



USG REPORT ON STUDENT HEALTH AND ACADEMICS

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Sec. I. Introduction

In Fall 2021, the University had largely returned to normal procedures regarding illness and attendance. According to the Undergraduate Announcement, this policy is as follows:

Students are expected to attend all scheduled course meetings and exercises and to be present promptly at the start of instruction, unless prevented from doing so by illness or another compelling cause. An unexcused absence from class may adversely affect a student's grade and may lead to failure in a course; a student is expected to notify the course instructor of any absence and to arrange to make up any missed work.¹

The University, thus, believes that illness is “compelling cause” for students to miss a class, although students are understandably required to both inform their instructors and make up any late work. In addition to these regulations, the Office of the Dean of the College has encouraged faculty to clearly publicize their attendance expectations in their syllabi and other course documents. Regarding late work, students must reach out to their instructor and director of studies or residential college dean if they require an extension.²

Simultaneously, in Fall 2021, the undergraduate community experienced the spread of pathogens, such as the common cold, streptococcal pharyngitis (strep throat), pneumonia, among others. Collectively, these illnesses have become known as the “Princeton Plague.” In various opinion pieces in the *Daily Princetonian*, multiple undergraduate students complained of repeated illness and its deleterious effects on the completion and quality of coursework.³ In many of them, the authors typically called on the University to enact changes to the academic policies, such as exam scheduling or extensions.

During the time of this survey, while the COVID-19 pandemic raged elsewhere, cases were light on campus. This survey was specifically framed toward those that had been sick with other illnesses, not COVID-19. This was also a consideration as prior Academics Committee work had secured accommodations for students with COVID-19, such as a virtual entry point into classes during the length

¹ See the language under the header “Attendance” in the Undergraduate Announcement, <https://ua.princeton.edu/contents/academic-regulations/academic-year>.

² See “Attendance” and “Late Work & Extensions,” Office of the Dean of the College Course Policies and Practices, <https://odoc.princeton.edu/faculty-staff/course-policies-practices-2>.

³ Brittani Telfair, “Caught the Princeton Plague? Good Luck.” *The Daily Princetonian*, October 24, 2021, <https://www.dailyprincetonian.com/article/2021/10/princeton-uhs-mccosh-illness-covid>. Giselle Bisch, “An issue bigger than the ‘Princeton Plague’: Getting sick at Princeton means a lack of support for its students,” *The Daily Princetonian*, November 8, 2021, <https://www.dailyprincetonian.com/article/2021/11/princeton-university-plague-sick>. Tara Shukla and Lara Reddy, “The ‘Princeton Plague’ and its harmful effects on first-years,” *The Daily Princetonian*, November 4, 2021, <https://www.dailyprincetonian.com/article/2021/11/studenthealth-onlinelearning-princeton-sickness-mentalhealth>.

of the isolation period.⁴ As this report was compiled, however, the University has experienced multiple outbreaks, including one that registered more than 300 cases in one week in mid-February 2022.⁵ Thus, while this survey did not assess the effects of COVID-19 on student performance and wellbeing, it is important that we do not forget that these students—despite their accommodations—still have difficulties in completing assignments, paying attention to their classes, and feeling like a member of the Princeton community during the isolation period. With this latest surge, too, many students have raised concerns about the midterm period and the importance of student wellbeing before that of academics.

In this context, the Academics Committee decided to open a survey that solicited student sentiment regarding their illnesses, the policies of their courses, and their coursework. To summarize our findings, we found that students feel strongly compelled to attend classes even when sick, fearing that any missed class time or coursework would set them behind. A vast majority of students, for instance, do not believe or are unsure they would be able to catch up on work. This issue arises for two reasons: first, students feel that instructors do not typically publish their expectations regarding attendance in their course materials, often leaving students in the dark; second, the large amount of work and lack of knowledge often compel students to stick it out, worsening their health.

Sec. II. Methodology

In November 2021, the Academics Committee composed this survey to evaluate student experience with illness and academics. Specifically, the Committee was interested in the following subject areas: performance, accommodations, and personal wellbeing.

