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The Well-Being of the Academic Community During the COVID-19 Pandemic

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Abstract

Since 2020, the entire world has been struggling with the SARS-CoV-2 pandemic. The constant increase in the number of sick and dying people and the need for quarantine and social distancing have significantly affected the functioning of people, regardless of their background, age and activities. This article aims to examine the level of well-being among the academic community of Nicolaus Copernicus University in Poland based on the concept of Ken Wilber. To this end, a self-administered questionnaire was developed to assess the overall well-being, as well as the respondents' well-being related to emotions, relationships, health, and the sense of security and satisfaction experienced during the pandemic. A total of 1,164 university employees and 1,601 doctoral and other students

participated in the study. Teachers represented the highest levels of overall well-being, scoring higher than doctoral students and undergraduates. The older the respondents, the higher the perceived levels of overall well-being. These findings indicate that doctoral and other students are struggling with reduced levels of well-being and a reduced sense of the quality of life, displaying signs of emotional difficulties, anxiety and fear.

Keywords: pandemic, COVID-19, academic community, well-being.

Introduction

Since 2020, i.e., for nearly two years, Poland and the rest of the world have been struggling with the SARS-CoV-2 epidemic. In January 2020, the World Health Organisation (WHO, 2020) declared that the outbreak of the coronavirus epidemic poses an international threat to public health and has a significant impact on the mental health and well-being of people worldwide. While many people have adapted to the situation, some started experiencing significant health problems, both physical and mental. The latter most frequently include self-harm, suicidal behaviour and thoughts, and an increased risk of COVID-19 in people with pre-existing mood disorders, anxiety and attention deficit hyperactivity disorder (ADHD). People with mental disorders are more likely to be hospitalised due to COVID-19. Common symptoms include also the subjectively experienced, actual or perceived risks from other people, fear, uncertainty and anxiety, as well as post-traumatic stress symptoms (Heitzman, 2020; WHO, 2022).

Similar to the epidemic, its implications such as social isolation or quarantine can have a negative effect on general and emotional well-being, causing a sense of threat to one's health and that of loved ones, and affecting the sense of security. 'This is because quarantine and social distancing limit people's mobility, social interactions and daily activities' (Sokół-Szawłowska, 2020, p. 57), which may cause emotional difficulties and discomfort. Such experiences and pandemic challenges affect people regardless of age, profession, or social status, including young people and children (Pyżalski, 2020) and adults (Dymecka, 2021).

While the epidemic can be recognised as an objective threat, feelings, which are subjective, related to the risk of falling ill and being isolated or

quarantined are a significant burden on one's well-being and everyday functioning. Although the risk of death from COVID-19 is several times lower than in the case of cardiovascular disease or cancer (GOV, 2021), the epidemic has become a source of growing anxiety globally.

The pandemic and lockdowns have also affected the academic community. Generally, this unique situation has had a negative impact on the operation of university faculties, staff and students in terms of health-related behaviour, as well as mental and physical health (Grubic et al., 2020; Husky et al., 2020; Wang and Zhao, 2020; Al Miskry et al. 2021; Watermeyer et al., 2022).

When analysing the impact of the pandemic on people's lives and well-being, it is worth considering the relative terminology. Based on the literature, well-being can be seen as an indicator of the broadly defined quality of life (Piotrowski, 2013) or the concept of happiness (Czapiński, 2003). The WHO defines health as 'a state of complete physical, mental and social well-being', combining the concepts of dignity, well-being and quality of life (Mann, 2020, p. 149). In general, well-being can be defined as 'the effect of cognitive and emotional assessment of one's own life, which includes high levels of fulfilment and life satisfaction (mental well-being)' (Niškiewicz, 2016, p. 140). Well-being can be considered both an objective and a subjective state. The former includes the external criteria of well-being, mental health and social position, while the latter refers to the mental state and the subjective feeling of happiness (Mirski, 2009).

When defining well-being objectively, it is sometimes approached subjectively as the actual state of 'well-being', which, besides the objective dimension identified as 'welfare', makes up the category of the quality of life. Its subjective dimension – well-being – is defined as a multidimensional assessment of one's life, including both the cognitive and affective reactions to life in general or its specific areas (Eid & Diener 2004, p. 265). Subjective indicators are used to measure well-being. Stiglitz et al. (2009, p. 16) argue that well-being encompasses a variety of subjective aspects of experience: cognitive assessment of one's own life, happiness, satisfaction, positive emotions such as joy and pride, and negative emotions such as pain and concern. For this project, well-being was defined as a subjective dimension of the quality of life.

