EXPLORING CAREER EXPERIENCES IN HEALTH SERVICES RESEARCH

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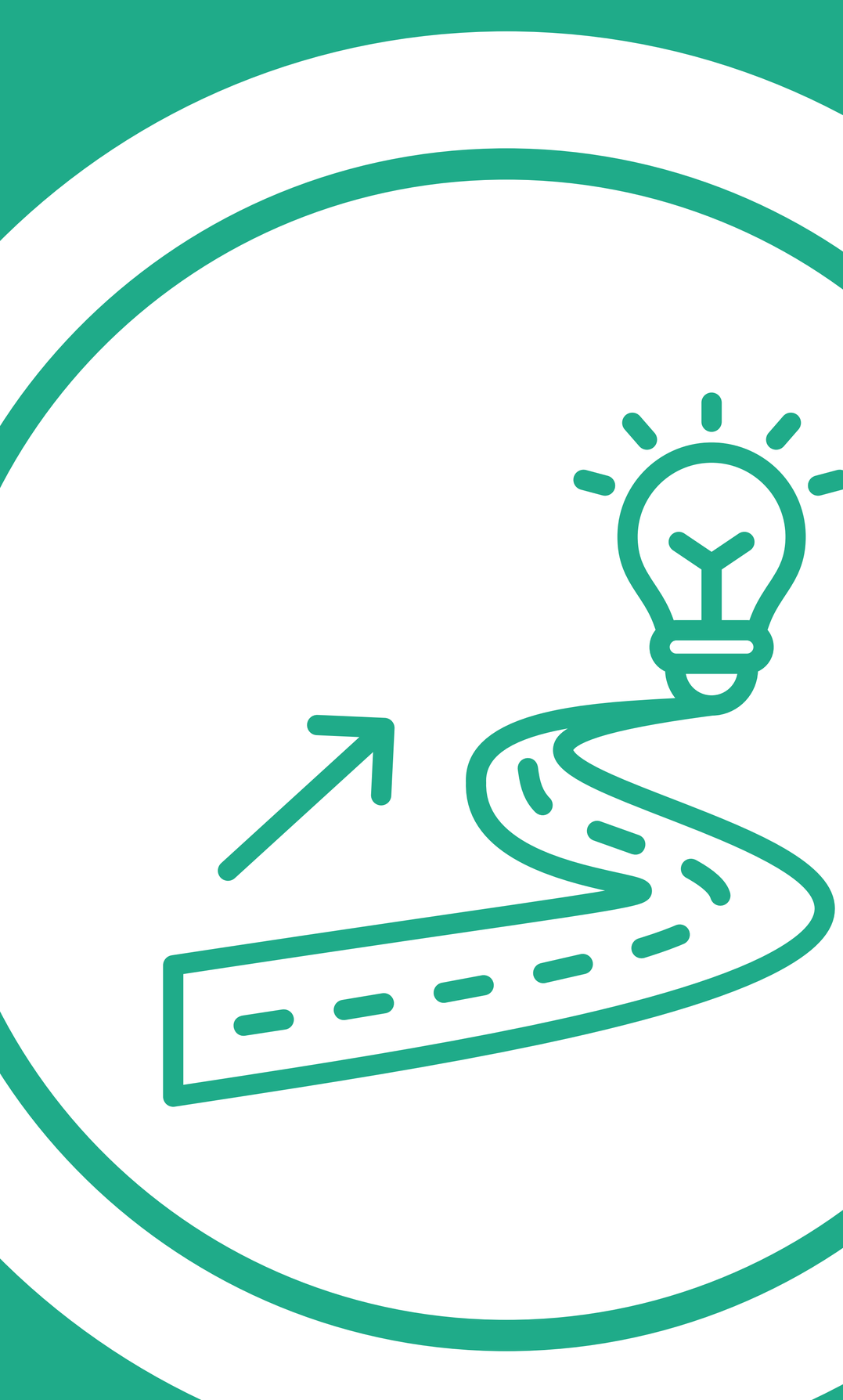

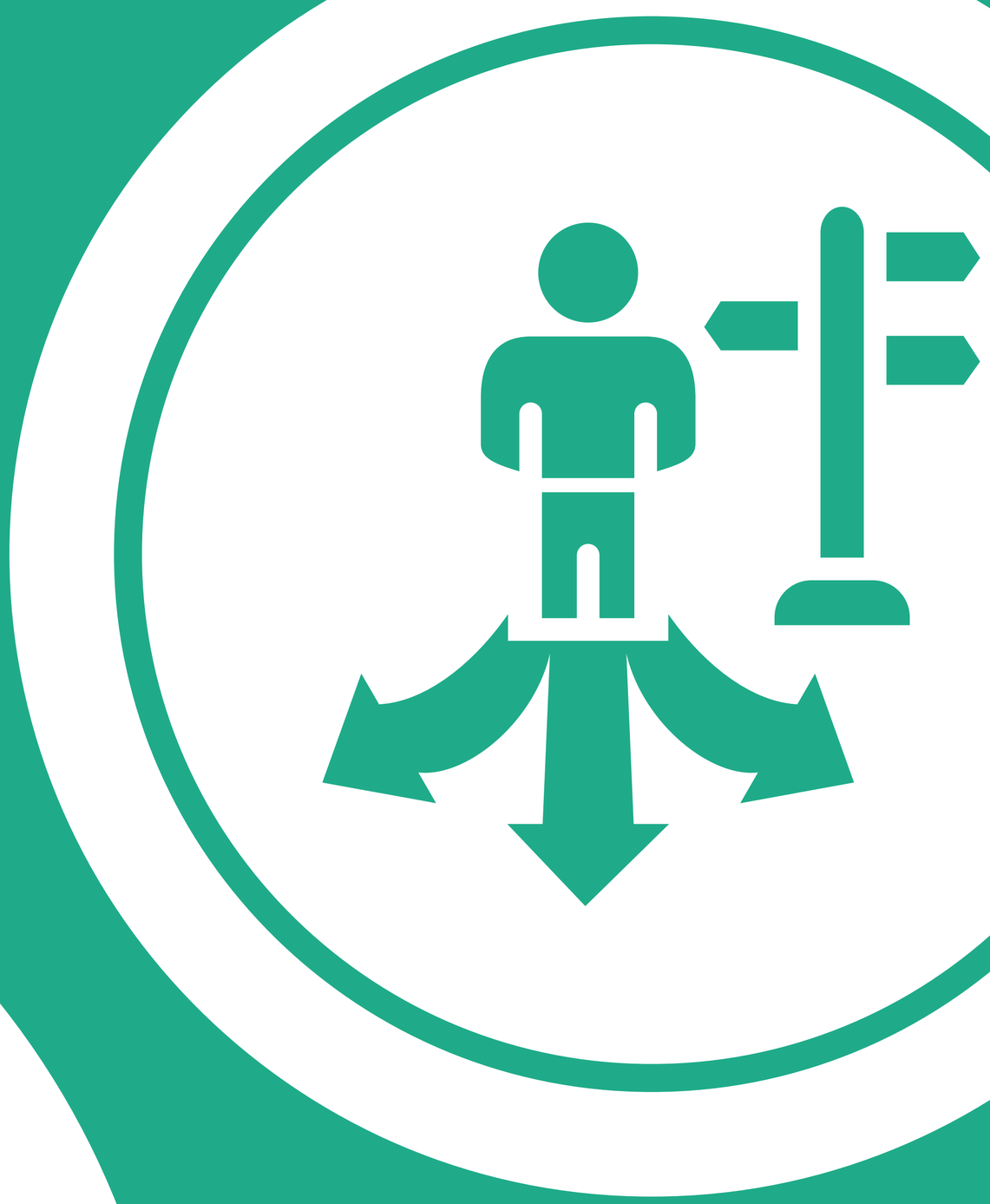

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www.health.org.uk

HSR UK is committed to supporting and improving careers in health services research. To find out more and see how you can get involved, contact us at info@hsruk.org or visit hsruk.org.

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CONTENTS

EXECUTIVE SUMMARY 3

INTRODUCTION 8

METHODS 10

Literature review 10

Survey 11

Interviews 12

FINDINGS 13

Literature review 13

Survey 20

Interviews 38

DISCUSSION 47

What the findings mean 47

Implications for equity and inclusion 47

What needs to change 48

Sense checking: findings from our Stakeholder Workshop 48

A new way of thinking: tacit researcher knowledge 49

Next steps for HSR UK 49

REFERENCES 51

APPENDICES 54

EXECUTIVE SUMMARY

WHY THIS MATTERS

Health Services and Social Care Research (HSR) helps us to understand how to make social care and health services more accessible, high quality and equitable. Pathways in HSR careers however, are often precarious and unequal, and risk the loss of talent. The research undertaken for this report provides clear and triangulated evidence of the barriers and facilitators shaping HSR careers and sets out actionable steps for HSR UK and the wider community to improve HSR career experiences and opportunities.

WHAT WE DID

We conducted a mixed-methods programme of activities:

1. **A literature review of 32 sources spanning HSR and adjacent disciplines**
2. **A national survey of 248 respondents across academic, NHS and third sector roles, exploring employment contracts, satisfaction, stigma, support and progression**
3. **18 in-depth qualitative interviews with early, mid and senior-career HSR professionals across sectors to explore more detailed lived experiences**

HEADLINE MESSAGES

- **Contract precarity is systemic and reduces career satisfaction and progression, particularly in universities**
- **Funding shortfalls between contracts force individuals to rely on family/partner income, unpaid roles or secondary employment to remain in research**
- **Mentoring and networking opportunities facilitate careers, but access is often inconsistent and informal**
- **Inequities impacting careers include gendered care giving responsibilities, disability needs and classed "norms" (such as accents and individual background)**
- **Roles spanning NHS and academia are valued but can cause fragmented career identities**
- **The sector currently relies too heavily on the personal resilience of individuals; without structural reform, this will continue to foster inequal opportunities**

WHAT THE DATA SHOW

Career Satisfaction: survey respondents on non-permanent contracts reported slightly lower career satisfaction than those on permanent contracts (65% vs 74% satisfied), though the difference was modest and not statistically significant. However, non-permanent staff were more likely to say they are “neither satisfied nor dissatisfied,” which may signal uncertainty or mixed feelings about career progression.

Barriers to Career Progression: lack of funding opportunities, fixed-term employment contracts, gender and disability biases and working environments, including working remotely

Facilitators for Career Progression: family support, individual characteristics like resilience, proactive mentors/supervisors, supportive organisational cultures and formal and informal opportunities to network.

54% of survey respondents reported experiences of stigma

> I couldn't have taken the reduction in pay to do the PhD scholarship had I not at the time been living with somebody... who was secure in his employment
>
> Senior Research Fellow, University

INTEGRATED ANALYSIS

Across the literature, survey and interviews, we identified 8 integrated themes:

1. Job security & contract precarity (dominant cross-source theme)
2. Funding gaps & bridge support (especially relevant for early to mid career transitions)
3. Mentoring & networks (high impact, uneven access, minimal incentivisation)
4. Organisational support & culture (protected research time, inclusive leadership)
5. Gender, disability & caregiving bias (variable but consequential)
6. Socio-economic inclusion (working-class researchers face cultural & financial barriers)
7. Personal resilience (necessary but inequitable to rely on)
8. NHS & academia interface (identity & belonging challenges; opportunity for co-design)

IMPLICATIONS FOR THE HSR COMMUNITY & CAREERS

Talent loss risk: Without structural reforms, HSR will continue to under-recruit and under-retain diverse researchers, constraining innovation, relevance and the diversity of research perspectives needed to address the needs of underserved communities.

Survey Respondents Ethnic Groups

5% Asian or Asian British

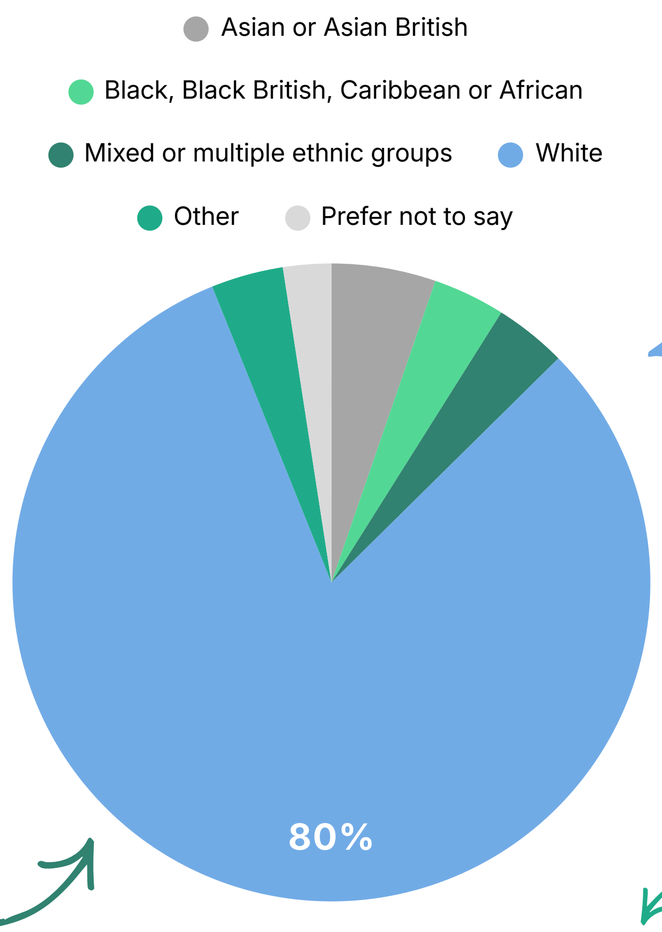
4% Black, Black British, Caribbean or African

4% Mixed or multiple ethnic groups

80% White

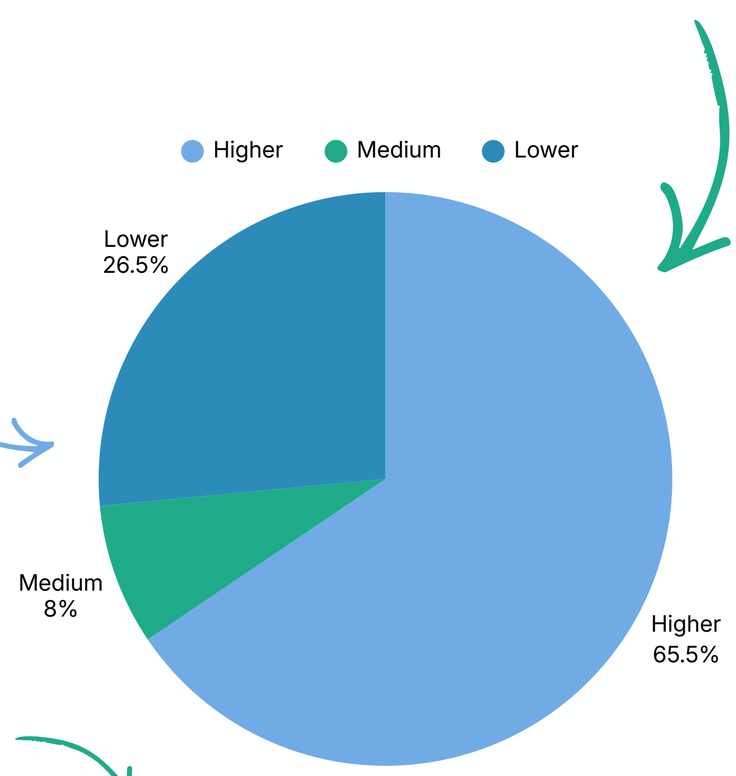
4% Other

2% prefer not to say



Statistics from our survey

Nearly two-thirds of survey respondents reported coming from a socio-economic background typically classified as "higher"



Quotes from our interviews

I always have to work twice as hard... as colleagues. You're always having to prove yourself

Evidence & Evaluation Lead, NHS

I'm very aware of my accent... taking my Northern working class accent into some academic arenas feels scary

Senior Research Assistant, University

Equity and excellence are linked: inclusive career infrastructures that foster mentoring and bridge-funding opportunities and protected time will improve the quality and relevance of research, not just fairness.

Culture change is possible: incentivising mentorship, valuing diverse research methods and normalising flexible career pathways are feasible if cultural and organisational norms and practices are challenged.

Reliance on personal resilience is inequitable: researchers who are resilient and determined may progress in current career frameworks, but resilience is not an equal resource; it depends heavily on individuals' financial security and personal circumstances.

SENSE CHECKING: FINDINGS FROM OUR STAKEHOLDER WORKSHOP

As part of our project activities, we convened a stakeholder workshop on the 13 January 2026 to sense-check the emerging findings and ensure they aligned with real-world experiences from across sectors, roles and career stages. Participants included health services researchers from various employers acorss early, middle and senior level career stages. Their reflections confirmed key themes around employment precarity, barriers to accessing mentoring and networks, inequities around class, disability, neurodiversity and caring roles and the unsustainability and inequity of relying upon individual resilience.