In drafting the survey, we first split our respondents by their health condition. Students who had been ill received a different set of questions than those who had not been ill, given that they likely had different experiences regarding their physical health. As noted above, we specifically ask that students discuss non-COVID illness, which at the time made up a small number of the illnesses on campus.⁶ In addition to demographic questions (class year, degree program, and concentration), students were asked a series of Likert scale questions.⁷ Typically, the survey asked the same question in different ways to overcome any

⁴ The Committee authored a memo to the Office of the Dean of the College in August 2021 that specifically requested this option in reaction to the original proposed approach to the Fall. For language about its implementation, please see: <https://covid.princeton.edu/workplace/faqs-faculty>.

⁵ For data pertaining to the February 2022 COVID outbreak, see the Princeton University COVID dashboard, specifically between the dates of February 13, 2022, and February 19, 2022. Since this report was finalized during this period, the authors of the report are unaware of how this outbreak developed after February 20, 2022, but any effects were broad to touch many different populations around campus. <https://covid.princeton.edu/dashboard>.

⁶ The seven-day average for COVID cases never surpassed 5 cases across all demographics (undergraduate students, graduate students, and faculty/staff) during the period of August 31, 2021, and November 15, 2021. The seven-day average as of this report's finalization is 50.86 as a reflection of the ongoing COVID outbreak.

⁷ The survey draft can be found attached in the appendix of this report.

biases that might come up through question wording. All questions were required, and all responses were made anonymous to allow students to feel free to be as honest as possible.

At the end of the survey, students were also given the space to provide qualitative feedback. Understanding that quantitative data will not capture fully an individual's experience with illness, this section allowed students to expand upon their answers, offer context to their experiences, and provide any suggestions to the Committee. Because we wanted to optimize the number of responses, this section was not required, although the Committee was pleasantly surprised by how many students chose to fill out this section.

The survey was shared through all USG communication pipelines, most notably the weekly newsletter as well as our social media. Committee members were also encouraged to share this survey with their peers. In all, the survey received 207 responses from all class years and all divisions.

Sec. III. Findings

Sec. III.A. Quantitative Results

In total, the survey received 207 responses. These students represented all class years, although the results had a slight skew towards first-year students. 30% were first-years, 19.3% were sophomores, 28.5% were juniors, and 22.2% were seniors. In addition, 76.3% of responders were AB students. Last, all divisions—social science, natural science, humanities, and engineering—were represented in the data.

Out of these 207 responses, 186 (89.9%) reported that they had been ill during the Fall semester. Most of those students who had been sick (78.5%) had been ill two or more times. Approximately 40% had been sick three or more times. Approximately 60% of students had attempted to use UHS for health treatment, but 41.9% of students never used UHS at all. Regarding class attendance, 24.7% of students never missed a class; 24.2% missed one class; 20.4% missed two, and 28.7% missed three or more.

The ill students' responses expressed strongly negative experiences regarding their academic life, particularly relating to performance and wellbeing. A vast majority of students (84.7%) opined that their quality of work suffered. 75.3% believed that they were not able to learn as much as they would like in their class. Reflecting on Princeton's fast-paced semester, 69.9% also believed that illnesses hurt their ability to prepare for assignments and exams. Additionally, 55.6% of students were not confident that they could catch up with their work after an illness. Unsurprisingly, 84.4% believed that illness had a negative effect on their mental health, with 41.4% strongly agreeing with the statement.

For accommodations, students had mixed yet somewhat negative responses. Nearly a majority (44.1%) of students could not agree or disagree that they felt supported by their instructors and advisors,

with only 30.6% agreeing with the statement. Conversely, 59.6% of students believed their instructors had not created classroom procedures to accommodate ill students, with only 18.3% agreeing that they had. When asked about specific accommodations, such as Zoom or recorded lectures, only 29.6% reported having access to these options.

The data of non-ill students (n = 21) painted a largely similar picture. Many students stated that they would not feel supported by their instructors in the event that they fell ill (47.6%), they were not sure what resources they could use if ill (61.9%), and 52.4% strongly agreed that they worried about illness' effect on their academic career.

Sec. III.B. Qualitative Responses

A sizable number of both ill and non-ill students offered qualitative responses. Many of these responses centered on their individual experiences with illness, the troubles that they faced, and their diagnosis of the issues preventing students from protecting their health and prospering academically.

