

Reconciling work, private and family life during the COVID-19 pandemic at the Radcliffe Department of Medicine

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In September 2020, the RDM Environment and Culture working group sent out a survey to all RDM staff and students, to capture their experiences during the initial period of the Covid-19 pandemic, and to identify whether any lessons could be learnt.

354 people took part in the online survey, which was open between 18th September and 9th October 2020. Survey participation was voluntary and anonymous.

Among those who chose to answer demographic questions:

- 37% (129) were non-clinical academic/research staff; 26% (90) clinical academic/research staff; 24% (85) administrative and other professional and support staff; and 10% (35) students.
- 58% identify as female (205); 37% (130) male; 0.3% (1) non-binary.
- 18% (63) identified as being from a racial or ethnic minority.

To capture a full range of experiences without making assumptions about which issues were important, we asked four open-ended questions; responses to individual questions ranged from several words to over 400 words. We analysed these responses thematically for each question. In the analysis below, we include anonymised quotations with key demographic characteristics to illustrate common themes. We give percentages for the number of respondents who actively mentioned an issue in the open-ended questions. Key findings:

- People whose work requires access to laboratories or involves clinical research reported major impacts of COVID-19 restrictions on work
- Those on fixed-term contracts reported anxieties about the future
- Some reported an increase in workload since pandemic onset
- People with dependent children, and those new to RDM have experienced particular challenges
- The professional and social aspects of interactions with colleagues are highly valued
- Staff and students have made adaptations, such as re-prioritising work and using remote meetings
- Half of responses referred to a negative impact on work/life balance; developing a routine was considered key to maintaining a satisfactory work/life balance
- For some people, productivity was unchanged or even increased due to reduced commuting time, fewer distractions and greater flexibility
- Responses reveal a range of feelings and experiences regarding return to on-site working
- People have a very positive attitude towards flexible working options, envisaging future work patterns involving a blend of on and off-site working, and online and in-person meetings.

Q1. What have your experiences been of working (or being on furlough) since March 2020. In what ways has your work been affected?

341 people responded to this question.

Negative impacts on work

i. access to laboratory or patients

The most frequently mentioned impact (26% of respondents) was inability to (or reduced) access to laboratory or patients for research (non-COVID-19 clinical studies were paused in Oxford University Hospitals for a significant proportion of the surveyed period (and beyond)):

“My work has been profoundly impacted by COVID. Due to the lockdown, there was no way for my work in the lab to continue.” (ID68, male, student)

Many respondents elaborated that lab access and patients are essential to their work, and lack or reduced access had made it difficult to plan work and generate data, with the result that they had been less productive. Many linked reduction in output to time-limited grant funding:

“This pandemic is nevertheless a particularly difficult time for scientists, clinicians and students who have time limited grant funding, are conducting clinical trials, are studying for degrees and may not be able to conduct research studies due to limited access to research facilities, clinical trials or because of lockdowns” (ID4, prefer not to say)

“Short 3 year grants will not receive costed extensions, so myself and my Postdocs will struggle to complete their projects within the grants duration.” (ID340, male, clinical academic/researcher).

Reduced access was a particular problem for newer staff/students, who were unable to use the time to do desk-based tasks. Even after laboratories opened, respondents wrote about restrictions in place due to COVID requirements, and many could access the lab for reduced amounts of time, resulting in booking systems, working ‘shifts’ and coming onsite in evenings and weekends; some facilities/equipment remained inaccessible. Some found the resulting need to plan extensively challenging.

ii. Reduced interactions

The lack of (or reduced) interactions was mentioned even by respondents who were otherwise positive about new work patterns. Impacts on work could involve, for example, slower or less efficient liaison with IT or admin queries, ability to supervise and teach techniques, and difficulty establishing or maintaining working relationships. For some, this meant that it was harder to focus, discuss progress or shared targets. Some mentioned that being unable to attend conferences restricted networking, and many had concerns that reduced interactions and lack of spontaneity with immediate colleagues would affect ‘brainstorming’ and development of ideas:

“In particular, the lack of informal bumping into people and sharing ideas is something that I miss and is a really important part of the research process that is extremely difficult to compensate for via online meetings.” (ID121, male, non-clinical academic/researcher)

Many mentioned missing the social aspect of interactions for maintaining well-being:

