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UK Higher Education staff experiences of moral injury during the COVID-19 pandemic

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Abstract

Jonathan Shay argued that social, relational, and institutional contexts were central to understanding moral injury and conceptualised moral injury as a normative response to the betrayal of an individual's understanding of what is right by a more senior/authoritative "other". Using the conceptual lens of moral injury, this paper investigates academic staff experiences of HE during the COVID-19 pandemic and explores the rapid transition back to face-to-face teaching that took place in autumn 2020. To collect data, we used an online survey that opened in January 2021 and ran until the end of March 2021. A total of 663 complete questionnaires were received across the survey period. The questionnaire was comprised of ten topic-related questions, each of which included follow-up sub-questions and also invited participants to write in additional information. The majority of participants felt that during the course of the COVID-19 pandemic, they had acted in ways that put their own health and wellbeing at risk. Of those who had acted in ways that put their health and wellbeing at risk, they believed that their senior management were the most responsible for them acting in such ways, followed by the UK government. Qualitative data showed a systemic absence of leadership in the sector during the time, a sense of betrayal of staff and students by senior management and the government, and feelings of compulsion to act in ways which put lives at risk. On the basis of these results, we argue that there could be synergies between the situation facing healthcare staff and academics during the pandemic. Many of the experiences of HE academic staff during the pandemic reported to us in this research are resonant with the concepts of betrayal and moral injury and resulted in affective responses which we understand here in relation to feelings of guilt, shame, and anger, leading ultimately to poor mental health and wellbeing. This paper discusses implications for the HE sector going forward.

Keywords Higher education · Staff experiences · COVID-19 · Moral injury · Management

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Introduction

University staff in the neoliberal Higher Education Institution (HEI) have been under significant stress in the past two decades, subject to increased surveillance and increased pressure to produce outputs and raise income for universities, and subject to increasing precarity (Collini, 2012; Erickson et al., 2020; Fleming, 2021). In this paper, we look at how UK academic staff have responded to the additional stress and concern that the COVID-19 pandemic brought in its wake. In particular, we focus on a period where many academic staff were directed to return to face-to-face teaching even though significant government restrictions on everyday activities and business operations were still in place. We argue here that directing staff to return to workplaces where there was a considerable possibility of increasing infection transmission and rates of sickness resulted in a form of moral injury (Shay, 1994, 2002). Whilst it can be argued that moral injury has been a hazard in the sector for some time, here we propose that moral injury was more intense and widespread in the pandemic period, and this could have long-term consequences for individuals and for the sector as a whole. Furthermore, whilst our paper draws on data from academics in the UK, we believe our contribution extends beyond this context into the international arena given the synergies in experiences of working through the pandemic reported internationally (McKie, 2021).

The ongoing COVID-19 pandemic first came to the attention of the UK government, and we can assume HEIs too, in early 2020 following reports from China concerning a new respiratory virus that was highly contagious and appeared resistant to treatment. The complacency shown towards the epidemic and then pandemic by the UK government in early 2020 is hard to square against news reports showing entire Chinese cities in complete lockdown, closed internal and external borders, extensive public health initiatives including scratch building massive hospitals, and disinfecting public areas and streets. A number of continental European countries took lockdown steps in late February and early March 2020; by March 11, universities in Italy, Greece, Poland, Hungary, and Ukraine had already closed their doors (Havergal, 2020).

However, complacency was replaced by a dramatic and rapid shift to action with the imposition of a national lockdown on March 23, 2020. The UK public had been softened up for this by the Prime Minister announcing on March 16 that "now is the time for everyone to stop all non-essential contact and travel", sweetening this pill by adding, on March 19, that the UK can "turn the tide of coronavirus" in 12 weeks (IFG, 2021). The actuality was considerably different; although the first UK national lockdown ended in early June 2020, with the phased reopening of schools, and non-essential shops opening on June 15, there was plenty more in store. COVID-19 rates fell dramatically across the UK through the summer of 2020 and most restrictions were lifted in August 2020 (ONS, 2021). Universities were encouraged to re-open for the start of the Autumn term and many UK HEIs reintroduced face to face teaching at this time (Hubble & Bolton, 2021). This "return to normality" was short-lived as COVID-19 cases began to rise again in the autumn; the UK entered its second lockdown on October 31, 2020, and this ran until December 2, 2020. However, unlike the first lockdown, schools and universities were allowed to remain open for face-to-face activities. This is important for our research as we focus on university responses to the pandemic across the first and second lockdowns (i.e. from March 2020 to the end of 2020).

The UK government was very optimistic that the start of 2021 would see a fall in COVID-19 death and hospitalisation rates and allow educational institutions to reopen.