Well-being denotes a comprehensive approach to everyday experiences and therefore requires a comprehensive (integral) research procedure. A perspective that meets this requirement is Ken Wilber's integral model of the Four Quadrants (2007). It is a compilation of two binary typologies typically applied when viewing reality: the interior/exterior and the individual/collective. Consequently, it is the approach that adopts four separate (but intertwined) perspectives: (1) Individual Interior; (2) Collective Interior; (3) Individual Exterior; and (4) Collective Exterior. The Individual Interior is the 'I' quadrant (Upper-Left, UL) that applies to the personal experience of the individual and uses the 'I language' to describe it. The Collective Interior quadrant (Lower-Left, LL) covers the collective experience of groups and relationships and uses the 'We language' to describe them. The Individual Exterior (Upper-Right, UR) and Collective Exterior (Lower-Right, LR) refer to visible phenomena, e.g., behaviour, legal regulations, infrastructure, etc. They are described with the 'It' or 'They language'. For this study of well-being based on the model of the Four Quadrants, the exterior dimensions were reduced to one (objective), resulting in three perspectives of viewing the world. The names of these perspectives refer to the language used in the description in each sphere: 'I', 'We' and 'This'. The 'I' dimension applies to emotions, thoughts, ideas and expectations about oneself. The 'We' sphere covers emotions, thoughts, ideas and expectations about relationships. The 'This' dimension comprises emotions, thoughts, ideas and expectations about the actions of the individual and their effects. This concept fits well into the subjective dimension of well-being as defined above.

In our project, we have defined these spheres according to Wilber's model as follows:

1. I, or the sphere of inner experience (the 'I' sphere) – the construction of awareness and self-awareness (UL quadrant). In terms of subjective well-being, it refers to emotional well-being, the emotions experienced and well-being in this regard.
2. We, or the sphere of interpersonal relationships (the 'We' sphere) – involvement in relationships with others, the cultivation and devel-

opment of values (the LL quadrant), the quality and number of relationships and the expectation/provision of mutual support.

3. It, or the sphere of work (the 'It' sphere) – the assessment of security and satisfaction at work, activity in terms of health, relationships, professional and institutional activity (the UR quadrant); supporting systems in the company and the state, arrangement of the environment (the LR quadrant). In terms of well-being (as the subject of this study), it refers to the sense of safety/security, satisfaction with professional activity, financial security and health safety (Wilber, 2007).

To sum up, the epidemic caused a change in the sense of security experienced by both individuals and entire social groups. The academic community did not avoid pandemic-related problems. Remote work and education and isolation of students and employees could disturb the emotional balance, complicate or worsen interpersonal relationships and disrupt the rhythm of work or study. All these factors could have a negative effect on people's well-being.

The research problem and objectives

This study aimed to collect the opinions of the university employees, doctoral and other students about their well-being and look for statistically significant differences between the studied groups concerning the overall well-being and the individual subscales. In terms of applicability, the objective was to gain knowledge about the well-being of the academic community to develop educational programmes and training courses at the University Centre for Support and Personal Development (*Uniwersytet Wsparcia i Rozwoju Osobistego*).¹ The study was conducted at the Nicolaus Copernicus University in Toruń, a medium-sized and multi-profile academic centre in Poland.

The initial theoretical category used as the foundation for our study was Ken Wilber's concept and the tripartite approach to the human experience: (1) 'I' as the sphere of internal experience, or emotional well-being; (2) 'We'

¹ https://wsparcie.umk.pl/pages/main_page/.

as the sphere of well-being associated with interpersonal relationships; and (3) 'It' as the sphere of well-being related to work and the sense of security and satisfaction at work. Additional aspects analysed were expectations and the declared need for support (applicability objective). Although these elements are not included in Wilber's concept, we decided to consider them in our study.

The study sought to answer the following research questions:

What levels of well-being are represented in the academic community during the pandemic?

What is the extent of emotional well-being experienced by doctoral students, other students and academic staff during the pandemic?

Are there statistically significant differences between the studied groups in terms of overall well-being and its subcomponents?

What is the extent of relational well-being experienced by doctoral students, other students and academic staff during the pandemic?

What is the extent of security and satisfaction experienced by them during the pandemic?

