VICTORIA UNIVERSITY
MELBOURNE AUSTRALIA

‘VU ELEVENSES’ – STAFF ENGAGEMENT SURVEY

The engagement of Victoria University employees with an online mental health intervention during COVID-19 pandemic

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Summary

The coronavirus disease of 2019 (COVID-19) pandemic significantly disrupted operations of Australian tertiary education creating uncertainty and negatively impacting staff's wellbeing. The 'VU Elevenses' program was developed to promote employees' mental health and wellbeing and was delivered at Victoria University (VU), an Australian tertiary education institution. This report provides findings of the study on the barriers to engagement with the 'VU Elevenses' program and employees' preferences for this and similar programs.

The 'VU Elevenses' comprised of online micro-interventions, targeting six essential lifestyle areas for wellbeing. After program completion, employees completed a survey regarding barriers to engagement and preferences for this and similar programs. Demographics, recruitment and attendance rates, and barriers to attendance were collected.

A total of 18% (*n*=631) of invited VU staff participated in at least one session of the program and 261 employees completed the post-intervention survey. The main barriers to engagement included: fixed time of program delivery; preference for existing wellbeing supports; and poor motivation due to COVID-19 pandemic. Other barriers included conflicting commitments (e.g. meetings, home-schooling) and heavy workloads. Employees reported that 'systemic change' within the organisation was required to improve employees' mental health and wellbeing.

We found that that in addition to providing accessible health promotion initiatives, workplace settings should consider tackling other barriers to engagement with these programs such as heavy workloads. Additionally, systemic support within a workplace is necessary to support employees' overall wellbeing. The culture, policies, practices, communication, and connectedness within workplaces should be continuously improved to promote environments that support employees' mental health and wellbeing.

Introduction

The Australian response to the global COVID-19 pandemic significantly disrupted operations of Australian tertiary education settings with at least 17,300 jobs and $1.8 billion in revenue lost. [1] The pandemic was “the greatest external shock” this setting has experienced.[2] The government’s capacity to support tertiary education settings was limited and employees needed to quickly adapt to new circumstances, which included the adoption of education delivered online, modifications of and reductions in workforce, and casualisation of contracts.[2, 3] This uncertainty and rapid change has been a psychological stressor [4] impacting mental health and wellbeing [5, 6], as tertiary education employees have been required to manage student wellbeing during lockdown, rapid role change (e.g. switch to online mode of education delivery) as well as personal stressors (e.g. caregiving, home schooling).

The COVID-19 pandemic has accelerated the adoption of digital mental health promotion interventions.[7] According to a meta-review, digital interventions are suitable for mitigating the psychosocial consequences of COVID-19 on mental health and can be used for continued mental health promotion, care, and support.[8] However, unique population specific barriers to the access to and engagement with digital mental health interventions exist and should be identified and considered in order to develop interventions that are accessible and acceptable to target population.[8, 9]

To support, promote, and maintain physical and mental wellbeing of staff in a tertiary education institution during the COVID-19 crisis in 2020, we delivered an evidence-informed, accessible, timely, and responsive online intervention. The program called ‘VU Elevenses’ was composed of strategies and micro-interventions targeting six fundamental lifestyle areas for people’s wellbeing - stress management, physical activity, reducing alcohol intake, healthy relationships and social connection, healthy eating, improving sleep [10] all of which contribute to good mental health [11-13]. The program was developed specifically to address mental health throughout the COVID-19 pandemic. We report on barriers to engagement with the ‘VU Elevenses’ program as delivered to employees, and report on staff members’ recommendations and preferences for future interventions for mental health promotion, with the aim of refining the delivery of digital mental health interventions to support wellbeing in workplace settings.

Methods

About the program

The program ‘VU Elevenses’ was delivered at Victoria University (VU), Australia. All VU employees (including all teaching, research, administrative, casual staff and higher degree by research students) were eligible to participate in the program. The only inclusion criterion was that participants were a staff member at VU. There were no exclusion criteria. The program focused on mental and physical health and wellbeing promotion, which included short (10-15 minutes) universal, selected [14] evidence-informed prevention strategies and micro-interventions. The sessions were delivered via Zoom platform at 11:00am, each working weekday (5 days/week, for 24 weeks), followed by three times a week (for 12 weeks). The total duration of the program was 36 weeks - from April 2020 to December 2020.

