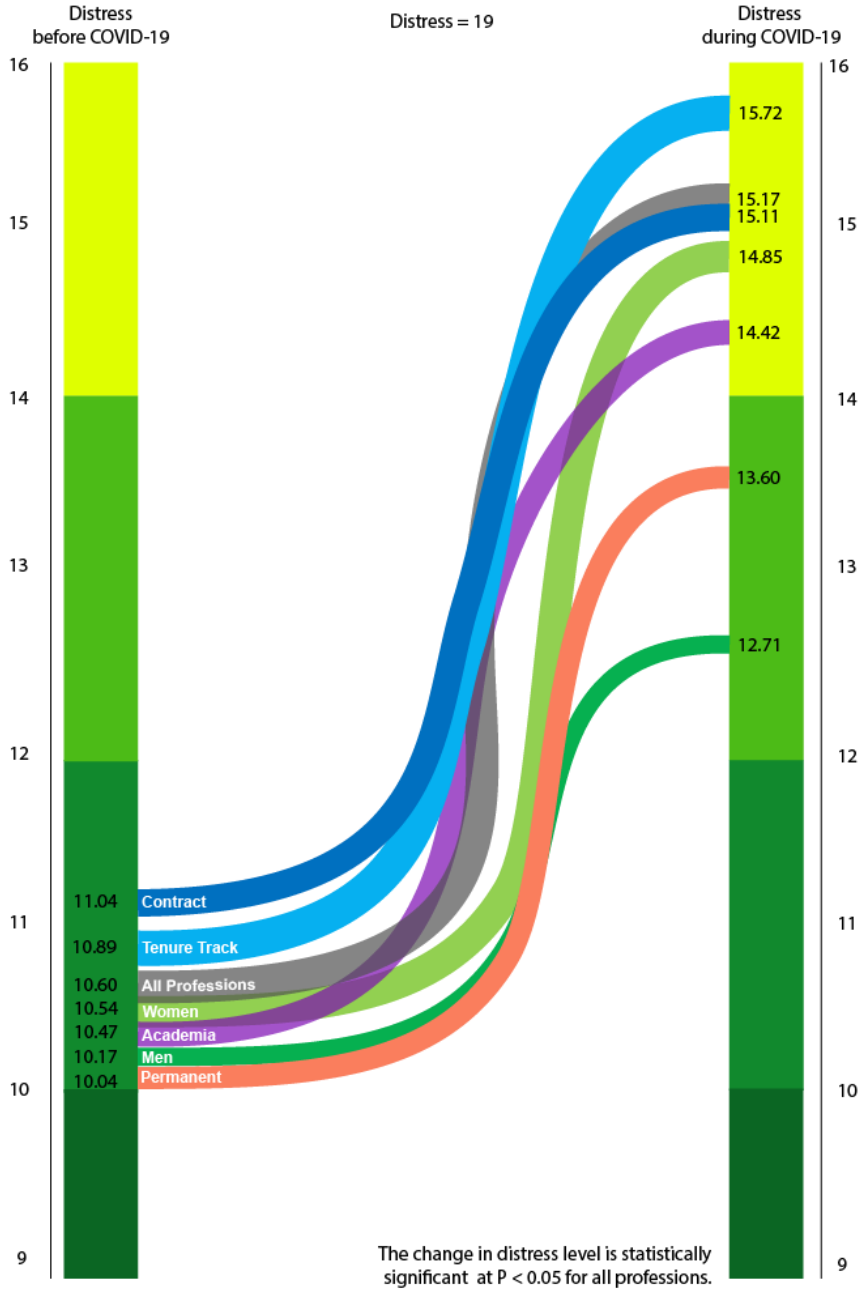


Figure 12. Psychological Distress Before and During the Pandemic

Presenteeism

Presenteeism was measured using a single item asking participants how often they had worked when they really should not have because of the state of their mental health in the 4 weeks prior to the start of the pandemic and since the start of the pandemic. All groups of academics reported significant increases in presenteeism since the start of the pandemic. Cohen's *d* was highest for women, *d* = 1.11, contract academics, *d* = 0.98, and tenure track academics, *d* = 0.96, followed by permanent academics, *d* = 0.88, and men, *d* = 0.73. Cohen's d for all academics was 1.07.

