

2023

BURNING (OUT) FOR ACADEMIA



MENTAL HEALTH AMONG MEDIA AND
COMMUNICATION SCHOLARS

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ACKNOWLEDGMENT

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DISCLAIMER

This information is provided for general educational and information purposes only. The scales used in this study (see Appendix) are not intended for (clinical) diagnostics. Any diagnosis and/or treatment decisions in regard to an individual patient should be made based on professional investigations and opinions in the context of the clinical circumstances of the patient.

03

MENTAL HEALTH IN ACADEMIA

Studies consistently point to a significantly higher prevalence of mental health issues among academics compared to most other working populations. With a prevalence of about 37%, academics are found among the occupational groups with the highest levels of common mental disorders (Guthrie et al., 2017; Padilla & Thompson, 2016).

OUR PROJECT: MENTAL HEALTH IN MEDIA & COMMUNICATION SCHOLARS

Despite a growing body of research on the mental health of academics in general, relatively little is known about the situation within the field of media and communication studies in particular.

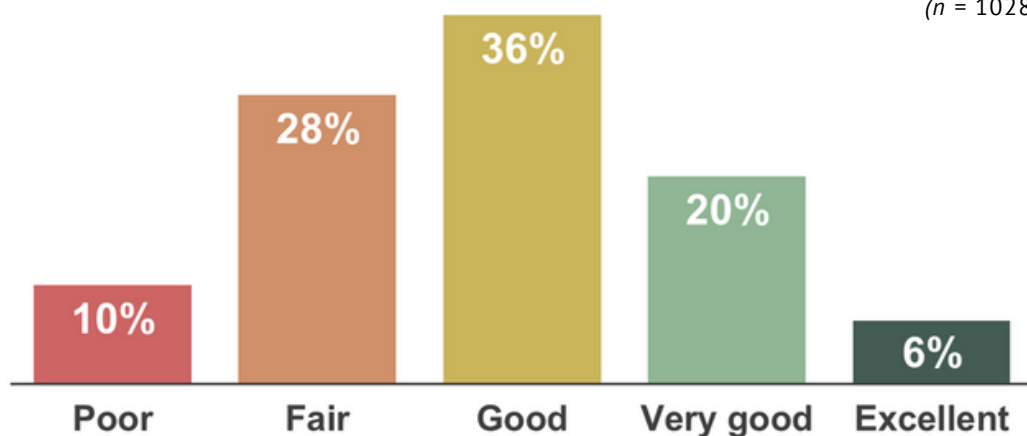
This study therefore aimed to (1) gauge the scale of the problem in our discipline, (2) identify structural conditions that might produce greater vulnerability among individuals, and (3) point to potential ways of improving the situation.

04



SELF-RATED MENTAL HEALTH & LIFETIME PREVALENCE

(n = 1028)



Only one quarter reported very good or excellent mental health.

Mental health is best among late-career and worst in early-career scholars.

Lifetime prevalence is highest among early-career researchers.

When asked about their general mental health, 26% of the surveyed media and communication scholars reported very good or excellent mental health. This is less than half of the 67% found in the Canadian Community Health Survey, which used the same question (Statistics Canada, 2020).