Methodology and sample characteristics

Methodology

The study was planned as a quantitative strategy and conducted electronically between June and end-September 2021. A self-administered questionnaire of well-being during the pandemic was used to examine the identified variables. It was prepared in two versions: one for the university employees and another for doctoral and other students. While both versions of the tool featured the same questions, the former referred to the work environment and the latter to the place of study. The well-being scale consisted of 20 closed-ended questions, which the respondents answered using the Likert scale: strongly disagree, rather disagree, rather agree and strongly agree. The survey also included one open-ended question regarding the training or workshops the respondents would like to attend.

Cronbach's Alpha was calculated to assess the reliability of the scale (with a 95% confidence interval). The questionnaire's level of reliability for overall well-being was satisfactory: $\alpha = 0.83$ (95% CI: 0.81–0.84), while that for the scores of needs and expectations was borderline acceptable: $\alpha = 0.69$ (95% CI: 0.67–0.71). The subscales of emotional well-being, as well as security and satisfaction, were also borderline acceptable—for both scores, respectively: $\alpha = 0.69$ (95% CI: 0.66–0.71) and $\alpha = 0.73$ (95% CI: 0.71–0.75). The level of reliability was very low only for relationships: $\alpha = 0.15$ (95% CI: 0.07–0.22), which could be attributed to this score including only two test items. Nevertheless, given the low reliability of this score, its results should be interpreted with extreme caution.

The questionnaire measured the overall level of well-being (along with its three subcomponents, viz., emotional well-being, relational well-being, and the sense of security and satisfaction), as well as the needs and expectations regarding the specific forms of support. The questions about emotional well-being referred to emotional well-being during the pandemic, anxiety, lower mood, and the level of emotional support received from loved ones and in the workplace/place of study. Those pertaining to relational well-being sought to know about the quality and number of relationships during the pandemic with loved ones, co-workers, other students and supervisors. The questions about the sense of security and satisfaction were intended to gather information about the feeling of satisfaction (or lack thereof) with the current financial and professional/educational situation, as well as financial and health security (access to medical care, access to medical information and information about COVID-19, and the faculty/university authorities ensuring safety). The last group of questions concerned the needs and expectations concerning the pandemic situation.

Besides the questionnaire *Well-Being During the Pandemic*, additional questions were asked regarding the respondents' demographic particulars, specifically gender and age.

Given the ongoing pandemic and remote learning, the survey was conducted using the university platform for questionnaires (<https://anxiety.umk.pl/v3/>) and was anonymous and voluntary.

Sample characteristics

A total of 2,765 people participated in the study, of whom 1,164 were university employees and 1,601 were doctoral and other students (undergraduates). Not all participants completed the entire questionnaire; consequently, the responses of 1,887 people who did so were subjected to statistical analysis. This group included 80 doctoral students (DS), 1,021 other students (OS), 394 teachers (T) and 392 non-teaching academic staff (NTA). Women accounted for the majority of respondents in each group (between 56.6% and 75.5%). People aged 24–34 were predominant in the group of doctoral students (93.7% of the group), while those aged 18–23 formed the largest group among undergraduates (78.7%). The group of teachers was dominated by people aged 35–44 (38.8% of the group) and 45–54 (28.9%), while among the non-teaching academic staff, people aged 35–44 were represented the most (41.3% of the group).

Data analysis procedure

The results of the survey were analysed in SPSS and Microsoft Excel. As part of the analysis, the following statistical tests were used:

- Spearman's rank correlation coefficient (ρ) – to check the relationships between well-being, its dimensions and respondents' needs vs. age,
- Analysis of variance (ANOVA) – to check the differences between the groups of doctoral students, other students, academic staff and people from different faculties in terms of the well-being, its dimensions and respondents' needs,
- Student's t-test for independent groups – to check the relationship between gender and the mode of study (only in the group of undergraduates) and well-being, its dimensions and respondents' needs.

The choice of the first test was dictated by the ordinal level of measurements for the 'age' variable, which made other measures impossible to use for correlations between variables.

Concerning the second test, due to the large disproportion in the number of participants in the compared groups, ANOVA was calculated using the Type II sum of squares, a variant more resistant to unequal group sizes. In addition, to minimise the test inaccuracies due to unequal variances for the compared variables, the Welch correction was applied for the estimation of Snedecor's F distribution. For each difference, the corresponding effect size (the Omega squared) is provided along with the results of the *post hoc* test (with effect sizes for differences expressed as Cohen's d) for measuring the difference between two group means. In the latter case, the Holm correction was applied.

For the third analysis, the Welch correction was used to minimise the test inaccuracies due to unequal variances.

Results

Vis-a-vis the research problems posed, the results of the data obtained are presented below.

