Current Psychological Distress and Coping Strategies Reported by University Staff In Reaction To The Covid-19 Pandemic

By

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DECLARATION

I declare that *"***Current Psychological Distress And Coping Strategies Reported By University Staff In Reaction To The Covid-19 Pandemic**" is my own work, and that all sources have been indicated and acknowledged by means of complete references.

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Date: 14 JUNE 2023

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Dedication

This work is dedicated to my children, Nyasha, Chipo and Kev,

“What sets you apart can at times feel like a burden, it’s not. A lot of the time, it’s what makes you great”.

Emma Stone

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I wish to thank and acknowledge the following people who made this journey possible,

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2. OOTau, Sebata, Phofoolo, OoNtusi, Gavu kaMbangweni, OODontsa my root.
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ABSTRACT

The COVID-19 pandemic and the subsequent disruptions brought about by the implementation of non-pharmaceutical interventions, provide an unfortunate but useful opportunity to explore employee wellness in response to a crisis, within the Higher Education context. COVID-19 lockdowns meant that university students could no longer access conventional learning through physical attendance at lectures. In response, university staff had to contend with a number of changes to their work environment. These included adapting teaching, learning, and assessment methods to an online platform, which led to changes in job roles, expectations, and increased workload for both academic and support staff. The focus of this research was to explore correlations between the current psychological distress that university employees are experiencing and their recalled coping strategies and sense of coherence in response to the COVID-19 pandemic. A mixed-method approach using a survey design was used. Surveys were completed by 171 university academic and support staff using the SA CORE-10 and BRIEF Cope, as well as qualitative questions. Results demonstrated that higher levels of current psychological distress correlated positively with avoidant coping strategies, particularly in academic staff as opposed to support staff, while more adaptive coping strategies tracked with a sense of coherence.

Keywords: Salutogenesis, Psychological Distress, Coping strategies, Sense of Coherence and South African University Staff, Mixed-method design, University Staff, COVID-19 Pandemic

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1. Introduction

This research project was conducted to better understand the current experiences of psychological distress and the past coping mechanisms used by university academic and support staff recalled in response to the COVID-19 pandemic. Academic staff refers to staff directly involved with teaching students such as lecturers. Support staff refers to staff who offer a supportive role such as administrative staff or IT support. The Covid-19 pandemic and the subsequent disruptions brought about by the implementation of non-pharmaceutical interventions in the form of social distancing, wearing of masks, handwashing, and closures, provide an unfortunate but rare opportunity to explore employee wellness in higher education. This study uses positive psychology as a theoretical framework for guiding the research questions and methods and contextualizing the resultant findings. In this first chapter, the reader will be introduced to some of the contextual issues, important in understanding the impact of the COVID-19 pandemic on South African university academic and support staff members. These will include a description of the global and national response to the Covid-19 pandemic; the impact of these responses in terms of changes to teaching and learning in higher education, contextualizing these changes in higher education teaching, in terms of work-life balance, alongside personal experiences of grief and loss due to COVID-19 and serial post-traumatic stress in the South African population. The chapter concludes by explaining the concepts of psychological distress and coping strategies as defined in current literature.

1.1. Global response to the COVID-19 Pandemic

The World Health Organization (WHO) declared the novel coronavirus (COVID-19) outbreak a public health emergency of international concern on 30 January 2020, and on the 11$^{th\ of}$ March 2020, it declared the outbreak a global pandemic (Adhanom, 2020). This had a devastating impact on the world, as commerce, education, and civic life were disrupted by the

lockdowns that various governments throughout the world implemented to protect their populations (WHO, 2020). This led to the disruption of the everyday lives of ordinary people, who for some faced for the very first time, food insecurity, the possibility of economic strife, and struggled with fear and loss on an unprecedented scale (Allain-Dupre, 2020). This contributed to high levels of psychological distress that are unknown outside of war zones and politically unstable parts of the globe (WHO, 2020a; Allain-Dupre, 2020). In response, the global community scrambled to institute measures to protect its citizens, united by the reality of the fragility of human lives, and the systems that run our lives, against an invisible, airborne enemy (Barua, 2020; Allain-Dupre, 2020).

The impact on the health systems of different nations was equally if not more devastating, necessitating collaboration between nations on policy, research, and development (Barua, 2020). As the world scrambled to develop a vaccine for the SARS-COV-2 virus, governments across the globe implemented non-pharmaceutical interventions (NPI's) such as the wearing of masks, handwashing, social distancing, and lockdowns which affected every aspect of life (Le et al., 2020;Perra, 2021).

1.2. South African response to the COVID-19 Pandemic

South Africa like most countries, prioritised the implementation of non-pharmaceutical public health interventions to control the spread of the virus. On the 23rd of March 2020, a nationwide lockdown was announced by the president of the Republic of (President of Republic of South Africa,2020). The national lockdown included the institution of school closures, stay-at-home orders, and social distancing amongst other interventions. Policymakers implemented these public health interventions via a nationwide state of emergency that included lockdowns and other restrictions on movement, effectively shutting down the economy (Government Gazette, 2020). The public health interventions intended to slow the spread of the virus continued for over a year and brought about the disruption of

learning and teaching at universities and schools in South Africa, particularly from March 2020 to December 2021 (Alon et al., 2020).

Because South Africa is considered a developing country (Bakari, 2017) it stands to reason therefore, that the impact and disruption to higher education caused by these measures would emphasize the economic hardships South Africans were already grappling with and serve to widen the socio-economic gap between the haves and the have-nots even more (World Bank, 2021).

In South African universities specifically, various factors impacted the coping strategies utilised by staff in response to the COVID-19 pandemic and their current experiences of psychological distress. These factors include changes to teaching and learning which impacted on work-life balance; personal experiences of grief and loss due to COVID-19 and post-traumatic stress.

1.3. Changes in Teaching and Learning

In responding to the lockdown restrictions of the COVID-19 pandemic, South African universities immediately shifted to online learning. Studies conducted pre-COVID-19 on e-learning had focused on the importance of learner motivation and readiness during implementation; as well as outlining problems of access to e-learning resources that were aggravated by a lack of infrastructure (Guglielmino & Guglielmino, 2003; Watkins et al., 2004). Neither of these challenges had been addressed in the South African higher education landscape at the time. The issue of learner access continued to be negatively impacted by infrastructure underdevelopment and socio-economic factors that limited or blocked access to technology for students, this included a lack of data, laptops, and internet connectivity (Letseka, Letseka & Pitsoe, 2018).

South African institutions that are traditionally residential universities scrambled to implement distance learning approaches as necessitated by the shift to online learning and teaching (Mpungose, 2020). In response, academic staff experienced considerable pressure to adapt their teaching methods, material, and assessment procedures to an online platform under the most stringent time constraints (Ananga, 2020). Academic staff soon realised that learning and teaching content developed for a classroom environment, or an interactional instruction method was different from the approach followed in e-learning (Bernard et al., 2004). Teaching being primarily an interactive process, the use of technology and its efficacy, needed to be assessed in terms of the instructional method and content of instruction (Clarke, 1994).

Academic staff were tasked with adapting their teaching material, (itself a laborious and experimental process), to be responsive to the new online learning conditions. Academic staff found themselves facing the challenge of not only designing instructional material but also addressing individual characteristics such as having to adapt their attitude and flexibility, knowledge of learning technology, and teaching style (Al Qahtani & Rajkhan, 2020). It is, therefore, to be expected that employees, familiar with a set job description and expectations, responded to this added and unfamiliar responsibility of developing a new skill set and meeting previously non-existent expectations with considerable stress and anxiety (Wang et al., 2020).

Advancements in technology, which include the availability of synchronous applications, though hypothesised to have a more favourable outcome, do not preclude the importance of other factors that are considered superior to the interactive instructional method (Bernard et al., 2004). Meta-studies conducted to explore the differences between classroom instruction and e-learning indicate that interactivity is primarily the role of the

teacher as they participate by establishing, maintaining, and guiding interactive communication (Bernard et al., 2004).

South African academic and teaching staff, therefore, had the added responsibility of ensuring pedagogical effectiveness by developing instructional skills that would be suitable for this medium and maintaining learner motivation. It makes sense that what followed was a reduction in employee engagement and consequently, employee well-being experienced by academic staff as they faced the struggle of maintaining student motivation while managing their adaptation during this transition (Byrne & MacDonagh, 2017). Support staff was also impacted by the additional responsibilities that came about as a result of managing the university's administrative processes online and training for the use of online platforms (Agasisti & Soncin, 2021).

The effect on academic and administrative or support staff, overall, was an immediate increase in workload, as learners continued to experience problems adjusting to new online teaching methods with little preparation and a lack of infrastructure to support this shift (Aboagye et al., 2020). While there isn't documented evidence, it's likely that this enormous adjustment coupled with increased, unfamiliar work expectations, led to increased stress and pressure, and loss of staff motivation (Kulikowski, 2021).

1.3.1. Work-life Balance

A second, considerable change for university staff in response to the COVID-19 pandemic, was a shift in work-life balance. Work-life balance refers to the ability to effectively balance work demands and those of family or life outside of the context of work (Guest, 2002). Greenhaus et al (2003) define work-life balance as consisting of three important elements: i) time balance; ii) involvement balance and iii) satisfaction balance. Time balance refers to an equal amount of time devoted to work and family roles. Involvement balance refers to an equal level of psychological involvement in work and

family roles. Satisfaction balance is defined as an equal level of satisfaction with work and family roles.

The closing of workplaces, schools, and childcare services during the Covid-19 pandemic resulted in a unique situation where parents and children were at home together full-time or for large parts of the day. Working parents also took over teaching oversight responsibilities with their children, in addition to their formal work responsibilities. These changes had an adverse effect on the involvement balance element of the work-life balance of working parents (Greenhaus et al., 2003), resulting in a marked change in how families had previously managed their time balance, with a spill-over from one role (parent/teacher/employee) into another (Guest, 2002). Satisfaction balance was also impacted as the ability to switch off and dedicate time to one specific role became more challenging. This must have been especially difficult in the case of employees who did not have the luxury of office space at home as they were probably unable to have a dedicated workspace (Guest, 2002).

Guest (2002) notes that work-life balance is further impacted by determinants on the individual, organisational, and home/cultural levels. University staff members had to contend with specific factors that exist at the organizational level within university settings such as job demands including the culture of work and policies and procedures that promote work-life balance in the organisation. It is likely that, attempts by universities to meet and cater to the needs of their student bodies and the unprecedented challenges brought about by the pandemic would have presented some unique challenges. On an individual level, university staff were expected to play the role of a full-time parent to their children who were now at home whilst carrying out the responsibilities of a full-time employee. Attempting to balance these two roles and the negative spill-over would likely have generated some psychological distress and negatively impacted work-life balance.

On a home or cultural level, it seems that women academics were significantly impacted by the COVID-19 pandemic in terms of work/life balance. Research conducted as part of the COVID Academic Research Study reported a profoundly negative impact on the academic work of women academics during initial COVID lockdowns (Jansen et al., 2020) In this study women in heterosexual relationships tended to resort to more traditional family roles, including child-rearing responsibilities during lockdowns. This would then imply that over and above the normal workload; women academics as opposed to men experienced a decrease in academic productivity. The negative impact of e-learning on students has been well documented however the impact it has had on women academics has not been given much attention. Research suggests a link between e-learning and women academics becoming overworked as they reached out to assist at-risk students by taking on a more nurturing role (Jansen et al., 2020). This appeared to lead in some cases to increased academic guilt as women academics battled to resolve this conflict between achieving a healthy work-life balance, academic productivity, and supporting at-risk students.

While less research has focused specifically on support staff in higher education Wang and colleagues (2020) suggest that increased work-family conflict was associated with higher monitoring of employees' performance at work and general workload during the COVID-19 panic. Taking all these findings into consideration it seems likely that both university academic and support staff work/life balance may have been profoundly impacted by the COVID pandemic due to the disruptions it brought about to the workplace.

1.3.2. Grief and Loss due to COVID-19

Like most South Africans, university staff have witnessed colleagues, students, and society at large infected, suffering and in some cases succumbing to the COVID-19 virus. Research suggests that this grief and loss and the constant heightened state of awareness and fear, have had a devastating toll on peoples' mental health due to the depletion of their coping

resources (Wallace et al., 2020; Mortazavi et al., 2020). According to Wallace et al. (2020) the scale of losses in terms of human lives that were experienced during the pandemic led to many individuals experiencing anticipatory grief as they feared when the spread of the pandemic would reach their communities, families or themselves.

Every community has its own rituals and practices of providing social support to those that are grieving. One of the consequences of the COVID-19 lockdowns was the restricted access to the bodies of loved ones who had lost their lives as a result of a COVID-19 infection (Government Gazette, 2021). The inability to carry out and enact typical grieving practices due to the restrictions imposed during lockdown may have led to disenfranchised grief as individuals felt that they were not allowed to follow mandated and accepted rules of society (Zhai & Du, 2020).

In many communities the impact of travel restrictions, banning of night vigils and other restrictions on funerals meant traditional mourning rituals could no longer be carried out, disrupting the grieving process, and restricting the grieving family members from moving on (Government Gazette, 2021, 2022). This is because some hold the belief that carrying out certain grief or burial rituals allowed for the "misfortune" to be removed from the family of the deceased and protects survivors from death (Nwoye, 2005). It must be noted that many Black South Africans struggled to adhere to government regulations and continued to act in opposition to government regulations thus leading to funerals being termed "super-spreader" events (Kgadima & Leburu, 2022). An inability to carry out these important rituals may likely have had a powerful impact on peoples' mental and psychological health (Nwoye, 2005). This may have been further exacerbated by the social isolation many experienced which resulted from lockdown restrictions on movement. For example, the inability to accompany loved ones to the hospital also interrupted the natural grief cycle for many, increasing the likelihood of developing complicated grief. (Mortazavi et al., 2020). This

important personal and social factor certainly impacted on the mental health and coping strategies of university employees as they navigated their new work conditions during the COVID-19 pandemic and lockdown.

1.3.3. The impact of Post-Traumatic Stress Disorder

It's important to remember that the COVID-19 pandemic represented yet another threat to a South African society already affected by generations of serial collective trauma (Atwoli et al., 2013). Most South Africans still contend with the far-reaching psychological, social, economic, and political consequences of the legacies of colonialism and Apartheid governance, which some researchers suggest has left many with complex post-traumatic stress disorder (PTSD) as a result of prolonged, repeated exposure to traumatic events across generations (Naidu, 2017). The COVID-19 pandemic has exacerbated this traumatic history many South Africans still contend with daily, leading to poor mental health outcomes and alerting us to the impact of the social determinants of post-traumatic stress in a vulnerable population (Naidu, 2020). In addition, the South African population is exposed to a high crime rate leading to exposure to daily incidents of robbery, rape, gangsterism that result in increased levels of trauma exposure on a daily basis (Weingarten, 2003; Atwoli et al, 2013).

This would have presented in several different ways for university academic and support staff members depending on their job requirements and the socio-economic conditions that they were living in. Employees who were considered frontline staff, were required to come into the office to ensure the continued smooth running of the organisation as the conditions of their job description prevented them from carrying out their responsibilities remotely (Magnavita, 2021). As such these staff members would have perceived themselves as being more at risk of exposure to infection by the COVID-19 virus. South Africa has one of the highest Gini coefficients globally (World Bank, 2021) - a measure of socio-economic inequality. Most university support staff would have been classified as frontline workers.

These staff would likely have been non-white South Africans, who continue to be disproportionally affected by the socio-economic consequences of past racial discrimination (Gumede, 2013). The effects of Apartheid's legacy in terms of town planning and the continuing impact on infrastructure such as transportation meant these individuals still relied on a public transportation system that was ill-equipped to provide adequate ventilation and protection to its end-users during the pandemic (Chakwizira, 2022). The trauma that these frontline workers as university support staff experienced on a daily basis while attempting to reach their workplaces in these conditions must have been significant.

