

# THE LANDSCAPE

## FOR EMERGING HEALTH AND MEDICAL ACADEMIC LEADERS IN AUSTRALIA

An overview of the Australian national survey of workplace culture and wellbeing (2023) for early- and mid-career academics (EMCAs) employed at health and medicine-related faculties.

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The authors acknowledge the traditional peoples of the lands on which we live and work, paying our respect to their Elders, past and present.

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# Forewords

Research Australia is delighted to have been able to provide support for this national report, 'The Landscape for Emerging Health and Medical Academic Leaders in Australia'. Our nation's progress in healthcare and medical research is heavily dependent on our research workforce, and researchers in universities are a large and vital part of this. And, of course, our universities are vital to the training of our research workforce.

As the national peak body for health and medical research and innovation, our support for this report is based in our commitment to support and understand the needs this vital workforce, whose contributions not only shape the present but also lay the groundwork for a healthier, more prosperous future.

With the Australian Government considering the final report of the Australian Universities Accord, and addressing workforce as part of a National Health and Medical Research Strategy, this report provides vital and timely insights into where reform is required. By analysing this landscape, we empower ourselves to identify areas for improvement, allocate resources more effectively, and foster an environment conducive to innovation and excellence.

Together, let us use the insights gleaned from this report as a springboard for collaborative action, ensuring that Australia remains at the forefront of health and medical research, delivering tangible benefits to individuals and communities alike.

I congratulate the project team on an extremely valuable and informative report, and thank them for their work and dedication, as well as all the early and midcareer academics who took the time to contribute to this survey.



**Nadia Levin**  
CEO and Managing Director  
Research Australia

We are pleased to write a foreword for this report, which outlines the critical issues confronting early and mid-career academics in the current health and medical research landscape in Australia.

In 2020, The University of Melbourne and Monash University partnered to conduct a survey on workplace culture and wellbeing of early and mid-career academics (EMCA). Fundamental to the success of this work was that it was led by EMCAs themselves. The results of this initial survey highlighted many areas for improvement from increased job security to a safer work culture. We collectively recognised that a broader national voice of EMCAs was needed and, with the support of Research Australia, came the opportunity to seek the views of EMCAs across Australia here.

The results of this national survey shed light on major issues faced by our EMCAs, with recommendations on how we can address these challenges effectively at both local and national levels. Most notably, the report highlights that only 17% of EMCAs would recommend a new graduate to undertake an academic career. Both career stability and funding emerge as major issues. We must proactively work to improve research culture, such that EMCAs generally experience a supportive environment that better sets them up for future success. In addition, we need to lobby government and relevant funding bodies to broaden the scope and reach of funding available to EMCAs.

As a sector, we need to listen and reflect on the recommendations from our EMCAs to create a more sustainable health and medical research ecosystem with a focus on career pathways, well-being and research integrity. This will require a concerted effort by all stakeholders, including Universities and the Government. We commend the research team for their work to date and are committed to the continual improvement of the experiences of academics at the beginning and middle of their careers.



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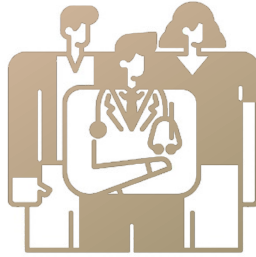
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# At a glance



Throughout Australia,  
660 academics  
were surveyed

**Page 8**



Participants have health  
and medical research,  
teaching and other  
academic roles

**Page 8**



Stable employment in  
higher education  
remains elusive

**Page 9**



16.8% of respondents  
would advise someone to  
become an academic

**Page 10**



Half have caring  
responsibilities, with men  
and women equally likely  
to be carers

**Page 12**



Academics have notable  
rates of personal and  
professional burnout

**Page 15**



Respondents provide  
suggestions relating to  
career development  
and wellbeing

**Page 18**



The role of higher  
education in developing  
the Australian workforce  
is detailed

**Page 20**



Stable funding for higher  
education would improve  
this landscape

**Supporting Documents**

# Summary

The Australian higher education system is a national asset, with early and mid career academics (EMCAs) representing half of the higher education workforce. These academics have roles which can include research, teaching and service activities.

As the Australian Commonwealth government has committed to 'drive lasting and transformative reform in Australia's higher education system' through the Australian Universities Accord, here we address the gap in available national data relating to the experiences and wellbeing of early and mid career academics.