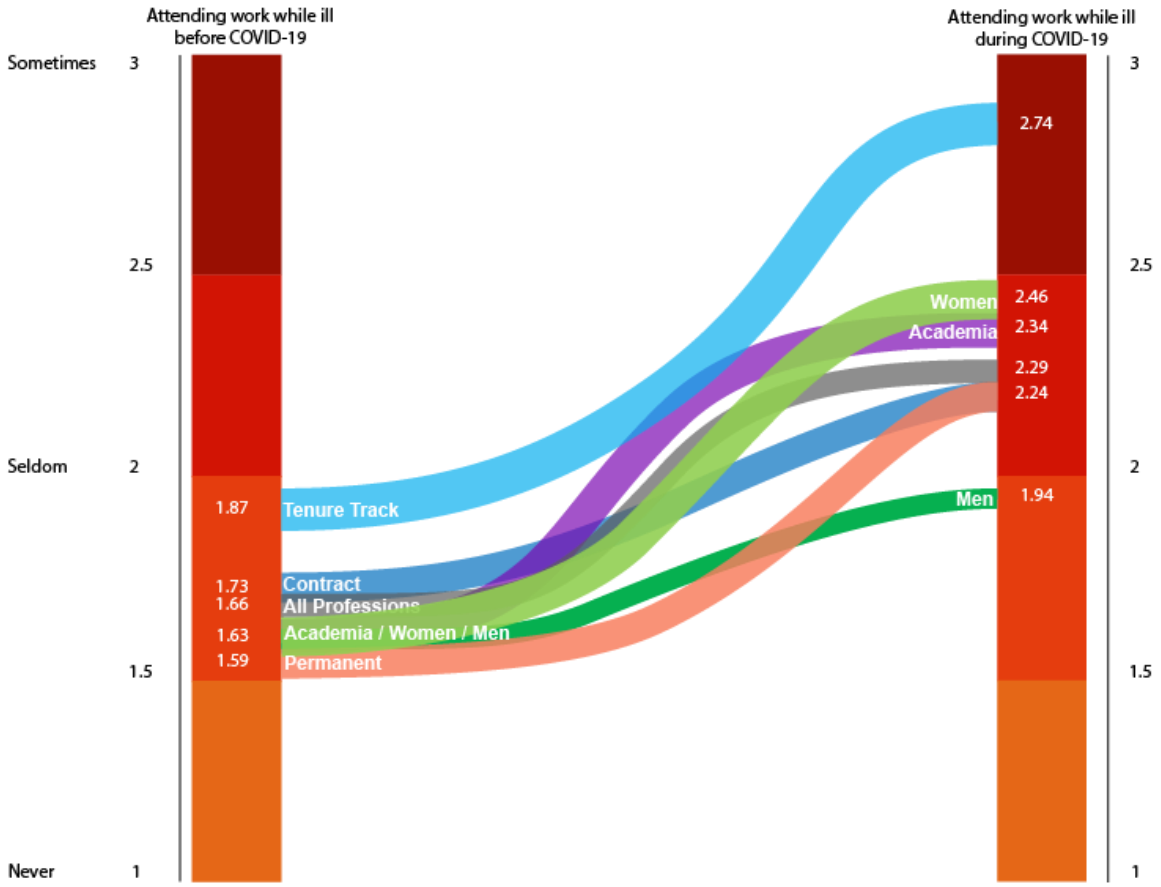


Figure 13. Presenteeism During and Prior to the Pandemic

Burnout

Rates of burnout have also increased during the pandemic according to the Physician Worklife Survey Single Item Burnout Question (see Figure 14) with all groups reporting significant increases in burnout. Cohen's *d* was highest for tenure track academics, *d* = 1.11, and women, *d* = 1.07, followed by permanent academics, *d* = 0.98, contract academics, *d* = 0.88, and men, *d* = 0.73. Cohen's d for all academics was 0.96.