“Something I have found difficult over such an extended period is the isolation. I miss the corridor conversations and the company of friends and colleagues - my work 'support network'.” (ID334, prefer not to say, administrator/professional/support staff)

iii. Childcare

For some of those with children, the stages of the pandemic when childcare was limited, were especially challenging. Parents of young children reported conflicts between work and childcare, resulting in squeezing work into evenings:

“Working from home is very hard to juggle with childcare - if my baby can't go to nursery that means I'm having to do a full day of caring then try and make up work hours in the evening- its exhausting”. (ID277, female, clinical academic/researcher)

People with school-age children reported challenges balancing work with home-schooling, leading to necessity of multi-tasking and less efficiency. While many reported the situation improved due to re-opening childcare facilities and schools, some described how childcare issues combined with research continuation:

“I was on maternity leave [...], so it is hard to pick apart Covid vs new parenthood. It has been more stressful returning to work working in shifts and being restricted in the shifts I can use because I need to pick up the baby from nursery etc.” (ID317, female, non-clinical academic/researcher)

iv. Workload and additional responsibilities

Many reported increased workload, with causes including more meetings, reviewing writing outputs, tasks taking longer, less backup, taking on the work of sick colleagues, providing extra support to students, needing to cancel and reinstate studies and procedures. Some felt a pressure to make up for time lost during the early months. COVID-related and return to onsite work has created ‘endless bureaucracy’, which has been additional for admin, lab managers and safety officers. Many specifically mentioned that they are working longer hours, and some finding it difficult to restrict working hours compounded by working from home.

5% of respondents mentioned being redeployed from research to clinical work, or took on additional clinical work, impacting on research in several ways, for example:

“I was re-deployed for clinical work from April to August 2020. Working on an on-call rota was tough and switching from a research mind back to clinical and back again has been tricky at times! I was in the middle of doing a pilot study with cellular work which was stopped.” (ID44, female, clinical academic/researcher)

For these people, any research that was possible had to be fitted around clinical work.

v. Practical challenges to working from home

Some found working from home difficult for many reasons, including having other family members also working from home, not being used to working remotely, or processes taking longer. Practical issues

such as having only one screen, using a laptop, lack of, poor or faulty Wi-Fi were also raised. For some, practical challenges were not easily remediable, such as space limitations and needing to work in a bedroom or having space for only a small desk, or sharing space with a partner or flatmates, with some associating this issue with pay/cost of living ratio in Oxfordshire:

“Not having a dedicated working space is really hard, it makes be really annoyed that wages are not high enough to be able to afford somewhere where it is possible to have a spare room/office, currently both my husband and I are working from home, with a temporary office set up in our bedroom, it’s a rubbish way to work.” (ID277, female, clinical academic/researcher)

Emotional consequences

Feelings about work were inevitably influenced by the different ways respondents’ work had been impacted. Some expressed (very) positive sentiments, such as being less stressed and rushed, appreciating having more time to spend with family, or to study. However among those who expressed emotion about work since March 2020, seven times as many expressed negative sentiments. Fear, stress, worry and frustration were common especially for those whose work had stalled and whose studies or contract is time-limited:

“This is deeply frustrating. I feel moderately isolated, unsupported, and almost in competition for my peers.” (ID163, male, non-clinical academic/researcher)

Some people who mentioned childcare or homeschooling responsibilities expressed strong negative emotions, with people describing a difficult balancing act with unsatisfactory results:

“Inevitably work took a front seat and home schooling a back seat leaving feelings of guilt and stress.” (ID351, female, administrator/professional/support staff)

“At the end, I felt that I let down of my work as I am not 100% concentrated and I also let down my kids, as I did not focus on educated both of them properly. They end up watching TV or play all day.” (ID244, female, clinical academic/researcher)

Some parents felt anxious that their situation would affect their competitiveness for future contracts or funding. Respondents also mentioned that the general COVID situation, its management and uncertainty about the future caused them anxiety:

“In addition, there has been quite a lot of anxiety to it, in particular, with no seeing and end to it or at least not seeing competent and coherent approach tackling it.” (ID54, male, non-clinical academic/researcher)

Respondents also mentioned feeling lonely, stressed or struggling to focus or self-motivate due to working alone:

“At the start of lockdown / working at home I found that on some days I could work reasonably efficiently and other days I found it hard to work at all and just didn’t seem to get anything done. Not getting work tasks done then became stressful, feeling guilty, and became a bit of a downward spiral.” (ID251, female, administrator/professional/support staff)

Advantages of changed work patterns

19% of respondents commented that their work could effectively be done remotely, and some reported

that their productivity was higher. People mentioned being better able to concentrate working at home versus a busy shared office:

“The office setting is actually very distracting and productivity drops significantly when the task requires focus and concentration. Organisations should evaluate this aspect - that home working is not necessarily a bad thing and can lead to more productivity.” (ID189, prefer not to say, clinical academic/researcher)

Some mentioned fewer interruptions, or preferred to be in control of environmental factors such as temperature. Some noted that physically moving between meetings led to ‘dead time’, while meetings held on line are more ‘to the point’, and more meetings can be attended while not contributing to environmentally harmful emissions. One noted that many meetings are better attended online than when physical.