In this work, a comprehensive survey encompassed 660 eligible EMCAs from health and medical faculties across Australia, including seven states and territories and fourteen universities. Participants provided insights into workplace culture, well-being, and their views of the academic profession more broadly.

Taken together, these responses detail aspects of the national higher education landscape that need to be addressed for the sector to be sustainable and to thrive in years to come.

Some of these features can be addressed by universities themselves while others require reform and action nationally from the Commonwealth Government. These findings underscore the complexity and immediacy of the challenges facing the Australian higher education sector.

Recommendations for planned reforms of Australia's higher education system are shared, guided by the findings of this report and discussions with relevant EMCA groups and stakeholders.

As early and mid career academics, we hope that this report positively guides the above reforms and is useful in achieving the high hopes we have for Australian higher education.

- **Employment instability**

58.2% are employed on fixed term, and of these, 57.8% have less than one year remaining.

- **Overtime**

43.7% work ten or more hours of overtime on average, often uncompensated.

- **Burnout**

66.9% are experiencing personal burnout and 54.3% work-related burnout.

- **Wellbeing**

56.5% are classified as having high stress, 24.2% as having moderate or severe anxiety.

- **State of the profession**

46.4% are thinking of leaving the profession; only 16.8% would advise others to join.

- **Bullying and harassment**

31.8% experienced bullying or harassment; this rose to 45.2% for those with a disability or mental health condition.

- **Research misconduct**

Observations of research misconduct are anonymously reported, with 52.7% observing inappropriate authorship practices.

- **Qualitative responses**

Job security and positive supervision were seen as primary considerations for improving wellbeing and career development.



# Recommendations

Maintaining and strengthening the higher education sector should be a priority if we are to meet predicted demands of the coming decades. Higher education remains a cornerstone in the growth and development of the Australian workforce, including health and medical professionals as well as other skilled workers needed to achieve a sustainable and developed economy. Given the report findings, we recommend:

## Commonwealth Government

### 1. Address the present research funding shortfall

Allocated funding from traditional Commonwealth Government grant schemes (ARC, NHMRC) has decreased in real terms in the past decade by >275 Million AUD annually (See Supporting Documents). This has led to unproductive levels of competition and contributes to negative features of the academic landscape.

**We recommend the Commonwealth Government invest in research through ARC and NHMRC, back to or above long-term averages. This could come alongside a rebalancing of funding, giving a structured, sustainable research pathway which supports development.**

### 2. Revisit and reform grant assessments

Expression of interest (EOI) formats appear favorable for competitive grants, where applicants are invited to submit full proposals following initial review of shorter applications. Relative to opportunity statements and assessments should be revisited, with standardisation and clarity needed for these across Commonwealth grant schemes.

**We recommend relevant bodies take up opportunities to meaningfully reform the format of grant rounds, ensuring efficiency and fairness.**

### 3. Identify strategies to make science and health and medical academia a more attractive career

While other professions may provide immediate entry into the workforce and the potential for steady employment, this does not appear the case for academic careers. Given the present cost of living challenges, the Commonwealth Government should consider ways of making academic careers more attractive and addressing our finding that few academics would advise someone to follow this career path.

**We recommend efforts are made to make higher education more attractive, reinforcing the societal value of the profession and broadly improving employment security.**



# Australian Universities

## 1. Promote career stability for academics where possible

For projects and research grants that span many years, managers and supervisors are often able to employ academics for the length of the work, rather than employing staff on short-term contracts as detailed in this report. Improved access to bridging fellowships and redeployments may be viewed favorably, given these further promote career stability.

**We recommend incentives are introduced for Universities to employ academics for the length of relevant grants and projects.**

## 2. Enable and strengthen positive supervisory practices, developing the work environment and our future leaders

As supervisors are shown here to be key in modeling positive workplace behaviours and supporting the career progression of those that report to them, more thought and effort should be directed to enabling and strengthening supervisory practices, including training and resourcing.

**More focus should be placed on improving supervisory performance, with this made a focus for performance reviews and promotion. EMCAs should be enabled to develop their leadership and supervisory ability, as they will set much of the future workplace culture.**

## 3. Fairness, consistency and transparency in workload models and promotion processes

Clarifying roles and expectations throughout the course of employment and promotion processes may go some way to addressing the burnout and overtime worked by academics, as described. This is particularly important given variation in academic roles (research, teaching etc.).