“When you miss even a day of work here due to illness, it feels like the rest of the semester is doomed. There is an extremely toxic culture around always being productive and coming to class no matter how sick you are. This isn't just because Princeton students are workaholics - its [sic] because there is no system in place to help students catch up after falling ill.” – *anonymous student, Class of 2023.*

“I wish there were more institution-wide practices, instead of having to juggle each professor's individual requests. That has honestly been the most difficult part — it's entirely different for every class, every instructor, and it's all on me and my classmates to figure it out or push for our own individual accommodations. If admin could step in and even just provide guidance for professors (though institution-wide policies would be much more effective, given how we've seen professors deal with examination/grading "guidance" over the pandemic) that would alleviate so much unnecessary stress and anxiety.” – *anonymous student, Class of 2023.*

For instance, such as in the above quotes, students voiced that the University's culture and lack of consistent policies in their courses often meant that students could not take care of themselves, nor appropriately catch up on their work after their illness. As a result, multiple students voice that they felt that they had to work through illness, ultimately sacrificing their physical and mental wellbeing to preserve their academic accomplishments.

“It is very intimidating to ask for accommodations for illness when there are strict attendance requirements for important classes which are not altered due to illness. I would rather go to class while sick and receive points for attendance than isolate myself and have my grade suffer for not being there in person directly from attendance policy and "in"-directly from having to piece together the hastily assembled absentee notes.” – *anonymous student, Class of 2022.*

“None of my classes offer any sort of Zoom, remote, or makeup options to support students who are sick and have to miss. I’ve heard the same from all my friends — professors expect us to just figure out a way to make it work on our own.” – *anonymous student, Class of 2024.*

“They have been more than willing to offer extensions for reasons of illness or hospitalization. Students just need to be willing to ask.” – *anonymous student, Class of 2025.*

While some students did have positive experiences with asking for accommodations in their classes when they had fallen ill, they often added nuance to their statements by adding that students would have to know they can ask. For instance, the above student called the process of asking for accommodations “very intimidating,” particularly when there are strict attendance policies that they believe do not support student health. Students, as such, do not feel that they are able to express their need for a break when they are sick.

Sec. III.C. Discussion

By focusing on the themes that underlaid this report—performance, accommodations, and wellbeing—the data clearly suggest that students felt dissatisfied in many regards. Not only did multiple illnesses hurt students’ learning capabilities, but it also hurt their physical and mental wellbeing. Writ large, students felt somewhat unsupported by their instructors, felt unable to ask for accommodations, and put themselves in a cycle that demanded academic excellence above all of us. The Princeton Plague, regardless of if one had ever contracted it, appeared to weigh heavily on the students’ academic lives, making it a less enjoyable and fulfilling experience across all class years.

In the data, two threads emerge: consciousness and culture. First, consciousness specifically deals with an individual’s knowledge of University and course policies dictating attendance and illness. As both quantitative and qualitative data suggest, students often were unaware of any specific policies outlining attendance, nor did they feel confident enough to ask their instructors for any such accommodations. This is further compounded by the fact that the demographic that took the least absences on average were first-year students, who are just now adjusting to the expectations of a Princeton education. The lack of a clearly articulated attendance and/or illness policy in classes (or the lack of knowledge of the standing University policy on attendance) complicates a student’s understanding of what to do when they are ill.