7% of respondents mentioned issues related to commuting, including by private and public transport; risk of catching COVID 19, travelling in rush hour, and parking issues were raised. Some reported long commutes up to 5 hours per day, and the cessation of commuting has had a positive impact on mental and/or physical health, leaving them less stressed and with more time and energy for work:

“Without a horrible commute, my life and work has improved.” (ID123, female, clinical academic/researcher)

Adaptations made to changed work patterns

Many people reported ways in which they have changed the work they do, or how it is done, in response to the pandemic. In many cases this has required some planning and reorganization, both individually in order to be able to work from home (such as obtaining hardware, and setting up wireless and remote systems) and as a department, which some felt useful for improved long term efficiency:

“I feel working from home has forced my department to stop relying on hardcopies of paperwork and start to focus on electronic records. Its been good as its encouraged us to revisit processes.” (ID257, prefer not to say, administrator/professional/support staff)

Some changes were re-prioritisations, for example, people using the time to read papers, do literature reviews, analyse data, write papers, funding applications or a thesis, conduct reviews, plan experiments, research administration, ethics applications, teaching, supervision and just thinking. Some had undertaken training such as in programming or bioinformatics. People who had been able to re-prioritise often saw this as a benefit:

“More work from home than it would have been possible whilst at work place --> many more interactions due to collaboration partners very active on paper work and applications.” (ID279, male, non- academic/researcher).

Many wrote about using remote meetings, commenting on the frequency and initial (‘weird’) unfamiliarity; many felt that informal and regular formal and meetings were essential to team working, as well as mitigating feelings of isolation:

“I have noticed the feeling of isolation is less on days/weeks where I have more Teams meetings or webinars, i.e. contact with others.” (ID334, prefer not to say, administrator/professional/support

staff)

4% of respondents mentioned that they have turned their attention to COVID research projects, which they described as positive in terms of new experiences, although challenging to work with new people without meeting.

Q2. How have you balanced your work, private, and family life since March 2020?

336 people responded to this question. 63% of responses reported a negative impact on aspects the balance between their work, private and family life; respondents also discussed the emotional impacts this altered balance has had. 36% of responses mentioned improvements to work/life balance, and 20% said there had been no change.

Negative impacts on work/life balance

i. Caring responsibilities

This issue was reported by 41 female and 23 male respondents who discussed impacts on productivity, concentration, or perception of their contribution to the team, and erosion of personal, home or leisure time, sometimes with significant impacts on mental health:

"I have felt unable to make any contribution to the team due to having caring responsibilities. This has lead to periods of stress and anxiety." (ID240, female, administrator/professional/support staff)

"I was at home trying to balance work and childcare with no support Mon-Friday this was an extremely difficult and stressful time." (ID196, female, non-clinical academic/researcher)

"Childcare is a big issue. It is very challenging to do work that requires long stretches of concentration when your child is around all the time. It diminishes efficiency gains due to working from home. It's been challenging to maintain boundaries between work and life."(ID354, male, non-clinical academic/researcher)

ii. Blurred boundary between work and home

Some reported difficulties adjusting to working from home, sometimes leading to a need to work later in the day than usual:

"I find it is more difficult to cut off from work because home has become my work location, thus I find myself working longer hours and the time periods have less boundaries, making it more difficult to relax and enjoy time away from the computer and work." (ID266, female, administrator/professional/support staff).