**We recommend that performance indicators and requirements for promotion and continuing roles are made more transparent.**

## 4. Generate regular and consistent data relating to EMCAs

Alongside projects led by academics such as this, there is an upcoming health and medical research workforce audit delivered through the Commonwealth Government, which will provide an evidence base for reforms and long-term policy settings relating to higher education.

**We recommend University leadership engage wholeheartedly with expanded survey and advocacy efforts in this area, and work closely with local EMCA representative groups at their faculties.**

# Study rationale

The landscape of Australian higher education has changed notably in recent decades, encompassing research, teaching and service activities. Although higher education activities are seen as central to Australia's job creation, productivity and prosperity<sup>1</sup>, there have been reductions in many relevant federal funding schemes and initiatives, and there remain scarce data on the workplace culture and wellbeing experienced by Australian academics.

Aspects of this landscape can be better managed, both at universities locally and by the Commonwealth Government nationally, which we aimed to inform through this study.

In launching the Australian universities accord in 2022, the Australian Government committed to 'drive lasting and transformative reform in Australia's higher education system', establishing a sector that was fit for purpose for the coming decades<sup>2</sup>. This process found that at present Australian higher education relies on volatile revenue streams<sup>3</sup>.

*'The success of the Australian higher education system relies on a secure, enduring and sustainable funding system. Over the last decade, policy shocks, competing interventions and volatility... have eroded the ability of the sector to plan in a secure way and exposed vulnerabilities in its core activities and workforce development.'*

## Australian Universities Accord, Interim Report 2023<sup>3</sup>

Following a decade of plateaued and falling research funding as allocated by major schemes, once adjusted for inflation (See Supporting Documents), the Australian Government's annual investment in science, research and innovation remains below the long-term average and are the lowest since records began<sup>4</sup>.

This has led to less stable employment for many academics, particularly those at the earlier stages of their careers following a doctoral or equivalent degree, termed early and mid-career academics (EMCAs). These staff can be reliant on short, fixed term contracts; as of 2022, near half of Level B Australian academics are on fixed term contracts (6,634 of 14,224)<sup>5</sup>.



Providing stable employment for academics has been highlighted by the Commonwealth Government as a key aspect of maintaining the Australian academic workforce and will be a focus of an upcoming audit of the health and medical research workforce<sup>6</sup>.

As early and mid-career academics represent half of the Australian academic workforce<sup>5</sup>, here, we gathered their experiences relating to workplace culture, wellbeing and the academic profession through a national survey. This provides a timely evidence base to guide ongoing reforms of the Australian higher education system and partly addresses the paucity of data in this area, as recognised by the government.

*'There is currently a paucity of recent data on the Australian health and medical research workforce, though a number of past surveys and grant funding statistics point to job insecurity and attrition.'*

Australian Government, Department of Health and Aged Care 2024<sup>6</sup>

The national survey was open to EMCAs employed in health and medical faculties of Australian universities (See Supporting Documents for methods). Relevant universities were invited to participate, facilitated by Research Australia, the national peak body for health and medical research. Fourteen Australian universities participated between October 1<sup>st</sup> and November 31<sup>st</sup> 2023. The survey consisted of demographic items, validated measures, and custom items particularly relevant to understanding aspects of the Australian academic workforce and their experiences.



This work was delivered by a team of volunteer early and mid-career academics from across Australia, building related work in this area<sup>7,8</sup>.

**Take home – Given government commitments to meaningfully change the higher education system, we hoped to guide these changes by surveying academics.**

# Survey demographics and employment

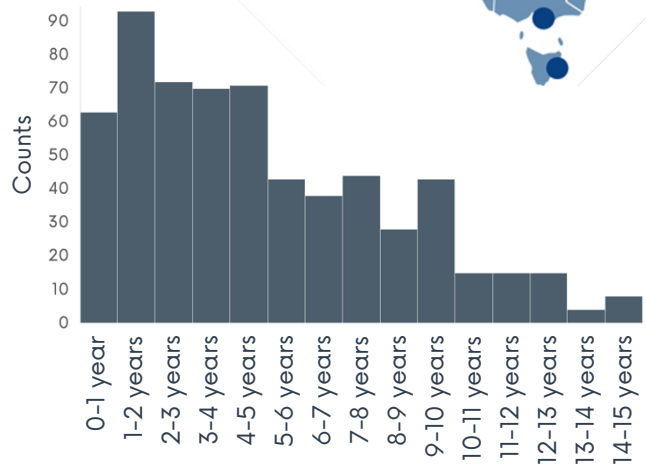
There were 660 eligible and complete survey responses, collected between October 1<sup>st</sup> and November 31<sup>st</sup> 2023. This included responses from New South Wales (116), Queensland (48), South Australia (125), the ACT (81), Tasmania (28), Western Australia (5) and Victoria (257).

