

Embedding Researcher & Research Professional Staff Wellbeing into Higher Education (Re-Well HE):

A Framework-based Mapping of Key Occupational Stressors and Associated Organisational Responses

Tout, A. F., Gundeslioglu, H., Tang, N. K. Y., Jutley-Neilson, J.,
Toro, C. T., Cunneen, K. L., Cloarec, T.Y. & Riva, E.

UNIVERSITY OF WARWICK | National Centre for Research Culture | UKRI Research England

Executive Summary



The wellbeing of researchers and research professional staff in UK Higher Education Institutions (HEIs) is a significant concern. Across the sector, reports reveal that levels of mental wellbeing are considerably lower than population norms, with fewer than one-third of UK Higher Education (HE) employees achieving average wellbeing, and over half showing probable signs of depression (Education Support, 2021).

Although staff wellbeing has received growing attention from universities, funders, and sector organisations in more recent years, there remains a limited national understanding of the organisational responses being implemented to address the underlying causes of these problems.

The Embedding Researcher and Research Professional Staff Wellbeing into Higher Education (Re-Well HE) project was established to address this gap.

Unlike previous work, the Re-Well HE project considers the experiences of both researchers and research professional staff, recognising that both groups are integral to contemporary research systems but have often been examined separately, with far fewer explorations of research professional staff experiences (ARMA, 2020). It also provides an important post-pandemic perspective at a time when UK HE is experiencing unprecedented financial pressures alongside wider international challenges relating to research funding, workforce sustainability, and organisational change (O'Brien, 2026).

Using a multi-stage participatory approach that combined literature synthesis, stakeholder engagement, workshops with researchers and research professional staff, and national surveys – the project identified and mapped 12 key drivers of poor wellbeing and occupational stress to the Health and Safety Executive's Management Standards Framework for the prevention of work-related stress (HSE MSF, 2004, 2025).

Organisational responses to the 12 key drivers were also identified and mapped to this framework, with a particular focus on initiatives targeting the organisational sources of occupational stress rather than individual-level wellbeing support provisions that help staff to cope with issues once they have emerged.

Key findings: Poor wellbeing is rooted in organisational conditions

A central finding of this report is that poor wellbeing and stress are rooted in the way research work is organised, managed, funded, evaluated, and governed, rather than in individual vulnerability.

Participatory insight-gathering workshops with members of the research community ($N = 100$), complemented by a participatory desk review of the literature, identified 12 interconnected organisational stressors. These stressors were broadly consistent with the existing literature on the wellbeing of academic and non-academic staff working in university environments:

1. Employment Precarity and System Instability
2. 'Metric-isation', 'Project-ification' and the Loss of Meaning and Value in Research
3. Competitive, Individualised, and Extractive Research Culture
4. Workload Intensification, Role Creep, and Boundary Erosion
5. Weak Management and Leadership Capability
6. Power, Hierarchy, and Lack of Agency
7. Inequality, Exclusion, and Differential Impact
8. Status Hierarchies and Misrecognition of Research Professional Staff
9. Isolation, Disconnection, Fragmentation, and Silos
10. Career Uncertainty and Lack of Progression Opportunity
11. Change Fatigue and Organisational Opacity
12. Emotional and Ethical Demands of Research

These stressors were experienced as interconnected challenges and aligned strongly with all six domains of the HSE MSF — Demands, Control, Support, Relationships, Role, and Change.

Workshop findings were further supported by the results of a national survey ($N = 536$), which found significant associations between sources of workplace stress (e.g., HSE MSF Demands, Support, Role, Control, Relationships, and Change; employment precarity; future uncertainty) and mental wellbeing/occupational outcomes (e.g., anxiety/depression; stress; sickness absence; use of wellbeing services; retention intentions).

Higher odds of sickness absence and wellbeing service use were also observed for those with disabilities and those employed on permanent contracts, while those from minoritised ethnic backgrounds reported higher loneliness.

Collectively, qualitative and quantitative insights, complemented by the participatory desk review, describe a research ecosystem characterised by high demands, constrained autonomy, employment insecurity, inconsistent leadership and support, limited recognition, blurred role boundaries, and continual organisational change. These patterns are broadly consistent with the wider literature on the wellbeing and working conditions of both academic and non-academic staff within academic environments.

Organisational Responses: Evidence of progress, but limited primary prevention

Importantly, this report identifies a growing landscape of organisational activity intended to improve research culture, staff experience, and wellbeing across UK HE.

Universities, funders, and sector organisations have introduced a wide range of initiatives relating to research culture, leadership, responsible research assessment, career development, employment practices, equality and inclusion, community building, and organisational governance. Examples include initiatives to:

- Improve employment security
- Redesign career pathways
- Reform research assessment
- Strengthen leadership capability
- Develop team science approaches
- Embed research culture infrastructure
- Improve organisational accountability and transparency
- Strengthen staff voice
- Foster collaboration and belonging, and
- Promote healthier management practices.

However, while these examples demonstrate encouraging progress, organisational initiatives remain relatively limited, fragmented, unevenly implemented, and largely unevaluated.

Indeed, across many of the 12 stressors, examples of direct organisational responses were sporadic, emerging, or localised pilots rather than widespread and embedded into policy. This suggests that, despite increasing attention to staff wellbeing, primary organisational-level prevention remains considerably less developed compared to individual-level support (e.g., resilience training, wellbeing toolkits, mindfulness workshops).

Why do wellbeing challenges persist?

The persistence of poor wellbeing should not be interpreted as evidence of limited institutional commitment. Rather, it reflects the reality that occupational stressors are embedded within the wider organisation of research itself.

Many emerging initiatives seek to improve work environments while operating within systems that continue to generate employment insecurity, excessive workloads, competitive performance incentives, organisational restructuring, and resource constraints. Indeed, while UK HEIs increasingly promote collaboration, inclusion, and healthier research cultures, they continue to operate within funding, assessment, and reward systems that reinforce competition, individual achievement, and short-term performance.

Implementation also varies considerably across institutions and even within universities, reflecting the decentralised nature of HE. Consequently, positive organisational initiatives frequently coexist alongside continued reports of poor working conditions and wellbeing consequences.

Improving the wellbeing of researchers and research professionals therefore requires more than expanding individual-level support provisions. It requires sustained attention to the organisational systems, management practices, governance arrangements, and incentive structures that shape how research work is experienced across the sector.

Implications for the UK Higher Education sector

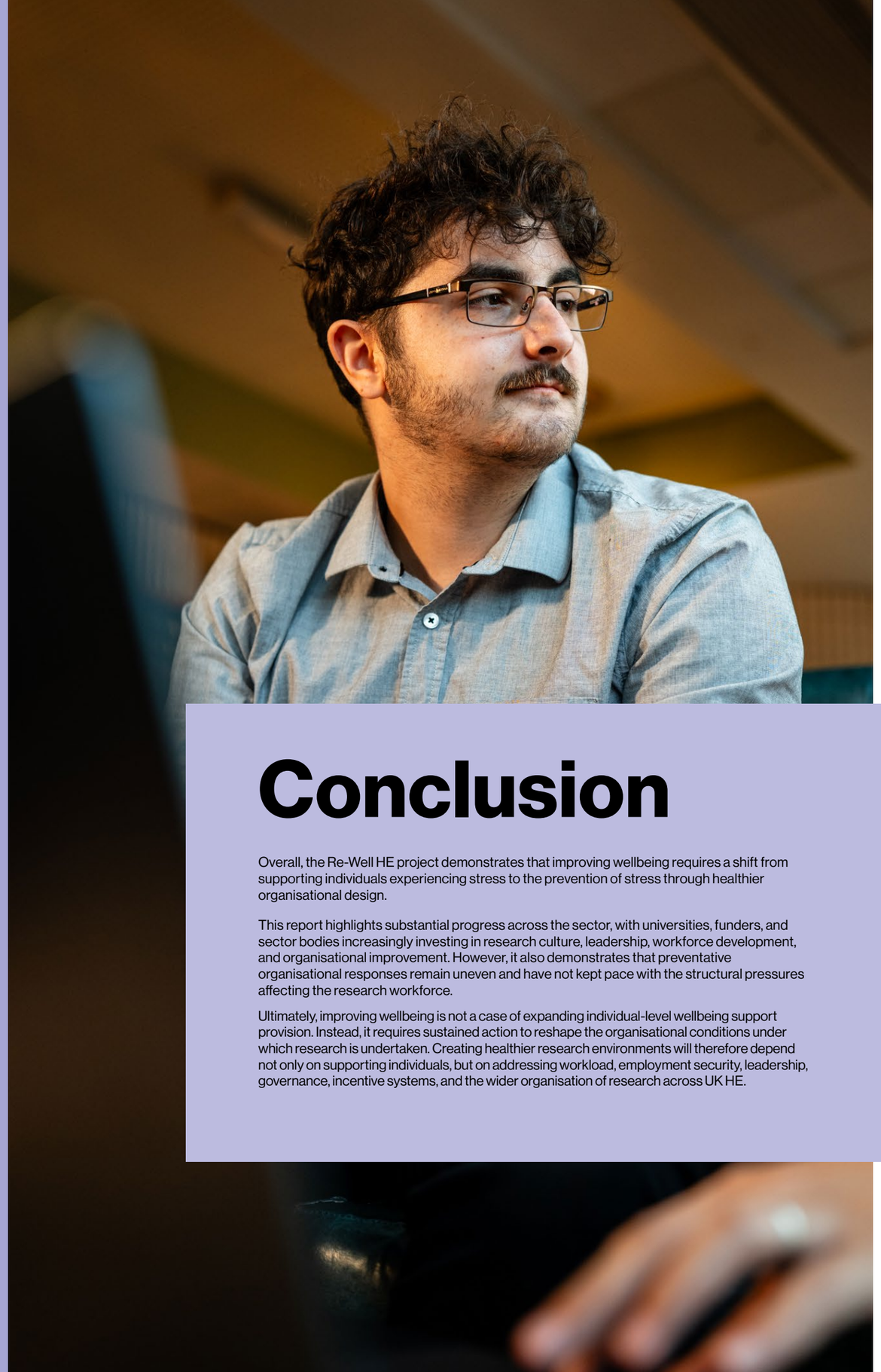
The findings of this report highlight the need for continued movement towards preventative, evidence-informed approaches to researcher and research professional wellbeing.

Priority areas include:

- Designing workloads that reflect the realities of contemporary research work
- Improving employment security and reducing unnecessary precarity
- Strengthening leadership and management capability and accountability
- Creating transparent and equitable career pathways across academic and research professional roles
- Reforming research assessment and reward systems to recognise diverse contributions
- Increasing staff voice, autonomy, and participation in organisational decision-making, and
- Strengthening collaborative, inclusive, and connected research cultures.

Ensuring that universities, funders, sector organisations, and government and policy makers work collectively to address the structural drivers of poor wellbeing and occupational stress in UK HE is also essential. Indeed, government and policymakers have a particularly important role to play in addressing structural drivers that sit beyond institutional control, including:

- Aligning national research funding and assessment with research workforce sustainability
- Establishing national longitudinal monitoring of research workforce working conditions and wellbeing
- Using national monitoring to identify inequalities in working conditions and outcomes
- Reviewing the interaction between immigration policy and insecure research employment
- Assessing whether recognition of research professional and research-enabling staff is translating into equitable career and employment outcomes, and
- Strengthening system-wide accountability for the primary prevention of work-related stress.



Conclusion

Overall, the Re-Well HE project demonstrates that improving wellbeing requires a shift from supporting individuals experiencing stress to the prevention of stress through healthier organisational design.

This report highlights substantial progress across the sector, with universities, funders, and sector bodies increasingly investing in research culture, leadership, workforce development, and organisational improvement. However, it also demonstrates that preventative organisational responses remain uneven and have not kept pace with the structural pressures affecting the research workforce.

Ultimately, improving wellbeing is not a case of expanding individual-level wellbeing support provision. Instead, it requires sustained action to reshape the organisational conditions under which research is undertaken. Creating healthier research environments will therefore depend not only on supporting individuals, but on addressing workload, employment security, leadership, governance, incentive systems, and the wider organisation of research across UK HE.

Project Team



Professor Elena Riva, Principal Investigator
Head of Department
Institute for Advanced Teaching & Learning
University of Warwick



Dr Amber Tout
Research Fellow
Institute for Advanced Teaching & Learning
University of Warwick



Dr Hatice Gundeslioglu
Postdoctoral Research Associate
Institute for Advanced Teaching & Learning
University of Warwick



Dr Jagjeet Jutley-Neilson, Co-Investigator
Director of Student Experience and Progression
Reader in Psychology
Department of Psychology
University of Warwick



Dr Carla Toro, Co-Investigator
Professor in Mental Health Sciences
Warwick Medical School
University of Warwick



Professor Nicole Tang, Co-Investigator
Professor of Clinical and Health Psychology
Head of Lifespan Health and Wellbeing Group
Director of Warwick Sleep and Pain Lab
Department of Psychology
University of Warwick



Katie Cunneen
PhD Candidate
Department of Psychology
University of Warwick



Titouan Cloarec
PhD Candidate
Warwick Medical School
University of Warwick

Re-Well HE Advisory Group Members

Funding Bodies

- **Wellcome Trust:** Shomari Lewis-Wilson, Equitable Research Ecosystems Lead - UK
- **UK Research & Innovation (UKRI):** Dr Nik Ogryzko, Senior Talent Programme Manager

Professional Organisations, Networks, and Charities

- **Health & Safety Executive (HSE):** Dr Jo Rick, Senior Work Psychologist, Science Division
- **University Mental Health Advisers Network (UMHAN):** Dr Rachel Spacey, Head of Research & Engagement
- **Mind:** Jonathan Stuart, Workplace Partnerships Lead
- **Careers Research & Advisory Centre (CRAC/Vitae):** Dr Yolana Pringle, Deputy CEO
- **Professional Research Investment & Strategy Managers (PRISM) Network:** Dr Claudia Matz & Dr Rika Nair
- **Research Culture Enablers Network/Research Professional Futures Co-lead:** Dr Rika Nair
- **White Rose University Consortium:** Dr Karen Hinxman, Head
- **The Research Companion:** Dr Petra Boynton, Social Psychologist

UK Higher Education Institutions (HEIs)

- Dr Rebecca Upsher, Senior Lecturer in Psychology Education, Kings College London
- Dr Sarah Penny, Researcher Developer, University of York
- Dr Amy Cook, Associate Professor in Psychology, Birmingham City University
- Professor Kate Lister, Director of EDI, Arden University
- Dr Hugh Fulham-McQuillan, Assistant Professor, University College Dublin
- Ashley Collins, Senior Project Manager of REC-HURDLE, University of Nottingham

University of Warwick Advisory Sub-group

- Professor Kirstie Haywood, Deputy PVC Research Culture, Director National Centre for Research Culture (NCRC)
- Rhiannon Martyn, Head of Doctoral College
- Dr Fiona Fisher, Associate Director, Institute of Advanced Studies
- Denver Thorpe, Staff Wellbeing Co-ordinator/Lead
- Dr Amy Godfrey, Ambassadors for Better Research Culture Lead
- Dr Rosie Bellamy, Head of Research Integrity & Quality Assurance

Table of Contents

Executive Summary **2**

Project Team **6**

Introduction **12**

The State of Staff Wellbeing in UK Higher Education Institutions 12

Key Drivers of Poor Wellbeing & Occupational Stress in UK HE 13

Organisational Efforts to Support Staff Wellbeing 14

Project Aims & Approach **16**

Figure 1. Overarching project aims and approach 16

A note on the HSE Management Framework 18

Figure 2. HSE Management Standard Framework Domains 19

National Advisory Group Formation **20**

Composition of the Re-Well HE Advisory Group 21

Participatory Insight-gathering Activities **22**

Participatory Desk Review 22

Participatory Workshops with the Research Community 22

Figure 4. Participatory workshops summary (*N* = 100) 23

Figure 5. Key drivers of poor wellbeing and occupational stress identified through participatory insight-gathering workshops with the research community 24

12 Key Drivers of Poor Wellbeing and Occupational Stress 25

Summary of Findings 27

Mapping Key Drivers of Poor Wellbeing and Occupational Stress to the HSE MSF 27

Table 1 . Key drivers of poor wellbeing and occupational stress among researchers and research professional staff mapped to HSE's MSF 28

Corroboration of the 12 Key Drivers Poor Wellbeing and Occupational Stress with Findings from the Desk Review 30

National Researcher and Research Professional Staff Wellbeing Survey **32**

Participants 33

Definitions 33

Survey Measures 33

Demographic characteristics 33

Workplace stressors and predictors of wellbeing 33

Mental health and wellbeing outcomes 33

Physical symptoms (associated with physiological stress) 33

Occupational outcomes 33

Data Analysis 34

Sample Characteristics 34

Figure 6. Institutional Coverage by UK Nation Compared to HESA 2024/25 Staff Record 34

Participant Demographics 35

Wellbeing Profile of Researchers and Research Professionals 35

Survey Results vs General Population Benchmarks 35

Figure 7: Survey respondents' wellbeing outcomes compared to population benchmarks (mean, SD) 35

Occupational Outcomes Profile of Researchers and Research Professionals 36

Figure 8: Occupational Outcomes by Role. Proportion of researchers and research professionals reporting each occupational outcome 36

Demographic moderators of wellbeing outcomes 37

Figure 9: Outcomes by Moderator. Group differences (ANOVA/t-test) across the full sample, independent of job role 37

What predicts wellbeing and mental health? 38

What predicts occupational outcomes? 40

Conclusion 42

Linking survey findings back to the 12 key drivers of poor wellbeing and stress identified in participatory workshops 44

Table 3: Survey Predictors Mapped to HSE Domains and the 12 Key Drivers 44

Synthesising Organisational Responses to the Key Drivers of Poor Wellbeing and Occupational Stress **46**

Research Community Perspectives on Organisational Responses 47

Individual-Level Wellbeing Support 47

Individual Training and Capability Building 47

Policy and Framework-Level Approaches 47

Inclusion and Adjustment Mechanisms 47

Community and Network Initiatives 47

Cultural and Visibility Initiatives 47

Structural and Primary-Level Interventions 47

Summary of Findings 47

Table 4. Organisational responses to key drivers of poor wellbeing and occupational stress, synthesised from participatory workshops, targeted online searches, discussions with sector stakeholders, and national consultation survey 50

1) Organisational Responses to Employment Precarity & System Instability 56

2) Organisational Responses to the Metricisation, Projectification, and Loss of Meaning/Value in Research AND
3) Competitive, Individualised, and Extractive Research Culture 58

4) Organisational Responses to Workload Intensification, Role creep, and Boundary Erosion 60

5) Organisational Responses to Weak Management and Leadership Capability 62

6) Organisational Responses to Power, Hierarchy, and Lack of Agency 64

7) Organisational Responses to Inequality, Exclusion, and Differential Impact 66

8) Organisational Responses to Status Hierarchies and Misrecognition of Research Professionals 68

9) Organisational Responses to Isolation, Fragmentation, and Silos 70

10) Organisational Responses to Career Uncertainty and Lack of Progression Opportunity 72

11) Organisational Responses to Change Fatigue and Organisational Opacity 74

12) Organisational Responses to Emotional and Ethical Demands of Research 76

Why Do Wellbeing Challenges Persist Despite Extensive Organisational Action? Cross-Cutting Reflections on the Limits of Organisational Responses 78

Conclusion 81

Recommendations 82

Strategic Priorities for Action 82

Recommendations for UK HEIs 83

Recommendations for Research Funders 83

Recommendations for Professional Sector Bodies and Networks 83

Recommendations for Government and Policy Makers 84

Recommendations for Monitoring, Evaluation, and Future Research 84

Acknowledgements 85

References 86

Appendix 90



Introduction

The State of Staff Wellbeing in UK Higher Education Institutions

The state of staff wellbeing in UK Higher Education Institutions (HEIs) is a significant and growing occupational health concern. Across the sector, researchers and research professional staff report high levels of stress, burnout, and work-related mental ill-health, with evidence suggesting that wellbeing outcomes are considerably poorer compared to many other working groups (Education Support, 2021).

Reports reveal that levels of mental wellbeing are considerably lower than population norms, with fewer than one-third of UK Higher Education (HE) employees achieving average wellbeing, and over half showing probable signs of depression (Education Support, 2021). Reviews similarly conclude that the risk of experiencing or developing a mental health problem is higher in HE compared to other working populations (Guthrie et al., 2017) with studies consistently finding that one-in-three research staff seek or receive professional support for depression or anxiety at some point during their career (ARMA, 2020; Wellcome Trust, 2020).

These concerns also mirror a broader global trend, with high levels of burnout, psychological distress and poor mental wellbeing continuing to be reported among researchers internationally (Cadena-Povea et al., 2025; European Commission, 2023; Urbina- Garcia, 2020). Accordingly, improving researcher wellbeing has been identified as a strategic priority across the European Research Area (European Commission, 2023).



Concerningly, evidence suggests that the situation in the UK is continuing to deteriorate. Freedom of Information requests show substantial increases in the number of UK HE staff accessing counselling and occupational health services over the last two decades, with women and research professionals disproportionately represented in figures (HEPI, 2020; Morrish, 2019).

> The latest health and safety data published by the UCEA (Universities and Colleges Employers Association, 2026) further identifies mental ill-health as the leading cause of sickness absence in UK HEIs, **accounting for 29.1% of all absences**, approximately half of which are due to work-related stress.

High levels of occupational stress are also apparent in wider evidence on working conditions across the sector (Nicholls, 2023; Nicholls et al., 2022). National survey results show that working conditions in UK HE have remained consistently below minimum recommended standards across each of the UK Health and Safety Executive's (HSE) psychosocial risk domains – Demands, Control, Support, Relationships, Role, and Change – for over a decade, highlighting sustained exposure to organisational risk factors for poor wellbeing (Education Support, 2021; HSE Management Standards Framework [MSF], 2004, 2005; Kinman & Wray, 2020).

Taken together, evidence suggests that poor wellbeing and occupational stress have become widespread and structurally embedded within UK HE. These trends have worrying implications – not only for individuals, but also for staff retention, research quality, and organisational sustainability. Indeed, a report by the Wellcome Trust (2020) revealed that:

> **34% of research staff** who leave the sector **cite poor mental health and unsustainable working conditions** as key contributing factors, highlighting consequences for workforce stability and the long-term health of the wider research ecosystem.

Key Drivers of Poor Wellbeing & Occupational Stress in UK HE

While some challenges are shaped by national policy and funding contexts, recent evidence consistently identifies excessive workload, insecure employment, performance pressures, and inadequate organisational support as common drivers of poor wellbeing and occupational stress among research staff (Cadena-Povea et al., 2025; Cunneen et al., 2026; European Commission, 2023; Guthrie et al., 2017; Morrish, 2019; Wellcome Trust, 2020). Contemporary HE environments are shaped by marketisation, financial instability, intensified competition for funding and student recruitment, increasing performance pressures, and continual organisational change (Douglas et al., 2025; Education Support, 2021; Jones & Bell, 2025; Kinman & Johnson, 2019; Morrish, 2019; O'Brien, 2026). In turn, these macro-level pressures shape day-to-day workload expectations, employment conditions, and management practices across institutions.

Workload intensification is one central mechanism through which these pressures manifest – characterised by work overload, accelerated working pace, heavy administrative burden, increasing student expectations, and workload allocation models that underestimate the time required to complete core activities such as research, teaching, marking, supervision, administration, and pastoral support (Cunneen et al., 2026; Fontinha et al., 2019; Gillespie et al., 2001; Johnston, 2025; Kinman & Wray, 2020; Tytherleigh et al., 2007; Winefield et al., 2008).

> Reports by the University and College Union (UCU, 2016, 2022) found that the average HE employee worked the equivalent of **more than two additional unpaid working days each week**, while more recent evidence indicates that expectations of extended hours and constant productivity remain widespread (Education Support, 2021; Wellcome Trust, 2020).

These findings suggest that a long-hours working culture has become normalised in UK HE, with sustained intensification of workload representing a direct pathway from system-level pressures to individual strain (Johnston, 2025).

Employment insecurity or 'precarity' is another defining feature of modern research careers and a major source of stress for many individuals (Menard, 2025; Willson et al., 2026).

> In their report, the Wellcome Trust (2020) found that **fewer than one-third** of researchers felt secure pursuing a long-term research career, while **45% who left the sector** cited insecure career pathways and difficulty finding stable employment as key reasons for leaving.

Indeed, short, fixed-term, funding-dependent contracts have become widespread, embedding uncertainty into career trajectories and limiting financial and professional stability (Cunneen et al., 2026; Guthrie et al., 2017; Morrish, 2019). This career insecurity is further compounded by repeated organisational restructuring, recruitment freezes, and budget reductions occurring in response to ongoing financial pressures across the sector (O'Brien, 2026). As well as economic consequences, the resulting precarity impacts psychological safety, affecting perceptions of career viability, organisational commitment, and personal identity.

Alongside excessive workload and employment insecurity, many other organisational and cultural conditions also act as sources of psychosocial stress for researchers and research professional staff. Weak leadership and management capability, limited autonomy and influence in decision-making, poorly managed organisational change, role ambiguity, communication difficulties, and experiences of bullying, harassment, and exclusion all contribute to an environment characterised by low control, low support, and relational strain (Cunneen et al., 2026; Erickson et al., 2021; Gillespie et al., 2001; Morrish, 2019; Weinstein et al., 2023; Wellcome Trust, 2020). Research professionals also experience additional challenges related to limited visibility, constrained progression opportunities, and weaker institutional recognition despite playing an essential role in research delivery (ARMA, 2020). Within such contexts, staff experience reduced capacity to influence or shape their work – a condition associated with poor wellbeing and increased work stress (Kinman & Wray, 2020).

Collectively, these issues illustrate how increasing systemic pressures within UK HE have created working conditions characterised by high demands, sustained uncertainty, and low control. Rather than being isolated factors, these mechanisms operate as interconnected features of the contemporary HE environment and are likely to underpin the sector-wide patterns of poor wellbeing and stress observed.

Importantly, these pressures are not unique to the UK, with HE systems internationally experiencing similar challenges relating to financial sustainability, workforce pressures, and changing models of research and knowledge production (European Commission, 2023; Kinman & Johnson, 2019; Willson et al., 2026). Understanding wellbeing within this broader context is therefore essential, as organisational responses are being developed within systems already experiencing considerable structural strain.

Organisational Efforts to Support Staff Wellbeing

Despite growing recognition of the wellbeing crisis within HE, evidence regarding effective organisational responses remains limited. While universities increasingly acknowledge staff wellbeing as a strategic priority, there is relatively little evidence regarding the implementation and evaluation of interventions designed to address the underlying causes or poor wellbeing and occupational stress.

Recent reviews examining organisational-level interventions to manage wellbeing and stress in HE identify very few robust studies overall and, notably, no studies focused on UK researchers or research professional staff (e.g., Abraham et al., 2025; Cao et al., 2024; Cunneen et al., 2026; Hammoudi Halat et al., 2024; Luu et al., 2025; Ohadomere & Ogamba, 2021). This reflects a substantial gap between recognition of occupational stress risks and the development of evaluated, evidence-based organisational responses.

Although sector-wide initiatives such as the University Mental Health Charter (2019; 2021) have played an important role in promoting whole-university approaches to mental health and wellbeing more recently, they remain primarily centred on the student experience. Indeed, much of the visible wellbeing activity across UK HEIs is heavily oriented towards student mental health (Upsher et al., 2025), with staff-facing resources often framed in terms of how to support student wellbeing, reflecting the stronger policy, economic, and public focus placed on student outcomes in recent years (Brewster et al., 2022; Morrish, 2019; O'Brien, 2026). Additionally, it emerges from our study that where information on staff wellbeing provision does exist, it is often dispersed across institutional webpages, internal reports, and action plans located in grey literature spaces, making initiatives difficult to systematically identify, compare, and evaluate.

At the sector-level, a growing number of frameworks, charters, and guidance documents have nevertheless emerged, including the Concordat to Support the Career Development of Researchers (2019) and research culture initiatives led by funders such as the Wellcome Trust and UK Research and Innovation (UKRI). However, while such frameworks and commitments have played an important role in legitimising staff wellbeing, healthy research culture, and psychological safety as institutional priorities, they do not in themselves constitute implemented changes to working practices or organisational conditions.

Importantly, the Health & Safety Executive (HSE, 2004, 2025) – the UK's national regulator for workplace health and safety – do not regard charter commitments or framework adoption as evidence of effective stress risk management. Instead, their Management Standards Framework (MSF) emphasises primary prevention – organisational action that directly targets the sources of work-related stress, including high demands, low control, insufficient support, role ambiguity, relationship conflict, and poorly managed organisational change (HSE, 2004, 2025). Thus, while policy frameworks describe intentions and goals, effective prevention requires demonstrable changes to work design, management, and organisational practice.

This distinction highlights a broader mismatch between the types of wellbeing activity commonly visible within UK HEIs and the types of organisational change required to meaningfully reduce psychosocial risk. Existing initiatives frequently focus on increasing individual resilience, raising awareness, providing peer support, hosting wellbeing events, and signposting counselling services, rather than addressing the structural and cultural conditions underpinning poor wellbeing across the sector (Kinman & Johnson, 2019; Morrish, 2019; Upsher et al., 2025).

These patterns are also reflected in staff wellbeing provision reports submitted to the University and College Employers Association from 17 UK HEIs (UCEA, 2021), in which most reported initiatives centre on the provision of counselling services, wellbeing resources, training programmes, and peer support networks. In contrast, there is limited visibility of organisational initiatives that align with established models of work-related stress prevention, particularly those emphasising upstream prevention through reduction of psychosocial risk at source (e.g., changing workload design, management practice, and/or organisational structures).

> Overall, these gaps highlight the need for a coordinated national effort to better understand the current landscape of staff wellbeing initiatives within UK HE.

Building a clearer picture of existing stressors and associated organisational responses is essential for identifying examples of good practice, understanding areas of unmet need, and supporting the development of more effective and preventative approaches to improving the wellbeing of researchers and research professionals across the sector.



Project Aims & Approach

The Re-Well HE project was established in response to growing evidence that poor wellbeing and occupational stress are widespread among researchers and research professional staff in UK HEIs, and a lack of consolidated evidence regarding how universities are responding to these challenges in practice. While a substantial body of research has identified many of the structural and organisational factors associated with poor wellbeing among staff, far less is known about the organisational initiatives being implemented to address them.

Unlike previous work, Re-Well HE considers the experiences of both researchers and research professional staff, recognising that both groups are integral to contemporary research systems but have often been examined separately, with far fewer explorations of research professional staff experiences (ARMA, 2020). It also provides an important post-pandemic perspective at a time when UK HE is experiencing unprecedented financial pressures alongside wider international challenges relating to research funding, workforce sustainability, and organisational change (O'Brien, 2026).

Preliminary work involved a participatory desk review of the literature to identify known organisational determinants and responses to poor mental wellbeing and occupational stress within HE (Cunneen et al., 2026). The Re-Well HE Advisory Group (see page 20) was also established to provide strategic oversight and to ensure that project activities were informed by experts from funding bodies, professional organisations, sector networks, and universities.

Four participatory insight-gathering workshops were then conducted with researchers, research professional staff, and stakeholders from across the sector ($N = 100$) to develop an up-to-date understanding of the key drivers of poor wellbeing and stress (see page 28 and Table 1) and associated institutional responses to address them (see pages 46-77). A national consultation survey was also designed to capture organisational policies, practices, programmes, and initiatives being implemented (see pages 48-49).

Alongside these activities, a national wellbeing survey was developed to explore empirical associations between occupational stressors and wellbeing outcomes amongst the wider research community and explore potential differences between researchers and research professional staff (see pages 32-43 and Table 2). Indeed, while previous studies have explored staff wellbeing within the sector (e.g., ARMA, 2020; Education Support, 2021; Wellcome Trust, 2020), much of the available evidence predates the current financial crisis facing UK universities (O'Brien, 2026), was collected before and/or during the COVID-19 pandemic, and/or has focused exclusively on academic research staff. The survey was therefore designed to provide a contemporary assessment of wellbeing and working conditions within the wider research workforce through the inclusion of research professionals – a group that remains comparatively underrepresented within the existing evidence base.

The findings presented in this report draw together evidence from these interconnected strands of work to provide a national overview of wellbeing, key drivers of occupational stress, and the organisational initiatives being implemented to address them. Collectively, the findings of this report offer insight as to how well current approaches align with established principles of work-related stress prevention and highlight opportunities to strengthen preventative action across the sector.

Overall, the project had three overarching aims:

1. **To establish** an up-to-date understanding of wellbeing and occupational stress among researchers and research professional staff in UK HEIs by conducting a participatory desk review of the literature, national surveys, and insight-gathering activities with the wider research community.
2. **To identify, consolidate, and map** associated organisational initiatives being implemented across the sector through participatory activities, targeted online searches, stakeholder engagement, and the delivery of a national consultation survey.
3. **To examine** the extent to which existing organisational responses align with established principles of work-related stress prevention by mapping findings to the HSE MSF (2004, 2025), thus identifying gaps and opportunities for further development.

To achieve these aims, the project adopted a multi-stage participatory approach that combined evidence synthesis, stakeholder engagement, participatory workshops, and national surveys (see Figure 1).

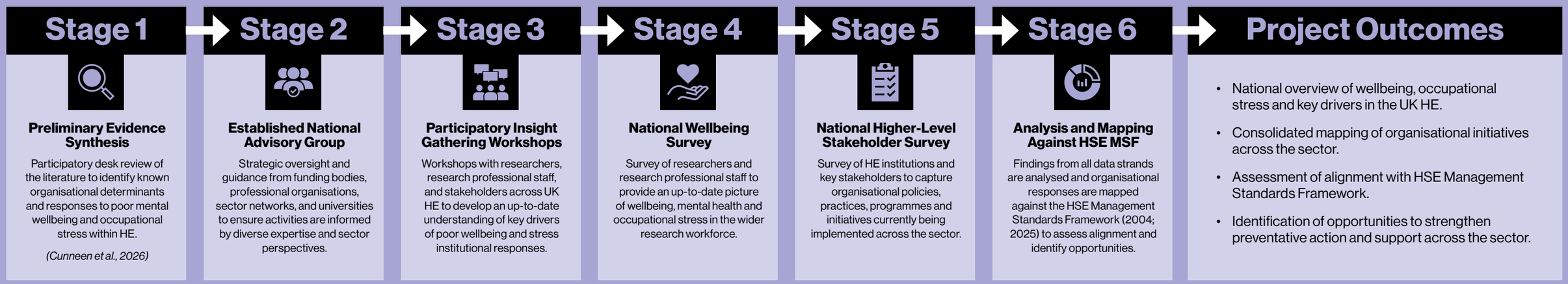


Figure 1. Overarching project aims and approach.

A Note on the HSE Management Standards Framework

The HSE MSF is the UK's most widely recognised evidence-based framework for the prevention and management of work-related stress and identifies six key domains associated with poor wellbeing and occupational stress: Demands, Control, Support, Relationships, Role, and Change (HSE, 2004; 2025, see Figure 2).

The framework emphasises primary prevention through organisational action to address the sources of stress rather than relying solely on individual-level support once difficulties have emerged (i.e., secondary and/or tertiary level interventions). Mapping sources of occupational stress and associated organisational responses to the MSF therefore provides a structured and policy-relevant approach for understanding the extent to which current activity aligns with key stressors and established principles of work-related stress prevention.

The selection of the MSF was further strengthened through collaboration and consultation with the HSE as a member of the project advisory group. As the UK's national regulator for workplace health and safety, the HSE provides expertise in psychosocial risk management and organisational approaches to preventing work-related stress. Aligning project findings with the MSF therefore ensures that the resulting analysis is grounded in an established national framework with relevance beyond the HE sector.