The Prime Minister announced on January 4, 2021, that children should return to schools after the holiday, and primary schools in England did open for one day, only to close on January 6 as the UK entered its third national lockdown (Timmins, 2021). This time, all education institutions were again closed (apart from those supporting the children of key workers), and this lockdown was eased gradually, in four "steps", coming to an end on July 19, 2021. At the time of writing (November 2021), all lockdown restrictions have been removed in England, and most in Wales, Scotland, and Northern Ireland. By this time, UK universities were expected to be running as close to normal as possible, and the weight of public health advice shifted from collective measures to keep people safe on campus (through social distancing, mask wearing, and lockdowns) to individual protection through vaccination (BBC, 2021).

HEI responses to the pandemic

The March 2020 lockdown plunged UK HEIs into a crisis situation with almost all staff and students prevented from accessing university buildings and facilities, and almost all staff and students confined to their homes (university staff were not explicitly assigned "key worker" status until January 2021 (McIntyre, 2021)). UK HEIs announced shifts to "online only" provision immediately, but this was done in an ad hoc way and there was no central co-ordination of this shift, or central guidance as to how universities should carry on their teaching and research activities. There was a considerable degree of uncertainty, confusion, and chaos across the sector in the UK and elsewhere (Gewin, 2021). As Peter Fleming (2021, p. 24) puts it in *Dark Academia*:

> When the 2020 Coronavirus crisis unfolded, transferring classes online in a speedy manner was the most efficient way to retain student enrolments. For teaching staff it meant an inordinate amount of work, much of which was done in the evenings and weekends, carrying substantial hidden costs.

A recent study of how staff coped with this "emergency" shift reveals sharp increases in workload, social isolation, difficulties with technologies, frustrations from students being taken out on staff, increased stress of online teaching, and problems with work life balance, although some staff did report that the shift to home working had been beneficial (Wray & Kinman, 2021). Of course, most of these issues were already abroad in UK Higher Education (HE), but the researchers note that this was exacerbated in the pandemic:

> [T]he demands experienced by HE staff have not abated, and their wellbeing may have deteriorated further. Universities have been obliged to make major shifts in the management and delivery of teaching and student support and, like a considerable proportion of the UK workforce, higher education employees have been required to work remotely. Although little research has yet been published, there is some evidence that these changes to working practices have intensified workload and increased the potential for conflict between work and personal life. This places an additional burden on a workforce that is already at high risk of overload, job-related stress and poor mental wellbeing. (Wray & Kinman, 2021, p. 6)

Ashencaen Crabtree et al., (2021, p. 1) put it more starkly:

> From the UK's fetishisation of corporate processes, managerialism and top-down control, academia was tipped overnight into a Wild West of rugged, pioneering individualism as academics were thrown back on their own resources to

find ways of keeping students calmly studying, maintain research deadlines and attend remote, often erratic meetings. A frenzy of remedial action was undertaken regardless of the new challenges in the domestic arena where schools and nurseries were closed down and many vulnerable groups advised to self-isolate, requiring additional commitments of kinship support.

UK HEIs were in a difficult situation at the start of the pandemic, having to make rapid decisions in a very uncertain environment. This was a time of national, and in many cases, personal crisis, and university managements were faced with difficult choices. The degree to which the neoliberalisation and commercialisation of UK HEIs, with the shift of a funding model to give student fees primacy in the majority of institutions, is responsible is difficult to ascertain. However, UK HEIs did make strong pleas to the government to ensure that their funding, and by extension the continued employment of their staff, would be preserved. In April 2020, Universities UK (UUK), the "collective voice" of UK HEIs, made a direct appeal to the Chancellor, Rishi Sunak, asking for a government bailout. UUK noted that the sector was facing losses in the region of £790 million from accommodation, catering, and conference income, as well as additional spend to support students learning online, and the possibility of losing 100% of its international students who bring in £6.9bn in fees (Grove, 2020). UUK's request was detailed and comprehensive: a 100% increase in quality-related (QR) finding, shifting from 80 to 100% full economic funding of research, a return to student number controls, and access to the government's furlough scheme for university staff.

The government response was to reject the UUK bailout plan and to instead bring forward £2.6bn in tuition fees and £100 m in research funding, and allow universities to charge the full £9250 tuition fee regardless of whether teaching was taking place online or face to face (Adams, 2020). Notably, no aid was offered to fill the potential funding gap that would result in international students deciding not to study in the UK. The decision that many UK HEIs took to try and get as many students back onto campuses, and into university accommodation, may have been affected by this impending funding shortfall.

Summer 2020 saw a decline in COVID-19 rates across the UK, and the government expected the education sector to re-open, and announced that this would be the case. UK universities re-opening in September 2020 was haphazard across the sector and led to considerable chaos (Shadwell, 2020). The lack of planning and resultant chaos was all the more surprising as the US university sector had gone through pretty much the same steps with the same outcome in the preceding months (Williams & Yamey, 2021). UK HEIs responded to this chaotic, and unhealthy, situation in a range of ways, but the phrase that was often heard was "business as usual" which meant, in practice, moving back to face-to-face teaching, opening campus facilities: "keeping calm and carrying on". This chaos continued through the autumn term, with extensive protests taking place across university campuses as students vociferously, and creatively, campaigned against poor living conditions, poor access to resources and poor access to university facilities (BBC, 2020). This was on top of large numbers of students having to self-isolate due to COVID-19 infection. Many students were being charged rent in halls of residences for facilities they were unable to access due to COVID-19 restrictions. As one Manchester University student put it:

They brought us here for profit rather than our safety. … We've tried protesting and withholding our rent but the university won't respond to our demands with support. (BBC, 2020)

This situation, in late 2020, of student anger, ill-health, and frustration coupled to universities applying their "usual business" model forms the backdrop to the research that this paper presents. Whilst there has been extensive discussion of the damage that neoliberalism and new managerial practices have wrought in UK HE in recent years (e.g. Ball, 2012; Collini, 2012; Fleming, 2021; Holmwood et al., 2016; Nash, 2019; Smyth, 2020), the university itself is an under-researched site (Gusterson, 2017). Given the massive disruption, stress, and chaos caused in the UK HE sector, it is surprising that more research on UK universities in the pandemic has not yet emerged. Our paper, based on survey data collected in 2021, investigates staff experiences of this emergency shift to online and its consequence, but also looks at the almost equally rapid transition back to face-to-face teaching that took place in autumn 2020. To offer an understanding of such experiences, we turn to moral injury as the theoretical basis for our investigation.

Moral injury

Moral injury is a concept developed by psychiatrist Jonathan Shay (Shay, 1994, 2002) as a result of his clinical work with military personnel. Shay argued that clinical post-traumatic stress disorder (PTSD) diagnoses focused too much on specific episodes of traumatic events and overlooked the complex social and political elements of experiences of working in the military. Through his work with military veterans, he recognised a pattern in which individuals were describing being provided inadequate equipment to undertake their role safely and to the best of their abilities, being ordered to enter war zones when those giving the orders watched safely from afar, and being given an unreasonable distribution of duties. Shay suggested that such examples could be understood as experiences of betrayal by military or governmental leaders (Shay, 1994). Therefore, moral injury is not necessarily episodic and located in specific events or the witnessing of acts, rather moral injury and its impacts can be usefully understood as systemic failure and betrayal by those in positions of authority (Shay, 1994, 2014). More specifically, Shay defined moral injury as "A betrayal of what's right, by someone who holds legitimate authority (e.g., in the military – a leader), in a high stakes situation" (Shay, 2014, p. 183). Shay's definition posits that an individual's experience of moral injury is a normative response to the moral violation of an agentic and powerful other. Therefore, Shay (Shay, 1994, 2002, 2011) argued that social, relational, and institutional contexts were central to understanding moral injury and conceptualised moral injury as a normative response to the betrayal of an individual's understanding of what is right by a more senior/authoritative "other".

Whilst recent research into moral injury in military veterans has departed from Shay's original conceptualisation and moved to an understanding of Moral Injury as "perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations" (Litz et al., 2009, p. 697), this research draws on Shay's understanding of moral injury and takes inspiration from others who have used his ideas in the applied areas of healthcare workers (e.g. French et al., 2021; Gibbons et al., 2013; Williamson et al., 2020) and social care workers (Haight et al., 2017). Furthermore, Greenberg et al. (2020) suggested that the structural and resourcing implications of the UK healthcare system during the COVID-19 pandemic would likely result in frontline healthcare workers experiencing moral injury as the resources available to them are not enough for them to do all they can; we believe that same could be said for UK Higher Education. In addition, we believe that Shay's (1994) understanding of the betrayal of 'an assumption of fairness', where duties are unevenly distributed and those making decisions are removed from the realities

and dangers of the situations could prove fruitful in understanding UK Higher Education staff experiences of working through the COVID-19 pandemic, as it has been in a range of other settings (e.g. Currier et al., 2015; Haight et al., 2017).

Materials and methods

Survey rationale, methods, and sample

Our online survey was opened in January 2021 and ran until the end of March 2021. Given the constraints placed upon social researchers by the pandemic, but also following previous successful online surveys of UK academic staff regarding work and management (Erickson et al., 2020; Wray & Kinman, 2021), we decided that this platform would satisfy the needs of our research question which was:

> Did academics working in UK HEIs suffer Moral Injury in responding to changes in their work and working environments following the COVID-19 pandemic

Our questionnaire was comprised of nine topic-related questions, each of which included follow-up sub-questions and also invited participants to write in additional information. The topics we asked about in relation to the pandemic are as follows: if people have acted in ways they found difficult/uneasy; if people have acted in ways they felt compromised their moral judgement; if people have acted in ways they felt put their health and wellbeing at risk; if people have acted in ways they felt put their students health and wellbeing at risk; how supported they felt by their senior management team; if they felt betrayed by their senior management team; if they felt the government betrayed the HE sector; if they felt students health had been endangered; and if they think they have similar or different values to that of their senior management team. The questionnaire also collected demographic data including data on gender, age, ethnicity, pay grade, contract type, academic disciplinary area, name of institution, and trade union membership. Data was carefully checked and all identifying features in the qualitative write-in comments were removed prior to data analysis.