The majority of respondents were women, comprising 71.1% (469/660), while men comprised 25.5% (168/660) and non-binary or other genders 1.2% (8/660) (See Supporting Documents for more detail about demographics).

Participants were well qualified and had considerable work experience in higher education; 94.4% have a PhD or equivalent degree, and the median time since conferral of this degree was four and a half years, full-time equivalent (See Figure).

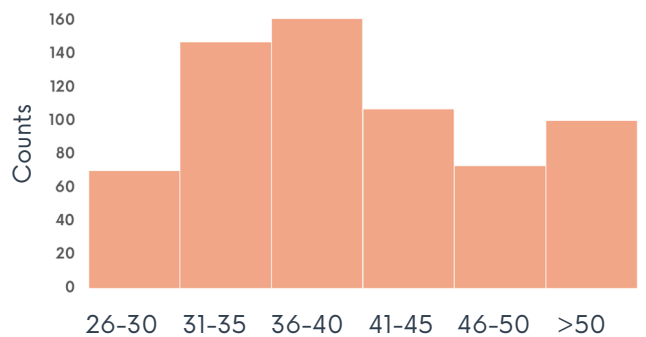
Respondents were commonly aged in their thirties and forties (See Figure), worked full-time (75.2%), and had been employed at their primary institution for more than two years (71.7%). Research-focused roles were common (57.0%), as were combined teaching and research roles (32.1%), while teaching (7.0%), clinical (1.4%), or other roles (2.6%) were less so.

More than half of respondents have caring responsibilities (50.3%), and one in four reported having a disability or mental health condition (25.5%); these groups are considered in more detail later in this report.



**A) Years since PhD Conferral (FTE)**

Boundary values are assigned to the left.



**B) Participant Age**

Australian academics are employed on a scale with five levels (Level A – Level E), typically indicating greater seniority and remuneration as levels increase. Early and mid-career academics are often employed at Level A (Associate Lecturer, Research Associate), Level B (Lecturer, Research Fellow) and Level C (Senior Lecturer, Senior Research Fellow), rather than Level D (Associate Professor) or Level E (Professor).

The majority of respondents were employed at Level A (19.5%), Level B (47.4%) or Level C (24.4%). Level A and B staff were commonly employed on fixed term contracts (65.2%), while this was less common for those at Levels C and above (39.7%), as shown in the figure below. Continuing roles may further be “research contingent”, meaning that if research funding is not achieved, a continuing contract can end regardless.

Altogether, 58.2% of respondents were on fixed term contracts and 41.8% were on continuing contracts. For those on fixed term contracts, many had contracts ending in the coming year (57.8%) with some of these individuals uncertain if they will be renewed (36.5%), highlighting a reliance on short, fixed term contracts.



**Take home – Respondents are representative of Australian health and medical academics; they have considerable experience, although many can't access stable employment.**

# Academic careers and workplace culture

Respondents were asked about the workplace culture at their primary university affiliation. Many respondents were satisfied with workplace culture (51.8%), although an effort reward imbalance was often reported (61.7%); this relates to the perceived disconnect between effort expended in the workplace and the rewards received in return.

Asked whether their workplace supports a culture of research integrity, there was strong agreement that they did (76.7%), with agreement also seen for supporting publishing high-quality research (78.8%). There were generally favorable responses when asked if the workplace supported professional development (58.8%), collaboration (63.5%), diversity and inclusion (60.9%) and collegiality (58.6%), as well.

Academic careers generally provide a reasonable degree of flexibility, (See Page 19) although there are features which can contribute to poor work life balance. Asked whether their workplace supports work life balance, responses were typically unfavorable, with only 32.3% agreeing that their workplace supported work-life balance.

Academics appear to be working considerable overtime; asked the typical amount of overtime they worked in a week, many reported that they work five or more hours (68.5%), with some working ten or more (43.7%); this is largely uncompensated, with >80% having no financial compensation or time in lieu relating to overtime worked. For those working ten hours of overtime each week, this is the equivalent to 65 workdays each year.

The reported overtime was higher for senior academics, increasing from an average seven hours (Level A), to nine hours (Level B), and eleven hours (Level C and above). Men also reported working more overtime than women, with an average eleven hours compared to eight hours.