At the same time, the project recognises that some of the wellbeing challenges identified within UK HE may not map neatly onto individual MSF domains. Exploring how sector-specific issues such as employment precarity and research funding dependency relate to the framework may therefore help identify areas where existing models of psychosocial risk could be further developed or adapted for the HE context. In this sense, the mapping exercise serves not only as a tool for evaluating current organisational responses, but also as an opportunity to consider how future HE-specific approaches to stress prevention and wellbeing improvement might be conceptualised.



The HSE Management Standards Framework

Six key domains for preventing work-related stress and promoting healthy work design

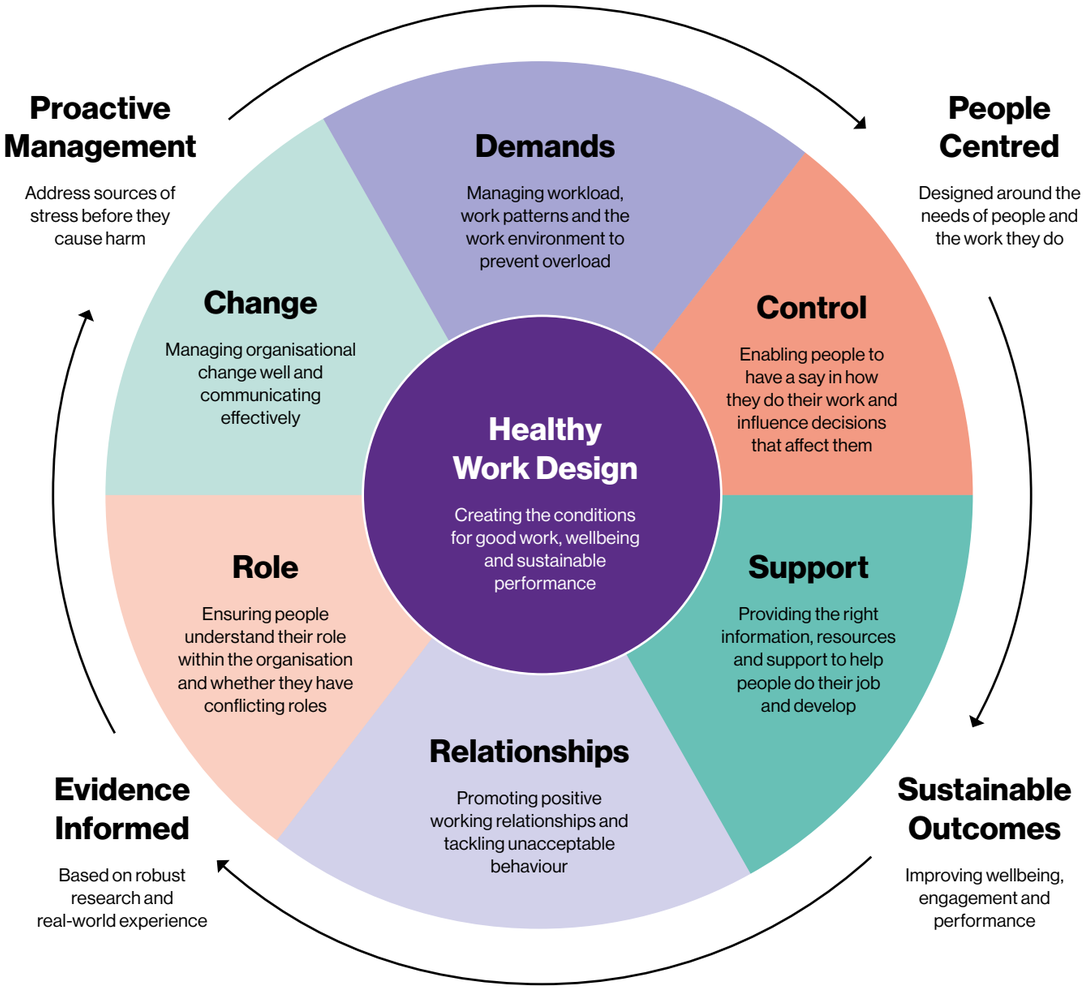


Figure 2. HSE Management Standards Framework Domains.

National Advisory Group Formation



At the beginning of the project, a national advisory group – Re-Well HE Advisory Group – was established to guide the development, direction, and strategic relevance of the work. The group provided a structured forum for cross-sector collaboration and evidence-informed discussion, thereby ensuring the project was informed by a broad range of expert perspectives from across the UK HE landscape.

As shown in Figure 3, the group included experts from HSE, major national funding bodies, professional networks, charities, and universities. To ensure representation of different university types, UK HEIs spanned Russell Group, post-1992, and online universities, including leaders of national projects focused on wellbeing, employment precarity, and research professional staff. The Warwick-Advisory Sub-group further supported institutional alignment and sense-checking throughout the project.

Importantly, the formation of the advisory group enabled ongoing engagement between policy organisations, funding bodies, professional networks, and UK HEIs, thus ensuring project activities were informed by both operational experience and national-level strategic perspectives. This was necessary given the project's emphasis on understanding organisational approaches to wellbeing and occupational stress across the sector, and the need to ensure that emerging findings could be understood within the context of both institutional and regulatory practice.

Re-Well HE Advisory Group

Cross-sector expertise guiding efforts to embed researcher and research professional wellbeing into Higher Education across the UK

Purpose & Role

- Provide strategic guidance and challenge
- Ensure activities are informed by operational expertise and national policy perspectives
- Support evidence-informed decision making
- Strengthen cross-sector collaboration
- Help ensure relevance, inclusivity and impact across the sector

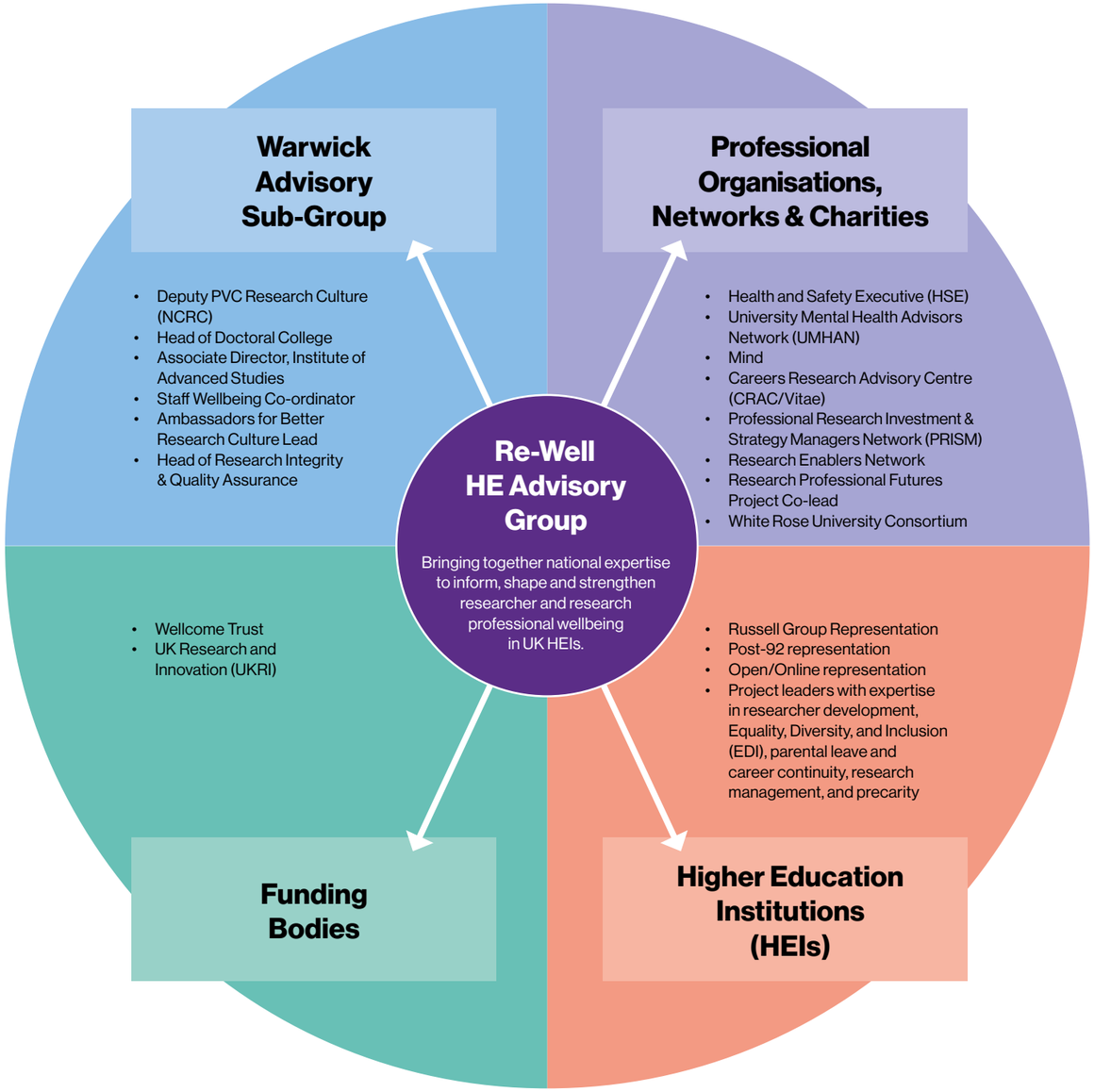


Figure 3. Composition of the Re-Well HE Advisory Group.

Participatory Insight-gathering Activities

Participatory Desk Review

As the first stage of the project, a participatory desk review was undertaken to explore the current evidence base relating to staff mental health and wellbeing in HE globally, following the COVID-19 pandemic (Cunneen et al., 2026). The review sought to identify the principal factors influencing staff wellbeing, examine the organisational conditions associated with poor wellbeing and occupational stress, and identify key evidence gaps to inform subsequent stages of the project. Unlike conventional evidence reviews, a participatory approach was adopted, in which HE staff helped shape the scope, interpret findings, and identify priorities for future investigation, ensuring that the evidence remained grounded in the realities of working within contemporary university environments.

In total, **16 studies, representing 6,065 participants,** were included in the review. Six interconnected themes were identified: the relationship between mental health and wellbeing; campus structures and wellbeing activities; barriers to engaging with support; leadership and management support; peer relationships and collaboration; and the balance between purposeful work and increasing work demands.

Collectively, the review revealed that poor wellbeing among HE staff is shaped primarily by organisational and occupational conditions rather than individual characteristics alone. Increasing workload, declining autonomy, job insecurity, performance pressures, changing working practices, and the cumulative effects of organisational change emerged as consistent influences on staff wellbeing across the literature.

Although a range of interventions—including wellbeing programmes, digital resources, emotional intelligence training, and mind-body approaches—showed some positive outcomes, their effectiveness was frequently constrained by wider organisational conditions. Heavy workloads, limited protected time, accessibility barriers, and inconsistent organisational communication often limited engagement with available support, reinforcing the importance of embedding wellbeing within organisational systems, structures, and culture rather than relying solely on individual-level interventions.

The review also identified several important evidence gaps. First, existing research focuses predominantly on academic staff, with comparatively little attention given to professional services, technical, operational, and other staff groups despite their central role within universities. Second, evidence examining differences between staff roles, career stages, and institutional contexts also remains limited. Third, while international research on staff wellbeing is expanding, relatively little evidence examines how UK HEIs are responding to the underlying causes of poor wellbeing, what interventions are being implemented, or how their effectiveness is being evaluated.

Notably, of the 16 studies included in the review, only one was UK-based (Bennett et al., 2025), and a further study included a sample from both the UK and Republic of Ireland (Fitzsimons et al., 2025), underscoring a lack of UK-specific evidence on academic staff wellbeing in HE. The review also found that poor staff wellbeing was shaped primarily by structural and systemic conditions (e.g., workload, leadership, and organisational culture) rather than by individual characteristics.

These findings supported the rationale for the subsequent project phases. In particular, they highlighted the need for a UK-focused investigation that identifies the key organisational drivers of poor wellbeing and stress affecting researchers and research professional staff, maps associated organisational responses across the UK HE sector, and develops an evidence-informed framework to support a preventative approach to improving staff wellbeing.

Beyond this, the review also provided early evidence and context for the findings of participatory workshops and national survey activities, offering independent support for the findings identified in later stages of the project.

Participatory Workshops with the Research Community

To identify the key drivers of poor wellbeing and occupational stress among researchers and research professional staff in UK HEIs, and to gather community perspectives on associated organisational initiatives, a series of participatory workshops were conducted between February and March 2026, using a combination of in-person and online methods to facilitate national-level attendance and engagement ($N = 100$; see Figure 4).

Workshop inputs were qualitatively synthesised and grouped into overarching themes, resulting in 12 key drivers of poor wellbeing and occupational stress (see Figure 5).

Workshop 1

Online
Advisory Group

Workshop 1 was conducted online with the Re-Well HE Advisory Group, comprised of higher-level stakeholders from the UK HE sector.

***n* = 18**

Workshop 2

Online
Research Professional Community

Workshop 2 was conducted online with the research professional community ($n = 52$), through the Research Culture Enablers Network.

***n* = 52**

Workshop 3

In-person
University of Warwick
(Research Culture Week)

Workshop 3 was conducted in-person at the University of Warwick during Research Culture Week and was open to all students, researchers, and research professional staff ($n = 5$). Note: many who signed up ($n = 15$) did not attend on the day, highlighting the difficulties of in-person engagement post-Covid.

***n* = 5**

Workshop 4

Online
Open to all UK HE researchers and research professionals

Workshop 4 was conducted online, and open to all researchers and research professionals in UK HEIs ($n = 25$).

***n* = 25**

Figure 4. Participatory workshops summary ($N = 100$).

Key Drivers of Poor Wellbeing and Occupational Stress in UK Higher Education

12 interrelated, system-level stressors operating across and within HEIs



Figure 5. Key drivers of poor wellbeing and occupational stress identified through participatory insight-gathering workshops with the research community.

12 Key Drivers of Poor Wellbeing and Occupational Stress

Across workshops, there was a clear consensus that **wellbeing is not an individual issue, but a predictable outcome of the way work is structurally organised, funded, and governed.**

1. Employment Precarity and System Instability

Employment precarity and wider system instability were described as a defining feature of the HE environment and a key source of occupational stress for all staff. Participants characterised the sector as increasingly uncertain, with job insecurity extending beyond 'traditionally' precarious career stages (i.e., early career) and becoming embedded across multiple staff groups amid ongoing financial instability, restructuring, redundancies, and funding volatility.

At the individual level, reliance on short-term, funding-contingent contracts generated persistent uncertainty regarding career progression, financial security, and professional identity, while at the organisational level, continual restructuring and budget reductions reinforced a broader climate of instability and contraction. Participants also felt that the current system placed responsibility for employment continuity onto individuals, who were expected to continually secure funding and future opportunities with limited institutional support.

Collectively, these conditions were described as contributing to chronic stress, reduced organisational attachment, diminished sense of belonging, and feelings of disposability.

Participant reflections are consistent with evidence that staff wellbeing in HE is adversely affected by organisational pressures, uncertainty, and changing working conditions (Rahman et al., 2024), and research showing how insecurity, performativity pressures, and organisational instability can undermine academic identity, belonging, and professional autonomy (Jayman et al., 2022). Indeed, job insecurity (linked to changing funding models, casualisation, and organisational approaches) has been identified as a structural feature of sector transformation that transfers risk from institutions onto individual workers (O'Brien, 2026; Solomon & Du Plessis, 2023).

2. 'Metricisation', 'Projectification' and Loss of Meaning/Value in Research

Participants described research culture within UK HE as being shaped by metrics, outputs, and short-term funding priorities, which in turn continued to influence how research activity is organised, evaluated, and rewarded. Success was perceived to be narrowly defined through funding capture, publication outputs, and performance indicators, while intellectually meaningful, collaborative, and community-oriented contributions were felt to be undervalued or invisible.

The growing "projectification" of research (i.e., the fragmentation of research into time-limited projects tied to unstable funding cycles) was also perceived to reduce opportunities for creativity, reflection, long-term thinking, and the development of subject matter expertise. Many participants described tensions between the intrinsic values that drew them to research and the performative demands of the contemporary research system.

Combined, these factors left many participants with a sense of identity conflict, reduced meaning and fulfilment at work, and disconnection from the true purpose of their research, reflecting concerns that changing HE environments are reshaping academic work and creating tensions between intrinsic scholarly values and externally defined measures of success (Marques et al., 2024). Recent research has also identified tensions between performance-driven research environments and researchers' needs for autonomy, competence, and connection, with highly competitive and assessment-focused cultures associated with poorer wellbeing outcomes, thus supporting participant concerns (Chubb et al., 2023; Luca et al., 2025; Nwako et al., 2023).

3. Competitive, Individualised, and Extractive Research Culture

Participants felt that UK HEIs structurally reinforced competition, individualism, and self-exploitation, with colleagues frequently positioned as competitors rather than collaborators, while overwork was normalised and, in some cases, valorised as evidence of commitment and professional legitimacy.

Participants also described the pressure to become a "master of all trades", demonstrating simultaneous excellence across research, teaching, administration, grant capture, supervision, public engagement, and institutional service. In this context, labour was perceived to be extractive, with limited reciprocity, recognition, or reward from institutions despite sustained personal investment.

Taken together, these conditions were felt to contribute to chronic overwork, burnout, reduced collegiality and trust, and heightened experiences of anxiety, comparison, and isolation. These perspectives are consistent with research on contemporary HE cultures, which has identified increasing performance pressures, competitive environments, and intensified academic labour as significant contributors to staff stress and declining wellbeing (Jayman et al., 2022; Rahman et al., 2024).

4. Workload Intensification, Role Creep, and Boundary Erosion

Workload was consistently described as excessive. Participants felt that workload pressures reflected a broader process of role expansion and structural incoherence within the sector. Both researchers and research professional staff described absorbing additional responsibilities created by wider systemic gaps, often without corresponding authority, recognition, time allocation, or training.

Participants further described mismatches between contracted responsibilities and actual expectations, alongside increasing hidden labour associated with pastoral support, equality, diversity and inclusion (EDI) activity, committee participation, and navigating complex institutional systems with constantly changing priorities. The resulting workload caused difficulties "switching off" (compounded by 24/7 digital accessibility) and contributed to the erosion of boundaries between work and personal life, alongside feelings of burnout, unfairness, and a perceived imbalance between effort and reward.

These concerns echo wider evidence that university roles are increasingly characterised by boundary-spanning responsibilities and expanded forms of academic and professional labour, where staff take on additional relational, administrative, and organisational work to sustain institutional functioning, while recognition, workload allocation, and resources often fail to reflect these demands (Douglas et al., 2025; Vere et al., 2024). Research on the digital transformation of academic work also highlights how technology has extended temporal and spatial work boundaries, increasing expectations of availability and contributing to the blurring of professional and personal life (Buda & Kovács, 2024).

5. Weak Management and Leadership Capability

Participants frequently identified weaknesses in management and senior leadership as a significant contributor to poor wellbeing and occupational stress.

Concerns centred on the heavy reliance placed upon line managers and principal investigators (PIs), despite their lack of preparation, training, or institutional support for people-management. Participants felt that managerial appointments were often based on research achievement rather than leadership capability, while available training was perceived to be inconsistent, optional, inaccessible, or difficult to engage with due to workload pressures. As a result, management quality and style were described as highly variable across institutions and departments, with limited accountability for poor management behaviour. These inconsistencies were felt to produce uneven and inequitable staff experiences, reduce psychosocial safety, and intensify other stressors including workload pressures, conflict, and isolation.

In line with these reflections, research has demonstrated the importance of supportive leadership, management practices, and organisational climates in shaping staff experiences of psychological safety, belonging, and occupational stress (Chubb et al., 2023; Douglas et al., 2025). Recent literature has also highlighted the distinctive challenges of academic leadership in HE, where individuals frequently move between scholarly and managerial roles and where leadership responsibilities may require capabilities that are not necessarily developed through traditional academic career pathways (Bolden et al., 2012; Evans, 2022; Macfarlane et al., 2024).

6. Power, Hierarchy, and Lack of Agency

Participants described UK HEIs as highly hierarchical and organisationally opaque, with limited transparency surrounding decision-making processes, institutional priorities, and resource allocation. Many felt that decisions were imposed upon staff with little opportunity for meaningful consultation or influence, contributing to perceptions that "things are done to them" rather than with them.

Participants also described pronounced power asymmetries within institutional structures, which were felt to enable information withholding, restrict access to support, and, in some cases, perpetuate toxic or psychologically unsafe working environments. In turn, these conditions were associated with reduced autonomy and perceived control over work, contributing to feelings of disempowerment, disengagement, and elevated stress.

Similar concerns have been identified in recent research examining university decision-making, where limited staff involvement in institutional change processes has been associated with reduced autonomy, diminished engagement, and poorer experiences of academic wellbeing (Bamforth et al., 2025). Other work on research environments also highlights how power hierarchies, particularly those shaped by seniority, expertise, and institutional position, influence whose perspectives are heard, whose concerns are prioritised, and individuals' ability to challenge established practices (Lokot et al., 2026).

7. Inequality, Exclusion, and Differential Impact

Participants made it clear that occupational stressors in UK HEIs were not experienced equally across all staff groups. ECRs, disabled staff, neurodivergent staff, ethnically minoritised staff, LGBTQIA+ staff, and visa-dependent or international staff were all identified as groups potentially exposed to heightened wellbeing risk through additional workloads, reduced access to opportunities, increased exposure to precarity, and greater pressure to navigate inequitable systems. In turn, these experiences were felt to compound disadvantage, undermine inclusion and belonging, and intensify vulnerability to stress and poor wellbeing outcomes.

Supporting participant sentiments, a recent review exploring intersectional precarity in academia illustrates how insecurity is shaped by wider inequalities relating to identity, social position, and institutional power, with marginalised groups disproportionately exposed to the consequences of increasingly unstable academic labour markets (Sim & Bierema, 2026). Research examining disability within UK HE has similarly highlighted ongoing challenges around institutional visibility, representation, and inclusion for disabled staff, suggesting that structural barriers can persist even where equality commitments are formally established (Saloniki et al., 2024).

8. Status Hierarchies and Misrecognition of Research Professional Staff

A particularly distinctive theme concerned the marginalisation and misrecognition of research professional staff. Participants described a "two-tier workforce" and "parity of esteem" within UK HEIs, wherein institutional value was perceived to be associated with proximity to research income generation, outputs, and academic status.

Research professionals frequently reported feeling invisible or undervalued by academic colleagues, alongside frustrations that their expertise and roles were poorly understood. Those with PhDs reported feeling positioned as "failed academics", while those without perceived differential treatment and lower professional legitimacy. Some participants also described being blamed personally for institutional bureaucracy, delays, or systemic inefficiencies beyond their control.

Taken together, these dynamics contributed to diminished recognition and belonging, difficulties with professional identity, and constrained opportunities for career progression and development. Indeed, these experiences reflect broader discussions of "third space" roles in HE, where professional staff operating across traditional academic and administrative boundaries may develop complex identities that are not fully recognised within established institutional categories (Vere et al., 2024; Whitchurch, 2015).

9. Isolation, Disconnection, Fragmentation, and Silos

Participants perceived the university environment to be highly fragmented, characterised by silos between teams, departments, professional groups, and institutional functions.

Many described experiences of practical and social isolation within roles (e.g., due to remote working, being the only costed researcher on a project, and/or being on a short-term contract), alongside difficulties building meaningful collaborative relationships across organisational boundaries. Networking and relationship-building were often described as labour-intensive, unequal, and dependent upon informal access to opportunities and communities through line managers and colleagues.

Participants also highlighted duplication of activity across institutions and departments, with individuals often working on similar initiatives in parallel without mechanisms for wider coordination or shared learning. These insights mirror broader concerns regarding fragmentation within increasingly complex HE organisations, where boundaries between teams and professional groups can inhibit collaboration despite shared institutional goals (Vere et al., 2024).

These conditions were felt to contribute to practical isolation, through reduced access to support and knowledge sharing, and psychological isolation, through weakened belonging and disconnection from institutional communities. This reflects wider evidence that organisational connection, supportive relationships, and a sense of belonging are important contributors to staff wellbeing within HE, while fragmented working environments undermine trust, collaboration, and psychological safety (Douglas et al., 2025).

10. Career Uncertainty & Lack of Progression Opportunity

Participants described career pathways in UK HE as unclear, unstable, or entirely absent, particularly for research professionals. Career progression was widely perceived to depend upon informal opportunities, networks, and "lucky breaks" rather than transparent or structured progression routes.

Participants also highlighted limited recognition for forms of work not directly associated with traditional academic metrics, such as community-building, research culture activity, and professional service contributions. Unequal access to meaningful development opportunities further compounded these concerns.

Collectively, these factors were felt to produce ongoing uncertainty, stagnation, reduced motivation, and increased intentions to leave the sector.

Participant perceptions align with wider evidence that career pathways within HE can be unclear and inconsistently structured, with progression often shaped by informal networks, visibility, and access to developmental opportunities (Sterling et al., 2023; Vere et al., 2024). Research has also highlighted how traditional reward systems can fail to recognise the breadth of contributions made by professional staff and researchers beyond conventional academic metrics (Gander et al., 2019; Vere et al., 2024).

11. Change Fatigue and Organisational Opacity

Participants described widespread fatigue associated with continual organisational change, restructuring, and shifting institutional priorities, especially amongst the current financial crisis. Many felt that change processes were poorly managed and accompanied by insufficient communication regarding the rationale for decisions or their practical implications for staff.

Participants also perceived institutional guidance, systems, and training provision to lag behind ongoing organisational developments, creating additional uncertainty and confusion. These experiences contributed to cognitive overload, reduced trust in leadership, disengagement, and a broader sense of exhaustion associated with continual adaptation to unstable institutional environments.

Consistent with this, evidence shows that repeated organisational change – particularly where communication is limited and staff have little influence over implementation – can undermine trust, increase uncertainty, and contribute to change fatigue (Bamforth et al., 2025; Oreg et al., 2011). Research on UK HE has similarly highlighted how organisational instability, management practices, and perceived lack of institutional support shape staff wellbeing and engagement (Douglas et al., 2025).

12. Emotional and Ethical Demands of Research

Participants lastly described the emotional and ethical demands inherent within research itself. Some individuals reported direct exposure to distressing research topics and experiences of vicarious trauma arising from their work. Indeed, recent research has highlighted risks associated with exposure to distressing material and vicarious trauma, alongside the need for proactive institutional support for researchers undertaking emotionally demanding work (Zschomler et al., 2026).

Academic staff also felt an increased expectation to provide emotional support and pastoral care to students experiencing mental health difficulties, despite limited training, support, or recognition – all while managing significant pressures themselves. This is consistent with literature highlighting how academic staff increasingly undertake hidden emotional labour through pastoral and supportive roles, with limited workload recognition, training, or organisational resources to sustain this work effectively (Ren & Evans, 2026).

Combined, these conditions were associated with emotional exhaustion, compassion fatigue, and reduced capacity to sustain wellbeing over time, particularly where emotional demands were experienced alongside existing pressures relating to workload, insecurity, and limited institutional support.

Summary of Findings

Overall, and in accordance with the literature, participants described a system characterised by high demands, low security, constrained agency, and fragmented social and organisational integration. There was also the broader perception that the current sector-wide financial crisis was working to intensify all other stressors, thus undermining psychological safety and creating a context of scarcity, competition, and contraction.[1]

Mapping Key Drivers of Poor Wellbeing and Occupational Stress to the HSE MSF

After consolidation, the 12 key drivers of poor wellbeing and occupational stress were mapped to the HSE MSF. As illustrated in Table 1, mapping activity indicates that the challenges experienced by researchers and research professional staff are not isolated issues, but interconnected psychosocial hazards embedded within the organisation and governance of contemporary HE.

Notably, no single driver aligned exclusively with one HSE domain. Instead, participants often described experiences that simultaneously affected Demands, Control, Support, Relationships, Role, and Change, reflecting the complex and systemic nature of occupational stress within the sector.

This supports the idea that poor wellbeing and occupational stress within UK HE are not driven by isolated factors but by the cumulative interaction of multiple stressors operating across all six HSE MSF domains.

Indeed, while stressors varied in emphasis, a common pattern emerged in which elevated Demands were frequently accompanied by reduced Control, weakened Support structures, blurred Role boundaries, strained workplace Relationships, and ongoing organisational Change.

These findings support an interpretation of poor wellbeing within the research workforce as a systemic organisational issue rooted in the design, management, and governance of work, as opposed to a consequence of individual vulnerability or lack of resilience. This is also consistent with the core assumptions underpinning the MSF and reinforces the importance of adopting preventative organisational approaches to improving wellbeing across the sector.

[1] Participatory insight-gathering activities were also used to gather info re activities which will be discussed in the following chapter.

Key Drivers of Poor Wellbeing and Occupational Stress

Identified through participatory workshop activities

HSE Management Standards domains: Demands, Control, Change, Role, Relationship, Support

	Key Driver	HSE Domain(s)	Description (How this contributes to poor wellbeing and stress)
1	**Employment precarity and system instability**		• High uncertainty increases psychological **demands** (constant performance pressure under insecurity). • **Control** is reduced because individuals cannot influence funding continuity. • System instability leads to constant restructuring and organisational **change**. • Blurred expectations around securing future employment extend **role** ambiguity.
2	**Metricisation, projectification, and loss of meaning/value**		• Intensified output metrics increase **demands**. • The "projectification" of research fragments work, undermining coherent **role** identity. • Reduced autonomy over epistemic direction reflects diminished **control** over meaningful aspects of work.
3	**Competitive, individualised, extractive culture**		• Competition erodes **relationships**, replacing collegiality with rivalry. • Normative overwork increases **demands** (implicit workload escalation). • Extractive dynamics reduce reciprocity and perceived organisational **support.**
4	**Workload intensification, role creep, boundary erosion**		• High **demands** and low **control** over workload. • Role creep produces sustained **role** overload and ambiguity. • Boundary erosion reduces recovery time and **control** over working patterns. • Lack of compensatory **support** structures amplifies strain accumulation.
5	**Weak management and leadership capability**		• Poor line management directly reduces **support** (instrumental and emotional). • Inconsistent management styles degrade workplace **relationships** and psychological safety. • Variable leadership also reduces perceived fairness and indirect **control**, as staff cannot rely on consistent guidance or advocacy.
6	**Power, hierarchy, and lack of agency**		• Decisions are top-down with limited consultation and **control**. • Hierarchy undermines **relationships** through asymmetry and opacity. • **Change** processes are experienced as imposed.
7	**Inequality, exclusion, and differential impact**		• Exclusions weakens social **support** networks and belonging. • Differential access to opportunities reflects unequal **control** over career trajectories. • Hidden labour (EDI, visa navigation, accessibility to work) distorts **role** expectations and increases **demand** for marginalised groups.
8	**Status hierarchies and misrecognition of research professionals**		• Misrecognitions produces persistent **role** ambiguity and identity strain. • Weak organisational recognition signals low **support**. • Hierarchical valuation systems degrade collegial **relationships** and constrain perceived **control** over career legitimacy and progression.
9	**Isolation, fragmentation, and silos**		• Reduced cross-team integration directly weakens **support** systems. • Isolation increases cognitive and coordination **demands** (duplicated effort, reinvention of processes). • Fragmentation limits informal peer **support**, increasing vulnerability to stress.
10	**Career uncertainty and lack of progression opportunity**		• Unclear progression pathways reduce long-term **control** over career development. • **Role** ambiguity persists due to lack of structured pathways. • Perceived stagnation reflects chronic organisational **change** instability without developmental **support** structures.
11	**Change fatigue and organisational opacity**		• Persistent restructuring is a primary **change** stressor. • Lack of transparency reduces **control** and predictability. • Cognitive load increases due to repeated adaptation and changing **demands**. • Weak communication signals low organisational **support**.
12	**Emotional and ethical demands of research**		• Elevated emotional **demands** (vicarious trauma, pastoral labour) exceed formal job design. • Lack of training and recognition reflects insufficient **support**. • Expanding care responsibilities blur **role** boundaries, shifting research work into quasi-clinical/emotional labour without safeguards.

Table 1. Key drivers of poor wellbeing and occupational stress among researchers and research professional staff mapped to HSE's MSF.

Corroboration of the 12 Key Drivers of Poor Wellbeing and Occupational Stress with Findings from the Desk Review

The 12 key drivers of poor wellbeing and occupational stress identified through the participatory workshops aligned with several themes identified within the desk review (Cunneen et al., 2026; see Table 2). Collectively, workshop findings broadly corroborated the organisational conditions identified, while providing greater specificity regarding the structural mechanisms through which these conditions were experienced by UK HE staff in practice.

In particular, the workshops also further differentiated review themes concerning work demands, leadership, collegial relations and organisational resources into more specific drivers relating to precarity, metricisation, power, professional status, career structures, and organisational change. The key drivers identified in the workshops also extended beyond the literature identified in the desk review, and further highlighted the experiences of research professional staff groups who remain comparatively underrepresented within the evidence base.

Workshop-identified driver		Corresponding desk-review theme(s)/finding(s)	Synthesis of convergence and extension
1	**Employment precarity and system instability**	Interconnectedness of mental health and wellbeing; purposeful work versus work demands	The desk review identified job insecurity and organisational uncertainty as important wellbeing risks (Rahman et al., 2024). Workshop findings corroborate and contextualise this finding by locating job insecurity within wider structural conditions, including short-term and funding-contingent employment, organisational restructuring, redundancies and funding volatility.
2	**Metricisation, projectification, and loss of meaning/value**	Purposeful work versus work demands; leadership and manager support	Both sources identified tension between meaningful work and performance demands (Ho et al., 2025; Lei et al., 2024; Wilmot, 2025). Workshop findings further identify the fragmentation of research into short-term projects and funding cycles ("projectification") as a mechanism through which demands increase and meaning, creativity, and longer-term scholarly activity are constrained.
3	**Competitive, individualised, extractive culture**	Peer relations and collaboration; purposeful work versus work demands; workplace culture	The desk review identified competitive performance cultures and the protective role of collegiality, teamwork and peer relationships as factors impacting staff wellbeing (Fitzsimons et al., 2025; Gegelashvili & Charaia, 2024). The workshop builds on this by showing how competition can also encourage individualism, overwork, and a sense that staff are giving more to their institutions than they receive in return.
4	**Workload intensification, role creep, boundary erosion**	Purposeful work versus work demands; barriers to engaging in wellbeing activities	Both the workshops and the desk review identify excessive workload, expanding responsibilities and work-life boundary erosion as central threats to wellbeing (Fitzsimons et al., 2025; Livermon et al., 2025; Wilmot, 2025). The workshop findings provide additional detail regarding hidden labour, mismatch between formal roles and actual expectations, and responsibilities absorbed in response to organisational gaps.
5	**Weak management and leadership capability**	Leadership and manager support	Both the workshops and desk review identify leadership and management as major determinants of wellbeing (Ho et al., 2025; Kyambade et al., 2024; Sarpong et al., 2025; Wilmot, 2025). The workshops further highlighted the organisational origins of variable management quality, including reliance on PIs/academic managers without sufficient people-management preparation, support, or accountability.
6	**Power, hierarchy, and lack of agency**	Leadership and manager support; campus structure and wellbeing activities; autonomy as a job resource	The desk review identified autonomy, staff voice, psychological safety, and hierarchical relations as relevant to wellbeing, although these did not form a discrete theme (Castillo-Rosales et al., 2025; Ho et al., 2025; Kyambade et al., 2024; Wilmot, 2025). Workshops consolidate these findings into an explicit structural driver centred on institutional power, decision-making, and staff agency.
7	**Inequality, exclusion, and differential impact**	Interconnectedness of mental health and wellbeing; cross-cutting population/evidence-gap findings	The desk review demonstrated that wellbeing risks differ between demographic groups, particularly by gender, and recognises broader inequalities. However, limited demographic reporting restricts conclusions (Qassim, 2024; Rahman et al., 2024). Workshops substantially extend this by identifying specific mechanisms of differential exposure affecting ECRs, disabled and neurodivergent staff, ethnically minoritised and LGBTQIA+ staff, and international/visa-dependant staff.
8	**Status hierarchies and misrecognition of research professionals**	Role clarity, recognition and progression; population representation/evidence gaps	The desk review highlighted role-clarity, progression, identity, and recognition challenges among academic teaching staff (Wilmot, 2025). The workshops deepen this finding by identifying perceived status hierarchies, unequal recognition and respect, invisibility of research-professional expertise and a 'two-tier' workforce.
9	**Isolation, fragmentation, and silos**	Peer relations and collaboration	Both the desk review and workshops identified social and professional connection as important to wellbeing (Bennett et al., 2025; Fitzsimons et al., 2025; Wilmot, 2025). The workshops further highlighted the negative impacts of organisational fragmentation, departmental and professional silos, duplicated activity, and unequal access to networks as structural causes of isolation.
10	**Career uncertainty and lack of progression opportunity**	Purposeful work versus work demands; training/development and structural resources	Career development appears in the desk review principally as an organisational resource and, for professional-services staff, a potential stressor due to a lack of clearly established pathways (Bennett et al., 2025). Workshops provide further context for this finding by identifying unclear or absent pathways, dependence on informal networks/opportunities, and limited recognition of contributions outside conventional academic metrics as causes of uncertainty and lack of progression.
11	**Change fatigue and organisational opacity**	Interconnectedness of mental health and wellbeing; communication/access barriers; organisational structures	Organisational uncertainty, restructuring, and poor communication were present in the desk review (Castillo-Rosales et al., 2025; Rahman et al., 2024). Workshop findings further highlighted the resulting 'change fatigue' experienced by staff in response to repeated change, shifting priorities, and limited transparency with consequences including cognitive overload, distrust, and disengagement.
12	**Emotional and ethical demands of research**	Purposeful work versus work demands; peer relations and collaboration; organisational support structures	The desk review provided direct evidence concerning emotionally challenging research and the value of supervision, collaborative analysis and debriefing (Bennett et al., 2025). Workshops further highlighted the impact of vicarious trauma and wider hidden emotional labour, including pastoral support, particularly where such demands are inadequately recognised or resourced.