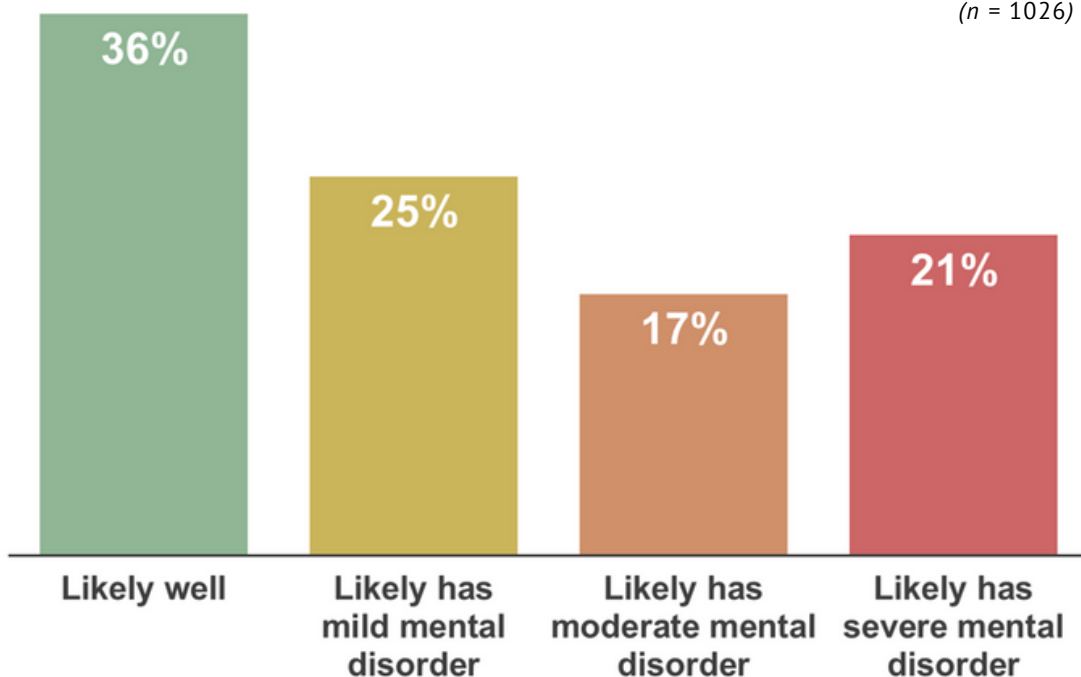
About 62% of the respondents reported that they had experienced mental health problems at some point in their lives (n = 999). This number is substantively higher than the general population’s lifetime prevalence (29%; Steel et al., 2014).

05

PSYCHOLOGICAL DISTRESS



(n = 1026)



Four out of ten likely suffer from moderate or severe mental disorder.

Prevalence of significant psychological distress is almost three times as high as the global estimate.

Psychological distress is highest among early-career researchers.

About 39% of our respondents were classified as likely suffering from moderate or severe mental disorders based on the K-10 scoring system to measure psychological distress (Kessler et al., 2002). This number is substantially higher than similar estimates for the general working population (i.e., 23% in the US, Daly, 2022; 15% globally, WHO, 2022).

Half of the respondents reported that psychological distress was higher than before the pandemic, while 17% indicated it had dropped.