Sectors of the South African population who were disproportionally affected by poverty and accompanying ills such as food insecurity, poor health outcomes, high unemployment, and poor infrastructure; experienced either a perceived or real fear of loss of income if they did not comply with the employer organisation's demands (Durrheim, Mtose & Brown, 2011). This fear, coupled with the fact that even 25 years after Apartheid laws were repealed, structural and cognitive racism still exists, meant that university frontline workers may likely have viewed their employers as less concerned about their personal well-being (Durrheim, Mtose & Brown, 2011). They may even have perceived themselves as being considered less valued than other employees, such as academic staff, to the point that they might perceive themselves as being in a position where they could not negotiate for better working conditions (Durrheim, Mtose & Brown, 2011).

Considering that Intimate Partner Violence (IPV) increased exponentially during the South African hard lockdowns (Mahlangu et al, 2022), in what has been described as a pandemic within a pandemic (Evans et al., 2020), staff members who are from marginalised groups, namely women, dealt with an additional trauma that was exacerbated by the social isolation that was created by hard-lockdowns and the scourge of alcohol abuse in South Africa (Gordon & Sauti, 2022). Montemurro (2020) as quoted by Naidu (2020) theorised that

the trauma associated with Covid-19 could possibly exacerbate existing mental health conditions. Various studies carried out in South Africa also confirm the association between trauma exposure and other psychological distress and mental health conditions (Machisa et al, 2020). It is therefore important to consider the interplay of these factors on the experiences of university employees during the COVID-19 lockdowns.

1.4. Distress and coping

Having outlined some of the important contextual factors that have impacted on university staff mental health, wellness and coping during the COVID-19 pandemic, this section will now focus more specifically on how psychological distress and coping mechanisms can be defined and understood.

1.4.1. Psychological distress in response to the COVID-19 pandemic

Psychological distress is defined as a state of emotional suffering associated with stressors and demands that are difficult to cope with (Arvidsdotter et al., 2016:687). One way of understanding psychological distress is to draw on the phase model of psychotherapy change (Evans et al., 2002). Distress is understood to manifest in changes in people's perception of their subjective well-being. People may then become aware of problems or symptoms of distress they recognise within themselves; as well as changes in their overall life functioning and interpersonal relationships (Evans et al., 2002, 2000).

In the context of employee wellness, research has linked high levels of psychological distress to lower worker productivity and engagement (Strumpher, 2003). Employee wellness programs aim to study and devise methods to address employee wellness because a healthy worker is a productive worker (Saks, 2006). Poor employee well-being manifests as employee disengagement and may lead to burn-out, a term defined as a psychological syndrome that involves emotional exhaustion, depersonalisation and diminishing personal accomplishment (Maslach et al., 1996). Saks (2006) explains that disengagement and burn-

out lead to lower productivity, which has financial repercussions for an organisation (e.g.: increased sick leave, referral to EAP programmes and other medical costs incurred by the employer, as well as increased staff turnover.

Employee engagement is a concept that is fundamental to allowing us to understand and describe the nature of the relationship between an organisation and its employees. Kahn (1990:694) defines employee engagement as "the harnessing of organization members' selves to their work roles. Engaged employees, employ, and express themselves physically, cognitively, and emotionally during role performances". The cognitive aspect of employee engagement concerns employees' beliefs about the organisation, its leaders and working conditions (Khan, 1990). These include the organisational culture, leadership styles and strategies, working conditions and staff members' responses to these factors.

The social isolation that came about as staff migrated to working remotely had important implications for employee well-being through its effect on employee engagement. This isolation meant that staff who previously worked as part of cross-functional teams no longer had the structure and support that these provide (Magnavita et al, 2021). Research by Wang (2002) has also indicated that worker engagement is also negatively affected by the social isolation that came about as a consequence of remote working. Wang et al. (2021) quote various studies that show organisational commitment and worker engagement are assisted and alleviated by the presence of social support as it lessons procrastination, increases motivation, and provides structure by allowing employees to feel that they are part of the organisation, and provides a buffer for negativity. Therefore, the absence of social interaction likely played the role of decreasing university support and academic staff engagement, and motivation and contributed to feelings of loneliness.

The physical aspect of employee engagement concerns the physical energies exerted by individuals to accomplish their roles (Rothman and Rothman, 2010). It can be deduced that the additional effort exerted to carry out the same functions in the home environment without the resources that are readily available in the workplace would have negatively impacted worker engagement.

It follows then that university staff experiencing an existential crisis and increased psychological distress, in response to the effects of the COVID-19 pandemic on their working conditions, would be at risk of experiencing work disengagement and be at a high risk of experiencing burnout (Strumpher, 2003).

Unfortunately, this research project did not collect data relating to university staff psychological distress at the time of the COVID-19 pandemic and resultant lockdowns, to confirm this.

1.5. Relevance to the field of Counselling Psychology

The Health Professional Council of South Africa (HPCSA, 2019:2) defines Counselling Psychology as "promoting the personal, social, and educational functioning, career functioning and well-being of individuals, couples, families, groups, organisations, and communities." Employee wellness is a field that straddles both Counselling Psychology and Industrial and Organisational Psychology. Industrial and Organisational Psychologists (IOP) focus on organisational factors, whereas Counselling Psychologists focus on the individual and their experiences of well-being and distress. This research project seeks to understand employee wellness from the individual's perspective whilst steering clear of organisational factors that remain firmly within the area of expertise of IOP. Tapps et al. (2016:6) in advocating for a complementary approach between Counselling and IOP categories state that "university wellness programs can also serve as a springboard for interdisciplinary collaboration and communication related to the exploration of individualised wellness

programming". To this end, this research project focuses on contributing to the understanding of employee wellness by focusing on the relationship between past coping strategies used in response to the COVID pandemic and current psychological distress in a sample of university academic and support staff.

2. Theoretical Framework

This chapter introduces the theoretical framework of positive psychology and in particular Antonovsky's Sense of Coherence (SOC). It explores how this theory has developed, its key tenets and its contribution to understanding the coping ability of individuals in adverse circumstances. In particular, the chapter discusses how research adopting intra-individual perspectives in the study of employee well-being not only adds value to understanding well-being but also complements the findings from between-individual studies. The chapter concludes with suggestions for continued contributions to the development of a comprehensive theoretical model that integrates the two perspectives (Mittelmark et al., 2017).

2.1. Positive Psychology

Positive psychology, a relatively new domain of psychology, is a science of positive subjective well-being that seeks to understand and build the factors that allow individuals to flourish (Seligman & Csikszentmihalyi, 2000). This view expands our focus beyond just focusing on identifying the factors that jeopardise mental well-being and invariably lead to psychopathology. Seligman (1998) is credited with the development of this new domain of psychology (Peterson & Park, 2014). In his inaugural speech on his appointment as president of the American Psychological Association (APA), as his 2nd presidential initiative, he committed to the development and support of the new science and profession of positive psychology (APA, 1998).

Various scholars view positive psychology as a distinct field that studies the factors that promote human strength and facilitate health (Nakamura & Czikszentmihalyi, 2003; Strümpfer, 2005). Others have focused on the three central pillars: the study of positive emotions, conditions that facilitate psychological well-being and the promotion of healthy organisations (Vasquez & Chavez, 2016). Still many argue that it is not a distinct field but

rather a distinct way of viewing human beings, not as broken or deficient, but rather as possessing the potential to thrive if given the correct skills, strengths and social context (Kashdan & Ciarochi, 2013).

Detractors of positive psychology however have criticised what they refer to as the maladaptive pursuit of positive internal traits by minimising and avoiding the stark realities of life (Lazarrus, 2003a). Other theorists in response to these criticisms, have sought to create a distinction between content-focused and context-focused interventions within positive psychology (Ciarrochi, et al, 2016). Content-focused interventions refer to the forms of private experiences, including thoughts, feelings and images, attitudes and beliefs that seek to increase positive mental content and contribute to the development of positive emotions that are believed to build optimism and grit (Ciarrochi et al., 2016). Context-focused intervention on the other hand refers to situational, historical, and cultural factors that inform the experience and affect the self-concept of individuals (Ciarrochi et al., 2016).

Though a relatively new domain, positive psychology has undergone a rapid change from what authors refer to as the first wave to the current third wave. This first wave focused on researching the positive aspects of human functioning by defining constructs of wellness; exploring higher-order integrations of these constructs that contribute to the concept of flow as well as the development of theories (Csikszentmihalyi, 1997). The second wave of positive psychology delved further than just categorising phenomena as either positive or negative but recognised the interplay between negative and positive phenomena. Positive psychology became more expansive to include the understanding that the labels of positive or negative were dependent upon the context and the development of a more nuanced understanding of the essentially dialectical nature of well-being (Lomas, 2016). The third wave advocates for all new approaches to mental health and well-being management to focus on developing the strengths of the individual *and* managing mental health complaints (Van Zyl et al., 2021) by

integrating perspectives on the individual with an understanding of the impact of the environmental and social factors. This requires that further environmental factors (such as workplace climate, workplace design, financial status, physical health etc.) should be incorporated into mental health models, using more objective measures to make well-being more tangible (Gavia & Brodrick, 2013).

Wissing (2022) argues that positive psychology has the potential to develop into a new post-disciplinary domain of well-being studies. This research project is positioned firmly within the ambit of the third wave of positive psychology with its emphasis on recognising the multimodal nature of well-being and the importance of context in further exploring how the environments that human beings exist in promote well-being. Here the project aims to identify and explore emerging themes around wellness in the context of South African university staff accounts of coping during the COVID-19 pandemic and their current psychological distress. These findings will hopefully provide a better understanding of employee wellness in the South African higher education setting.

2.2. Salutogenesis

2.2.1. Definition of mental well-being

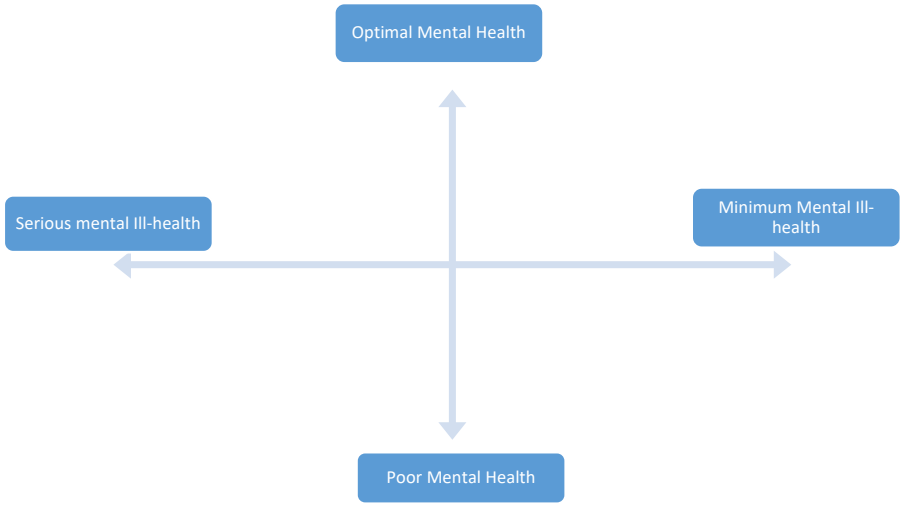
Mental health has predominantly been defined as the absence of psychopathologies such as depression and burnout (Ryan & Deci, 2001; Ryff & Singer, 2008). Various theorists have challenged this narrow description, arguing that mental health is not only the absence of disease, but the ability to be resilient to attacks that would typically cause disease, as well as the ability to thrive (Ryan & Deci, 2001; Ryff & Singer, 2008) This has come to be defined by various theorists as psychological well-being (Kumpfer, 1999, Seligman & Csikszentmihalyi, 2000). Warr (1999) further defines well-being as the absence of distress.

2.2.2. Two continuum model of health

The two continua model proposes that positive mental health and mental illness though related, are distinct dimensions on two separate continua (Keyes, 2005). This serves to expand our understanding of positive mental health, as not just the absence of disease but the attainment of a state of optimal functioning (Keyes, 2005) as denoted by Figure 1.. Research into the relationship between positive mental health or well-being and psychopathology has indicated a bi-directional relationship (Keyes et al, 2010). This is because there is evidence that eudemonic well-being, which refers to the quality of life characterised by the pursuit of authenticity, meaning and virtue, acts as a buffer against psychopathology, especially depression (Keyes et al, 2010). This has important implications for the approaches to mental health reforms and policies by giving a basis for the inclusion of strength-focused interventions (Lasiello & Van Agteren, 2020). The COVID-19 pandemic and the resultant losses, changes, and effects generated significant psychological distress in the general population, globally which had an impact on mental well-being (Wang et al.., 2020). In the context of the workplace, this reduction in mental well-being can be expected to result in lowered productivity, as well as the presence of psychological symptoms of depression and burnout (Strumpfer, 1999). But it also raises an interesting question about how people coped in the face of this stress, and what helped people cope in more adaptive ways.

Figure 2.1

The Two-continuum Model of Health



Note: Diagram is based on the conceptual work of Keyes (2005) where the X-axis denotes the continuum of psychopathology as evidenced by levels of mental ill-ness or psychopathology and the y-axis denotes the degree of positive mental health.

2.2.3. Definition of Salutogenesis

In a world where pathogens, stressors and other environmental factors that pose a threat to our health are the norm, it would stand to reason that all human beings should have succumbed to psychopathology, yet many continue to survive and thrive. The theory of salutogenesis sought to answer the question of how certain individuals seem better able to withstand these risk factors or attacks (Mittelmark & Bauer, 2016). The development of the Salutogenic model of health was a response to the limitations of the pathogenic model, and its focus on preventing psychopathology by attempting to manage every risk factor that renders human beings vulnerable (Ryff & Singer, 2008).

Salutogenesis, a term coined by Antonovsky (1987), is the study of the origins of health, as opposed to focusing on the risk factors that promote pathogenesis. This shifts the

focus onto developing an understanding of the adaptative ability of the organism to an environment where stressors are inevitable and the norm (Antonovsky, 1996; Vinje et al., 2017; Mittelmark & Bauer, 2016).

2.3. Sense of Coherence

At the core of the Salutogenic model is the Sense of Coherence (SOC), a generalised orientation toward the world which perceives it, on a continuum, as comprehensible, manageable, and meaningful (Antonovsky, 1987). Comprehensibility is the cognitive component which refers to the extent to which an individual perceives stimuli deriving from the internal and external environments as making cognitive sense (Eriksson & Mittelmark, 2017). Meaningfulness refers to the motivation, hope to cope and the belief that one can cope, as well as the extent to which the individual feels that life makes emotional sense. (Eriksson & Mittelmark, 2017). Manageability refers to the individuals' ability to understand what to do to cope, and the extent to which the individual perceives that resources at their disposal are adequate to meet the demands posed by the stimuli resources (Amirkhan & Greaves, 2003).

Life stress is understood to have a neutral, salutary, or pathogenic effect (Antonovsky,1987, Strumpher, 2003). SOC is a coping or adaptive resource that assists individuals to mitigate stress and avoid the pathogenic effect. According to Antonovsky (1989) as referenced by Mittelmark & Bauer, (2016), the salutogenic framework suggests that individuals who have a high SOC will fare better during catastrophic events such as the COVID-19 pandemic because they possess confidence that,

1) they understand how their work environment and themselves will be impacted by the changes and policies that needed to be effected (comprehensibility).