Overall well-being among the academic community during the pandemic

To answer the main research question (*What level of well-being does the academic community represent during the pandemic?*), averages were calculated for the overall well-being and needs reported by the academic community (Table 1).

Table 1. Overall levels of well-being and needs in the study groups

Variable	Group	M	SD	Min	Max
Overall well-being	Doctoral students	29.76	6.40	13.0	48.0
	Teachers	31.55	4.87	8.0	47.0
	Non-teaching academic staff	31.14	4.68	15.0	43.0
	Other students	30.63	5.59	10.0	49.0
	Doctoral students	5.80	2.34	1.0	12.0

Table 1. (continued)

Variable	Group	<i>M</i>	<i>SD</i>	<i>Min</i>	<i>Max</i>
Overall well-being	Teachers	6.89	2.05	1.0	12.0
	Non-teaching academic staff	6.71	1.90	0.0	12.0
	Other students	5.80	2.45	0.0	12.0
	Doctoral students	2.86	1.11	0.0	6.0
	Teachers	2.83	1.14	0.0	6.0
	Non-teaching academic staff	2.99	1.07	0.0	6.0
	Other students	2.75	1.31	0.0	6.0
	Doctoral students	13.14	4.43	1.0	24.0
	Teachers	14.44	3.63	1.0	27.0
	Non-teaching academic staff	13.82	3.43	1.0	24.0
Needs and expectations	Other students	13.69	4.141	0.0	27.0
	Doctoral students	7.96	2.66	0.0	15.0
	Teachers	7.40	2.44	0.0	15.0
	Non-teaching academic staff	7.62	2.22	1.0	15.0
	Other students	8.39	2.96	0.0	15.0

Source: Authors' research.

Differences between the groups are presented in Table 2.

Table 2. Differences in well-being and needs between doctoral students, teachers, non-teaching academic staff and other students – ANOVA results

Variable	<i>F</i>	<i>Df</i>	<i>p</i>	ω^2
Overall well-being	4.28	3; 331.2	0.006	0.01
Emotional well-being	31.96	3; 337.5	< 0.001	0.04
Relational well-being	4.18	3; 341.9	0.006	0.01
Security and satisfaction	4.68	3; 333.1	0.003	0.01
Needs and expectations	116.81	3; 340.1	< 0.001	0.02

Source: Authors' research.

Based on the data presented in Tables 1 and 2, statistically significant differences, though small, were found between the groups for overall well-being. The overall well-being was the highest in teachers (Figure 1), who scored higher than doctoral students ($t = 2.75$; $p = 0.030$; $d = 0.35$) and students ($t = 2.94$;

$p = 0.020$; $d = 0.17$). The effect sizes for these differences were small. The differences between the other groups were not statistically significant.

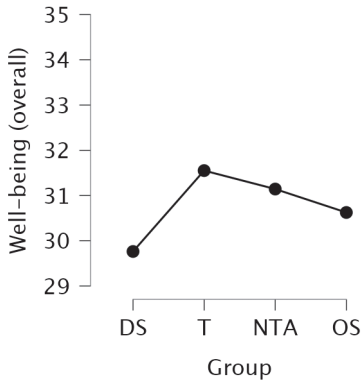


Figure 1. Differences in overall well-being between Doctoral Students (DS), Teachers (T), Non-Teaching Academic Staff (NTA) and Other Students (OS)

Source: Authors' research.

Statistically significant differences were also found for needs and expectations; however, the effect sizes were small. The highest levels of needs and expectations were observed in students (Figure 2), whose scores in this category were higher than those of teachers ($t = 6.18$; $p < 0.001$; $d = 0.35$) and non-teaching academic staff ($t = 4.76$; $p < 0.001$; $d = 0.27$). The effect sizes for these differences were small. The differences between the other groups were not statistically significant.

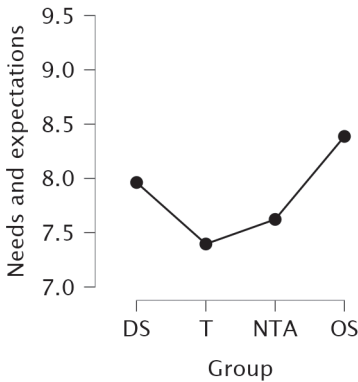


Figure 2. Differences in needs and expectations between Doctoral Students (DS), Teachers (T), Non-Teaching Academic Staff (NTA) and Other Students (OS)

Source: Authors' research.