Asked whether they were thinking of leaving academia, 46.4% responded 'Yes' that they were. This was higher for research focused academics, increasing to 50.3% of respondents with these professional roles. Notably, only 29.1% of respondents felt that this was a good time to begin an academic career at their workplace.

**Asked whether they would advise someone to become an academic, only 16.8% of Australian academics said 'Yes, they would'**



Asked whether they felt supported to progress their career by their supervisor, 27.0% responded 'Very much so'; these individuals had more positive experiences of workplace culture more broadly.

Only 16.8% said that they would advise someone to become an academic, with 60.2% saying they would not advise someone to do so and 23.0% unsure. This view was particularly strongly held by those with research focused roles, where only 11.7% said that they would advise someone to become an academic.

**Take home – Academic workplaces are favorable in some ways, although can better support work life balance; few academics would advise someone to join the profession.**

# Caring, diversity and inclusion

Half of surveyed academics (50.3%) reported having caring responsibilities. These responsibilities were predominantly caring for children (81.6% of carers), although varied forms of caring were reported, including caring for the elderly (16.9% of carers) and/or otherwise caring for adults with physical or mental health conditions, disabilities, or impairments (14.8% of carers), as examples.

Throughout the survey, the experiences and responses of carers did not differ notably from that of the remaining respondents; the nature of this survey may not capture particularly challenging periods related to caring responsibilities, such as becoming a first-time parent or caring for someone following serious injury or illness. The experiences of carers are further reflected in qualitative responses (See page 20-21).



Caring responsibilities were more often reported by those on continuing contracts (56.7%) compared to those on fixed terms contracts (46.4%), although this may in part be explained by the observation that individuals on continuing contracts were typically older and employed on more senior academic levels. Men and women were equally likely to be carers (50.0% compared to 51.2%)\*.

***'[We need to have] more practical ways of supporting parents at all career levels' – Survey respondent (Woman, Level B, 41-45 years)***

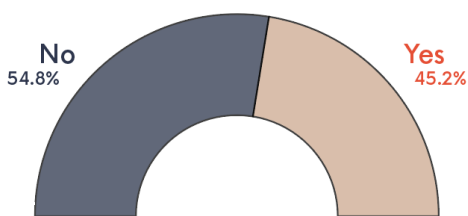


One in four respondents (25.5%) reported having a disability or mental health condition, with a further 4.8% preferring not to say. Of those who reported a disability or mental health condition, many experienced barriers or limitations in their day-to-day activities related to this disability or condition (56.0%). Workplaces were generally accommodating of staff with these conditions, with 58.7% of relevant staff indicating that their employer was 'Very accommodating' or 'Somewhat accommodating'.

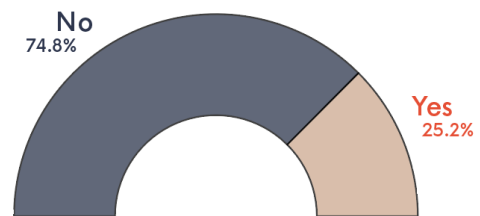
Described in more detail in the following section, we employed validated scales to measure levels of respondent stress, burnout, anxiety and depression. Analysing these data specifically for those reporting a disability and/or mental health condition, we observe higher rates of perceived stress (average PSS4 of 7.8, compared to 6.8 in the broader cohort), of professional burnout (65.2% having moderate to severe burnout, compared to 45.8% in the broader cohort), of anxiety (37.7% having moderate to severe anxiety, compared to 17.9% in the broader cohort), and of depression (41.9% having moderate to severe depression, compared to 21.0% in the broader cohort). These findings are not surprising given that many individuals will have formal diagnoses of relevant conditions, and mental health conditions frequently cooccur<sup>1</sup>.

Individuals reporting a disability or mental health condition were more likely to have experienced bullying or harassment at their workplace; 45.2% responded that they have compared to 25.2% for remaining respondents. In Australia, higher education providers have a positive duty to prevent unlawful discrimination, sexual harassment, bullying and victimisation at the workplace as far as possible.