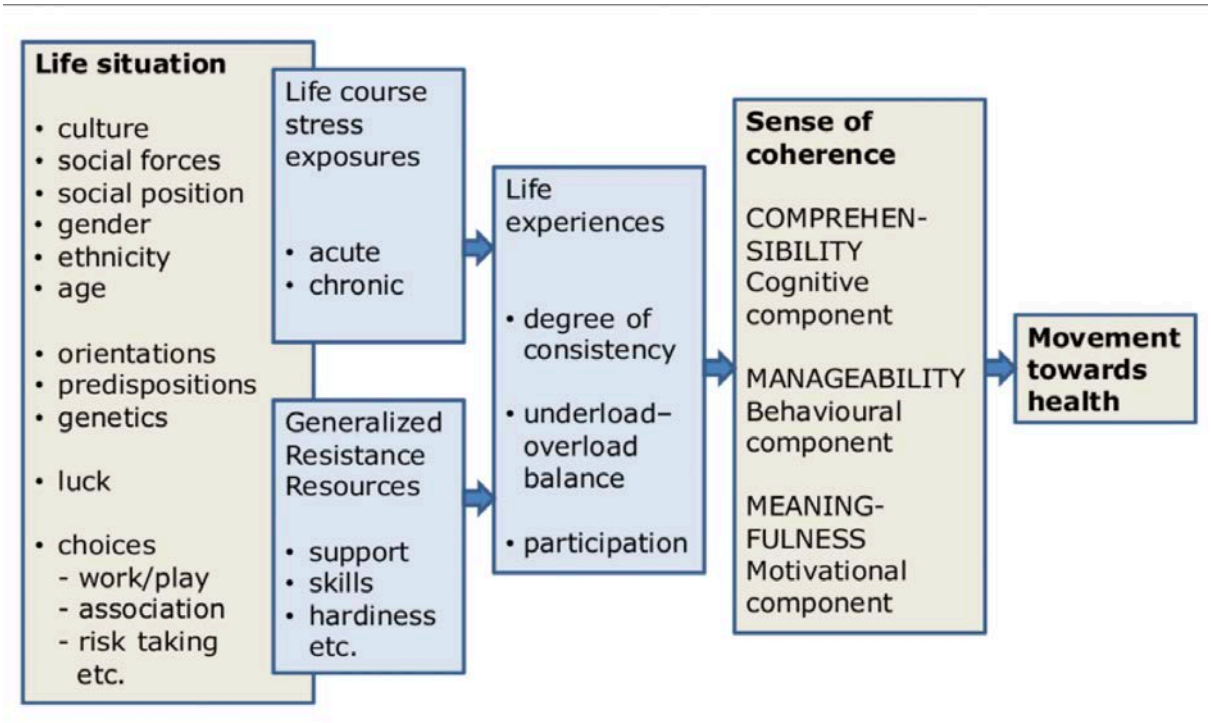
2)they are motivated to cope and have an emotional investment in doing so (meaningfulness); and

3) they believe that they possess the resources that are required to cope (manageability). These individuals will therefore deploy more adaptive coping measures and experience fewer negative outcomes such as psychological distress.

This theoretical model is particularly relevant to this research study because it allows the researcher to explore through the lens of the SOC what makes certain people more resilient to psychological distress. SOC as a site of intervention then becomes possible. The relevance of this model is evident in the WHO's (2004:12) definition of positive mental health as "a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". The theoretical framework of this research study focuses on health-promoting attributes. In understanding the individual experiences of coping during the COVID-19 pandemic for Eastern Cape University academic and support staff participants in this study we hope to further understand what types of interventions can be implemented to promote well-being in the university workplace.

Figure 2.2

The Salutogenic Model



Note: The salutogenic model based on Antonovsky (1996). From '"Culture in salutogenesis: the scholarship of Aaron Antonovsky." By Benz, Carina, et al. *Global health promotion* 21.4 (2014): 16-23.

2.4. Theories relating to coping

Coping is defined as an intentional, conscious, or unconscious response to stress (Lazarus and Folkman, 1984). Folkman et al. (1986) draw a clear link between stressful events, an individual's ability to adapt to the consequences of this stressor and the mediating effect of coping processes. Active coping is defined as a "process of taking active steps to remove or circumvent the stressor or alleviate its impact" (Carver et al., 1989:268). Stanislawski (2019) defines active coping as a process of taking active steps to try to remove or circumvent the stressor or to ameliorate its effects. It follows therefore that active coping can be regarded as a self-actualising experience intended to deal with distress from an

individual standpoint. This is juxtaposed with negative coping, which is marked by avoidance (e.g., ignoring the problem) or other efforts (e.g., self-blame, venting) that worsen rather than resolve the challenge. This research project intends to tease out those coping strategies that are shown to correlate with psychological distress.

The COVID-19 pandemic provided South Africa with a unique opportunity to pursue research that delves into understanding the mechanisms and means by which local people respond to stressors. In particular, it allowed for a better understanding of how South African university staff coped with the consequences of the COVID-19 pandemic lockdowns in terms of both helpful and more destructive coping strategies; and the current psychological distress they report. This project targeted university academic and support staff members from a small, rural, residence-based university in the Eastern Cape.

The literature suggests that both support staff and academic staff would be dealing with various socio-economic factors, loss of job engagement, fear of loss of employment and a drastically changed workplace that placed them at risk of loss of job engagement. As a result, both groups would likely have been dealing with high levels of stress in adapting to the changes required by the COVID-19 lockdown. But academic staff would also have been dealing with the additional burden of addressing challenges that were brought about by the implementation of e-learning, possibly more so than the support staff.

2.5. Resilience

Theoretical models of stress and resilience posit that there is a reciprocal relationship between our appraisal and perception of a situation, the negative affect that we experience as a result of this appraisal, and our ability to cope or encourage positive outcomes (Richardson, 2002; Glantz & Johnson, 1999; Kaplan, 1999). The SOC is considered an adaptive dispositional orientation (i.e., within the personality) that enables coping with adverse experiences (Antonovsky, 1979, Antonovsky, 1990; Eriksson & Lindstrom 2006). The SOC

is theorised to have a role in the individual's perception and appraisal of a stressful event or stimuli, in affect regulation and in coping (Eriksson & Lindstrom, 2006). Coping strategies refer to the actions that follow an appraisal of the situation (Eriksson & Lindstrom, 2006). The relationship described above illustrates the interplay between appraisal as the key step involved in coping, and appraisal as defined by the theory of SOC therefore suggesting the possible stress-buffering effects of SOC for individuals in stressful situations (Mittelmark, 2022;).

2.6. Link to Health Promotion

The importance of mental health as a health indicator equal to other healthcare indicators is a recent development, demonstrated by policy changes led by the WHO, such as the Special Initiative for Mental Health (WHO, 2019). Prior to this development, mental health has largely been approached from a mental/psychological well-being perspective.

that is heavily influenced by the pathogenic approach (Vinje, 2016). This approach posits that disease or disorder is caused by either pathogens or risk factors that render the organism or individual vulnerable to pathology (Mittelmark & Bull, 2013). This approach, it can be argued, is a result of the complicated history between psychology and psychiatry, seen in the tendency within the discipline of psychology to lean on medical terminology and concepts (Zilboorg, 1941).

Since the 1970's the WHO has adopted a policy position which stated that the determinants of health sit outside of the health sector, recognising the importance of a preventative approach to public health in documents such as the Alma-Ata Declaration on Primary Health Care (WHO,1978). As its main objective, health promotion seeks to reduce differences in health status by ensuring that all people have equal access to resources and opportunities that allow them to attain their fullest health potential (Dooris, 2009). The adoption of the Ottawa Charter in 1986, gave prominence to health promotion as a

developmental approach aimed at addressing equity and access to health (WHO, 1986). Importantly, Wissing and van Eeden (2002) explored the empirical nature of psychological well-being and found that age, gender, and ethnic/cultural context had an influence on the manifestation of psychological well-being. This study does not directly explore the impact of these variables, but instead seeks to contribute further to this area of research by exploring the correlation between current psychological distress as reported by academic and support staff in the university setting and past coping strategies, they employed in response to the COVID-19 pandemic in the workplace. It also seeks to better understand the role of salutogenesis and a sense of coherence in coping. Positive psychology research has focused on understanding factors that impact mental well-being and applying interventions that promote positive human functioning at subjective, individual and group levels (Linley & Joseph, 2004; Seligman, 2002). A possible contribution of this current research project may be implications for policy development and resource allocation in the workplace to better promote mental well-being by focusing on assets that allow for health promotion (Morgan, Davies & Ziglin, 2010).

2.7. Conclusion

In summary, the purpose of this chapter was to describe the development of the positive psychology paradigm, discuss its utility in the area of employee wellness research, clearly explain its goals and objectives and offer a response to criticisms it faces regarding its value and utility. In addition, the chapter defined the concept of psychological well-being and Salutogenesis from a positive psychology perspective. It described the bi-directional relationship between pathogenesis and Salutogenesis or well-being, thus clearly demonstrating the centrality of this concept in Salutogenesis. Finally, the chapter explained SOC and described the theoretical link between SOC and coping as measured by the Brief COPE. The Covid-19 pandemic as the first significant global epidemic of the 21st century presented a significant and dire threat to every single individual. How well people coped with

this threat became important in ensuring not only their survival but also their mental well-being. There is much value in a theory that augments our understanding of the process whereby individuals select the most adaptive coping strategy in response to a crisis. By allowing us insight into individuals' appraisals of not only the threat but the availability of resources within themselves or in the environment to cope, as well as their belief in the possibility or degree of success that they face, allows us to assist individuals to cope better with stress and improve their mental health.

3. Methodology

3.1. Research Paradigm

This research study used a mixed methods design which is a combination of quantitative and qualitative research components. The strength of a mixed-methods approach is that it allows for the use of data from different but complementary methods. Mixed methods research contains both philosophical assumptions as well as technical methods of inquiry which opens itself to being conceptualised as a type of methodology (Creswell & Plano-Clark, 2007). Though the focus is sometimes placed on the technical aspects of methods and procedures, Wiggins (2011) demonstrates that this can serve to undermine the potential of mixed methods. Bishop (2014) in her study on the utility of mixed methods in health psychology research makes a convincing case for the understanding of mixed method research as a research paradigm called pragmatism. This research paradigm requires the researcher to discard the objective-subjective dualism and move beyond viewing knowledge produced by research as representative of one dominant reality (Johnson & Onwuegbuzie, 2004). Instead Pragmatism calls the researcher to focus on the possible value and consequences as well as the objectives of the research in our context (Johnson & Onwuegbuzie, 2004).

3.2. Research Design

This research study employed a survey design which is defined as "the collection of information from a sample of individuals through their responses to questions" (Check & Schutt, 2012:160). The survey design is an effective way to measure the relationship between two or more variables without the interference of the researcher (Huysamen, 1993). The survey utilised a mixed-method approach, combining both closed-ended responses to psychological scales to answer Objective 1, The use of a quantitative analysis allows for cross verification, thus increasing the confidence in research data and detecting both broad patterns as well as facilitating a deeper nuanced understanding of the phenomena under study

(Cresswell, 2007). Open-ended qualitative questions were used to answer Objective 2. The use of qualitative design sought to obtain data regarding the participants' opinions and reasons behind these opinions (Cresswell, 2007).In this way a concomitant embedded design was used in that the interpretation of quantitative data was deepened and enriched by the qualitative data that emerged from the study. The design is cross-sectional whereby a sample is drawn from a population, at a single time interval (Shaughnessy & Zechmeister, 1997).

3.3. Aim and Objectives of the Study

The overall aim of this project is to explore coping strategies in response to the COVID-19 pandemic and current experiences of psychological distress, in a sample of academic and support staff working at a small, rural university in the Eastern Cape, South Africa.

There are two key objectives:

Objective 1: To quantitatively measure correlations and mean differences between participants' current experiences of psychological distress and their reports of positive and negative copy strategies used in response to the COVID-19 pandemic.

The following hypotheses will guide the quantitative component of the study as outlined below:

Hypothesis 1:

H0 - The is no correlation between current psychological distress and past coping strategies used in response to the COVID-19 pandemic.

H1 – There is a significant correlation between current psychological distress and past coping strategies used in response to the COVID-19 pandemic .

Hypothesis 2:

H0 - There are no mean differences between support staff and academic staff in terms of current psychological distress and past coping strategies used in response to the COVID-19 pandemic.

H1 – There are significant mean differences between support staff and academic staff in terms of current psychological distress and past coping strategies used in response to the COVID-19 pandemic.

Objective 2: To qualitatively explore the relationship between coping strategies and a Sense of Coherence (SOC) as defined by Antonovsky (1987) and operationalised into comprehensibility, meaningfulness, and manageability.

3.4. Sampling strategy

3.4.1. Research setting

The target population for the research study were academic and support staff working at a small, rural, residential university in the Eastern Cape.

3.4.2. Sampling Procedure

The sampling procedure used was purposive sampling. This is a type of sampling whereby the researcher chooses a sample based on a set of criteria. (Terreblanche et al., 2006; Dornyei, 2007). The inclusion criteria were university academic and support staff currently employed at the university at the time of the survey (October 2022 – January 2023); who had been employed at the university during the COVID-19 pandemic; and were willing volunteers who chose to participate in the survey.

3.5. Data Collection

The survey consisted of four parts, each of which are explained in more detail below: 1) close- ended questions about staff demographic information; 2) the Brief Coping Scale (Carver,1997); 3) the South African CORE-10 English (Campbell & Young, 2016); and 4)

five open-ended questions intended to tap into how staff coped and had been affected by the COVID-19 pandemic. The survey is attached as Appendix A.

3.5.1. Procedure

Survey links were sent via email for those staff who had access to email. Those staff who did not have access to email were contacted via an advertisement that was circulated to departments to request for volunteers to meet in person with the researcher and complete a hardcopy version of the survey. A meeting was held with the Director of Human Resources and dates were set to administer the survey. The researcher explained to the respondents the purpose as well as the objectives of the research. Respondents consented to participate by ticking a box at the top of the survey. Participants completed the survey independently and returned it.

3.5.1.1. Staff demographics

Such biographical questions assessed general characteristics of the sample (Babbie, 2001). In particular, age, length of unemployment/tenure and staffing category (academic or support staff) were ascertained.

3.5.1.2. Limitations of Study

The study has potential limitations. The study did not collect race-based data as this has important implications for policy development and future studies research may wish to explore the impact of race on the research questions. The measures used to collect data in the study are self-report measures and data collected in this manner is subject to bias due to participants limited introspective ability or self-report bias.

3.5.1.3. Instruments for Quantitative Data Collection

3.5.1.3.1. BRIEF Cope

The Brief COPE is a self-report inventory comprising of 14 items and theoretically comprises of three types of coping strategies, namely, problem-focused coping, emotion-

focused coping, and less useful coping strategies (Carver, 1997). The measure has demonstrated good psychometric properties as a brief measure of coping strategies with respect to internal consistency (Problem-focused coping α = 0,93; Passive coping α = 0,86 and Seeking social support α =0,87), and test-retest reliability (Carver et al., 1989). It has also demonstrated high correlations with the concept of SOC (Zirke et al, 2007). The Brief cope was translated into IsiXhosa for this research project.

3.5.1.3.2. The SA CORE-10

A measure known as the Clinical Outcomes in Routine Evaluation – Outcome measure (CORE-OM) was developed that is able to measure general and psychological distress (Evans et al., 2002). A reduced version of the CORE-OM measure called the SA Core-10 was translated into IsiXhosa and validated in South African English and isiXhosa speaking samples (Campbell &Young,). The SA CORE-10 is a brief 10-item measure of psychological distress and dysfunction which was adapted from the CORE-OM (Evans et al., 2002). The SA CORE-10 is available in validated English and isiXhosa language versions as a brief, easy to administer and complete outcome measure which has demonstrated good psychometric properties in the South African context using an Eastern Cape student population (Campbell & Young, 2016). The SA CORE-10 has demonstrated measurement equivalence in both its English and isiXhosa language versions for use in South African samples (Campbell and Young, 2016).

3.5.1.4. Translation

The survey was translated into isiXhosa using a simple forward translation design. Because the SA CORE-10 was already available in a validated English and isiXhosa language version no further adaptations to this measure were necessary. The BRIEF Cope includes items that describe forms of behaviour. Behaviour has typically posed less challenges for translation into isiXhosa and for that reason a forward translation was deemed

appropriate. The remaining qualitative questions were also forward translated into isiXhosa. The entire survey questionnaire was made available for completion in both English and isiXhosa.