The intervention had three main phases: (i) dealing with immediate stressors and concerns; (ii) adjusting to working and/or studying remotely; and (iii) preparing to return to work and/or study on site [15]. It consisted of micro-interventions that promoted skill building through various strategies such as mindfulness, relaxation, and breathing exercises, time-management and routine-setting strategies, physical activity support and guidance, nutrition advice, self-compassion strategies, tips for better sleep, and other entertaining activities for community connection (e.g., group singing sessions and online quizzes).[15] The development, content, and implementation of the 'VU Elevenses' were guided by five main principles: accessibility, inclusivity, connectedness, responsiveness, and consistency.[15] The sessions were delivered live and included sharing of evidence-informed clinical content for mental health and wellbeing support.[15]

A team of VU employees (including by but not limited to this study's authors), composed of senior, mid and early career researchers, and clinical practitioners (e.g., psychologists, exercise physiologists) delivered brief sessions related to one of six lifestyle areas: healthy relationships/social connection; healthy eating; reducing alcohol intake; physical activity; improving sleep; and stress management [16] relevant to their own area of expertise. The program team members had regular briefing sessions to plan and arrange upcoming content and presenters. The program was intended as a drop-in program, with engagement levels of participants intended to be self-directed and any level of engagement deemed to be successful. The program aimed to provide psychoeducation but also to create an online community. Therefore, during live sessions, participants were able to post in the chat box. Before and after the formal sessions commenced and completed, the presenter greeted participants and encouraged them to unmute and say hello or goodbye to the entire group should they want to. The program was not designed to develop social competences among participants and did not contain any homework, however participants were encouraged by the presenter to practice the practical tips offered during the day (for example, breathing exercises, stretching, good sleep hygiene). The program and survey were not designed following a particular theoretical or methodological framework. Attendance of individual users was not collected however overall attendance rates as indicated by Zoom participant records were used to determine engagement rates, and participants self-reported attendance in the survey. The program and the study were approved by the Victoria University Human Research Ethics Committee (HRE20-054). The written informed consent was obtained in accordance with the ethics approval.

Recruitment of participants and data collection

All VU employees (N = 3580), were invited to participate in the program via the following methods: (i) email using the general mailing list; and (ii) advertising on VU digital platforms (e.g. web site, social media pages). At the conclusion of the program, 3,580 staff members were emailed and invited to complete a survey exploring barriers to engagement with the program. The email was sent to all staff, regardless of whether or not they had attended or heard of the 'VU Elevenses' program. Therefore, we collected data from three separate cohorts of employees:

- those who attended the 'VU Elevenses' program;

- those who had heard of the program (recalled receiving the first invitation email) but did not participate in it; and
- those who had not heard of the program (did not recall receiving the first invitation email) and did not participate in the program.

Employees were required to indicate which of the three cohorts they belonged to prior to starting the survey and this automatically directed them to the appropriate questions. The survey was piloted by the research team prior to distribution.

All data was collected via a commercial, online software collection platform, *Qualtrics® XM*. and analysed using Microsoft Excel. Employees who attended the program were asked what made it difficult for them to regularly attend the 'VU Elevenses'. Employees who had heard of the 'VU Elevenses' but did not participate were asked to specify what stopped them from participating in the program. Employees who had never heard of the program were provided a brief written explanation of the program and asked what they thought would stop them from participating. All three cohorts were asked if the following factors were barriers to engaging with the 'VU Elevenses' program, or if they anticipated the following would be barriers to them engaging in this or similar program:

- fixed delivery time;
- duration of delivered sessions;
- the online format;
- if they did not think it would be helpful;
- if they preferred their existing wellbeing supports;
- if they preferred different presenters;
- if they found content not interesting or not relevant;
- if the COVID-19 pandemic impacted or would impact their motivation/ability to attend or
- if there were additional/other barriers not listed.

Participants were able to select multiple barriers. In cases where additional/other barriers were selected, participants were provided with a text box to write in/describe the self-identified barrier. Descriptive statistics were calculated for demographics, recruitment rates, attendance rates, and barriers to attendance. In addition, the staff members were asked two open-ended questions: (i) *If you were making a brief mental health and wellbeing program for VU staff*, *what would you do?*; and (ii) *Imagine you were running the VU Elevenses program. What would you have done differently?* Responses to open-ended questions as well as responses related to 'other barriers' were independently coded by two authors using content analysis.[17] The coding process was inductive, i.e. the themes were identified through analysis. If one respondent provided multiple responses, each response was coded separately, hence there is more responses than respondents. The discrepancies related to the establishment of the themes were resolved though an open discussion between the authors. More in-depth qualitative approaches (e.g., interviews, focus groups) were beyond the scope of this research.