In addition, a very weak relationship was found between the respondents' age and overall well-being ($\rho = 0.08$; $p = 0.001$), and their needs and expectations ($\rho = -0.17$; $p < 0.001$). In the former case, higher age was related to higher levels of overall well-being; however, the correlation between these variables was very weak. In the latter case, higher levels of needs and expectations corresponded to lower age; however, this correlation too was weak.

Next, differences in the overall well-being and needs and expectations were verified concerning gender and mode of study. The results of this analysis are shown in Table 3.

Table 3. Differences between women and men and full-time and part-time students in terms of well-being and needs

Variable	Grouping variable	<i>T</i>	<i>Df</i>	<i>p</i>	<i>d</i>
Overall well-being	Gender	-2.23	1009.6	0.026	-0.11
	Mode of study	0.80	70.37	0.428	0.10
Emotional well-being	Gender	-5.14	1052.7	< 0.001	-0.26
	Mode of study	1.71	70.0	0.092	0.22
Relational well-being	Gender	-4.38	1049.7	< 0.001	-0.22
	Mode of study	2.65	70.5	0.010	0.34
Security and satisfaction	Gender	-2.83	1022.2	0.005	-0.11
	Mode of study	1.61	71.1	0.111	0.20
Needs and expectations	Gender	5.95	11025.4	< 0.001	0.30
	Mode of study	-3.32	70.66	0.001	-0.42

Source: Authors' research.

Men represented higher levels of well-being ($M = 31.32$; $SD = 5.83$) and lower levels of needs and expectations ($M = 7.43$; $SD = 2.94$) than women (for both variables, respectively: $M = 30.70$; $SD = 5.06$ and $M = 8.27$; $SD = 2.60$). The size effect for these differences was small. Further, full-time students were characterised by a higher level of needs and expectations ($M = 8.43$; $SD = 2.94$), compared to part-time students ($M = 7.22$; $SD = 2.78$). The size effect for this difference was moderate.

No differences were observed in the levels of overall well-being and needs between diverse groups of academic staff, i.e., researchers, researcher-teachers and teachers (Table 4).

Table 4. Differences in terms of well-being and needs between different groups of academic staff (researchers, researchers-teachers, teachers) – ANOVA results

Variable	<i>F</i>	<i>Df</i>	<i>p</i>	ω^2
Overall well-being	2.32	2; 41.9	0.111	0.02
Emotional well-being	2.21	2; 42.0	0.122	0.01
Relational well-being	0.24	2; 42.4	0.788	< 0.01
Security and satisfaction	1.76	2; 42.2	0.184	0.01
Needs and expectations	0.01	2; 43.2	0.990	< 0.01

Source: Authors' research.

Research Question 1:

What is the extent of emotional well-being experienced by doctoral students, other students and academic staff during the pandemic?

To answer the first question, the differences between the groups of doctoral students, teachers, non-teaching academic staff and other students were checked (Table 2). Statistically significant differences were found between the groups in terms of emotional well-being; however, the effect size was small. Teachers and non-teaching academic staff had the highest levels of emotional well-being (Figure 4), scoring higher than doctoral students (compared to

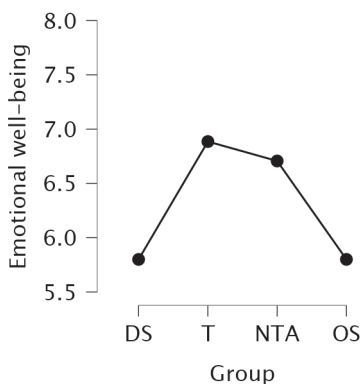


Figure 3. Differences in emotional well-being between groups of Doctoral Students (DS), Teachers (T), Non-Teaching Academic Staff (NTA) and Other Students (OS)

Source: Authors' research.

teachers: $t = 3.92$; $p < 0.001$; $d = 0.52$; compared to non-teachers: $t = 3.27$; $p = 0.003$; $d = 0.46$) and other students (compared to teachers: $t = 8.10$; $p < 0.001$; $d = 0.46$; compared to non-teachers: $t = 6.76$; $p < 0.001$; $d = 0.39$). The effect sizes for these differences were moderate.

In addition, a weak relationship was found between the respondents' age and emotional well-being: $\rho = 0.21$; $p < 0.001$. Higher age was related to higher levels of emotional well-being.

The respondents' emotional well-being was also verified against gender and mode of study (Table 3). The levels of emotional well-being were higher in men ($M = 6.63$; $SD = 2.44$); however, the effect size for these differences was small. No differences were observed between full-time and part-time students.