3.5.2. Instruments Collection for Qualitative Data

As part of the qualitative research portion, four open-ended questions and three closed ended questions where formulated and intended to tap into the reasons or motivation behind how participants chose to cope in the manner, they did during the COVID-19 pandemic with respect to their SOC. These questions, were based on the three dimensions of SOC namely comprehensibility, meaningfulness, and manageability and are summarised below.:

Comprehensibility	10. Reflecting back on the most recent increase in lockdown restrictions what were some of the memories, thoughts, and feelings you experienced? * 12. During the pandemic, did you understand how the restrictions implemented at work could help to slow the spread of infection?
Meaningfulness	11. How do you make sense of the fact that bad things happen in life and how did this help you to make sense of the pandemic? 13. How confident were you that your own actions could help protect you from being infected with COVID-19? *
Manageability	14. Did you and your family have a plan for how for how to live and survive during the lockdowns?

3.6. Data Analysis

Data analysis is the process of bringing order, structure and meaning to the mass of collected, data (De Vos et al., 2011). Different data analyses were performed on the quantitative and qualitative data depending on the research objective.

3.6.1. Quantitative

Objective 1: comparison between participants' current experiences of psychological distress and their reports of positive and negative copy strategies used in response to the covid-19 pandemic.

Pearson product-moment correlation coefficients were used to detect whether there was a significant correlation between current reports of psychological distress as measured by the SA CORE-10 and the coping strategies used by participants during the COVID-19 pandemic as measured by the Brief COPE. **A** cut-off point of 0,30 (medium effect, Cohen, 1988) was set for the practical significance of correlation coefficients. The assumption of normality was tested by looking at the absolute skewness value of the variables. As a general guideline, a skewness value between −1 and +1 is considered excellent, but a value between −2 and +2 is generally considered acceptable. Values beyond −2 and +2 are considered indicative of substantial nonnormality (Hair et al., 2022). In addition, the Z-value for skewness was calculated. Kim (2013) recommends that z values for skewness for sample sizes $50 < n < 300$, one would reject the null hypothesis of normality at an absolute z-value over 3.29, which corresponds with an alpha level 0.05 Table 1 below summarizes the descriptive statistics for the variables of interest, including skewness. It shows that skewness values are well within the guideline of between -1 and +1, while z value of skewness do not exceed the suggested values. The assumption of normality was thus met, and the Pearson correlation used.

Table 1

Descriptive Statistics : Psychological Distress and Coping Mechanisms (N=171)

	Mean	Std. Deviation	Skewness		z-score skewness
			Statistic	Std. Error	
Psychological Distress scores	7.79	2.637	0.066	0.186	0.354
Avoidant	1.94	0.544	-0.046	0.186	-0.249
Emotion-Focused	2.35	0.663	-0.272	0.186	-1.464
Problem-focused	2.74	0.863	-0.364	0.186	-1.958

An independent sample t-test was performed to detect significant differences between mean scores across staff category (academic and support staff) in relation to current psychological distress and past coping. Significance was set at 0.05. The assumption of approximate normality within the groups was tested in the same way as for the Pearson correlation above. Table 2 below summarizes the descriptive statistics for the variables of interest by staff category. It shows that skewness values are well within the guideline of between -1 and +1, while z value of skewness do not exceed the suggested values. The assumption of normality was thus met with regard to the t-test.

Table 2

Descriptive Statistics : Psychological Distress and Coping Mechanisms by Staff Category

Staff Category		Mean	N	Std. Deviation	Skewness	Std. Error of Skewness	z-score skewness
Academic Staff	Psychological Distress scores	8.24	74	2.298	-0.425	0.279	-1.522
	Avoidant	2.04	74	0.509	0.075	0.279	0.268
	Emotion-focused	2.41	74	0.547	-0.128	0.279	-0.459
	Problem-focused	2.82	74	0.669	-0.064	0.279	-0.228
Support Staff	Psychological Distress scores	7.44	97	2.832	0.394	0.245	1.607
	Avoidant	1.86	97	0.559	-0.044	0.245	-0.181
	Emotion-Focused	2.30	97	0.738	-0.225	0.245	-0.920
	Problem-Focused	2.68	97	0.985	-0.318	0.245	-1.299

Table 3

Test of Normality

Tests of Normality		Statistic	Df	Sig.	Statistic	df	Sig.
Core10_Scores Psychological Distress scores	Academic Staff	0,120	74	0,010	,963	74	0,030
	Support Staff	0,116	97	0,003	0,967	97	0,015
AVOIDANT	Academic Staff	0,383	74	0,000	0,684	74	0,000
	Support Staff	0,365	97	0,000	0,730	97	0,000
Emotion-Focused	Academic Staff	0,338	74	0,000	0,706	74	0,000
	Support Staff	0,251	97	0,000	0,829	97	0,000
Problem-Focused	Academic Staff	0,306	74	0,000	0,812	74	0,000
	Support Staff	0,246	97	0,000	0,867	97	0,000

Note: a. Lilliefors Significance Correction

3.6.2. Quantitative

Objective 1: comparison between participants' current experiences of psychological distress and their reports of positive and negative copy strategies used in response to the covid-19 pandemic.

Pearson product-moment correlation coefficients were used to detect whether there was a significant relationship between current reports of psychological distress as measured by the SA CORE-10 and the coping strategies used by participants during the COVID-19

pandemic as measured by the Brief COPE (Schober et al., 2018). **A** cut-off point of 0,30 (medium effect, Cohen, 1988) was set for the practical significance of correlation coefficients.

An independent sample t-test was performed to detect relationships between the variables of current psychological distress and past coping. Significance was set at 0.05.

3.6.3. Qualitative

Deductive thematic analysis, as defined by Braun and Clarke (2006), was used to analyse responses from the open-ended questions. This analysis offers flexibility, yet it is important to have a clear demarcation as well as a clear set of steps to follow (Braun & Clarke, 2006). The intent is to allow the researcher to create an opportunity to create the lived reality of the participants and thus gain a better, fuller understanding of the effects of their SOC on their chosen coping strategies during the COVID-19 pandemic and current level of psychological distress. Findings were derived from the four open-ended and closed ended questions in the fourth section of the survey.

For the purpose of this study, the respondents with the top and lowest scores on distress via the CORE-10 results were selected for this analysis. A total of 11 participants with the lowest psychological distress scores and 11 participants with the highest distress scores were selected and further analysis conducted. Four questions were included in the survey that sought to tap into the three concepts and their responses were analysed using deductive thematic analysis (Nowell et al, 2017). Deductive Thematic analysis was used to analyse the sense of coherence of these participants.

The analysis was intended to determine to what extent the themes associated with a Sense of coherence were reflected in the responses of those who reported high-distress versus those who reported low-distress. In deductive analysis the data is analysed, and the themes

generated using a pre-existing theory (Braun & Clarke, 2006). This is in contrast with inductive thematic analysis where the themes are used to generate a theory (Patton, 1990). In this study Antonovosky (1989) defined the SOC theory as "…feeling of confidence that (a) the stimuli deriving from ones internal and external environment in the course of living are structured, predictable, and explicable, (b) the resources are available for her/him to meet the demands posed by these stimuli, and (c) these challenges are worthy of investment and engagement. (Antonovsky, 2006)

Themes for each of the SOC questions were formulated according to the three main dimensions of SOC, these are described below and summarised in Table 1 alongside the SOC questions:

Comprehensibility: This refers to the cognitive aspect of the Sense of Coherence and may be indicated by responses that indicate the perception that the situation, the action taken, and the intended impact thereof is understandable and has a rational basis.(Antonovsky, 1989, Eriksson ad Mittelmark, 2017)

Meaningfulness: This refers to the motivational aspect of the Sense of Coherence and may be indicted by responses that demonstrate some sense-making mechanism that gives meaning to one's life and the challenges that they face. . (Antonovsky, 1989, Eriksson ad Mittelmark, 2017).

Manageability: These refers to the behavioural aspect and may be discerned in the responses that indicate a belief that the individual has the ability to cope and solve problems. Responses would indicate a willingness to invest time and effort in managing problems. . (Antonovsky, 1989, Eriksson ad Mittelmark, 2017)

Data that did not fall within these three mains these was analysed to determine if it would refer to GRR Generalised resistance factors that form part of the SOC.

Table 4

Survey Questions

THEORETICAL DIMENSION	QUESTION	THEMES
COMPREHENSIBILITY	10. Reflecting back on the most recent increase in lockdown restrictions what were some of the memories, thoughts, and feelings you experienced? *	Predictability in life Social support Coping strategies Life meaning Responsibility Comprehension Expression of confidence Challenges worth investing time and effort.
MEANINGFULNESS	11. How do you make sense of the fact that bad things happen in life and how did this help you to make sense of the pandemic?	Life meaning Philosophical viewpoint or worldview that is pragmatic. Faith, Religion, Go
COMPREHENSIBILITY	12. During the pandemic, did you understand how the restrictions implemented at work could help to slow the spread of infection?	Responding in the affirmative indicating confidence in the restrictions and policies implemented by the university and public health
MANAGEABILITY	13. How confident were you that your own actions could help protect you from being infected with COVID-19? *	Responding in the affirmative indicating a solution focused approach
MANAGEABILITY	14. Did you and your family have a plan for how for how to live and survive during the lockdowns?	Responding in the affirmative indicating future-orientation

3.7. Ethical Considerations

We now turn to consider the ethical issues that were faced during the research study.

3.7.1.1. Privacy

Vithal & Jansen (2003) state that privacy and confidentiality are important aspects of any research project. Here confidentiality is understood as an obligation on the part of the researcher to protect any information relating to the private sphere of the individual (Bos, 2020).

3.7.1.2. Confidentiality

Confidentiality was ensured by keeping the identities of the participants confidential. The surveys that the participant completed though requesting demographical information, did not contain or ask for names of participants so that results cannot be linked to a particular individual. Completed questionnaires were stored electronically in a secured cloud storage and protected by an encrypted link. The name of the organisation was not included in the research paper since this is a single organisation in higher education.

3.7.2. Informed Consent

Informed consent refers to the process intended to protect the participants confidentiality by obtaining active consent from participants and ensuring that they are not coerced to participate (Bos, 2020). Participants also need to be briefed on the objective of the research study and who has access to the date (Bos, 2020; Meho, 2006) A consent letter was included in the first page of the survey and informed the participants of the following: the purpose of the study, confirmation of the confidentiality of the results, anonymity and the right to participate, parties that will have access to the data, the length of time that data will be kept, and the participants' rights to access the results (Foxcroft & Roodt, 2005).

Gatekeeper approval was granted by the HR Director as was the requirement for ethical approval. To ensure that staff did not feel coerced to participate in the study, care was

taken to submit all adverts and survey email through the institutional global email as opposed to requesting the HR directorate to disseminate these. All meetings were chaired by the researcher and no representative from the institutional hierarchy was present to ensure that participants did not feel coerced to participate in the study.

3.7.3. Risk

Risk in the context of research refers to the potential for harm of the participants, researcher, or any other affected parties. Asking for information about traumatic experiences may in themselves distressing or bring underlying psychological issues to the surface (Bos, 2020). The participants were expected to complete psychological measures as part of the survey and if the completing of the survey alerted them to or they experienced certain emotional responses or experienced distress, counselling service contact information was made available to participants. Participants could indicate on the survey if they wanted to pursue counselling support and include their contact details to be contacted by the researcher, while maintaining confidentiality of the participant from the employer organisation. Should the participants not wish to utilise this option they were informed of counselling services that are available through the employer organisation's Employee Wellness programme.

The respondents were assured that all results would be highly confidential and would be compiled scrupulously adhering to confidentiality. The researcher stipulated that the process was voluntary and if someone were uncomfortable with the process they would not be pressured to participate. Respondents consented to participate by ticking a box at the top of the survey. Participants completed the survey independently and returned it to the researcher.

4. Results

This chapter includes a summary of the descriptive statistics of the sample, as well as results from the inferential statistics ran to answer the first research objective: To quantitatively measure correlations between participants' current experiences of psychological distress and their reports of positive and negative copy strategies used in response to the COVID-19 pandemic. The next the chapter provides a summary of the deductive thematic analysis conducted to qualitatively answer the second research objective: To qualitatively explore the relationship between coping strategies and a Sense of Coherence (SOC) as defined by Antonovsky (1987) and operationalised into comprehensibility, meaningfulness, and manageability. The chapter concludes with a summary of the overall key findings.

4.1. Summary of sample demographics

The small, rural Eastern Cape university targeted for this project has a total staff complement of 1753 people, according to 2021 records. Of these 171 employees completed the survey, which comprised 10% of the total staff complement. This sample included 152 (88,9%) permanent and 19 (11,1%) contract staff. Of these 74 were academic staff (43,3%) and 97 were administrative/support staff (56,7%) working at the university in 2021. The academic staff included professors, associate professors, senior lecturers, and junior staff such as research fellows and lecturers as well as an intern. Support staff included administrators, middle management, top management, and various support staff such as library assistants, housekeeping, grounds and gardens staff.

Of the total sample 54 (31,5%) were men, 109 (63,7%) were women while 8 (4,6%) preferred not to say. The median age was 47 years, with a mode of 50. Most of the staff (n=112, 65,5%) had been employed at the university for over 6 years, were living in the company of others (n=145, 86%) and did not report a disability (n=164).

Table 5

Sample Demographics

Characteristics	Category	%	N
Gender	Female	63,7%	109
	Male	31,6%	54
	Prefer not to say	4,7%	8
Staff Category	Support	56,7%	97
	Academic	43,3%	74
Employment status	Permanent	88,9%	152
	Contract	11,1%	19
Disability	Yes		7
	No		164
Tenure	0-3	19,3%	33
	3-6	15,2%	26
	>6	65,5%	112
Living conditions	Living alone	14%	22
	With others	86%	145

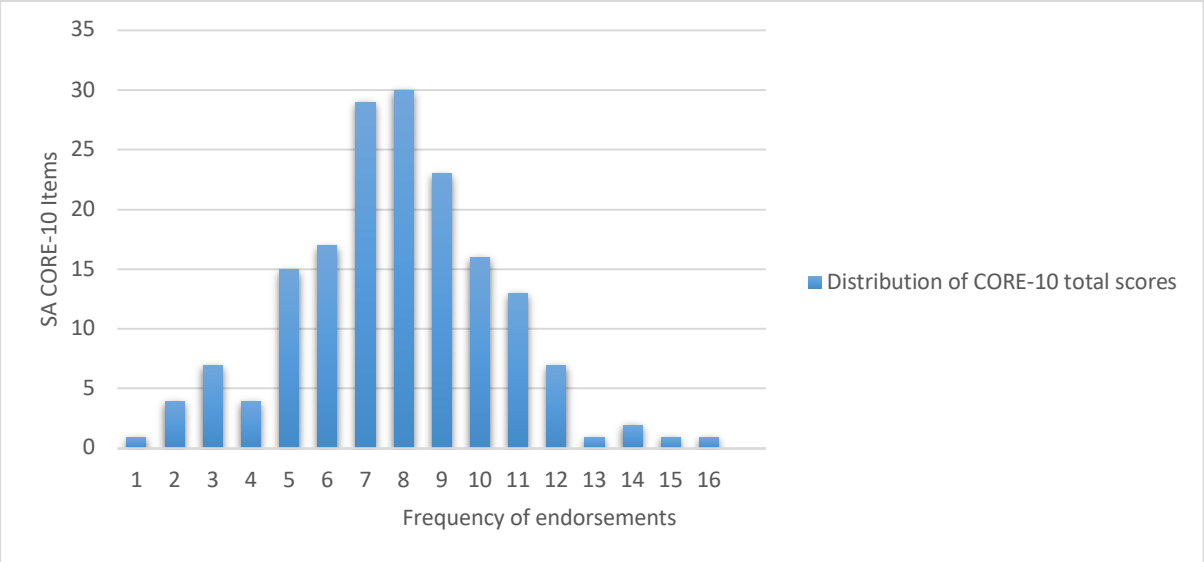
4.2. Quantitative results

4.2.1. Data parameters for psychological distress

Having described the sample, the next step is to determine the parameters for data collected on the SA CORE-10 for current psychological distress and the BRIEF Cope for coping strategies during the COVID-19 pandemic, within the sample.