06

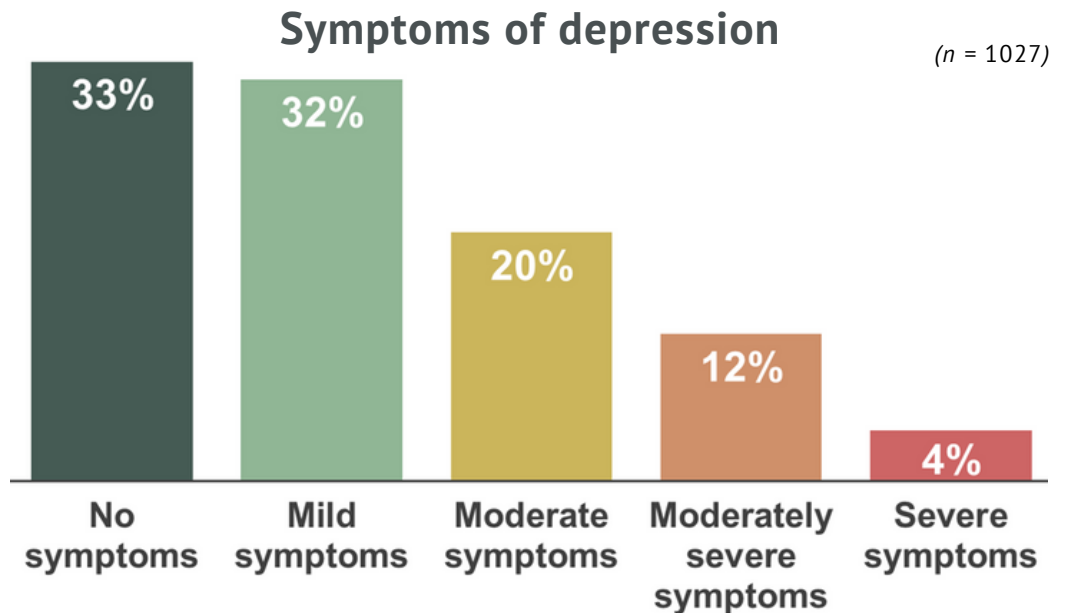


DEPRESSION & ANXIETY

One third reported moderate to severe symptoms of depression.

One out of three showed moderate to severe symptoms of anxiety.

Depression and anxiety symptoms are strongest in early-career researchers.



About 35% of the surveyed media and communication researchers were found to experience moderate to severe symptoms of depression based on the PHQ-8 classification (Kroenke et al., 2009). 16% showed symptoms of moderately severe or severe depression. Notably, WHO (2022) estimates this number to be 5% in the general population.

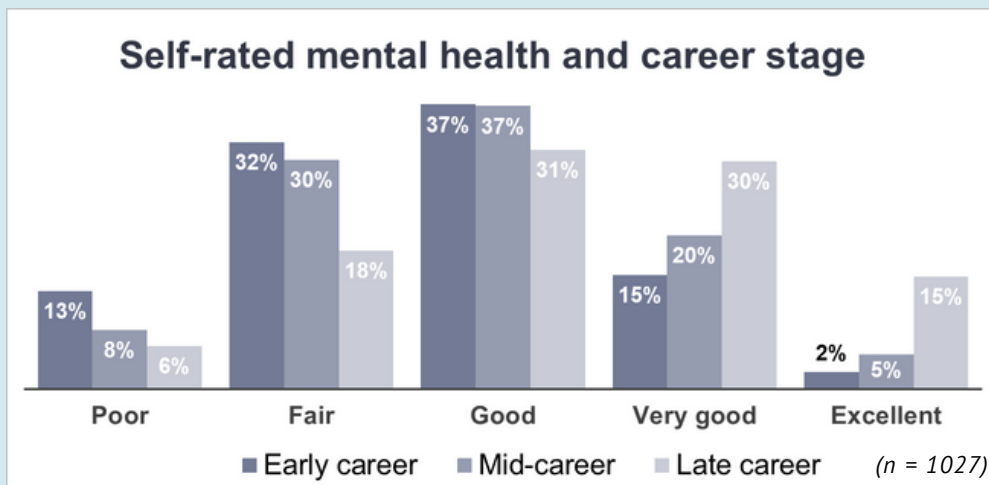
Likewise, 33% of our respondents reported moderate to severe symptoms of anxiety according to the GAD-7 scale (Spitzer et al., 2006). About 13% reported symptoms of severe anxiety. WHO (2022) reports an estimated prevalence of generalized anxiety for the general population of about 5%.