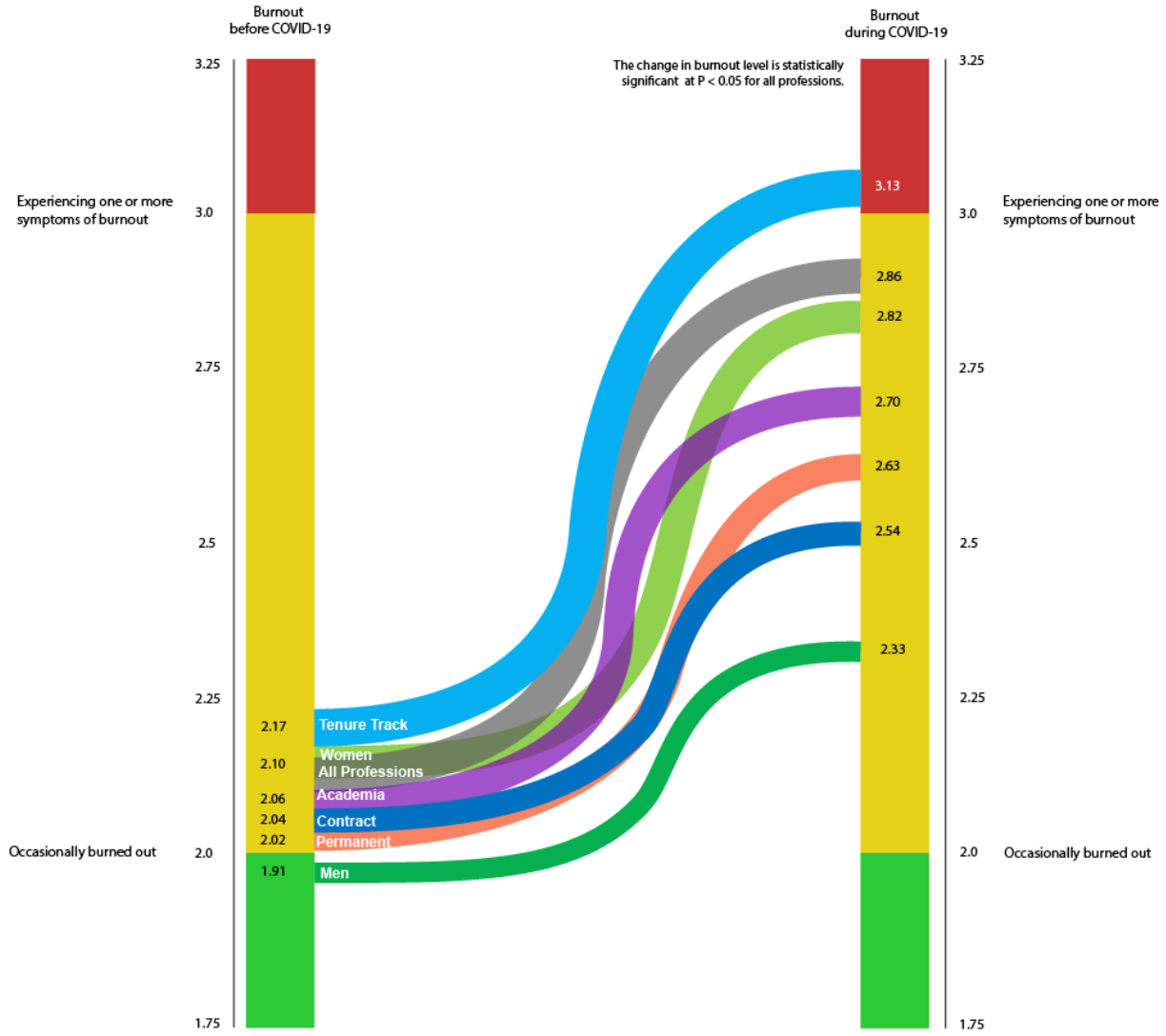


Figure 14. Burnout During and Prior to the Pandemic

Summary and Next Steps

The key findings from the survey portion of this academic professional worker case study of the Healthy Professional Worker Partnership include the following:

Pathway from Mental Health to Leaves of Absence and Return to Work:
Most of all academic workers surveyed (60%) reported experiencing a mental health issue over the course of their career or training; rates were higher for women (66% of women) than for men (54% of men). For the 226 academic workers who did report having a mental health issue:

- ✓ 54% made changes to their work.
- ✓ 49% considered taking a formal leave of absence from work.
- ✓ 23% took a formal leave of absence from work.
- ✓ 83% of academics who took a formal leave of absence returned to work; this differed based on academic status (96% of permanent academics, 75% of tenure track, 60% of contract).

What types of changes did academic workers report making?

- ✓ Seeking help from an allied health professional, such as a psychologist or social worker, was the most frequently chosen response (34% of all academics).
- ✓ Seeking support from the union (12% of academics) or formal accommodations from the employer (12% of academics) was NOT common.
- ✓ Women tended to seek out social support more often than men (27% of women, 16% of men).
- ✓ Tenure track academics sought out social support more often (37% of tenure track, 28% of contract, 20% of permanent).
- ✓ Permanent academics reported reducing their workload more often (35% of permanent, 24% of tenure track, 19% of contract)

What were the top reasons for NOT taking a leave of absence?

- 57% – Believed their mental health issue was severe enough
- 49% – Professional impact
- 38% – Impact on patients/clients/students

What were the top facilitators of taking a leave of absence?

- 42% – Financial coverage
- 28% – Supportive supervisor
- 28% – Supportive colleagues
- 25% – Supportive union representative

What were the top barriers to taking a leave of absence?

- 34% – No one to cover workload
- 32% – Unsupportive supervisor
- 32% – Unsupportive colleagues

Impact of the COVID-19 Pandemic on the Mental Health of Academics:
Mental health declined and psychological distress, presenteeism, and burnout significantly increased during the pandemic for all sub-groups of academics.

The average score for the single item on mental health ranged between 3 (good) and 4 (very good) for all sub-groups of academics on a scale from 1 (poor) to 5 (excellent) for the 4 weeks prior to the pandemic. During the pandemic, all sub-groups except men declined to range between 2 (fair) and 3 (good). Effect sizes indicated that the largest decline in mental health was for tenure track academics followed by women.

The pandemic increased how often each sub-group of academics worked while ill (i.e., presenteeism). The greatest increase in presenteeism was for women followed by contract and tenure track academics.

Increases in psychological distress were greatest for women and tenure track academics.

Prior to the pandemic, academics on average indicated that they were occasionally under stress but "don't feel burned out". During the pandemic, average scores for academics increased closer to the range of "definitely burning out". Effect sizes for the increase in burnout were largest for tenure track academics and women, with the average score for tenure track academics exceeding "definitely burnout out".

The survey findings we have presented offer an informative view of issues facing academic professional workers with mental health challenges, for which we will next tap into the rich dataset provided by the in-depth interviews with stakeholders and nurses. By combining this survey analyses with the qualitative analyses of our in-depth interviews we can develop interventions specific to the work and life context of academic professional workers.

Acknowledgements

Financial support for this research was provided by a Partnership Grant from the Canadian Institutes of Health Research and the Social Sciences and Humanities Research Council of Canada as part of their Healthy Productive Worker initiative.

Special thanks to Henrietta Akuamoah-Boateng, Renata Khalikova, and Natasha Ball for their contributions to the literature review, data analysis, visualizations in this report.

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