No differences in the emotional well-being levels were found between diverse groups of academic staff, i.e., researchers, researcher-teachers and teachers (Table 4).

Mean was calculated for the individual questions included in the emotional well-being subscale.

Research Question 2:

What is the extent of relational well-being experienced by doctoral and other students and academic staff during the pandemic?

To answer the second question, the differences between the groups of doctoral students, teachers, non-teaching academic staff and other students were examined (Table 2). Statistically significant differences were found for relational well-being; however, the effect size for these differences was small. Relational well-being was found to be the highest among non-teaching academic staff (Figure 4), who scored higher than students ($t = 3.31$; $p = 0.006$; $d = 0.19$). The effect size for this difference was small. The differences between the other groups were not statistically significant.

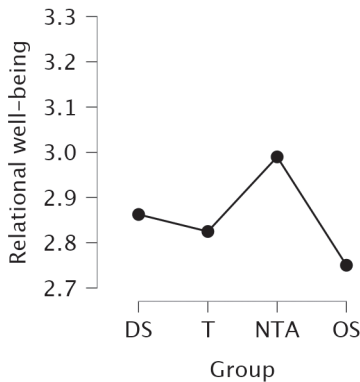


Figure 4. Differences in relational well-being between Doctoral Students (DS), Teachers (T), Non-Teaching Academic Staff (NTA) and Other Students (OS)

Source: Authors' research.

In addition, a very weak relationship was observed between the respondents' age and relational well-being: $\rho = 0.07$; $p = 0.002$. Higher age was related to higher levels of relational well-being.

Differences in relational well-being were also verified concerning gender and mode of study (Table 3). Higher levels of relational well-being were found in men ($M = 3.01$; $SD = 1.30$) than in women ($M = 2.74$; $SD = 1.18$); however, the effect size for these differences was small. Part-time students also represented higher levels of relational well-being ($M = 3.16$; $SD = 1.23$) compared to full-time students ($M = 2.73$; $SD = 1.29$). The effect size for this difference was small.

No differences were found in the relational well-being levels between different groups of academic staff, i.e., researchers, researcher-teachers and teachers (Table 4).

Research Question 3:

What is the extent of security and satisfaction experienced by doctoral students, other students and academic staff during the pandemic?

To answer the third question, the differences between the groups of doctoral students, teachers, non-teaching academic staff and other students were checked (Table 2). Statistically significant differences concerning security and satisfaction were found between the groups; however, the effect size for these differences was small. The levels of security and satisfaction were the

highest in teachers (Figure 5), who scored higher than doctoral students ($t = 2.72$; $p = 0.033$; $d = 0.35$) and other students ($t = 3.26$; $p = 0.007$; $d = 0.19$). The effect size for these differences was small. The differences between the other groups were not statistically significant.

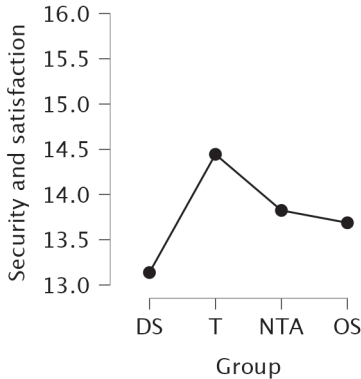


Figure 5. Differences in security and satisfaction between Doctoral Students (DS), Teachers (T), Non-Teaching Academic Staff (NTA) and Other Students (OS)

Source: Authors' research.

In addition, a very weak relationship was found between the respondents' age and the levels of security and satisfaction: $\rho = 0.07$; $p = 0.003$. Higher age was related to higher levels of security and satisfaction.

Differences in security and satisfaction were also verified concerning gender and mode of study (Table 3). Higher levels of security and satisfaction were found in men ($M = 14.25$; $SD = 4.26$) than in women ($M = 13.67$; $SD = 3.75$). The effect size for these differences was small. No differences in terms of security and satisfaction were observed between part-time and full-time students.

No differences were found in the levels of safety and satisfaction between diverse groups of academic staff, i.e., researchers, researcher-teachers and teachers (Table 4).

Interpretation and discussion

The collected data on well-being during the pandemic enables the identification of problems related to overall emotional and relational well-being, the sense of security and satisfaction, as well as the need for support. Based on the data obtained in this study, the levels of overall well-being were the highest in teachers, whose scores were higher than those of doctoral students and undergraduates. The older the respondents, the higher the perceived levels of overall well-being. These findings indicate that students and doctoral students are struggling with reduced levels of well-being and a reduced sense of the quality of life, displaying signs of emotional difficulties, anxiety and fear. Among the studied groups, overall well-being was found to be higher in men, while women working or studying at Nicolaus Copernicus University were experiencing a lower quality of life in the current situation.