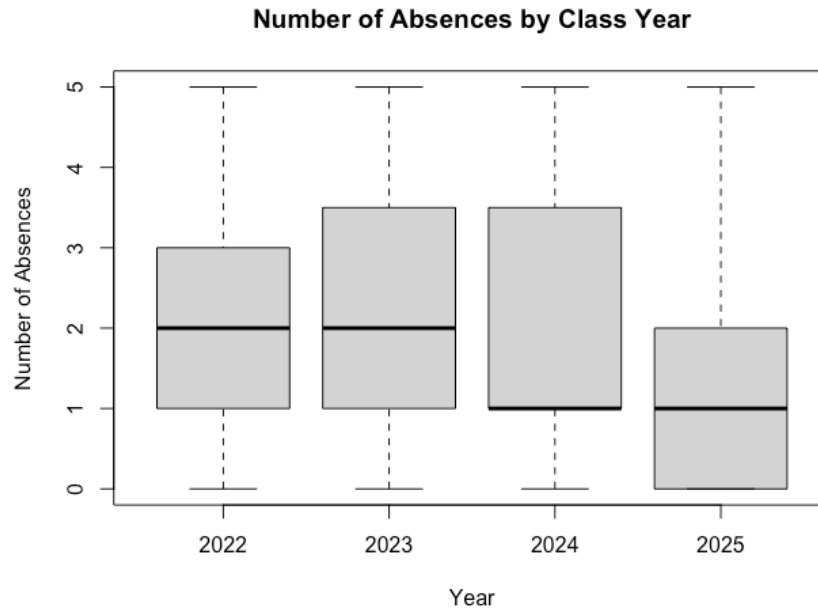


Figure 1. Number of recorded absences by class year. First-years trended toward 0 or 1 absences, while most years averaged around 2. Do note that the number of absences maxed out at 5, thus absences are likely undercounted.

Culture, however, more poignantly underscores students' experiences with academics and illness. As the one student stated in their qualitative response, there is a "toxic culture" among Princeton undergraduates that emphasizes productivity above all else. In other words, there was a shared sense among many respondents that Princeton prioritizes working through illness rather than recovering from it. This is compounded by the fact that the academic semester is shorter than most peers—clocking in at 12 weeks—and therefore much faster paced. Thus, it is much easier to fall behind, which means an illness is an additional stumbling block that compromises an already busy semester.

While this report has framed consciousness and culture as two separate threads, they are intricately interwoven. Greater consciousness of existing practices, norms, and expectation often leads to reflection and reinvention. The data here points that the lack of consciousness of policies might, in fact, translate to an attitude of sticking it out. In other words, if a policy is not publicly articulated, students appear to assume that the expectation is full attendance and participation. This report does not expect, however, that increased consciousness will change the undergraduate culture around work and health; there are factors—policy, individual beliefs, the pace of the semester—beyond it that also influence student decision-making.

Sec. IV. Recommendations

Given these results, the Academics Committee determined multiple recommendations should be made to students and instructors to better protect student physical wellbeing in relation to coursework. One of our key findings, after all, was that many students felt they had no accommodations whatsoever when they were ill; likewise, the data also implies faculty did not publish–nor were aware–of the existing attendance policies.

Thus, for the time being, many of our recommendations revolve around common sense personal health measures and pedagogical best practices to best protect the health of students and their academic standing. First, we outline our recommendations to instructors and the Office of the Dean of the College:

1. Course documents should clearly articulate an attendance policy.⁸
 - a. We propose that one way of implementing such a change that an “Attendance” tab on Canvas course pages that either articulates a specific course attendance policy if the instructor so chooses or alternatively the reiteration of the standing University policy as a default.
 - b. Attendance policies–while upholding an expectation of regular participation in courses–should not penalize students for missing classes in the case of illness, unless absences become severe and frequent enough to warrant some form of academic demerit.⁹
2. Faculty should show compassion to students in case of an illness by instituting and applying classroom policies to prioritize student wellbeing.
 - a. Extensions on assignments–either those granted by the instructor or the residential college staff–should be more flexible within a reasonable degree to best accommodate ill students.
 - b. Instructors should attempt to provide course materials–lecture material, powerpoint slides, among others that they deem pedagogically appropriate–on Canvas.

Second, we also outline recommendations to students regarding their health. While the report clearly outlines the issues of consciousness and culture, we feel that students should feel empowered to ask for

⁸ For some courses–particularly language courses–instructors typically use the syllabus to outline expectations for attendance and its academic ramifications.

⁹ Language courses, for instance, typically give students two or three unexcused absences before requiring students to provide some form of formal excuse for an absence. These courses, however, meet frequently, and thus considerations would have to be made to determine what would work best for a course depending on its pedagogical goals and frequency. A class that meets three times a week–and thus 36 times in a semester–might similarly give students two unexcused absences.

accommodations when they are ill. A common thread, after all, was that some students felt that they should not ask or that their conditions did not warrant accommodations. Thus, we recommend students to do the following in the event of illness:

1. If ill, consult your instructor and residential college staff (specifically your Director of Studies or Dean) to best determine appropriate accommodations.
2. If possible, please try to avoid attending in-person classes for the duration of the illness.
 - a. If this is not possible, it is advisable to wear a mask properly in class settings to prevent the transmission of illness between students.