Figure 4.1

Parameters For Data On Current Psychological Distress (SA Core-10)



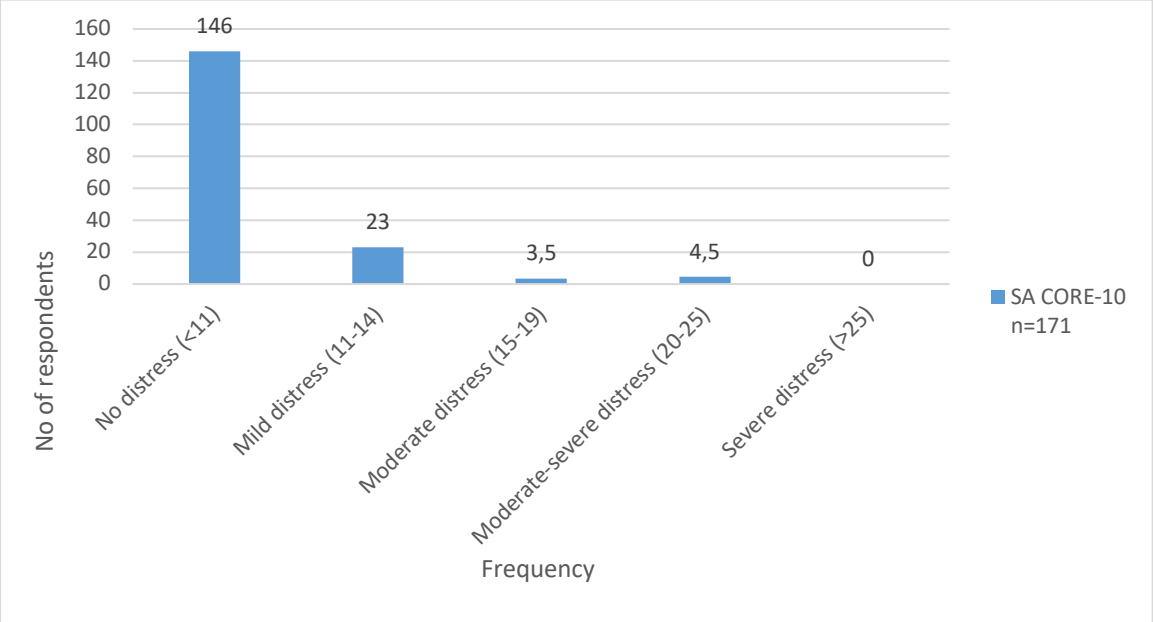
Note: Number of responses *N*= 171

This histogram illustrates how the responses from this sample are normally distributed with the most frequent scores falling in the middle range of 5-11 with higher and lower scores tempering off on either side of the distribution. The SA CORE-10 quantifies psychological distress on a scale of 0-40; with scores 10 and less indicating insignificant distress, based on UK samples who had completed the CORE-10 (O'Reilly et al., 2016). Scores of 11-14 suggest mild distress, 15-19 suggest moderate distress, 20-25 suggest moderate to severe distress, and scores greater than 25 indicate severe distress (O'Reilly e al., 2016). Of the 171 clients who completed the SA CORE-10 as part of the survey 146 (85,4%)

fell into the non-clinical range with scores of 10 or less, 23 (13,4%) in the mild distress range, 3 (2%) (fell into the moderate range, 5 (2,9%) fell into the moderate to severe range and none fell in the range of severe distress. The SA CORE-10 mean score was 7.79 which is congruent with scores of a non-clinical population who are not in active treatment for psychological distress (Barkam et al., 2013). In summary n=26 (15%) of the total sample reported experiencing psychological distress at clinical levels and n =146 (85%) reported levels of distress that fell below the clinical cut-off indicative of significant distress.

Figure 4.2

SA Core-10 Normative Data Within The Staff University Sample



Note: Frequency of scores for the SA CORE-10 endorsed by the respondents. Number of responses *N*= 171

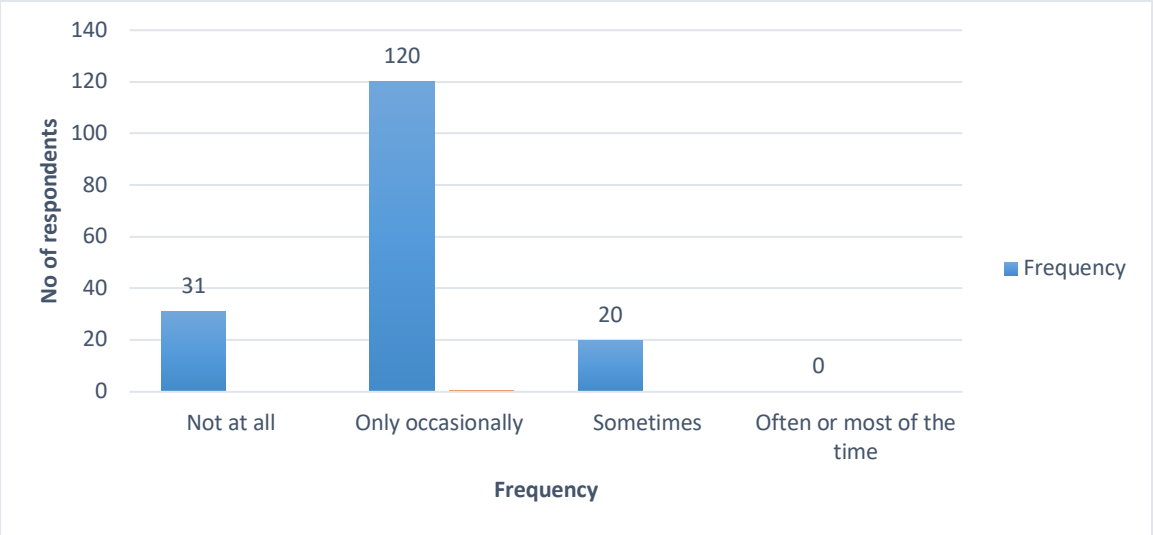
4.2.2. Data parameters for coping strategies

The BRIEF Cope measures ways of coping across three domains namely, avoidant, emotion-focused and problem-focused (Carver, 1997). A coping strategy is dominant if it receives an endorsement of 3 or 4 for that statement within the domain (Carver, 1997). The

tables below depict the frequency of endorsements of the three coping strategies across the South African university sample, to evaluate the distribution of the data.

Figure 4.3

Parameters For Data On Avoidant Coping (Brief Cope)

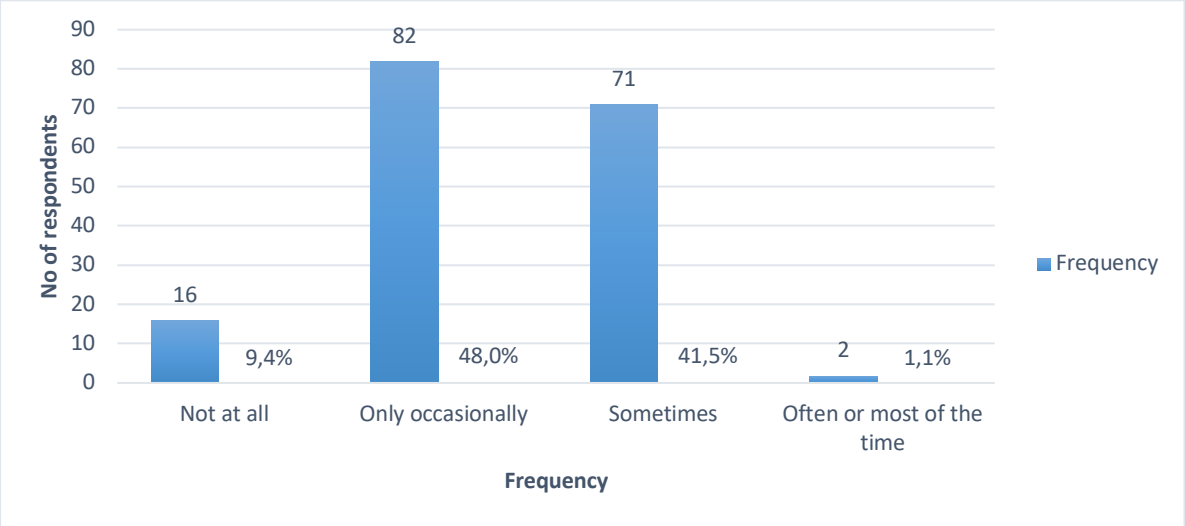


Note: Frequency of Brief COPE responses to Avoidant coping items endorsed by the respondents.

This histogram illustrates a slightly skewed, normal distribution for the responses for avoidant coping, with the most frequent (n=120, 70,2%) Likert scale endorsement (only occasionally – 2) falling in the middle range. The majority of participants did not report this coping strategy as a dominant strategy, with 11.7% (n=20) endorsing a 3 (most of the time) on the Likert scale.

Figure 4.4

Parameters for data on Emotionally-focused coping (Brief COPE)

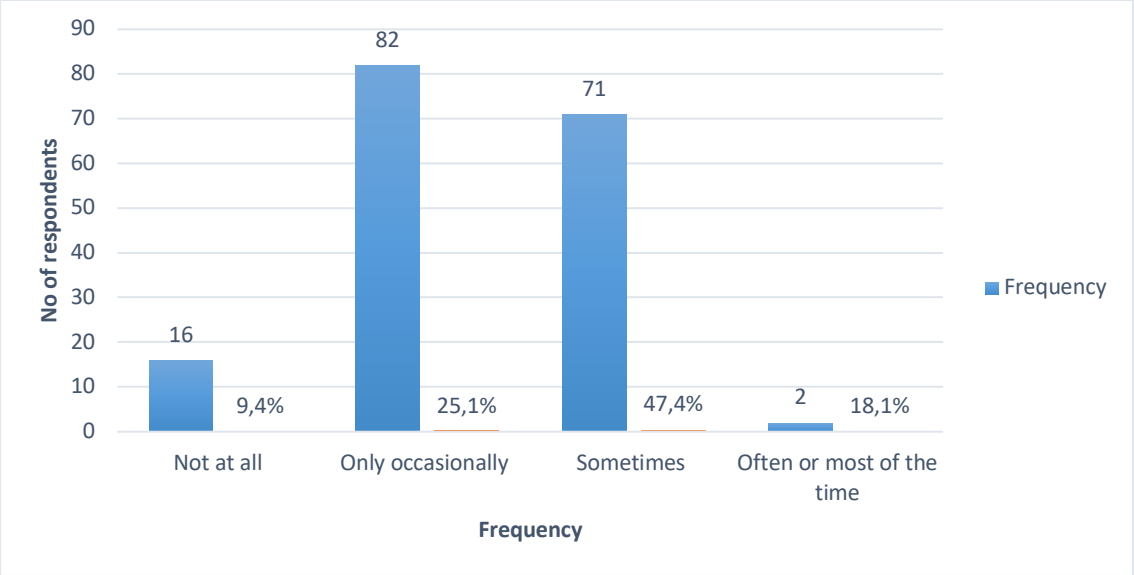


Note: Frequency of Brief COPE responses to Emotion-focused coping items endorsed by the respondents.

This histogram illustrates a bimodal distribution for the responses for Emotion-focused coping, with the most frequent Likert scale endorsements being for 2 (some of the time) (n=82, 48%) which is the major mode and followed by 3 (most of the time) (n=71, 41,5%), falling in the middle range. Of the total sample, 42,6% (n=71) reported Emotion-Focused Coping as the dominant strategy.

Figure 4.5

Parameters For Data On Problem-Focused Coping (Brief Cope)



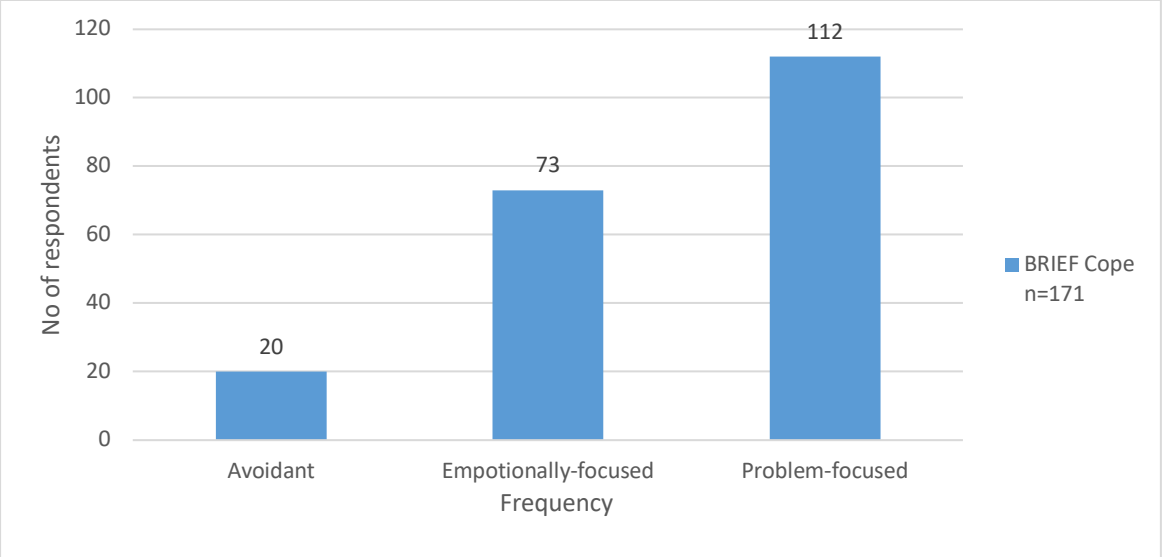
Note: Frequency of Brief COPE responses to Problem-focused coping items endorsed by the respondents.

This histogram illustrates a slightly skewed normal distribution for the responses for problem-focused coping, with the most frequent Likert scale endorsements being for 3 – most of the time (n=81, 47,4%), falling in the middle range. Of the total sample, 47,4% reported Problem Focused Coping as the dominant strategy.

The Brief COPE measures ways of coping across three domains – avoidant, emotion-focused, and problem-focused. A coping strategy is dominant if it receives an endorsement of 3 or 4 for that statement within the domain. Within this South African university staff sample 20 participants (11,7%) endorsed avoidant coping as the dominant strategy, (42,7 %) endorsed emotion-focused and (65,5%) endorsed problem-focused. In some instances, participants endorsed more than 1 dominant coping strategy. These results are summarised in Graph 6 below.

Figure 4.6

Dominant Coping Strategies In The University Staff Sample (Brief Cope)



Note: Frequency of endorsements of dominant coping strategy as endorsed by participants

4.2.3. Correlations between psychological distress and coping strategies

When testing correlations The following assumptions were met and therefore testing of correlations was done.

- The variables were measured at the interval or ratio,
- There is a linear relationship between the two variables. There were no significant outliers.
- Data is normally distributed.
- The assumption of bivariate normality was met
- The data has homoscedasticity.

H0 - There is no correlation between current psychological distress and past coping strategies used in response to the COVID-19 pandemic

H1 - There is a correlation between current psychological distress and past coping strategies used in response to the COVID-19 pandemic.

Correlations were used to assess the linear relation between participants' current psychological distress (SA CORE-10) and past coping strategies recalled during the COVID-19 pandemic (Brief COPE - avoidant coping, emotion-focused coping, and problem-focused coping) using the Pearson's correlation coefficient due to the data being parametric (Schober et al.,2018). Overall, the results demonstrated no significant relationship between current psychological distress and past coping strategies used during the COVID-19 pandemic in the overall sample. At this stage, the null hypothesis was confirmed.

The results are summarised in Table 5, below.