A NEW WAY OF THINKING: TACIT RESEARCHER KNOWLEDGE

Stakeholders also identified the value of tacit researcher knowledge, which included informal knowledge of the unwritten rules and hidden expectations that often shape HSR careers. Key insights included:

- **Insider information is unevenly distributed:** those without stronger academic networks or senior champions may feel disadvantaged in understanding career navigation, funding timelines and promotion opportunities.
- **Line managers and supervisors act as gatekeepers:** access to insider knowledge depends heavily on individuals in leadership positions, rather than formal organisational processes.
- **Tacit knowledge may reinforce existing inequities:** working-class, disabled, neurodivergent and non-academic sector researchers may be less able to access informal networks where this knowledge circulates.

WHAT NEEDS TO CHANGE

Make HSR Careers Stable

Reduce reliance on short-term contracts and create clearer, more predictable career pathways.

Fix Funding Gaps

Ensure smoother funding continuity, especially during high-risk transitions such as post-PhD and early career stages

Make Mentoring Fair and Accessible

Provide equitable, incentivised mentoring so support isn't left to luck or informal networks.

Tackle Inequalities Structurally

Embed disability adjustments, caring-friendly policies and support for those without financial safety nets

Build Healthy, Inclusive Cultures

Prioritise inclusive leadership, protected research time and recognition of diverse contributions across sectors and methods

Strengthen Belonging Across Sectors

Create better structures for researchers navigating NHS-academic roles, and strengthen links with third sector organisations.

HSR UK'S NEXT STEPS

HSR UK will now focus on identifying what works in practice to build more inclusive, sustainable HSR career pathways. Phase Two will:

- **Explore how to make tacit knowledge visible – clarifying the "unwritten rules" of research careers.**
- **Explore line-manager support – identify how we can support consistent, equitable management.**
- **Explore how we can support accessible networking models – especially for carers, disabled and neurodivergent researchers.**
- **Deepen our understanding of disability and neurodiversity – including disclosure and adjustments.**
- **Improve our support beyond universities – continue to explore the needs across NHS, charity and mixed-role settings.**
- **Continue to explore what works through case studies, fieldwork and stakeholder engagement, and share practical guidance, including at the HSR UK Annual Conference.**

SUMMARY TABLE OF KEY THEMATIC FINDINGS

The below table outlines the key findings of the themes identified from the literature review, survey and interviews.

Theme	Literature Review	Survey	Interviews
Job security & contracts	Fixed-term and precarious contracts are a persistent barrier across research disciplines; lack of clear, structured career pathways particularly affects early- and mid-career researchers.	Career satisfaction was lower among those on non-permanent contracts (64.6% satisfied) compared with those on permanent contracts (73.8%). Employment contract type was one of the most frequently cited reasons for feeling disadvantaged (29.7%). Lack of permanent posts was also a major barrier to progression (47.2%).	Long-term insecurity creates anxiety, restricts life planning and drives drift away from academia; NHS and third-sector roles valued for comparative stability.
Funding & financial barriers	Lack of accessible, sustained funding is a dominant constraint at all career stages; gaps between PhD, post-doc and independence are particularly risky.	Lack of research funding was the most widely reported barrier to progression (54.9%). Many respondents highlighted the difficulty of sustaining careers without continuous funding, often linked to short-term contracts and financial insecurity.	Many careers depend on personal or family financial support; pay cuts, stipends and unfunded work make research careers inaccessible for some.
Mentoring & networking	Mentoring repeatedly identified as a key facilitator, but access is uneven; incentives for mentors are often weak and schemes inconsistently implemented.	Mentoring was cited as a positive influence by 66.3% of respondents and networking opportunities by 39.4%. Respondents reporting mentoring had higher career satisfaction (76.1% vs 55.4%), as did those reporting networking (79.4% vs 62.4%).	Informal mentoring and peer networks are crucial for navigating “hidden rules” of academia; formal mentoring often absent or relies on luck.
Organisational support & culture	Supportive organisational cultures, protected research time and leadership training enable retention; competitive cultures undermine progression.	Organisational or managerial support was identified as a facilitator by 54.5% of respondents. In contrast, workload pressures were a common hindrance to progression (45.9%), suggesting tension between institutional support and day-to-day demands.	Experiences of isolation, especially in hybrid/remote working; teaching and service work often crowd out research time.
Gender, disability & caregiving inequities	Persistent gender bias, stigma around disability, and unequal caring responsibilities shape opportunities and progression; structural rather than individual issues.	The most common perceived disadvantages were sex/gender (32.1%) and family responsibilities (25.2%). Career satisfaction was lower among respondents with caring responsibilities, particularly those providing 50+ hours/week of care (50.0% satisfied), and among those living with long-term conditions (63.2% vs 72.3% for those reporting none).	Women, disabled researchers and carers describe inconsistent adjustments, reliance on supportive managers, and the need to work “twice as hard”.
Socio-economic background	Class-based inequalities are under-researched but evident across academia; financial precarity disproportionately affects those without family resources.	A majority of respondents reported professional backgrounds (61.7%), with 27.8% from working-class backgrounds. Overall satisfaction levels were similar, but respondents from working-class backgrounds were less likely to report career advantages (49.3% vs 63.4% for professional backgrounds).	Accents, confidence, and lack of financial buffers contribute to feelings of exclusion; research careers perceived as accessible mainly to the privileged.
Personal resilience & informal support	Individual resilience and determination often compensate for weak systems, but risk normalising hardship.	While resilience was not directly measured, patterns show higher satisfaction among respondents with supportive relationships (mentors, networks) and employment security, suggesting informal support and coping capacity influence progression.	Resilience is essential but emotionally taxing; heavy reliance on personal coping strategies raises concerns about sustainability and equity.
Dual roles & professional identity	Literature highlights the need for better integration of clinical, academic and interdisciplinary pathways.	Issues relating to dual NHS–academic roles and professional identity were not directly captured in the survey, but exploratory questions indicate a subgroup combining clinical and academic work, warranting deeper qualitative exploration.	Researchers working across NHS and academia describe fragmented identity and reduced sense of belonging, despite valuing cross-sector work.

INTRODUCTION

HSR plays a vital role in improving the quality, accessibility and equity of health and social care. However, the career pathways for researchers in this field are often poorly defined, under-supported and marked by structural inequalities. Concerns around inclusion, progression and sustainability have been repeatedly raised by HSR UK members, particularly in relation to the experiences of researchers from marginalised and disadvantaged backgrounds. A more diverse HSR workforce strengthens the research itself, bringing a wider range of perspectives, experiences and priorities that improve the relevance, quality and equity of the evidence produced

This report presents findings from a mixed-methods study undertaken by HSR UK and funded by the Health Foundation to explore the barriers and facilitators to career progression within the HSR workforce. The study was designed in response to growing evidence that researchers face significant challenges in navigating academic and clinical research careers . These challenges include job insecurity, lack of mentorship, limited access to funding and exclusionary organisational cultures.

The overarching aim of this work was to generate insights that can inform future strategies to improve equity, inclusion and career development in HSR.

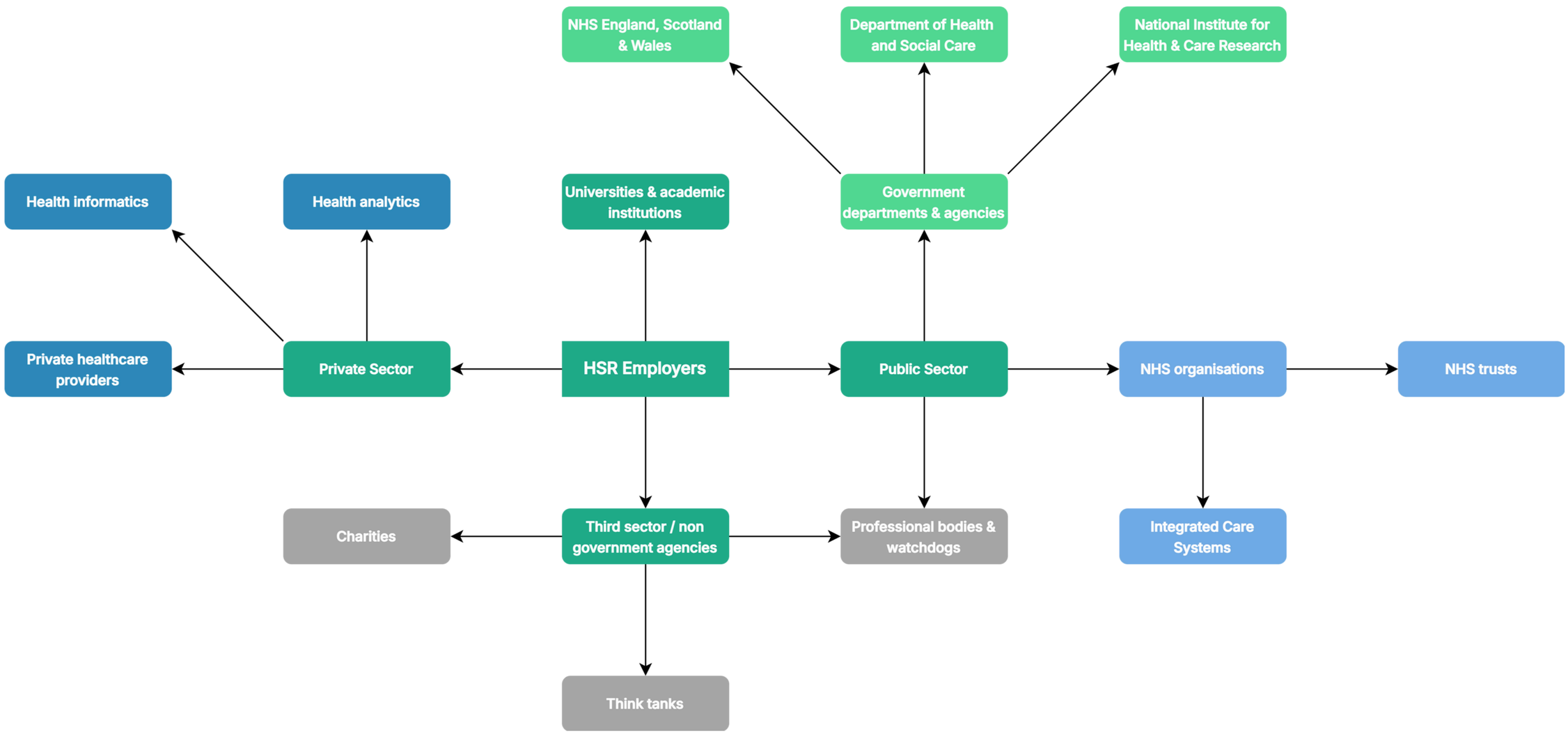
The specific objectives were:

- **To identify key factors that influence career progression and satisfaction among HSR and social care researchers.**
- **To understand the lived experiences of researchers from marginalised and disadvantaged communities.**
- **To synthesise existing evidence on career development in HSR and related sectors.**
- **To highlight opportunities for intervention and improvement across academic, NHS and third sector contexts.**

By integrating quantitative, qualitative and literature-based evidence, this report provides a comprehensive overview of the current landscape and offers recommendations for building a more inclusive and sustainable HSR workforce.

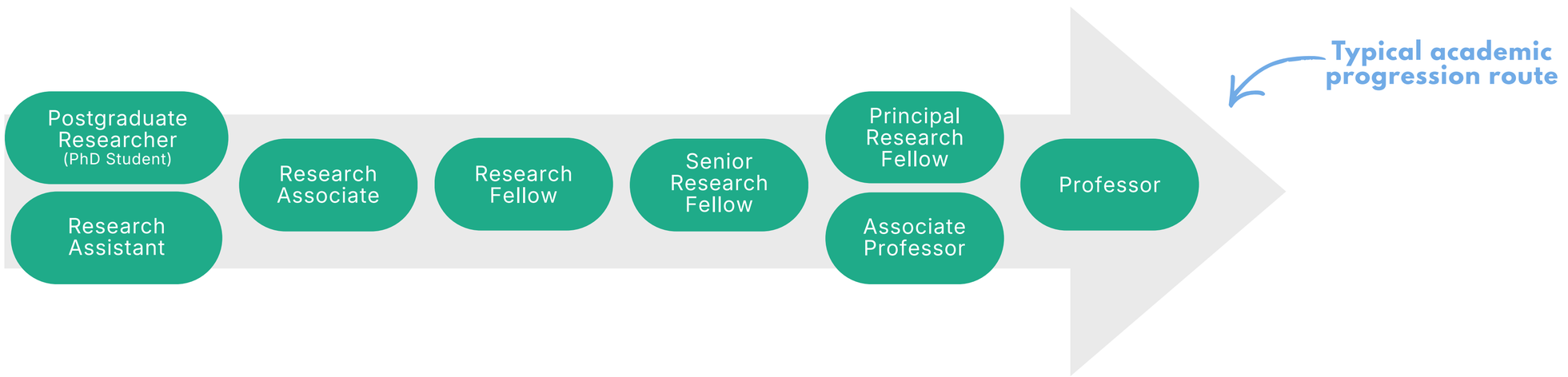
HSR EMPLOYERS

HSR careers span public, private and third sectors. Public employers include government bodies such as the Department of Health and Social Care, the National Institute for Health and Care Research [NIHR], and NHS organisations, Integrated Care Systems and NHS Trusts. Universities and academic institutions remain central, offering research roles and training pathways. The private sector covers health analytics and consultancy firms, informatics companies and private healthcare providers. Third-sector employers include charities (e.g., the Health Foundation, Wellcome Trust), think tanks (Nuffield Trust, The King's Fund) and professional bodies and watchdogs, including local Healthwatches. This multi-sector landscape reflects HSR's interdisciplinary nature and offers varied career routes and collaboration opportunities.



HSR ROLES AND PROGRESSION

HSR career pathways typically follow a structured progression route through different roles with varying responsibilities. Advancement through roles may typically follow these stages:



METHODS

This study employed a multi-method approach to explore career inclusion and progression in health services research. The methods comprised three core components: a literature review, a cross-sectional survey and qualitative semi-structured interviews.

LITERATURE REVIEW METHODS

A literature review was conducted to establish the current evidence base on career progression in HSR and other health related disciplines. The review included 32 sources, comprising peer-reviewed journal articles, reports, editorials and grey literature. Studies were selected based on relevance to HSR careers and inclusion of relevant primary or secondary data. The review aimed to:

- **Identify barriers and facilitators to career progression in HSR and other research sectors.**
- **Highlight transferable interventions or facilitators that could improve inclusivity in HSR.**

Inclusion criteria

Original studies containing primary and secondary data exploring research careers were included. Due to the multidisciplinary nature of HSR and the multiple academic disciplines that may fall under this umbrella term, the literature review included health related research disciplines, such as nursing and midwifery, academic medicine and other clinical and public health research. Scientific disciplines and education were also included as findings may still be relevant across different research specialties. The PICo framework (Population, Phenomenon of Interest, Context) guided the review focus, ensuring clarity on who was studied, what aspect of careers was examined and in which settings (adapted from Eldawlatly et al., 2018).

Population	Employed researchers/research staff
Phenomenon of Interest	Career capacity, capabilities, experiences
Context	Health services, allied health, nursing, medical, clinical and public health research academic departments. Other research areas including but not limited to education and humanities. Other organisations, including government, non-government and third sector

Both quantitative and qualitative studies were included as well as grey literature to ensure all relevant information and data relevant to the research question was captured and reviewed. To ensure that the literature review was relevant to current contexts, any literature older than ten years (i.e., published prior to 2013) was not included. The literature review was conducted in Spring 2023.