Asked if they had experienced **bullying or harassment** at their affiliated university, responses differed considerably for those reporting a disability or mental health condition



Academics reporting a disability or mental health condition



Academics not reporting a disability or mental health condition

**Take home – Half of respondents had caring responsibilities; one in four reported a disability or mental health condition, with these individuals having mixed experiences of the academic workplace.**

# Burnout, stress and mental health

Personal and professional burnout were assessed using the Copenhagen Burnout Inventory (CBI). Of the respondents who completed this measure:

- 66.9% experienced personal burnout; here, personal burnout refers to a state of physical and emotional exhaustion that is not necessarily directly tied to one's work. This was comprised of individuals with moderate (44.2%) and severe (22.7%) personal burnout.
- 54.3% experienced professional burnout, comprised of moderate (35.3%) and severe (19.0%) professional burnout; here, professional or work-related burnout refers to a state of physical and emotional exhaustion directly related to one's work.

Although the CBI attempts to separate personal and work-related burnout, this can be complicated by individuals who work particularly long hours. Those with a teaching component had higher rates of professional burnout (62.7%) than colleagues who lacked a teaching component (46.8%).

- More than half (56.5%) of respondents are classified as having high stress, assessed through the four item Perceived Stress Scale (PSS4). Higher perceived stress has been negatively associated with job performance and individual health.
- Moderate to severe depression was indicated for 27.4% of respondents, as assessed through the Patient Health Questionnaire 9 (PHQ9), a measure for the presence and severity of depressive symptoms.
- Moderate or severe anxiety was seen for 24.2% of respondents, using the Generalized Anxiety Disorder 7 (GAD7).

These were equally common across employment levels, although those with teaching components in their role had marginally higher rates of both depression (32.5%) and anxiety (27.5%).



Rates of anxiety and depression observed in Australian academics did not differ notably from those observed in the broader Australian population during the peak of COVID-19 lockdowns<sup>9</sup>. In this previous work, 21.0% of Australian adults were shown to have anxiety, and 27.6% shown to have symptoms of depression; these are both comparable to the rates of anxiety (24.2%) and depression (27.4%) reported here.

Through qualitative responses in this survey, individuals highlighted that having supervisors that were supportive and modelled positive behaviors and work life balance were greatly beneficial in managing their wellbeing:

*'[My University could improve by having more] healthy leaders and managers that prioritise health, well being, work life balance, have hobbies, enjoy spending time with their family and friends on weekends'*  
(Woman, Level B, 36-40 years)

Respondents appreciated the availability of counselling services offered, as well as various employee assistance programs, although there was often limited time to engage with these programs:

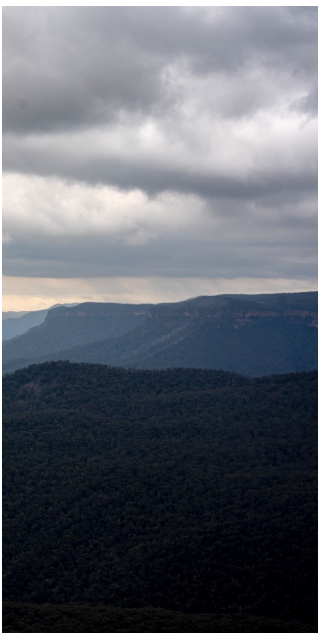
*'There are many wellbeing opportunities on offer (although not enough time to engage in any of them)'* (Woman, Level B, 31-35 years)

Job stability was often highlighted in relation to mental health and wellbeing, being seen as a primary consideration and potential area to address in improving mental health and wellbeing for academics:

*'Most of my stress is around job insecurity and the pressure to obtain external funding that is near impossible to get (or just comes down to luck). I'm not really sure how the [university] can better support that because that's how the system (unfortunately) works...'* (Woman, Level C, 31-35 years)

*'Career uncertainty is the number one stressor'*  
(Man, Level B, 31-35 years)

**Take home – Academics have notable rates of personal and professional burnout; rates of anxiety and depression are in line with that of the adult population during COVID-19 lockdowns.**



# Negative workplace behaviours and misconduct

We asked about forms of negative workplace behaviour and misconduct; some of these are relevant to all workplaces, while others are specific to the academic profession.

Asked whether they had experienced bullying or harassment at their affiliated university, 31.8% of respondents said yes; asked whether they had experienced unwanted sexual behaviour at their university, 8.8% of respondents said yes; asked whether they had experienced discrimination at their university, 26.5% said yes. In each case, between 1-2% of surveyed academics preferred not to answer.

Importantly, we asked whether respondents felt comfortable raising concerns about instances of bullying, harassment and/or discrimination at their workplace without negative personal consequences; 32.0% of respondents said yes, while 32.1% were unsure and 34.7% said that they would not feel comfortable raising these concerns.