Some commented on the inadequacy of their living arrangements for working from home:

“Our house is not very big and it was a challenge to make it work as 2 offices and a nursery.”
(ID167, female, non-clinical academic/researcher)

Some wrote about impacts of the pandemic or of feeling isolated on their mental health:

“It’s easy to become depressed and lethargic at home, which directly impacts productivity and also makes you isolate yourself more to hide this.” (ID9, female, student)

Positive impacts on work/life balance

Improvements to work/life balance were due to: spending more time with family; less time commuting/travelling; increasing participation in physical activities and hobbies, with corresponding improvements to mental and physical health:

“Not having to commute has given me extra time in the day and more flexibility, and I can fit in private and family matters more easily. My stress levels have decreased.” (ID267, female, non-clinical academic/researcher)

“I spend less time travelling to and from the office, and therefore have more free time at home to spend outside and with my family.” (ID248, male, clinical academic/researcher)

Adaptations to working from home

Many people mentioned that they had self-imposed a new routine to help separate work from home, such as keeping regular (if altered) hours for work, and walking for exercise and a change of scene.

“Having set schedules (even if different from what I would be doing in the office, i.e. working evenings and nights instead of morning and afternoon) helped balancing personal and work life.”
(ID90, female, clinical academic/researcher)

Q3. What do you think we might learn from the way we have worked/ been on furlough since March 2020 and, if applicable, returned to on-site working?

322 people responded to this question. Only 7 survey respondents (2%) had been furloughed.

The largest number of comments referred to positive aspects of remote working with comments from 54% of respondents, with some stating a strong preference for working from home or pointing out that many tasks can be done successfully at home:

“I think working from home should become more acceptable without question from line managers, especially when work can be done from home (e.g. computational work, data analysis, reading/writing manuscripts) to allow a flexible approach to working.” (ID27, female, clinical academic/researcher)

“I think that we have learnt that many of the processes were slightly outdated and that we can work equally if not more efficiently electronically.” (ID320, female, administrator/professional/support staff)

However, there were also comments referring to problems with remote working including lack of IT equipment or internet reliability, in addition to issues mentioned in Q1/Q2. The benefits of online meetings were frequently mentioned: there were references to meetings from 19% of respondents. Moving to online meetings was considered to have several benefits: time saved due to room bookings not needed and no travel, allowing people to attend meetings which previously were out of reach, and being able to invite others to attend from a greater distance; increased flexibility allowing meetings to be attended more easily or more frequently; reduced costs; larger audiences possible. However the loss of social and team interactions or networking opportunities were mentioned by 13% of individuals for example:

“Although [online] meetings tend to help with our regular meetings, a regular reunion of colleagues is also a good idea for our mental health and maintaining a supportive environment”
(ID56, male, non-clinical academic/researcher).

Many comments mentioned other benefits of reduced travel: commuting, or to local and international meetings. The reduction in travel time was perceived to have a positive effect on work/life balance, as well as reducing carbon footprint and costs.

Q4. What are your thoughts about, and experiences of, returning to on-site working? What issues influence your thoughts about returning to on-site working?

In June 2020, the university implemented a phased return to on-site working (RTOSW) policy for those who needed access to essential on-site facilities and made provisions for social distancing and safety measures, while encouraging anyone who could work from home to continue doing so.

330 people responded to the question, including 4 respondents who said they had been working on-site thorough the lockdown in clinical capacity or on Covid-19 projects. We analysed the implementation of the RTOSW policy using the strengths, weaknesses, opportunities, and threats (SWOT) framework. Major themes and their frequencies are summarised in the figure below.