Table 2. Comparison of the 12 key drivers of poor wellbeing and occupational stress and corresponding findings from the participatory desk review

National Researcher and Research Professional Staff Wellbeing Survey

To quantitatively explore the links between key workplace stressors and wellbeing outcomes, a cross-sectional online survey was conducted, hosted by Qualtrics[XM]. The survey aimed to provide post-Covid insight into the state of wellbeing amongst researchers and research professionals at a national level and provide empirical support for the findings of participatory workshops.

The survey aimed to answer four research questions:

1. What is the wellbeing profile of researchers and research professionals?
2. Do wellbeing outcomes differ across researchers and research professionals?
3. Which workplace factors predict wellbeing and mental health?
4. Which workplace factors predict occupational outcomes?

The full set of research questions and hypotheses is detailed in the pre-registered analysis plan published in Open Science Framework (https://osf.io/wfu8e).

Participants

Participants were recruited using a multi-channel approach, including direct outreach to UK HEIs and research organisations, dissemination through a project advisory group and professional/research networks, JISCmail lists, and social media. Eligible participants were required to be aged 18 or over, able to give informed consent, comfortable completing the survey in English, and identify as a researcher or research professional working in a UK HEI.

Definitions

Researcher:
A person working within a UK HEI whose role involves the design, conduct, supervision, or direct contribution to research activity. Examples: research assistants, doctoral researchers, postdoctoral researchers, research fellows, academic staff with research responsibilities (e.g., lecturers, senior lecturers, readers, professors), and research leaders.

Research professional:
A person working within a UK HEI whose role is to enable, support, manage, develop, or deliver research or research-related activity. Examples: research managers, research technicians, research software engineers, research development staff.

Survey Measures

Data were collected between 19 May and 30 June 2026. The survey took approximately 14 minutes to complete and was structured around four domains: demographic characteristics, workplace stressors, mental health and wellbeing outcomes, and occupational outcomes.

Demographic characteristics

Participants reported the following demographic and employment characteristics:

- Age
- Gender
- Ethnicity
- Parental/caregiver status
- Disability status
- UK HEI and department
- Job role
- Contract type

These variables served three purposes: to describe the sample and compare its generalisability to national HESA staff records; to explore differences in workplace stress and wellbeing among researchers and research professionals (and whether these differences vary by contract type, gender, ethnicity, disability, or parental status); and to investigate these variables as predictors of mental wellbeing and/or occupational outcomes.

Full response categories are reported in the Sample Characteristics section below. For statistical testing, some variables were collapsed due to low sample sizes following pre-specified rules: ethnicity as White vs. Ethnically minoritised, gender as Female vs. Male, disability status as Yes/No, parental/caregiver status as Yes/No, and contract type as Fixed-term vs. Permanent.

Workplace stressors and predictors of wellbeing

Workplace stressors were assessed using the HSE Stress Indicator Tool, a widely used measure of six key work-related stressors (Demands, Control, Support, Relationships, Role, and Change).

The survey also included measures of future uncertainty, employment precarity (job insecurity), and organisational wellbeing support, which were selected due to their established links with wellbeing and occupational outcomes in HE:

- HSE Stress Indicator Tool (35 items; Cousins et al., 2004)
- Future uncertainty (2 items),
- Employment precarity/job security (3 items),
- Perceptions of wellbeing provisions (3 items; adapted from Moran et al., 2020),
- Psychological safety climate (4 items; Dollard, 2019).

Mental health and wellbeing outcomes

Mental health and wellbeing outcomes were assessed using a set of brief, standardised scales with a strong validation record and prior use in similar surveys.

- Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS, 7 items; Stewart-Brown et al., 2009),
- A single-item overall quality of life measure (Verster et al., 2024),
- Satisfaction with Life Scale (SWLS-5, 5 items; Diener et al., 1985),
- PHQ-4 including the GAD-2 for anxiety (2 items; Kroenke et al., 2007) and the PHQ-2 for depression (2 items; Kroenke et al., 2003),
- Perceived Stress Scale (PSS-4, 4 items; Cohen et al., 1983),
- UCLA-3 loneliness scale (3 items; Hughes et al., 2004),
- A single-item measure of social identification/belonging (SISI, Postmes et al., 2013).

Physical symptoms (associated with physiological stress)

- Physical symptoms associated with physiological stress were assessed using a 12-item scale (PSI-12, Spector & Jex, 1998).

Occupational outcomes

This survey also captured the following occupational outcomes:

- Sickness absence (2 items),
- Use of wellbeing support (2 items, plus an open-ended question),
- Annual leave (3 items),
- Retention intentions (2 items).

Interpreting scores

Mental wellbeing (SWEMWBS) scores are categorised as low, medium, or high (Ng Fat et al., 2017). Life satisfaction (SWLS) scores are interpreted using established categories ranging from extremely dissatisfied to highly satisfied (Diener, 2006). Depression and anxiety scores (range 0–12) can be categorised as normal (0–2), mild (3–5), moderate (6–8), or severe (9–12) (Kroenke et al., 2009). The remaining scales (e.g., quality of life, social identification (SISI), and physical symptoms (PSI-12) do not have established severity bands; scores are reported and interpreted descriptively.

Full details of scoring procedures and scale reliability are available at https://osf.io/wfu8e.[2]

[2] Internal consistency was acceptable-to-excellent for all multi-item scales (ω ≥ .79). The two 2-item screeners (PHQ-2, GAD-2) were assessed via inter-item correlation rather than omega (r = .67 and .74, respectively).

Data Analysis

All analyses were conducted in R. Data were screened for bot activity and ineligible responses prior to analysis, resulting in a final analytic sample of 536 participants.

Chi-square tests (or Fisher's exact test where expected cell counts were small) were used to compare demographic characteristics. Descriptive statistics (means, standard deviations, and proportions) were used to summarise the wellbeing profile of the sample (RQ1).

Differences in wellbeing and mental health outcomes between researchers and research professionals, and how these differences varied by demographic characteristics (RQ2), were tested using two-way ANOVA.

Predictors of wellbeing, mental health, and occupational outcomes (RQ3 and RQ4) were tested using multiple linear regression for continuous outcomes and binary logistic regression for binary outcomes, with job role, demographic characteristics, and workplace stressors entered together as predictors. Standardised beta coefficients are reported for continuous outcomes and odds ratios for binary outcomes. Where outcomes did not meet regression assumptions, bootstrapped confidence intervals were used instead; details are provided in the Limitations section.

All statistical tests used an alpha of .05, with p-values adjusted for multiple comparisons using the Benjamini-Hochberg procedure. Full details of the analysis plan are pre-registered and available at https://osf.io/wfu8e.

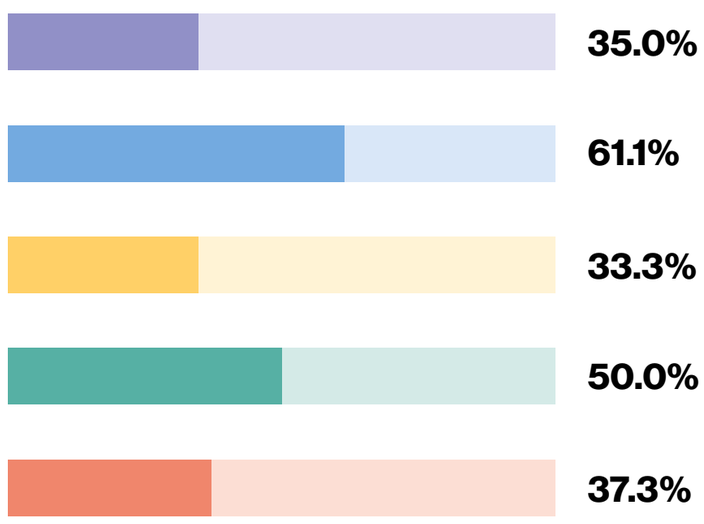
Sample Characteristics

The survey achieved a final analytic sample of **536 respondents** (mean age = 41.4 years, *SD* = 10.6; 61.4% female; 66.8% White; 72.0% researchers and 15.1% research professionals; 66.9% based in England).

A total of 154 respondents (28.7% of the sample) chose not to provide the name of their institution; Figure 6 therefore illustrates institutional coverage based on the 382 respondents (71.3%) with a known affiliation, representing 85 UK HEIs — 37.3% of all HESA-registered providers. Of those who specified their department, most came from Education and Social Sciences (15.3%) and Health & Medicine (14.7%).

Institutional Coverage

Representation of each nation's HESA-registered HE providers reached by the survey*



* See Appendix Table 1 for the details

Figure 6. Institutional Coverage by UK Nation Compared to HESA 2024/25 Staff Record

Participant Demographics[3]

Age	
41.4 mean years • *SD* 10.6 • range 23-74	

Researchers were significantly younger than research professionals (40.7 vs 44.5, $t = -2.96$, $p < 0.1$)

Job Role	
Researcher	386 (72.0%)
Research Professional	81 (15.1%)
Missing / not said	69 (12.9%)

Gender	
Female	329 (61.4%)
Male	134 (25.0%)
Other	7 (1.3%)
Missing / not said	66 (12.3%)

Department	
Education & Social Sciences	82 (15.3%)
Health & Medicine	79 (14.7%)
Natural Sciences	57 (10.6%)
Arts & Humanities	42 (7.8%)
Other	115 (21.6%)
Missing / not said	66 (30.0%)

Ethnicity	
White	358 (66.8%)
Asian	54 (10.1%)
Mixed	20 (3.7%)
Other	21 (3.9%)
Black	13 (2.4%)
Missing / not said	70 (13.1%)

Summary

In this survey, respondents who self-identified as researchers (*M*age = 40.7, *SD* = 10.5) were younger than those who self-identified as research professionals (*M*age = 44.5, *SD* = 10.6), $t = -2.96$, $p < .01$.

Researchers were more often based in England (74.9% vs. 55.6%) and research professionals more often based in Scotland (13.6% vs. 4.4%), $p = .007$.

Research professionals more often held a full-time permanent contract than researchers (58.0% vs 28.2% of researchers), $p < .001$.

Wellbeing Profile of Researchers and Research Professionals

Across the full sample, participants reported medium/average mental wellbeing (SWEMWBS *M* = 20.48, *SD* = 3.55), quality of life (*M* = 6.40, *SD* = 1.88), and average life satisfaction (SWLS *M* = 21.68, *SD* = 6.84).

Combined anxiety/depression symptoms were mild anxiety/depression levels on average (PHQ-4 *M* = 4.10, *SD* = 2.98), with subscale scores for depression (*M* = 1.73) and anxiety (*M* = 2.38). Mean perceived stress (PSS-4) was 7.32 (*SD* = 3.06) and mean loneliness (UCLA-3) was 5.40 (*SD* = 1.85).

Social identification with the research community was *M* = 4.08 (*SD* = 1.76), and physical symptoms were relatively low (*M* = 12.30, *SD* = 7.04) on the PSI-12[4]

Interestingly, there were no statistically significant differences between researchers and research professionals across any mental health or wellbeing outcome (all $p > .38$; all $p_adj = .952$), indicating a broadly comparable psychological profile across the two groups (see Appendix Table 3).

Survey Results vs General Population Benchmarks

Compared to general population benchmarks (see Figure 7), descriptive comparisons of average scores reveal that survey respondents had lower levels of mental wellbeing (20.48 vs. 24.34, SWEMWBS; Morrish et al., 2025) and life satisfaction (21.68 vs. 27.00, SWLS; Hinz et al., 2025).

Respondents also reported higher perceived stress (7.32 vs. 6.11, PSS-4; Warttig et al., 2013) and higher anxiety/depression symptoms (4.10 vs. 3.00, PHQ-4; Kazlauskas et al., 2023).

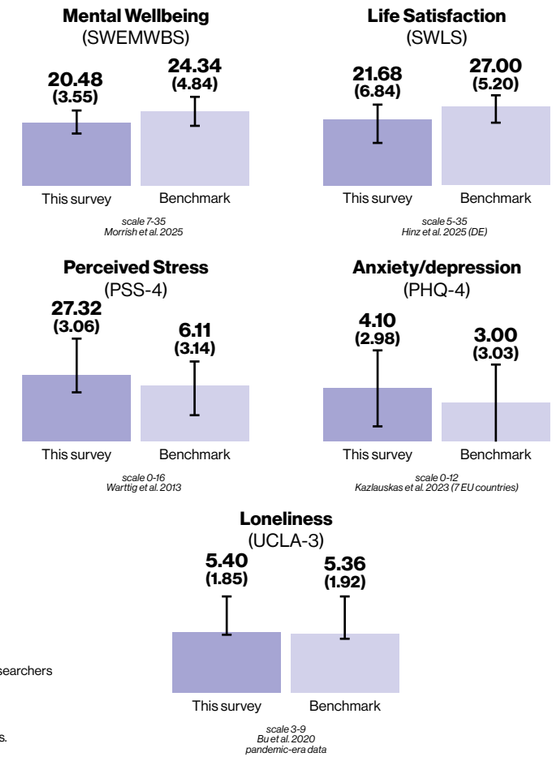
Loneliness was similar to the general population (5.40 vs. 5.36, UCLA-3; Bu et al., 2020).[5]

[3] See Appendix Table 2 for details on the demographic characteristics and comparisons between researchers and research professionals.

[4] Responses were recoded to 0-4 for scoring, yielding a possible total score range of 0-48.

[5] These are descriptive comparisons of average scores only; no formal statistical testing was conducted, so differences should not be interpreted as statistically significant. See Figure 7 for all benchmark comparisons.

Figure 7: Survey respondents' wellbeing outcomes compared to population benchmarks (*M*, *SD*)



Occupational Outcomes Profile of Researchers and Research Professionals

Ratings of having no time to take annual leave (M = 3.01, SD = 1.32) and feeling pressured to work during annual leave (M = 3.01, SD = 1.36) were similar across the sample. Researchers and research professionals did not differ significantly on either item after correction (both p_adj = .218; see Appendix Table 3).

Just over half of the sample (55.2%) reported untaken annual leave due to work pressure, and 52.5% reported having considered leaving the research sector altogether (e.g., moving to industry). In terms of intention to leave, 44.7% reported having considered leaving their current role due to work-related stress or pressures.

Across the full sample, 40.3% of participants had considered taking sick leave due to work related mental health and/or stress, while 16.7% reported having taken sick leave for the same reason. Similarly, 31.1% had considered using wellbeing services, while 8.0% had used them.

Unlike the wellbeing measures, several occupational outcomes differed by role: research professionals reported significantly higher rates of considering sickness absence, considering wellbeing service use, and considering leaving their current role (see Figure 8 and Appendix Table 4).



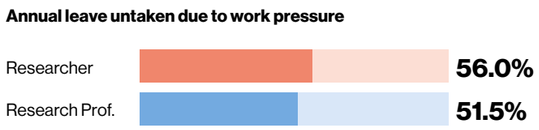


Figure 8: Occupational Outcomes by Role. Proportion of researchers and research professionals reporting each occupational outcome

Note. Significance markers (p_adj < .05) reflect Benjamini-Hochberg-adjusted p-values from chi-square tests (Fisher's exact test used where expected cell counts were below 5) conducted separately for each outcome. Odds ratios (Research Professional relative to Researcher) were calculated from 2×2 contingency tables using the Wald method.

Demographic moderators of wellbeing outcomes

While wellbeing outcomes did not differ between researchers and research professionals, they were not uniform across all demographic groups.

Irrespective of participants' job role, four characteristics — disability, gender, ethnicity, and parental status — were consistently associated with differences in physical symptoms, loneliness, life satisfaction, and anxiety/depression (see Figure 9 and Appendix Table 5).

Group	Finding
Disability	Disabled colleagues reported more physical symptoms (M = 16.50 vs. 10.80, p_adj < .001) and higher loneliness (M = 5.73 vs. 5.07, p_adj = .015) than non-disabled colleagues.
Gender	Female colleagues reported more physical symptoms than male colleagues (M = 13.20 vs. 11.10, p_adj = .008).
Ethnicity	Ethnically minoritised colleagues reported higher loneliness than White colleagues (M = 6.28 vs. 5.73, p_adj = .015).
Parental status	Parents/caregivers reported higher life satisfaction (M = 22.90 vs. 20.40, p_adj = .020) and lower anxiety/depression (M = 3.67 vs. 4.45, p_adj = *.024) than colleagues who are not parents*/caregivers.

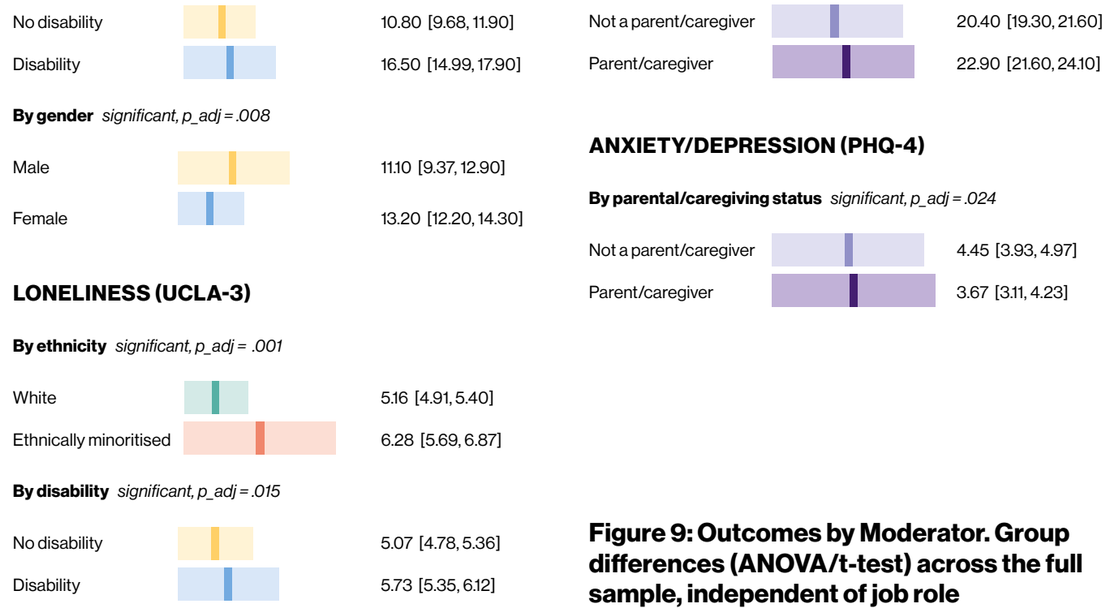


Figure 9: Outcomes by Moderator. Group differences (ANOVA/t-test) across the full sample, independent of job role

Note: Group mean with 95% confidence interval

What predicts wellbeing and mental health?

Figure 10 (see Appendix) summarises the key predictors of wellbeing and mental health outcomes across workplace stressors and demographic characteristics, detailed below. Across all eight outcomes tested, the **Change** subscale did not predict any outcome (all $p_adj > .09$).

Mental Wellbeing:
Higher Control ($\beta = .17, p_adj = .005$), **Support** ($\beta = .28, p_adj < .001$), and **Role clarity** ($\beta = .19, p_adj < .001$) were each associated with **better mental wellbeing**, as was greater **employment security** ($\beta = .20, p_adj < .001$).

Life satisfaction:
Higher Support ($\beta = .23, p_adj = .003$) was associated with **higher life satisfaction**, while **higher future uncertainty (personal)** was associated with **lower life satisfaction** ($\beta = -.20, p_adj = .003$). **Parents/caregivers** reported **higher life satisfaction** than those without children ($\beta = .15, p_adj = .010$).

Anxiety/depression:
Higher Role clarity ($\beta = -.15, p_adj = .037$) and **better workplace Relationships** ($\beta = -.17, p_adj = .027$) were associated with **lower anxiety/depression. Parents/caregivers** reported **lower anxiety/depression** than those without children ($\beta = -.15, p_adj = .011$).

Perceived stress:
Higher Demands manageability ($\beta = -.23, p_adj = .003$) and **higher employment security** ($\beta = -.22, p_adj = .001$) were associated with **lower perceived stress**.

Loneliness:
Higher Support ($\beta = -.31, p_adj < .001$) and **Role clarity** ($\beta = -.24, p_adj < .001$) were associated with **lower loneliness**, while **higher future uncertainty (personal)** was associated with **higher loneliness** ($\beta = .24, p_adj = .001$). **Ethnically minoritised colleagues** reported **higher loneliness** than White colleagues ($\beta = .18, p_adj = .004$).

Physical symptoms:
Better workplace Relationships ($\beta = -.23, p_adj = .003$) was associated with **fewer physical symptoms. Disabled colleagues** reported **more physical symptoms** than non-disabled colleagues ($\beta = .27, p_adj < .001$).

Quality of life:
Higher Support ($\beta = .29, p_adj < .001$) was associated with **higher quality of life**, while **higher future uncertainty (personal)** was associated with **lower quality of life** ($\beta = -.25, p_adj < .001$).

Social identification:
Better workplace Relationships ($\beta = .18, p_adj = .008$), **higher Role clarity** ($\beta = .17, p_adj = .006$), and **more positive perceptions of wellbeing provisions** ($\beta = .24, p_adj < .001$) were associated with **stronger social identification**, while **higher Demands manageability was associated with lower social identification** ($\beta = -.18, p_adj = .012$). **Ethnically minoritised colleagues** reported **higher social identification** than White colleagues ($\beta = .12, p_adj = .019$).



Workplace variables

▲ Control	→	▲ Mental wellbeing **
▲ Support	→	▲ Mental wellbeing *** ▲ Life satisfaction ** ▼ Loneliness *** ▲ Quality of life ***
▲ Role Clarity	→	▲ Mental wellbeing *** ▼ Anxiety/depression * ▼ Loneliness *** ▲ Social identification **
▲ Employment security	→	▲ Mental wellbeing *** ▼ Perceived stress **
▲ Future uncertainty (personal)	→	▼ Life satisfaction ** ▲ Loneliness *** ▼ Quality of life ***
▲ Demands manageability	→	▼ Perceived stress ** ▼ Social identification *
▲ Workplace relationships	→	▼ Anxiety/depression * ▼ Physical symptoms ** ▲ Social identification **
▲ Positive perceptions of university wellbeing provisions	→	▲ Social identification ***

Demographic variables/personal characteristics

Being a parent or caregiver (vs. not)	→	▲ Life satisfaction * ▼ Anxiety/depression *
Having a disability (vs. no disability)	→	▲ Physical symptoms ***
Ethnicity (minoritised vs. White)	→	▲ Loneliness ** ▲ Social identification *

Figure 10: Significant predictors of wellbeing and mental health outcomes

▲ = A greater or higher amount of that particular variable (predictor/outcome)

▼ = A lower or reduced amount of that particular variable (predictor/outcome)

* $p_adj < .05$ ** $p_adj < .01$ *** $p_adj < .001$ (Benjamini-Hochberg corrected within each predictor, across the eight outcome models).

What predicts occupational outcomes?

Figure 11 (see Appendix) summarises the key predictors of occupational outcomes across workplace stressors and demographic characteristics, detailed below.

Considered sickness absence:
Disability (*OR* = 2.41, *p*_adj = .006), **having permanent contract** (*OR* = 2.29, *p*_adj = .036), and **being a research professionals** (*OR* = 2.52, *p*_adj = .044) were all linked to **higher odds of considering sickness absence.**

Taken sickness absence:
Disability was the only significant predictor — **disabled colleagues** had **higher odds of having taken sickness absence** than non-disabled colleagues (*OR* = 3.37, *p*_adj = .001).

Considered using wellbeing services:
Having a permanent contract was the only significant predictor, linked to **higher odds of considering wellbeing service use** (*OR* = 3.34, *p*_adj = .003).

Wellbeing service use:
Disability was the only significant predictor — **disabled colleagues** had **higher odds of having used wellbeing services** than non-disabled colleagues (*OR* = 2.08, *p*_adj = .045).

Annual leave untaken due to work pressure:
Higher Demands manageability was the only significant predictor, linked to **lower odds of untaken annual leave** (*OR* = 0.28, *p*_adj < .001).

Intention to leave current role:
Higher Change manageability (*OR* = 0.48, *p*_adj = .016) was linked to **lower odds**, while **being a research professional** (*OR* = 2.63, *p*_adj = .044) was linked to **higher odds of intending to leave one's current role.**

Intention to leave academia:
Higher Demands manageability (*OR* = 0.52, *p*_adj = .016), **higher Change manageability** (*OR* = 0.57, *p*_adj = .048), and **higher employment security** (*OR* = 0.80, *p*_adj = .001) were all linked to **lower odds of intending to leave academia** altogether.

Feeling unable to take annual leave:
Higher Demands manageability (*β* = −.57, *p* < .001), **higher age** (*β* = −.12, *p* = .021), and **being female** (*β* = −.15, *p* = .001) were all linked to **feeling more able to take annual leave.**

Pressure to work while on leave:
Higher Demands manageability (*β* = −.45, *p* < .001), **higher Support** (β = −.19, *p* = .006), and **being a research professional** (*β* = −.09, *p* = .049) were all linked to **lower pressure to work while on leave.**



Workplace variables

▲ **Demands manageability**	→	▼ Annual leave untaken (work pressure) ***
		▼ Intention to leave academia *
		▼ Feeling unable to take annual leave ***
		▼ Pressure to work while on leave ***
▲ **Change manageability**	→	▼ Intention to leave current role *
		▼ Intention to leave academia *
▲ **Support**	→	▼ Pressure to work while on leave **
▲ **Employment security**	→	▼ Intention to leave academia **

Demographic variables/personal characteristics

Having a disability (vs. no disability)	→	▲ Considered sickness absence **
		▲ Taken sickness absence **
		▲ Wellbeing service use *
Being on a permanent contract (vs. a fixed-term contract)	→	▲ Considered sickness absence *
		▲ Considered using wellbeing services **
Job role (being a research professional vs a researcher)	→	▲ Considered sickness absence *
		▲ Intention to leave current role *
		▼ Pressure to work while on leave *
Being female (vs. male)	→	▼ Feeling unable to take annual leave **
▲ **Age**	→	▼ Feeling unable to take annual leave *

Figure 11: Significant predictors of occupational outcomes

▲ = A greater or higher amount of that particular variable (predictor/outcome)

▼ = A lower or reduced amount of that particular variable (predictor/outcome)

* *p*_adj < .05 ** *p*_adj < .01 *** *p*_adj < .001 Significance is based on *p*_adj (adjusted within predictor across the relevant outcome models) for all outcomes except "Feeling unable to take annual leave" and "Pressure to work while on leave", which were estimated as standalone models and use uncorrected *p*.

Conclusion

Taken together, these findings point to a workforce carrying a high burden of workplace stress. Compared to general population benchmarks, respondents reported lower well-being, lower life satisfaction, higher anxiety/depression symptoms and higher perceived stress—consistent with previous evidence of poor staff wellbeing in UK HE (Education Support, 2021).

This burden was clearly associated with occupational outcomes: over half of respondents did not take leave they were entitled to, and over half had considered leaving the sector. Further, Demands and Change manageability emerged as the strongest predictors of leaving academia, while employment precarity was also a significant predictor, in line with wider sector concerns about job security, which is closely tied to career sustainability (Wellcome Trust, 2020).

The consistency of Support and Role as protective factors across multiple outcomes suggests that line management quality and clarity of role expectations are high-leverage areas for intervention. Higher Support predicted better wellbeing, higher life satisfaction and quality of life and lower levels of loneliness. Similarly, greater Role clarity predicted better wellbeing, higher social identification, lower loneliness and lower levels of anxiety/depression. Together, these findings indicate that improving managerial support and clarifying role expectations could meaningfully improve researchers' and research professionals' wellbeing across multiple domains simultaneously. This is consistent with the evidence showing that poorer wellbeing across support, role, demands, control, and relationship is linked to a greater risk of developing mental health problems, burnout, and work-life conflict (Education Support, 2021)

The disproportionate impact on disabled and ethnically minoritised colleagues, including higher odds of sickness absence and wellbeing service use among disabled staff and higher loneliness among ethnically minoritised colleagues, indicates that generic wellbeing initiatives are unlikely to be sufficient on their own; targeted, inclusion-focused action is also needed.

Importantly, this survey did not find statistical differences in experiences of workplace stress or wellbeing outcomes among researchers and research professional staff, suggesting the structurally embedded nature of occupational stressors and wellbeing consequences across all staff groups. Nevertheless, differences in important occupational outcomes were observed, with research professional staff more likely to consider taking sick leave, using wellbeing services, and leaving their current role. Future work may therefore benefit from investigating the reasons for these differences, ensuring organisational initiatives are accessible to both staff groups, and providing tailored support for research professionals.

Limitations: Three outcomes — anxiety/depression, physical symptoms, and quality of life — required additional statistical checks due to the shape of the data. These checks did not change the overall pattern of results, though two additional predictors of physical symptoms (gender and workplace control) emerged as worth exploring further in future research.

Linking survey findings back to the 12 key drivers of poor wellbeing and stress identified in participatory workshops

Importantly, the findings of the survey provide empirical support for the links between sources of workplace stress and wellbeing consequences discussed in participatory workshops. As shown in Table 3, many of the sources of workplace stress explored in the survey (e.g., HSE Demands) map conceptually onto one or more of the 12 key drivers identified in workshops (e.g., 4) Workload Intensification, Role Creep, and Boundary Erosion).

Predictor	HSE domain(s)	Key Drivers	Survey Findings
HSE Demands	Demands	1)Employment precarity and system instability, 2)Metricisation, projectification, and loss of meaning/value, 3) Competitive, individualised, extractive culture, 4)Workload intensification, role creep, boundary erosion, 7)Inequality, exclusion, and differential impact, 9) Isolation, fragmentation, and silos, 11)Change fatigue and organisational opacity, 12)Emotional and ethical demands of research	Lower stress ($\beta = -.23$), lower social identification ($\beta = -.18$), lower odds of untaken leave (*OR* 0.28); lower odds of leaving academia (*OR* 0.52); less difficulty taking leave ($\beta = -.57$); less pressure to work on leave ($\beta = -.45$)
HSE Support	Support	3)Competitive, individualised, extractive culture, 4)Workload intensification, role creep, boundary erosion, 5)Weak management and leadership capability, 7)Inequality, exclusion, and differential impact, 8) Status hierarchies and misrecognition of research professionals, 9) Isolation, fragmentation, and silos, 10)Career uncertainty and lack of progression opportunity, 11)Change fatigue and organisational opacity, 12)Emotional and ethical demands of research	Higher wellbeing ($\beta = .28$); higher life satisfaction ($\beta = .23$); lower loneliness ($\beta = -.31$), higher quality of life ($\beta = .29$), and less pressure to work on leave ($\beta = -.19$)
HSE Role	Role	1)Employment precarity and system instability, 2) Metricisation, projectification, and loss of meaning/value, 4)Workload intensification, role creep, boundary erosion, 7)Inequality, exclusion, and differential impact, 8)Status hierarchies and misrecognition of research professionals, 10)Career uncertainty and lack of progression opportunity, 12)Emotional and ethical demands of research	Higher wellbeing ($\beta = .19$), higher social identification ($\beta = .17$), lower anxiety/depression ($\beta = -.15$), lower loneliness ($\beta = -.24$)
HSE Control	Control	1)Employment precarity and system instability, 2) Metricisation, projectification, and loss of meaning/value, 4)Workload intensification, role creep, boundary erosion, 5)Weak management and leadership capability, 6)Power, hierarchy, and lack of agency, 7)Inequality, exclusion, and differential impact, 8)Status hierarchies and misrecognition of research professionals, 10)Career uncertainty and lack of progression opportunity, 11)Change fatigue and organisational opacity	Higher wellbeing ($\beta = .17$)
HSE Relationship	Relationship	3)Competitive, individualised, extractive culture, 5)Weak management and leadership capability, 6)Power, hierarchy, and lack of agency, 7)Inequality, exclusion, and differential impact, 8) Status hierarchies and misrecognition of research professionals, 9) Isolation, fragmentation, and silos	Lower anxiety/depression ($\beta = -.17$); fewer physical symptoms ($\beta = -.23$), and higher social identification ($\beta = .18$).
HSE Change	Change	1)Employment precarity and system instability, 6)Power, hierarchy, and lack of agency, 10)Career uncertainty and lack of progression opportunity, 11)Change fatigue and organisational opacity	Lower odds of leaving current role (*OR* 0.48); lower odds of leaving academia (*OR* 0.57)
Employment precarity / job security	Demands; Control; Change; Role	1)Employment precarity and system instability	Lower stress ($\beta = -.22$); higher wellbeing ($\beta = .20$); lower odds of leaving academia (*OR* 0.80)
Future uncertainty (personal)	Control; Role; Change; Support	10)Career uncertainty and lack of progression opportunity	Lower life satisfaction ($\beta = -.20$), higher loneliness ($\beta = .24$), and lower quality of life ($\beta = -.25$)
Wellbeing provisions perception	Support	5)Weak management and leadership capability	Higher social identification ($\beta = .24$)
Job role (research professional)	Role; Relationships	8)Status hierarchies and misrecognition of research professionals	Higher odds of considered sickness absence (*OR* 2.52); higher odds of leaving current role (*OR* 2.63), and lower pressure to work while on leave ($\beta = -.09$)
Disability	Support; Control	7)Inequality, exclusion, and differential impact	Higher odds of considered (*OR* 2.41) and having taken (*OR* = 3.37) sickness absence and wellbeing services use (*OR* 2.08)
Contract type (permanent)	Demands; Control; Change	1)Employment precarity and system instability	Higher odds of considered sickness absence (*OR* 2.29) and considered wellbeing services (*OR* 3.34)
Ethnicity (minoritised vs. White)	Relationships, Demands	7)Inequality, exclusion, and differential impact	Higher loneliness ($\beta = .18$) and social identification ($\beta = .12$)
Gender (female)	Control	7)Inequality, exclusion, and differential impact	Less difficulty taking leave ($\beta = -.15$)
Age (older)	Control	—	Less difficulty taking leave (β = −.12)

Table 3: Survey Predictors Mapped to HSE Domains and the 12 Key Drivers



Demands, Support, and Role were the strongest predictors of wellbeing and occupational outcomes in the survey. These sources of workplace stress align closely with several drivers identified in participatory workshops (e.g., 4) Workload Intensification, Role Creep, Boundary Erosion and 7) Weak Management and Leadership Capacity), supporting the idea that the organisational sources of poor wellbeing and stress identified through participatory workshops have real quantitative relationships with wellbeing outcomes. Indeed, the significant relationships between "Employment precarity (job security)", wellbeing, and stress observed in the survey also provide empirical support for the impact of 1) Employment Precarity and System Instability reported by researchers and research professionals in workshops, where instability and funding/contract uncertainty were identified as increasing pressure and reducing control.