We disseminated the online survey using our own social media accounts, snowballing via personal and academic contacts, and through the University and College Union (UCU) and the Times Higher Education (THE) both including the link to the survey in their social media feeds. Participants self-selected and all participation was entirely voluntary, anonymous, confidential, and unrewarded.

In total, we received 663 fully completed responses to the online survey and 658 of the respondents added comments into each of the seven additional comments free text boxes positioned throughout the questionnaire. The quantitative data was analysed using SPSS and the qualitative data was analysed using thematic analysis (Braun & Clarke, 2006). As 658 respondents added comments into all seven free-text boxes, data was compiled and analysed as a full data set (whilst retaining demographic information to offer context to the reader) rather than attempting to offer a case-by-case analysis on such a large qualitative data set in a similar light to previous largescale online qualitative research (e.g. Erickson et al., 2020). The qualitative data was then analysed using Braun and Clarke's (2006) six stages from which five major themes were generated and are reported on in this paper. These major themes were the absence of senior management through the pandemic, compulsion to carry out tasks one was opposed to, betrayal of staff by senior management,

shame and guilt as a result of performing actions one was opposed to, and lack of care and concern shown to staff by senior management. As the qualitative data was analysed as a full data set it is not appropriate to attempt to quantify this data, rather we offer the quantitative data analysis to offer the overall attitudes expressed with the qualitative data providing an account of the understandings, complexities, and nuances of the participants experiences.

Sample

A total of 663 complete questionnaires were received across the survey period (January to March 2021). Our sample showed a strong gender disparity (Table 1):

The sample was also predominantly white (64.8%) with 86.5% responding no to the question "do you identify as disabled" and 70.5% stating they was on permanent full-time contracts, with 73.1% earning over £40,000 p.a. A good range of disciplines were represented in the sample, fairly evenly split across the three main categories (Arts and Humanities 27.4%; Social Sciences 36.6%, STEMM 25.0%) with a further 4.9% representing Professional Services and 6.1% selecting "other".

Results

Quantitative

Our questionnaire asked two key questions regarding moral difficulties and challenges faced by academic staff that we used as prompts to elicit further qualitative comments.

In your work during the course of COVID-19, have you acted in ways that you have found difficult or have made you feel uneasy?
Yes 69.5%
No 30.5%
During the course of COVID-19, have you acted in ways that you feel have compromised your own moral judgement?
Yes 37.8%
No 62.2%

The majority of participants in our research felt that during the course of the COVID-19 pandemic, they had acted in ways that put their own health and wellbeing at risk (see Fig. 1). Of those who had acted in ways that put their health and wellbeing at risk, they believed that their senior management were the most responsible for them acting in such ways, followed by the UK government. Indeed, under 10% believed they were personally responsible for acting in ways that put their own health and wellbeing at risk (see Fig. 2).

Table 1 Participant gender

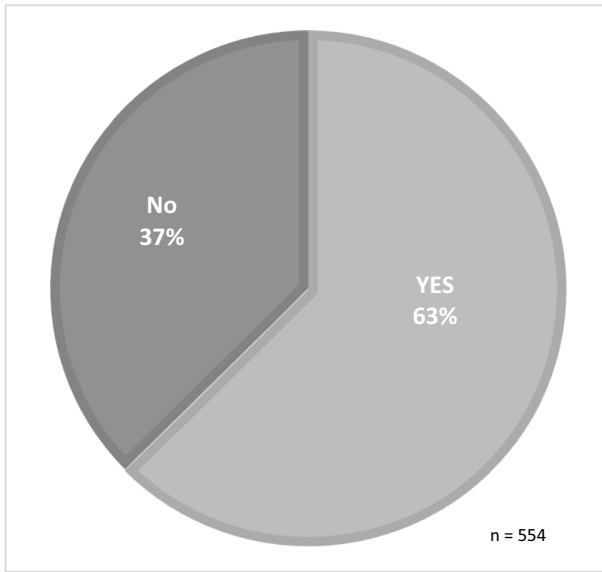|	
Identify as male	39.1%
Identify as female	55.6%
Identify as non-binary	1.1%
Prefer not to say	4.1%

Fig. 1 During the course of COVID-19, have you acted in ways that you feel have put your health and well-being at risk?
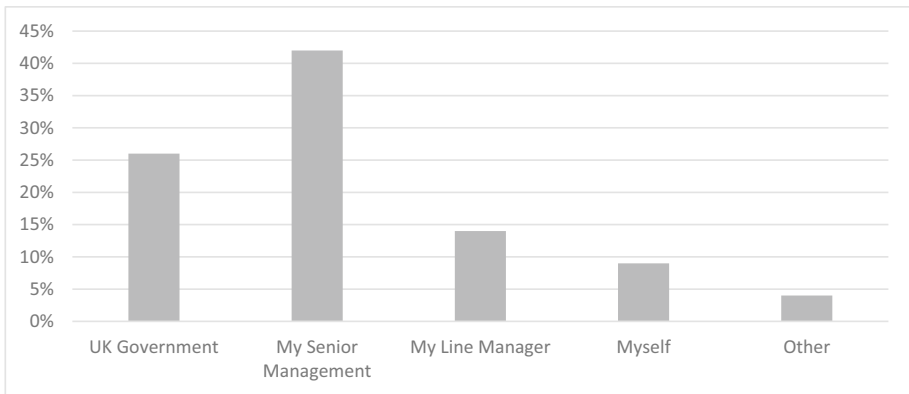

Fig. 2 Follow-up—Who do you think is responsible for this?