Table 6

Correlation Between Psychological Distress and past Coping Strategies Factors Using Pearson Correlation

	Avoidant	Emotion-focused	Problem focused
Psychological Distress (SA CORE-10)	.130	.106	.028
	.090	.169	.719
	171	171	171

* Significance of p>0.05

4.2.4. Mean differences between academic and support staff

The differences between academic and support staff on current psychological distress and past coping strategies was investigated utilising an independent samples t-test.

Levene's test for the equality of variances of the two groups on psychological distress found that the variances of the two groups did not vary significantly (F= 1.30, p = .25). The results indicated that the scores on the level of psychological distress reported were significantly higher for academic staff (M=8.24, SD=2.29) than support staff (M=7.44, SD= 2.83); t(169) = 1.98 p <.05.The effect size was 0.30, which shows a small effect size which has limited practical application. The null hypothesis was rejected for levels of psychological distress.

Levene's test for the equality of variances of the two groups on Avoidance coping strategy found that the variances of the two groups did not vary significantly (F= 3.83, p =.052). The results indicated that the scores were significantly higher on use of avoidance coping for academic staff (M=2.04,SD=0.60) than support staff (M=1.86, SD=.56); t(169) = 2.23, p<.05. The effect size was d = .34, which shows a small effect size which has limited practical application. The null hypothesis was rejected for avoidance coping strategy.

The t-test also indicated that there were no significant differences in preference for emotion-focused coping between the academic (M=2,41, SD = .54) and support staff, (M = 92.30, SD =.74), t(168,87) = 1.08, p >.05, d = .28. Levene's test indicated unequal variances (F= 6.49, p = .01), so the degrees of freedom were adjusted from 169 to 166.87. The alternate hypothesis was rejected.

The t-test also indicated that there were no significant differences in preference for problem-focused coping between the academic (M=74, SD = .67) and support staff, (M = 97, SD =.99), t(166,96) = 1.13, p > .05, d = .28. Levene's test indicated unequal variances (F= .17,4, p =.00), so the degrees of freedom were adjusted from 169 to 166,96. The alternate hypothesis for problem-focused coping was rejected.

These results are summarised in Table 6

In accordance with these results for hypothesis 2, the null hypothesis was rejected, and the alternative hypothesis accepted as the results confirmed that significantly higher current psychological distress and negative coping strategies in the form of avoidance, were used in response to the COVID-19 pandemic by academic staff in comparison with support staff. However the null hypothesis was accepted, and the alternate hypothesis rejected for emotion-focused and problem-focused coping.

Table 7

Group Statistics

Staff Category		N	Mean	Std. Deviation	Std. Error Mean
Psychological	Academic Staff	74	8,24	2,298	0,267
Distress scores	Support Staff	97	7,44	2,832	0,288
AVOIDANT	Academic Staff	74	2,04	0,509	0,059
	Support Staff	97	1,86	0,559	0,057
EMOTION	Academic Staff	74	2,41	0,547	0,064
FOCUSED	Support Staff	97	2,30	0,738	0,075
PROBLEM	Academic Staff	74	2,82	0,669	0,078
FOCUSED	Support Staff	97	2,68	0,985	0,100

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means							
		F	Sig.	T	df	Significance One-Sided p	Significance Two-Sided p	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference Lower	95% Confidence Interval of the Difference Upper
Psychological Distress scores	Equal variances assumed	1,308	0,254	1,982	169	0,025	0,049	0,800	0,404	0,003	1,597
	Equal variances not assumed			2,038	168,324	0,022	0,043	0,800	0,393	0,025	1,575
AVOIDANT	Equal variances assumed	3,837	0,052	2,228	169	0,014	0,027	0,185	0,083	0,021	0,349
	Equal variances not assumed			2,256	163,767	0,013	0,025	0,185	0,082	0,023	0,347
EMOTION FOCUSED	Equal variances assumed	6,496	0,012	1,041	169	0,150	0,299	0,106	0,102	-0,095	0,308
	Equal variances not assumed			1,083	168,873	0,140	0,280	0,106	0,098	-0,088	0,300
PROBLEM FOCUSED	Equal variances assumed	17,410	0,000	1,081	169	0,141	0,281	0,144	0,133	-0,119	0,407
	Equal variances not assumed			1,136	166,965	0,129	0,258	0,144	0,127	-0,106	0,394

4.3. Qualitative results

Drawing from a deductive approach to thematic analysis (Nowell et al., 2017), as described in the methods section, the following key themes were explored:

- Comprehensibility: This refers to the cognitive aspect of the Sense of Coherence and may be indicated by responses that indicate the perception that the situation, the action taken, and the intended impact thereof is understandable and has a rational basis.(Antonovsky, 1989, Eriksson and Mittelmark, 2017)
- Meaningfulness: This refers to the motivational aspect of the Sense of Coherence and may be indicated by responses that demonstrate some sense-making mechanism that gives meaning to one's life and the challenges that one faces. (Antonovsky, 1989, Eriksson and Mittelmark, 2017).
- Manageability: This refers to the behavioural aspect and may be discerned in the responses that indicate a belief that the individual has the ability to cope and solve problems. Responses would indicate a willingness to invest time and effort in managing problems. (Antonovsky, 1989, Eriksson and Mittelmark, 2017)

As indicated in the methods section, of the total sample of this study, survey questions relating to SOC were analysed for the 11 participants with the lowest psychological distress scores on the SA CORE-10 (scores of 9 and below categorized as non-clinical distress) and 11 participants with the highest psychological distress scores (scores of 12 and above, categorized as clinical distress in the mild to moderate range) in order to obtain some insight into the relationship between psychological distress and SOC.

4.3.1. Low psychological distress group

In the low-distress group, 6 (55%) were academic staff and 5 (54%) were support staff, 3 (27%) were contract staff and 8 (73%) were permanent, while 9 (82%) lived with

others and 2 (`18%) lived alone. These participants endorsed high scores for emotion-focused coping followed by problem-focused coping and consistently scored no higher than 9 out of a maximum score of 16 that could be obtained for avoidant coping. These results indicate that reports of lower psychological distress were more commonly associated with emotion-focused and problem-focused coping in this sample.

4.3.2. High psychological Distress group

In the high-distress group, 6 (55%) participants were academic staff and 5 (45%) support staff. Of these 2 (18%) were contract staff and 9 (82%) were permanent, and 8 (73%) lived with others while 3 (27%) lived alone. These participants tended to report higher scores for avoidant coping and lower scores for emotion-focused coping and problem-focused coping.

4.3.3. Findings from the qualitative analysis of SOC survey questions

Each of the three components of SOC, comprehensibility, meaningfulness, and manageability will now be discussed with respect to the low and high psychological distress groups. Results are summarised in Table 7 at the end of the chapter.

4.3.3.1. **Comprehensibility.**

The comprehensibility dimension was explored using one open-ended and one closed-ended question. The open-ended question (Q10 Reflecting back on the most recent increase in lockdown restrictions what were some of the memories, thoughts, and feelings you experienced?) was intended to elicit themes of comprehension, predictability in life, responsibility and social support, which would all indicate high levels of comprehensibility in terms of SOC (Eriksson & Mittelmark, 2017). A total of 9 (81,8%) participants in the low-distress group gave responses that were in line with the themes identified here (see results summarised in Table 7). In comparison, none of the participants in the high-distress group

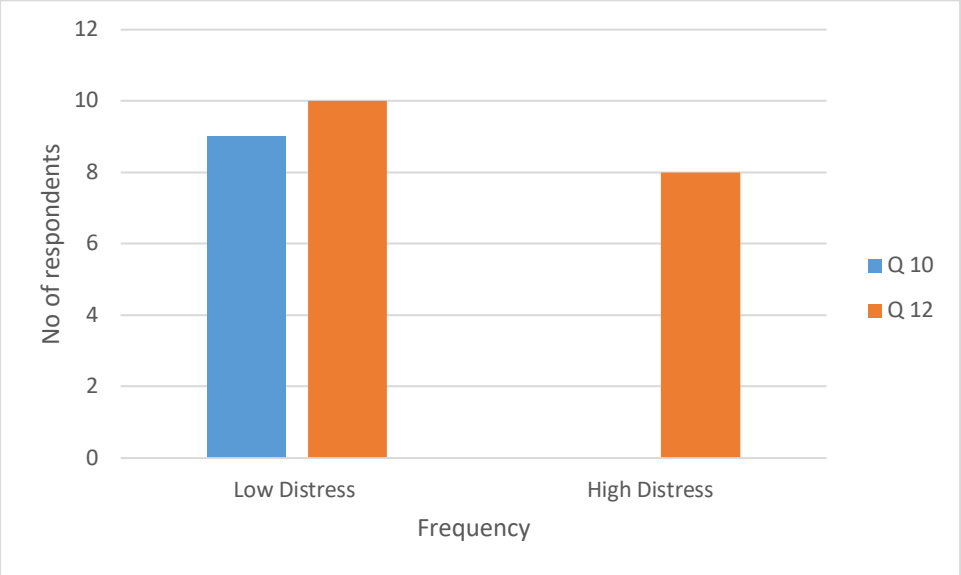
responded in line with these themes. They typically gave responses that focused on the feelings that they experienced during the period.

The closed-ended question (Q12 *During the pandemic, did you understand how the restrictions implemented at work could help to slow the spread of infection?*) was intended to indicate that the respondent found the restriction and regulations implemented by the employer organisation or university to be understandable reasonable and logical. Of the total participants in the low-distress group (n=11) 10 (91%) responded in the affirmative to this question, with 7 (64%) indicating the presence of comprehensibility in the high-distress group.

These results suggest that comprehensibility may be a key mediator in the coping process and could be helpful in assisting individuals to choose more effective coping strategies, therefore reducing the level of psychological distress they experience. Respondents who reported lower psychological distress tended to report a higher degree of comprehensibility suggesting that the degree of comprehensibility may impact their ability to choose effective coping strategies and thus potentially lower their level of psychological distress. Results are summarised in Graph 7.

Figure 4.7

Results of the analysis of SOC: Comprehensibility



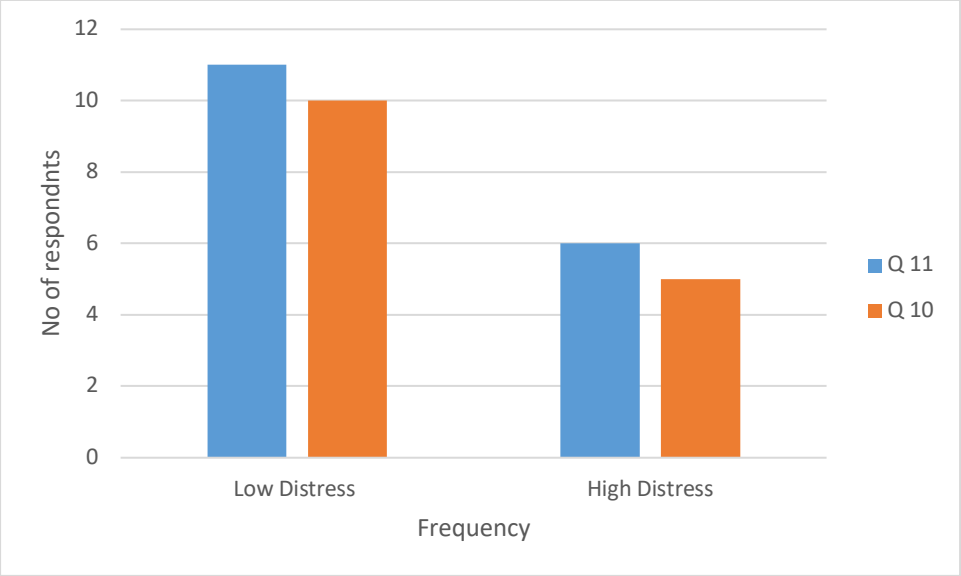
4.3.3.2. Meaningfulness.

Two questions were formulated to tap into the dimension of meaningfulness. These questions included Q11 (How did you make sense of the fact that bad things happen in life and how did this help you to make sense of the pandemic?) and Q10 (Reflecting back on the most recent increases in lockdown restrictions, what were some of the memories, thoughts, and feelings you experienced?). This dimension would be evidenced by responses that indicated themes of a religious or philosophical perspective that allows the individual to accept and find meaning in the challenges they face (Eriksson & Mittelmark, 2017). Some of the themes that are in line with this dimension include a belief that to some extent there is some predictability in life and that certain challenges are worth investing time in. The low-distress sample group tended to include these themes more frequently than those in the high-distress group. Low-distress group responses included examples such as: “It’s just a part of life you just have to knuckle down and (p)ush through.” Some participants expressed a certain pragmatic philosophical viewpoint for example, “Life has many ups and downs” and we must overcome them as we only have ourselves to rely on.” Other participants responded

by citing their religious convictions as giving them strength, for example, “I am a person of deep and abiding faith, this situation does not scare or distress me at all. My Lord is ALWAYS at work turning EVERY situation to my good, and I have powerful evidence of this.” See results summarised in Table 7. Of the total participants in the low-distress group (n=11) all 11 (100%) responded in the affirmative to Q11 in comparison with only 5 (45%) in the high-distress group. Similarly, 11 participants in the low-distress group answered in the affirmative to Q10 in comparison with 5 from the high-distress group (Eriksson & Mittelmark, 2017). Results are summarised in Graph 8 below.

Graph 4.8

Results Of The Analysis Of SOC: Meaningfulness



4.3.3.3. Manageability.

Two close ended question were used to tap manageability in this sample, These questions included Q13 (*How confident were you that your own actions could protect you from being infected with COVID-19?)* posed to the participants in order to discern whether participants indicated a solution focused orientation, and 14 (*Did you or your family have a*

plan for how to live and survive during the lockdown?) to explore a future orientated approach to problem-solving (Eriksson & Mittelmark, 2017) These questions sought to determine whether respondents had a solution focused approach or where more future orientated. On this dimension participants from the high-distress group showed a high level of manageability as indicated in Graph 9. This suggest that manageability as measured by our study, may not be as vital in assisting and individual to choose an appropriate coping strategy and thus lowering psychological distress.