The survey also highlights the differential impact of workplace stress on different populations and groups, aligning with participant discussions regarding 7) Inequality, Exclusion, and Differential Impact. Indeed, disability, ethnicity, and job role were shown to have significant associations with wellbeing and occupational outcomes in the survey, with disabled colleagues reporting higher odds of considering/taking sickness absence and of using wellbeing services compared to non-disabled colleagues; ethnically minoritised colleagues reporting higher loneliness compared to White colleagues; and research professionals reporting higher odds of considering sickness absence and leaving their current role compared to researchers. Together, these findings support the idea that unequal access to support, hidden labour, and differential strain contribute to poorer outcomes among specific groups, highlighting the need to consider and provide tailored support for individuals in all efforts to address workplace stress.

Why these findings are important to address

Associations between workplace stressors and wellbeing outcomes are not just statistically significant—they also show associations with occupational outcomes of interest to UK HEIs and the future of the research ecosystem. For example, higher Demands, weaker Support, and lower Role clarity are not only linked to poorer wellbeing, but are also linked to higher sickness absence, greater use of wellbeing services, stronger intentions to leave the sector, and increased pressure to work during annual leave. This shows that these are not just risk factors, but drivers with measurable consequences for retention, absence, and service demand across the sector.

Importantly, survey findings provide quantitative evidence for what participants described anecdotally in the project's workshops, where workload pressure, weak support structures, and job insecurity were reported as directly undermining their ability to sustain a career in research. This alignment between quantitative and qualitative evidence offers strong, triangulated mixed-method support for addressing these issues in the UK HE sector.

Synthesising Organisational Responses to the Key Drivers of Poor Wellbeing and Occupational Stress

The following section synthesises the organisational responses currently being developed across UK HE to address the key drivers of poor wellbeing and occupational stress. The findings presented in this chapter focus specifically on organisational initiatives that seek to address the structural, cultural, and organisational factors shaping researcher and research professional wellbeing, rather than providing an overview of individual-level wellbeing provisions. This distinction reflects the project's focus on primary prevention – that is, understanding how research environments can be designed and managed in ways that reduce psychosocial risks at source, alongside providing appropriate support for individuals.

Organisational responses were identified through multiple evidence sources, including an informal review of white and grey literature; analysis of publicly available information from UK HEIs; stakeholder engagement and discussions with researchers and research professional staff through participatory workshop activities; and responses gathered through the national consultation survey. Bringing together these different sources enabled identification of both established and emerging approaches being implemented across the sector, while also highlighting areas where responses remain limited, fragmented, or underdeveloped.

Research Community Perspectives on Organisational Responses

As well as identifying key drivers of poor wellbeing and occupational stress within UK HE, participatory workshops explored research community awareness of - and perspectives on - associated organisational responses (see Figure 12).

A key cross-cutting finding was not an absence of initiatives, but rather a mismatch between the nature of existing interventions and the underlying occupational stressors identified. Indeed, as alluded to in the introduction, current institutional responses were viewed as reactive, individualised, or symbolic, with comparatively little attention directed towards preventative organisational change.

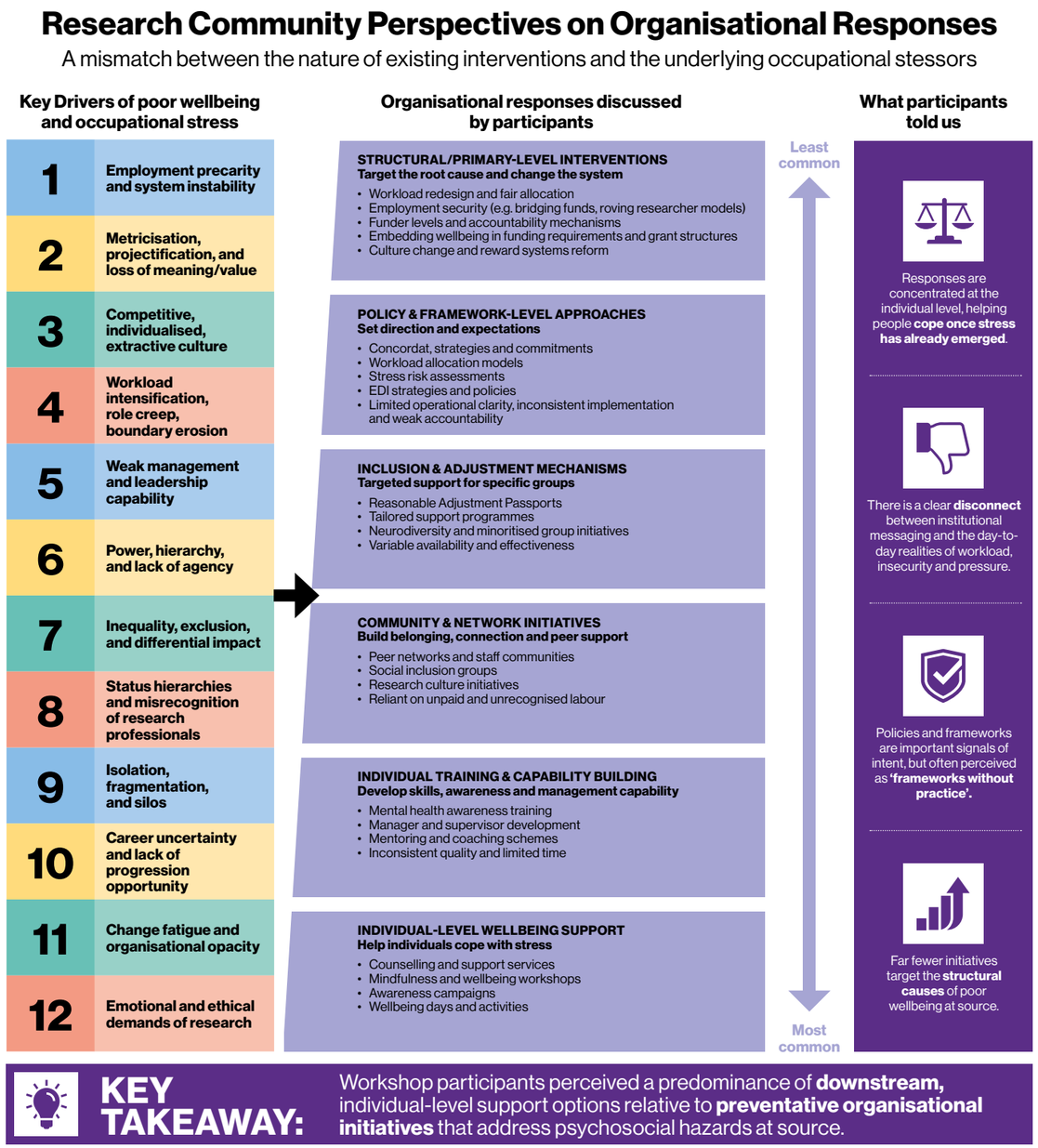


Figure 12. Research community perspectives on organisational responses – highlighting the mismatch between the nature of current interventions and the underlying causes of poor wellbeing and stress in UK HEIs.

1. Individual-Level Wellbeing Support

Participants frequently referenced wellbeing support initiatives such as counselling services, mindfulness workshops, awareness campaigns, and designated "wellbeing days". While these initiatives were generally viewed as positive in principle, they were often perceived as downstream responses focused on helping staff cope with stress once it had already emerged, rather than addressing the organisational conditions producing poor wellbeing in the first place. Accordingly, many participants described a disconnect between institutional messaging and the practical realities of excessive workload, insecurity, and organisational pressure, leading some initiatives to be viewed as symbolic rather than transformative.

2. Individual Training and Capability Building

A range of training-focused initiatives were also discussed, including mental health awareness training, supervisor and line manager development programmes, mentoring and coaching schemes, and neurodiversity training. Participants acknowledged the potential value of such approaches in improving awareness, communication, and management capability; however, these interventions were still largely perceived to place responsibility for wellbeing onto individuals and managers operating within already pressured systems. Concerns were also raised regarding inconsistency in training quality, lack of protected time to engage with development opportunities, and limited structural support to implement learning in practice.

3. Policy and Framework-Level Approaches

Participants referenced several institutional policies, frameworks, and sector-level commitments intended to support staff wellbeing and research culture, including the Concordat to Support the Career Development of Researchers (2019), workload allocation models, stress risk assessments, and EDI strategies. While such frameworks were recognised as important signals of institutional intent, participants frequently perceived them as disconnected from everyday working realities. Concerns were also raised regarding limited operational clarity, inconsistent implementation, lack of accountability, and weak enforcement mechanisms, contributing to perceptions of "frameworks without practice" – a perspective also held by the HSE (2004, 2025).

4. Inclusion and Adjustment Mechanisms

Targeted organisational initiatives designed to support specific staff groups were discussed, including Reasonable Adjustment Passports for disabled staff, tailored support programmes, and initiatives focused on neurodivergent and minoritised groups. Compared with many broader wellbeing activities, these approaches were often perceived as more tangible and practically meaningful because they directly addressed specific structural barriers. However, participants noted considerable variability in availability, consistency, and effectiveness across institutions, with support often dependent on local leadership, awareness, and/or departmental culture.

5. Community and Network Initiatives

Participants highlighted the importance of peer networks, staff communities, social inclusion groups, and research culture initiatives in helping to address feelings of isolation, fragmentation, and disconnection across the sector. Such initiatives were often experienced as valuable sources of belonging, solidarity, and mutual support, particularly for staff in precarious or marginalised positions. However, concerns were repeatedly raised that these activities relied heavily on the unpaid - and often unrecognised - labour of committed individuals, raising questions regarding sustainability and institutional responsibility for maintaining supportive communities.

6. Cultural and Visibility Initiatives

Several initiatives aimed at improving visibility, recognition, and appreciation of different staff roles were discussed. Examples included role-awareness initiatives, national projects (e.g., Research Professional Futures), and team science approaches intended to promote more collaborative and inclusive understandings of research contribution. While participants generally welcomed these efforts, some questioned whether symbolic recognition alone was sufficient in the absence of accompanying structural change relating to workload, progression, reward, and status hierarchies.

6. Structural and Primary-Level Interventions

Compared with individual-level support initiatives, examples of primary-level interventions directly targeting organisational stressors were described far less frequently. When discussed, examples included bridging funds intended to support researchers between fixed-term contracts, "roving researcher" roles (ongoing research employment positions that enable experienced researchers to move between research projects, teams, and disciplines within institutions as needed, providing continuity of expertise while reducing reliance on insecure, short-term contracts), and attempts to redesign workload structures. Participants also emphasised the importance of using wider system-level levers, particularly funders, to incentivise healthier research cultures and embed wellbeing expectations into funding requirements, grant structures, and institutional accountability mechanisms.

Summary of Findings

Overall, as in the desk review, participatory workshop activities highlighted a predominance downstream individual-level support options relative to preventative organisational initiatives targeting psychosocial hazards at source.

Indeed, in-depth awareness of organisational responses to address the structural causes of poor wellbeing and occupational stress were limited amongst the research community. Accordingly, the project adopted a more systematic approach to gather additional data on organisational responses prior to further mapping activity.

To further explore organisational responses to the 12 key drivers of poor wellbeing and occupational stress, the team conducted targeted online searches (drawing on white literature identified in the participatory desk review and grey literature from university, funder, and professional body webpages), held discussions with key stakeholders, and developed a national consultation survey.

The national consultation survey invited stakeholders with an awareness and/or responsibility for staff wellbeing, research culture, and/or occupational health in UK HEIs to select from the 12 key drivers and provide information on associated initiatives within their institution. Participants were also asked to provide any reflections on perceived gaps, examples of good practice across the wider sector, and suggestions for future action.

A total of 40 individuals from 20 UK HEIs responded to the survey.[6] Of those, 33 selected one or more key drivers of poor wellbeing and occupational stress; however, only 19 went on to provide (some) comment on organisational responses to their selected driver(s). Many comments centred on re-iterating issues and the challenges of addressing structurally embedded problems, as opposed concrete examples of targeted initiatives and innovative practices.

[6] N/A (n = 10); University of Warwick (n = 9); University of Leicester (n = 2); Cardiff University (n = 2); University of York (n = 1), Anglia Ruskin University (n = 1); Edinburgh Napier University (n = 1); University of Edinburgh (n = 1); University of Chester (n = 1); University of Cambridge (n = 1); Aberdeen Robert Gordon University (n = 1); University of East Anglia (n = 1); University College London (n = 1); Keele University (n = 1); University of Oxford (n = 1); University of Manchester (n = 1); Birmingham City University (n = 1); St Andrews University (n = 1); University of Southampton (n = 1); University of Sussex (n = 1); University of Nottingham (n = 1).



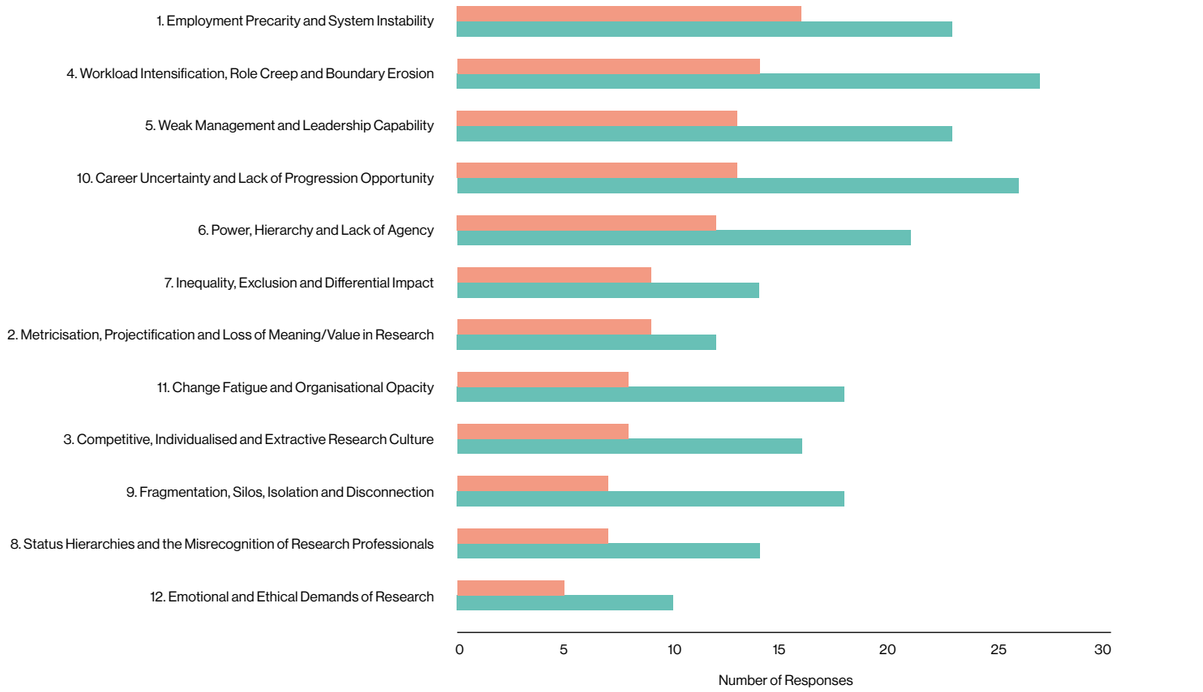


Figure 13. Number of stakeholders who selected each stressor and the number who went on to provide some comment .

The sections that follow on from the table provide a comprehensive narrative overview of each organisational response type, including current examples of good practice.

Inputs were synthesised and consolidated across sources before being mapped to the HSE MSF. Table 4 provides a summary of organisational responses associated with each of the 12 key drivers of poor wellbeing and stress, and how these responses map to the HSE MSF.

Key Driver	Overview of Current Organisational Responses	HSE Domain(s)/Description
1. Organisational responses to employment precarity and system instability	• **Stabilising employment contracts** Reducing reliance on fixed-term contracts through conversion to permanent or open-ended roles, including 'permanent with underlying funding' (PWUF) models. • **Bridging funding between grants** Institutional schemes that provide temporary funding to cover gaps between research grants and prevent contract breaks/periods of unemployment. • **Redeployment pools or "researcher benches"** Organisational workforce models that redeploy researchers across projects or departments rather than tying them to individual grants. • **Staff scientist or roving researcher roles** Permanent or longer-term research roles that contribute across multiple projects rather than being attached to a single grant. • **Improving organisational processes around research employment** Administrative and operational reforms that reduce unnecessary employment gaps (e.g., through earlier contract extensions, faster recruitment, and improved monitoring of contract end dates). • **Broadening research career pathways** Development of alternative/hybrid career paths for researchers and research professionals, including technical, professional services, and cross-sector roles.	• Increases **control** over employment • Reduces continual organisational **change** associated with repeated contract renewal • Clarifies long-term **role** expectations • Signals organisational commitment and **support** • Reduces **change** disruption caused by funding transitions • Provides **role** continuity • Provides organisational **support** during contract gaps • Gives staff greater **control** over employment continuity • Maintains **role** continuity in employment through organisational workforce planning • Clarifies institutional responsibility for redeployment and strengthens organisational **support** • Reduces uncertainty during organisational **change** • Establishes clearer, stable **role** identities independent of grants • Improves career **control** through permanent employment • Provides greater organisational **support** than grant-dependent posts • Reduced contract gaps and administrative delays decrease risk of employment **change** • Lowers unnecessary workload **demands** associated with repeated recruitment processes • Improves organisational **support** processes • Clarifies alternative career routes and **roles** • Increases **control** over career development • Provides wider organisational **support** beyond traditional academic pathways
2. Organisational responses to the metricisation, projectification, and loss of meaning/value in research **And** **3. Organisational responses to competitive, individualised, extractive culture**	• **Responsible research assessment frameworks** Institutional adoption of responsible metrics principles (e.g., DORA, CoARA) that discourage the use of journal prestige or citation metrics as proxies for research quality in hiring, promotion, and funding decisions. • **Narrative CVs and broader researcher evaluation formats** Adoption of narrative CV approaches (e.g., UKRI's Résumé for Research and Innovation) that allow researchers to demonstrate a wider range of contributions beyond publications and grant income. • **Reforming promotion, hiring, and reward criteria** Institutional review of career progression frameworks to recognise broader research contributions such as mentoring, leadership, open science practices, and contributions to research culture. • **Reforming national research assessment frameworks** Sector-level changes to research evaluation systems (e.g., REF reforms) that place greater emphasis on research environment, culture, and wider contributions to the research ecosystem (e.g., the Hidden REF initiative, University of Southampton) • **Recognition of collaborative and team-based research contributions** Initiatives designed to recognise the collective nature of contemporary research by valuing team science, interdisciplinary collaboration, and contributions from technical and professional research roles. • **Research culture funding programmes** Funder- and institution-led programmes that support projects aimed at improving research environments, leadership practices, and incentive structures within research organisations.	• Reduces **demands** associated with narrow publication and citation metrics • Broaden understanding of academic **roles** beyond outputs • Increase **control** and autonomy over how research quality is recognised • Broadens recognised **roles** and contributions beyond publications and grants • Increases researchers' **control** over how achievements are presented • Reduces **demands** associated with narrow performance metrics • Creates fairer and more holistic progression systems • Improves employees' **control** and influence over career progression through diverse forms of achievement • Demonstrates organisational **support** for a broader range of academic contributions • **Changes** sector-wide expectations regarding research performance • Reduces emphasis and **demands** on narrow output metrics • Reshapes institutional **role** expectations through changes to research evaluation • Strengthens collaborative working **relationships** • Broadens recognition of diverse research **roles** • Reinforces organisational **support** for collective rather than individual achievement • Provides organisational **support** resources to improve research culture • Facilitates institution-wide culture **change** • Strengthens **relationships** and collaborative research environments

Key Driver	Overview of Current Organisational Responses	HSE Domain(s)/Description
4. Organisational responses to workload intensification, role creep, boundary erosion	• **Workload allocation models and workload transparency** Formal frameworks for allocating and monitoring academic work (teaching, research, administration, pastoral care) to improve fairness and visibility of workloads. • **Role-specific workload protections** Policies that define or limit responsibilities for certain staff groups (e.g., limits on teaching hours for research-only staff). • **Clarifying academic role profiles and career tracks** Introducing distinct career tracks (i.e., teaching-focused or research-focused tracks) to clarify role expectations and reduce pressure on academics to excel simultaneously across research, teaching, leadership, and administration. • **Professionalising research support roles** Expanding specialist research support roles—including research development, data management, impact, and software engineering professionals—to redistribute non-research responsibilities and reduce the administrative burden on individual researchers. • **Flexible and hybrid working arrangements** Organisational policies enabling flexible hours, remote working, compressed schedules, or other working patterns to support work–life balance. • **Core working hours and meeting-time policies** Institutional or departmental guidance restricting meetings to defined working hours to protect time for focused work and support staff with caring responsibilities. • **Digital boundary-setting or "right to disconnect" approaches** Policies or guidance designed to reduce expectations for communication and work outside normal working hours. • **Research culture and leadership initiatives** Seek to reduce workload pressures and role overload by improving leadership practices, workload planning, team structures, and the organisation of research work across institutions.	• Formal workload models seek to reduce excessive **demands** by allocating work more fairly and making expectations explicit • Transparent allocation also increases staff **control** over workload planning • Clarifies **role** expectations • Ring-fenced research time reduces competing **demands** • Staff have greater **control** over how their time is used, helping protect core research activity from overload • Clearly defining responsibilities reduces **role** ambiguity and excessive role expansion • Enables staff to exercise greater **control** over competing priorities • Signals organisational **support** and recognition of different career tracks • Employing specialist staff reduces inappropriate workload **demand** transfer onto researchers • Clarifies responsibilities across teams and strengthens career pathways for different **roles** • Provides practical organisational **support** • Flexible working increases employees' **control** over when and where work is undertaken • Helps individuals manage competing **demands** • It also signals organisational **support** for work–life balance and wellbeing • Limits **demand** of unnecessary meetings and reduces interruptions and excessive time pressures. • Increases **control** over working patterns • Provides practical **support** for staff with caring responsibilities or other constraints • Reduces workload intensification and **demands** caused by constant availability • Increases **control** over recovery time • Reinforce organisational **support** and expectations around sustainable working practices • Culture **change** programmes seek to normalise realistic workloads and reduce demands • Provides organisational **support** for healthier working practices • Drives wider institutional **change** • Strengthens workplace **relationships**
5. Organisational responses to weak management and leadership capability	• **Expansion of formal leadership development programmes** Programmes for PIs, supervisors, and academic managers focused on inclusive leadership, supervision quality, conflict management, mentoring, and team culture. • **Development of research culture frameworks and behavioural standards** Formalised expectations around respectful conduct, accountability, inclusion, and effective supervision, often supported by sector-wide concordats and charters. • **Introduction of voice and accountability mechanisms** Staff associations, researcher forums, culture surveys, and anonymous reporting systems to improve feedback, psychological safety, and oversight of leadership practices. • **Reform of incentive and assessment systems** Systems to reward mentoring, leadership, inclusion, and research culture contributions, including narrative CVs, REF reforms, and funder-led evaluation changes. • **Promotion of distributed and team-based leadership models** Models to reduce reliance on single PIs through interdisciplinary institutes, Centres for Doctoral Training, and collaborative governance structures. • **Creation of dedicated research culture infrastructure, including specialist roles/teams** Research culture units, Concordat managers, research integrity officers responsible for embedding and monitoring leadership and culture initiatives. • **Increasing funder-led accountability through funding criteria and assessment frameworks** Embedding expectations around leadership quality, research culture, and responsible management practices.	• Improves the quality of **support** provided by managers and PIs through better supervision, communication, conflict management, and people management skills • More capable leadership strengthens workplace **relationships** • Increases staff confidence that they can influence **(control)** and resolve workplace issues • Formal expectations around respectful behaviour, supervision, inclusion, and accountability help establish staff **relationship** norms within research environments • Strengthen **support** by clarifying leadership responsibilities • Reduce **role** ambiguity around expectations for appropriate workplace conduct • Staff forums, researcher networks, culture surveys, and reporting mechanisms increase employees' ability to influence **(control)** decisions affecting their work • Strengthen **relationships** by creating channels for concerns to be heard • Improve **support** by reducing perceptions that poor management behaviours go unchecked • Rewarding mentoring, leadership, inclusion, and research culture contributions **change** organisational signals about what effective leadership looks like • This reduces **demands** created by narrow performance expectations and encourages leaders to invest in supportive team environments and **relationships** rather than solely output generation • Moving away from PI-centred leadership structures reduces **demand** on individual leaders • Creates **support** through shared responsibility • Distributed models strengthen **relationships** • Increases collective **control**, and reduce vulnerability created by concentrated power **relationships** • Provides organisational capacity to identify and address cultural problems and create **change** • These structures increase institutional **support** and create mechanisms for sustained improvement rather than relying solely on individual champions • These mechanisms **support** organisational **change** by embedding expectations for healthier research environments into funding systems

Key Driver	Overview of Current Organisational Responses	HSE Domain(s)/Description
6. Organisational responses to power, hierarchy, and lack of agency	• **Strengthening researcher voice and participatory governance** Creating formal structures through which researchers and research professionals can influence institutional decisions. • **Co-production and participatory culture change** Involving researchers directly in the design and implementation of organisational change initiatives. • **Leadership reform and psychological safety** Developing more inclusive, participatory, and psychologically safe approaches to leadership. • **Empowering research-enabling and under-represented groups** Increasing the visibility, representation, and influence of technicians, research professionals, and other research-enabling staff. • **Transparency, accountability and systems-level culture change** Improving openness around decision-making and addressing how power operates across organisational systems.	• Formal mechanisms for researcher participation increase **control** over decisions affecting work and careers • Improves **relationships** by creating more reciprocal communication between staff and leadership • Reduce the experience of organisational **change** being imposed without consultation • Increases agency and **control** • Strengthens trust-based **relationships** • Improves experiences of organisational **change** by increasing ownership and legitimacy • Strengthen **relationships** • Improve perceived organisational **support** • Increase employees' confidence that they can influence **(control)** their working environment • Addresses unequal power structures within research environments – greater representation improves belonging and **relationships** • Increases **control** by giving previously marginalised groups greater influence over decisions • Reduces uncertainty associated with opaque organisational systems and **changes** • Transparency increases perceived **control** • Accountability mechanisms strengthen trust and organisational **support** during periods of **change**
7. Organisational responses to inequality, exclusion, and differential impact	• **Equality charter frameworks and institutional action plans** Universities use structured frameworks such as Athena Swan and the Race Equality Charter to identify inequalities, collect data, and implement institution-wide action plans aimed at reducing structural disadvantage. • **Career progression, sponsorship and advancement programmes** Targeted development initiatives seek to improve progression, retention, and leadership opportunities for underrepresented groups through mentoring, sponsorship, networking, and career development support. • **Inclusive recruitment and selection reform** Institutions are reviewing recruitment processes, selection criteria, and definitions of excellence to reduce bias and improve equitable access to research and professional roles. • **Inclusive leadership, organisational accountability and culture change** Universities are developing leadership programmes, accountability mechanisms, and culture change initiatives designed to create more inclusive, psychologically safe, and equitable working environments. • **Community building, belonging and inclusion programmes** Staff networks, peer-support schemes, affinity groups, and community-building initiatives aim to strengthen social connectedness, representation, and a sense of belonging among underrepresented groups. • **Disability, neurodiversity and workplace adjustment infrastructure** Organisational systems such as reasonable adjustment passports, disability inclusion frameworks, and formal workplace support processes seek to reduce barriers and ensure more consistent support for disabled and neurodivergent staff.	• Strengthens organisational **support** by creating formal commitments, accountability mechanisms, and action plans • Increases staff **control** by giving marginalised groups greater visibility of institutional barriers and mechanisms for influencing **change** • Improve workplace **relationships** by addressing exclusionary cultures and structural inequalities • Targeted progression initiatives increase individuals' perceived **control** over career trajectories by improving access to development opportunities that are often unevenly distributed through informal networks • Sponsorship and mentoring provide organisational **support** and strengthen professional **relationships**, particularly for groups who may otherwise experience exclusion from career-advancing networks • Increases fairness and transparency around **roles** and access to employment opportunities, improving perceived **control** over career entry and progression • Reducing bias strengthens workplace **relationships** by challenging exclusionary norms and broadens understanding of what constitutes legitimate expertise and contribution • Strengthens **relationships** by promoting respectful, psychologically safe environments • Accountability structures increase perceived organisational **support** by demonstrating that inclusion is an institutional responsibility rather than an individual burden • Greater transparency and participation in culture **change** processes can increase staff **control** over organisational **change** • Directly strengthen workplace **relationships** by creating opportunities for connection, peer **support**, and collective identity • They increase perceived organisational **support** by providing spaces where staff can access advice, solidarity, and recognition • Formal adjustment systems increase organisational **support** by providing consistent mechanisms for addressing individual workplace needs • Improves **control** by enabling staff to influence how work is structured around their circumstances • Effective adjustments can reduce excessive **demands** created by inaccessible systems and clarify expectations around **role** and reasonable workplace arrangements

Key Driver	Overview of Current Organisational Responses	HSE Domain(s)/Description
8. Organisational responses to status hierarchies and misrecognition of research professionals	• **Professionalising research professional careers** Establishing research professional roles as recognised professions with defined competencies, identities, and development opportunities. • **Creating dedicated career pathways and promotion structures** Developing clearer progression routes, promotion frameworks, and leadership opportunities for research-enabling staff. • **Recognising team science and research-enabling contributions** Reforming recognition and reward systems so that technical, managerial, collaborative, and research culture contributions are valued alongside traditional academic outputs. • **Including research professionals in research governance and decision-making** Increasing representation and influence of research professionals within institutional leadership, committees, and research culture initiatives. • **Building professional communities and networks** Creating formal networks, communities of practice, and professional associations that strengthen identity, belonging, and peer support. • **Expanding who can lead, influence and be recognised in research** Challenging traditional assumptions about research leadership by widening opportunities for influence, recognition, and participation beyond academic roles.	• Reduces **role** ambiguity by clarifying the expertise, contribution, and purpose of these roles • Professional recognition increases organisational **support** and improves **relationships** between academic and professional staff by challenging assumptions that research value is limited to academic outputs • Clearer professional identities also increase **control** over career development and progression • Reduces **role** uncertainty about expectations and future opportunities by clarifying career routes • Increase perceived **control** by enabling research professionals to understand and influence their career development • Institutional investment in progression pathways signals organisational **support** and recognition • Valuing non-traditional academic contributions and achievements improves **relationships** between different occupational groups by reinforcing shared contribution to research goals • Recognition of diverse expertise also strengthens **role** identity and perceived organisational **support** • Increases staff influence over decisions that affect their work, strengthening perceived **control** • Greater involvement reduces hierarchical distance between academic and professional groups and improves **relationships** through more inclusive decision-making • Participation in **change** processes also reduces experiences of organisational **change** being imposed without consultation • Strengthens peer **relationships** and reduce isolation among research professionals • Provides informal **support**, knowledge exchange, and collective identity, addressing experiences of invisibility or marginalisation within institutional structures • Increased influence and access to leadership opportunities strengthens **control** and agency • Recognition of diverse expertise improves professional **relationships** and reduces role-based status inequalities
9. Organisational responses to isolation, fragmentation, and silos	• **Networking initiatives and researcher-led communities** Formal and informal networks that support peer connection and knowledge exchange. • **Interdisciplinary research institutes and shared spaces** Organisational structures that bring researchers together physically and intellectually across disciplines. • **Research culture programmes focused on belonging and community** Institution- and funder-led initiatives aimed at fostering inclusive, connected research environments. • **Returner, inclusion, and reintegration programmes** Targeted initiatives supporting individuals at risk of isolation to re-enter and integrate into research environments. • **Community-building roles and research community management** Emerging roles dedicated to connecting researchers and sustaining research communities. • **Collaborative research funding and team-based models** Funding structures that incentivise partnership-based and networked research.	• Formal and informal networks strengthen workplace **relationships** by creating opportunities for peer connection, collaboration, and shared identity • They increase access to social and professional **support**, reducing isolation and dependence on informal individual networks • They can also enhance perceived **control** by giving researchers greater access to information, advice, and collective voice • Interdisciplinary structures create stronger **relationships** communities of practice by connecting researchers across disciplinary, departmental, and professional boundaries • They improve **support** through shared resources and collaboration • Strengthen **role** identity by embedding researchers within broader intellectual communities rather than isolated projects or teams • Research culture initiatives aimed at belonging seek to improve social connection, inclusion, and collective identity within research environments **(relationships)** • They provide organisational **support** for healthier research communities • Can support cultural **change** by shifting norms away from individualised and competitive models of research • Targeted programmes for individuals returning after career breaks, parental leave, sickness absence, or periods of exclusion provide practical and relational **support** to help people reconnect with research communities **(relationships)** • They increase **control** by reducing barriers to re-entry and improving access to opportunities that may otherwise depend on informal networks • Dedicated community-building **roles** provide ongoing infrastructure for maintaining researcher **relationships**/connections and reducing fragmentation • They clarify responsibility for sustaining research communities, ensuring that belonging and connection are treated as organisational **support** functions rather than informal activities • Collaborative funding approaches encourage researchers to work through teams rather than isolated individual projects, thus strengthening **relationships** and peer **support**, clarifying collective **roles** and responsibilities, and reducing excessive individual **demands** by distributing research activity across broader teams

Key Driver	Overview of Current Organisational Responses	HSE Domain(s)/Description
10. Organisational responses to career uncertainty and lack of progression opportunity	• **Creating structured career frameworks and progression pathways** Making progression routes more transparent through formal career frameworks, competency models, and clearer promotion guidance. • **Researcher career development and employability programmes** Providing training, coaching, placements, leadership development, and career planning support to help researchers prepare for future opportunities. • **Broadening and diversifying career routes** Expanding the range of recognised career pathways beyond traditional academic progression models. • **Mentoring, sponsorship, and talent development** Reducing dependence on informal networks by increasing access to mentoring, leadership development, and professional connections. • **Reforming promotion, recognition, and reward systems** Broadening definitions of achievement so that a wider range of contributions can support career progression. • **Strategic workforce planning and internal career mobility** Developing organisational approaches to talent management, mobility, and progression that create more sustainable long-term career opportunities.	• Improve **role** clarity by defining competencies and pathways • Increase **control** by helping individuals understand how to progress • Mark a key organisational **change** and provide organisational **support** through transparent development structures • Provide practical **support** for navigating uncertain career pathways • Increase perceived **control** by helping researchers develop skills, identify options, and make informed career decisions • Reinforce clearer professional identities **(roles)** • Reduces pressure **(demands)** on researchers to pursue a single narrow route to success • It improves **role** clarity by legitimising diverse career identities • Increases **control** over career choices • Provides **support** for alternative professional trajectories • Initiatives strengthen workplace **relationships**, increase access to **support**, and improve individual **control** over career development opportunities • Broadening promotion criteria reduces uncertainty about what forms of contribution are valued and clarifies expectations around **roles** and career progression • Recognising mentoring, collaboration, research culture work, and other contributions strengthens **relationships** by signalling institutional value and increases perceived fairness and **control** • Create more sustainable career opportunities **(role)** and **control** by reducing reliance on chance opportunities and external job moves • Improve **control** and predictability during organisational **change** • Strengthen **support** through planned development routes, and clarify how individuals can move and progress within institutions
11. Organisational responses to change fatigue and organisational opacity	• **Research culture programmes and culture change action plans** Institution-wide research culture initiatives that seek to improve communication, engagement, governance, transparency, leadership accountability, and trust through structured action plans and culture change activities. • **Leadership development and organisational change capability** Programmes designed to strengthen leaders' ability to communicate, manage, and implement organisational change effectively, particularly during periods of uncertainty, restructuring, and institutional transformation. • **Staff consultation, co-design, and staff voice mechanisms** Approaches that involve researchers and research professional staff in shaping institutional priorities and organisational developments through consultation exercises, engagement activities, working groups, and co-design processes. • **Transparency through governance, action plans, and public progress reporting** Publication of action plans, governance structures, implementation frameworks, and progress updates intended to improve visibility of institutional priorities, decision-making processes, and organisational change initiatives.	• Provide clearer direction and structured approaches to **change** and transformation • Strengthen **control** by increasing staff understanding of institutional priorities and opportunities to influence **change** • Enhance **support** and **relationships** by rebuilding trust and shared ownership during periods of uncertainty • Address **change** by improving how transitions are managed • Strengthen **support** through better leadership behaviours • Improve **relationships** by reducing experiences of **change** being imposed without dialogue • Consultation and co-design approaches increase staff influence over decisions that affect their work, directly strengthening **control** • Improve **relationships** and **support** by creating more reciprocal communication between staff and leaders • Reducing **change**-related stress by ensuring organisational transformation is experienced as collaborative and supportive rather than imposed • Making institutional priorities and decision-making processes more visible improves **control** by increasing predictability and access to information • Supports adjustment to organisational **change** • Signals organisational commitment and accountability through improved **support**
12. Organisational responses to emotional and ethical demands of research	• **Research ethics governance and enhanced ethical review processes** Formal ethics review systems that increasingly require consideration of researcher wellbeing, emotional risk, safeguarding arrangements, and mitigation strategies for sensitive research. • **Trauma-informed and sensitive research design approaches** Approaches that seek to anticipate and mitigate emotional harm through trauma-informed methods, researcher wellbeing planning, and practical tools such as the UCL RES-WELL Toolkit. • **Supervision structures, reflective practice, and structured research support** Supervision, mentoring, and reflective practice mechanisms that provide opportunities for emotional processing, ethical reflection, and support throughout the research lifecycle. • **Staff wellbeing services and psychological support infrastructure** Institutional counselling, occupational health, employee assistance programmes, and wellbeing services that provide support for researchers experiencing emotional strain or burnout. • **Training in pastoral care, safeguarding, and mental health awareness** Training programmes such as Mental Health First Aid that equip staff to recognise distress, respond appropriately, and refer students to specialist support services. • **Boundary-setting frameworks and clarification of pastoral responsibility** Policies and guidance that define the limits of academic pastoral responsibilities and reinforce referral pathways to professional support services. • **Peer support networks, communities of practice, and debriefing spaces** Mentoring schemes, peer-support networks, communities of practice, and debriefing structures that promote collegial support and shared reflection on emotionally demanding work.	• Enhanced ethics processes recognise that emotionally challenging research can create psychological **demands** for researchers and therefore require proactive consideration of wellbeing risks • Strengthen **role** clarity by making responsibilities around managing emotional and ethical risk explicit • Improve **support** through formal mechanisms for identifying and mitigating potential harm • Trauma-informed approaches reduce emotional **demands** by encouraging researchers to anticipate, plan for, and mitigate exposure to distressing material or participant experiences • They increase **control** by giving researchers practical strategies for managing emotionally challenging research contexts • Strengthen **support** by embedding wellbeing considerations into research design • These mechanisms strengthen **support** and workplace **relationships** • Reduce accumulated emotional **demands** • Clarify professional responsibilities **(role)** when navigating complex research situations • Address **support** by ensuring access to help and can reduce the impact of sustained **demands** by supporting recovery and early intervention • Improves **role** clarity by distinguishing appropriate pastoral responsibilities from specialist **support** responsibilities • Strengthens **support** and reduces emotional **demands** caused by uncertainty about how to respond to challenging situations • Frameworks improve **role** clarity, reduce excessive **demands**, and increase **control** by enabling staff to understand and maintain appropriate boundaries • Strengthen workplace **relationships** • Increase perceived **support** • Reduce the burden of managing emotionally **demanding** research experiences alone

Table 4. Organisational responses to key drivers of poor wellbeing and occupational stress, synthesised from participatory workshops, targeted online searches, discussions with sector stakeholders, and national consultation survey.