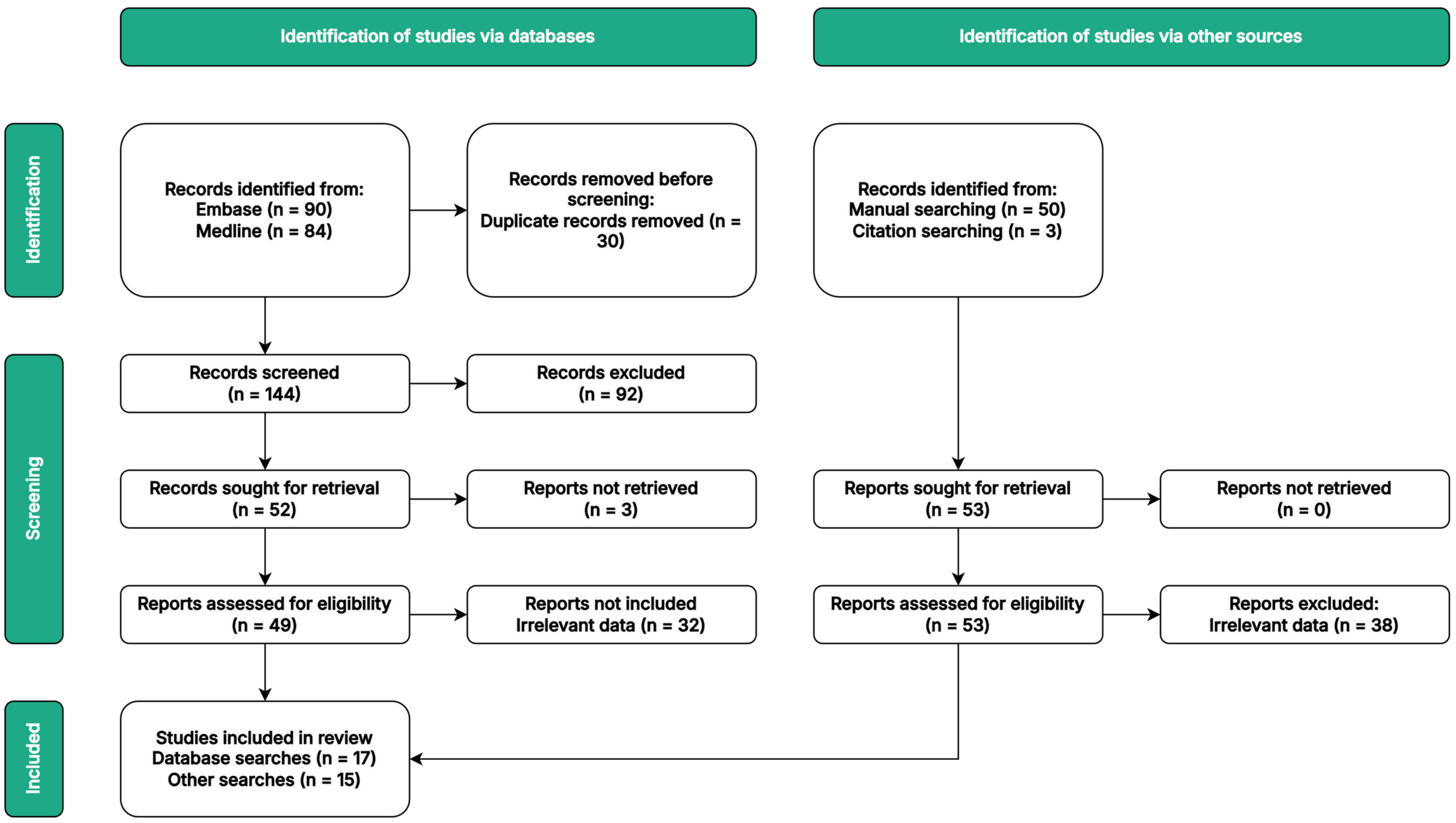
Database searches and grey literature

For the scope of this literature review, Embase, MEDLINE, Web of Science and Google Scholar were the main databases searched. An extensive search for grey literature was also performed using search engines and citation chaining, where reference lists of key studies were examined and cross referenced with database outputs. The search syntax was broad and used generic terms such as “health services research”, “careers”, “capacity”, “capabilities” and “barriers and facilitators”.

Thematic analysis

Database searches were initially screened by title and abstract. Studies that appeared relevant were entered into an Excel Spreadsheet and access to full texts was then sought. From this collection, studies were then screened after reading the full text. Identified grey literature also followed this process. Relevant data pertaining to research careers was then extracted verbatim from literature into an excel spreadsheet and then coded into specific barriers or facilitators. The collected data from the included studies and grey literature was then thematically coded following standard thematic analysis methods.

The below figure shows the screening process identifying studies and reports identified from database searches (n=17) and included literature from other sources (n=15).



SURVEY METHODS

A national survey was distributed to individuals working or studying in HSR-related roles. A total of 248 responses were received, capturing a diverse range of experiences across academic, NHS and third sector employers. The survey collected demographic data, employment characteristics and information on career satisfaction, perceived advantages and disadvantages and factors influencing career progression.

Key areas of focus included:

- **Contract type and job security**
- **Access to mentorship and organisational support**
- **Experiences of discrimination and stigma**
- **Impact of personal circumstances (e.g. caring responsibilities, disability)**
- **Satisfaction with career progression and perceived barriers**

Survey respondents included researchers from academia, the NHS and third sector organisations

Survey responses were collected from February 2024 to April 2024

The survey was distributed via HSR UK's communication channels, including social media platforms, the organisational newsletter and existing email networks. It was also shared through word of mouth within the HSR community, including trustees and partner organisations, to maximise reach and engagement.

INTERVIEWS METHODS

Semi-structured interviews were conducted with HSR professionals across academic, NHS and third sector organisations. Participants included early, middle and senior-career researchers, with a focus on capturing diverse perspectives and lived experiences. These qualitative insights added depth and nuance to the survey and literature findings, highlighting the complex and often personal nature of career progression challenges in HSR. A thematic analysis of the collected data was performed, following the process undertaken for the literature review.

Questions taken from the interview topic guide

Theme	Example Questions
Current role and career path	• Could you tell me about your current role in HSR? • What is your job title? • Where do you work? • How long have you worked in this role? • What does your day-to-day look like?
Career progression	• Could you tell me about other roles you've had in HSR? • Are you happy with how your career has progressed • If not / if so, why?
Barriers and facilitators	• Are there any factors that have hindered your career? • What factors helped you get to where you are today? • Have you faced challenges and how did you overcome them?
Support systems	• How has your family supported your career? • How have mentors supported your career? • How has your employer supported your career? • What funding opportunities supported your career • Can you think of examples where networking helped?
Identity and inclusion	• Have you experienced situations where aspects of your identity (age, gender, ethnicity, sexuality) influenced how you were treated? • How did those experiences affect you personally and professionally? • Have you observed similar challenges for colleagues?
Improving career experiences	• What needs to happen to improve career experiences in HSR? • What interventions could help? • Any final thoughts before we finish?

18 researchers from universities, NHS and third sector organisations were interviewed

Interviews took place from October 2024 to December 2024

The sample included early, mid and senior level researchers

FINDINGS

This section presents the key findings from the literature review, national survey and qualitative interviews. Together, these sources reveal a complex and often precarious landscape for career progression in HSR, often shaped and influenced by structural, institutional and personal factors.

FINDINGS FROM THE LITERATURE REVIEW

Included literature

A total of 32 citations were identified for the literature review and included journal articles (n=26), reports (n=3), editorials (n=2) and one blog post (n=1). An overview of the included literature including populations, contexts and key findings is available in Appendix A. Eight themes were identified in the literature review as influential to progression in research careers; these were: funding, mentoring, gender, working environments, organisational support, networking, family support and personal characteristics. Each theme will be explained in further detail.

Funding

Unsurprisingly, much of the included literature indicated that a lack of opportunity to secure funding for research negatively impacted research career progression across disciplines and career stages (8, 9, 10, 16, 20, 28, 31, 32). One study identified the difficulty non-medical researchers faced when attempting to secure funding between doctoral fellowships and first post-fellowship roles (27), while two further studies also found that lack of funding opportunities were particularly challenging for mid-career researchers (14, 19). Two studies also found that funding opportunities seemed to vary by topic areas, with some topics of specific disciplines facing greater challenges in securing funding (13, 18). Accessible and "easy to navigate" systems for researchers to apply for funding was found to facilitate career progress (14) with another report recommending that additional support and reasonable adjustments should be in place for disabled researchers navigating funding applications rather than placing onus on applicants themselves (5). For practicing clinical academics, one study found that higher salaries and funding for research allowed a better balance between clinical and research work duties (8). As well as increasing fellowship funding opportunities, one study also recommended the funding of 'rising star' fellowships, which provided bridge-funding between researchers' roles and leadership training (22).

Evidence consistently shows that gaps and inequities in research funding constrain career progression, particularly for non-medical, mid-career and disabled researchers. Accessible funding systems, reasonable adjustments and targeted bridge-funding are important enablers of sustainable and inclusive research careers.

Mentoring

One of the most prevalent recommendations identified in the literature for interventions to facilitate researchers' career progression was the presence of mentors and mentoring schemes. The presence of mentors often acts as a catalyst for a researcher's career progress (19) and provides a source of guidance for ECRs to navigate career-related challenges (23). This was particularly valued at specific career transitions stages, such as the transition from PhD to post-doctoral level and post-doctoral to independent principal investigators or fellows (28) (see career framework, page 9). Despite this known value of mentorship, several studies identified that there was a lack of suitable mentors for researchers to access (12, 19, 26, 31, 34). One potential factor that contributed to this lack of opportunities was the perception that there is a lack of incentivisation for mentors to devote time to develop effective mentoring relationships and a culture of perceiving mentees as creating unnecessary extra work for already stretched academics (19).

Mentoring as a career catalyst

Mentorship is consistently identified as a key facilitator of research career progression, particularly at critical transition points such as PhD to post-doctoral and independent researcher stages.

Uneven access to mentors

Despite its recognised value, access to suitable mentors is inconsistent and often informal. Lack of time, incentives and institutional recognition for mentors limits the availability and sustainability of mentoring relationships.

However the literature did include evidence of successful mentorship examples; mentors who were from differing departments (21) and organisations (18, 23) were recommended in three studies for maximum benefit, as such professional relationships could allow greater honesty without responsibility for financial or educational concerns (23). Other studies however also recommended internal mentoring within department and organisations due to the greater influence a mentor may have in sharing opportunities with mentees (30) and the opportunity for senior researchers to provide direct input and constructive feedback for ECRs' research proposals and other activities (18). Another study also recommended the value in researchers' retaining their PhD supervisors as mentors for continued support and guidance moving through early-career research stages (25, 33). One study exploring global health research capacity building also identified the value of international mentorship schemes where mentees whose first language was not English could gain beneficial support from English speaking mentors who could provide writing and language support for research related activities such as publishing (8).

Design matters

Evidence highlights the value of flexible mentoring models, including cross-departmental, cross-organisational and international mentoring, alongside internal support that enables access to opportunities, feedback and networks.

Mentoring and inclusion

Targeted and inclusive mentoring, such as international or cross-cultural schemes, can help reduce structural barriers, supporting researchers who may face additional challenges in navigating funding, publishing and career progression.

As well as outlining the benefits for mentees, the review found that mentoring could also be beneficial for mentors themselves, with one study finding that mentoring can keep more senior researchers aware of the realities and challenges faced by ECRs, therefore encouraging personal reflection and development goals (23). Another study also highlighted the role mentors can play in creating positive working cultures where researchers are able to seek help from colleagues (35). This idea was reiterated in 'Making research careers work: a review of career pathways in health and social care in Wales', with this report recommending that a change in culture was needed to incentivise mentors, and ensure that mentoring and supporting others is seen as a valid and valued contribution to the research effort (3). As has been discussed, there is value in both internal and external mentoring schemes and it is therefore recommended that for HSR, funders, university academic departments, NHS employers, professional organisations and senior academics all hold responsibility for providing career advice and mentorship to researchers at all career stages to ensure researchers have access to information, advice and support when required (27).

Mentoring can benefit everyone — not just mentees. It helps senior researchers stay connected to early-career realities and can support positive workplace cultures.

Gender biases

Several studies explored women's experiences of research careers with forms of gender bias frequently cited. In a recent 2022 study, one participant spoke of their difficulties in navigating gender stereotypes, where it was perceived that men were encouraged and free to vocalise their thoughts and ideas but women vocal women were negatively labelled as 'aggressive' and less vocal women as 'weak' (35). In one study examining women's experiences in STEM disciplines, 71% of the 14 participants felt they were treated differently because of their appearance which was likened to a tightrope walk where participants felt 'if you are pretty, you are not taken seriously.' Multiple participants of this study also described another difficult scenario where 'acting like a man' was needed to survive in science. However, some participants felt this strategy could backfire, as they were not adhering to expected gendered stereotypes. It is unclear to what degree these specific perceptions may be present in health and social care research disciplines, but it is very likely that forms of gender bias exist across academic disciplines. Indeed, this was found in another study exploring career progression barriers experienced by female ethnic minority medical researchers, where gender inequality was also seen as barrier to career progression in this discipline (28).

Gendered barriers to progression

Evidence indicates that women researchers experience gender bias that shapes how their behaviour is perceived and valued. Combined with unequal caregiving responsibilities, these dynamics can limit career progression and contribute to persistent gender inequality across research disciplines.

Another aspect related to gender identified in this review was that researchers who are women were more likely to have caregiving and family responsibilities (31), with one participant from a STEM discipline study citing the perception that the burden of childcare would more often than not fall upon women in heterosexual relationships (36). This was further mentioned in another qualitative study exploring women's experiences across a range of research disciplines, with participants describing themselves as the 'default' parents and bearing the brunt of childcare responsibilities as well as managing family households (35).

Working environments and networking

Several studies discussed the importance of researchers being part of a wider research community with benefits to such participation including the opportunity to express desires to progress (21), mutual support from peers when transitioning to senior levels such as principal investigators (18) and opportunities to develop new ideas and gain valuable research experience (25). One study exploring the effects of collaboration in academic science found that researchers with strong networks were also more likely to become principal investigators and that possessing a large and varied collaboration network is associated with career progression (11). Another important aspect identified in the review was the opportunity for face to face or in-person networking rather than virtual or remote (8). One study found that the Covid-19 pandemic had negatively impacted opportunities for such in-person networking due to lockdowns enforcing remote working (8). One participant from a covid-focused study stated that "Networking and collaboration are key to early career success... the pandemic has destroyed the usual process" and that, due to the pandemic, researchers risk feeling more isolated and that it was more challenging to pursue a research career (7). This study, although published in 2023, collected its data between September and October 2021; it is therefore unclear whether such feelings of isolation and diminished persist, although it is likely ramifications are still current.

Collaborative opportunities with different individuals was found to be of importance to researcher career development in other studies, with one study recommending that researcher engagement with stakeholders, including community and government officials, was important to ensure ongoing support of their research (8) with collaboration with fellow researchers also noted as important via attendance at conferences (25). Another study further confirmed that a lack of opportunities to collaborate, among other factors, contributed to a negative impact on research productivity (19). Similarly, another study focusing on nursing academia linked a lack of collaboration between researchers and their colleagues with other working environment issues such as competitive working atmospheres and poor work relationships. Some participants described this as potentially affecting their chances for promotion and career progression to more senior roles (24). Another study exploring barriers and facilitators for mentoring in an academic medical specialty also cited internal competitive as a contributing barrier (20), indicating that such competitive working atmospheres may be common among nursing and medical related disciplines.

Being part of a wider research community provides vital peer support, opportunities to express career ambitions, and space to develop new ideas and experience — all of which contribute to career progression.

Face-to-face networking remains important for early-career development. Pandemic-related disruptions limited these opportunities, increasing feelings of isolation and making research careers feel harder to sustain.

The pandemic changed how we work, with more organisations offering flexible work and opportunities to work from home. As meetings, conferences and other networking opportunities shift to hybrid models, it is unclear how individuals working in HSR may be impacted.

Limited collaboration, often linked to competitive or unsupportive working environments, can reduce research productivity and negatively affect promotion prospects, highlighting the importance of healthy team cultures.

Adequate, protected time for research is essential for career progression and maintaining healthy work–life balance. Without it, researchers struggle to sustain research activity and may be pushed into doing research outside normal working hours.

Leadership and professional development programmes may cover areas such as team management, conflict resolution and prioritisation. This type of support is valued by early-career researchers and can help overcome institutional barriers to career advancement.

Organisational support

Some of the literature included in this review discussed the role that organisations and/or employers have in supporting researchers by facilitating career progression and reducing factors that may hinder career development. One commonly mentioned facilitator that aided researchers in their careers was protected time for research activities, with participants from one study recognising that such protected time for research was pivotal to career success and that absence of this would likely cause difficulties in maintaining research activity (19). The report 'Making research careers work: a review of career pathways in health and social care in Wales' highlighted that protected time for research needed to be of adequate duration and failure to provide protected time would result in unhealthy work-life balances; a participant reflected that there is currently a requirement in some cases for researchers to do research activity outside working hours (3).

Another study attempting to reduce institutional barriers to career advancement for individuals in clinical academic settings explored the value of leadership development programmes, which aimed to expand the skillsets of early-career researchers in managing teams, conflict resolution and prioritising goals (17). Training opportunities like this were perceived as valuable, indicating that training opportunities that focus on skills beyond research are also likely to facilitate career development in health-related research disciplines.

Family support

Family support is highlighted as a crucial factor impacting careers in research, particularly for those balancing research and clinical responsibilities. Participants of one study exploring experiences of career progression by women in health sciences described how their families (parents, siblings and partners) generally supported their career paths but often did not fully understand their reasons for pursuing a research career or the demands that came with it. This lack of comprehension, while not entirely negative, pointed to a gap in family awareness of the professional challenges involved in health services research (30).

Family encouragement is important for sustaining research careers, but families often have limited understanding of the demands and pressures involved. This lack of awareness isn't necessarily negative, but highlights a gap in how research careers are understood and supported at home.

Family support was recognised as essential for successfully managing both clinical and research demands in clinical academia. Family involvement was key to coping with long hours and high workloads, with one participant from a study exploring career progress for early-stage clinician scientists based in Asian academic medical centres noting that without their family's assistance and support with childcare, they would not have been able to continue to progress in their career (19).

For clinical academics, family support around childcare and managing long hours is essential for enabling research activity and career progression. Without it, many struggle to maintain both clinical and research responsibilities.