Respondents were further asked whether, if these concerns were reported, if they felt these would be appropriately acted on; 30.3% said yes, they would be appropriately acted on, 37.0% were unsure, and 31.5% said no, they did not think they would be appropriately acted on.

Together, these highlight a disconnect where some staff are uncomfortable raising workplace concerns with their employer and are unsure if these concerns would be addressed appropriately, potentially leading us to underestimate the prevalence of negative behaviours.



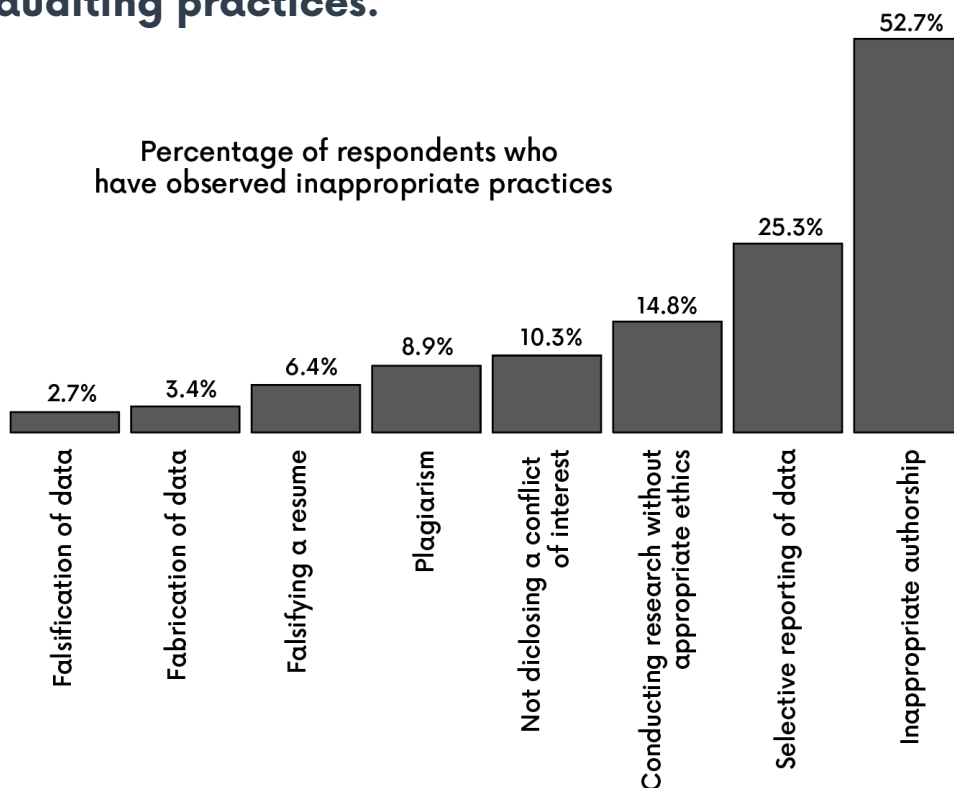
We then asked about observations of research misconduct and inappropriate research practices, noting that these responses are anonymous. These practices range from those that may be viewed as mild or even subjective, such as inappropriate authorship, to serious and purely objective such the falsification and fabrication of data.

With this in mind, the most common inappropriate research practices observed were inappropriate authorship (52.7%), selective reporting of data (25.3%), conducting research without or outside of appropriate ethical approval (14.8%), and not disclosing a conflict of interest (10.3%).

Less common observations of research misconduct were reported for falsification of data (2.7%), fabrication of data (3.4%), plagiarism (8.9%), and falsifying a resume (6.4%) (See Figure). Each of these observations have not necessarily been reported to the relevant university, and there was no opportunity for follow up given the anonymous nature of the study.

*'[We need] appropriate options for reporting difficulties with senior colleagues.'*  
*(Woman, Level C, 36-40 years)*

## Take home – Observations of negative workplace behaviours and misconduct are confronting; these may warrant a review of reporting and auditing practices.



# Qualitative responses

**Respondents were asked to suggest three areas where their affiliated university was effectively supporting their wellbeing and career development. There were four key areas:**

## **1) Availability of support services**

Respondents appreciated the availability of counselling services and employee assistance programs. Many also felt that their university offered many wellbeing support opportunities, but that they had limited time to engage with them.