1. Organisational Responses to Employment Precarity & System Instability

Employment precarity has become a defining feature of the contemporary UK HE environment and a key source of occupational stress across all staff groups amid ongoing financial instability, restructuring, redundancies, and funding volatility. In response, some UK HEIs are starting to explore different structural approaches to mitigate these issues.

1. Stabilising employment contracts

Reducing the use of short, fixed-term contracts and converting fixed-term posts into permanent or open-ended positions represents the strongest form of primary prevention to address employment insecurity.

Several universities have implemented policies enabling conversion from fixed-term contracts to open-ended contracts after a defined period and evidence of continued activity. For instance, the University of York has implemented a policy transferring research staff to open-ended contracts after 2 years where further substantive activity is confirmed. The University of Dundee's employment policy also states that staff whose contracts are renewed on a fixed-term basis after 4 years without justification will be transferred to an open-ended/ permanent contract.

Union-negotiated anti-casualisation agreements have also played a role in prompting some universities to adopt similar policies. Indeed, as cited by the UCU, 'Fixed-Term Employees Regulations 2002, Prevention of Less Favourable Treatment – Regulation 8' states that employees have the right to consider their employment as permanent if they have conducted 4-years of continuous service through multiple fixed-term contracts. Accordingly, universities such as the University of Bath and the University of Leeds have committed to reducing short-term contracts, increasing the use of open-ended employment, and piloting new contract models within research groups.

Some institutions are also moving towards 'permanent contracts with underlying funding' (PWUF) or 'open-ended contracts with funding end dates' (OEFE), allowing staff to remain 'permanently' employed while their salary is supported by a series of grants. University College London (UCL) and the University of Glasgow now employ large proportions of research staff on such contracts.

Despite being 'permanent' in name, however, these contracts remain precarious in nature due to the underlying issue of funding dependency and instability. Transferring staff to open-ended contracts is also contingent on whether further substantive activity and/or funding is confirmed.

2. Bridging funding between grants

Another organisational response to precarious employment is the creation of 'bridging funds' or 'continuation funding' schemes. These provide short-term funding to cover gaps between research grants and associated fixed-term contracts, allowing staff to remain employed while awaiting the start of a new project.

Examples of bridging schemes have been implemented at the University of Lancaster (subject to availability through UKRI Enhancing Research Culture funding) and Sheffield Hallam University (subject to funding through Sheffield Hallam Research & Innovation Fund; SHRIF). These programmes typically cover gaps of 3–6 months and may allow researchers to undertake professional development, write publications, or contribute to other projects during the bridging periods. UCL also have guidance on bridging funding options and no-cost contract extensions.

While such schemes are generally viewed as effective short-term interventions, they depend heavily on available institutional resources and/or external research culture funding. Accessing bridging funds can also involve lengthy application processes and requires early action, awareness, and collaboration between staff, line managers/PIs, and HR teams.

3. Redeployment/recruitment pools and "talent benches"

Some UK HEIs are also beginning to experiment with redeployment/ recruitment pools, sometimes referred to as "talent benches". These models treat research staff as part of a collective workforce rather than as employees tied to individual grants.

In these systems, researchers approaching the end of their contracts are placed into a pool and matched with new projects across departments or faculties (and sometimes national regions). The University of Manchester, for example has piloted a Talent Bench scheme, where a small number of researchers are placed onto permanent contracts and moved around departments during redeployment periods. Some institutions and departments operate informal versions of this approach, where academics regularly review upcoming grants and redeploy staff across projects.

The key benefit of redeployment pools is that they shift employment planning from individual PIs to organisational workforce planning, helping smooth fluctuations in grant funding and reducing reliance on informal networks for securing future roles. However, these models can encounter resistance from academics (who prefer to recruit specific individuals with specific skillsets) and staff (who are concerned about reduced autonomy and shifting subject expertise). Equally, there is no guarantee that a suitable job will be available.

4. Permanent staff scientist and roving researcher roles

Another emerging structural intervention is the development of permanent staff scientist or "roving researcher" positions. These roles provide stable employment for experienced researchers who contribute across multiple projects rather than being attached to a single grant.

The University of Cambridge has piloted a "roving researcher" scheme in the biological sciences (Babraham Institute), where staff provide research continuity across projects and cover parental leave, sickness absence, and other temporary gaps. Similar models have since been reported through UKRI MRC x Imperial College London.

Staff scientist models also exist in technical and computational fields, such as research software engineering teams where permanent staff are costed across multiple grants.

These roles can improve continuity of research activity and reduce repeated recruitment cycles, but they may not align with traditional academic career progression models and are more difficult to implement in highly specialised research areas.

5. Improving organisational processes around research employment

Some institutions are in the process of developing approaches that aim to reduce precarity by addressing the organisational processes and inefficiencies that create employment gaps.

Examples include efforts to streamline research recruitment, grant setup, and financial administration processes so that staff can be appointed more quickly once funding is confirmed. These projects recognise that recruitment processes can take several months, which often results in delayed project start dates and lost employment time/money for research staff.

Other initiatives involve the proactive monitoring of contract end dates, earlier discussions with PIs about funding continuity, and fast-tracked approvals for contract extensions. Indeed, the University of Glasgow have guidance on contract-end management, with anecdotal evidence suggesting that monitoring contract end dates and proactively prompting PIs to extend staff earlier has reduced the number of staff needing bridging support.

6. Broadening research career pathways

Other initiatives seek to reduce precarity by expanding the range of recognised research careers. These include the development of hybrid roles combining research with technical, professional services, or project management responsibilities, as well as the creation of formal career pathways for research professionals.

The University of Warwick, for example, has signed the Technician Commitment and operates a structured researcher development programme, both of which support broader recognition of research-related career pathways beyond the traditional postdoctoral trajectory (e.g., the Technical Specialist Promotional Pathway).

Research England has also supported large-scale programmes through their Research England Development fund (RED), such as the Prosper project (University of Liverpool, University of Manchester, and Lancaster University) and the Centre for Postdoctoral Development in Infrastructure, Cities, and Energy (C-DICE), both of which aim to broaden postdoctoral career development pathways and reduce pressure on a narrow research career pipeline.

Some institutions are also exploring partnerships with industry, healthcare systems, and local government to create more porous career ecosystems that allow researchers to move between sectors more easily.

By diversifying career pathways, these initiatives aim to reduce the reliance on short-term postdoctoral employment as the primary entry point into research careers.

7. Funder actions shaping employment stability in the research workforce

Alongside institutional initiatives, research funders play an important enabling role in addressing employment precarity by shaping the structures, incentives, and expectations that underpin research employment models. Indeed, some funders have started introducing policies and programmes that encourage universities to move away from highly fragmented, grant-by-grant employment practices and towards more stable workforce approaches.

A. Grant design and duration

Some funders have begun extending the length of research grants to reduce the number of short-term contracts generated by funding cycles. For example, Wellcome has moved to a model in which research grants such as Early-Career Awards and Career Development Awards run for five years as standard, with the explicit aim of reducing its contribution to short funding cycles and associated fixed-term employment. While longer grant durations cannot eliminate precarity entirely, they do reduce the frequency of contract transitions and provide greater stability for research staff.

B. Encouraging more diverse staffing models within research teams

Through its People and Teams Action Plan, UKRI has highlighted the need for research organisations to move away from workforce models that rely solely on short-term postdoctoral positions linked to individual PIs. Instead, the strategy encourages institutions to develop a broader mix of roles, including technical specialists, staff scientists, and research professionals who may work across multiple projects. This aligns with institutional experiments with redeployment pools, roving researcher roles, and permanent specialist posts.

C. Reform through research culture and workforce development programmes

Funders such as Research England and Wellcome Trust have funded projects (e.g., REC-HURDLE and Action Research in Research Culture, precarity and redeployment arm) exploring the structural drivers of precarity and research culture, including work examining the equity implications of short-term contracts and initiatives aimed at improving leadership practices, inclusive recruitment, and research workforce development. The findings from projects such as this may help to address gaps and highlight areas where action could be taken to reduce employment insecurity across the sector.

Research England have also funded the Prosper project and C-DICE that aim to broaden postdoctoral career development pathways, as previously mentioned.

D. Influencing employment practices through sector-wide frameworks and policy expectations

UKRI incorporates the Concordat to Support the Career Development of Researchers (2019) into its funding policies and has emphasised that institutions should demonstrate responsible employment practices, including effective workforce development and career support for research staff. Indeed, many universities are also signed up to this and mention efforts to improve employment practices in associated action plans.

Discussions within the sector are also beginning to explore how funders might further incentivise stable employment models, for example by encouraging institutions to demonstrate good research culture practices in grant applications and reporting.

2. Organisational Responses to the Metricisation, Projectification, and Loss of Meaning/Value in Research AND

3. Competitive, Individualised, and Extractive Research Culture

Research culture in UK HE is heavily shaped by performance metrics, publication counts, journal prestige, and grant income, which creates unhealthy incentives and a sense of competition amongst staff. These pressures are further reinforced through institutional promotion criteria, funding structures, and national evaluation frameworks such as the Research Excellence Framework (REF), with many UK HEIs adopting narrow interpretations of 'research excellence' (i.e., publications).

Universities and funding bodies have therefore started experimenting with initiatives aimed at reforming research assessment and reshaping the incentive structures that shape behaviour in academic research environments.[7]

[7] NOTE: Given that the competitive, individualised, and extractive research culture observed in UK HE is in a large part contributed to by the heavy focus on metrics and associated pressure to produce outputs and obtain funds, there was significant overlap in organisational responses to the "2) Metricisation, Projectification, and Loss of Meaning/Value in Research" and "3) Competitive, Individualised, and Extractive Research Culture". Accordingly, organisational responses to these key drivers of poor wellbeing and occupational stress are presented together.

1. Responsible research assessment frameworks

One of the most visible interventions addressing metrics-driven research culture is the international responsible research assessment movement, which aims to reduce reliance on narrow bibliometric indicators when evaluating research and researchers.

A key example is the San Francisco Declaration on Research Assessment (DORA), which recommends that research outputs should be assessed based on their intrinsic quality rather than the prestige or impact factor of the journal in which they are published. Universities that sign the declaration commit to avoiding the use of journal-based metrics when making hiring, promotion, and funding decisions.

Many UK universities have now adopted these principles in policy and practice. For example, the University of Oxford became a signatory in 2018 and introduced institutional principles promoting responsible use of research metrics. The University of Bristol has also embedded DORA recommendations within its institutional approach to research evaluation, while Cardiff University and The Open University have introduced policies committing to more responsible research assessment practices.

A related initiative is the Coalition for Advancing Research Assessment (CoARA), which encourages institutions to move toward qualitative evaluation of research contributions and reduce reliance on quantitative indicators.

Together, these frameworks represent one of the most direct attempts to reform the evaluation systems that shape research priorities and behaviour.

2. Narrative CVs and broader researcher evaluation formats

Another important intervention involves changing how researchers describe and present their contributions. Traditional CVs often prioritise publication counts, citation metrics, and grant income. In contrast, narrative CV formats allow employees to describe a wider range of contributions to research and innovation systems.

The most prominent example is the Résumé for Research and Innovation (R4RI), developed by UKRI. The R4RI format allows applicants to demonstrate contributions in areas such as team leadership and collaboration, mentoring and supervision, knowledge exchange and engagement, and contributions to research culture, open science, and research integrity.

Narrative CVs aim to reduce pressure on narrow output metrics by recognising a broader range of scholarly contributions, with many universities now providing guidance on preparing narrative CVs to facilitate their use.

However, recognising a broader range of outputs may put pressure on research staff - who already feel as though they are expected to become a 'master of all trades' - and will inevitably increase workload.

3. Reforming promotion, hiring, and reward criteria

Similarly, several institutions are also reviewing their internal promotion, hiring, and reward criteria to reduce reliance on narrow publication and funding metrics and broaden definitions of academic achievement to include contributions to mentorship, leadership, and research culture.

For example, projects and initiatives supported by the UK Reproducibility Network aim to explore and encourage universities to incorporate open research practices into promotion and reward systems. Such reforms seek to ensure that activities that improve research quality and integrity are recognised in career progression decisions.

4. Reforming national research assessment frameworks

At the sector level, reforms to national research evaluation systems also play a significant role in shaping research culture.

In the UK, REF strongly influences institutional priorities, including publication strategies, hiring practices, and research evaluation systems. Recent developments in planning for REF 2029 have increased emphasis on "People, Culture and Environment" within research assessment. This change signals a growing recognition that research quality is shaped not only by outputs but also by the environments in which research takes place.

Recognising that 98% of outputs submitted to REF2021 were publications, 'The Hidden REF' initiative by the University of Southampton also challenges output-focused conceptions of research excellence and highlights the vital role of not-traditionally submitted outputs within UK HEI. The initiative has become a widely recognised campaign, which is changing research culture by increasing awareness of collegiality, mentoring, leadership, and support for research integrity and inclusion.

Although the overall impact of these reforms remains uncertain, even modest changes to national assessment frameworks can have substantial downstream effects on raising awareness of broader issues and changing institutional behaviour. Accordingly, it becomes even more important for REF to recognise and maintain people and culture as a key focus in future.

5. Recognition of team science and collaborative research

Another emerging theme involves initiatives designed to recognise collaborative and team-based research contributions.

Traditional research evaluation systems often prioritise individual achievements such as first-author publications and PI grant awards. However, many contemporary research projects depend heavily on collaborative teams including technicians, data scientists, research software engineers, and other research professionals.

Some funders and research organisations are therefore experimenting with ways to recognise contributions to team science, including collaborative grant structures (e.g., NIHR Team Science Award), recognition of technical and specialist roles (e.g., Advance HE), and acknowledgement of diverse research contributions within large research teams.

By recognising collective contributions rather than focusing solely on individual outputs, these initiatives aim to reduce some of the competitive pressures associated with metrics-driven research environments.

6. Research culture funding programmes

A final important driver of change has been the growth of research culture funding programmes. These programmes fund institutional projects aimed at improving research environments, leadership practices, and incentive systems.

UKRI, for example, has supported a range of institutional projects – including this one – through its Enhancing Research Culture funds, which are designed to strengthen research culture and address structural drivers of unhealthy research environments.

These projects frequently explore issues such as reforming research evaluation practices, recognising diverse research contributions, supporting team-based research models, and improving leadership practices within research groups. Because these initiatives often involve pilot projects within universities, they can also serve as experimental spaces for testing alternative research culture models.

At the institutional level, some universities have launched similar internal schemes; for example, the University of Sussex Research Culture Seed Fund supports projects aimed at improving research culture and collaboration.



4. Organisational Responses to Workload Intensification, Role Creep, and Boundary Erosion

Excessive workload and poor work–life balance are widely recognised as structural challenges affecting researchers and research professional staff in UK HEIs. These pressures arise from multiple sources, including expanding administrative demands, competitive research environments, increasing teaching and supervision loads, and the fragmentation of academic roles across research, teaching, and administrative responsibilities.

Universities and sector bodies have therefore started experimenting with a range of organisational initiatives designed to improve workload transparency, protect boundaries around working time, and redesign how work is organised.

1. Workload allocation models and workload transparency

One of the most widespread organisational responses to excessive workloads in UK HE is the implementation of formal workload allocation models (WAMs). These frameworks aim to make academic and research-related work more visible and transparent, enabling departments and institutions to allocate responsibilities more equitably and identify potential overload.

Workload allocation models typically attempt to quantify different forms of academic labour (including teaching, supervision, research activity, administration, and pastoral support) to distribute work more consistently across staff members. For example:

- UCL operates a Workload Allocation Framework intended to ensure workloads are fair, transparent, and manageable across departments.
- The University of Essex has published principles for departmental workload allocation models that emphasise fairness, transparency, and consistency.
- Liverpool John Moores University has introduced standardised research workload allocation guidance across schools.
- The University of Greenwich has implemented an institutional Academic Workload Planning system that has been refined following staff feedback.
- The University of Warwick is also moving toward institution-wide workload models (rather than purely departmental systems) and has explicitly identified workload modelling as part of its research culture agenda. A Workload Model Steering Group is also developing a workload framework and template designed to promote a healthy and inclusive working environment.

Workload models are intended to reduce inequities in the distribution of labour and provide managers with better oversight of staff workloads. However, these models may be most effective when co-developed with staff and accompanied by strong institutional commitment to acting upon the findings they reveal. Indeed, many employees report that such models underestimate the time required to engage in the specified areas of activity.

2. Role-specific workload protections

A related organisational strategy involves explicitly defining and limiting the types of work expected from certain categories of staff, particularly research staff employed to conduct research rather than teaching. This approach attempts to prevent role creep, which can occur when research staff gradually take on teaching, supervision, or administrative responsibilities beyond those specified in their contracts.

As a signatory of the Concordat, the University of Bristol has introduced a policy limiting the amount of teaching that research staff may undertake (6 hours per week pro rata), typically capping teaching activity at a defined number of hours per week on average across the year.

The University of Warwick also has some role-specific expectations. For example, teaching staff are expected to provide designated weekly office hours for student support (two hours per week for full-time staff during term). Although this does not directly limit workload expansion – and may also be unrealistic in line with student demand – it does illustrate the existence of formalised expectations around aspects of academic work.

Policies of this kind are particularly important for staff on externally funded projects, whose workload expectations can otherwise expand informally over time. By clarifying expectations and placing limits on activities, institutions can reduce the risk that staff employed primarily for research become overburdened with additional duties.

3. Clarifying academic role profiles and career tracks

Some institutions have also attempted to address role overload by introducing differentiated academic career pathways, as opposed to traditional academic pathways that combine expectations across research, teaching, leadership, and administrative responsibilities.

For instance, Advance HE and some HEIs are rethinking academic career paths and/or have created clearer distinctions between research-focused and teaching-focused career tracks. Indeed, the University of Warwick has implemented teaching and research career pathways that allow academics to focus more strongly on certain areas of activity and reduce overextension.

Although these do not fully resolve role expansion pressures, they represent attempts to clarify institutional expectations about academic work and reduce the expectation that all academics must excel simultaneously across a wide range of institutional functions.

4. Professionalisation of research support and specialist roles

Another approach to addressing role expansion involves strengthening the professional infrastructure that supports research activity. Over the past two decades, universities have increasingly invested in the expansion and professionalisation of research support roles designed to reduce and redistribute the number of non-research responsibilities that individual researchers must perform. These roles include research development professionals, grant development officers, research data managers, research software engineers, knowledge exchange professionals, and impact officers, amongst others.

Professional organisations such as the Association of Research Managers and Administrators (ARMA) and national projects such as Research Professional Futures play an important role in this process by supporting the professional development of research management and administration staff across the sector. ARMA also provides training programmes, professional frameworks, and communities of practice aimed at strengthening research management as a distinct professional field.

Many universities have also expanded dedicated research development and research operations teams. For example, the University of Cambridge operates extensive research development and research operations services that support grant applications, research governance, and project management.

The Research Software Engineer movement, supported by the Society of Research Software Engineering, also explicitly aims to recognise software development as a specialist research role rather than an expectation placed on researchers themselves.

By providing specialised support for these activities, such structures aim to reduce the expectation that individual researchers must personally manage every aspect of the research lifecycle themselves and redistribute responsibilities across specialised roles.

5. Flexible and hybrid working arrangements

Flexible and hybrid working policies have become a prominent organisational response to workload pressures. Many institutions now allow staff to request a range of flexible working arrangements, including remote working, compressed hours, flexible start and finish times, and job sharing. Hybrid working policies at a range of universities also enable staff to combine on-site and remote working where appropriate.

- The University of Cambridge operates a flexible working policy allowing staff to request permanent or temporary adjustments to their working arrangements.
- The University of Bath also provides flexible working frameworks including flexitime and other arrangements designed to support work–life balance.
- At the University of Warwick, all employees can request flexible working arrangements such as reduced hours, job sharing, term-time working, or compressed hours. The university has introduced hybrid working guidance, encouraging teams and managers to agree an appropriate balance between on-campus and remote work depending on operational needs. Staff recruitment materials also explicitly state that roles may be considered on part-time or flexible working bases even when advertised full-time.

  Flexible working arrangements can help staff manage competing demands from work and personal responsibilities. However, they do not necessarily reduce overall workload and therefore tend to function more as mechanisms for managing workload pressures rather than eliminating them. They can also inadvertently blur work-life boundaries through 24/7 digital communication and enable overwork/working 'unsociable hours' (i.e., nights and weekends).

6. Core working hours and meeting-time policies

Another emerging intervention involves establishing core working hours or restrictions on when meetings take place. These policies aim to reduce the fragmentation of the working day and ensure that meetings do not encroach excessively on evenings or times when staff may have caring responsibilities. For example,

- The University of Nottingham has provided guidance (through Athena SWAN activities) encouraging meetings to be scheduled between 9:30am and 4:00pm wherever possible.
- UCL, which promotes a "core business in core hours" approach, to work-life balance, encourages meetings between 10:00 and 16:00.
- Some departments at Queen Mary University of London and University of St Andrews have implemented similar policies encouraging meetings to take place within defined core hours as part of their commitments to EDI and the Athena SWAN charter.

These measures aim to protect time for focused work and improve inclusivity for staff with caring responsibilities. They also seek to limit the expansion of working hours beyond the standard working day.

7. Digital boundary-setting and "right to disconnect" approaches

A growing area of discussion concerns the impact of digital communication technologies on workload and work–life balance. Many researchers and research professional staff report feeling pressure to respond to emails and digital communications outside normal working hours, contributing to an "always-on" working culture.

Although formal "right to disconnect" policies are relatively rare in UK universities, several institutions and sector organisations have begun exploring approaches to establishing clearer digital boundaries. For instance, general work–life balance guidance encouraging staff to avoid routine communication outside core hours is emerging, alongside research and policy work from organisations such as the University of Manchester's Work and Equalities Institute who are examining the implications of right-to-disconnect policies for UK workplaces.

Union discussions and industrial action in recent years have also drawn attention to workload intensity. For example, UCU guidance during industrial action relevant to the University of Warwick highlighted that staff contracts specify a notional working week of around 36 hours, while staff often report working far beyond this level.

At present, these initiatives appear to be at an earlier stage of development and discussion compared to some other workload-related interventions.

8. Broad research culture and leadership initiatives

Finally, universities and funders are attempting to address workload pressures and role expansion issues through broader research culture and leadership initiatives. These programmes aim to improve how research work is organised, managed, and recognised across research environments.

For example, the University of Glasgow has developed a Research Culture Action Plan that addresses administrative burden, workload pressures, and wider research environment improvements. Similarly, the University of Warwick participates in research culture initiatives aimed at reducing administrative burden and role overload through workload planning, leadership development, and the recognition of specialist expertise.

Sector-wide frameworks such as the Concordat also encourage institutions to provide researchers with appropriate working conditions, career development opportunities, and supportive research environments. Meanwhile research culture programmes funded by organisations such as UKRI have also enabled institutions to experiment with new approaches to research leadership, workload distribution, team structures, and administrative support.

Collectively, these initiatives recognise that excessive workload is not solely a matter of task allocation but is also shaped by organisational culture, leadership practices, and institutional expectations regarding academic work.

5. Organisational Responses to Weak Management and Leadership Capability

Universities increasingly recognise weak management and limited leadership accountability as major drivers of poor research culture, researcher stress, bullying and harassment, inequity, and staff attrition. Although the issue is often discussed in relation to individual "bad managers" or "toxic PIs", many recent initiatives instead frame leadership accountability as a structural and organisational issue linked to incentive systems, governance arrangements, management training, and institutional culture.

1. Leadership development and management capability programmes

The most common institutional response to weak leadership is the expansion of formal leadership and management development programmes for PIs, supervisors, research leaders, and academic managers.

Historically, universities have implicitly assumed that good researchers would naturally become effective leaders. However, growing recognition of poor supervisory practice, unmanaged conflict, overwork cultures, and inconsistent people management has led institutions to increasingly treat leadership as a professional capability that requires explicit training and development.

As a result, many training programmes now focus not only on operational leadership skills, but also on inclusive and/or compassionate leadership, creating psychologically safe team cultures, improving supervision quality, conflict resolution skills, mentoring and sponsorship, workload management, and research culture stewardship.

For example, the University of Edinburgh's Research Leader Programme explicitly frames leadership around building positive and inclusive research cultures rather than simply managing projects or winning grants. The programme supports emerging research leaders to reflect on leadership identity, team dynamics, management responsibilities, and the broader social environment of research.

Imperial College London has similarly developed leadership and management training programmes aimed at staff taking on supervisory and organisational responsibilities.

Advance HE also plays a significant sector-wide role through broader leadership development initiatives.

One of the most influential interventions at the national level comes from Newcastle University's Reimagining Research Leadership project, funded by the Wellcome Trust, which explicitly critiques traditional "heroic PI" leadership models and instead promotes compassionate and collaborative leadership, developmental management, healthier team cultures, support for early career researchers, and inclusive supervision practices.

Importantly, these programmes signal a broader cultural shift in UK HE, wherein leadership quality is increasingly being treated as central to research quality, wellbeing, and organisational sustainability. Indeed, these initiatives attempt to intervene upstream by improving management capability before harmful supervisory or leadership cultures become entrenched.

2. Research culture frameworks and behavioural standards

A second approach involves the creation of formal research culture frameworks, behavioural expectations, leadership principles, and institutional accountability standards.

In the past, academic environments have relied heavily on informal norms and localised PI autonomy, resulting in inconsistent expectations around leadership behaviour. Increasingly, universities and sector bodies are attempting to formalise expectations to create clearer organisational standards.

UCL's Research Culture programme is a developed institutional example, which includes a long-term research culture roadmap, participatory governance structures, leadership accountability themes, culture-focused seed funding, and institutional consultation mechanisms Importantly, leadership accountability is framed not simply as individual behaviour, but as part of broader organisational culture and governance.

At sector level, the Concordat has become a major soft-accountability mechanism, with strong emphasis on supportive management, career development responsibility, and leadership accountability.

This type of explicit values-based framework is becoming increasingly common across UK HE and are significant in moving leadership expectations from implicit norms toward more formalised organisational standards. However, as in many institutions, there remains variability between departments and research groups in how such frameworks are operationalised in day-to-day supervisory practice.

3. Researcher voice, feedback, and accountability systems

A recurring concern within UK HE is that highly hierarchical research structures can make it difficult for researchers, particularly fixed-term staff and postgraduate researchers, to challenge poor management or report harmful behaviour safely. In response, many institutions have introduced mechanisms designed to improve upward feedback, organisational listening, reporting systems, participatory governance, and psychological safety.

Many universities now support formal research staff associations, postdoctoral societies, and researcher forums, which often function as advocacy bodies, consultation partners, peer-support structures, routes for escalating systemic concerns, and provide representatives within governance structures.

Some institutions have additionally implemented anonymous or confidential reporting systems linked to dignity-at-work policies, anti-bullying procedures, harassment reporting, safeguarding systems, and EDI frameworks. One common example is the "Report + Support" platform used across multiple universities. However, tensions remain around whether reporting and feedback mechanisms are perceived by staff as independent, trusted, and capable of producing meaningful organisational change.

These initiatives are significant because they attempt to reduce power asymmetries and create safer routes through which researchers can influence leadership practices and institutional decision-making.

4. Distributed leadership and team-based research models

Another emerging intervention approach attempts to reduce dependence on highly individualised and hierarchical leadership models.

Traditional academic structures frequently concentrate authority within individual PIs, creating strong dependencies around funding, supervision, authorship, career progression, reputation, and access to opportunities. This concentration of power can weaken accountability and increase vulnerability for early career researchers and fixed-term staff.

In response, some organisations are experimenting with more distributed and collaborative governance structures. The Francis Crick Institute is often cited as an example of interdisciplinary and team-science organisational design. The Institute emphasises interdisciplinary collaboration, shared infrastructure, open laboratory environments, cross-team working, and collaborative governance. Similarly, the Alan Turing Institute uses programme-based and interdisciplinary structures that encourage shared leadership and distributed responsibility.

UKRI-funded Centres for Doctoral Training (CDTs) also represent important governance interventions. Many CDTs involve multiple supervisors, cohort-based training, interdisciplinary structures, peer communities, and broader oversight arrangements. These structures can reduce dependence on a single supervisory relationship and create additional support and accountability routes for students and researchers.

More broadly, UKRI and Wellcome increasingly promote "team science" approaches that challenge the traditional PI model and instead emphasise collaborative leadership, distributed expertise, and collective responsibility.

These initiatives are important because they attempt to weaken excessive hierarchy and redistribute leadership responsibility across teams and organisational structures.

5. Dedicated research culture and accountability infrastructure

Another intervention category involves creating dedicated organisational roles, teams, and governance structures responsible for research culture and accountability. This reflects growing recognition that leadership accountability cannot depend solely on voluntary goodwill or isolated champions. Instead, many institutions are beginning to institutionalise research culture work through formal organisational infrastructure.

Several universities now operate dedicated research culture teams; for example, the UCL Research Culture Team, the University of Manchester Research Culture Team, and University of Glasgow Researcher Development and Culture Teams. These teams often coordinate culture programmes, consultation exercises, and leadership initiatives, that contribute to accountability infrastructure.

These interventions are significant because they move research culture and accountability from peripheral activities toward embedded organisational functions.

6. Incentive reform and funding-linked accountability

Another area of intervention focuses on changing the incentive systems that shape leadership behaviour. Alongside institutional initiatives, research funders are increasingly shaping leadership accountability by realigning assessment and reward systems so that healthier leadership practices are recognised and incentivised.

The UKRI R4RI framework, for instance, encourages recognition of team leadership, mentoring, research culture contributions, community-building, and wider leadership activity. Similarly, REF 2029 reforms increasingly emphasise people, culture, and environment.

These interventions are significant because they attempt to shift organisational behaviour by changing what universities and research leaders are rewarded for. Taken together, these developments suggest a broader transition in which funders are increasingly using financial leverage and assessment systems to influence leadership cultures across UK HE.



6. Organisational Responses to Power, Hierarchy, and Lack of Agency

UK HEIs are often described as hierarchical, with significant power asymmetries between senior leaders, PIs/line managers, and more junior staff. Many staff also report limited influence over decisions affecting their work, alongside frustration with processes surrounding resource allocation, promotion, workload, organisational change, and institutional priorities.

Although associated organisational responses are rarely framed as attempts to reduce 'hierarchy' or increase 'agency' explicitly, many seek to redistribute influence, improve transparency, strengthen staff voice, and create more participatory forms of leadership and decision-making.

1. Strengthening researcher voice and participatory governance

Conventionally, research governance has been concentrated among senior academics and executive leadership teams. However, many institutions have started to establish research culture forums, advisory groups, staff representative structures, and governance committees designed to provide researchers, technicians, and research professionals with a more direct role in shaping institutional priorities and decision-making.