Another study found that for women specifically, the conflicting demands between home and professional life was one of the barriers to recruiting and retaining women in a medical academic setting (15). This indicates that institutional family-oriented policies may be beneficial for individuals. Supportive partners were also highlighted as helping researchers maintain a healthy work-life balance. In one study exploring postdoctoral nurses' experience with career development, a male participant noted how he and his partner made joint decisions about his career, considering how professional decisions would impact their relationship as well as career (33). This illustrates how mutual understanding, support and shared decision-making within familial and romantic partnerships may also contribute to career sustainability. Overall, while institutional support is important, these findings suggest that personal and practical support from family members and partners plays a critical role in overcoming barriers and enabling the successful navigation of a research career in health-related research environments.

While family and partner support can play a crucial role in sustaining research careers, it is important to acknowledge that not all researchers have access to such support. Individuals who are estranged from family, care leavers, or those without stable personal networks may face additional precarity, particularly during early career stages when stipends, low salaries or funding gaps are most acute. Without informal financial or practical assistance, these researchers may be disproportionately affected by the costs of study, the need to bridge between short-term contracts, relocation pressures and the challenges of balancing research alongside other responsibilities. This highlights the importance of institutional policies and funding mechanisms that do not assume the presence of external, informal support, and that actively work to mitigate the additional vulnerability experienced by those without such safety nets.

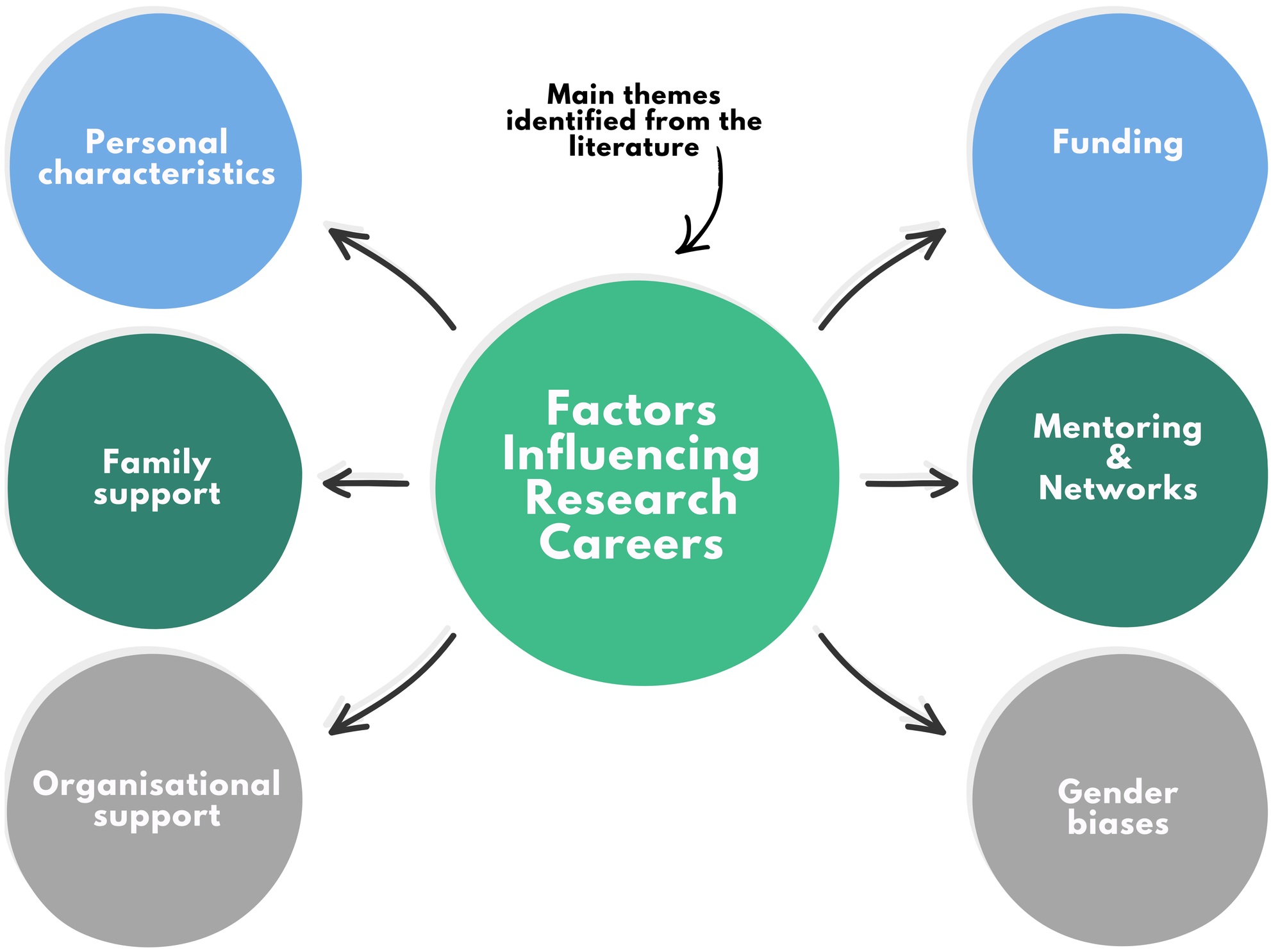
Personal characteristics

There is also evidence that individual characteristics and traits can also be important factors for overcoming career challenges. Participants in one study cited that early-career stage women in health sciences require perseverance and determination to succeed (30). Resilience also played a significant role, with one participant from another study aiming to explore barriers and facilitators for career progression for women in medical academic settings noting that their robust personality allowed them to persist where others might have given up. It remains unclear whether men also require the same levels of perseverance and determination. Another participant of this study also linked their self-belief to their upbringing, explaining that their parents had instilled in them a mindset of limitless possibilities (35). This indicates that personal characteristics such as self-belief, determination and resilience are also likely linked to family support and the familial background that a researcher possesses.

While personal characteristics such as determination, resilience and self-belief were frequently highlighted as helpful in navigating career challenges, it is important to recognise that these traits do not develop in a vacuum. The literature shows how they are often closely tied to family environments, formative experiences and access to support networks—factors that are unevenly distributed. Researchers without such support, including those who are estranged, care leavers or individuals from more precarious socio-economic backgrounds, are likely to face additional pressures when navigating the demands, uncertainties and financial risks of early research careers. This underscores the limitations of relying on individual resilience to compensate for structural barriers and speaks to the importance of organisational and sector-level interventions that do not assume stable personal or familial foundations.

LITERATURE REVIEW: SUMMARY

- **Funding gaps are a major barrier, especially for early- and mid-career researchers; limited, complex or inaccessible funding systems hinder progression and research productivity.**
- **Mentorship is a critical facilitator, but access is uneven and incentives for mentors are limited across many academic settings.**
- **Organisational support varies, with protected research time and inclusive workplace cultures enabling progression, while competitive or unsupportive environments act as barriers.**
- **Gendered barriers persist, including gender bias, unequal caregiving responsibilities and insufficient family-oriented institutional policies, disproportionately affecting women.**
- **Family support plays an important role, especially in balancing clinical and research demands, though not all researchers have access to such support.**
- **Personal characteristics such as resilience, perseverance and self-belief help individuals navigate career challenges, though relying on these alone risks masking structural inequities.**
- **Strong networks and collaborative opportunities support career advancement, providing access to ideas, visibility, and professional growth.**



FINDINGS FROM THE SURVEY

This section summarises findings from the national survey of 248 respondents working across universities, the NHS, government bodies, and the third sector in HSR. The survey explored respondents' career experiences, perceived advantages and disadvantages, employment conditions, and the factors that have hindered or supported their development. The results reinforce, and in many cases deepen, the themes identified in the literature review.

Respondent profile

Respondents represented a wide range of roles and backgrounds within health services and social care research. Most were employed in universities or research institutes, followed by NHS or public health organisations, third sector organisations, and government agencies. The sample included early-, mid- and late-career researchers and those with both clinical and non-clinical professional backgrounds. The majority held Level 8 doctoral qualifications, though a meaningful number of respondents were studying for, or held, Level 7 postgraduate degrees.

The survey reflected the demographic imbalances noted more broadly in the sector. Respondents were predominantly women, mostly White, and mainly English-speaking, with the vast majority born in the UK. Although participants came from a range of socioeconomic backgrounds, those from middle-class or professional households were over-represented, while more precarious socioeconomic origins were less common. Several respondents also reported living with long-term conditions, disabilities or neurodivergence, while a proportion had caring responsibilities for children or adults.

The below tables outline survey respondent demographic data in further detail.

Age Group	Count	Percentage
18-24	1	<1%
25-34	47	19%
35-44	69	28%
45-54	64	26%
55-64	50	20%
65-74	13	5%
75+	2	1%

Age ranges of survey respondents

54% were aged between 35-54

Gender identity of survey respondents. A large majority, over 80%, identified as women

Gender Identity	Count	Percentage
Woman	202	82%
Man	41	18%
Non-binary/gender queer/agender/gender fluid	1	<1%
Prefer not to say	2	1%

Ethnic groups of respondents

Ethnic Group	Count	Percentage
Asian or Asian British	13	5%
Black, Black British, Caribbean or African	9	4%
Mixed or multiple ethnic groups	9	4%
White	200	81%
Other	9	4%
Prefer not to say	6	2%

Compared with the England and Wales population (X), our survey sample shows several notable differences. Asian groups are under-represented (5.0% in the survey compared with 9.3% nationally), while Black representation is closely aligned (both 4.0%). Mixed and Other ethnic groups appear slightly over-represented in the survey (+1.1 and +1.9 percentage points respectively). The proportion of White respondents is broadly consistent with national demographics (81.0% vs 81.7%).

Largest proportion, just over 80%, identified as white

Respondents' health status

Long-term condition and/or disability	Count	Percentage
None are applicable	160	59%
Longstanding illness or health condition	38	14%
Mental health condition	21	8%
Neurodivergent, including ADHD, dyslexia or dyspraxia	18	7%
Physical impairment or mobility issues	9	3%
Deaf and/or hearing impairment	4	2%
Blind and/or visual impairment	3	1%
Disability, impairment or medical condition not listed above	4	2%
Other	3	1%
Prefer not to say	12	4%

First language of respondents

First Language	Count	Percentage
English	214	86.3%
Non-English	24	9.7%
Prefer not to say	10	4%

Nearly 60% selected "none" indicating a sizeable proportion of health services researchers are living without a disability or long standing health condition

Geographical Location	Count	Percentage
England	187	76%
Scotland	37	15%
Wales	11	5%
Northern Ireland	4	2%
Republic of Ireland	2	1%
Channel Islands	1	<1%
Outside of UK and Ireland	4	2%

Over three quarters of respondents lived in England, indicating a lack of representation from Scotland, Wales and Northern Ireland

Household	Count	Percentage
Household has children under the age of 18	90	37%
Household does not have children under the age of 18	152	62%
Prefer not to say	4	1%

A larger proportion of respondents lived in households without children under the age of 18

Employment Status	Count	Percentage
Employed	207	83%
Both employed and studying	21	8%
Studying	10	4%
Other	10	8%

Most respondents were employed in HSR roles

Employing Organisation Type	Count	Percentage
University or research institute	120	59%
NHS or public health provider	59	29%
Third sector / NGO	6	3%
Think tank	5	2%
Government department or agency	5	2%
Combined NHS and academic	3	1%
Other	4	2%

Just under 60% of respondents were employed in universities and research institutes, confirming academia remains the dominant sector employing health services researchers

Nearly two-thirds of survey respondents reported coming from a socio-economic background typically classified as “higher”

Employment Contract Type	Count	Percentage
Permanent	122	60%
Fixed term	77	38%
Other	5	2%

Over half of the respondents held permanent employment contracts

Occupation of main household earner aged 14	Count	Percentage	Socioeconomic Category
Modern professional and traditional occupations such as: teacher, nurse, physiotherapist, social worker, musician, police officer (sergeant or above), software designer, accountant, solicitor, medical practitioner, scientist, civil or mechanical engineer	116	47.2%	Higher
Senior, middle or junior managers or administrators such as: finance manager, chief executive, large business owner, office manager, retail manager, bank manager, restaurant manager, warehouse manager	42	17.1%	Higher
Small business owners who employed less than 25 people such as: corner shop owners, small plumbing companies, retail shop owner, single restaurant or cafe owner, taxi owner, garage owner	10	4.1%	Medium
Clerical and intermediate occupations such as: secretary, personal assistant, call centre agent, clerical worker, nursery nurse	9	3.7%	Medium
Technical and craft occupations such as: motor mechanic, plumber, printer, electrician, gardener, train driver	32	13%	Lower
Routine, semi routine manual and service occupations such as: postal worker, machine operative, security guard, caretaker, farm worker, catering assistant, sales assistant, HGV driver, cleaner, porter, packer, labourer, waiter or waitress, bar staff	27	11%	Lower
Long term unemployed (claimed Jobseeker's Allowance or earlier unemployment benefit for more than one year)	5	2%	Lower
Don’t know/not sure	3	1.2%	
Prefer not to say	2	0.8%	

Career Satisfaction

Overall levels of career satisfaction were mixed. Many respondents reported feeling somewhat satisfied, while sizeable proportions selected "neither satisfied nor dissatisfied", potentially reflecting ongoing uncertainty and instability. Levels of dissatisfaction were notably higher among respondents on non-permanent contracts, those balancing significant caring responsibilities, or those whose workloads left little time for research.

Satisfaction tended to be higher among those with:

- **Permanent contracts**
- **Supportive organisational cultures**
- **Strong mentoring relationships**
- **Access to networks and departmental funding**

Only 20% of survey respondents were "very satisfied" with their careers, indicating a large proportion of health services researchers may benefit from extra support in their careers

Conversely, contract precarity, intense workloads and lack of support were associated with lower satisfaction.

Career Satisfaction Level	Count	Percentage
Very Satisfied	50	20%
Somewhat satisfied	120	49%
Neither satisfied nor dissatisfied	24	10%
Somewhat dissatisfied	40	16%
Very dissatisfied	11	4%

30% of respondents were neither satisfied nor dissatisfied, somewhat dissatisfied or very dissatisfied with their careers

Employment Type	Count	Percentage Satisfied
Permanent	122	74%
Non-permanent	82	65%

The percentage of respondents on non-permanent contracts were slightly less satisfied than respondents holding permanent contracts

Perceived Disadvantage in Career Progression

Survey respondents were asked whether they had ever felt disadvantaged in their careers due to a range of personal characteristics, circumstances or structural factors. The responses demonstrate the multiple, intersecting ways in which inequality is experienced within the health services research workforce. While 55 respondents (9%) reported no disadvantages, the majority identified at least one factor that had negatively affected their career progression.

The most frequently cited sources of disadvantage were related to employment conditions, specifically type of employment contract (12%) and number of contracted hours (5%). Other prominent factors included family responsibilities (11%), sex (10%), age (8%), and caring responsibilities (7%). These findings highlight both the structural challenges and the personal circumstances that shape progression opportunities across the sector.

Employment Conditions and Structural Disadvantage

The most commonly reported source of disadvantage was type of employment contract (n=73; 12%). Respondents described how fixed-term, grant-dependent or otherwise insecure contracts limited access to promotion, project leadership, and long-term career planning. This reflects wider concerns about the precarity inherent within research careers.

Similarly, the number of hours contracted to work (n=32; 5%) was noted as a barrier. Those working part-time or on reduced hours often felt disadvantaged in comparison with full-time colleagues, particularly in relation to opportunities for visibility, networking and meeting informal expectations around workload. Together, these factors point to structural constraints within academic and research environments that may disproportionately affect particular groups, including carers, early-career researchers and those with long-term health conditions.

Family and Caring Responsibilities

Disadvantages related to family responsibilities (n=62; 11%) and caring responsibilities (n=39; 7%) were also highly prevalent. Respondents commonly reported that the demands of childcare, eldercare or other unpaid caring roles limited their ability to engage in career-enhancing activities such as conference attendance, extended working hours, or participation in national and international networks. These findings underscore the persistent impact of unequal caring responsibilities on career progression, as well as gaps in institutional support for researchers managing significant responsibilities outside of work.

Key Insight: Disadvantage Is Structural, Not Individual

Most respondents reported at least one factor that disadvantaged their career, with insecure contracts, part-time hours, and family or caring responsibilities emerging as major barriers.

These patterns show how employment conditions and unequal caring roles systematically limit progression, particularly for carers, early-career researchers and those with health conditions — highlighting the need for stronger institutional support rather than reliance on individual coping.

Sex, Gender Identity and Age

Gender-related disadvantage featured prominently across several categories:

- **Sex (n=60; 10%)**
- **Gender and/or gender identity (n=18; 3%)**
- **Marital status (n=5; 1%)**

Although the proportions vary, respondents highlighted experiences linked to gendered expectations around leadership, confidence, emotional labour and availability. Some noted that marital status affected assumptions about their capacity to travel or work flexibly. Age-related disadvantage was also widely reported (n=48; 8%). Both younger and older researchers described challenges such as assumptions about experience, competence, or suitability for leadership roles. These issues mirror the broader patterns of age-related bias across academic and professional settings.