Senior managers in general did not receive a positive evaluation in the survey: 67% said they did not feel supported by senior management through the pandemic, and 61% said they felt betrayed by senior management. However, the UK government was also considered to be at fault: 80% of participants said that the HE sector had been betrayed by the government in the pandemic.

Qualitative

Absence of leadership

As highlighted above, Shay (1994) suggested that people can experience moral injury through the betrayal of "an assumption of fairness" when leaders and decision makers are removed from the realities and significant dangers of working on the "front line". Such an understanding resonated throughout the accounts of participants in this research. As the following participant notes:

> Decisions which sacrifice people's health and well-being are being made by a class of senior managers who do no teaching and make all of these decisions while working safely from home. At my institution they have adopted "following government advice" as a mantra to a truly deranged extent, showing no capacity for independent judgment. They continue to earn huge salaries for supposedly making "hard decisions" while effectively just waiting around for instructions from someone some. [Male, 35, white, £30-39k FT permanent]

The above extract can be understood as an example of the ways in which academic staff felt that they had to sacrifice their health, wellbeing, and safety, whilst those in leadership, authority, and power made such decisions from a position in which their safety was not at stake. Such a betrayal of "an assumption of fairness" has been highlighted in military research (e.g. Schorr et al., 2018) where veterans reported feelings of distress and conflict at being ordered into war zones by those removed from the situation. Furthermore, Walton et al. (2020) suggested that in the medical arena, being visible "on the ground" as a leader during the pandemic was essential; however, in the above account, the senior management team were "working safely from home". This notion of those making decisions being absent was reflected by others:

> They have been distant and or invisible. it has become much more of an us and them culture than previously. They are unaccountable to staff. [Female, 48, white, £50-59k, full-time permanent]
>
> HE management appears to have little understanding of what is happening at the chalk face, and doesn't seem to care so long as their snouts are in the trough. [Non-binary / 3rd gender, 55, disabled, white, £40-49k, full-time permanent]

In addition, throughout our participants' accounts, many offered their understandings of the reasons for such abandonment being linked to the marketisation of UK Higher Education, in particular a metrics-driven culture which disconnects senior management teams further from the reality of working "on the front line" with those in power understood as self-serving or accolade chasing (Currier et al., 2015). Senior management were described as detached from their staff and also from the concerns, experiences, and needs of the student populations as shown in the following comments:

> I think UK HE management are smart enough to know that encouraging people from different households to meet indoors is dangerous during a pandemic. But they chose to turn a blind eye because they feared the financial consequences of closing campuses and keeping them closed. [Male, 53, white, £40-49k, full-time permanent]
>
> I would like HE management to come and see what it looks like to teach in person during a pandemic. I would like them to read through the emails I get from students about their struggles. I would like them to be more compassionate, more human, and

more caring towards not only students but their staff, many of whom (like myself) are suffering psychologically during this difficult time. Instead what I hear from them is negative feedback about student satisfaction and NSS. [Female, 33, white, £40-49k, full-time permanent]

Betrayal

In Shay's (1994) conceptualisation of moral injury, he describes the betrayal of "the fiduciary assumption" in which there is, or at least should be, a duty of care by individuals in positions of power and authority as military personnel hold their lives in the trust of those in charge. Furthermore, organisational trust has been defined as "an individual's expectation that some organised system will act with predictability or goodwill" (Maguire & Phillips, 2008, p. 371) and thus this section explores the ways in which participants in this research understood their experiences through the betrayal of "the fiduciary assumption" and the erosion of trust in universities acting with "predictability and goodwill". As the following comment:

> They have betrayed staff and students - I think this has destroyed any trust staff had in their senior management. [Male, 64, white, over £60k, full-time permanent]
> Up until Covid I believed in the community of values espoused by my employer. But now I know it was all rhetoric. A management that seeks to uphold student experience by exposing its teaching staff to a serious virus is morally bankrupt. [Male, 54, white, over £60k, full-time permanent]

In these two quotes, the betrayal of shared trust (Layland, 2018) between academic staff and senior management teams is central to their understanding of working through the pandemic. Such accounts can be understood similarly to that of Schorr et al. (2018) in which their participants described experiences of betrayal from those in positions of power as a result of their failure to uphold the expected moral duty by "exposing staff to a serious virus" to "uphold student experience" and thus denying any sense of goodwill or altruism and violating the values of academic staff and those promoted by universities.