Examples include the University of Edinburgh's Research Cultures Forum, which acts as a critical friend to senior leadership and contributes directly to research culture strategy; the University of Bristol's Research Culture Committee, which includes academics, technicians, researchers, and professional services staff in institutional decision-making; and Lancaster University's Research Culture Strategic Advisory Group, which explicitly serves as a conduit between the research community and university leadership.

Several universities have also created representative structures specifically for groups historically underrepresented in governance processes, including technician advisory groups, and research professional networks that provide direct routes into institutional decision-making. For instance, the University of Warwick has established a Research Culture Forum, Concordat implementation structures, researcher representation mechanisms, and faculty-level research culture groups through which researchers, technicians, and research-enabling staff can contribute to institutional discussions and priorities.

These initiatives seek to reduce the sense that decisions are simply imposed from above by creating formal channels through which staff can influence policy, strategy, and organisational change.

2. Co-production and participatory culture change

Beyond creating opportunities for consultation, some institutions are experimenting with approaches that directly involve research staff as partners in the design and delivery of organisational change. These initiatives are often informed by participatory action research, co-production methodologies, and distributed change leadership models, rather than senior leaders developing solutions on behalf of staff.

One of the strongest examples is Newcastle University's Wellcome-funded Reimagining Leadership project, which uses participatory action research to co-design interventions addressing psychological safety, inclusion, and leadership within research environments. York's Valuing Voices for Equitable and Responsible Research project also emphasises co-production, equitable team structures, and collaborative approaches to institutional change, resulting in the creation of an online tool to support the design and delivery of more equitable research projects.

Across the wider sector, Research England and Wellcome-funded research culture programmes increasingly require evidence of meaningful engagement and co-design with researchers and research professionals, reflecting a broader shift away from traditional top-down change models.

These approaches represent an attempt not simply to gather staff opinions but to redistribute ownership of organisational change processes themselves.

3. Leadership reform and psychological safety

A third major strand of activity focuses on the way power is exercised through leadership practices. Many research culture initiatives now recognise that hierarchy is often experienced through everyday relationships with PIs, line managers, and senior colleagues. Consequently, there has been growing interest in leadership models that emphasise inclusion, participation, collegiality, and psychological safety.

Newcastle's Reimagining Leadership project is perhaps the clearest example, explicitly seeking to develop leadership approaches that create psychologically safe and inclusive research environments. Similarly, the Wellcome-funded InFrame project, led by Edinburgh in partnership with Glasgow and St Andrews, seeks to develop an inclusive framework for research leadership and broaden understandings of who can be recognised as a leader within research systems.

Other initiatives, such as Birmingham's ASPIRE programme and UCL's research leadership development work, focus on helping research leaders understand how power dynamics influence team experiences and on developing more inclusive approaches to supervision, management, and decision-making.

Many of these projects challenge traditional assumptions that leadership is synonymous with seniority and instead promote more distributed and relational models of leadership.

Importantly, these initiatives often overlap with broader efforts to reform reward and recognition systems. Several programmes, including Newcastle's, are exploring how leadership behaviours that foster inclusion, collaboration, and psychological safety can be formally recognised and rewarded alongside more traditional indicators of success.

4. Empowering research-enabling and under-represented groups

A recurring source of perceived power imbalance concerns whose expertise is recognised and whose voices are included in institutional decision-making.

Traditionally, decisions affecting research environments have been dominated by senior academics, while technicians, research software engineers, research managers, professional services staff, and other research professionals have often occupied more marginal positions within institutional hierarchies.

In response, several initiatives seek to strengthen the visibility, status, and influence of these groups. The University of Manchester's work on recognising the technical workforce, UCL's talent management programmes for research professionals, and the wider Technician Commitment movement all aim to improve representation, recognition, and career development for research-enabling staff.

Similarly, projects such as Cardiff University's Wellcome Trust-funded Ignite Research Culture programme explicitly support technicians, early career researchers, and professional services staff to become research culture leaders and change agents within their institutions.

The University of Warwick is a signatory to the Technician Commitment and has invested in research culture initiatives, technician development activities, and Research Technology Professional programmes that seek to strengthen the visibility and influence of research-enabling staff.

These initiatives are significant because they challenge traditional academic hierarchies by recognising that research excellence is produced by diverse teams rather than solely by PIs and professors.

5. Transparency, accountability and systems-level culture change

Finally, some initiatives seek to address power imbalances by improving transparency and examining how power operates across organisational systems.

Researchers frequently report frustration with opaque decision-making processes relating to promotion, recruitment, funding allocation, workload distribution, and organisational restructuring. Several institutions have therefore introduced mechanisms intended to improve transparency, including public action plans, open governance structures, institutional dashboards, regular reporting, and more systematic communication about decision-making processes.

Examples include Edinburgh's publication of research culture action plans and progress reports, Bristol's visible governance structures for research culture activities, and Leicester's I-REACCH project work gathering baseline data on recruitment, retention, and career progression to identify structural inequalities and inform institutional decision-making.

The University of Warwick's research culture strategy increasingly adopts a systems perspective, emphasising evidence-informed decision-making, consultation, transparency, and institution-wide approaches to culture change through the National Centre for Research Culture and associated programmes.

Rather than focusing solely on individual leaders or isolated policies, these approaches seek to understand how organisational structures, governance arrangements, incentive systems, and institutional cultures collectively shape researchers' experiences of agency and influence.



7. Organisational Responses to Inequality, Exclusion, and Differential Impact

Occupational stressors are not experienced equally across the research workforce. Researchers and research professionals from minoritised racial and ethnic groups, disabled staff, neurodivergent staff, LGBTQ+ staff, carers, women, international staff, and those from working-class backgrounds often encounter additional barriers to progression, inclusion, recognition, and wellbeing. These barriers can interact with wider structural challenges to create differential experiences of stress and disadvantage.

In response, universities, funders, and sector organisations have increasingly developed initiatives aimed at reducing inequalities and creating more inclusive research environments.

1. Equality charter frameworks and institution-wide action plans

One of the most widespread approaches has been participation in sector-wide equality frameworks that encourage institutions to identify and address structural inequalities through evidence-based action planning.

The most established example is the Athena Swan Charter, administered by Advance HE, which supports universities in identifying and addressing gender inequalities in academic careers. Institutions undertake detailed self-assessment exercises examining recruitment, promotion, workload allocation, leadership representation, and workplace culture before developing multi-year action plans to address identified barriers. Many universities have reported changes to promotion criteria, parental leave support, recruitment processes, and leadership development opportunities through Athena Swan activity.

Alongside gender equality initiatives, increasing attention has focused on race equality. The Advance HE Race Equality Charter (REC) encourages universities to examine racial disparities in recruitment, progression, attainment, and workplace experiences. Universities such as King's College London, University of Birmingham, University of Nottingham, and University of Sheffield have used REC processes to identify structural barriers affecting racially minoritised staff and students and develop institution-wide interventions.

The University of Warwick holds multiple Athena Swan awards across departments and participates in the Race Equality Charter process. The university's institutional EDI Strategy includes actions relating to race equality, gender equality, disability inclusion, and inclusive leadership.

Although such charters are sometimes criticised as being tokenistic frameworks without practice, they have nevertheless become one of the primary mechanisms through which institutions collect data on inequalities and commit publicly to addressing them.

2. Career progression, sponsorship and advancement programmes

A second category of intervention focuses on addressing unequal access to progression opportunities. Research consistently shows that staff from underrepresented groups are less likely to access informal networks, sponsorship opportunities, and leadership pathways that support advancement within academia.

In response, many institutions have developed targeted development programmes aimed at improving progression outcomes for specific groups. These initiatives typically combine mentoring, networking, leadership development, coaching, and structured career support.

One notable example is the University of Warwick's PATHWAY Programme, a positive-action initiative designed to support aspiring Black researchers from undergraduate through to postdoctoral level. The programme aims to address the underrepresentation of Black researchers within academia by providing mentoring, career development opportunities, peer support, and networking activities. Similarly, the University of Birmingham's ASPIRE programme includes mentoring schemes and career development initiatives specifically for racially minoritised researchers and professional services staff.

Other institutions, such as Advance HE have developed the Aurora Women's Leadership Programmes, sponsorship schemes, and targeted promotion support initiatives for underrepresented groups in research.

These interventions seek to address inequalities not simply at the point of recruitment, but throughout academic careers.

3. Inclusive recruitment and selection reform

A third area of activity focuses on reducing inequalities at the point of recruitment. Research has consistently shown that recruitment processes can reproduce existing inequalities through unconscious bias, informal networks, and narrow definitions of excellence.

Universities have therefore begun introducing initiatives such as inclusive recruitment training, diverse appointment panels, anonymised shortlisting processes, and broader evaluation criteria.

The University of Leicester's Wellcome-funded research culture programme includes a dedicated workstream examining inclusive recruitment practices and recruitment data.

At sector level, responsible research assessment initiatives such as DORA and narrative CV approaches have also influenced recruitment by encouraging broader definitions of academic contribution beyond publication metrics alone.

4. Inclusive leadership, organisational accountability and culture change

Many universities increasingly recognise that inequalities are sustained not only through policies and procedures but also through leadership behaviours, organisational cultures, and informal norms. As a result, a growing number of initiatives focus on improving inclusive leadership capability and strengthening organisational accountability for inclusion.

Examples include Newcastle University's Wellcome-funded Reimagining Leadership project, which explores how leadership practices influence psychological safety and inclusion within research environments. The project combines leadership development, organisational development interventions, and values-based reward structures.

Similarly, Birmingham's ASPIRE programme includes leadership development activity focused on creating racially inclusive research environments, while Leicester's research culture work draws on empathy-based leadership approaches developed through the Stoneygate Centre for Empathic Healthcare.

These programmes increasingly recognise that inclusion depends not only on individual behaviour but also on institutional systems that shape decision-making, recognition, and power.

5. Community building, belonging and inclusion programmes

A further set of interventions focuses on reducing exclusion and improving belonging within academic communities. Indeed, many researchers from underrepresented groups report experiences of isolation, lack of community, and exclusion from influential networks. Universities have responded by establishing staff networks, affinity groups, peer-support schemes, and community-building initiatives.

Examples include Black staff networks, disability networks, LGBTQ+ networks, women in research groups, carers' networks, and faith-based staff communities. These initiatives provide peer support, opportunities for collective advocacy, and spaces where experiences can be shared safely. The University of Warwick, for instance, hosts many staff networks, including race equality, disability, LGBTQ+, carers, faith, and gender-focused groups. These networks play an important role in building community, supporting staff voice, and informing institutional decision-making.

Many institutions have also established ECR networks, mentoring circles, and community-building events designed to strengthen inclusion within research environments. The University of Leicester's Wellcome-funded work explicitly identified belonging and community as key issues for minoritised staff and developed participatory approaches to understanding and addressing these challenges. Advance HE also have a series of Inclusive Communities Resources for UK HEIs.

6. Disability,neurodiversity and workplace adjustment infrastructure

A further category of intervention focuses on reducing structural disadvantages experienced by disabled and neurodivergent staff through formal workplace adjustment systems.

Rather than relying on individuals repeatedly disclosing their needs to new managers or negotiating support on an ad hoc basis, many institutions have begun introducing Reasonable Adjustment Passports, sometimes called Workplace Adjustment Passports (e.g., UCL, Lancaster University).

These are living documents that record agreed workplace adjustments and travel with an employee when they change roles, teams, or line managers. The approach aims to reduce administrative burden, improve consistency of support, and prevent disabled staff from repeatedly having to justify or renegotiate accommodations.

Typical adjustments include flexible working arrangements, specialist equipment, communication adaptations, modified duties, altered workloads, or environmental changes.

The model has been strongly promoted by the Trades Union Congress as a practical mechanism for improving disability inclusion. Universities including Lancaster, Essex, and Wolverhampton have implemented formal passport schemes.

These initiatives represent a shift from individualised accommodation towards more systemic approaches to inclusion and retention.



8. Organisational Responses to Status Hierarchies and Misrecognition of Research Professionals

UK HEIs increasingly recognise that research is delivered by a diverse workforce that includes research managers, administrators, technicians, knowledge exchange professionals, data specialists, research software engineers, laboratory managers, clinical trial coordinators, public involvement professionals, and many more research-enabling roles.

Despite their central contribution to research delivery, these roles have historically occupied an ambiguous position within universities, with many staff reporting experiences of invisibility, limited recognition, and unequal status relative to academics. Institutional prestige often remains closely linked to publication outputs, grant income, and academic titles, leaving many research professionals feeling that their expertise is insufficiently recognised despite being essential to research success.

The following organisational responses attempt to address the consequences of hierarchy by improving visibility, professional legitimacy, career progression opportunities, participation in decision-making, and recognition of research-enabling contributions.

1. Professionalising research professional careers

As research systems have become more complex, institutions have increasingly recognised that research management, development, knowledge exchange, public involvement, and related functions require highly specialised expertise.

One of the most influential developments has been the growth of the PRISM movement (Professional Research Investment and Strategy Managers), which seeks to establish research professionals as a recognised occupational group with defined competencies, development pathways, and professional communities. Indeed, the PRISM Network expanded rapidly across the UK HE sectors and has become an important mechanism for increasing visibility and legitimacy of research-enabling staff.

Alongside this, the Research Professionals Future project, funded through Research England, is working to develop a shared national framework of for research professional careers. The project seeks to identify common skills, behaviours, career pathways, and development needs across a highly diverse workforce that has historically lacked a coherent professional identity. Importantly, the project is led by research professionals based at Teesside University, Durham University, Imperial College London, and the University of Warwick, and includes quantitative research components delivered by the University of Oxford Department of Education.

Several institutions have begun translating these ideas into organisational structures. For example, the University of York and Liverpool School of Tropical Medicine have explored pooled PRISM models in which research professionals are employed centrally and deployed across projects rather than being tied to individual grants. This both improves employment stability and reinforces the idea that research professionals provide institution-wide expertise rather than project-specific administrative support.

Similarly, UCL's Talent Gateway Programme has created development opportunities specifically targeted at research delivery professionals and clinical trial managers, recognising these roles as specialist careers rather than generic support functions.

The growth of professional bodies such as the Association of Research Managers and Administrators (ARMA) has further reinforced this shift by providing professional accreditation, leadership development, mentoring opportunities, and communities of practice that strengthen occupational identify.

Taken together, these initiatives seek to reposition research professionals from being viewed as staff to being recognised as specialist contributors to research excellence.

2. Creating dedicated career pathways and promotion structures

Closely related to professionalism is the development of clearer progression pathways. Many research professionals report that while academic careers benefit from relatively visible progression routes, equivalent pathways are often poorly defined or entirely absent for research-enabling roles. Promotion opportunities may be limited, promotion criteria unclear, and movement between grades inconsistent across institutions.

In response, several sector-wide initiatives are attempting to formalise progression frameworks. As previously mentioned, the national Research Professional Futures programme is perhaps the most ambitious example, aiming to develop a common framework that institutions can use to support career development, progression, and workforce planning for research professionals.

At the institutional level, UCL's Talent management programme has piloted cohort-based development pathways for research delivery professionals and clinical trials managers, focusing on leadership development, strategic skills, and future career progression. Elsewhere, research culture projects at UK HEIs such as Manchester have included dedicated initiatives focused on the development of technical specialists and research-enabling staff.

Professionalisation initiatives within the Research Software Engineering (RSE) community provide another important example. Universities including Manchester, Sheffield, Bristol, Southampton, and Imperial College London have developed recognised career pathways for research software engineers, creating promotion structures that do not require staff to transition into academic roles to progress.

These interventions seek to address one of the most common manifestations of status hierarchy – that is, the assumption that academic careers represent the only meaningful route to advancement within research environments.

3. Recognising team science and research-enabling contributions

A third area of activity focuses on changing what universities recognise and reward.

Many research culture projects have highlighted that traditional reward systems tend to privilege those who generate publications and secure grant income while overlooking the many people whose work enables research to happen. Research professionals often contribute expertise, infrastructure, partnerships, governance, compliance, technical support, and project delivery, yet these contributions remain largely invisible within institutional recognition systems.

As a result, universities and funders have increasingly embraced concepts such as team science and responsible research assessments.

One example of a direct challenge to status hierarchies is the Hidden REF initiative. Originally launched at the University of Southampton, the project seeks to increase recognition of "hidden roles" that underpin research but are often overlooked in conventional assessment systems. Hidden REF explicitly highlights the contributions of technicians, research software engineers, research managers, professional services staff and other research-enabling professionals whose work is essential to research success but rarely receives formal recognition. The initiative has subsequently secured Research England funding through the Embedding Trust in Evaluation programme to influence future REF assessment approaches and broaden recognition of research contributions across the sector.

Some institutions have also sought to improve visibility of professional roles through targeted recognition campaigns. Queen's University Belfast's Showcasing Hidden Roles initiative profiles research managers and other research-enabling professionals as part of its Research Culture Action Plan. The University of Bath's Research Culture programme also ran a Behind the Image – Jobs Making a Difference in Research campaign, specifically highlighting the contributions of technicians, PRISMs, research software engineers and other research-enabling staff whose work often remains invisible within traditional academic narratives.

Other examples seeking to address the way research is recognised and assessed include previously mentioned techniques such as UKRI R4RI. Rather than focusing solely on outputs and funding income, narrative CV formats enable applicants to demonstrate leadership, mentoring, technical expertise, research culture activity, collaboration, and wider contributions to research ecosystems.

Similarly, DORA commitments encourage institutions to move beyond narrow publication metrics and recognise a broader range of contributions to research success.

The Technician Commitment arguably represents one of the clearest examples of a sector-wide initiative directly addressing status hierarchies. The programme explicitly focuses on improving the visibility, recognition, career development, and sustainability of technical careers. Many universities are signatories of the commitment and thus undertake actions to improve how technical staff are recognised, rewarded, and supported.

Collectively, these initiatives seek to broaden definitions of research contribution and challenge assumptions that only academic outputs generate value.

4. Including research professionals in research governance and decision-making

A recurring criticism within research culture initiatives is that decisions about research are often made by academics for academics. Indeed, many research professionals report being responsible for implementing institutional decisions while having limited influence over how those decisions are made.
In response, a growing number of institutions have sought to increase representation of research professionals within governance structures and research culture initiatives.

Many Wellcome-funded and Research England-funded research culture programmes have adopted co-production approaches that deliberately bring together academics, researchers, technicians, and professional staff in project leadership and decision-making roles.

For example, the University of Leicester's Wellcome-funded research culture programme, I-REACCH, established "mirror teams" comprising early-career researchers and professional staff who actively shaped project design and implementation. Newcastle University's Reimagining Leadership programme similarly operates through a multidisciplinary leadership structure involving both academics and professional services colleagues.

These approaches attempt to reduce power asymmetries by giving research professionals greater influence over the policies and practices that affect their working lives.

5. Building professional communities and networks

Historically many research professionals worked in relatively isolated roles embedded within departments or faculties, often lacking opportunities to connect with peers undertaking similar work elsewhere within their institution or across the sector. Another organisational response has therefore been the creation of spaces in which research professionals can connect with one another and develop a collective identity.

National examples include the PRISM Network, ARMA UK, the UK Research Office (UKRO), the UK Research Software Engineers Association, and the Research Culture Enablers Network. These organisations provide professional development opportunities, mentoring, conferences, networking events, and communities of practice that help strengthen occupational identity.

Many universities have also established internal networks for technicians, research managers, research software engineers, and other research-enabling staff. These communities create opportunities for peer support, knowledge sharing, and collective advocacy.

While such initiatives do not directly alter organisational hierarchies, they can help counter feelings of invisibility and marginalisation by providing a stronger sense of professional belonging.

6. Expanding who can lead, influence and be recognised in research

The final category addresses assumptions about who counts as a legitimate research leader in research systems. Traditionally, leadership, influence, and authority have been closely associated with academic roles, particularly PIs and professors. Research professionals frequently report having substantial expertise but limited opportunities to exercise strategic influence or leadership.

Increasingly, funders and institutions are beginning to challenge these assumptions. For instance, UKRI People and Teams agenda places greater emphasis on collective research capability rather than solely individual academic achievement. Similarly, the Research Culture Enablers Network has advocated greater involvement of research professionals in funding review panels, leadership structures, and research strategy development.

Many Wellcome-funded research culture projects have also sought to broader participation in leadership and decision-making, recognising that expertise relevant to research culture and research delivery extends beyond traditional academic roles. Although these initiatives remain relatively early in development, the represent perhaps the most ambitious response identified. Unlike many interventions that seek to improve conditions within existing hierarchies, these approaches begin to question who is allowed to hold influence, exercise leadership, and shape the future direction of research itself.

9. Organisational Responses to Isolation, Fragmentation, and Silos

Isolation among researchers and research professional staff can arise from a range of structural factors, including short-term contracts, project-based work, disciplinary silos, remote/hybrid working, and limited integration into institutional communities. Early career researchers may be particularly vulnerable, as they may lack stable teams, long-term institutional attachment, or access to informal networks that support collaboration and belonging.

In response, organisations have begun to develop initiatives aimed at strengthening research communities, improving collaboration, and fostering a sense of belonging.

1. Networking initiatives and researcher-led communities

Many initiatives focus on building peer support networks and communities among the research community, particularly those who may otherwise feel marginalised or disconnected.

Broadly, most UK HEIs have some form of:

- Research and innovation staff network (e.g., University of Portsmouth; Ulster)
- Early career researcher network (e.g., British Academy ECRN)
- Postdoctoral society (e.g., Postdocs of Cambridge Society)
- Thematic research topic communities (e.g., UK Reproducibility Network)
- Communities of practice (e.g., Technology Specialists Network)
- Social inclusion groups (e.g., caregivers, disabled, LGBTQIA+, BAME etc.,)

There are also national level communities and networks, such as the UK Research Staff Association (in association with Vitae).

Many grassroots, researcher-led peer support groups also exist, often drive by individuals and small seed funding pots. For instance, the Ambassadors for Better Research Culture at the University of Warwick have supported peer support initiatives, including craft events, games, and talks.

These networks create informal and formal spaces for connection, peer support, and knowledge exchange; however, they often rely on the unrecognised commitment of individuals who manage and arrange activities in addition to their formally contracted roles.

2. Interdisciplinary research institutes and shared research spaces

Another approach involves creating organisational structures and shared research spaces that bring researchers together across disciplines and projects.

Interdisciplinary institutes, research centres, and networks (e.g., University of Leeds, Horizon Institute; Francis Crick Institute; Alan Turing Institute; University of Warwick Institute of Advanced Studies; University of Sheffield, Participatory Research Network) provide shared spaces where researchers and practitioners work collaboratively, often in open-plan or co-located environments designed to encourage interaction and exchange of ideas.

The University of Warwick has invested in interdisciplinary research institutes (e.g., Warwick Manufacturing Group, Warwick Institute of Engagement, Institute of Advanced Studies), which bring together researchers from different disciplines and sectors, creating structured opportunities for collaboration and integration.

These structures embed researchers within active, interdisciplinary communities rather than leaving them working in isolation within narrow disciplinary units.

3. Research culture programmes focused on belonging and community

Another major area of activity involves research culture initiatives explicitly aimed at improving inclusion, connection, and belonging within research environments. Indeed, university-level research culture programmes, roadmaps, and action plans have become the dominant framing through which belonging and isolation interventions are being implemented within UK HEIs (e.g., UCL Research Culture Roadmap; University of Edinburgh Research Cultures Action Plan; University of Warwick Research Culture and Action Plan).

The University of Warwick also hosts the National Centre for Research Culture, which promotes initiatives aimed at helping researchers "build connections with one another" and feel part of a wider research community. Indeed, Warwick's Research Culture Roadmap (launched 2026) includes "Connection and Community" as one of its 4 core pillars.

Funders such as UKRI and Wellcome Trust also invest in sector-wide programmes and awards designed to strengthen research culture. These programmes often include networking activities, community-building interventions, and collaborative research environments.

Advance HE has also developed programmes such as Connecting Research Culture and Impact, which explicitly address challenges including researcher isolation by fostering peer networks and shared learning across institutions.

These initiatives reflect a growing recognition that research environments must actively cultivate social connection rather than assuming it will emerge organically.

4. Returner, inclusion, and reintegration programmes

Returner schemes and keep-in-touch initiatives aim to support researchers who are particularly at risk of isolation, including those returning from career breaks (e.g., due to parental leave, caring, or health) or entering the sector from non-traditional pathways.

Indeed, some universities include this as part of their Athena Swan commitment to support gender equity in career retention and progression. Warwick has a "Warwick Academic Returners Policy" for those returning from parental leave, supporting reintegration into research communities and providing structured environments for connection and collaboration.

Other examples include the Daphne Jackson Trust, which provides fellowships to researchers (from all research areas and technical specialists) returning to academia after a two-year gap, combining research opportunities with structured support and integration into research environments. The Dorothy Hodgkin Fellowship at the Royal Society also supports ECRs who need flexible working arrangements to help manage caring responsibilities and/or health-related conditions.

Funders such as UKRI also offer Return to Research bursaries of up to £2,500 for certain disciplines. The Wellcome Trust had a similar career re-entry scheme (Research Career Re-entry Fellowships), but stopped funding in 2021.

Such programmes help rebuild professional networks and (re) integrate individuals into research communities.

5. Community-building roles and research community management

An emerging but underdeveloped area involves the creation of roles specifically designed to build and sustain research communities.

Recent research highlights the importance of roles such as "research community managers", who facilitate collaboration, connect individuals across projects, and support inclusive research environments (Sharan et al., 2024). Indeed, some universities have dedicated staffing structures or research culture teams, who fund and support initiatives to foster communities and sense of belonging. For example, the University of Warwick hosts the National Centre for Research Culture and has a team of dedicated staff, including Head of NCRC, Head of Research Partnerships, and Research Culture Manager roles.

These roles represent a more direct organisational intervention targeting isolation by making community-building an explicit responsibility rather than an implicit expectation or additional burden for staff.

6. Collaborative research funding and team-based research models

Funding structures themselves can play a role in shaping the degree of isolation experienced by researchers. Increasingly, funders are promoting collaborative and network-based research models and team science approaches. UKRI, for example, has supported collaborative networks and partnerships that bring together researchers, practitioners, and community organisations to co-produce research and build lasting connections.

Similarly, programmes such as those led by the Biotechnology and Biological Sciences Research Council (BBSRC) explicitly aim to strengthen connectivity across research institutes and communities as part of research culture reform.

These approaches shift research away from isolated, individual work toward more integrated, team-based models.



10. Organisational Responses to Career Uncertainty and Lack of Progression Opportunity

Across UK HEIs, concerns about career progression have become increasingly prominent. Universities, funders, and sector organisations have therefore focused on creating clearer career pathways, strengthening career development support, broadening definitions of career success, reducing dependence on informal networks, reforming promotion systems, and developing more strategic approaches to workforce planning.

Interestingly, as with employment precarity, universities are often more successful at improving support around career progression than they are at creating more progression opportunities and altering the structural conditions that generate uncertainty in the first place.

1. Creating structured career frameworks and progression pathways

Careers in research are often characterised by relatively informal progression expectations, with advancement often dependent upon local departmental cultures, managerial discretion, or tacit knowledge about how promotion systems operated.

In response, UK HEIs have begun to make career expectations more explicit through the development of more transparent and formal career frameworks, competency models, promotion guidance, and structured progression pathways.

Examples include University of Cambridge Academic Career Pathways which provides detailed guidance on progression expectations across academic grades. The University of Edinburgh Academic Promotions Framework has sought to increase transparency regarding promotion criteria and progression expectations. Oxford Brookes University have also published a comprehensive career framework showing progression routes across teaching, research and leadership pathways.

Alongside institution-specific reforms, sector initiatives have emerged to improve clarity around research careers more broadly. The Vitae Researcher Development Framework (RDF) has become one of the most widely adopted frameworks supporting researcher career planning and development across UK universities. The Researcher Development Concordat also requires institutions to provide transparent career development, promotion and progression support for researchers and has driven many universities to develop clearer frameworks for advancement.

Research-England funded projects such as the Research Professional Futures project are also developing sector-wide career frameworks, skills maps and progression routes for research professional staff.

These initiatives aim to reduce uncertainty by helping researchers understand what progression looks like, what skills and experiences are valued, and how different career routes may develop over time.

2. Researcher career development and employability programmes

A second major area of intervention focuses on helping researchers actively prepare for future career opportunities. Indeed, the limited availability of permanent academic posts in UK HEIs has prompted universities and funders to invest in more comprehensive career development programmes, rather than assume that progression will occur naturally over time.

Perhaps the most significant example is Prosper, a major Research England-funded programme led by the University of Liverpool. Prosper was developed specifically to support postdoctoral researchers in exploring and preparing for careers both within and beyond academia. Importantly, Prosper also works with managers and institutions to challenge assumptions that academic careers should be viewed as the default.

Similarly, C-DICE provides leadership development, placements, networking opportunities, and career development support to postdoctoral researchers across a consortium of UK universities.

Many institutions have also expanded researcher development provision through dedicated career coaching, leadership programmes, fellowship preparation schemes, grant-writing support, and professional development funding.

For example, the University of Warwick participates in both Prosper and C-DICE activities and has significantly expanded its Researcher Development Programme, including career planning workshops, fellowship development support, mentoring opportunities, and leadership development provision. Kings College London, the University of Nottingham, and the University of Oxford have similar Researcher Development Programmes, Researcher Academies, and Research Hubs for fixed-term researchers with dedicated structured programmes around career planning, leadership, fellowship development, and professional skills training.

Rather than focusing solely on promotion within existing roles, these initiatives seek to increase researchers' confidence, adaptability, and preparedness for a range of future career opportunities.

3. Broadening and diversifying career routes

A third organisational response seeks to address the assumption that successful careers follow a single linear academic pathway – i.e., progression from PhD to postdoctoral researcher to assistant professor and, eventually, professor.

Indeed, universities increasingly recognise that contemporary research systems require a wider range of roles and career trajectories. This has led to growing interest in alternative pathways including teaching-focused academic careers, staff scientist roles, technical specialist careers, research software engineering careers, knowledge exchange pathways, clinical academic pathways, and interdisciplinary research leadership roles.

As well as previously mentioned programmes like Prosper and C-DICE, initiatives such as the Technician Commitment have played a particularly important role in encouraging institutions to create more sustainable technical career structures. Similarly, permanent research software engineering teams established at institutions such as University College London Centre for Research Computing and University of Manchester Research Software Engineering Group provide examples of specialist career routes outside traditional academic progression models.

These initiatives seek to reduce uncertainty by ensuring that career success is not defined solely by progression into conventional academic roles.

4. Mentoring, sponsorship, and talent development

Many researchers describe career progression as heavily dependent upon informal networks and access to influential mentors who have experience of successfully navigating progression systems. Organisational responses have therefore increasingly focused on making these opportunities more accessible and equitable.

Formal mentoring schemes have become commonplace across UK universities; for instance, the University of Edinburgh's Research Staff Career Mentoring Programme and group mentoring scheme for postdocs. The University of Cambridge have mentoring schemes, including a self-match scheme for professional services. Kings College London also have centre for research staff development and career mentoring programmes targeted at different groups, including early career researchers and under-represented staff. These initiatives seek to provide researchers with access to advice, career guidance, sponsorship, and professional networks that may otherwise be unevenly distributed.

National programmes such as Advance HE's Aurora Leadership Programme have supported thousands of women academics in developing leadership skills and expanding professional networks. Similarly, Advance HE Diversifying Leadership Programme aims to improve progression opportunities for racially minoritised staff.

Many universities have supplemented these initiatives with institution-specific mentoring programmes for early career researchers, fellowship applicants, aspiring academic leaders, and underrepresented groups.

These interventions acknowledge that access to opportunity is often shaped by relationships and social capital as much as formal qualifications or performance.

5. Reforming promotion, recognition, and reward systems

A recurring concern across the sector is that progression systems often reward only a narrow subset of academic activities. Indeed, researchers frequently report that mentoring, collaboration, teaching, public engagement, leadership, research culture work, and citizenship activities are insufficiently recognised within promotion processes. This can create uncertainty regarding what forms of contribution are genuinely valued.

Consequently, many universities have begun reforming promotion and reward frameworks to recognise a broader range of contributions. Previously mentioned examples include signing up to DORA and adoption of UKRI's R4RI approach.

Many institutions have also revised promotion criteria to include research culture contributions, leadership and mentorship, team science, open research practices, EDI activities, and public engagement.

These reforms aim to create progression systems that better reflect the full range of activities required for successful research environments.

6. Strategic workforce planning and internal career mobility

Strategic workforce planning represents one of the most upstream organisational responses to career uncertainty and lack of progression opportunity. Indeed, while many career development initiatives focus on helping individuals navigate uncertainty, strategic workforce planning can reduce uncertainty by creating more coherent organisational approaches to talent management and progression.

Examples include internal secondment schemes, talent development programmes, leadership pipelines, succession planning initiatives, cross-faculty mobility opportunities, and internal talent marketplaces.

Another emerging model involves the creation of redeployment pools or talent benches that allow experienced staff to move between projects rather than leaving the institution when a particular grant ends. The University of Manchester has piloted researcher redeployment and "bench" approaches that enable staff approaching the end of one project to be matched with new opportunities elsewhere in the institution. Similarly, the University of York has experimented with pooled employment models for PRISMs, allowing staff to contribute across multiple projects and research teams rather than being tied to a single funding stream. The UCL Talent Gateway also supports career mobility through placements, secondments, and cross-sector opportunities.

Increasingly, research culture projects funded by UKRI, Wellcome, and Research England are also exploring workforce-level approaches to researcher development rather than focusing solely on individual employability.

These initiatives seek to create environments where progression opportunities can be found within institutions rather than requiring individuals to continually move between organisations in search of advancement.



11. Organisational Responses to Change Fatigue and Organisational Opacity

Continual organisational change, restructuring, shifting institutional priorities, and increasing financial pressures have become defining features of the UK HE environment. While these concerns have become increasingly visible in discussions of research culture and staff wellbeing, dedicated interventions specifically targeting change fatigue or organisational opacity as standalone challenges remain limited and underdeveloped.

Instead, organisational responses have sought to improve communication, trust, engagement, and transparency through research culture programmes, leadership development initiatives, consultation mechanisms, and public accountability processes. These interventions aim to improve how change is communicated and experienced, rather than reducing the frequency or scale of organisational change itself.

1. Research culture programmes and culture change action plans

The most substantial organisational response to issues associated with organisational opacity and change fatigue has emerged through the growth of research culture programmes across the sector that seek to improve communication, transparency, staff engagement, leadership accountability, and trust within research environments.

One example is the University of Edinburgh's Research Cultures Action Plan, which established five strategic themes for institutional improvement, including Communication and Engagement and Governance and Data. These themes explicitly recognise the importance of improving communication between institutional leadership and staff, increasing visibility of institutional activities, and strengthening transparency around decision-making and implementation processes. The programme includes publicly available action plans, governance structures, delivery plans, and progress reporting mechanisms designed to increase visibility of institutional priorities and provide staff with clearer information about ongoing developments.

Similarly, Newcastle University's Research Culture Action Plan was developed following extensive engagement with researchers and research-enabling staff and is described as a living document that will continue to evolve through ongoing consultation and dialogue with the research community. The plan emphasises communication, collaboration, community engagement, and responsiveness to feedback, reflecting an attempt to move away from purely top-down approaches to organisational development.

A comparable approach can be seen at Ulster University, whose Research Culture Action Plans were developed through a collaborative and co-designed process involving researchers, professional services staff, and institutional leaders. The plans explicitly recognise the need for ongoing review, adaptation, and engagement with the research community as institutional circumstances evolve.

At sector level, research culture programmes funded through Research England and UKRI have further encouraged institutions to explore new approaches to engagement, communication, leadership, and organisational culture.