Ethnicity, Country of Birth and Language

Several respondents identified disadvantage associated with their cultural or ethnic background:

- **Ethnic background (n=22; 3%)**
- **Country of birth (n=16; 3%)**
- **Language(s) spoken (n=8; 1%)**

These patterns suggest the persistence of racialised and migration-related barriers. Respondents described experiences ranging from microaggressions and implicit bias to the undervaluing of international qualifications or professional experience. Language was less frequently cited but still highlighted issues such around accent discrimination and perceptions of credibility linked to fluency.

Health, Disability and Wellbeing

A notable proportion of respondents reported disadvantages connected to health and disability:

- **Mental health (n=22; 4%)**
- **Physical health or a physical condition (n=18; 3%)**
- **Disability (n=12; 2%)**
- **Learning disability or difficulty (n=6; 1%)**

Although these categories were less common among our survey respondents than structural or demographic factors, narrative data elsewhere suggests that stigma, a lack of reasonable adjustments and inflexible workplace cultures pose significant challenges for staff with long-term conditions or disabilities.

Qualifications and Socioeconomic Background

Disadvantages relating to qualifications (n=37; 6%) and socioeconomic background (n=27; 5%) were also reported. Respondents described how non-traditional educational pathways, lower levels of formal academic qualification, or class-based cultural expectations shaped their confidence, credibility and access to networks or opportunities.

These experiences often intersected with other characteristics, particularly ethnicity, age, and caring responsibilities.

Low-frequency Categories

A small number of respondents selected:

- **Religion (n=4; 1%)**
- **Sexual orientation (n=1; <1%)**

While infrequently cited, low reporting does not necessarily indicate the absence of disadvantage. These experiences may be under-reported, less publicly discussed, or overshadowed by more immediate structural barriers.

Reported Source of Disadvantage	Count	Percentage
Age	48	8%
Sex	60	10%
Gender and/or gender identity	18	3%
Marital status	5	1%
Country of birth	16	3%
Ethnic background	22	3%
Religion	4	1%
Language(s) spoken	8	1%
Physical health or a physical condition	18	3%
Mental health	22	4%
Disability	12	2%
Learning disability or difficulty	6	1%
Caring responsibilities	39	7%
Family responsibilities	62	11%
Sexual orientation	1	<1%
Qualifications	37	6%
Socioeconomic background	27	5%
Number of hours contracted to work (e.g. part time, full time)	32	5%
Type of employment contract	73	12%
Other	22	4%
None	55	9%

Perceived Advantages in Career Progression

Survey respondents were also asked whether they had ever felt advantaged in their careers due to personal characteristics, circumstances or structural factors. These responses shed light on the forms of privilege and positive bias that shape progression within the health services research workforce. While 109 respondents (23%) reported no advantages, a substantial proportion identified at least one factor that had positively influenced their career trajectory.

The most frequently cited advantages related to qualifications (13%), languages spoken (11%), ethnic background (9%), and country of birth (6%). These findings point to the ways in which educational attainment, cultural capital and linguistic fluency can enhance credibility, access and visibility within the research environment.

Educational and Linguistic Advantages

The most commonly reported source of advantage was qualifications (n=59; 13%). Respondents who held higher-level academic or professional credentials described increased access to opportunities, stronger credibility, and smoother progression routes. These findings align with the broader emphasis within the research sector on formal qualifications as a marker of expertise and capability. These patterns also reflect broader structural issues identified in HSR UK's recent report on degree apprenticeships, which emphasises that developing alternative, paid routes into research, such as the Applied Social Research Degree Apprenticeship, may help widen access to HSR careers and reduce the exclusionary effects of traditional degree-dependent pathways.

Language-related advantages (n=50; 11%) also featured prominently. Respondents who were fluent in English, spoke in ways perceived as standard or authoritative, or were multilingual noted that this enhanced their communication, networking and leadership opportunities. These patterns reflect the centrality of language in academic settings, where linguistic fluency often shapes perceptions of professionalism and competence.

Ethnicity, Country of Birth and Socioeconomic Background

Some respondents identified advantages linked to their ethnic background (n=42; 9%) or country of birth (n=28; 6%). These advantages may reflect alignment with dominant cultural norms within the sector, reduced exposure to discrimination, or greater ease navigating organisational environments shaped by certain educational or cultural assumptions.

Similarly, socioeconomic background (n=32; 7%) was reported as a source of advantage. Respondents from more privileged class backgrounds often described having stronger networks, greater confidence, and better access to financial or social resources that support academic career development. These structural advantages can accumulate over time in ways that reinforce existing inequalities.

Sex, Gender Identity and Age

Some demographic characteristics were also perceived as advantageous:

- **Sex (n=17; 4%)**
- **Gender and/or gender identity (n=7; 1%)**
- **Marital status (n=5; 1%)**
- **Age (n=16; 3%)**

Respondents described how being seen as the "right fit" in terms of gender, gender expression or age sometimes opened doors or facilitated trust, responsibility or visibility. For example, being perceived as appropriately senior or appropriately youthful was occasionally reported as beneficial in specific roles or contexts. Although these advantages were less frequently cited, they illustrate how subtle demographic biases can influence career progression.

Health, Wellbeing and Disability

A small proportion of respondents reported perceived advantages associated with:

- **Physical health (n=12; 3%)**
- **Mental health (n=12; 3%)**
- **Disability (n=1; <1%)**
- **Learning disability or difficulty (n=0; 0%)**

These responses suggest that being in good health or having fewer health-related constraints can be experienced as an advantage in a sector that often demands high levels of productivity, visibility and flexibility. Very low reporting related to disability does not necessarily indicate the absence of advantage mechanisms, but more likely reflects the under-recognition of how ableism privileges certain bodies and working styles.

Caring and Family Responsibilities

A minority of respondents reported feeling advantaged by their family responsibilities (n=14; 3%) or caring responsibilities (n=13; 3%). Narrative insights from similar datasets often suggest that advantages in this area may arise when individuals benefit from strong support systems, enabling them to participate more fully in career-advancing activities.

Contractual and Work-Pattern Advantages

A smaller number identified advantages linked to:

- **Type of employment contract (n=24; 5%)**
- **Number of hours contracted (n=15; 3%)**

Those holding permanent contracts, secure funding, or full-time roles noted greater access to progression pathways, leadership opportunities and long-term planning. These responses highlight how structural stability can itself create a significant advantage in navigating the research career landscape.

Low-frequency Categories

Very few respondents identified advantages related to:

- **Sexual orientation (n=1; <1%)**
- **Religion (n=0; 0%)**

As with disadvantage data, low frequencies do not necessarily imply the absence of advantage, but may instead reflect that these dimensions are less commonly perceived as sources of positive bias or privilege within the sector.

Reported Source of Advantage	Count	Percentage
Age	16	3%
Sex	17	4%
Gender and/or gender identity	7	1%
Marital status	5	!%
Country of birth	28	6%
Ethnic background	42	9%
Religion	0	0%
Language(s) spoken	50	11%
Physical health or a physical condition	12	3%
Mental health	12	3%
Disabiliity	1	<1%
Learning disability or difficulty	0	0%
Caring responsibilities	13	3%
Family responsibilites	14	3%
Sexual orientation	1	<1%
Qualifications	59	13%
Socioeconomic background	32	7%
Number of hours contracted to work (e.g. part time, full time)	15	3%
Type of employment contract	24	5%
Other	14	3%
None	109	23%

Career Barriers

Survey respondents were asked to identify specific barriers that had affected their career development. The responses highlight a combination of structural, organisational and resource-related constraints that shape progression pathways within health services research. Only a small minority (4%) reported experiencing none of the listed barriers, indicating that obstacles to career development are widespread and multifaceted across the workforce.

The most frequently reported barriers related to research funding (18%), permanent employment opportunities (16%), and workload pressures (16%). These findings illustrate a sector characterised by financial precarity, high demand and limited structural stability—factors that can impede both day-to-day work and long-term career planning.

Funding and Employment Insecurity

The most commonly cited barrier was lack of available or accessible research funding (n=135; 18%). Respondents described difficulties securing grants, limited access to funding streams and intense competition as persistent challenges. For many, this created a sense of uncertainty around project continuity and restricted their ability to build an independent research portfolio.

Closely linked to this, lack of permanent employment opportunities (n=116; 16%) was the second most frequently reported barrier. Many respondents were employed on fixed-term, contract-based or grant-dependent roles, which limited opportunities for career progression, reduced job security and made long-term planning difficult. This reliance on short-term contracts is a defining feature of the research sector and presents a substantial structural barrier for many.

Workload Pressures and Lack of Time for Research

Managing workloads emerged as a significant challenge (n=113; 16%). Respondents reported balancing multiple responsibilities—including teaching, service delivery, administration and project management—which often left insufficient time for core research activities.

Related to this, lack of dedicated research time (n=95; 13%) was also widely reported. Many respondents felt that their contracted roles or institutional arrangements did not provide protected time for writing, analysis, grant development or career-building activities, hindering their ability to progress in competitive research environments.

Together, these findings point to structural over-stretch and competing demands within academic and applied research roles, limiting opportunities for focus and advancement.

Mentorship and Peer Support Gaps

Interpersonal and relational factors also contributed to perceived career barriers. A notable proportion of respondents cited:

- **Lack of accessible mentors (n=82; 11%)**
- **Lack of peer support (n=54; 8%)**

These findings suggest that many researchers lack access to the networks, guidance and professional communities that facilitate skill development, confidence and timely progression. Mentorship gaps may disproportionately affect those entering research from non-traditional backgrounds, those based outside major academic centres, or those on short-term contracts.

Lower-frequency Barriers

A smaller number of respondents selected "Other" (n=14; 2%), highlighting a range of additional context-specific challenges not captured in the predefined categories. These may include organisational issues, interpersonal dynamics or specialist role requirements. Only 28 respondents (4%) reported experiencing none of the listed barriers, emphasising the widespread nature of obstacles across the research workforce.

Career Barrier	Count	Percentage
Lack of employment opportunities available or accessible	79	11%
Lack of permanent employment opportunities available or accessible	116	16%
Lack of research funding available or accessible	135	18%
Lack of mentors available or accessible	82	11%
Lack of peer support available or accessible	54	8%
Difficult to manage workloads	113	16%
Lack of dedicated research time	95	13%
Other	14	2%
None of the above	28	4%

Funding and opportunities are the biggest barriers
Lack of research funding (18%) is the top barrier, followed closely by lack of permanent employment opportunities (16%), difficult to manage workloads (16%).

These three together make up 50% of all responses, suggesting that stability and structural support are the biggest systemic issues, reflecting findings from the literature review.

Career Facilitators

Survey respondents were also asked to identify factors that had positively supported their career development. The responses point to a range of interpersonal, organisational and structural facilitators that help enable progression within the health services research workforce. While a small proportion (7%) reported experiencing none of the listed facilitators, the vast majority identified at least one form of support that had enhanced their career trajectory.

The most frequently cited facilitators were a professional relationship with a mentor, supervisor, colleague or peer (31%) and support from their organisation, department or manager (25%). These findings highlight the central role that relational and institutional support structures play in sustaining careers and enabling researchers to navigate the complexities of the health research landscape.

Mentorship and Supportive Professional Relationships

The most commonly reported facilitator was the presence of a professional relationship with a mentor, supervisor, colleague or peer (n=163; 31%). Respondents widely described how mentoring relationships provided guidance, confidence, access to networks, and informal knowledge that helped shape their career direction. Peer support was also noted as essential in providing encouragement, sharing opportunities and fostering a sense of belonging within the research community.

Organisational and Managerial Support

Support from the organisation, department or manager was the second most frequently mentioned facilitator (n=134; 25%). Respondents reported that positive management practices—such as advocating for staff, enabling access to opportunities, offering flexibility and recognising achievements—played a crucial role in their career advancement. Organisational support was often described as particularly valuable during critical career transitions, including applying for funding, navigating promotion processes or balancing competing workload demands. These findings highlight the importance of institutional culture and leadership in shaping career experiences.

Mentoring Works

Survey data and the literature agree: mentoring is one of the strongest drivers of career progression, boosting confidence, networks and access to opportunities.

Supportive Cultures Matter

Both sources highlight that good line-management and inclusive organisational cultures — including protected time and fair workloads — are essential for career growth.

Networks Build Belonging

The literature and survey converge: peer support and strong research communities help researchers navigate “hidden rules,” access informal knowledge and stay connected.

These findings align with a broader evidence base highlighting mentorship as a key driver of retention, satisfaction and progression in research careers. Strong supervisory and collegial relationships appear to offer not only technical support but also emotional and strategic resources that enable long-term development.

Funding and Networking Opportunities

Structural opportunities also facilitated career progression:

- **Availability and access to networking opportunities (n=97; 18%)**
- **Availability and access to funding opportunities (n=89; 17%)**

Networking opportunities were viewed as essential for visibility, collaboration and accessing new ideas or partnerships. Respondents described conferences, seminars, working groups and professional networks as important spaces for learning and career development.

Similarly, access to funding opportunities provided the resources necessary to initiate projects, lead research activities and build research profiles. Respondents noted that securing funding was closely tied to career momentum and the development of independent research identities. Together, these factors reinforce the role of external opportunities and structural support in enabling academic progression and sector engagement.

Lower-frequency Facilitators

A small number of respondents selected "Other" (n=7; 1%), indicating additional facilitators outside the predefined categories. These may include personal attributes, specific training programmes, or one-off opportunities that were particularly influential. Meanwhile, 38 respondents (7%) reported experiencing none of the listed facilitators, suggesting that a minority may have progressed with limited support or feel less connected to available development structures.

Career Facilitator	Count	Percentage
A professional relationship with a mentor, supervisor, colleague or peer	163	31%
Support from your organisation, department or manager	134	25%
Availability and access to funding opportunities	89	17%
Availability and access to networking opportunities	97	18%
Other	7	1%
None of the above	38	7%

The survey suggests careers in HSR are powered most by relationships, as mentoring and supportive management were cited nearly twice as often as funding or networking opportunities.

Stigma and Professional Identity

Survey respondents were asked whether they had experienced stigma in their professional lives due to factors relating to their workplace, academic background, research interests or methodological approaches. The responses reveal that although many researchers do not report experiencing stigma, a substantial minority perceive it as a meaningful barrier that shapes their visibility, credibility and professional identity.

While the largest proportion of respondents (44%) reported no experiences of stigma, more than half indicated at least one source of stigma affecting their work. These experiences highlight ongoing issues related to disciplinary hierarchies, organisational cultures and the value placed on particular research topics and methods within the health services research landscape.

Organisational Sources of Stigma

The most frequently reported source of stigma was related to an organisation or institute where the respondent had been employed (n=42; 14%). Respondents described feeling judged or undervalued in relation to the status, reputation or type of institution they worked for. These experiences often intersected with perceptions of institutional hierarchy, where certain organisations were seen as more prestigious, research-intensive or influential than others. A smaller but notable proportion reported experiencing stigma connected to an organisation or institute where they had studied (n=12; 4%). This suggests that educational background—particularly institutional prestige—continues to shape how researchers are perceived in professional spaces. This type of professional stigma may also be linked to the findings in the literature review, that found that funding opportunities can vary between topic areas, with some topics of specific disciplines facing greater challenges in securing funding (13, 18), further indicating that some areas of research may be valued higher than others. Further research to explore this and the impact is required.

Stigma Linked to Profession, Research Topic and Methods

Several respondents identified stigma associated with the nature of their professional identity and research work:

- **The respondent's profession (n=33; 11%)**
- **The respondent's research topic (n=35; 11%)**
- **The respondent's methods or methodologies (n=41; 13%)**

These patterns point to the persistence of disciplinary hierarchies within health services research. Respondents described situations where certain professions were ranked as more "academic" or "rigorous," and where specific research topics—particularly those seen as niche, applied or less aligned with dominant agendas—were undervalued.

A substantial minority of researchers reported stigma linked to their workplace, academic background or research approach. These experiences reveal how disciplinary hierarchies and organisational cultures continue to shape who is seen as credible — and whose work is undervalued.

Stigma was most commonly tied to institutional prestige, profession, research topic and methodology. Researchers reported feeling judged for working in "less prestigious" settings or for using methods or studying topics viewed as less rigorous — underscoring the persistence of status-driven biases within HSR.

Stigma related to researchers' chosen methods and methodologies was also prominent. Those working with qualitative, participatory or mixed-methods approaches often reported having to justify the legitimacy or rigour of their work. These experiences reflect wider debates within the sector about the relative status of different methodological traditions.

Lower-frequency Categories

A small number of respondents selected "Other" sources of stigma (n=10; 3%). These likely encompass a range of individual experiences, such as team dynamics, sector-specific norms, or stigma related to interdisciplinary roles.

The finding that 138 respondents (44%) selected "None of the above" indicates that while stigma is a significant issue for many, it is not universal. The contrast between this group and those reporting multiple sources of stigma highlights the uneven distribution of professional recognition and legitimacy within the field.

Experiences of Stigma because of:	Count	Percentage
An organisation and/or institute where the respondent has been employed	42	14%
An organisation and/or institute where the respondent has studied	12	4%
The respondent's profession	33	11%
The respondent's topic of research	35	11%
The respondent's methods and/or methodologies used in their research	41	13%
Other	10	3%
None of the above	138	44%

56% of survey respondents reported at least one source of stigma

Perceptions of institutional prestige, disciplinary status and methodological 'rigour' are the most common sources of stigma, potentially shaping visibility and credibility for a substantial minority of researchers.