Graph 4.9

Results Of The Analysis Of SOC: Manageability

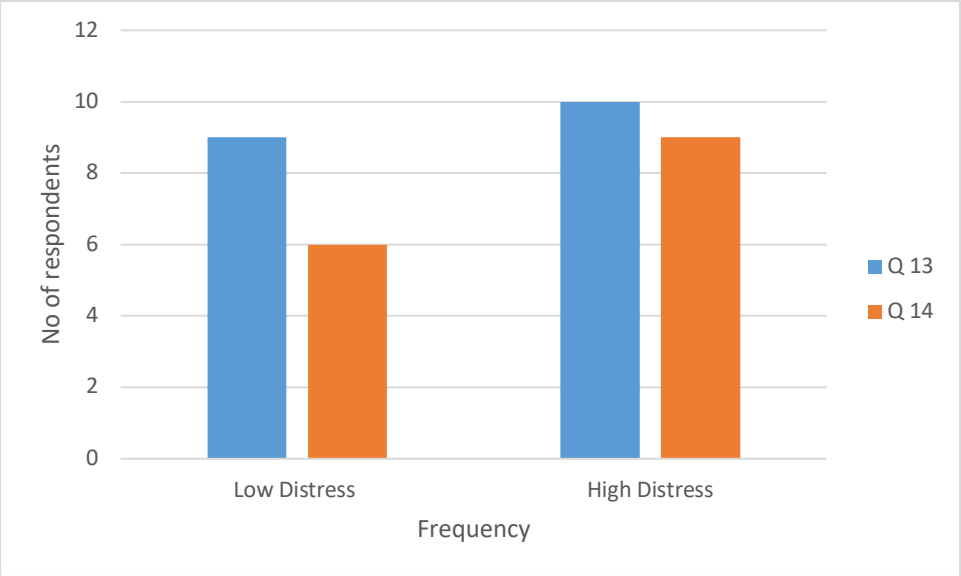


Table 8

Summary Of The Deductive Thematic Analysis Scores For SOC

Theoretical dimension	**Survey Question**	**Deductive Themes to suggestion high SOC**	**Total sample**	**Low-distress Group**	**High-distress Group**
Comprehensibility	10. Reflecting back on the most recent increase in lockdown restrictions what were some of the memories, thoughts, and feelings you experienced?	❖ Predictability in life ❖ Social support ❖ Coping strategies ❖ Life meaning ❖ Responsibility ❖ Comprehension	22	9	0
	12. During the pandemic, did you understand how the restrictions implemented at work could help to slow the spread of infection?	Responding in the affirmative indicating confidence in the restrictions and policies implemented by the university and public health	22	10	8

Meaningfulness	11. How do you make sense of the fact that bad things happen in life and how did this help you to make sense of the pandemic?	❖ Life meaning ❖ Philosophical viewpoint or worldview that is pragmatic.	22	1	6
	10. Reflecting back on the most recent increase in lockdown restrictions what were some of the memories, thoughts, and feelings you experienced? *	❖ Faith, Religion, ❖ Social support ❖ Coping strategies ❖ Life meaning ❖ Responsibility ❖ Challenges worth investing time and effort ❖ Expression of confidence	22	1	5
Manageability	13. How confident were you that your own actions could help protect you from being infected with COVID-19? *	Responding in the affirmative indicating a solution focused approach	22	9	10
	14. Did you and your family have a plan for how to live and survive during the lockdowns?	Responding in the affirmative indicating future-orientation	22	6	9

4.4. Summary of findings

The purpose of this chapter was to present the findings from the quantitative and qualitative analyses of the data, laid out in the previous chapter, to address two research objectives. The first objective of this study was to understand the relationship between current psychological distress and past coping strategies during the COVID-19 pandemic in a sample of university academic and support staff. Results found no significant correlation between current psychological distress and past coping strategies during the COVID-19 pandemic in the overall staff sample. However significant correlations were observed between current psychological distress and staff category (academic and support staff), as well as disability. Within staff categories, significant correlations were evidenced between current psychological distress and past avoidant coping and gender. Of the three coping strategies measured in this survey, avoidant coping which is a passive and least adaptive coping style was reportedly used far less than the other coping strategies. Participants far more frequently reported using the more active coping strategies of emotion-focused coping and problem-focused coping during the pandemic. A significant relationship was evident between academic staff, higher psychological distress, and avoidant coping.

The second objective of this study was to understand how SOC impacted on the coping strategies used by participants during the COVID-19 pandemic. Though there was no statistically significant relationship between current psychological distress and past coping strategy for the overall sample, the qualitative analysis of SOC questions from the participants with the lowest distress scores does indicate that SOC seems to have an impact on how participants coped during the COVID-19 pandemic. Theoretical models of stress and resilience posit that there is a reciprocal relationship that exists between our appraisal and perception of a situation, the negative affectivity that we experience as a result of this appraisal, and our ability to cope or encourage positive outcomes (Richardson, 2002; Glantz & Johnson, 1999; Kaplan, 1999).The participants who successfully negotiated and coped

with the immensely stressful pandemic and its effects, and have thus low-distress scores indicated the presence of the SOC. This makes sense as SOC was the dispositional orientation that would have facilitated this coping.

5. Discussion

The purpose of this chapter is to discuss the findings that have been laid out in the previous chapter. It begins by looking at the quantitative and qualitative data to understand what we can infer about current reports of psychological distress and previous coping strategies during the COVID-19 pandemic, in this sample of university employees. The participants of the study represent a population of individuals in an organisation and the understanding of the distress that they were still presenting within our current time, the coping mechanism they used during the COVID-19 pandemic, and their reported understanding of why and how they coped with the effects of the COVID-19 pandemic, provide helpful insights into the possible interventions that may facilitate the maintenance and development of psychological well-being. These results are discussed within the context of current literature on psychological distress, coping strategies, and the COVID-19 pandemic.

5.1. Low reports of current psychological distress in the university sample

The first important finding from this project was the low reports of current psychological distress in the university sample. Only 20% (n=34) of the total sample reported elevated levels of current psychological distress. This low current psychological distress may be due to two reasons. First, data was collected almost two years after the advent of the first COVID-19 lockdown. This would imply that staff had had ample time to adapt to and cope with the upheavals caused by the pandemic. By the time of this survey, staff had returned to work on a full-time basis as restrictions had been relaxed for some months. It can be assumed that this would have alleviated pandemic levels of psychological distress as life seemingly returned to normal. Various studies have indicated that post-COVID-19, levels of psychological distress decreased, and individuals tended to exhibit a resilience trajectory as

opposed to exhibiting chronic psychological distress over time(Yang & Ma, 2022, Lin et al, 2021).

Second, the SA CORE-10 results indicate that individuals may have demonstrated some level of resilience or the presence of assets that promote well-being and that the mapping of such assets would be useful in shaping future staff wellness interventions. Various studies have indicated that post-COVID-19, individuals tended to exhibit a resilience trajectory as opposed to exhibiting chronic psychological distress over time(Yang & Ma, 2022, Lin et al., 2021).

Lin et al. (2021) in their study on Psychological Distress and resilience, identified lower rates of the resilient and recovered groups and higher rates of the delayed and chronic distress groups. In the current study, we noted that 146 (85,4%) fell into the non-clinical range with scores of 10 or less, 23 (13,4%) in the mild distress range 3 (2%) (fell into the moderate range , 5 (2,9%) fell into the moderate to severe range and none fell in the range of severe distress. This indicates that the population in our study exhibited higher levels of resilience and recovery as indicated by the lower levels of psychological distress.

A review of literature on resilience-promoting factors during COVID-19 by Blanc et al. (2020), revealed that factors on a cultural and community level promoted resilience. The asset mapping model of health promotion by Morgan and Ziglio (2007), recognises that certain strengths exist within any community that can be regarded as assets that promote well-being. Those assets may be in the form of individuals such as healthcare providers, institutions at the community level such as primary health care clinics or employer organisations, and physical assets such as infrastructure and the local economy (McKnight, 2017). The policies implemented by the employer organisation, in this case, the Eastern Cape University targeted for this study, and the resources they made available to staff - even by

extension government policies that have been implemented - can be seen as having provided assets that facilitated the adaptation of individuals post-COVID-19.

The Health promotion model recommends and promotes the importance of mapping these assets and evaluating their usefulness and our qualitative data indicates that to a certain extent, these have been vital in post-COVID adaptation. This is an important consideration for mental healthcare providers and policymakers.

5.2. Correlation between current psychological distress and past coping

A second important finding is that there were no significant correlations observed in the general university staff sample between the level of current psychological distress and past coping strategies used during the COVID-19 pandemic. This finding is supported by research that indicates that there is no correlation between the coping strategies and level of distress over time (Roussi & Krikeli, 2007; Nielson & Knardahl, 2014) This result may also indicate that participants had acclimatised to the consequences of the pandemic due to the time lapse between the COVID-19 pandemic, the implementation of these coping strategies, and participants' current psychological distress. Perhaps participants have learnt to deal with the distress that was a consequence of the pandemic in better ways (Roussi & Krikeli, 2007). Results from the Brief COPE indicated that of the three coping strategies, avoidant coping which is a passive and the least adaptive coping style, was reportedly used far less than the other coping strategies. This would imply that participants used the more active coping strategies of emotion-focused coping and problem-focused coping far more frequently during the pandemic. This may have been a consequence of learnings that occurred during COVID-19 as individuals began to realise the value of more active forms of coping. This is supported by literature, Lazarus & Folkman (1984) posit that coping strategy is a function of context indicating that coping strategies are chosen because there is a fit between context and demands of the situation as it evolves. (Osowiecki & Compas, 1999). Part of the Salutogenic

theory is an understanding on a micro-level of the individual's own perceptions of their coping capabilities and the feedback process whereby they begin to choose certain ways of coping over others (Langeland and Vinje, 2013).

5.3. Avoidance and high psychological distress in academic staff

Though no statistically significant relationship was found between current psychological distress and past coping strategy used during the COVID-19 pandemic in the overall university sample a significant relationship between current psychological distress and past avoidant coping was found in the academic staff sample. In addition, the thematic analysis of qualitative data about SOC from the participants with the lowest distress scores does indicate that SOC had an impact on how well participants coped during the COVID-19 pandemic. This would suggest some connection between current psychological distress and past coping, particularly when it is maladaptive, avoidant coping. This finding makes sense in terms of research by Nielson & Knardahl, who found that maladaptive coping strategies were strongly related to increased psychological distress over time (2014).

The avoidant coping strategy reported by academic staff is considered passive and to a certain extent maladaptive (Stanislawski, 2019). This would imply that academic staff may have struggled more with the effects of the pandemic and transition to online learning, in comparison with support staff, and drew more frequently on maladaptive coping strategies such as avoidance. This finding agrees with studies by Ananga et al. (2020) which highlighted just how badly academic staff were adversely affected by the pandemic. Academic staff were also under considerable pressure to adapt their teaching methods, material, and assessment procedures to an online platform (Ananga, 2020). This was coupled with the University's campaign to ensure that students disadvantaged by socio-economic limitations were not excluded from online learning, requiring staff to dedicate considerable amounts of time and effort to ensure that the students were assisted. It is important to

understand that teaching and learning had to take place in the context of a student population that was faced with very real challenges such as lack of access to data, laptops, and connectivity due to infrastructure underdevelopment in the South African context (Letseka, Letseka & Pitsoe, 2018).

The Salutogenic perspective speaks of cognitive resources such as the SOC and Generalised Resistance Resources which are environmental factors that can facilitate an individual's ability to cope effectively with stressors (Antonovsky, 1987). It is accepted that stressors are ubiquitous and unavoidable, however socio-demographic factors do have a role in how individuals cope with and adapt to stress (Turner and Avison, 2003). Various studies that have looked at the socio-demographic factors and the impact they have on well-being specifically SOC, predict that a higher income is one of the socio-demographic factors that could be seen as a Generalised Resistance Resource assisting individuals to cope better with environmental stress (Barnard, 2013). It should then follow that academic staff, with a higher income level and thus more favourable socio-economic conditions should be better able to cope with the effects of the pandemic. Yet in this study it is clear that these participants have shown a higher tendency towards utilising passive or less adaptive coping strategies. This may be due to the nature of the work academic staff are engaged in. Work that comprises predominantly of manual labour requires immediate attention, whereas academic work which has more autonomy around time management allows for participants to engage in avoidant coping with regards to those activities that they may be averse to completing.

Considering that the majority of academic staff had the option of working from home, it can be argued that there was some spill-over between the role of employee and parent thus affecting their work-life balance. Guest (2002) argues that cultural values and morals have an impact on the work-life balance and in a society where women still bear the majority of parenting responsibility it would seem that it may be that female participants were negatively

impacted on in this regard. This might explain the preference for an avoidant coping style as academics would employ an avoidant coping style to deal with the work demands, focusing on the more pressing demands of family life.

Though the results are not conclusive, should further analysis confirm that certain categories could be considered vulnerable, focus would have to be placed on these groups when considering intervention and support programmes. These results again highlight where additional support may be needed in stressful times.

5.4. Coping and SOC

Though no statistically significant relationship was found between psychological distress and the coping strategy used, the qualitative analysis of the data from the participants with the lowest distress scores does indicate that a sense of coherence had an impact on how well participants coped during the COVID-19 pandemic.

According to Antonovsky (1986), the SOC could be understood in terms of three questions, or the presence of three pre-conditions, namely:

- The wish to cope refers to the belief that there is value and meaning in investing time and effort into dealing with the challenge one is faced with or the dimension of meaningfulness.
- Understanding the challenge to be faced or the belief the stimuli deriving from internal and external environments are understandable and predictable which refers to the dimension of comprehensibility.
- The belief that the individual possesses the resources to cope refers to the dimension of manageability.

Theoretical models of stress and resilience posit that there is a reciprocal relationship that exists between our appraisal and perception of a situation, the negative affectivity that we experience as a result of this appraisal, and our ability to cope or encourage positive outcomes

(Richardson, 2002; Glantz & Johnson, 1999; Kaplan, 1999). The participants in this research study who successfully negotiated and coped with the immensely stressful pandemic and its effects, and reported current low psychological distress also indicated some presence of SOC. This makes sense in that SOC is defined as the dispositional orientation that facilitates coping (Antonovsky, 1986). Each of the three areas of SOC will be discussed in relation to participants' results in an attempt to make sense of SOC's contribution to coping during the pandemic, and current psychological distress in the sample.

5.4.1. Comprehensibility

Comprehensibility refers to the ability of an individual to understand the situation that they are faced with (Cilliers & Coetzee, 2003). Though the majority of participants in this study seemed to understand the need and purpose of the restrictions imposed by the university and government, those in the low-distress group seemed to be more critical of the expected success of these, seemingly indicating a desire to have some measure of control or a say in how these measures would be implemented. While the high-distress group indicated having an understanding of the restrictions but did not seem to question further the efficacy of these.

Comprehensibility research has indicated that comprehensibility is closely linked to other constructs such as self-actualisation and learned resourcefulness (Cilliers & Coetzee, 2003). The apparent lack of comprehensibility might be an indication of the interplay of other complex parts of the self, such as self-concept and self-regulatory skills (Cilliers and Coeztee,2003). The low-distress group in this research study therefore by exhibiting this tendency towards questioning shows evidence of learned resourcefulness and a measure of self-actualisation. They actively engage in a process of self-regulation by engaging in problem-solving behaviour instead of abdicating responsibility and deferring to the supposed more knowledgeable authorities (Rosenbaum, 1989). This is an important observation that

informs intervention work about developing and promoting more adaptive coping and psychological well-being.

5.4.2. Meaningfulness

The dimension of meaningfulness speaks to the values and attitudes that people hold on certain matters and the ability to behave consistently in line with those values (Phadmanabhanunni et al, 2022). The low-distress group expressed strong personal beliefs that generated values that facilitated and assisted their ability to cope. These values ranged from religious beliefs or a pragmatic philosophical approach to life that gave an explanatory framework for sense-making and giving meaning to the challenges presented by the pandemic. These values or beliefs created an emotional involvement that served to motivate these individuals. Landsverh & Kane (1998:422) describe this as ‘‘an emotional connection that promotes motivation’’. This emotional involvement can provide meaning and motivation, but it can also be a source of health-damaging stress, and this depends on how appropriately an individual is able to respond to the emotions aroused and other aspects of SOC (Antonovsky, 1987). The results from this research project suggest that meaningfulness was high in those who experienced lower distress levels and reported using more adaptive coping strategies. In comparison, the participants who reported high current levels of psychological distress seemed to struggle to find meaning in the adverse conditions they were experiencing during the pandemic and seemed to have a more here-and-now focus. This observation is again useful in thinking through how past coping strategies implemented in response to traumatic events may impact on current psychological distress and the role SOC may play in this.

5.4.3. Manageability

Survey responses measuring manageability in this research project were closed-ended requiring a response in the affirmative. The majority of the high-distress group responded

positively to these questions whereas participants in the low-distress group seemed to hold a more realistic idea of the challenges that faced them during the pandemic. It may be argued that the low-distress group showed evidence of having a realistic expectation of success or mastery which could be regarded as a more effective measure of manageability. This interpretation aligns with research by Kristof as referenced by Maschkowskil et al. (2008), who reported that establishing concrete and realistic steps is a necessary prerequisite for reducing fear of transformation and change. Though at face value responses from the low-distress group indicated lower manageability, their critical assessment of the situation and responses from authority or government could be regarded as indicative of true manageability as they engaged with the situation critically and realistically. This is again a useful observation in understanding the role of SOC in coping, establishing, and maintaining psychological distress.

In summary three key points emerge from this discussion. The participants' responses in relation to dimension of comprehensibility shows an indication that it may be affected by other parts of the self, such as self-concept and self-regulatory mechanism (Cilliers & Coetzee, 2003). This is seen in the tendency for participants to question and analyse the stressor and the possible responses to it, and in turn an ability which may be impacted by their self-concept and self-esteem.