Many institutional research culture projects funded through these schemes focus on improving staff voice, increasing trust in organisational processes, and creating more inclusive and participatory research environments.

Importantly, many Concordat implementation activities are now integrated into these broader research culture agendas. Consequently, the distinction between Concordat work and research culture work has become increasingly blurred, with both contributing to improvements in communication, transparency, and staff engagement.

Collectively, these initiatives represent the most visible and systematic sector-wide effort to address organisational conditions associated with change fatigue and organisational opacity.

2. Leadership development and organisational change capability

Within UK HE, concerns about organisational change are often framed as leadership challenges rather than wellbeing challenges. As a result, considerable effort has been invested in developing leaders' abilities to communicate change, engage stakeholders, manage uncertainty, and build trust during periods of institutional transformation.

The most developed examples come from Advance HE, which provides several national leadership programmes focused explicitly on leading change within complex higher education environments:

- The Leading Educational Change Programme, for instance, supports leaders responsible for implementing institutional change and emphasises stakeholder engagement, communication, collaboration, and organisational change processes.
- Similarly, the Strategic Leadership Programme focuses on helping senior leaders navigate complexity, uncertainty, and organisational transformation.
- The Transition to Leadership Programme also includes content relating to managing teams through uncertainty and organisational change.

Alongside these sector-wide initiatives, many universities have incorporated organisational change, communication, and engagement skills into local leadership development programmes for heads of department, PIs, research leaders, and professional services managers.

These interventions assume that better leadership can mitigate many of the negative consequences associated with organisational change by improving communication quality, providing clearer direction, and increasing staff confidence in decision-making processes.

However, while leadership development may improve the experience of change, it does not necessarily address the volume, frequency, or structural drivers of organisational change itself.

3. Staff consultation, co-design, and staff voice mechanisms

A common criticism of organisational change processes within universities is that they are perceived as top-down, with limited opportunities for staff to influence decisions before they are implemented. In response, alongside sector wide change guidance (HEPI, 2023), many institutions have increasingly adopted consultation, engagement, and co-design approaches intended to strengthen staff voice and improve legitimacy of organisational change initiatives.

Across the sector, institutions have established a variety of researcher forums, staff engagement groups, staff pulse surveys, advisory boards, working groups, and consultation exercises designed to gather feedback on institutional priorities and proposed changes (e.g., People Insight case studies highlight efforts at the University of Surrey and Kings College London).

Within research culture funding programmes, co-design has become an increasingly prominent principle. Many funded projects explicitly seek to involve researchers and research professional staff in developing interventions, identifying priorities, and evaluating progress.

Such approaches aim to improve trust in organisational decision-making by giving staff greater influence over institutional developments and creating opportunities for concerns to be raised before changes are implemented.

Nevertheless, the effectiveness of these mechanisms depends heavily on whether staff perceive consultation to be meaningful. Consultation processes that occur after major decisions have effectively been made may do little to reduce perceptions of organisational opacity.

4. Transparency through governance, action plans, and public progress reporting

A final response involves efforts to improve transparency regarding organisational priorities, decision-making processes, and implementation of institutional initiatives. These approaches aim to provide staff with clearer information about institutional priorities, the rationale for organisational initiatives, and progress toward stated objectives.

Again, the strongest examples emerge from research culture programmes. The University of Edinburgh Research Cultures Programme publishes governance arrangements, action plans, implementation structures, and progress reports associated with its research culture work.

Similarly, universities participating in research culture initiatives and Concordat implementation commonly publish action plans, annual reports, implementation updates, and progress summaries that allow staff to monitor institutional commitments over time.

These transparency mechanisms seek to reduce uncertainty by making institutional priorities more visible, clarifying responsibilities for implementation, and demonstrating that commitments are being monitored and reviewed.

Although public reporting cannot eliminate the disruption associated with organisational change, it represents an attempt to strengthen trust by increasing accountability and reducing perceptions that decisions are made behind closed doors.



12. Organisational Responses to Emotional and Ethical Demands of Research

The emotional and ethical demands of research are increasingly recognised as a significant but often under-addressed driver of poor wellbeing and stress among staff in UK HEIs. These demands arise both from the content of research itself—particularly work involving trauma, inequality, health, violence, and social harm—and from the relational dimensions of academic work, including increasing demands and expectations to provide pastoral support to students.

UK HEIs and sector bodies have developed a range of responses focused on research ethics governance, trauma-informed practice, structured supervision and reflective spaces, wellbeing infrastructure, pastoral boundary-setting, peer support, and research culture reform. However, implementation remains uneven and often dependent on disciplinary norms and local leadership.

1. Research ethics governance and enhanced ethical review process

A primary institutional response has been the strengthening of research ethics governance frameworks, which aim to ensure that emotionally sensitive research is appropriately designed, reviewed, and risk-assessed prior to implementation.

Most UK universities operate ethics systems aligned with national frameworks such as the UK Policy Framework for Health and Social Care Research, supported by the Health Research Authority (HRA) and institutional research ethics committees. Increasingly, ethics review processes extend beyond participant protection to explicitly include researcher wellbeing and emotional risk exposure.

Most UK HEIs require researchers undertaking sensitive research to identify risks of distress to both participants and researchers, including mitigation strategies such as supervision arrangements, debriefing protocols, lone-working procedures, safeguarding plans, and approaches for managing distressing data and disclosures.

However, ethics review processes remain largely front-loaded and procedural. While they can improve awareness of emotional risks during study design, they do not necessarily provide sustained support throughout fieldwork, analysis, or dissemination phases, where emotional impacts often become most acute.

2. Trauma-informed and sensitive research design approaches

A growing organisational response is the adoption of trauma-informed and researcher-sensitive approaches to research design, particularly in disciplines involving vulnerable populations or emotionally charged subject matter.

These approaches seek to anticipate emotional harm during research design, minimise unnecessary exposure to distressing material, embed reflexivity and positionality within research practice, ensure appropriate debriefing and supervision arrangements, and plan researcher wellbeing strategies alongside participant safeguarding procedures.

A particularly significant development has been the emergence of practical frameworks and toolkits specifically designed to support researcher wellbeing in emotionally demanding research contexts.

One of the most prominent examples is the RES-WELL (Researcher Wellbeing) project led by UCL. The project explicitly focuses on researcher wellbeing in emotionally challenging research and has produced the RES-WELL Toolkit (Zschomler et al., 2026), which provides practical guidance for researchers, supervisors, institutions, and funders. The toolkit includes wellbeing planning tools, reflective prompts, supervision guidance, and resources for managing vicarious trauma and emotional risk across the research lifecycle.

Similarly, the Researcher Wellbeing Project at the University of Bath and similar projects at the University of Bristol have explored experiences of researcher distress, trauma, and secondary trauma arising from emotionally demanding research. These projects have helped to generate evidence regarding the emotional impacts of conducting sensitive research and highlighted the need for more systematic institutional support structures.

Alongside these initiatives, institutions such as King's College London have developed guidance and expertise around conducting research involving mental health, violence, inequality, and other sensitive topics.

3. Supervision structures, reflective practice, and structured research support

Many institutions have sought to strengthen supervision and reflective practice mechanisms that provide opportunities for emotional processing and ethical reflection throughout the research process.

Common approaches include doctoral supervision frameworks with pastoral elements, peer debriefing following fieldwork or interviews, mentoring schemes for early career researchers, and discipline-specific reflective supervision arrangements.

For example, the University of Glasgow and the University of Bristol have developed postgraduate research supervision frameworks that increasingly acknowledge researcher wellbeing and supervisory responsibilities beyond purely academic progress. Although these frameworks vary considerably across departments, they reflect broader recognition that effective supervision encompasses both scholarly and personal dimensions of researcher development.

In health, clinical, social work, and applied psychology disciplines, supervision models are often influenced by NHS approaches to clinical supervision. These models create structured opportunities to discuss emotional responses to difficult material, ethical dilemmas, and exposure to traumatic experiences. Universities such as King's College London, the University of Manchester, and the University of Birmingham have long-established traditions of reflective supervision through their partnerships with NHS and professional practice settings.

The aforementioned RES-WELL project has also contributed to this area through workshops and guidance designed to support supervisors and research leaders in recognising and responding to emotional risks within research teams.

Nevertheless, provision remains highly variable and is often strongest within applied health and clinical disciplines, with fewer structured mechanisms available for researchers working in humanities and social science fields where emotional demands may be equally significant.

4. Staff wellbeing services and psychological support infrastructure

UK HEIs have expanded staff wellbeing infrastructure to address emotional strain arising from research exposure and pastoral responsibilities.

Typical provision includes Employee Assistance Programmes (EAPs), counselling and psychological support services, occupational health referrals, stress management interventions, wellbeing workshops, and mental health support services.

Most UK HEIs provide centralised wellbeing services available to academic, research, and professional staff. Similar provision is now widespread across the sector and is frequently promoted through staff wellbeing strategies and institutional mental health frameworks.

These services provide important support mechanisms for individuals experiencing emotional exhaustion, distress, or burnout. However, they are generally reactive rather than preventative and are typically positioned outside the research process itself. Consequently, they may not fully address the cumulative impacts of sustained exposure to emotionally demanding research topics or the emotional labour associated with academic work.

5. Training in pastoral care, safeguarding, and mental health awareness

As academic roles increasingly involve supporting students experiencing mental health difficulties, many institutions have introduced training designed to strengthen staff capability in responding appropriately to distress and safeguarding concerns.

This training commonly includes mental health awareness programmes, safeguarding procedures, suicide prevention initiatives, referral pathways, and guidance on managing conversations with students experiencing mental health difficulties.

One of the most widespread interventions has been the adoption of Mental Health First Aid (MHFA) training. Universities including Oxford, Warwick, Leeds, Nottingham, and many others have trained academic and professional staff as MHFAs, enabling them to recognise signs of mental distress, provide initial support, and facilitate referral to specialist services.

Institutions such as the University of Manchester, and the University of Oxford have also developed guidance for staff to recognise and respond to student distress.

Sector-wide initiatives have also contributed to this agenda. Student Minds' Student Mental Health Charter has encouraged participating institutions to strengthen staff development relating to student wellbeing, referral pathways, and supportive learning environments.

Advance HE has similarly promoted inclusive teaching and student support practices that intersect with staff wellbeing and pastoral responsibilities.

While these initiatives may improve staff confidence in responding to student difficulties, they can also increase expectations that academic staff perform emotional and pastoral labour without necessarily reducing workload or providing additional time and resources.

6. Boundary-setting frameworks and clarification of pastoral responsibility

Recognising the growing emotional burden associated with student support, many universities have sought to clarify the distinction between academic pastoral support and professional mental health provision.

These approaches typically include formal referral pathways to counselling services, safeguarding escalation procedures, guidance on the limits of academic support roles, and frameworks that position staff as facilitators of support rather than providers of therapeutic intervention.

As mentioned previously, various institutions have developed student support frameworks that explicitly emphasise referral to specialist services when students present with significant mental health concerns.

These measures aim to protect both students and staff by ensuring that individuals receive appropriate professional support while reducing pressure on academics to manage complex mental health issues beyond their expertise.

Nevertheless, many researchers, supervisors, and academic staff continue to report significant informal emotional labour associated with supporting students, particularly where specialist services are stretched or demand exceeds capacity.

7. Peer support networks, communities of practice, and debriefing spaces

Alongside formal institutional provision, many universities have developed peer-based support structures that provide opportunities for reflection, mutual support, and discussion of emotionally challenging aspects of research.

These initiatives include mentoring programmes, communities of practice, qualitative research reflexivity groups, peer debriefing sessions, writing groups with wellbeing components, and researcher networks focused on improving research culture.

Many such initiatives have been supported through UKRI-funded research culture programmes. Universities including Warwick, Glasgow, Bristol, and others have used research culture funding to establish mentoring schemes, peer-support structures, and communities designed to foster collegiality and improve researcher wellbeing.

At a sector-wide level, Wellcome's research culture programme has also supported extensive discussion of researcher wellbeing and workplace culture. Through initiatives such as Café Culture discussions and wider engagement activities, researchers have been provided with opportunities to discuss challenges associated with research environments, leadership, wellbeing, and working practices.

These initiatives recognise that emotional wellbeing is often sustained through collegial relationships and supportive research communities rather than formal support services alone.

Why Do Wellbeing Challenges Persist Despite Extensive Organisational Action? Cross-Cutting Reflections on the Limits of Organisational Responses



This report has shown that UK HEIs, funders, sector bodies, and professional organisations are starting to implement a growing range of initiatives designed to address the key drivers of poor wellbeing and occupational stress experienced by researchers and research professional staff.

Initiatives span workload management, researcher development, responsible research assessment, leadership and management practices, wellbeing support services, research culture reform, organisational communication, flexible working, anti-precarity measures, trauma-informed research practices, and a wide range of other approaches.

Collectively, these developments reflect a significant shift in how wellbeing is understood within the sector, with widespread recognition that wellbeing is shaped not only by individual resilience or personal coping strategies, but also by organisational environments, including management practices, employment conditions, institutional cultures, and wider features of the research system itself.

Despite growing awareness of these issues and a substantial expansion of organisational responses, this report also shows that poor wellbeing remains a persistent feature amongst the research community. Indeed, our survey found that researchers and research professional staff exhibit lower levels of mental wellbeing and life satisfaction, and higher levels of perceived stress, anxiety, depression, and loneliness. These levels are lower than those reported in general population (Bu et al., 2020; Hinz et al., 2025; Kazlauskas et al., 2023; Morrish et al., 2025; Warttig et al., 2013).

> This apparent contradiction raises an important question: Why do wellbeing challenges remain so prevalent despite increasing institutional attention and intervention?

A key explanation is that many of the stressors identified throughout this report are not isolated problems, but manifestations of deeper structural dynamics embedded within the modern UK HE environment.

While organisational initiatives might help to mitigate some of the consequences of these pressures, they often operate within systems that continue to generate the conditions that undermine wellbeing. As a result, many initiatives attempt to address symptoms, improve processes, or provide support without fundamentally altering the organisational and structural arrangements that give rise to stress in the first place.

One important set of challenges relates to the funding and employment structures that underpin research activity. Financial precarity, career insecurity, and many forms of organisational uncertainty are closely linked to a research funding system characterised by short-term grants, competitive funding environments, and fluctuating institutional income streams. Although universities have introduced bridging funds, redeployment schemes, staff pools, contract conversion initiatives, and researcher development programmes, these interventions operate within a broader system that continues to organise research employment around temporary funding. Consequently, institutions seek to reduce insecurity while simultaneously remaining dependent upon employment models that reproduce it. This creates a situation in which anti-precarity initiatives often remain localised, pilot-based, or limited in scale despite broad agreement that insecurity is harmful to both individuals and research quality.

A second cross-cutting issue concerns the relationship between workload and institutional capacity. Many of the stressors described by researchers and research professionals—including workload intensification, role creep, administrative burden, change fatigue, and increasing pastoral responsibilities—reflect a recurring mismatch between expectations and available resources. Over time, academic and professional roles have expanded to encompass growing demands relating to research outputs, grant acquisition, impact generation, compliance requirements, teaching, supervision, public engagement, student support, and citizenship activities. However, these expanding expectations have not always been matched by equivalent increases in staffing, infrastructure, or protected time. Under such conditions, interventions such as workload allocation models, workload transparency exercises, flexible working policies, and wellbeing initiatives may improve the management of workload pressures without necessarily reducing the volume of work itself. In some cases, these interventions make excessive workloads more visible without creating the capacity required to address them.

Many of the challenges explored in this report are also sustained by powerful performance and incentive systems. The difficulties associated with reforming metrics-driven research cultures provide a particularly clear example. Indeed, while there is growing consensus that narrow performance indicators generate unhealthy behaviours and competitive research cultures, publication outputs, citation metrics, and grant income remain deeply embedded within promotion criteria, recruitment decisions, funding competitions, institutional rankings, and research assessment processes. Researchers therefore continue to respond rationally to the incentives that shape career progression and recognition. This can create a disconnect between institutional commitments to responsible research assessment and the everyday realities of academic careers. Similar tensions arise in relation to collaboration, collegiality, and work-life balance, where organisations may formally promote healthier practices while maintaining systems that reward exceptional productivity, continual availability, and individual achievement.

Questions of governance, autonomy, and control also emerge repeatedly across the stressors considered in this report. Experiences of organisational opacity, change fatigue, and declining trust in leadership are often linked not simply to communication failures but to perceptions of limited influence over decisions that directly affect working lives. Many institutions have invested in consultation processes, engagement exercises, leadership development programmes, and communication strategies intended to improve organisational change; however, these initiatives do not necessarily alter the underlying distribution of decision-making power within institutions. As a result, staff may feel better informed about organisational decisions while continuing to experience limited influence over their direction or implementation. In contexts characterised by financial uncertainty and repeated restructuring, improved communication may therefore reduce some anxiety while leaving the fundamental causes of uncertainty intact.

Alongside structural and organisational factors, many wellbeing challenges are reinforced by longstanding cultural expectations regarding academic work and professional identity. HE has historically been characterised by strong norms of vocational commitment, intellectual passion, service to students, and dedication to research. While these values can be important sources of meaning and motivation, they also contribute to a culture in which long working hours, continual

availability, self-sacrifice, and the absorption of additional responsibilities become normalised. This is particularly evident in relation to emotional labour and pastoral support. Universities have increasingly introduced training, referral pathways, safeguarding guidance, and boundary-setting frameworks intended to support staff in responding appropriately to student distress. However, again, these interventions operate within cultures that often continue to reward responsiveness, availability, and care beyond formal role expectations. Consequently, emotional labour may remain unevenly recognised and distributed despite attempts to clarify boundaries around pastoral responsibilities.

The implementation of organisational responses is further complicated by the highly decentralised nature of universities themselves. Across many of the initiatives reviewed in this report, effectiveness depends heavily upon local leadership, departmental cultures, managerial capability, supervisory quality, and the availability of resources. Consequently, staff working within the same institution may experience very different working environments depending upon their department, faculty, research group, or line manager. Workload allocation systems, flexible working arrangements, mentoring schemes, supervision practices, and research culture initiatives may all exist institutionally, while being enacted inconsistently in practice.

This variability can limit both the reach and impact of organisational interventions and helps explain why positive examples often coexist alongside reports of poor working conditions within the same institution.

A further challenge is that many of the initiatives identified throughout this report are relatively recent when compared with the timescales over which organisational cultures develop. Significant effort has been invested in research culture reform over the past decade; however, deeply embedded assumptions regarding academic excellence, competition, productivity, and career success have often developed over much longer periods. Indeed, while formal policies can be implemented relatively quickly, cultural change occurs much more slowly. As a result, researchers may encounter situations where institutional rhetoric emphasises wellbeing, inclusion, and sustainability while everyday practices continue to reward behaviours associated with overwork and competition.



Conclusion

In sum, organisational initiatives to address poor wellbeing and occupational stress operate within a structural paradox – universities are attempting to reform the very practices upon which they simultaneously depend. Institutions may seek to reduce precarity while relying on grant-funded employment; reduce workload while depending on discretionary effort; improve research culture while competing through measures of productivity and prestige; reduce change fatigue while undertaking repeated restructuring exercises; and strengthen boundaries around emotional labour while depending on substantial amounts of pastoral work from academic staff. These tensions do not necessarily reflect a lack of commitment to wellbeing but rather the complexity of pursuing reform within systems that continue to generate many of the pressures being targeted.

Taken together and based on the findings from our survey and participatory research activities, the persistence of poor wellbeing within UK HEIs should not be interpreted as a failure of organisational initiatives; rather, it reflects the challenges of improving wellbeing within a system characterised by funding insecurity, resource constraints, competitive performance regimes, organisational change, expanding role expectations, and deeply embedded cultural norms. Although many current interventions provide valuable support and may help to mitigate some of the negative consequences of these conditions, lasting improvements are likely to require sustained attention not only to wellbeing initiatives themselves but also to the wider structures through which research in HE is organised.

Ultimately, the findings discussed throughout this report suggest that improving researcher and research professional wellbeing is unlikely to be achieved through support services, training programmes, or research culture initiatives alone. While such interventions remain important, meaningful progress will also depend upon addressing the underlying determinants of wellbeing, including workload volume, employment security, funding structures, performance incentives, organisational governance, leadership practices, and the distribution of resources across the sector.

The challenge facing UK HEIs is therefore not simply how to support individuals experiencing stress, but how to create institutional and research systems that generate fewer sources of stress in the first place.

Recommendations



Based on the findings of this report, the Re-Well HE project sets out a series of recommendations, organised around the evidence identified through the survey and participatory activities, and directed at the stakeholder groups best placed to act on them (UK HEIs, research funders, professional sector bodies and networks, and government and policy-makers). A final set of recommendations also seeks to address how progress should be monitored and evaluated going forward.

Strategic Priorities for Action

These cross-cutting priorities apply to all stakeholders and should underpin the sector's overall approach to researcher and research professional wellbeing.

- **Shift the balance of effort from individual-level support towards organisational-level.** Wellbeing services, resilience training, and self-help resources remain valuable but cannot, on their own, resolve wellbeing challenges that originate in how work is designed, funded, managed, and governed.
- **Coordinate action across the sector rather than relying on isolated, localised initiatives.** While the key drivers of poor wellbeing and stress are widely recognised, organisational responses remain fragmented, unevenly implemented, and rarely scaled beyond the pilot stage. Universities, funders, and sector bodies should therefore align their efforts, share evaluated best practice, and jointly commit to embedding responses into policy rather than treating them as discretionary projects.
- **Prioritise Support, Role clarity, Demands, and employment precarity.** These were the strongest and most consistent predictors of wellbeing, mental health, and occupational outcomes in the national survey, and should be treated as the primary levers for intervention.
- **Direct additional, targeted support towards the groups shown to be disproportionately affected.** This includes disabled staff (higher rates of physical symptoms, sickness absence, and wellbeing service use), staff on permanent contracts (higher odds of considering sickness absence and wellbeing service use), and minoritised ethnic colleagues (higher loneliness). Job role (researcher versus research professional) was not itself a significant predictor of wellbeing, confirming that structural conditions affect the whole research workforce and that responses should not be limited to one group.
- **Address the structural paradox identified in this report.** Institutions are often trying to reform practices they still depend on — for example, reducing precarity while relying on grant-funded employment, or reducing workload while depending on discretionary effort. Reforms to workload, precarity, research culture, and change management will have limited effect if institutions and the sector continue to rely on the funding, employment, and assessment models that generate these pressures in the first place. Recommendations below therefore focus as much on the systems and incentives underlying each driver as on discrete support initiatives.

Recommendations for UK HEIs

- **Reduce unnecessary employment precarity.** Extend the use of bridging funding between grants, staff pools, and redeployment schemes; move towards longer and more stable contracts where possible; and review recruitment and HR processes that create avoidable insecurity for research staff. Explore and identify case studies and examples of UK HEIs who have successfully implemented these initiatives.
- **Reduce workload, not just workload visibility.** Move workload allocation models and workload transparency exercises beyond measurement towards active workload reduction, including realistic role expectations, protected time for research professional development, and clearer boundaries on role creep, particularly for research professional and pastoral responsibilities.
- **Strengthen line management and leadership capability.** Embed leadership development and management capability programmes as a core, resourced part of academic and professional career progression, with accountability for staff support and wellbeing built into leadership and promotion criteria.
- **Clarify roles and strengthen support structures.** Given that role clarity and support were the strongest predictors of better wellbeing outcomes, institutions should invest in clear role profiles and career tracks (particularly for research professional staff), consistent supervision, and accessible, well-resourced line-management and peer support.
- **Increase staff voice and genuine influence over decisions.** Move beyond consultation and communication towards researcher voice mechanisms, participatory governance, and co-produced culture change, so that staff have real influence over decisions that affect their working conditions, not just improved awareness of them.
- **Scale equity-focused and targeted support.** Build on existing Equality Charter action plans, disability and neurodiversity adjustment infrastructure, and community-building initiatives, with specific attention to the needs of disabled staff, permanent research staff, and minoritised ethnic colleagues identified in this report.
- **Move promising pilots into embedded institutional policy.** Many of the organisational responses identified in this report (flexible working, right-to-disconnect approaches, trauma-informed research practices, professionalisation of research support roles) remain localised or pilot-based. Institutions should evaluate these initiatives and, where effective, adopt them as standard, funded institutional policy rather than discretionary local practice.

Recommendations for Research Funders

- **Design funding structures to reduce precarity.** Reconsider grant duration, funding continuity, and overhead allowances so that institutions are not structurally dependent on short-term, insecure employment models to deliver funded research.
- **Accelerate responsible research assessment.** Continue to embed narrative CVs and broader evaluation formats, and ensure that funding decisions, panel criteria, and reporting requirements reward diverse contributions to research (including team science and research-enabling roles) rather than narrow publication and grant-income metrics.
- **Build stable staffing models, supported by a diversity of roles and contract formats.** Support permanent staff scientist, roving researcher, and other non-precarious roles within funded research teams, and make institutional commitments to employment stability a visible part of funding expectations.
- **Attach wellbeing and culture expectations to funding awards, with renewal depending on progress.** Use funding conditions and reporting requirements — reviewed at key funding milestones — to incentivise institutions to demonstrate progress on workload, precarity, leadership, and inclusion, rather than treating researcher wellbeing as a matter for institutions alone.

Recommendations for Professional Sector Bodies and Networks

- **Coordinate and benchmark sector-wide progress.** Use existing frameworks (e.g., the Researcher Development Concordat, HSE Management Standards Framework) as a shared reference point for tracking institutional progress against the 12 key drivers, and publish comparative, anonymised benchmarking to drive accountability.
- **Develop research professional career pathways and recognition.** Support the creation of dedicated career pathways, promotion structures, and recognition mechanisms for research professional staff, and ensure this group is consistently included in research governance and decision-making.
- **Curate and disseminate evaluated good practice.** Build a shared, sector-accessible evidence base of which organisational responses are being evaluated and shown to be effective, addressing the gap identified in this report between initiatives being introduced and outcomes being tracked.
- **Advocate for systemic and policy-level change.** Represent the sector's collective interest in addressing structural drivers, such as short-term funding cycles and competitive assessment regimes, that sit beyond the ability of any single institution to resolve alone.

Recommendations for Government and Policy Makers

- **Align national research funding and assessment with workforce sustainability.** Ensure that funding, assessment and accountability arrangements support employment security, sustainable workloads, career development and positive research environments alongside research and financial performance. Policy evaluation should consider how funding duration, competitive funding and assessment structures affect institutions' capacity to improve working conditions.
- **Establish national longitudinal monitoring of research workforce working conditions and wellbeing.** Develop consistent, repeated measures of psychosocial working conditions and wellbeing across UK higher education, complementing existing HESA workforce data. Monitoring should cover Demands, Control, Support, Relationships, Role, organisational Change, employment security and relevant occupational outcomes, providing a national baseline against which policy and institutional interventions can be evaluated.
- **Use national monitoring to identify inequalities in working conditions and outcomes.** Analyse workforce data by career stage, contract type and relevant demographic characteristics, including disability, and ethnicity, to identify differential exposure to psychosocial risks and occupational outcomes. This would support targeted policy responses and assessment of whether inequalities are changing over time.
- **Review the interaction between immigration policy and insecure research employment.** Examine how visa conditions, sponsorship requirements, costs, contract duration, and employment discontinuity affect the security, mobility and retention of international researchers and research professional staff. This should identify where immigration and employment systems interact to create avoidable barriers to sustainable research careers.
- **Assess whether recognition of research professional and research-enabling staff is translating into equitable career outcomes.** Ensure these staff are appropriately represented in workforce monitoring and policy evaluation, with attention to career pathways, progression, recognition, and professional development. This would help translate growing national recognition of these roles into improved employment and career outcomes.
- **Strengthen system-wide accountability for primary prevention of work-related stress.** Use existing HSE frameworks to clarify the responsibilities of government, funders, regulators, sector bodies, and HEIs for addressing structural sources of work-related stress. Progress should be assessed through improvements in working conditions, including Demands, Control, Support, Role clarity, employment security and organisational Change, rather than primarily through the provision or uptake of individual wellbeing services.

Recommendations for Monitoring, Evaluation, and Future Research

- **Establish a shared framework for evaluating organisational responses.** Very few of the initiatives identified in this report have been formally evaluated. Institutions, funders, and sector bodies should agree common indicators (linked to the HSE MSF domains) to assess whether responses are reducing, rather than simply responding to, occupational stress.
- **Repeat national data collection over time.** Periodically re-run the national survey and participatory workshops to track whether wellbeing outcomes and the prevalence of the 12 key drivers improve as organisational responses are scaled, and to identify emerging stressors.
- **Investigate demographic and role-based differences further.** Build on the associations identified here, for disability, ethnicity, contract type, and parental status, with more detailed research into why these groups are disproportionately affected and what targeted responses are most effective.
- **Evaluate the structural, not just the visible, effects of interventions.** Future evaluation should assess whether initiatives (e.g., workload models, consultation exercises, wellbeing services) genuinely change underlying conditions such as workload volume, job security, and decision-making power, rather than only improving staff awareness or satisfaction with the process.

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References

Abraham, V., Meyer, J. C., Mokwena, K. E., & Duncan, E. (2025). Workplace mentalhealth status among academic staff: psychological distress, burnout, and organisational culture at a South African University. *Behavioral Sciences*, 15(10), 1410. https://doi.org/10.3390/bs15101410

ARMA. (2020). *The ARMA survey on research culture 2020* https://arma.ac.uk/wp-content/uploads/2021/03/ARMA-Research-Culture-Survey-2020.pdf

Bamforth, J., Turner, K., Levin, E., Wu, B., Waters, J., & Gallagher, S. (2025). How university management decision making affects academic educators' wellbeing, decision making and ability to change. *The Australian Educational Researcher*, 52(2), 1221-1243. https://doi.org/10.1007/s13384-024-00760-x

Bennett, J., Di Cara, N., & Winstone, L. (2025). Understanding and supporting the mental health and professional quality of life of academic mental health researchers: results from a cross-sectional survey. *BMC Public Health*, 25(1), 632. https://doi.org/10.1186/s12889-025-21823-3

Bolden, R., Gosling, J., O'Brien, A., Peters, K., Ryan, M. K., Haslam, S. A., Longsworth, L., Davidovic, A., & Winklemann, K. (2012). *Academic leadership: Changing conceptions, identities and experiences in UK higher education*. https://hdl.handle.net/10871/15098

Brewster, L., Jones, E., Priestley, M., Wilbraham, S. J., Spanner, L., & Hughes, G. (2022). 'Look after the staff and they would look after the students' cultures of wellbeing and mental health in the university setting. *Journal of Further and Higher Education*, 46(4), 548-560. https://doi.org/10.1080/0309877X.2021.1986473

Bu, F., Steptoe, A., & Fancourt, D. (2020). Loneliness during a strict lockdown: Trajectories and predictors during the COVID-19 pandemic in 38,217 United Kingdom adults. *Social Science and Medicine*, 265, 113521. https://doi.org/10.1016/j.socscimed.2020.113521

Buda, A., & Kovács, K. (2024). The digital aspects of the wellbeing of university teachers. *Frontiers in Education*, 9, 1406141. https://doi.org/10.3389/feduc.2024.1406141

Cadena-Povea, H., Hernández-Martínez, M., Bastidas-Amador, G., & Torres-Andrade, H. (2025). What pushes university professors to burnout? A systematic review of sociodemographic and psychosocial determinants. *International Journal of Environmental Research and Public Health*, 22(8). https://doi.org/10.3390/ijerph22081214

Cao, J., Dai, T., Dong, H., Chen, J., & Fan, Y. (2024). Research on the mechanism of academic stress on occupational burnout in Chinese universities. *Scientific Reports*, 14(1), 12166. https://doi.org/10.1038/s41598-024-62984-2

Castillo- Rosales, M., Araya- Piñones, A., Brito, I., Brunherotti, M. A. d. A., Alfaro- Navarro, V., & Van Niekerk Bakit, N. (2025). Perceptions of educational community members: deployment of a university health promotion policy. *European Journal of Education*, 60(1), e70044. https://doi.org/10.1111/ejed.70044

Chubb, J. A., Weinstein, N., & Haddock, G. (2023). Supported or stressed while being assessed? How motivational climates in UK University workplaces promote or inhibit researcher well-being. *Higher Education Quarterly*, 537-557. https://doi.org/10.1111/hequ.12420

Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior*, 24(4), 385-396. https://doi.org/10.2307/2136404

Concordat Strategy Group. (2019). *The concordat to support the career development of researchers*. R. D. Concordat. https://researcherdevelopmentconcordat.ac.uk/wp-content/uploads/2022/01/Researcher-Development-Concordat_Sept2019-1.pdf

Cousins, R., Mackay, C. J., Clarke, S. D., Kelly, C., Kelly, P. J., & McCaig, R. H. (2004). 'Management Standards' and work-related stress in the UK: Practical development. *Work and Stress*, 18(2), 113-136. https://doi.org/10.1080/02678370410001734322

Cunneen, K. L., Cloarec, T. Y., Eyden, J., Villanueva-Cabello, T., Tout, A., Jutley-Neilson, J., Toro, C., Riva, E., & Tang, N. K. (2026). *Mental health and wellbeing among higher education staff: A participatory desk review* [Manuscript submitted for publication].

Diener, E. (2006). *Understanding scores on the satisfaction with life scale*. https://labs.psychology.illinois.edu/~ediener/Documents/Understanding%20SWLS%20Scores.pdf

Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The Satisfaction With Life Scale. *Journal of Personality Assessment*, 49(1), 71-75. https://doi.org/10.1207/s15327752jpa4901_13

Dollard, M. F. (2019). The PSC-4; a short PSC tool. In *Psychosocial safety climate: A new work stress theory* (pp. 385-409). Springer. https://doi.org/10.1007/978-3-030-20319-1_16

Douglas, V., Pattison, N., Warren, K., & Karanika-Murray, M. (2025). Wellbeing in the higher education sector: A qualitative study of staff perceptions in UK universities. *Journal of Workplace Behavioral Health*, 40(2), 135-158. https://doi.org/10.1080/15555240.2024.2341741

Education Support. (2021). *Supporting staff wellbeing in higher education*. https://eprints.bbk.ac.uk/id/eprint/47038/1/FINALES%20Supporting%20Staff%20Wellbeing%20in%20HE%20Report.pdf

Erickson, M., Hanna, P., & Walker, C. (2021). The UK higher education senior management survey: a statactivist response to managerialist governance. *Studies in Higher Education*, 46(11), 2134-2151. https://doi.org/10.1080/03075079.2020.1712693

European Commission. (2023). *Student and staff mental well-being in European higher education institutions – Analytical report*. https://data.europa.eu/doi/10.2766/933130

Evans, L. (2022). Professors as academic leaders: A 'new wave'critical leadership-informed analysis of doing professorship in the United Kingdom. In A. Blair, D. Evans, & M. Tight (Eds.), *International Perspectives on Leadership in Higher Education*. Emerald Publishing Limited. https://doi.org/10.1108/S1479-362820220000015011

Fitzsimons, S., Boag, L., & Smith, D. S. (2025). Understanding Teacher Educators' Quality of Life: Insights from the PERMA Model. *Applied Research in Quality of Life*, 20(2), 709-730. https://doi.org/10.1007/s11482-025-10435-z

Fontinha, R., Easton, S., & Van Laar, D. (2019). Overtime and quality of working life in academics and nonacademics: The role of perceived work-life balance. *International Journal of Stress Management*, 26(2), 173-183. https://doi.org/10.1037/str0000067

Gander, M., Girardi, A., & Paull, M. (2019). The careers of university professional staff: A systematic literature review. *Career Development International*, 24(7), 597-618. https://doi.org/10.1108/CDI-07-2018-0191

Gegelashvili, N., & Charaia, V. (2024). Factors affecting the well-being of academic staff. *The International Journal of Health, Wellness and Society*, 14(3), 91-113. https://doi.org/10.18848/2156-8960/CGP/v14i03/91-113

Gillespie, N. A., Walsh, M., Winefield, A. H., Dua, J., & Stough, C. (2001). Occupational stress in universities: Staff perceptions of the causes, consequences and moderators of stress. *Work and Stress*, 15(1), 53-72. https://doi.org/10.1080/02678370117944

Guthrie, S., Lichten, C. A., Van Belle, J., Ball, S., Knack, A., & Hofman, J. (2017). *Understanding mental health in the research environment: A rapid evidence assessment* (RR-2022-RS). https://www.rand.org/pubs/research_reports/RR2022.html

Hammoudi Halat, D., Sami, W., Soltani, A., & Malki, A. (2024). Mental health interventions affecting university faculty: a systematic review and meta-analysis. *BMC Public Health*, 24(1), 3040. https://doi.org/10.1186/s12889-024-20402-2

Health and Safety Executive. (2004). *Management Standards for work related stress*. HSE.