SURVEY: SUMMARY

The national survey of 248 health and social care researchers highlights four main areas shaping career progression: disadvantages, advantages, career barriers/facilitators, and experiences of stigma. Together, the findings show how structural conditions, identity, resources and support interact to create uneven opportunities across the workforce.

<u>Perceived Disadvantages</u>: many respondents experienced factors that negatively affected their careers:

- **Employment conditions: fixed-term contracts (12%), contracted hours (5%)**
- **Caring and family roles: family responsibilities (11%), caring responsibilities (7%)**
- **Identity-related factors: sex (10%), age (8%), ethnicity/country of birth/language (~7%)**
- **These reflect structural precarity, gendered expectations, and persistent inequities.**

<u>Perceived Advantages:</u> respondents also identified supportive factors:

- **Qualifications (13%)**
- **Languages spoken (11%)**
- **Ethnic background (9%)**
- **Country of birth (6%)**
- **These indicate the influence of cultural capital and educational status.**

<u>Career Barriers</u>

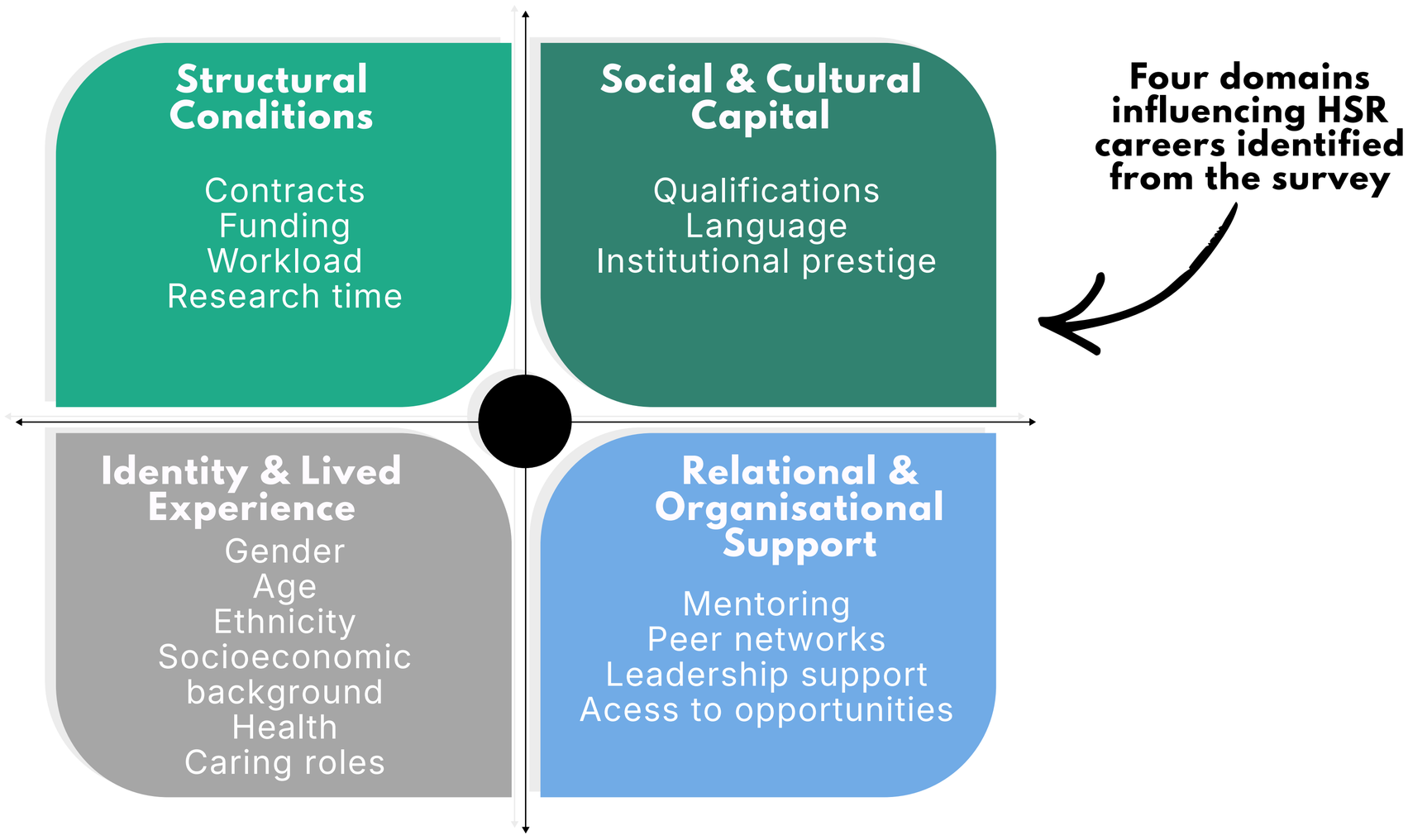
- **Barriers were widespread, with only 4% reporting none**
- **Lack of research funding (18%)**
- **Lack of permanent roles (16%)**
- **Workload pressures (16%)**
- **Lack of research time (13%)**
- **Limited mentorship/peer support (11% / 8%)**

<u>Career Facilitators</u>

- **Mentoring and collegial relationships (31%)**
- **Organisational/managerial support (25%)**
- **Networking opportunities (18%)**
- **Access to funding (17%)**

<u>Experiences of Stigma</u>

- **While 44% reported none, many experienced stigma**
- **Employer organisation (14%)**
- **Research methods (13%)**
- **Research topic (11%)**
- **Profession (11%)**



FINDINGS FROM THE INTERVIEWS

The following sections outlined the thematic findings of the qualitative semi-structured interview undertaken by HSR UK to further explore current career experiences and perceptions. 18 interviews were undertaken with researchers employed in academic, NHS and third sector settings. Interviewees included Research Assistants, Senior Research Assistants, Research Officers, Research Managers, Research Fellows, Senior Research Fellows, Lecturers, Associate Professors and Professors, representing a range of perspectives from early, middle and senior level career stages (the full interviewee profile is available in the Appendices, page 60).

Job security and fixed-term contracts

Job insecurity due to fixed-term contracts was a significant challenge faced by health services researchers. Many individuals reported never having had a permanent contract, which creates uncertainty and impedes career progression. As one participant shared:

> "I've never had a permanent contract in 20 years."
>
> Senior Research Fellow, University

The instability of fixed-term contracts not only affects job security but also contribute to anxiety about the future. This lack of permanence makes it difficult for researchers to plan long-term career goals and often forces them to accept uncertainty in both their professional and personal lives. This was particularly prevalent in the academic sector, whereas individuals employed in the NHS and third sector highly valued job stability in their roles:

> I've worked in the NHS for a number of years and been on fixed contracts. I've never had a permanent contract but technically if you're fixed term for more than four years, even though it's not officially a permanent contract, in NHS terms, once the money runs out, there's a sort of obligation to redeploy me somewhere that's appropriate. So, I have more of that appeal as I have an NHS pension, I would get sick leave, maternity leave and things like that. That's all of the sorts of security that I get from my NHS role.
>
> Senior Research Fellow, NHS

> [I've been] toying with the idea of going back to the academia, I would very much love to go back to academia. But one thing that has kept me back is the non-permanence of the contracts. Because you get to a point in your career where you don't want to be thinking...I've only got three years and I'm looking for a new job.
>
> Evidence and Evaluation Lead, NHS

> I feel comfortable at the moment and I'm quite enjoying this security.
>
> Research Manager Third Sector

Overall, these accounts highlight how fixed-term contracts shape not just employment conditions but the emotional and professional landscape of health services researchers. The uncertainty created by short-term funding cycles leaves many feeling unable to map out a stable career trajectory, and this insecurity becomes a persistent backdrop to their working lives. While some sectors—particularly the NHS and parts of the third sector—offer a buffer through redeployment policies and organisational benefits, the academic environment appears especially precarious, with long-standing reliance on temporary contracts normalising instability. Across the data, participants conveyed a sense of being held back from opportunities they might otherwise pursue, delaying personal decisions, and managing a continuous undercurrent of anxiety about what comes next. These structural conditions not only affect retention but also have broader implications for wellbeing, motivation, and the long-term sustainability of the health research workforce.

Career frameworks and financial challenges

Participants also highlighted the absence of clear career frameworks, which compounded the challenges of pursuing a career in health services research. In particular, the financial obligations associated with PhD studies and post-doctoral roles are major barriers. Several participants explained:

> I took a pay drop to come into the senior research assistant role and now I've taken a pay drop again to do my PhD. I am going to have to work alongside the PhD, probably quite a few hours. Financially, I cannot survive off a stipend alone. I do have thoughts of "How am I gonna make ends meet?" As I've actually got a four year studentship to do some additional training and a placement, so how am I actually going to survive four years on a stipend?

Senior Research Assistant, University

> I couldn't have taken the reduction in pay to do the PhD scholarship had I not at the time been living with somebody with a permanent job who was secure in his employment, that would have been just too risky.

Senior Research Fellow, University

This financial strain was a recurring issue for many researchers, where academic aspirations needed to be balanced against the need for a stable income. The limited funding available for research and the high cost of living make it difficult for researchers to fully commit to and climb academic career pathways. These accounts also illustrate how financial feasibility becomes a gatekeeping mechanism, shaping who can realistically pursue advanced training and who is excluded. The reliance on personal or family financial support highlights deep structural inequities, raising concerns about the long-term diversity and accessibility of the health services research workforce.

Mentoring and Networking

The importance of mentoring and networking emerged as a crucial theme for career development. However, as was also found in the literature review, many researchers noted that opportunities for formal mentoring were limited, leaving them without sufficient guidance in navigating their careers. Informal networks, such as peer support and external mentoring, were valued but not always readily accessible. Two participants, ranging from early career to senior level, highlighted the value of tacit, experiential research knowledge:

> It is always nice to have somebody though. I think the real thing is there's a lot of unwritten rules in academia. There's a lot of politics that goes on. There's a lot of other systems in play that you have to navigate. You have to understand the nuance of it to get anywhere. I didn't know that coming into it.
>
> Senior Research Assistant, University

> It's very much about developing the skills in order to do the research, but also to do the management of research. So it's the politics of managing a research grant. And when do you go to talk to external collaborators? With whom do you share the information about your not yet funded bid?
>
> Professor, University

Additionally, informal networking at conferences and through early career researcher events was highlighted as essential for building relationships and advancing careers:

> I went to an early career researcher event this year...everyone was in the same boat...it's a much smaller room and you also know everybody there is similar position. And then the next day after that you would say hello to people, you'd met them and they'd introduce you to who they'd come with. So that's really beneficial.
>
> Senior Research Assistant, University

These opportunities were noted to help researchers make connections that might otherwise be difficult to establish, particularly in more formal settings.

Personal Characteristics and Resilience

Resilience was again identified as a key personal characteristic necessary to thrive in the competitive and often difficult environment of health services research. Many participants spoke of the emotional and psychological challenges they faced, including imposter syndrome and the difficulty of balancing their personal lives with academic demands. One researcher reflected:

> You do need to be resilient. I don't know why we normalise how difficult it has become. To say that we need to toughen up - I think we could be doing something so it's not so hard on people. I think there are elements in the current system of competitiveness and a cutthroat culture. The difference that it makes to careers - whether papers are published, whether you get grants - it encourages this behaviour. And so I think you need a strength of character to not go down that line."
>
> Associate Professor, University

This resilience is especially important for those from underrepresented backgrounds, who may face additional barriers in academia due to societal biases:

> "I've always found that I always have to work twice as hard - I have to work twice as hard as my colleagues. You're always having to prove yourself."
>
> Senior Research Assistant, University

This provides further insight into how factors influencing careers may intersect. Despite these challenges, many researchers expressed a strong commitment to their work, indicating that personal determination and support networks are critical to navigating their career paths. Participants' reflections suggest that resilience functions less as a desirable trait and more as a coping mechanism required to survive in a system characterised by competition, precarity, and structural inequities. This echoes wider evidence that pressures around productivity, funding success, and publication records can intensify feelings of self-doubt and burnout, particularly for those from marginalised groups. At the same time, the survey data and literature point to the protective role of mentoring, peer communities, and inclusive cultures, which can mitigate some of these challenges and help researchers sustain their motivation and sense of belonging over the long term.

Importantly, these accounts also highlight that resilience itself is not an equal resource, as its development and sustainability depend heavily on factors such as financial security, social support, organisational culture, and personal circumstances, making it an inequitable expectation across the research workforce.

Gender and disability biases

Biases related to gender and disability were also prominent in the experiences of health services researchers. Researchers with disabilities or caregiving responsibilities often struggled to find the support they needed, as institutions varied in their ability to accommodate personal circumstances. One researcher shared:

> "Being disabled and starting a PhD...the data collection that you want to do but your able bodied supervisor might not be aware of your challenges and they might be asking you to do stuff that is not actually appropriate for your capability. At the moment we've got a lot of people doing in person data collection on [hospital] wards. I have done some of that and I find it extremely challenging - it is affecting the rest of my work."
>
> Senior Research Fellow, University

The inconsistency in the level of support provided by institutions highlights the need for more structured policies that ensure that researchers with disabilities or caregiving responsibilities receive the necessary accommodations to succeed. Similarly, gender biases were identified, with women and caregivers often shouldering disproportionate burdens in both professional and personal spheres.

Working Environments and Isolation

The shift to hybrid and remote working environments was frequently discussed by participants, with many expressing a sense of isolation due to the reduction in informal interactions. One researcher noted:

> I don't want to be at home on my own all the time... it's probably once every two months that I actually go into the office. My work do pay for me to be on a coworking space, which is better, but it's still not the community of all being together. I really thrived in a work environment when I saw people every day, so that's just doesn't exist in academia for me anymore.
>
> Senior Research Fellow, University

The transition to remote work, although beneficial in some ways, has led to a lack of spontaneous interactions and support from colleagues, making it harder for researchers to engage in collaborative discussions, as another participant based in a university reflected:

> I really liked working from home but after a while it got a bit monotonous and you realise that you don't just bump into someone in the tea room anymore. When I used to work on campus, I would just see someone in the corridor and be able to say, "I'm revising a paper and I've got this comment, what do you think?" But you don't do that as much online because it's just not as interactive.
>
> Research Fellow, University

This isolation seemed to be particularly challenging for individuals who thrived in more traditional, in-person academic settings where informal networking and peer interactions are more likely to occur naturally. These reflections align with wider evidence that hybrid and remote work can erode employees' sense of belonging by reducing informal, spontaneous interactions that traditionally help maintain collegial relationships (38). While remote work offers autonomy and flexibility, research suggests that many workers experience a drifting apart from colleagues and reduced access to tacit knowledge—mirroring participants' accounts of missing corridor conversations and everyday contact (37). For those who previously thrived in socially rich environments, such losses can heighten feelings of isolation. The research suggests that without deliberate efforts to create opportunities for meaningful connection, hybrid models risk entrenching early signs of workplace loneliness, reinforcing the importance of intentional in-person interaction alongside flexible working practices (37). Further research in HSR-specific settings is needed to understand whether this phenomenon is equally evident or takes distinct forms in our context.

Support systems and career development

While some participants acknowledged the value of structured support systems, such as career coaching and leadership training, many felt that these resources were not always sufficient or consistent. One researcher highlighted the value of coaching around confidence and presenting at meetings, arranged and funded by her employer. Though coaching and mentorship were seen as helpful, there was a strong sense that these systems are often underdeveloped or inaccessible to many early career researchers. This lack of structured support can leave researchers feeling uncertain about their future and hinder their ability to pursue career opportunities with confidence.

Many researchers also again emphasised the critical role of family support, particularly when pursuing challenging academic paths such as a PhD. This echoes the findings of the literature review. Family understanding and emotional support were seen as essential in managing the psychological toll of academic work, including long hours and isolation. One participant reflected:

> "Doing a PhD can cause quite a lot of psychological problems for a person, so having that family support, having people around you who are prepared for the fact that you are going to be at a desk 90% of the time. Doing a PhD can be isolating and stressful and potentially damaging to your mental health and therefore you need a family who understand that and recognise so they can help support you."
>
> Research Manager
> Third Sector

This support not only helps in managing the emotional and mental stress of doctoral studies but also in creating an environment conducive to focus and productivity.

Impact of socioeconomic background

Socioeconomic background emerged as a significant factor influencing career experiences in health services research. Many researchers from lower socioeconomic backgrounds reported feeling out of place in academia, where financial security and access to resources are often prerequisites for success. One participant reflected:

> "I'm very aware of my accent... taking my Northern working class accent into some academic arenas feels scary. I wonder if I am going to be judged... people from working class backgrounds should get a fair chance at an education and that disparity still exists because certain universities are always going to take from certain private schools. And I don't know how you begin to change that. Universities really are free to admit who they want."
>
> Senior Research Assistant, University

This disparity in access to resources makes it difficult for researchers from less privileged backgrounds to compete on an equal footing, further perpetuating inequality in academic and research fields. Another participant shared how living with a partner who had a stable job allowed them to take financial risks by accepting reduced pay to pursue a PhD:

> "I've only been able to succeed because I was able to take gambles. I was able to take a £10,000 pay cut and to tolerate being on fixed term contracts because I've got a partner who could sustain our lives, even if those gambles didn't pay off...it's not fair and it means that only the privileged can have a research career... if I'd been a single mum, I would have made very different choices and I would not be a researcher."
>
> Associate Professor,
> University

This highlights how family financial support or stable employment can significantly influence career decisions.