07

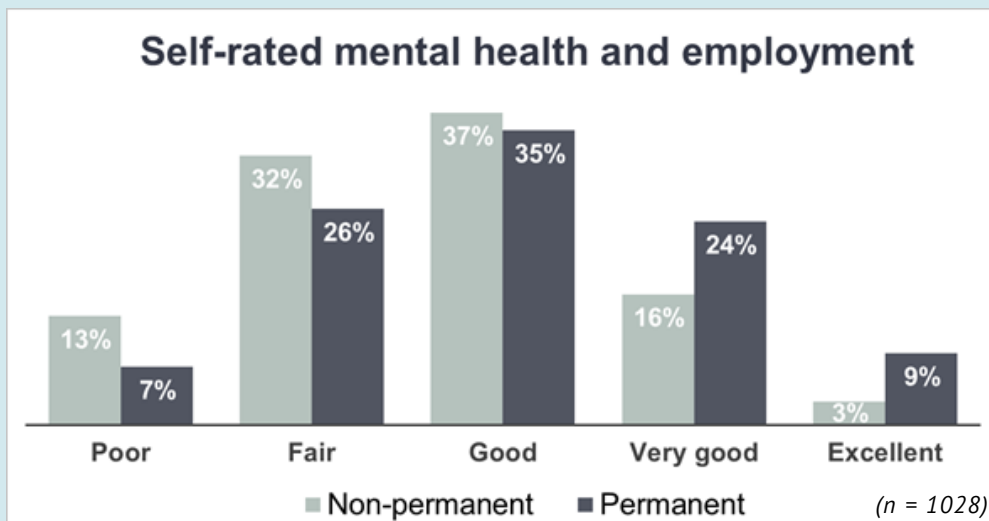
DIFFERENCES BETWEEN CAREER LEVELS & EMPLOYMENT GROUPS

EARLY- AND MID-CAREER SCHOLARS AS WELL AS RESEARCHERS WITH NON-PERMANENT CONTRACTS ARE MOST VULNERABLE TO IMPAIRMENT OF MENTAL HEALTH (ALSO SEE APPENDIX).

Across all investigated mental health outcomes, PhD students and other early-career researchers are most deeply affected by poor mental health, followed by scholars at the mid-career level.

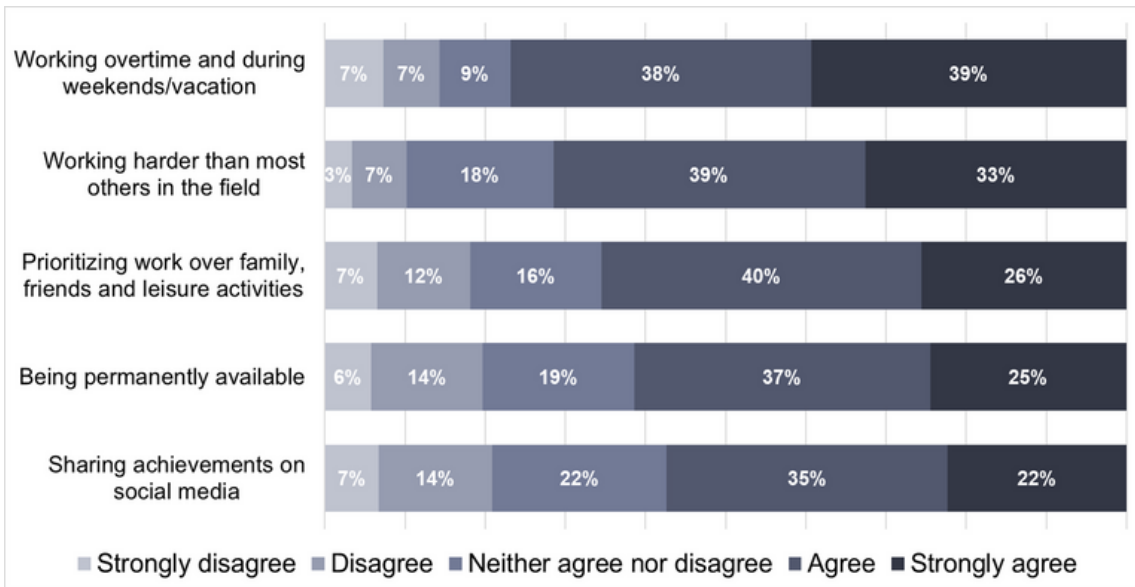


The same applies to employment conditions. Scholars with non-permanent contracts are consistently more heavily affected by high psychological distress than their colleagues in permanent positions.



08

APPROACH TO WORK & WORK-LIFE BALANCE



(n = 1014-1018)

When asked about what it takes to successfully pursue a career in today's academic world, 77% of the surveyed media and communication researchers agreed that working overtime and during weekends/vacation is a must. More than a third of the respondents answered that working harder than most others and prioritizing work over other things in life is a condition for academic success.