The levels of emotional well-being in our study appear to be the highest in teachers and non-teaching academic staff, whose scores were higher compared to doctoral students and undergraduates. Age emerges as a crucial factor for emotional well-being – the older the respondent, the higher the emotional well-being levels. An analogous situation can be observed concerning gender – men are less likely to report emotional difficulties and lack of support than women, who more frequently point to symptoms of anxiety or insufficient support in the workplace/place of study. The groups characterised by the lowest emotional well-being are doctoral students, followed by other students (undergraduates). Comparable results about Polish students were obtained by Ewa Kormolińska-Jagodzik (2019), who studied depression and mood disorders among students. She concluded that a crisis (such as the COVID-19 pandemic) could be a factor conducive to increased symptoms of depressed mood. Similarly, Lucyna Bakier and Monika Obrębska also indicate that ‘relationships limited to remote reality may have long-term, complex consequences for the cognitive functioning of young people and further contribute to their sense of alienation and exclusion, particularly in teenagers already struggling with psychological issues. Remote contact cannot replace direct interaction, as it only offers relations that do not require

emotional involvement' (2021, p. 15). Perhaps teachers, who tend to have a stable financial situation and better coping mechanisms than doctoral and other students, score higher in the study of well-being. A greater awareness and the ability to seek and obtain help and support (e.g., from the closest family group), including professional assistance, could also provide teachers with better resources during the pandemic situation. In contrast, students, frequently separated from their families and previous life, are more likely to have a reduced sense of comfort and well-being, while being denied the possibility of (or not having sufficient financial resources for) seeking help from a psychologist or psychiatrist.

The levels of relational well-being have proven to be the highest in non-teaching academic staff. Doctoral students represent much lower levels of relational well-being and are followed by teachers, with other students ranking the lowest in this category. Age-specific results do not indicate significant statistical differences; however, differences can be observed in terms of gender, with men scoring higher than women. According to Lucyna Bakiera and Monika Obrębska, 'We are witnessing extraordinary circumstances that present the social influence, interpersonal relationships and online contacts in a new light. Besides the opportunities arising from remote education and work, there is an increasing risk of secondary effects of the pandemic related to the deficit of interpersonal closeness. Media-mediated relationships do not allow for such an experience of each other as in direct contact and carry the risk of functional disorders, particularly in the cognitive and social areas' (2021, pp. 14–15).

The highest levels of the sense of security and satisfaction at work were found in teachers, with scores higher than those of doctoral students and other students. Other research on the impact of the pandemic on the level of remote education by Romaniuk et al. (2020) highlights insufficient competencies in conducting remote classes, insufficient preparation of teachers for crises, and insufficient support provided to higher education institutions.

Significantly lower results are revealed concerning employees who are not teachers, followed by doctoral students. Students' score in this category is the lowest. None of the scores seems to depend on age; however, gender

appears to play a role, with men scoring higher in the experienced levels of security and satisfaction than women. The gender-specific results confirm the analyses of Elżbieta Korolczuk, who observes that ‘gender is one of the important criteria differentiating the impact of the pandemic’ (2020). Perhaps the increased risk due to COVID-19, concern for loved ones and the fear of losing the job exacerbate the lower sense of well-being among women. No differences were found between part-time and full-time students, with both groups experiencing similar levels of safety and satisfaction, albeit lower than teachers.

Corresponding to these results, the highest levels of needs and expectations concerning support during the pandemic were found in students, whose scores in this category are higher than those of teachers and non-teaching academic staff. This means that students require more information than teachers and other staff about access to psychological help, and self-help techniques in terms of mental health, as well as greater empathy and understanding in the place of study/work and social contacts. It is also important for the authorities to provide thematic and organisational support at various levels of the university. The latter seems to be particularly significant for the university authorities. Greater attention should be paid to providing doctoral and other students with all information about possible forms of help so that they do not have to look for it on their own.