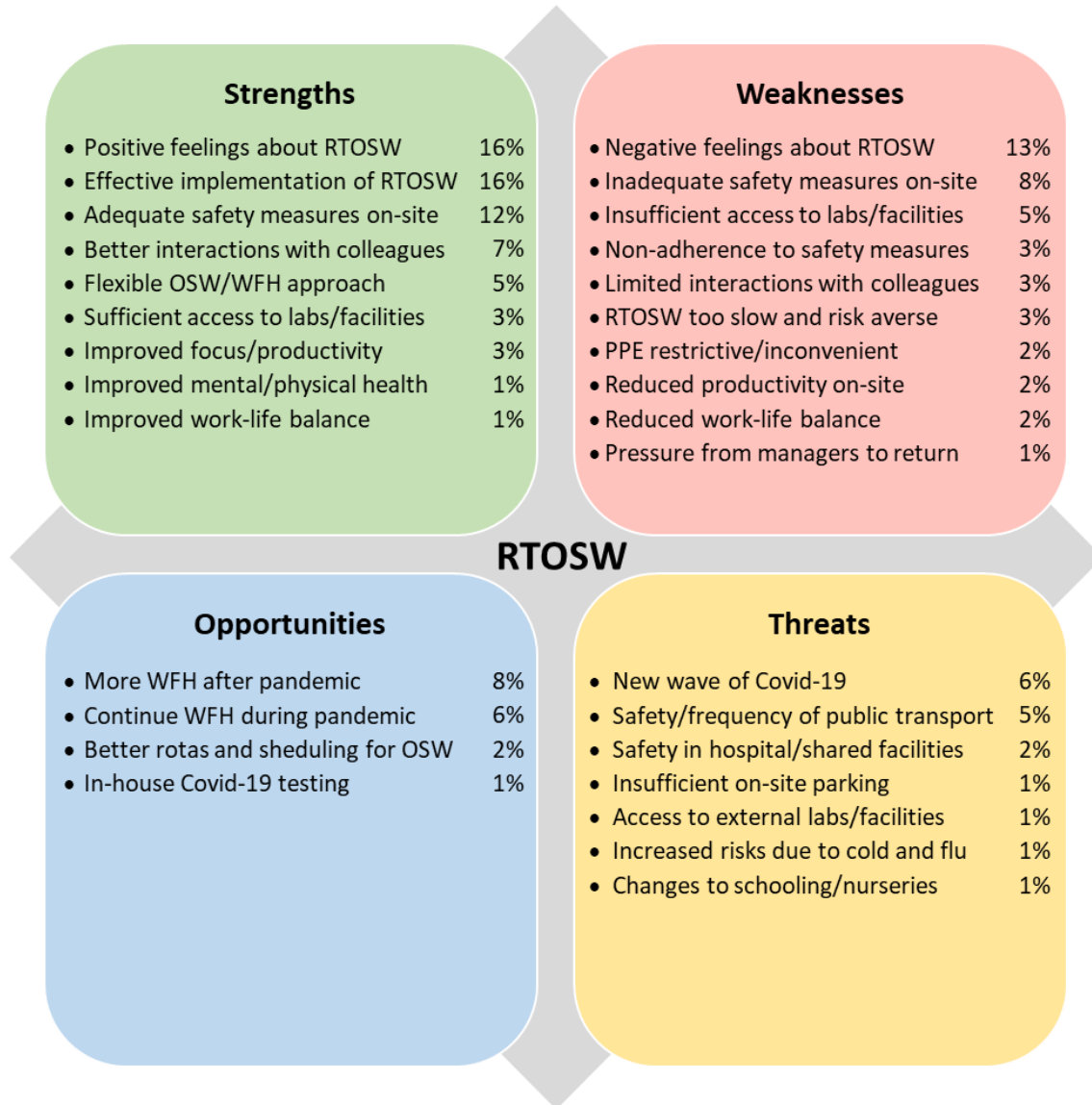


Figure: Strengths, weaknesses, opportunities, and threats (SWOT) analysis of major themes related to the implementation of the return to on-site working (RTOSW) policy, frequency of responses relative to the total number of survey respondents (n=330).

Strengths and weaknesses

16% of responses reported positive feelings about RTOSW, such as happy, excited, enjoying, eager to return, while 13% mentioned negative feelings, such as worried, anxious, nervous, concerned, not enjoying. Overall, responses indicate conflicting strengths and weaknesses of RTOSW depending on individual circumstances and experiences, for example:

“While we need to achieve the aims of the grants and have to do the practical work and also furlough is coming to an end means that this is the time of going back to work which equals high anxiety. As I have a son with an underlying condition that could have detrimental effect on him if

he is to catch the COVID-19 virus I will find it very difficult to balance the return to onsite working to affect on the family.” (ID35, male, non-clinical academic/researcher)

16% of respondents acknowledged effective implementation of RTOSW, while 3% of respondents perceived RTOSW too slow, bureaucratic or risk-averse:

“When onsite working was (finally) allowed, the transition from one stage to the next was seamless, and performed with excellent communication from our laboratory management, local administrators and head of department. The major issue was the speed at which the university as a whole, seemed to dissolve into layer upon layer of bureaucratic inefficiency resulting a huge chunk of time being wasted, where we had been given a mandate to return to work by the government, but were unable to do so for over 2 months.” (ID172, female, administrator/professional/support staff)

1% reported having experiencing pressure from their managers to return:

“Some managers are trying to get their staff to work in the buildings when there is no need. Many of them have a view that you need to be at the office to be working properly, but this is demonstrably outdated”. (ID130, male, administrator/professional/support staff)

While 12% of respondents reported adequate safety measures on site, 8% mentioned inadequate safety measures. 3% expressed concerns about adherence to safety measures by their colleagues.