Dual Roles across the NHS and Academia

A recurring theme among health services researchers is the challenge of balancing dual roles in both the NHS and academia. Some participants expressed feelings of being caught between these two sectors, which in some cases led to a sense of disconnection. Researchers risked finding themselves straddling the line between NHS and academic responsibilities, which created confusion about their professional identity and belonging. One participant summarised:

> **"It's really tricky that I feel now like I don't really fit in either camp. You're either an NHS researcher or you're an academic researcher. And I feel like I don't really fit in either now. Although I'm still employed by my NHS organisation, I'm still technically part of that research team but I'm not working on any projects with them anymore, so there's no real reason to be attending meetings and going to the office and things like that. So I feel like I've I'm only half affiliated with that team now. And I also then feel like I'm also only half affiliated with the academic side... I'm not a staff member and also not a student."**

Senior Research Fellow, NHS

This dual role can lead to difficulties in fully integrating into either environment, as individuals feel neither fully affiliated with the NHS nor academia, despite holding positions in both areas. This is perhaps indicative of a wider disconnect between the NHS and academic institutes and may be particularly relevant to clinical academics.

In many ways, this sense of being "in between" reflects the broader challenges associated with boundary-spanning roles, where individuals are expected to operate across organisational, professional, and disciplinary borders. Such roles are often celebrated for their ability to connect systems, foster collaboration, and generate innovation, yet they can also bring significant emotional and practical strain. The ambiguity inherent in holding responsibility to multiple structures, each with its own norms, expectations, and hierarchies, can leave individuals feeling professionally fragmented. Rather than being fully recognised or embedded within either environment, boundary spanners may find their contributions difficult to categorise, and that their career pathways remain unclear. This may create a persistent sense of precarity and stress as individuals juggle competing identities, which was reflected in a small number of the interviews undertaken.

These experiences also speak to a more fundamental question about identity within the HSR community. HSR has long been characterised by interdisciplinarity, methodological plurality, and the blending of clinical, social science, and applied research traditions. While this richness is a major strength of the field, it can also mean that researchers struggle to articulate a stable or "proper" disciplinary home. Many do not wholly identify as clinicians, social scientists, or policy researchers, but hold aspects of all three. As such, the feelings of not fully belonging, as reported by interviewees navigating NHS and academic boundaries, may be symptomatic of a wider cultural and structural issue within HSR itself. The field relies on hybridity, yet does not always provide the institutional frameworks, career structures, or community norms that allow hybrid identities to feel fully supported.

Career barriers identified from the interviews

Many of the barriers to progression found in the interviews echo findings from the literature review and survey. Perceived barriers include: fixed-term contracts, limited teaching opportunities and a lack of clear career pathways. Many participants described the difficulty of balancing teaching and research responsibilities, with some noting that teaching-only contracts left little time for research:

> Teaching is 100% prioritised. That's what brings in the money and that's what pays for everyone. Research is all just loss making. Everyone's concerned about the bottom line. We have a split which is 60% teaching and 40% research, which sounds OK. It's not what I would desire but my experience has been that the reality is that the amount of teaching and the pastoral support of students and the allocations - it takes up more than 60%.

Associate Professor, University

Another participant highlighted how different research disciplines may be valued over others, including tensions between the value of quantitative and qualitative research and integrating nursing research into HSR:

> I think one of the challenges I have at the moment is I work in a department where most of the research is quantitative in focus and I don't think there's always a value on qualitative research ... I know that some students have been dissuaded from doing a dissertation on a qualitative piece of work because actually the department values quantitative research more.

Researcher, University

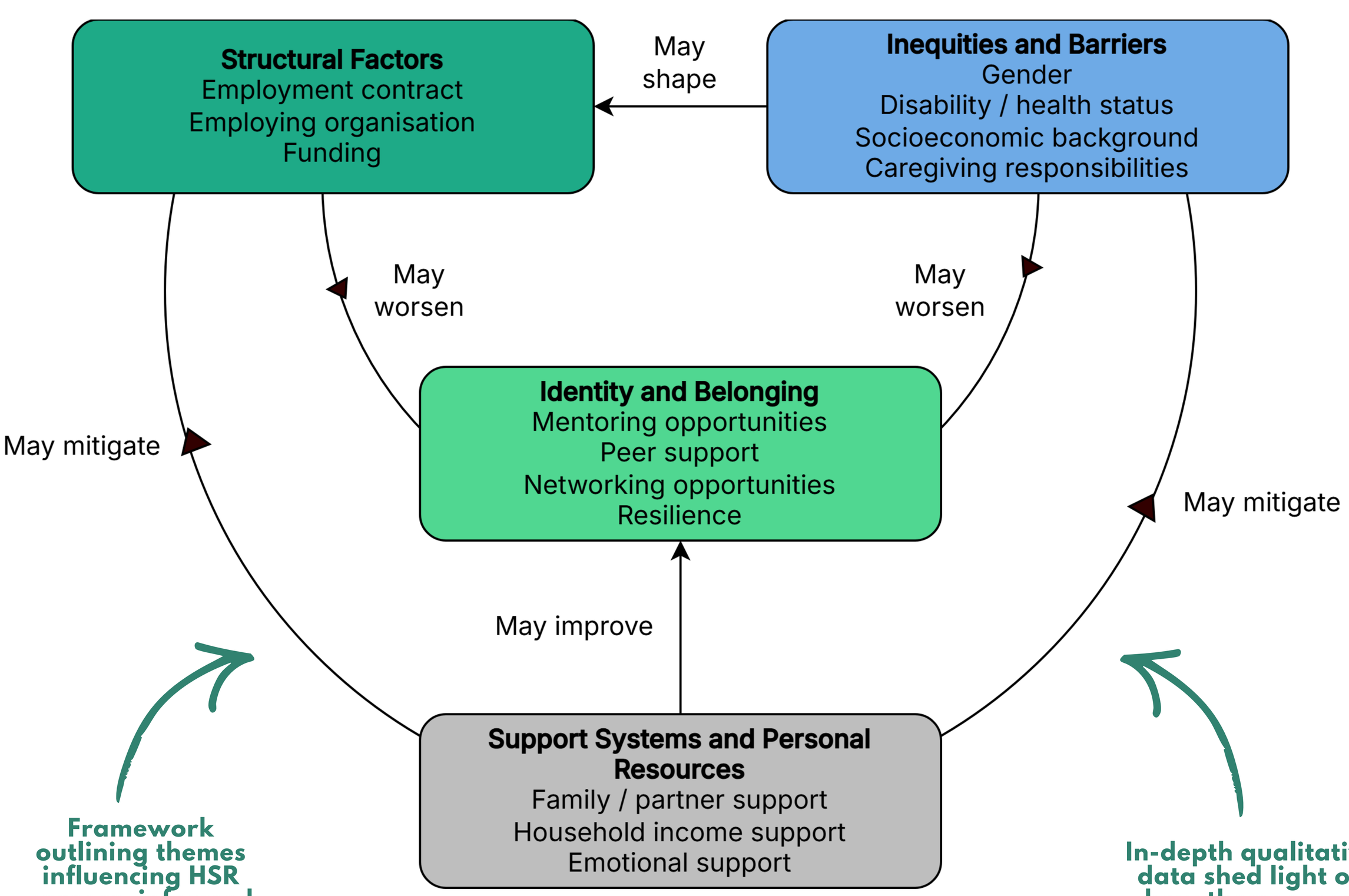
> Although nurses talk a lot about evidence based practice, there's an attitude of not thinking it's important that nurses are creating evidence. They don't really see that nurses need to be the ones researching. There's a real cultural shift that's needed.

Researcher, University

Additionally, researchers on short-term contracts often feel excluded from opportunities for career advancement, as funding constraints and institutional priorities limit the chances for long-term progression.

INTERVIEWS: SUMMARY

- **Job insecurity from fixed-term contracts is a major, ongoing concern across HSR roles.**
- **Financial barriers (e.g., low PhD stipends, pay cuts) limit who can progress.**
- **Mentoring and guidance are inconsistent, with many relying on informal networks to navigate "unwritten rules."**
- **Inequities and biases affect disabled researchers, caregivers, women, and those from working-class backgrounds.**
- **Hybrid/remote working increases feelings of isolation and reduces informal support.**
- **Identity and belonging are challenging, especially for those spanning NHS and academic roles; many feel they fit in neither.**
- **Disciplinary hierarchies and heavy teaching loads restrict research opportunities.**



Framework outlining themes influencing HSR careers, informed by interviews

In-depth qualitative data shed light on how themes may intersect

DISCUSSION

This research offers a comprehensive view of the structural, cultural and personal factors shaping careers in HSR. Although the literature, survey and interviews highlighted overlapping themes, the convergence itself is a key finding: the challenges faced by HSR researchers are not isolated or anecdotal but systemic, patterned and persistent across settings, sectors and career stages. Together, the evidence suggests that career experiences in HSR are shaped less by individual shortcomings or preferences and more by wider organisational and sector-level conditions that influence who can enter, thrive and remain in the field.

Invisible Rules Create Inequity

Navigating organisational cultures, hidden expectations and competitive norms places a heavy emotional and cognitive load on researchers.

Informal Support Isn't Enough

Mentorship and collegiality help, but relying on informal networks reinforces uneven access for some.

WHAT THE FINDINGS MEAN

The consistency across data sources indicates a profession experiencing chronic structural pressure. Fixed-term contracts, funding gaps, workload intensity and unclear progression pathways create a landscape defined by uncertainty. These conditions not only impact day-to-day experiences but fundamentally shape life decisions, long-term planning and identity. While many researchers emphasise their commitment to the field, commitment alone cannot offset the instability and inequity built into current career pathways. Equally, the findings highlight the emotional and cognitive load carried by researchers navigating complex organisational cultures, "unwritten rules", competitive environments and shifting expectations around productivity. Mentorship and collegiality emerged as crucial buffers. However, relying on informal support reproduces inequity and places undue pressure on individuals to "figure out" systems that are structurally opaque.

Inequities Accumulate Over Time

Precarity, workload, isolation and unclear progression pathways disproportionately harm disadvantaged groups, threatening retention across careers.

Resilience Can't Fix Structural Problems

The system currently depends on individual resilience, but sustainable, equitable careers require predictable, supported pathways, not personal sacrifice.

IMPLICATIONS FOR EQUITY AND INCLUSION

The conditions described across the datasets were: precarity, workload, lack of support, isolation, unclear pathways and emotional strain. These are not simply early-career hurdles; they cumulatively threaten retention across the career course and to affect disadvantaged groups more so than others. For example, many interview participants described delaying or abandoning academic ambitions, hesitating to return to academia from employment in the NHS or third sector organisations. Without structural reform, the field faces a long-term risk: losing capable researchers not due to lack of skill or motivation but due to preventable systemic barriers. The current framework in which some careers progress is built on personal resilience, which is inherently fragile, and dependent on individual circumstances, resources and backgrounds. Sustainable careers, by contrast, require predictable, supported pathways irrespective of these things.

WHAT NEEDS TO CHANGE

Improving HSR career experiences therefore requires moving beyond individualised narratives of resilience, productivity and self-management. Systemic change should focus on:

- **Stabilising employment structures, including clearer progression pathways and reduced reliance on short-term contracts.**
- **Improving funding continuity, particularly during high-risk transitions such as post-PhD and early independence.**
- **Embedding equitable, incentivised mentoring, accessible to all rather than the fortunate few.**
- **Addressing inequalities structurally, including disability adjustments, caring-friendly policies, and support for those without financial safety nets.**
- **Strengthening organisational cultures, with inclusive leadership, protected research time, and recognition of diverse contributions across methodological and sector boundaries.**
- **Building belonging, particularly for researchers navigating both NHS and academic identities.**

Taken together, the evidence is clear: meaningful progress will come not from asking researchers to adapt to precarious systems, but from reshaping those systems to support a diverse, skilled and sustainable HSR workforce.

SENSE-CHECKING: FINDINGS FROM OUR STAKEHOLDER WORKSHOP

As part of our project activities, we convened a stakeholder workshop on the 13 January 2026 to sense-check the emerging findings and ensure they aligned with real-world experience across sectors, roles and career stages. Participants included health services researchers across sectors and varied from early, middle and senior level career stages and held diverse background employed from different research settings.

What Resonated Most Strongly

Across the workshop, stakeholders overwhelmingly confirmed that the Phase One findings reflect lived reality. Their reflections highlighted:

- **The pervasive structural precarity of HSR careers**
- **The enormous influence of line managers and local culture**
- **Significant barriers to accessing mentoring, networks and tacit knowledge**
- **Persistent inequities around class, disability, neurodiversity and caring roles**
- **A fragmented professional identity landscape**
- **The unsustainability of relying on individual resilience**

Our Stakeholder Workshop Strengthened the Findings

Stakeholders across sectors and career stages confirmed that our Phase One insights reflect lived reality. Their reflections reinforced the structural precarity of HSR careers, the influence of line-manager culture, the barriers to mentoring, networks and tacit knowledge, and the persistent inequities linked to class, disability, neurodiversity and caring roles, emphasising that individual resilience alone cannot overcome systemic barriers.

A NEW WAY OF THINKING: TACIT RESEARCHER KNOWLEDGE

Stakeholders also identified the value of tacit knowledge. This type of informal knowledge included the unwritten rules and hidden expectations that shape HSR careers. As discussion progressed, it became clear that this can be a major and often invisible driver of inequality. Key reflections were:

- **Insider information is unevenly distributed: Those without academic networks or senior champions may feel disadvantaged in understanding career navigation, funding timelines and promotion pathways.**

- **Line managers act as gatekeepers: Access to insider knowledge depends heavily on individual managers rather than organisational processes.**

- **Lack of transparency leads to avoidable missteps: Participants described situations where chasing funding led to perceptions of "lacking" a specialty, which was also perceived as necessary to build a successful HSR career:**
  - **Not knowing how to build a niche, plan grant trajectories or navigate authorship politics may feel more daunting for some researchers with limited or no access to tacit knowledge.**

- **Tacit knowledge may reinforce existing inequities: Working-class, disabled, neurodivergent and non-academic-sector researchers may be less likely to access informal networks where this knowledge circulates.**
  - **Further research to explore and identify this is urgently required.**

Defining Tacit Knowledge

"Tacit knowledge is intangible knowledge, such as rules of thumb, heuristics, and other "tricks of the trade" (39).

Why Tacit Knowledge Matters

Tacit knowledge shapes who progresses in HSR: it includes unwritten rules, hidden expectations and insider cues that influence funding success, career navigation and professional identity.

How Tacit Knowledge Drives Inequity

Access to tacit knowledge is unevenly distributed. Researchers without strong networks or supportive managers face greater barriers, less transparency and more avoidable missteps.

NEXT STEPS FOR HSR UK

Building on the insights from Phase One and the reflections shared during the stakeholder workshop, HSR UK will move into Phase Two of this strand of work. This next stage will focus on understanding what works in practice and identifying interventions that can support more inclusive, sustainable and equitable career pathways in HSR.

Help Us Identify What Works

As we move into Phase Two, we want to learn from the real examples already making a difference.

Has an internal or external intervention, programme or practice positively impacted your career?

We'd love to hear about it. Your experiences will help us identify strategies to build clearer, fairer, more sustainable HSR career pathways.

📩 **Share your example: info@hsruk.org**

Participants at our stakeholder workshop suggested several areas where deeper exploration would be valuable and where HSR UK is well placed to convene learning:

- **Making tacit knowledge visible:** exploring how organisations codify "unwritten rules" of research careers, such as funding navigation, progression expectations and strategic career planning. Exploring how such knowledge can be shared across sectors and how HSR UK can help facilitate this.

- **Strengthening line-manager support:** understanding what consistent, equitable line management looks like and how good practice can be embedded beyond reliance on individual managers.

- **Developing accessible networking models: i**dentifying approaches that provide meaningful connection and visibility for carers, disabled and neurodivergent researchers, and those outside traditional academic structures.

- **Deepening understanding of disability and neurodiversity in HSR careers:** examining barriers to disclosure, variability of adjustments, and the prevalence of hidden or undiagnosed needs.

- **Supporting career navigation beyond universities:** gaining clearer insight into how researchers in NHS, charity and mixed-role settings build identity, progression and belonging, and what sector-specific supports are needed.

Make the Hidden Visible

HSR UK will surface the unwritten rules of research careers and help share tacit knowledge across sectors.

Strengthen Everyday Support

We will champion equitable line-management and more accessible, inclusive networking models.

Improve Real-World Pathways

We'll identify what works beyond universities through case studies and fieldwork.

Alongside these thematic priorities, Phase Two will include the following planned activities:

- **Selection of case studies:** identifying 2–3 existing initiatives that support HSR careers and examining what works and what could be improved.