In a similar light, the following quote highlights the erosion of trust, inhumanity, and sense of betrayal felt by HE staff in relation to their senior management teams:

> To say that it has been shambolic would be to praise it too highly. It has revealed precisely the venality, nihilistic cynicism, and basic inhumanity of HE senior management, the lily-liveredness of the VCs (who have done fuck all to put pressure on the government, because they are much more concerned with their own personal ambitions). [Male, 47, white, £50-59k, full-time permanent]
> The centralization of decision-making over teaching upset me greatly, as it rode roughshod over academics' own professional views, autonomy and pedagogy. I did what I could to ameliorate this, but I know it was not enough. [Male, 44, white, over £60k, full-time permanent]

For these individuals, the loss of trust in their senior management teams could be understood as similar to that identified in healthcare staff through depersonalised "cynicism" and emotional exhaustion (Hall et al., 2016). Thus, in these accounts, participants' experiences can be understood as "intentional violation of expectations" which are argued to be necessary in perceptions, understandings, and experiences of betrayal (Elangovan & Shapiro, 1998).

However, it was not only the erosion of trust and sense of betrayal academics felt in relation to the dealing of the pandemic, but rather HE staff identified the ways in which the pandemic had been used by some universities to drive through restructuring and redundancies:

> At one level, the Vice Chancellor has been effective in terms of immediately out-lining the impact on the university of government pronouncements. At the same time, the decision to continue with a possible 145 redundancies during this period is wholly demoralising, even though I [am] not yet directly affected. [Female, 68, white, £30-39k, full-time permanent]
> University made redundancies so as research staff we now have to pick up teaching and supervision of undergrad and Master students because the university doesn't want to hire additional HPLs [hourly paid lecturers]. I have a perm[anent] contract which really means nothing. I am constantly fearful of my job and I am micromanaged like I have never experienced before. There has been a consultation almost every month since the first lockdown and they are slowly chipping away at staff. [Female, 32, white, £40-49k, full-time permanent]

Finally, others see the systemic nature of betrayal residing in not only senior management and the government, but rather all stakeholders within the HE arena through the construction of academics as separated from the pandemic or protected from the risks of the pandemic in a similar light to that of healthcare staff (e.g. French et al., 2021):

> There's no consideration for the fact that we are human beings living through our first pandemic too. Nobody cares that we are also carers, parents, shielders, struggling with mental health, battling other health conditions, working in inappropriate spaces and so on. One colleague is the course leader for a degree that has been heavily affected by covid and has been dealing with a teenage child with a brain tumour, and two parents who are in extremely ill-health. None of that has been taken into consideration by management, government, media or students. We lost our humanity the moment the Government failed to treat HE with respect. [Female, 31, disabled, white, £40-49k, full-time permanent]

Compulsion

In addition to participants reporting an absence of leadership and feelings of betrayal from their SMTs and the government, our research identified participants describing feelings of compulsion to act in ways which put their lives at risk. As the following comment:

> I have type 1 diabetes and other risk factors, which mean that any infection is problematic for me. The university insisted that I teach face-to-face because, against their own risk assessment, they deemed me 'not at risk'. I felt like my life did not matter to the university – like a lamb to the slaughter. [Female, 48, white, £50-59k, full-time permanent contract]
> I am classified as extremely vulnerable to COVID. It was made as difficult and unreasonable as possible for me to teach from home…The University is fully aware that I nearly died of a lung infection in 2019 and have chronic conditions that mean that I am extremely vulnerable to Covid. They just do not care. [Female, 48, disabled, white, £40-49k, contract type = 'FTE']

> Morally it felt entirely inappropriate to support on campus events, I wish I had continued to refuse to work the events but felt pressured to and that I was being obstructive and difficult, causing a lot of upset and tension. I feel like my institution, senior management and management have no care or concern about the moral implications of their decisions and ignore any impact they have on staff. [Female, 26, white, £30-39k, full-time permanent]

In the above extracts, participants described the ways in which their individual health concerns and pre-existing health conditions were overlooked or ignored by university "risk assessments". As a result of this, academics were forced, or compelled, to come to their place of work to deliver face-to-face teaching despite their own judgement and moral inclinations suggesting that this was not the course of action they would like to take. Confronting a stark reality through the suggestion that they felt their "life did not matter to the university" and that they understood their action of attending face-to-face as being like sending "a lamb to the slaughter", the experiences of UK HE staff during the pandemic can be understood through the notion of "betrayal by institution" in which soldiers were not seen as individuals but rather as "tools" (Farmer & Bessa, 2011) and has also be identified in the accounts of NHS staff during the pandemic (French et al., 2021). As the following participant comments, such a realisation can be very difficult on a moral and emotional level:

> The realisation that your employer has no problem putting your life, and that of students, on the line in the interest of money is a chilling one. I, as well as many colleagues, have been left scarred and with long term health issues. [Female, 40, disabled, white, £40-49k, full-time permanent]

