

## Faculty's Role in Campus Health:

### A Report to UCR Healthy Campus

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### Executive Summary

In response to low faculty involvement, relative to student and staff involvement, in UCR's Healthy Campus, the investigator, a Healthy Campus Advisory Board member and a UCR faculty member, initiated research to explore UCR faculty's perceptions of health on campus. The study examined the faculty's perceptions of campus health needs and resources, faculty's role in health on campus, and barriers to greater faculty engagement in campus health promotion. Thirty-one faculty from the colleges of Humanities, Arts, & Social Sciences, Natural & Agricultural Sciences, and Business participated in focus groups in Fall 2018.

#### *Health issues on campus*

Participants identified the following issues affecting the entire campus community: 1) *Environmental air quality* due to the university's proximity to the freeway; 2) *Built environment*: campus buildings' interior air and water quality and cleanliness, lack of kitchen facilities, a need for more ergonomic desk/office furniture, and inadequacy of the Environment Health and Safety Office; 3) *Transportation*: need for the campus and surrounding community to be more bike friendly, and need to address the issue of how to get around campus safely and efficiently; and 4) *Safety*: concern about access to campus and campus buildings.

Participants identified issues affecting students as: 1) Student mental health, 2) *need for greater social connection* among students; 3) *lack of sleep, food insecurity, and insufficient resources* to meet basic needs; 4) *mistreatment or exploitation of students*, especially graduate students, by faculty, associated with an inherent tension between the goals of educating students and producing research; 5) *financial challenges due to health*: lack of institutional resources to

support students, especially graduate students, when they face acute or major chronic health issues that make them unable to fulfill grant-funded employment responsibilities to professors; 6) *anti-immigrant climate* in society negatively affecting the health of both documented and undocumented students; and 7) *lack of faculty cultural competence* due to low faculty diversity.

Participants identified issues affecting faculty as: 1) *Work-health imbalance*: work competes with health as a priority; 2) *Everyday discrimination and lack of collegiality*; and 3) *Insufficient administrative support*. Participants identified the following issues specific to staff: 1) *staff are overworked and underpaid*.

#### *Faculty's role in campus health*

Participants reported that they have a role in campus health but perceived that not all faculty feel the same way. Faculty indicated that research doesn't just affect a faculty person's career; it also affects their health. They described how the conduct of research can threaten health in ways that are not mitigated by the standard procedures and resources for protecting faculty health (e.g., lab safety protocols, employee health benefits). Faculty also described how research affects not only the faculty person, but also the careers and health of other faculty, staff, and students – for example, through research funding structures and reliance on graduate students as research staff. Faculty also described how teaching affects their health – e.g., dealing with students' mental health issues takes a toll on faculty – and others' health – e.g., faculty may model and cultivate unhealthy work habits among their students. Participants described how an unequal distribution of service work negatively affects faculty health. Service work competes with faculty's commitment to their own health; when an individual faculty member's health wins, the health of faculty colleagues who have to pick up the service slack, may suffer in turn.

#### *Barriers to greater faculty engagement in campus health promotion*

*Academic values and norms*. Participants described the existence and widespread endorsement of the mandate to “publish or perish” in academia – the value of research over all

else in a research university – and detailed ways that it undermines health, translating to “publish and perish.” They described ways in which they try to protect their own and others’ health; yet, these efforts are not institutionally valued or rewarded. Participants also described the existence of an academic norm of overwork that undermines faculty health. Faculty may violate that norm, but they pay a “professional price” for it, in the form of failed merits or promotions.

*Lack of an institutional culture of health.* Although participants viewed health and career success as linked, they strongly perceived this connection not to be understood or acknowledged in academia. Participants expressed a perception that institutionally, health is treated as a private matter, one to be dealt with by members of the university community individually. Participants highlighted ways in which some of the perceived threats to their own health were not in their control as individuals. For example, if the “illness” is lack of administrative support or unequal service burden, an institutional, rather than individual, response, is the necessary treatment.

*Lack of familiarity with campus health resources.* Participants perceived faculty to be insufficiently familiar with campus health resources. Participants attributed faculty’s lack of familiarity with the resources to the fact that they typically learn about the existence of resources idiosyncratically rather than systematically through standard and/or regular training. Due to their lack of familiarity with campus resources, participants reported that they may underutilize available resources and thus, under-respond to needs.

*Make health a shared value and a community responsibility*

Participants expressed a belief that an alternative model, with values and norms that account for health, is possible. To realize an alternative, higher education leaders need to communicate the importance of health and validate efforts to address it. Institutions need to reward efforts that promote health. Faculty success needs to be redefined so that it no longer means “at all costs” and instead, accounts for the costs to faculty and others’ health associated with academic work.