Health and Safety Executive. (2025). *Management Standards for work-related stress*. HSE. https://www.hse.gov.uk/stress/standards/

Higher Education Statistics Agency. (2026). *Higher Education Staff Statistics: UK, 2024/25*. HESA. https://www.hesa.ac.uk/news/19-02-2026/sb274-higher-education-staff-statistics

Hinz, A., Mehnert-Theuerkauf, A., Glaesmer, H., Schroeter, M. L., Tibubos, A. N., Petrowski, K., & Friedrich, M. (2025). Changes in life satisfaction over six years in the general population: A longitudinal study with the Satisfaction With Life Scale (SWLS). *PloS One*, 20(1), e0316990. https://doi.org/10.1371/journal.pone.0316990

Ho, Y.-H., Nguyen, C.-H., & Giang, T. T. (2025). Cultivating faculty well-being and engagement through transformational leadership in emerging country. *International Journal of Educational Management*, 39(1), 36-54. https://doi.org/10.1108/IJEM-07-2024-0414

Hughes, G., & Spanner, L. (2019). *The university mental health charter*. https://www.improvingthestudentexperience.com/library/UG_documents/Uni_Mental_Health_Charter_Hughes_and_Spanner.pdf

Hughes, M. E., Waite, L. J., Hawkley, L. C., & Cacioppo, J. T. (2004). A short scale for measuring loneliness in large surveys: Results from two population-based studies. *Research on Aging*, 26(6), 655-672. https://doi.org/10.1177/0164027504268574

Jayman, M., Glazzard, J., & Rose, A. (2022). Tipping point: The staff wellbeing crisis in higher education. *Frontiers in Education*, 7, 929335. https://doi.org/10.3389/feduc.2022.929335

Johnston, A. (2025). Why work-loading in academia doesn't work: A post-92 lecturer's reflection and opinion of the UK higher education issue. *Management in Education*. https://doi.org/10.1177/08920206251389838

Jones, C. S., & Bell, H. (2025). Post-pandemic pressures in UK higher education: a qualitative study of neoliberal impacts on academic staff and the unavoidable truths. *Frontiers in Education*, *Volume 10 - 2025*. https://doi.org/10.3389/feduc.2025.1627959

Kazlauskas, E., Gelezelyte, O., Kvedaraite, M., Ajdukovic, D., Johannesson, K. B., Böttche, M., Bondjers, K., Dragan, M., Figueiredo-Braga, M., Grajewski, P., Anastassiou-Hadjicharalambous, X., Javakhishvili, J. D., Lioupi, C., Lueger-Schuster, B., Mouthaan, J., Bagaric, I. R., Sales, L., Schäfer, I., Soydas, S., … Lotzin, A. (2023). Psychometric properties of the Patient Health Questionnaire-4 (PHQ-4) in 9230 adults across seven European countries: Findings from the ESTSS ADJUST study. *Journal of Affective Disorders*, 335, 18-23. https://doi.org/https://doi.org/10.1016/j.jad.2023.05.007

Kinman, G., & Johnson, S. (2019). Special section on well-being in academic employees. *International Journal of Stress Management*, 26(2), 159-161. https://doi.org/10.1037/str0000131

Kinman, G., & Wray, S. (2020). Well-being in academic employees–a benchmarking approach. In *Handbook of research on stress and well-being in the public sector* (pp. 152-166). Edward Elgar Publishing. https://doi.org/10.4337/9781788970358.00019

Kroenke, K., Spitzer, R. L., & Williams, J. B. (2003). The Patient Health Questionnaire-2: validity of a two-item depression screener. *Medical Care*, 41(11), 1284-1292. https://doi.org/10.1097/01.MLR.0000093487.78664.3C

Kroenke, K., Spitzer, R. L., Williams, J. B., & Löwe, B. (2009). An ultra-brief screening scale for anxiety and depression: the PHQ–4. *Psychosomatics*, 50(6), 613-621. https://doi.org/10.1176/appi.psy.50.6.613

Kroenke, K., Spitzer, R. L., Williams, J. B., Monahan, P. O., & Löwe, B. (2007). Anxiety disorders in primary care: prevalence, impairment, comorbidity, and detection. *Annals of Internal Medicine*, 146(5), 317-325. https://doi.org/10.7326/0003-4819-146-5-200703060-00004

Kyambade, M., Namuddu, R., Mugambwa, J., & Namatovu, A. (2024). I can't express myself at work: encouraging socially responsible leadership and psychological safety in higher education setting. *Cogent Education*, 11(1), 2373560. https://doi.org/10.1080/2331186X.2024.2373560

Lei, M., Alam, G. M., Bashir, K., & Pingping, G. (2024). Does the job performance of academics' influence burnout and psychological counselling? A comparative analysis amongst high-, average-, low-, and non-performers. *BMC Public Health*, 24(1), 1708. https://doi.org/10.1186/s12889-024-19224-z

Livermon, S., Michel, A., Zhang, Y., Petz, K., Toner, E., Rucker, M., Boukhechba, M., Barnes, L. E., & Teachman, B. A. (2025). A mobile intervention to reduce anxiety among university students, faculty, and staff: Mixed methods study on users' experiences. *PLOS Digital Health*, 4(1), e0000601. https://doi.org/10.1371/journal.pdig.0000601

Lokot, M., Pacho, A., Zreik, T., Hassan, R., Abdelmagid, N., & Khan, M. (2026). Navigating power hierarchies in the "field": A qualitative exploration of researcher experiences. *PLOS Global Public Heal*th, 6(3), e0006048. https://doi.org/10.1371/journal.pgph.0006048

Luca, E. J., Boell, S. K., Narayan, B., & Hovorka, D. (2025). The impact of metrics on wellbeing, meaning and purpose in the managerial university. *Scandinavian Journal of Information Systems*, 37(1), 8. https://doi.org/10.17705/3SJIS/037.08

Luu, X., Rathjens, C., Swadling, M., Gresham, B., Hockman, L., Scott-Young, C., Leifels, K., Zadow, A. J., Dollard, M. F., & Kent, L. (2025). How university climate impacts psychosocial safety, psychosocial risk, and mental health among staff in Australian higher education: a qualitative study. *Higher Education*, 90(5), 1273-1290. https://doi.org/10.1007/s10734-024-01376-x

Macfarlane, B., Bolden, R., & Watermeyer, R. (2024). Three perspectives on leadership in higher education: Traditionalist, reformist, pragmatist. *Higher Education*, 88(4), 1381-1402. https://doi.org/10.1007/s10734-023-01174-x

Marques, R. M., Lopes, A., & Magalhães, A. M. (2024). Academic identities and higher education change: Reviewing the evidence. *Educational Research*, 66(2), 228-244. https://doi.org/10.1080/00131881.2024.2334760

Menard, C. B. (2025). The systemic marginalisation of long-term casualised researchers in UK higher education. *Frontiers in Sociology, Volume 10 - 2025*. https://doi.org/10.3389/fsoc.2025.1626458

Moran, H., Karlin, L., Lauchlan, E., Rappaport, S. J., Bleasdale, B., Wild, L., & Dorr, J. (2020). Understanding Research Culture: What researchers think about the culture they work in [version 1; peer review: 1 approved, 1 approved with reservations]. *Wellcome Open Research*, *5*. https://doi.org/10.12688/wellcomeopenres.15832.1

Morrish, L. (2019). Pressure vessels: The epidemic of poor mental health among higher education staff (Occasional Paper 20). *Higher Education Policy Institute*. https://www.hepi.ac.uk/reports/pressure-vessels-the-epidemic-of-poor-mental-health-among-higher-education-staff/

Morrish, L., & Priaulx, N. (2020). Pressure Vessels II: An update on mental health among higher education staff in the UK (Policy Note 23). *Higher Education Policy Institute*. https://www.hepi.ac.uk/reports/pressure-vessels-ii-an-update-on-mental-health-among-higher-education-staff-in-the-uk/

Morrish, N., Spencer, A., & Medina-Lara, A. (2025). How loneliness relates to health, wellbeing, quality of life, and healthcare resource utilisation and costs across multiple age groups in the UK. *PloS One*, 20(9), e0327671. https://doi.org/10.1371/journal.pone.0327671

Ng Fat, L., Scholes, S., Boniface, S., Mindell, J., & Stewart-Brown, S. (2017). Evaluating and establishing national norms for mental wellbeing using the short Warwick–Edinburgh Mental Well-being Scale (SWEMWBS): findings from the Health Survey for England. *Quality of life Research*, 26(5), 1129-1144. https://doi.org/10.1007/s11136-016-1454-8

Nicholls, H. (2023). *"We need to take care of our researchers": a qualitative exploration of the occupational mental health experiences and support needs of UK academic researchers UCL* (University College London)]. https://discovery.ucl.ac.uk/id/eprint/10191546/1/Nicholls_10191546_thesis.pdf

Nicholls, H., Nicholls, M., Tekin, S., Lamb, D., & Billings, J. (2022). The impact of working in academia on researchers' mental health and well-being: A systematic review and qualitative meta-synthesis. *PloS One*, 17(5), e0268890. https://doi.org/10.1371/journal.pone.0268890

Nwako, Z., Grieve, T., Mitchell, R., Paulson, J., Saeed, T., Shanks, K., & Wilder, R. (2023). Doing harm: the impact of UK's GCRF cuts on research ethics, partnerships and governance. *Global Social Challenges Journal*, 2(2), 64-85. https://doi.org/10.1332/GJSZ3052

O'Brien, J. (2026). *The 2026 Reckoning: Financial sustainability, solvency risk, and policy options for UK higher education*. Justin O'Brien (self-published). https://zenodo.org/records/18876752

Ohadomere, O., & Ogamba, I. K. (2021). Management-led interventions for workplace stress and mental health of academic staff in higher education: a systematic review. *The Journal of Mental Health Training, Education and Practice*, 16(1), 67-82. https://doi.org/10.1108/JMHTEP-07-2020-0048

Oreg, S., Vakola, M., & Armenakis, A. (2011). Change recipients' reactions to organizational change: A 60-year review of quantitative studies. *The Journal of Applied Behavioral Science*, 47(4), 461-524. https://doi.org/10.1177/0021886310396550

Postmes, T., Haslam, S. A., & Jans, L. (2013). A single-item measure of social identification: reliability, validity, and utility. *The British Journal of Social Psychology*, 52(4), 597-617. https://doi.org/10.1111/bjso.12006

Qassim, A. (2024). Gender-based variation in stress, coping strategies and emotional wellbeing among academic staff in public Saudi universities. *International Journal of Industrial Engineering and Production Research*, 35(1), 1-25. https://doi.org/10.22068/ijiepr.35.1.1983

Rahman, M. A., Das, P., Lam, L., Alif, S. M., Sultana, F., Salehin, M., Banik, B., Joseph, B., Parul, P., & Lewis, A. (2024). Health and wellbeing of staff working at higher education institutions globally during the post-COVID-19 pandemic period: evidence from a cross-sectional study. *BMC Public Health*, 24(1), 1848. https://doi.org/10.1186/s12889-024-19365-1

Ren, X., & Evans, C. (2026). Hidden labour, visible strain: coping with emotional demands and limited job resources in supporting non-traditional students. *Educational Review*, 1-25. https://doi.org/10.1080/00131911.2026.2640083

Saloniki, E.-C., Halvorsrud, K., Whelan, I., Halim, N., George, R., & Orkin, C. (2024). Staff disability data in UK higher education: Evidence from EDI reports. *Medical Humanities*, 50(3), 555-560. https://doi.org/10.1136/medhum-2024-012892

Sarpong, D. A.-A., Kamil, N. M., Nkansah, D., Okyere-Kwakye, E., Aniah, E., & Amankwah, N. Y. (2025). The moderating role of transformational leadership on the relationship between perceived organisational politics and employee well-being. *International Journal of Ethics and Systems*. https://doi.org/10.1108/ijoes-09-2024-0296

Sharan, M., Karoune, E., Hellon, V., Van Praag, C. G., Kayumbi, G., Bennett, A., Alvarez, A. A., Steele, A. L., Batchelor, S., & Lacey, A. (2024). Professionalising community management roles in interdisciplinary research projects. *arXiv preprint arXiv:2409.00108*. https://doi.org/10.48550/arXiv.2409.00108

Sim, E., & Bierema, L. L. (2026). Intersectional precarity in academia: A systematic literature review. Equality, Diversity and Inclusion: *An International Journal*, 45(1), 162-180. https://doi.org/10.1108/EDI-09-2023-0306

Solomon, S., & Du Plessis, M. (2023). Experiences of precarious work within higher education institutions: A qualitative evidence synthesis. *Frontiers in Education*, 8, 960649. https://doi.org/10.3389/feduc.2023.960649

Spector, P. E., & Jex, S. M. (1998). Development of four self-report measures of job stressors and strain: Interpersonal Conflict at Work Scale, Organizational Constraints Scale, Quantitative Workload Inventory, and Physical Symptoms Inventory. *Journal of Occupational Health Psychology*, 3(4), 356-367. https://doi.org/10.1037//1076-8998.3.4.356

Sterling, M., Blaj-Ward, L., Simpson, R., & Crawford, K. (2023). *Redeveloping academic career frameworks for twenty-first century higher education.* Springer. https://doi.org/10.1007/978-3-031-41126-7

Stewart-Brown, S., Tennant, A., Tennant, R., Platt, S., Parkinson, J., & Weich, S. (2009). Internal construct validity of the Warwick-Edinburgh mental well-being scale (WEMWBS): a Rasch analysis using data from the Scottish health education population survey. *Health and Quality of Life Outcomes*, 7(1), 15. https://doi.org/10.1186/1477-7525-7-15

Student Minds. (2021). *University Mental Health Charter Programme*. Retrieved August 5 from https://hub.studentminds.org.uk/university-mental-health-charter/

Tytherleigh, M. Y., Webb, C., Cooper, C. L., & Ricketts, C. (2007). Occupational stress in UK higher education institutions: A comparative study of all staff categories. *Higher Education Research & Development*, 24(1), 41-61. https://doi.org/10.1080/07294360520003185 69

Universities and Colleges Employers Association. (2026). *UCEA Annual Health and Safety Report for 2025*. Universities and Colleges Employers Association (UCEA). https://www.ucea.ac.uk/library/publications/ucea-annual-hands-report-2025/#

Universities and Colleges Employers Association (UCEA). (2021). *Case studies of HEIs' approaches to staff mental wellbeing*. UCEA. Retrieved August 5 from https://www.ucea.ac.uk/our-work/mental-health-and-wellbeing-resources/mental-health-case-studies/

University and College Union. (2016). *Workload is an education issue: UCU workload survey report 2016*. https://www.ucu.org.uk/media/8196/Executive-summary-Workload-is-an-education-issue-UCU-workload-survey-report-2016/pdf/ucu_workloadsurvey_summary_jun16.pdf

University and College Union. (2022). *University & college staff do two days unpaid work every week*. Retrieved August 03 from https://www.ucu.org.uk/article/12347/University--college-staff-do-two-days-unpaid-work-every-week

Upsher, R., Prabhakar, S., Damjanovic, T., Conner, S., Ward, J., Rakow, K., Waqar, L., Lawson, H., & Byrom, N. (2025). Aligning interventions with the University Mental Health Charter: A stratified review of reviews of mental health and wellbeing interventions for higher education students. *Educational Research Review*, 49, 100716. https://doi.org/https://doi.org/10.1016/j.edurev.2025.100716

Urbina- Garcia, A. (2020). What do we know about university academics' mental health? A systematic literature review. *Stress and Health*, 36(5), 563-585. https://doi.org/10.1002/smi.2956

Vere, K., Verney, C., & Webster-Deakin, T. (2024). Crossing and dismantling boundaries: recognising the value of professional staff within higher education. *London Review of Education*, 22(1), 1-17. https://doi.org/10.14324/LRE.22.1.29

Verster, J. C., Išerić, E., Ulijn, G. A., Oskam, S. M. P., & Garssen, J. (2024). Single-Item assessment of quality of life: Associations with well-Being, mood, health correlates, and lifestyle. J*ournal of Clinical Medicine*, 13(17), 5217. https://doi.org/10.3390/jcm13175217

Warttig, S. L., Forshaw, M. J., South, J., & White, A. K. (2013). New, normative, English-sample data for the short form perceived stress scale (PSS-4). *Journal of Health Psychology*, 18(12), 1617-1628. https://doi.org/10.1177/1359105313508346

Weinstein, N., Haddock, G., Chubb, J., Wilsdon, J., & Manville, C. (2023). Supported or stressed while being assessed? How motivational climates in UK University workplaces promote or inhibit researcher well- being. *Higher Education Quarterly*, 77(3), 537-557. https://doi.org/10.1111/hequ.12420

Wellcome Trust. (2020). *What researchers think about the culture they work in*. https://wellcome.org/insights/reports/what-researchers-think-about-research-culture

Whitchurch, C. (2015). The rise of third space professionals: Paradoxes and dilemmas. In *Forming, recruiting and managing the academic profession* (pp. 79-99). Springer. https://doi.org/10.1007/978-3-319-16080-1_5

Willson, R., Stewart-Robertson, O., Julien, H., & Given, L. M. (2026). Academic casualisation and precarity: a scoping review. *Higher Education Research & Development*, 45(4), 1165-1187. https://doi.org/10.1080/07294360.2025.2573983

Wilmot, A.-M. (2025). Senior lecturers' feelings about their college leaders' treatment of their wellbeing: Implications for leadership readiness. *Power and Education*, 17(2), 193-215. https://doi.org/10.1177/17577438241312609

Winefield, T., Boyd, C., Saebel, J., & Pignata, S. (2008). Update on national university stress study. *The Australian Universities' Review*, 50(1), 20-29. https://files.eric.ed.gov/fulltext/EJ802279.pdf

Zschomler, S., McQuaid, K., & Mannell, J. (2026). Researcher wellbeing: co-developing a toolkit to mitigate against vicarious trauma across the UK research sector. *Journal of Gender-Based Violence*, 10(2), 307-318. https://doi.org/10.1332/23986808Y2025D000000107

Appendix

Table 1. Institutional Coverage by UK Nation Compared to HESA 2024/25 Staff Record

Institutional Coverage

Nation	Distinct Institutions	Participants (*n*)	% of Sample	HESA HE Providers	Institutional Coverage
England	69	337	62.9%	197	35.0%
Scotland	11	28	5.2%	18	61.1%
Wales	3	10	1.9%	9	33.3%
Northern Ireland	2	7	1.3%	4	50.0%
Unknown / unclassified	-	154	28.7%	-	-
Total	**85**	**536**	**100%**	**228**	**37.3%**

Table 2. Frequencies and Chi-square/t-test Results for Demographic Characteristics of Participants (*N* = 536)

Variable	Total Sample *N* = 536	Researcher *n* = 386 (72.0%)	Research Professional *n* = 81 (15.1%)	χ^2 /t
Job Role				
Researcher	386 (72.0)	-	-	
Research Professional	81 (15.1)	-	-	
Missing / prefer not to say	69 (12.9)	-	-	
Age				***t* = -2.96****
Mean	41.36	40.7	44.5	
SD	10.61	10.5	10.6	
Range	23–74	23–74	24–70	
Missing information	71 (13.2)	9 (2.3)	1 (1.2)	
Gender				**Fisher's exact, *p* = .80**
Female	329 (61.4)	263 (68.1)	59 (72.8)	
Male	134 (25.0)	113 (29.3)	20 (24.7)	
Other	7 (1.3)	6 (1.6)	1 (1.2)	
Missing information	66 (12.3)	4 (1.0)	1 (1.2)	
Ethnicity				**χ^2 = 5.06**
White	358 (66.8)	283 (73.3)	69 (85.2)	
Asian	54 (10.1)	48 (12.4)	6 (7.4)	
Black	13 (2.4)	11 (2.8)	2 (2.5)	
Mixed	20 (3.7)	17 (4.4)	3 (3.7)	
Other	21 (3.9)	20 (5.2)	1 (1.2)	
Missing information	70 (13.1)	7 (1.8)	0 (0.0)	
UK Nation (Institution Location)				**Fisher's exact, p = .007**
England	337 (66.9)	289 (74.9)	45 (55.6)	
Scotland	28 (5.2)	17 (4.4)	11 (13.6)	
Wales	10 (1.9)	8 (2.1)	1 (1.2)	
Northern Ireland	7 (1.3)	6 (1.6)	1 (1.2)	
Missing information	154 (28.7)	66 (17.1)	23 (28.4)	
Disability				**χ^2 = 3.37**
No	320 (59.7)	269 (69.7)	47 (58.0)	
Yes	136 (25.4)	103 (26.7)	30 (37.0)	
Missing information	80 (14.9)	14 (3.6)	4 (4.9)	
Disability Type				**Fisher's exact, *p* = .48**
Mental health condition/illness	47 (34.6)	34 (33.0)	13 (43.3)	
Physical condition/illness	43 (31.6)	35 (34.0)	6 (20.0)	
Combination (mental and physical)	40 (29.4)	31 (30.1)	9 (30.0)	
Not sure	1 (0.7)	1 (1.0)	0 (0.0)	
Missing (Disability Type)	5 (3.7)	2 (1.9)	2 (6.7)	
Contract Type				**Fisher's exact, *p* < .001**
FT fixed-term	193 (36.0)	174 (45.1)	17 (21.0)	
PT fixed-term	57 (10.6)	49 (12.7)	7 (8.6)	
FT permanent	158 (29.5)	109 (28.2)	47 (58.0)	
PT permanent	38 (7.1)	31 (8.0)	7 (8.6)	
Other	21 (3.9)	19 (4.9)	2 (2.5)	
Missing information	69 (12.9)	4 (1.0)	1 (1.2)	
Parental Status				**Fisher's exact, *p* = .337**
Not a parent/caregiver	271 (50.6)	226 (58.5)	41 (50.6)	
Pregnant/expecting	6 (1.1)	6 (1.6)	0 (0.0)	
Parent/caregiver	189 (35.3)	150 (38.9)	37 (45.7)	
Missing information	70 (13.1)	4 (1.0)	3 (3.7)	

** $p < .01$.

Note. Percentages are column percentages and may not sum to 100 due to rounding and missing data. Gold-shaded rows denote each demographic category and its associated significance test.

Table 3. Descriptive Statistics and Comparisons of Wellbeing, Mental Health, and Occupational Continuous Outcomes: Full Sample, Researchers, and Research Professionals

Outcome	Full Sample *M (SD)*	Researcher *M (SD)*	Research Professional *M (SD)*	*t*	df	*p*	*p*_adj
Wellbeing and mental health outcomes							
Mental wellbeing (SWEMWBS)	20.48 (3.55)	20.51 (3.69)	20.43 (2.85)	0.20	128.2	.841	.952
Quality of life	6.40 (1.88)	6.43 (1.90)	6.36 (1.62)	0.35	117.4	.727	.952
Life satisfaction (SWLS)	21.68 (6.84)	21.82 (6.94)	21.10 (6.30)	0.88	111.9	.383	.952
Anxiety/depression (PHQ-4)	4.10 (2.98)	4.11 (2.96)	4.14 (3.22)	-0.06	99.2	.952	.952
Depression (PHQ-2)	1.73 (1.54)	1.73 (1.53)	1.78 (1.58)	-0.27	102.4	.788	.952
Anxiety (GAD-2)	2.38 (1.73)	2.39 (1.70)	2.36 (1.92)	0.12	97.0	.902	.952
Perceived stress (PSS-4)	7.32 (3.06)	7.26 (3.10)	7.58 (2.92)	-0.84	108.9	.405	.952
Loneliness (UCLA-3)	5.40 (1.85)	5.42 (1.85)	5.27 (1.75)	0.63	109.1	.527	.952
Social identification	4.08 (1.76)	4.06 (1.77)	4.18 (1.73)	-0.51	105.9	.611	.952
Physical symptoms (PSI-12)	12.30 (7.04)	12.12 (6.88)	13.24 (7.93)	-1.11	94.7	.269	.952
Occupational outcomes							
No time to take leave	3.01 (1.32)	3.03 (1.35)	2.82 (1.15)	1.39	113.5	.167	.218
Pressured to work during leave	3.01 (1.36)	3.02 (1.37)	2.82 (1.26)	1.24	107.4	.218	.218

Note: The *t*, *df*, *p*, and *p*_adj columns refer to the independent-samples t-test comparison between researchers and research professionals only (Welch's correction for unequal variances). *p*_adj = Benjamini-Hochberg adjusted p-value, calculated separately within each outcome family: across the 10 wellbeing/mental health outcomes, and across the 2 occupational (annual leave) outcomes.

Table 4. Proportions, Odds Ratios, and Chi-Square Comparisons for Binary Occupational Outcomes: Full Sample, Researchers, and Research Professionals

Outcome	Full Sample % (n/*N*)	Researcher % (*n*/*N*)	Research Professional % (n/*N*)	*OR* [95% CI]	χ^2	df	*p*	*p*_adj
Considered sickness absence	40.3 (167/414)	35.3 (119/337)	62.0 (44/71)	2.99 [1.76, 5.07]	16.28	1	< .001	.001
Taken sickness absence	16.7 (69/413)	14.5 (49/337)	25.7 (18/70)	2.03 [1.10, 3.77]	4.48	1	.034	.060
Considered wellbeing services	31.1 (128/411)	28.3 (95/336)	44.9 (31/69)	2.07 [1.22, 3.52]	6.65	1	.010	.035
Used wellbeing services	18.0 (74/411)	16.4 (55/336)	27.1 (19/70)	1.90 [1.04, 3.47]	3.82	1	.051	.071
Annual leave untaken (work pressure)	55.2 (224/406)	56.0 (186/332)	51.5 (35/68)	0.83 [0.49, 1.40]	0.31	1	.580	.676
Considered leaving their current role	44.7 (181/405)	41.7 (138/331)	58.0 (40/69)	1.93 [1.14, 3.26]	5.49	1	.019	.045
Considered leaving academia	52.5 (212/404)	52.7 (174/330)	50.7 (35/69)	0.92 [0.55, 1.55]	0.03	1	.865	.865

Note: 95% CIs for the Full Sample column calculated using the Wilson score method. *OR* = odds ratio (Research Professional relative to Researcher reference category), with 95% confidence interval calculated using the Wald method. *OR*, χ^2, *df*, *p*, and *p*_adj columns refer to the comparison between researchers and research professionals only. *p*_adj = Benjamini-Hochberg adjusted p-value across the 7 binary outcome comparisons.

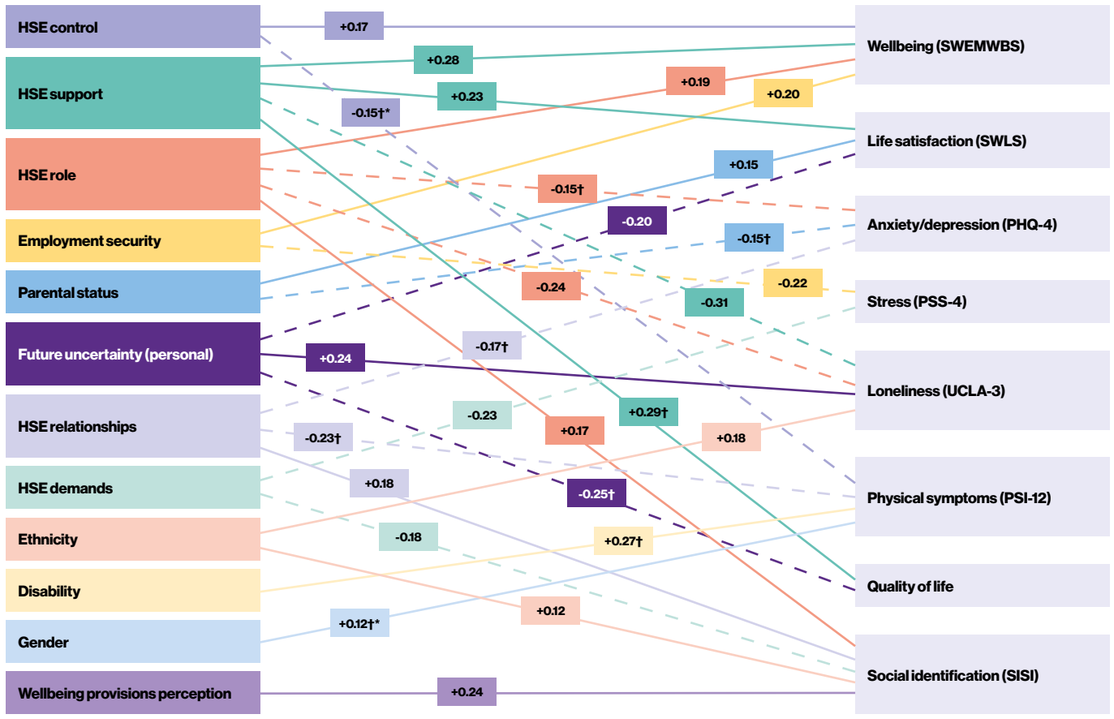
Table 5. Statistically Significant Moderator Main Effects on Wellbeing Outcomes

Outcome	Moderator	Group	*M*	*SE*	95% CI	*F*(*df*1, *df*2)	*p*	*p* adj	partial χ^2[95% CI]
Physical Symptoms (PSI-12)	Disability	No disability	10.80	0.55	[9.68, 11.90]	40.76 (1, 398)	< .001	< .001*	.093 [.049, .146]
		Disability	16.50	0.75	[14.99, 17.90]				
	Gender	Male	11.10	0.89	[9.37, 12.90]	11.95 (1, 403)	< .001	.008*	.029 [.007, .066]
		Female	13.20	0.53	[12.20, 14.30]				
Loneliness (UCLA-3)	Ethnicity	White	5.16	0.13	[4.91, 5.40]	17.70 (1, 407)	< .001	.001*	.042 [.014, .084]
		Ethnically minoritised	6.28	0.30	[5.69, 6.87]				
	Disability	No disability	5.07	0.15	[4.78, 5.36]	10.20 (1, 399)	.002	.015*	.025 [.005, .062]
		Disability	5.73	0.20	[5.35, 6.12]				
Life Satisfaction (SWLS)	Parental Status	Not a parent/caregiver	20.40	0.59	[19.30, 21.60]	9.24 (1, 413)	.003	.020*	.022 [.004, .057]
		Parent/caregiver	22.90	0.64	[21.60, 24.10]				
Anxiety/ Depression (PHQ-4)	Parental Status	Not a parent/caregiver	4.45	0.26	[3.93, 4.97]	8.56 (1, 415)	.004	.024*	.020 [.003, .054]
		Parent/caregiver	3.67	0.28	[3.11, 4.23]				

Note. *p*_adj = Benjamini-Hochberg adjusted p-value.

Figure 10: Significant predictors of wellbeing and mental health outcomes

Note: Standardized effects (*β*) — links shown are BH-adjusted $p < .05$, or (†) confirmed via 1000-repeat bootstrap 95% CI excluding zero. HSE = Health and Safety Executive Stress Indicator Tool; SWEMWBS = Short Warwick-Edinburgh Mental Wellbeing Scale; SWLS = Satisfaction with Life Scale; PHQ-4 = Patient Health Questionnaire-4 (anxiety/depression); PSS-4 = Perceived Stress Scale; UCLA-3 = UCLA Loneliness Scale (3-item); SISI = Single-Item Social Identification measure; PSI-12 = Physical Symptoms Inventory (12-item). Categorical predictors were coded as follows: Ethnicity (0 = White, 1 = Ethnically minoritised); Disability (0 = No, 1 = Yes); Gender (0 = Male, 1 = Female); Parental status (0 = Not a parent/caregiver, 1 = Parent/caregiver).



— positive association ($\beta > 0$)

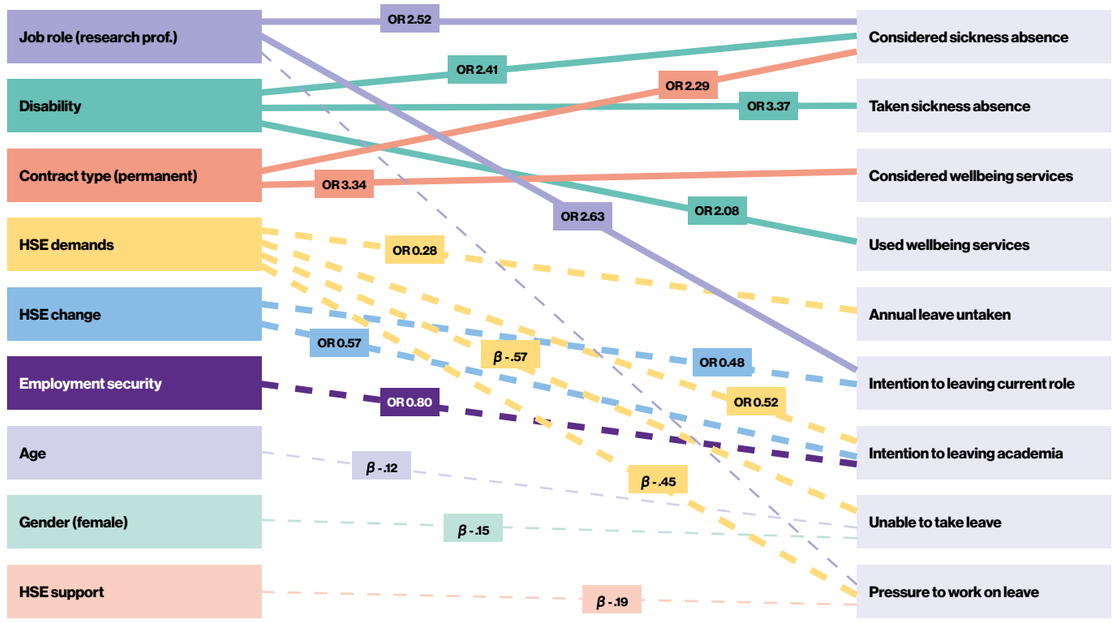
– – negative association ($\beta < 0$)

† significance confirmed via bootstrapping (PHQ-4, PSI-12, QoL models)

* bootstrapping only—exploratory for PSI-12

Figure 11: Significant predictors of occupational outcomes

Note: Only relationships significant at $p_adj < .05$ ($p < .05$ for the two continuous outcomes) are shown. Values are odds ratios (*OR*) for binary outcomes and standardized beta coefficients (*β*) for continuous outcomes. Each predictor has its own colour; solid lines indicate a positive effect, dashed lines a negative effect; line thickness reflects relative effect size. HSE = Health and Safety Executive Stress Indicator Tool. Categorical predictors were coded as follows: Job role (0 = Researcher, 1 = Research Professional); Gender (0 = Male, 1 = Female); Ethnicity (0 = White, 1 = Ethnically minoritised); Disability (0 = No, 1 = Yes); Contract type (0 = Fixed-term, 1 = Permanent); Parental/caregiver status (0 = No, 1 = Yes). All binary outcomes coded 0 = No, 1 = Yes.





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