In addition to the moral conflicts associated with individuals feeling compelled to act in ways (largely attending campus and teaching face-to-face) that put their own health at risk, participants in this research also reported the strategies universities adopted to compel staff to engage with face-to-face work despite their concerns for their health, or the health of their students. One such strategy was the implicit and explicit threats to their employment status. As the following note:

> I was forced to attend work when not feeling safe, with Gov not taking decisive action and Senior Management holding the threat of redundancies over our head. [Female, 44, white, less than £20k, part-time permanent]
> Being compelled under threat of disciplinary action to take a long public transport journey to teach on campus, thus exposing myself to Covid infection risk during lockdown in November [2020]. [Female, 53, white, £50-59k, full-time permanent]

Frequently in our data, academic staff describe experiences which can be understood as the explicit compulsion to act in ways which they deem to be ethically inappropriate, often repeatedly, and thus "moral distress" is likely to be central to their experiences of working through the pandemic (Lamiani et al., 2017).

In addition, the concept of "COVID-secure" university campuses was another strategy participants in this research highlighted as another form of compulsion. As the following extracts highlight:

> I taught in person labs while many students were falling ill. The propaganda was we were covid secure. Nonsense. [Male, 58, white, £50-59k, full-time permanent]
> A campaign was created to make us feel "safe" - such as claims that all teaching would happen at a distance in well ventilated rooms. When I arrived in such a room

(small window, single door, no possibility of draughts) I quickly realised there was no chance the room wouldn't be quickly contaminated. I raised these issues with my HoD who felt powerless to resist senior management in this case. [Female, 32, white, £40-49k, full-time permanent]

Dishonesty and lack of transparency resonates throughout the above extracts in relation to the safety of university campus environments in the pandemic and can be understood as being more than just poor management: a betrayal of trust, deception (Ann Feldheim, 2007), and compulsion to attend university campuses though "propaganda" promoted a "safe" environment. Such accounts are similar to that of French et al. (2021) who argue that individuals experience morally injurious betrayals when safety equipment is inadequate. Furthermore, through the insistence of "COVID-19 secure" workplaces, it can be understood that staff experienced the messages from senior management teams as the intentional violation of what is right by insisting it was safe and/or the lack of desire to challenge the government in their messages around COVID-19 safety (Caldwell et al., 2009).

Affective responses

As alluded to in the above, to experience feelings of abandonment, betrayal, and compulsion can have psychological and emotional impacts. Existing research into moral injury highlights the ways in which experience of moral injury evoke feelings of guilt, shame, anger, and depression (Richardson et al., 2020). Indeed, in their single case account of a precarious academic worker, Hadjisolomou et al., (2021, p. 9) quote "Steven" as saying "Thinking of my situation back then, I blame myself for agreeing to continue working while sick and not proceeding with the necessary arrangements to receive statutory sick pay in order to not inconvenience my line manager and the department". In this final theme, our research highlights how feelings of guilt, shame, and anger were central to the experiences of UK HE staff working throughout the pandemic. Such feelings tended to be experienced when staff had been compelled to ensure students returned to campus to attend face-to-face teaching despite the judgement of the student, and often member of staff, suggesting that such action put them at unnecessary risk. As the following comment:

I have felt ashamed having to tell students that they must attend university in person despite their legitimate concerns. [No data other than Roma, salary £50-59k, full-time permanent]

I believe that by continuing to provide in person sessions, I clearly put students at risk simply by not discouraging them from attending, even though it clearly isn't safe. [Male, 34, white, £30-39k, full-time permanent]

Such accounts can be understood as being similar to those highlighted by Young et al. (2017) in which individuals struggled on a moral and emotional level to engage in activities which were known to put others at risk or the provision of care is restricted. In addition, inaction to stop or change the situation students were faced with on the part of the participants appeared to add to this sense of guilt and shame. As the following comment:

The face to face teaching hours - we were told students needed it for mental health challenges. I don't think we should have allowed students to come in the first place -it was a financial decision. And we are all implicated. We should have gone on strike. We didn't. [Non-binary / 3rd, 48, white and Black African, £50-59k, full-time permanent]

I was unable to persuade senior management to protect students' interests. I should have resigned and gone to the press, but I did not. [Female, 59, disabled, white, £30-39k, part-time permanent]

Finally, some academic staff also experienced situations that could be understood as morally injurious due to feeling that they were potentially the carriers of COVID-19 and could have been passing it on to their students through their in person contact:

I went in to teach in person, but even if I was wearing a mask and a visor, rooms were not properly ventilated and safe distance was not always possible. It is possible I was an asymptomatic carrier of the virus and passed it on to students. [Male, 40, disabled, white, £40-49k, full-time permanent]

Discussion

"Moral injury destroys trust in the immediacy of an event, but also destroys the capacity for trust going ahead" (Shay, 2014).