Results

A total of 18% (n = 631) of invited staff participated in at least one session of the 'VU Elevenses' program. The average attendance at the daily sessions for the duration of the program was 89.7 ± 40.6 (range of 38-240) participants. A total of 261 staff members completed the post-intervention survey (7% response rate). Respondents were predominantly women (71%, n = 185), with a mean age of 50 years. The majority of survey respondents (54%, n = 141) attended the program. A total of 20.3% (n = 53) of survey respondents had not heard of the program.

As presented in Figure 1, regardless of if a staff member had attended the program or not, they commonly reported that the fixed delivery time of the program did or would make attendance difficult. Sixteen percent of all respondents reported they preferred their existing wellbeing supports and that they felt that the COVID-19 pandemic impacted their ability or motivation to attend the program. Among those who did not attend the program (regardless of whether they reported having heard of the program or not), approximately half of the participants reported preferring existing wellbeing supports.

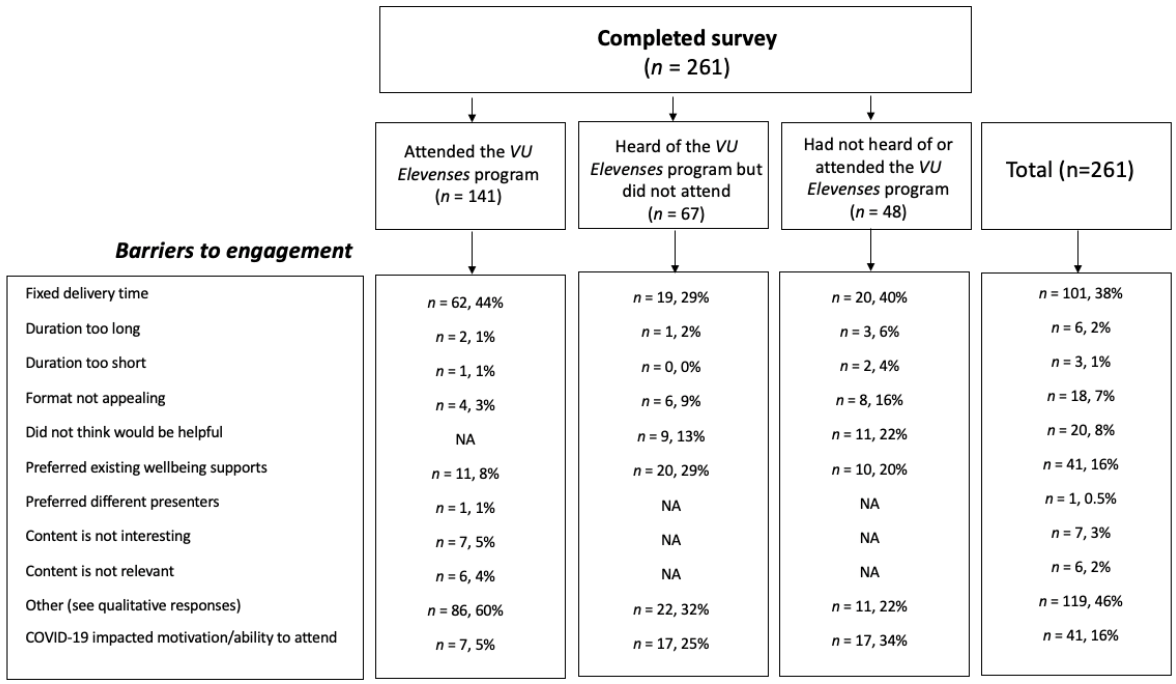

Figure 1. Reported barriers to engagement with the 'VU Elevenses' program

Fixed delivery time = the delivery time of 11am each day made attendance difficult; Duration too long = Employees felt the 10-15 minute duration of daily interventions was too long and therefore made attendance difficult or unappealing; Duration too short = Employees felt the 10-15 minute duration of daily interventions was too short and therefore made attendance difficult or unappealing; Format not appealing = The online delivery format (zoom/online) was not appealing to employees; Did not think would be helpful = Employees did not feel the program would be helpful to their mental health or wellbeing; Preferred existing wellbeing supports = Employees preferred other existing wellbeing supports such as counselling; Preferred different presenters = Employees would prefer that content was delivered to them by different presenters; Content is not interesting = Employees found the delivered content not interesting; Content is not relevant = Employees found the delivered content not relevant; COVID-19 impacted motivation/ability to attend = Employees thought COVID-19 impacted their motivation and/or ability to attend the program or if they thought COVID-19 would have impacted their motivation and/or ability to attend the program; N/A = Not applicable, the data were not collected for those participants due the fact that they did not attend the program.