Those participants who demonstrated a high level of meaningfulness seemed to cope better as indicated by the scores and this further alerts us to the importance of a meaning-making framework, what may be regarded as a perceptual mechanism whereby people are quite possible influenced by their experiences of the environment to "see" the world in a particular way (Super et al., 2016).

The participants responses in relation to the domain of manageability seems to indicate the importance of the individual possessing the knowledge or ability to take concrete steps to deal with the stressor, This may be regarded as the behavioural component of SOC and opens opportunities for interventions that seek to teach individuals these behavioural responses that will benefit them in coping with adversity.

5.5. Conclusion

As Antonovsky (1979) explained, people cannot be grouped into either sick or healthy dichotomies. Everyone has a level of health that can be measured on a continuum. Instead, we could adopt the view (as many proponents of positive psychology do), that human beings possess the potential to overcome adversity if given the correct tools and skills and social context. This being the case we can understand the importance of studies that explore the interplay between individual experiences and the situational contexts that impact the individual.

This study was undertaken from a pragmatic, mixed methods paradigm, with its emphasis on using more than one form of scientific inquiry, incorporating quantitative and qualitative data to come to a true "knowing" and understanding of the phenomena under study (Cresswell & Plano Clarke, 2011). Research undertaken using this paradigm places its focus on understanding the actions, situations, and contexts that human beings find themselves in as well as the consequences of those actions. (Morgan, 2014). The study has been approached from a Positive Psychology theoretical framework and specifically the concept of Salutogenesis and its focus on understanding and building the factors that allow individuals to flourish and promote positive human functioning at subjective, individual, and group levels (Seligman & Csikszentmihalyi, 2000; Linley & Joseph, 2004; Seligman, 2002).

This study aimed to explore coping strategies in response to the COVID-19 pandemic and current experiences of psychological distress, in a sample of academic and support staff working at a small, rural university in the Eastern Cape, South Africa.

Data was collected using two measures namely the SA CORE-10 which is a self-report measure of psychological distress. This tool provided a measure of current psychological distress reported by the university staff sample.

The CORE-10 results indicated that only 16% (n=26) of the sample reporting elevated levels of current psychological distress. This low current psychological distress may be due to two reasons. First, data was collected almost two years after the advent of the first COVID-19 lockdown. This would imply that staff had had ample time to adapt to and cope with the upheavals caused by the pandemic. Second, the SA CORE-10 results indicate that individuals may have demonstrated some level of resilience, or assets that promote well-being and that the mapping of such assets would be useful in shaping future staff wellness interventions.

The Brief COPE was used to measure three types of coping strategies, namely, problem-focused coping, emotion-focused coping, and avoidant coping strategies in this university staff sample. Results indicated that of the three coping strategies, avoidant coping which is a passive and the least adaptive coping style, was reportedly used far less than the other coping strategies. This would imply that participants used the more active coping strategies of emotion-focused coping and problem-focused coping far more frequently. This may have been a consequence of learnings that occurred during covid-19 as individuals began to realise the value of more active forms of coping. Alternatively, these more adaptive strategies may have existed prior thus also possibly contributing to the lower levels of current psychological distress in the sample.

No significant correlations were found between current psychological distress and past coping strategy used during the COVID-19 pandemic in the general staff sample. However significant mean differences were found between staffing category, current psychological distress and past coping strategy, where academic staff showed significantly higher scores on current psychological distress, and past avoidant coping in comparison with the support staff group. This avoidant coping strategy is considered passive and to a certain extent maladaptive. This would imply that academic staff may have struggled more with the effects of the pandemic and transition to online learning, in comparison with support staff, and drew more frequently on maladaptive coping strategies such as avoidance. This finding agrees with studies by Ananga et al (2020) which indicated that academic staff were adversely affected by the pandemic.

Though no statistically significant relationship was found between current psychological distress and past coping strategy used during the COVID-19 pandemic, the thematic analysis of qualitative data about SOC from the participants with the lowest distress scores does indicate that SOC had an impact on how well participants coped during the COVID-19 pandemic.

6. Recommendations

The study of wellness or well-being is undertaken to better understand how to help create communities that will adapt successfully to the stresses that life presents them with, and thrive (Eriksson & Mittelmark, 2017). Salutogenesis as a theory, seeks to look at individual and environmental resources that promote health as opposed to the pathogenic approach which focuses on removing stressors or moderating their effect (Mittelmark & Bauer, 2016). The following recommendations focus on interventions that assist the individual but go beyond, to try to identify resources in the environment that may facilitate adaptation and increase wellness.

6.1. Asset Mapping

In studying psychological distress the health promotion perspective, informed by the theory of Salutogenesis recognises the importance of collecting data on the assets or resources available in the community that promote health and well-being (Morgan & Ziglio, 2007). Asset mapping is evidence-based, seeking to catalogue all strengths or resources available to the community and individuals to promote health as opposed to preventing disease and utilises salutogenic indicators to do so (Morgan & Ziglio, 2007). The small rural city in which the university is located possesses some unique characteristics. It is fairly isolated; and has a small town character, where the centrality of the university holds high influence over the economy and culture of the town. All these factors place the university in a unique position to, through its practices as an employer organisation, contribute to producing employees who flourish and are resilient; and students and a greater community that embodies the same characteristics.

The low levels of psychological distress noted in the university staff sample in this study indicate that the university may have succeeded in providing resources that have aided its employees in coping with the effects of the pandemic and negotiating the change successfully. Engaging in a process of mapping these assets would serve to strengthen the role of the university as an employer organisation in creating a healthy and resilient

workforce. The asset map produced could be used as input in health and well-being research, to promote community engagement and identify opportunities to create partnerships with key stakeholder groups or organisations (Turin et al., 2019).

6.2. Establishing The University as a Health-Promoting University

The Ottawa Charter for Health Promotion (World Health Organization, 1986) emphasised that the determinants of health were to be found in the contexts where people lived. This supports health promotion from a salutogenic perspective, which maintains that the organisations that exist within a community also play a vital role in the health and well-being of that community. Brennan (2004) speaks of the responsibility of universities to participate in community and civic engagement thereby essentially widening participation by building new civic institutions and promoting new cultural values (Dooris et al., 2022). The Health-promoting University Initiative which began in the UK in the 1990s was informed by the understanding that organisations investing in health and well-being perform better. The initiative that began with the University of Central Lancaster was intended to operationalise the objective of creating an empowering and healthy workplace that could, in turn, support the healthy social and personal development of students (Dooris, 2001). The Health Promoting University programs seek to protect health and promote the well-being of employees and students through the promotion of sustainable policies, creating alliances and outreach to the community, and including health promotion in the teaching practices, curriculum, and research. The university in this research study stands to gain from such an initiative and therefore it is recommended that the university explores this option to improve not only the well-being of its employees but to ultimately accrue the benefits that would follow from this initiative for its student population.

6.3. Psychological Care interventions based on SOC

Understanding the impact that the pandemic has had on staff well-being identifies not only vulnerable individuals but also assists in understanding the kinds of interventions that would be most appropriate in the university setting This may include interventions that are based on improving self-efficacy as this is linked to the manageability domain of the SOC (the belief that the individual has the capability to assess internal and external resources that they require to adapt to the stressors in their environment).

Bandura (1977, 1982) identified the following ways of improving self-efficacy: skills mastery, behaviour modelling, social persuasion, and symptom reinterpretation of physiological reactions to stress (Cilliers & Coetzee, 2003). It is suggested that interventions based on improving self-efficacy would benefit staff to improve the SOC. Interventions such as the Mindfulness-Based Stress Reduction (MBSR) program developed by Kabat-Zinn and colleagues (Kabat-Zinn, 1982, 1990; Kabat-Zinn, Lipworth, & Burney, 1985) could be incorporated into the universities Employee Health & Wellness Programs for reduction of stress, as these also are theorised to lead to the strengthening of the SOC.

6.4. Implications

This study has explored psychological distress and its antecedents and may help to identify what health-promoting practices should target. Understanding the relationship between current psychological distress, past coping and SOC could assist in better understanding the type of psychoeducation and psychological care that would be beneficial to employees to alleviate stress, particularly in the face of unexpected disasters like the COVID-19 pandemic. Findings could be used to implement improved employee wellness policies, research, and programs that promote health. This study being conducted from the pragmatic epistemological stance, seeks to come to some conclusion about the conditions that exist on a local level. Utility is limited to possibly similar environments with similar conditions.

6.5. limitations

Limitations to this study would need to be understood in the context of two important considerations around the COVID-19 pandemic. At the time the study was conducted in January 2022, the majority of COVID-19 restrictions had been lifted and staff had returned to work. The data collected therefore places a lot more emphasis on participants' reports of how they felt and coped during the COVID-19 pandemic. Much of the data and conclusions drawn from this study may likely apply to how people cope in general when faced with stressors or problems. The omission of race as a demographic is also important to consider. Various studies have looked at the relationship between SOC and race in the South African context (Barnard, 2013; van der Westhuizen et al., 2013). Research suggests that there may be factors linked to cultural values and socioeconomic conditions which this study did not take into account (Barnard, 2013).

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APPENDIX A

Something went wrong. Reload.

RHODES UNIVERSITY STAFF WELLNESS SURVEY

Questions Responses

Section 1 of 3

RHODES UNIVERSITY STAFF WELLNESS SURVEY

Thank you for taking a moment to consider participating in this survey.

Project aims:
This project seeks to i) understand the distress staff have experienced during the COVID-19 pandemic, ii) explore different ways staff have coped and iii) to poll staff opinions about wellness resources that may be helpful in future.

What you will need to do:
Complete the following questions which include some items about who you are and the type of work you do at Rhodes University, different types of distress you may have experienced recently and how you have coped in response to the pandemic.

How you may benefit from completing this survey:
Thinking through some of the questions about the distress you have experienced recently and how you have coped may be helpful in reaffirming how hard the past few months have been, and how you have managed.

Some of the potential risks of completing this survey:
Some of the questions about psychological distress and coping strategies may be difficult to answer. You may find your answers surprising, and even possibly worrying. If this is the case, please click the box at the bottom of this survey to indicate that you would like to be contacted for information about counselling or other needed support.

Feedback of findings: The results of this study will be summarised and circulated to staff. In addition we hope to publish helpful findings in a local academic journal.

This survey was developed as part of the requirements of the Master's Degree in Counselling Psychology Master's degree at Rhodes University. The researcher may be contacted on 0729179771(cell phone) or maphofolo@gmail.com (email).

The research project has been approved by the relevant ethics committee(s), and is under the supervision of Prof M.M. Campbell in the Psychology Department at Rhodes University, who may be contacted on 046-6038047 (office) or (email) m.campbell@ru.ac.za .

After section 1 Continue to next section

Section 2 of 3

Consent

Participants are hereby invited to participate in a study to i) understand the distress staff have experienced during the COVID-19 pandemic, ii) explore different ways staff have coped and iii) to poll staff opinions about wellness resources that may be helpful in future.

Participation in this survey is anonymous and voluntary. Completed survey data will be downloaded and stored in a protected electronic format in a cloud-based storage system. The results will be summarised and circulated to all staff.

Thinking through the questions may be difficult to answer and if the responses are surprising or even worrying, counselling support will be provided via referral to FAMSA who provide Employee Assistance to Rhodes University Staff.

The report on the project may contain information about my personal experiences, attitudes and behaviours, but that the report will be designed in such a way that it will not be possible to be identified by the general reader.

I agree to take part this survey and understand the risks *

☐ Yes

After section 2 Continue to next section

Section 3 of 3

Questions and Responses

Description (optional)

Question

- Option 1

1. Gender *

- Female
- Male
- Prefer not to say

3. Staff category *

	Support Staff	Academic staff	Permanent	Contract
Staff category	☐	☐	☐	☐
Employment type	☐	☐	☐	☐

4. Staff post level *

Short-answer text

5. Staff Tenure *

- ☐ 0-3yrs
- ☐ 3-6 yrs
- ☐ More than 6 years

6. Disability *

Yes

No

7. Age

Short-answer text

8. Living circumstances *

- Living alone
- Living with others
- Single
- Married
- Have children

9. This form has 10 statements about how you have been OVER THE LAST WEEK. Please read each statement and think how often you felt that way last week. Then choose the description which is closest to this. * *

	Column 1	Not at all	Only occasi...	Sometimes	Often	Most of the ...
I have felt te...						
I have felt l ...						
I have felt la...						
Talking to p...						
Unwanted i...						

I have made...	☐	☐	☐	☐	☐	☐
I have diffic...	☐	☐	☐	☐	☐	☐
I have felt u...	☐	☐	☐	☐	☐	☐
I have achie...	☐	☐	☐	☐	☐	☐

10. These are different ways of coping. Indicate which of these strategies have you been *

	Not at all	Only occasionally	Sometimes	Often or most of t...
I've been turning t...	☐	☐	☐	☐
I've been concentr...	☐	☐	☐	☐
I've been saying to...	☐	☐	☐	☐
I've been using alc...	☐	☐	☐	☐
I've been getting c...	☐	☐	☐	☐
I have been gettin...	☐	☐	☐	☐
I've given up trying...	☐	☐	☐	☐
I've been expressi...	☐	☐	☐	☐
I've been looking f...	☐	☐	☐	☐
I've been trying to ...	☐	☐	☐	☐
I've been making j...	☐	☐	☐	☐
I've been learning ...	☐	☐	☐	☐
I've been praying o...	☐	☐	☐	☐

11. Reflecting back on the most recent increase in lockdown restrictions what were some of the memories, thoughts and feelings you experienced? *

Long-answer text

12. How do you make sense of the fact that bad things happen in life and how did this help you make sense of the pandemic? *

Long-answer text

13. During the pandemic, did you understand how the restrictions implemented at work could help to slow the spread of infection? *

	1	2	3	4	5	
Definitely could not help	○	○	○	○	○	Definitely could help

14. How confident were you that your own actions could help protect you from being infected with COVID-19? *

	1	2	3	4	5	
Strongly disagree	○	○	○	○	○	Strongly agree

15. Did you and your family have a plan for how on how to live and survive during the *

	1	2	3	4	5	
Strongly agree	○	○	○	○	○	Strongly disagree

16. We are considering different options to improve staff well-being. Which of the following would you consider using to improve your well-being? *

- Online communities to provide support.
- Short-term (limited to 6 session) counselling.
- Appointing employee wellness champions for each section/department.
- Psycho-education on wellness techniques and self care practices in the form of short video, apps or ...
- Counselling for staff.
- Other...

18. If you have other suggestions not mentioned above please share them here

Long-answer text

19. If you would like to be contacted for information about counselling or other needed support please leave your contact information here

Short-answer text

APPENDIX B

APPENDIX B

RHODES UNIVERSITY
Where leaders learn

Rhodes University Human Ethics Committee
PO Box 94, Makhanda, 6140, South Africa
t: +27 (0) 46 603 7727
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e: s.manqele@ru.ac.za
NHREC Registration number: RC-241114-045

https://www.ru.ac.za/researchgateway/ethics/

28/09/2021

Prof Megan Campbell

Email: m.campbell@ru.ac.za

Review Reference: 2021-5174-6311

Dear Prof Megan Campbell

Re: Distress and coping strategies reported by a sample of South African university staff in reaction to the COVID-19 pandemic

Principal Investigator: Prof Megan Campbell

Collaborators: Ms Deneo Sekese

This letter confirms that the above research proposal has been reviewed by the Rhodes University Human Ethics Committee (RU-HEC) and **PROVISIONALLY APPROVED PENDING PERMISSION/GATEKEEPER LETTER(S)**.

Gatekeeper permission is required from: Director of Human Resources, Susan Robertson (susan.robertson@ru.ac.za)

Once the Gatekeeper permission letter/s have been received please forward it to the Ethics Coordinator, (s.manqele@ru.ac.za) in order to finalize your ethics approval.

Sincerely,

Prof. Arthur Webb

Chair: Rhodes University Human Ethics Committee, RU-HEC

cc: Mr. Siyanda Manqele, Ethics Coordinator