In this article, we have explored the experiences of UK Higher Education staff working during the COVID-19 pandemic, and to facilitate this we turned to the theoretical concept of moral injury (e.g. Shay, 2014) as this has proved fruitful in a range of workforce research (e.g. Haight et al., 2017). More specifically, moral injury has recently been proposed as a useful framework to understand healthcare staff experiences of working during the pandemic (e.g. Greenberg et al., 2020) and we argued above that there could be synergies between the situation facing healthcare staff and academics (e.g. under resourcing; fears for health) during the pandemic. Drawing on data from over 600 academics in the UK, this paper has offered an original contribution to knowledge by exploring how UK academics experienced absences of leadership, feelings of betrayal, and feelings of compulsion to act in ways they would have rather not. Combined, these issues which are central to understandings of moral injury resulted in affective responses which we understand here in relation to feelings of guilt, shame, and anger, leading ultimately to poor mental health and wellbeing.

This research comes at a time when UK academic staff have now returned to campus to be greeted with further cuts to pay and pensions, inequalities in pay distribution, and increasing casualisation in the workforce (UCU, 2022). Furthermore, the COVID-19 pandemic came at a time marked by serious dissatisfaction with senior management teams by UK academic staff (Erickson et al., 2020). Thus, coupling the UK Higher Education context with our findings, we suggest that far from utilising the pandemic as a "springboard" to instigate change in Higher Education, senior management teams would do well to take seriously the concerns of academic staff highlighted in this paper and to start to try and rebuild trust. Morale in the sector remains very low. Recent research by UCU (a survey of over 7,000 academic staff) found that "two-thirds of respondents – 66% – said they were likely or very likely to leave the university sector within the next five years because of pensions, pay and working conditions. This figure rose for younger members of staff, with 81% of those aged between 18 and 29 saying they were likely to leave the sector" (ITV, 2022).

Therefore, despite the past 10 years having seen the drive for universities to offer "wellbeing" services, mindfulness apps, and other individual-focused interventions to staff, our findings and those from the UCU survey highlight a far more troubling picture for UK

Higher Education which is not, and perhaps cannot be, resolved through "resilience" training and further individual interventions (Taylor, 2019). Whilst we are not suggesting that individual interventions are ineffective, we are suggesting that the perception of absent leaders, feelings of betrayal, and feelings of compulsion to act in ways they would have rather not require a series of different approaches to move forward positively. Our findings highlight that there is a need for some level of "moral repair" in the HE sector which could usefully include the desire to generate mutually agreed reparative action (Shale, 2020) rather than more top-down initiated individualised staff "interventions" such as resilience training or wellbeing apps. Such an approach will require a genuine engagement with a common goal on both sides (management and staff) to move beyond a culture of fear and blame to one of safety, as has been suggested in the NHS context (French et al., 2021). If such collective and collaborative action is not taken soon, UK HE may well realise the reality of the desire of many staff to leave Higher Education, of which the implications for institutions and future generations are considerable.

This research has been undertaken with the specific context of the COVID-19 pandemic which represents an unprecedented historical period characterised by an increased threat to life, periods of national lockdowns, and broader psychosocial stressors. However, whilst we cannot extrapolate our findings beyond the context of the pandemic in the UK, it is possible that moral injury could be usefully applied to understand HE staff experiences of work as we move to a post-pandemic society internationally, and indeed could have usefully been applied pre-pandemic given existing evidence of a lack of trust in senior management at universities for many years (e.g. Elton, 2008). Therefore, we would encourage future research to further develop the focus of HE staff experiences through a moral injury lens as we move forward into a post-pandemic phase which has already seen to removal of regular COVID-19 testing and raised questions regarding the obligation to attend work if individuals suspect they have COVID-19. In addition, by asking directly about individuals' perceptions of the senior managers without defining who senior managers are, or indeed excluding senior managers from this research, little can be said from our analysis regarding the possibility that moral injury could be central at all levels of the Higher Education hierarchy in the UK and internationally. For example, in our data, there were accounts of individuals occupying management positions feeling guilt and frustration at having to force members of staff to undertake activities they deemed unsafe; it might be that moral injury is distributed across the Higher Education workforce.

As the UK Higher Education sector employs circa 223,525 (Mantle, 2021), this research reporting on the experiences of less than 700 self-selecting academics does not offer a representative sample of all UK HE academic staff. In addition, we would like to note here that as this sample was self-selecting, we could expect that individuals with more positive experiences of working through the pandemic may have been less likely to participate given the focus of our research. However, as one of the first pieces of research exploring HE staff experiences of working in UK HE through the COVID-19 pandemic, we suggest here that future research into academic staff experiences through the lens of moral injury could prove fruitful going forward in the UK and internationally, with this paper offering just the first contribution to an unexplored field of work. Additional research in this area would facilitate a deeper understanding of the complexities with the field and further explore the efficacy of individualistic "solutions" to staff wellbeing (e.g. mindfulness sessions for staff; wellbeing apps) given the systemic issues we have highlighted in this paper. As a result of these issues, we conclude this paper with the suggestion that if universities are to take seriously the mental health and wellbeing of their workforce, they need to look

to the systemic issues facing staff and engage in dialogue with staff and unions to develop collective and agreed reparative action.

Declarations

Conflict of interest The authors declare no competing interests.

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