We identified six themes in responses (*n* = 88) from those respondents who attended the program and selected 'other' (*n* = 86) in response to the question: *What made it difficult for you to regularly attend the 'VU Elevenses' session live*?: (i) conflicting commitments, such as meetings, teaching or home-schooling children who were remote learning (*n* = 59); (ii) problems with the session (*n* = 10) (e.g. they couldn't find the invitation or the content of the session wasn't suitable); (iii) the workload impeding the ability to attend the program (*n* = 9); (iv) part-time work (*n* = 4); (v) not feeling need for such program (*n* = 4); (vi) lack of self-discipline (*n* = 2).

A subset of survey respondents (*n* = 104, 40% of total survey respondents) answered an open-ended question *Imagine you were running the 'VU Elevenses' program. What would have you done differently?* and a subset (*n* = 63, 24% of total survey respondents) answered the question *If you were making a brief mental health and wellbeing program for VU staff, what would you do?*. The themes, number of responses per theme and examples of quotations are available in Table 1.

Table 1. Themes, number of responses and examples of quotations in open-ended questions

Open-ended question	Themes	Number of responses per theme	Examples of quotations
Imagine you were running the 'VU Elevenses' program. What would have you done differently? *Total number of respondents* (*n* = 104)	No recommendations for change	39	- "It was good as is" - "It has been run extremely well, given the diverse range of people it has had to accommodate to"
	Changing the timing or duration of the sessions	18	- "Varied the time of day the sessions were run, having them at 11am disrupts a generally productive work time of day or clashes with many meetings" - "Possibly made it at lunch time so that everyone can attend"
	Changing the type of content delivered (e.g. include interactive games, focus more on exercise, medication)	17	- "Perhaps try and have sessions where you had the audience had more interaction with the content" - "Start every session with a gif 'breath in & out'.
	Promoting forward planning (i.e., informing participants of what content was going to be delivered in advance)	12	- "Give prior notice of topics, or perhaps themes aligned to specific dates, so I knew which were the topics most relevant/interesting to me in advance of each day" - "Have an agenda sent out so that participants knew in advance what lay ahead"
	Reach me differently or use different technological platform for session	6	- "Perhaps use a different video platform." - "I would have included the link to recordings in emails and Zoom invitations"
	Avoid technology problems at all costs	6	- "Make sure all the entry/exit alerts are off" - "I only attended one session and the technology was so bad that I found it overwhelming"

	Encourage wider participation and get support from management	5	- “Ask VU management to reinforce how important these sessions are” - “it could have been attached to or a part of more workplace catch-ups, eg Managers regularly meeting with all staff should have included Elevenses in the meeting”
	Include guest speakers from different organisations	4	- “Perhaps try to get a few more guest speakers to broaden the delivery style and presentation format sticking within the schedule of topics” - Perhaps some programs could include (from time to time) speakers from different organisations.
	Don’t know	8	- “No ideas sorry” - “Can’t think of anything”
	Total number of responses:	115	
If you were making a brief mental health and wellbeing program for VU staff, what would you do? *Total number of respondents* (*n* = 63)	‘Systemic change’ within the organisation (e.g. explicit managerial support, reductions in workloads, addressing uncertainty associated with casual contracts or the overall creation of a more supportive work environment)	23	- “Ensure that staff are well supported by good leadership.” - “I would try to create more security for sessionals as a proactive step to prevent the social and economic inequalities that lead to mental and emotional instability. I would also have more understanding for the suffering of those affected by structural change”
	Content-related recommendations (e.g., introducing new content such as music, yoga, or new skill building, or adjusting the available content to be more individualised and fun)	22	- “Provide fun activities to break up the day and change the focus” - “Include some Yoga, meditation & relaxation”

	Improve social connections within the workplace setting (e.g., overall community support and encouragement and more meet ups to support overall wellbeing)	8	- “Ensure information was provided for not just help lines but a sense of 'community support' within VU that we may all get through this together” - “Keep connected to other staff members, to have a chat of to help problem solve”
	Make the program more accessible	4	- “Make it accessible at any time” - “Make sure that everyone knows that it is available to everyone”
	No recommendations beyond what is already available	3	- “I think the variety of programs available to staff is perfect.”
	Don’t know	6	- “Don’t know” - “Have no idea”
	Total number of responses:	66	