“I feel a lot safer at work than in the local supermarket! Everyone I have met at work is observing distancing, mask wearing and cleaning rules. We have plenty of gel and masks available.” (ID325, male, clinical academic/researcher)

“I see people in our department who have come in solely to use their computer. Should I report this behaviour? I feel uncomfortable about being a nosy policeman, but it doesn't seem fair. In any case, I would not know how to raise this or who to raise it with.” (ID137, male, clinical academic/researcher)

While 3% of respondents were content with access to labs and facilities on-site, 5% reported insufficient access due to limited lab time, shorter buildings open hours, difficulties in accessing shared research facilities, and pending reopening of canteens and communal areas.

“Some facilities such as the [XXX] facility are still not available to those outside the specific department or institute, despite bookable facilities potentially being the easiest to regulate in terms of distancing etc...this has restricted the lab work that can be done.” (ID119, male, clinical academic/researcher)

Some COVID control measures were perceived contradictory, such as University catering facilities being closed necessitating using Hospital facilities. Using PPE was felt onerous and, by some, over cautious, potentially impacting productivity.

"I know it is the rules, but wearing a mask all the time is claustrophobic..." (ID298, female, administrator/professional/support staff)

7% of respondents perceived better interactions with colleagues on-site than working remotely, 3% of respondents reported that a phased RTOSW and social distancing limited their interactions with colleagues, mainly because not all colleagues were able to be on-site or in the lab at the same time as well as social distancing precluded spontaneous discussions and social interactions.

3% of respondents reported improved focus and productivity on-site, and several respondents mentioning that restricted access to working on-site compelled them to better prioritise and be more efficient:

"Most of my work is lab-based and so onsite working is critical. I've been forced to prioritise the most pressing experiments, as I have reduced access to the lab compared to pre-lockdown and this has actually led to me being quite productive so far." (ID181, male, student)

Respondents were divided as to whether on-site working improves productivity and work-life balance. Having a familiar structure to the day, separating work from personal and family life, and more physical movement were considered positive, as were social interactions:

"being in an environment with other researchers and friends talking about science again." (ID156, female, clinical academic/researcher).

Some mentioned exacerbation of pre-existing challenges, such as fitting in travel to work at traffic-congested times, dropping children at nursery/school, and securing a car park space, or over-crowded workspaces such as where lab and office space is combined. Some who had appreciated the benefits of WFH were 'ambivalent' about RTOSW.

Opportunities

Opportunities to improve RTOSW mainly concerned flexible on-site and remote working; 6% of respondents believed that continuing the flexible WFH/ONS approach during the pandemic was essential to reducing overall risks.

"I think that there will need to be much more thought about long term sustainability of staff who need to go into the lab. That there should be flexibility in allowing staff to attend in normal hours or actually on night 'shifts' so that work can continue. Laboratory work is not able to stay closed for ever or is not even able to run at 30% capacity really, as research does need to continue." (ID74, female, prefer not to say)

1% of respondents believed that regular in-house testing on-site could reduce risks.

Threats

A new wave of the pandemic and the risk of travelling on public transport, especially for respondents with long commutes involving more than one bus or train, were perceived as major threats to RTOSW. Several expressed concerns about public transport and that it would not be sustainable to provide

ongoing socially distanced travel. Several perceived changes to schooling and nursery care as a threat to their ability to work on-site.

Survey Summary

While RDM staff and students have experienced many challenges, survey responses highlight:

- i. that much RDM activity cannot be achieved off site
- ii. that childcare facilities are essential for productivity
- iii. the particular impacts of impeded progress on the career of people on fixed-term contracts and consequent mental health impacts
- iv. the desire of many staff and students to continue with flexible work locations including home-based, supported by (self-)reported improvements in productivity.

Survey responses suggest that caring responsibilities and impacts on mental health have disproportionately affected some groups of respondents, although quantitative research will be required to investigate this further. The EAC are now considering follow up research and are putting together a series of further questions. This work will be combined with the outputs from the New Ways of Working Project¹ and Staff and Student Experience Survey².

We thank all who took part in this survey, the openness and honesty in the responses are helping us understand how all in RDM are coping with the pandemic and what can be learned.

¹ <https://staff.admin.ox.ac.uk/you-and-work/new-ways-of-working>

² <https://edu.web.ox.ac.uk/staff-experience-survey>