- **Fieldwork and stakeholder engagement:** conducting interviews, surveys, focus groups and document reviews to explore selected interventions in depth.

- **Practical guidance and dissemination:** developing and sharing accessible resources, such as blogs, social media assets and short guides, which will aim to showcase effective practices and support wider adoption.

- **Conference and consultation:** sharing early insights at the HSR UK Annual Conference and gathering feedback from the ECR Advisory Group, broader membership, and the Board of Trustees.

Together, these next steps aim to translate research into action—ensuring that the insights from Phase One lead to meaningful, tangible improvements in career support and inclusion across the HSR sector.

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APPENDICES

The below table outlines the aims and key findings from the sources identified for the literature review.

Ref	Title	Country	Discipline	Aim	Findings
(7)	Impact of the COVID-19 Pandemic on Early Career Investigators in Rheumatology: Recommendations to Address Challenges to Early Research Careers.	USA	Academic Medicine	To assess how the American College of Rheumatology and the Rheumatology Research Foundation can address the needs of those pursuing research careers.	Major stressors identified during the pandemic included increased caregiving responsibilities and difficulty obtaining data and funding, for which respondents suggested increases and changes in funding programs as well as more mentoring and networking opportunities
(8)	Engaging early career researchers in a global health research capacity-strengthening programme: a qualitative study	UK	Global health research group	To explore early-career researchers' experiences of research capacity strengthening programmes.	Capacity-strengthening activities for early-career researchers included attendance at conferences and events, mentors, English language and English academic writing training and collaboration with other global health research groups.
(9)	Predictors of academic career progression among early career physician-scientists via an intensive research training program abroad: a case study	China	Academic Medicine	To identify factors associated with academic career progression among junior physician-scientists following the completion of an intensive research training programme.	Factors associated with career progression included the provision of training opportunities, prompting co-publication opportunities with supervisors, protected research time and encouraging a positive culture between senior and junior physicians and mentoring.
(10)	Enablers and barriers to progressing a clinical academic career in nursing, midwifery and allied health professions: A cross-sectional survey	UK	Academic nursing, midwifery and allied health professionals	To understand the routes by which nurses, midwives and allied health professionals pursue and sustain a research career and the enablers and barriers to career progression.	Nearly three quarters pursuing a clinical academic career indicated 'clearer career paths' and 'greater integration across clinical and academic departments' were desirable. Most common barriers related to research roles, availability of positions and funding.
(11)	Collaboration enhances career progression in academic science, especially for female researchers.	UK	Academic Sciences	To quantify collaboration behaviour and career progression of a cohort of contributors to biennial International Society of Behavioural Ecology meetings.	Authors with stronger networks were more likely to become a PI, and those with less clustered networks did so more quickly. Women, however, showed a stronger positive relationship with adjusted network size. Early-career network characteristics correlated with career length.
(12)	Areas of satisfaction and challenges to success of mid-career nurse scientists in academia.	USA	Academic Nursing	To describe areas of satisfaction and challenges to success in the faculty role for mid-career nurse scientists in academia.	Mid-career nurse scientists were most satisfied with their role at their organisation, least satisfied with time for research and opportunities to receive mentoring. They felt moderately supported by colleagues and deans while differences in satisfaction among nurse scientists in different levels of research institutions were noted.

Ref	Title	Country	Discipline	Aim	Findings
(13)	Designing academic career trajectories: identifying internal assets and evaluating external challenges	USA	Academic Medicine	To reflect on experiences that can inform career development programmes.	Faculty development programs that involve executive coaching and peer mentorship may benefit academicians facing difficulties in career advancement. Periodically evaluating one's motivations for a research career and charting out alternative career pathways can also be helpful to junior faculty development.
(14)	The changing landscape of research funding: challenges for mid-career researchers	Australia	Bioinformatics	To share experience and opinions regarding funding, the difficulties young scientists must overcome, and how the process of securing funding can be improved.	Securing funding as a mid-career researcher was found to be progressively challenging. However, the academic funding landscape in medical research is evolving and it's hoped that these changes will provide tangible opportunities for researchers across all career stages.
(15)	Barriers Pushed Aside: Insights on Career and Family Success from Women Leaders in Academic Otolaryngology	USA	Academic Medicine	To better understand how women in academic otolaryngology achieve work-life balance while negotiating family commitments, clinical workload, and scholarly activity. To highlight coping strategies and behaviours used to achieve these successes.	The conflicting demands between home and professional life are one of the barriers to recruiting, promoting, and retaining women in academic otolaryngology. Fostering a better environment for work-life balance is critical to promote the advancement of women in otolaryngology and otolaryngology leadership.
(16)	Current Challenges for Early Career Researchers in Academic Research Careers: COVID-19 and Beyond	USA	Academic Sciences	To discuss challenges faced by early-career researchers in academic research careers.	Funding rates in the United States remain far lower than they were a decade or two ago, when many of our senior colleagues were entering the field. It cannot be emphasized enough that the increase in grant applications over the past decade, without a comparable increase in allocated funding, has resulted in lower funding rates.
(17)	Eliminating Institutional Barriers to Career Advancement for Diverse Faculty in Academic Surgery	USA	Academic Medicine	To discuss achievement barriers and facilitators for career advancement in academic medicine and surgery.	An established mid-career Leadership Development program was expanded to Early Career Leadership Development with emphasis on fundamental leadership skills. The programme focused on training relevant to early-stage faculty such as managing teams, conflict resolution and prioritising goals.
(18)	Chaperoning junior faculty: Institutional support and guidance can relieve challenges for early-career group leaders and improve academic performance.	Multi-national (Netherlands and USA)	Academic Medicine	To suggest a set of measures that could help early-career group leaders to better handle this stress and allow them and their host institutes to flourish.	Newly arriving junior faculty should be aided to launch their own research project and to integrate them into the community. A "how-to" guide with valuable information and recommendations for newcomers proved very valuable.

Ref	Title	Country	Discipline	Aim	Findings
(19)	Factors influencing career progress for early stage clinician-scientists in emerging Asian academic medical centres: a qualitative study in Singapore	Singapore	Clinical scientists	To explore the factors that influence career progress for early-stage clinician-scientists and to identify ways to mitigate these factors in emerging Asian academic medical centres.	Participants consistently identified adequate administrative and logistical support for research as key to research productivity and career progress as well as mentors being required to serve various needs that ranged from knowledge-specific guidance to career advice. Family support was also perceived as important to career success.
(20)	Barriers and Facilitators of Mentoring for Trainees and Early Career Investigators in Rheumatology Research: Current State, Identification of Needs, and Road Map to an Inter-Institutional Adult Rheumatology Mentoring Program	USA	Academic Medicine	To determine perceived barriers and facilitators to effective mentoring for early career rheumatology investigators and to develop a framework for an inter-institutional mentoring programme.	Successful relationships require both the mentee and mentor to be active participants. Success strategies for being a good mentee included being proactive, efficient, engaged and committed, focused, accountable, and respectful of mentors' time.
(21)	Developing a clinical research career	UK	Academic Nursing	To explain how nurse researchers can get involved in clinical research and the support available to them.	To embark on a clinical academic career it is important to become part of the wider research community. Finding a mentor – ideally someone outside your department, or even your organisation – is also crucial.
(22)	How policy can help develop and sustain workforce capacity in UK dementia research: insights from a career tracking analysis and stakeholder interviews	UK	Health Research	To identify research support strategies likely to be effective for strengthening the UK's dementia research landscape and ensuring a sustainable and competitive workforce.	A mix of policy interventions are needed, aiming to attract and retain researchers. Mostly, bottlenecks in career pathways were identified as a priority, particularly at early and mid-career stages. Scaling-up fellowship opportunities, rising star programmes, bridge-funding, flexible clinical fellowships, leadership training were suggested interventions.
(23)	The role of mentoring in academic career progression: a cross-sectional survey of the Academy of Medical Sciences mentoring scheme	UK	Academic Medicine	To describe a successful mentoring scheme designed for mid-career clinician scientists and to examine factors associated with mentee report of positive career impact.	Mentoring success was determined by a variety of factors including reasons for selection, mentee characteristics, experience and skills of the mentor and the quality of the relationship. Careful planning including preparation, training and ongoing support of both mentor and mentee addressing expectations, building rapport and logistics are likely to be helpful in ensuring success and benefit from the intervention.

Ref	Title	Country	Discipline	Aim	Findings
(3)	Making research careers work: a review of career pathways in health and social care in Wales.	UK	Health and social care research	To set out a number of recommendations to improve opportunities for research career pathways for health and social care researchers in Wales.	Recommendations included developing more structured career pathways, investing in research careers, collaboration between research organisations, government and funding partners, review mentorship schemes and to develop plans to monitor equality, diversity and inclusion data in the researcher population.
(24)	Career barriers influencing career success: A focus on academics' perceptions and experiences	Portugal	Academics	To further illuminate the issue of career barriers in perceptions of career success for academics.	Organisational and professional related barriers included poor workplace relationships, lack of organisational support and unclear career progression standards and expectations. Gender structure was also mentioned as an important barrier to career success, particularly mentioned by women who were interviewed.
(25)	How can early career researchers build capacity?	Nigeria	Early-career researchers	To outline a variety of strategies that can be used build early-career researchers' capacity.	Facilitators for building capacity included mentorship, developing skills via training programmes and conference attendance, collaboration with colleagues, publishing in peer-reviewed journals, applying for research grants and seeking feedback from colleagues and mentors.
(26)	Perceived Barriers to Career Progression Among Early-Career Epidemiologists: Report of a Workshop at the 22nd World Congress of Epidemiology	Multi-national (Japan, USA, New Zealand, Nigeria, India, UK)	Academic medicine	To summarise the outcome of the workshop and to describe perceived barriers for early-career epidemiologists to determine future support.	Lack of funding was found to be the most commonly cited barrier to career development with other commonly mentioned barriers including lack of mentorship opportunities, lack of networking opportunities, lack of training opportunities to develop new and existing skills and difficulties in maintaining health work/life balances.
(27)	A Cross-Funder Survey of Enablers and Barriers to Progressing a Research-Related Academic Career in the Non-Medical Health Professions	UK	Academic nursing, midwifery and allied health professionals	To understand the routes by which healthcare professionals first develop an interest in academic careers and gain first research experience and the barriers and facilitators to pursuing a clinical academic career.	The award of a fellowship was linked to a greater likelihood of being research active; being more likely to direct and lead their own research team and for post-doctoral award holders being more likely to commission and regulate research. Barriers included lack of availability of research positions and funding and inadequate support from employing institutions.

Ref	Title	Country	Discipline	Aim	Findings
(28)	MRC tackles barriers to career progression for female and ethnic minority medical researchers	UK	Academic medicine	To explore barriers to career progression for female and ethnic minority medical researcher	Women were found to be more likely to say they have not received enough career support while gender inequality was seen as a barrier to women pursuing a research career. Women also noted the difficulties of having a family while remaining in research with other general barriers including lack of funding, job opportunities and job security.
(5)	Career barriers influencing career success: A focus on academics' perceptions and experiences	UK	Academic Scences	To undertake a qualitative research project to explore the barriers to progression faced by disabled scientists.	Perceived barriers to disclosing a disability included persistent stigma and the fear of discrimination, particularly for those with mental health conditions. This was compounded for early career researchers (ECRs) attempting to secure a permanent academic role in a competitive environment. It was also felt that institutions and funders should be more proactive in supporting disabled scientists including further support when applying for external funding and further support for staff disability networks.
(29)	Identifying Barriers to Career Progression for Women in Science: Is COVID-19 Creating New Challenges?	Multi-national	Academic medicine	To summarise discussions at a Gender Equity Workshop including barriers to career progression and potential facilitators to overcome ongoing roadblocks.	Women discussed common stereotypes and gender biases. Strategies to overcome barriers to career progression included identifying mentors, sponsors and networking opportunities and for organisations to provide unconscious bias and diversity and inclusion training, improve strategies to recruit female scientists and ensure pay equity.
(30)	Perceptual Facilitators for and Barriers to Career Progression: A Qualitative Study With Female Early Stage Investigators in Health Sciences	USA	Health sciences	To explore influences that present as barriers to and facilitators for advancement in research careers for women.	Facilitators included having female mentors and roles models, family support and possessing individual characteristics such as perseverance and determination. Participants also mentioned that receiving administrative support and startup funds were also helpful in successfully carrying out research projects.
(31)	Barriers to Career Progression in the Higher Education Sector: Perceptions of Australian Academics	Australia	Education	To provide a detailed understanding of critical factors (by gender) that negatively influence career progression of academics.	Barriers to career progression included excessive administrative duties and teaching loads, inadequate research funding and lack of academic mentoring. The conventional view of family commitments as being a hindrance to career progression was not supported in this study; rather organisational factors seems to be the significant barriers to the career progression.

Ref	Title	Country	Discipline	Aim	Findings
(32)	Interventions and strategies aimed at clinical academic pathway development for nurses in the United Kingdom: A systematised review of the literature	UK	Academic nursing	To review interventions and strategies designed to progress pathways in nursing and identify barriers and facilitators to aid wider implementation	Barriers and facilitators to pathway development included funding, clinical and research time constraints, infrastructure, strong and strategic clinical academic leadership and effective partnership working.
(33)	Postdoctoral Nurses' Experiences With Leadership and Career Development: A Qualitative Study	Netherlands	Academic nursing	To explore the experiences and perceptions of Dutch postdoctoral nurses working in research with leadership and career development.	Combining part-time functions and working activities was experienced as challenging, with difficulties in combining research and clinical practice, because clinical practice always had more priority than research. Facilitators included having support from colleagues, supervisors, or partners was experienced as highly important.
(34)	The DINARC© Toolkit - Clinical Academic Research Capacity-Building and Post-Doctoral Development for Nurses, Midwives and Allied Health Professionals (NMAHP)	UK	Academic nursing, midwifery and allied health professionals	To describe the DINARC (Dissemination, Implementation, Networking, Active Research and Clinical practice) Toolkit, a continuous practice development aide for NMAHPs who are in the early post-doctoral phase of a clinical academic career.	A key specific challenge observed in the UK was the inadequate support for individuals during the early post-doctoral phase to maintain and actively apply their research skills on return to practice following completion of their research training. The availability of suitable mentors was also a rare resource but one that is crucial to the development of a means to build capacity.
(35)	Qualitative study exploring barriers and facilitators to progression for female medical clinical academics: interviews with female associate professors and professors.	UK	Academic medicine	To explore the barriers and facilitators to career progression for female medical clinical academics from the perspectives of female associate professors and professors, with a particular focus on women with caring responsibilities.	Many barriers are heavily influenced by their interpersonal relationships, the academic environment in which they work and broader institutional and procedural issues which are influenced by stereotypical societal views on gender roles. Facilitating factors, including measures to increase the numbers of female leaders, may lead to a change of culture that is supportive to aspiring female clinical academics as well as enabling a healthy work/life balance for women and men with caring responsibilities.
(36)	Perceptions of Barriers to Career Progression for Academic Women in STEM	Multi-national (USA, Australia)	STEM (Science, Technology, Engineering, and Mathematics)	To explore what barriers exist for the career progression of women in academia in STEM disciplines to identify key issues and potential solutions.	Entrenched biases, stereotypes, double standards, bullying and harassment all negatively impact women's confidence and sense of belonging. Women also face an additional biological burden, often being pushed to choose between having children or a career. The results of this study indicate that some of these barriers can be overcome through networks, mentoring and allies.

APPENDICES

The below table outlines the participants of the interviews and workshop.

Job Title of Interview Participants	Sector
Associate Professor x 2	University or research institute
Clinical Lecturer	University or research institute
Evidence and Evaluation Lead	NHS or public health service provider
PhD Candidate	University or research institute
Professor x 3	University or research institute
Research Fellow x 2	University or research institute
Research Manager	Third sector organisation / NGO
Research Officer	NHS or public health service provider
Research Officer	Third sector organisation / NGO
Researcher	University or research institute
Senior Research Assistant	University or research institute
Senior Research Fellow x 3	University or research institute

Job Title of Workshop Participants	Sector
Associate Professor x 3	University or research institute
Director of Nursing	NHS or public health service provider
Clinical Lecturer	University or research institute
Director	Third sector organisation / NGO
Health Services Researcher	Government department / agency
PhD Candidate	University or research institute
Professor	University or research institute
Research Manager	Third sector organisation / NGO
Research and Engagement Officer	Third sector organisation / NGO
Research Officer	Third sector organisation / NGO
Researcher x 2	Third sector organisation / NGO
Senior Research Fellow x 2	University or research institute

HSR UK

HSR UK is an independent charity dedicated to the promotion of health services and social care research in policy and practice. We aim to be the collective voice of UK health services research and our members, including universities, research centres, think tanks, NHS organisations and NIHR Applied Research Collaborations.

By convening and connecting producers and users of health services and social care research, we support evidence-based policy and practice in the NHS and social care, helping to mobilise research, build capacity and make an impact. We also influence policy leaders and funders to improve the profile and landscape of health services research, enabling it to thrive.

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