Needs and expectations are greater among women and part-time students. Another group with equally high expectations and needs is doctoral students, followed by non-teaching academic staff. Our study shows that teachers are the group with the lowest needs and expectations in the pandemic situation. Based on these results, it can be confirmed that questions about training and workshops or the type of support needed seem justified and consistent with the WHO recommendations that ‘people who are affected by COVID-19 have not done anything wrong, and they deserve our support, compassion and kindness’ (WHO, 2020). The epidemic has caused significant objective limitations in the factors determining the quality of life (lockdown, restrictions on access to entertainment, meetings, etc.). However, certain studies show that this does not necessarily mean that the pandemic has lowered the subjective

assessment of the quality of life. For example, Mark Rapley (2003) argues that the level of quality of life is a result of the objective conditions and one's well-being, i.e., the subjective assessment of these conditions. According to Rapley, well-being can remain satisfactory despite objectively 'poor' living conditions (Rapley, 2003). The ultimate assessment of well-being depends on personal variables (e.g., levels of neuroticism, extroversion, etc.), environmental variables, cognitive assessments of situational requirements, personal coping options, as well as direct (affects, physiological changes) and long-term effects (mental well-being, somatic health, social functioning) (Lazarus, 1991). *It is also conditioned by the context of the past (previous experiences) and the future (expectations, aspirations)* (Bubble, 1994). Following the reasoning of Rapley, Lazarus and Bańka, the highest levels of well-being in the 'I' sphere among teachers may be due to the competencies they need to have to do their job, viz., reflexivity, criticism and a multi-perspective approach. They can cope with the epidemic burden by using processual and contextual strategies. Young people (students and doctoral students) have found themselves in the 'I' sphere at the other extreme of the well-being scale. On the one hand, they do not yet have the competencies of teachers, and as the 'fearful' generation (Twenge, 2019, pp. 107–135), they cope much worse with tension, anxiety and depressive states (Karmolińska-Jagodzick, 2019). Lower levels of undergraduates' emotional well-being may also be associated with lower health literacy, or the ability to find, understand and use health-related information and services (Kühn & Co, 2022). Concerning their mental health, it is not without significance that the pandemic restrictions have also disrupted students' social life, as indicated by the lowest levels of well-being in the 'We' sphere. Both spheres, the 'I' and 'We', are correlated in the case of young people.

Given that our study was conducted at one university, the resulting data must be treated with caution and cannot be extrapolated to other universities in Poland or abroad. In addition, certain factors, such as the rules and regulations of the university or the current functioning in the provision of support and assistance, may significantly differentiate the data among the studied communities and at other universities. This should be treated as a limitation

of our research; perhaps a comparative study of experiences among different universities of similar profiles would produce different and more extensive results.

Conclusions

The COVID-19 pandemic has affected all countries in the world. Endangering our lives and health, it has caused changes in the lives of many people regardless of profession, age, or gender. It has also had a significant impact on the world of higher education. Remote study, reduced contact, social isolation and quarantine have reinforced anxiety about one's own health and that of loved ones and the sense of security. It has also contributed to increased depression and mood disorders, fears and difficulties. It has clearly demonstrated the need for support not only among people but also in terms of institutional support, giving the feeling of being taken care of, and educational support that could guide how to deal with the pandemic situation and the accumulated feelings. Our study revealed the highest levels of well-being in the 'We' sphere among the non-teaching academic staff. In the 'It' sphere, the highest well-being levels were declared by teachers. This is a good sign of the organisation of work at the university: despite the lockdown, the conditions for research and writing have been secured. The highest levels of overall well-being and well-being in the 'I' sphere during the epidemic were found in teachers, who seem to cope best with repulsive emotions and experience the most satisfaction at work. In contrast, students scored the lowest in all studied dimensions. Perhaps this is due to the insufficient flow of information provided about the possibilities of support or help daily, particularly during the pandemic, or students' insufficient ability to find such information. Certainly, this is a useful result for the university management and support centres. They should familiarise themselves with these findings and try to convey information more effectively to students using a variety of information channels.

Research limitations

Our study has hardly exhausted the topic. First, the study group was limited. As already mentioned, due to the sampling design (non-probability sampling), we see limitations in the possibility of extrapolating the results, despite the high level of confidence intervals in the statistical analysis. Perhaps studying groups from other universities would enable comparing the results or reveal differences in the subjective experience of well-being because of other needs or support requirements in the studied groups. Second, it is worth considering a more in-depth analysis through the use of additional research methods. An interesting approach would be to complement the research based on the questionnaire and respondents' demographic particulars with a personality questionnaire that would offer additional information on the relationship between well-being and personality traits. Last but not least, the use of the qualitative method could reveal many new research clues, contributing to a greater and richer exploration of the context of the deficiencies or needs experienced. For example, in-depth interviews could help to obtain information on how to satisfy the needs of the respondents and their expectations from the university authorities.

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