We recognize such changes or recommendations will not fully resolve the tensions of a rigorous Princeton education and student physical health. One of the threads that emerged out of this data was that students often feel as if they cannot miss any classes due to the University's high expectations and fast-paced semester.

Although we hope Fall 2021 was a public health aberration, the Committee is interested in exploring further options that could better institutionalize an ethos that prioritizes student physical and mental wellbeing. We welcome any feedback from our peers as we go through the process of researching, refining, and articulating policy goals to the University administration.

If you have any questions about this report, its methodology, findings, and recommendations, please forward any inquiries to the Academics Committee Chair, Austin Davis.

Sec. V. Appendix

The following is the outline of the survey offered to all students.

1. What is your class year?
 - a. 2022
 - b. 2023
 - c. 2024
 - d. 2025
2. What is your degree program?
 - a. AB
 - b. BSE
3. What is your (prospective) major? (*please enter dept three letter code*)
4. Since the beginning of the semester, have you been ill on campus?
 - a. Yes
 - b. No

If yes to “Since the beginning of the semester, have you been ill on campus?”:

5. How many times have you been ill?
 - a. 1
 - b. 2
 - c. 3
 - d. 4
 - e. 5+
6. How many times have you attempted to use UHS in relation to your illness(es)?
 - a. 0
 - b. 1
 - c. 2
 - d. 3
 - e. 4
 - f. 5+
7. How many times have you had to miss class due to your illness(es)?
 - a. 0
 - b. 1
 - c. 2
 - d. 3
 - e. 4
 - f. 5+

For the following questions, please rate how much you agree or disagree with the statements:

1. Despite my illness(es), I have been able to complete my work on time.
 - a. Strongly agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly disagree
2. My quality of work has suffered due to being ill.
 - a. Strongly agree
 - b. Agree

- c. Neutral
 - d. Disagree
 - e. Strongly disagree
3. I have instructors and advisors who support me when I am ill.
- a. Strongly agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly disagree
4. Because of my illness(es), I feel like I have not been able to learn as much as I would like.
- a. Strongly agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly disagree
5. Illness(es) has not hurt my ability to prepare for large assignments and exams.
- a. Strongly agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly disagree
6. Illness has had a net negative effect on my mental health
- a. Strongly agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly disagree
7. My instructors have not created classroom procedures that accommodate students who have been ill.
- a. Strongly agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly disagree
8. Illness(es) do not hinder me from participating in my classes.
- a. Strongly agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly disagree
9. I struggle to pay attention in class and on my work when I am ill.
- a. Strongly agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly disagree
10. My instructors have made use of different tools (Zoom, recorded lectures, etc.) to accommodate ill students.
- a. Strongly agree
 - b. Agree
 - c. Neutral

- d. Disagree
 - e. Strongly disagree
11. I am confident that I can catch up on my work after an illness.
- a. Strongly agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly disagree

Please take this opportunity to explain some of your previous answers. (*optional*)

1. Describe how your illness(es) have impacted your learning, productivity, and quality of work.
2. Describe how your instructors, advisors, and other staff have supported you personally and academically during your illness(es).
3. If you have any last comments about this topic, please leave them here:

If no to “Since the beginning of the semester, have you been ill on campus?”:

1. How many people have you known to be ill during this semester?
 - a. 0
 - b. 1-2
 - c. 2-4
 - d. 5-6
 - e. 7+

For the following questions, please rate how much you agree or disagree with the following statements:

1. My instructors have not created classroom procedures that accommodate students who have been ill.
 - a. Strongly agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly disagree
2. If I were ill, I would feel supported by my instructors and advisors.
 - a. Strongly agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly disagree
3. Coughing, sneezing, and symptoms of illness regularly interrupt my classes.
 - a. Strongly agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly disagree
4. I worry about how an illness would affect my learning and productivity.
 - a. Strongly agree
 - b. Agree

- c. Neutral
 - d. Disagree
 - e. Strongly disagree
5. I know what resources I can use if I were to fall ill.
- a. Strongly agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly disagree
6. My friends' and peers' illnesses have had a detrimental effect on their studies.
- a. Strongly agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly disagree

Please take the following opportunity to explain some of your answers (*optional*)

1. What are general observations that you have relating to student illness and academics on campus?