Discussion

This study assessed the barriers to engagement with evidence-informed online physical and mental wellbeing micro-interventions and strategies for staff members of a tertiary education institution during the COVID-19 crisis in 2020. It also explored their preferences for this and similar programs, in order to guide the delivery of future programs within workplace settings, and to inform the development and implementation of digital health interventions to promote employee wellbeing. Common barriers to attending the program included a fixed delivery time, a preference for existing wellbeing supports and the impact of the COVID-19 pandemic on ability or motivation to attend. Fixed delivery time as a barrier is consistent with findings of a qualitative study that explored employees' perspectives on facilitators and barriers to engaging with digital mental health intervention in the workplace [18]. This previous study found that employees preferred accessing health promotion resources at a time most convenient for them [18]. Even though the recordings of 'VU Elevenses' sessions were made available for staff members who could not attend the sessions, the mode of the program's delivery was deliberately 'live' to maintain authenticity and social connection between participants. Future programs may consider offering live sessions in at least two different time slots – morning and afternoon or potentially allowing for a more 'on demand' style or flexible access option.

Even though digital interventions can mitigate the negative psychosocial consequences of the COVID-19 pandemic at the population level.[8] COVID-19 pandemic acted as a barrier for people to feel motivated to participate in the 'VU Elevenses' program. This is consistent with work involving cancer patients, demonstrating that patients recently diagnosed generally feel reluctant to access support to address distress, while later after diagnosis, patients generally feel more positive about accessing supports and therefore, emotional needs should be assessed and addressed at key points in the cancer trajectory.[19]

This study also highlights that workplaces should consider addressing systemic enablers of mental ill health and poor wellbeing such as heavy workloads and job uncertainty [2, 3, 20] as the participants indicated that these systemic processes (i.e. increasing workloads, lack of managerial support, casual contracts) negatively impacted their mental health and wellbeing. As put by one survey respondent: "*Reducing workloads is the most important thing the university can do to promote staff wellbeing at this time*". Therefore, tertiary education institutions and workplaces more widely, might consider addressing physical and social environment factors that impact employees' mental health and wellbeing [20] in addition to providing mental health promotion initiatives such as the 'VU Elevenses' program. In addition to targeted mental health interventions and available counselling services, increasing managerial support and increasing social connection opportunities may improve employees' mental health and wellbeing, especially during times of stress and uncertainty. Future research should explore the most appropriate period and modality to deliver mental health supports during a crisis in order to ensure that support is delivered when and how it will be most likely to be engaged with by the target population.

Strengths and limitations

A strength of this study is that it acknowledges that while mental health promotion initiatives may be evidence-informed [10] and improve resilience, coping, and overall mental health [21] that barriers to engagement with similar programs within workplace settings need to be addressed. Another strength of the current study is exploring these barriers using both qualitative and quantitative data. While quantitative results give targeted feedback into barriers to engagement with the program, qualitative data provide a richer understanding of how participants and non-participants think the program could be improved and what future programs should look like. One limitation is that those staff members who participated in the program and who participated in the barriers to engagement survey may be subject to self-selection bias, as staff members who value initiatives related to mental health promotion may be more likely to participate [15]. This is highlighted by the fact that more than half of the participants in the barriers to engagement survey participated in the 'VU Elevenses' program. Furthermore, a small gender disparity in participation in the survey exists as 71% of the survey participants were women while only 59% of VU staff members identify as women. This is consistent with previous work [22] showing that gender differences exist with regards to help-seeking behaviours related to mental health and that various cultural or societal barriers to accessing mental health support and services are commonly reported by men. Therefore, future digital mental health interventions should aim to be more relevant and desirable for men, as workplaces are often considered as ideal settings setting to engage men with mental health promotion interventions [23].The particular barriers reported here are from a specific cohort of employees from a tertiary education institution in Australia, and therefore, further research is needed to assess whether the reported barriers are relevant for other workplace settings. Another limitation of the current study is that we did not conduct user research to inform the content development and delivery of the program, due to the responsive nature of the intervention and its aim to quickly provide a service to support staff due a period of crisis. However, Mrazeket al., (2019) suggest that program creators should first understand their audience and consider conducting user research on target audience behaviours, needs, and motivations to inform the design and content of the digital interventions [24].

Conclusion

Fixed delivery time was the most common barrier to participation in an online mental health program within a workplace setting. The COVID-19 pandemic was also reported to decrease motivation to participate in the program. Our research identified that in addition to providing accessible health promotion initiatives, workplace settings should consider tackling other barriers to engagement with these programs such as heavy workloads. Additionally, systemic support within a workplace is necessary to support employees' overall wellbeing. The culture, policies, practices communication and connectedness within workplaces should be continuously improved to promote environments that support employees' mental health and wellbeing.

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