*'There are many wellbeing opportunities on offer (although not enough time to engage in any of them)' (Woman, Level B, 31-35 years)*

## **2) Having a supportive team and supervisor**

Respondents felt that having a supportive team and supervisor were key for their wellbeing and career development. Respondents appreciated supervisors who gave constructive feedback, support, and worked with them to devise realistic and practical career goals.

*'My immediate supervisor is extremely supportive and goes out of her way to provide opportunities for development.'* (Non-binary, Level B, 36-40 years)

*'An incredible supervisor who is guiding my research plan development and openly recognises my potential'* (Woman, Level A, 46-50 years)

## **3) Career development opportunities**

Respondents were of the view that available development opportunities supported their career development, although some felt that they lacked the time or supervisor support to attend these.

*'There's nothing for career development if your direct supervisor won't allow it or direct you in the right places'* (Woman, Level A, 31-35 years)

*'There are lots of information sessions with practical tips on how to manage next steps of various career pathways'* (Woman, Level B, 26-30 years)

## **4) Flexible work arrangements**

Respondents appreciated flexible work arrangements, allowing them to work from home or with flexible hours. Many felt that this made it easier to manage caring responsibilities.

*'Wellbeing: ability to work part-time after kids. Excellent working from home flexibility. Amazing maternity leave and offered lump sum when I returned early'* (Woman, Level B, 31-35 years)

*'Flexibility with working arrangements'* (Man, Level B, 31-35 years)

Respondents were asked to suggest up to three areas that their affiliated university could improve support for wellbeing and career development. There were three key areas:

### 1) Job security and longer contracts

This category was dominant across the open-ended responses, indicating that short-term contracts and low job security impacted on wellbeing.

*'Creating a sense of job security' (Man, Level D, 46-50 years)*

*'Better job security, or a clear pathway to permanency' (Woman, Level A, 31-35 years)*

*'Continuing contracts rather than fixed term. Career uncertainty is the number one stressor' (Man, Level B, 31-35 years)*

*'Wellbeing of staff would be maintained with job security' (Woman, Level A, 36-40 years)*

### 2) Workload expectations

Participants described the need for more realistic workloads and improved emphasis on work life balance. There was, however, a recognition that unrealistic workloads were a system issue due to the funding landscape and the challenge of balancing writing, teaching and doing research.

*'This is a problem that is bigger than [my university] and speaks to academia more broadly, but unrealistic requirements for outputs and productivity are a major contributor to poor wellbeing and desires to leave' (Man, Level B, 31-35 years)*

*'[Workload, although this is] difficult to [consider here] as our workloads are determined by our grant deadlines and requirements, not by the university' (Woman, Level A, 26-30 years)*

### 3) Transparency of promotion processes

Promotion processes, career development, and transparency about career prospects were key areas of concern raised by participants.

*'Clearer description of processes related to promotion and continuing employment' (Man, Level B, 26-30 years)*

*'Push staff to obtain promotion when they've been at the same academic level for too long. Actively promote staff for their work as some won't apply for promotions' (Woman, Level A, 36-40 years)*

**Take home – Job security and contract length were seen as the primary area open for improvement, supporting wellbeing and career development.**

## Concluding remarks

Through this work, we provide a detailed view of the present landscape for health and medical academics in Australia. As early and mid career academics ourselves, we hope that this report positively guides timely reforms of the sector and helps us achieve the high hopes we have for Australian higher education.

## Contributions and thanks

The survey steering group led much of this work and consisted of Dr. George Taiaroa, Dr. Kelly Kirkland, Dr. Belinda Lawford, Dr. Courtney Walton, Dr. Katrina Long and Assoc. Prof. Darshini Ayton.

The broader survey team consisted of Dr. Shaam Al Abed, Dr. Natasha Van Antwerpen, Dr. Carla Bernardo, Dr. Cristy Brooks, Dr. Dinh Bui, Dr. Kam Chun (Terry) Ho, Dr. Katrina Colafella, Dr. Lisa Conlon, Dr. Colin Cortie, Dr. Kimberley Crawford, Dr. Dot Dumuid, Dr. Lisa Higgins, Dr. Sanaz Khanlari, Dr. Jenn Lacy-Nichols, Dr. Julien Legrand, Dr. Freya MacMillan, Dr. Sarah Marshall, Dr. Alexandra Metse, Dr. Lean O'Brien, Dr. Eddy Roccati and Dr. Trevor Steward.

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Finally, we thank the hundreds of academics that participated in this survey; we hope that this work lives up to your expectations, and that relevant reforms leave the landscape in better shape than we found it.



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