Such a problematic approach to work is underlined by the fact that 73% of the respondents agreed that balancing their professional and private lives is difficult.

Three quarters felt they need to work overtime and during weekends.

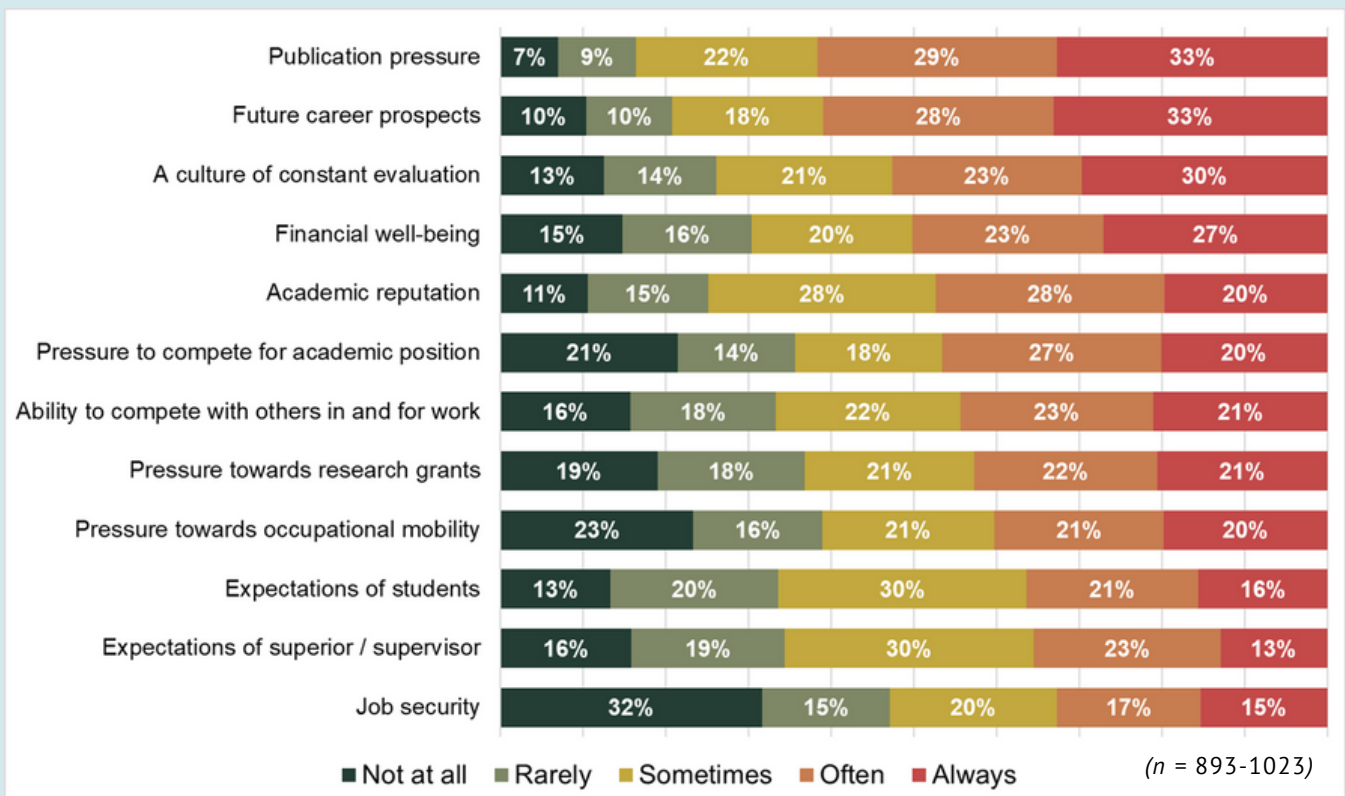
72% felt they have to work harder than most others.

Three in four found it difficult to balance their professional and private life.

09

STRESS FACTORS

“Our system conceives researchers as automated paper creators.”



Structural aspects rank highest on the list of factors media and communication scholars are worried about.

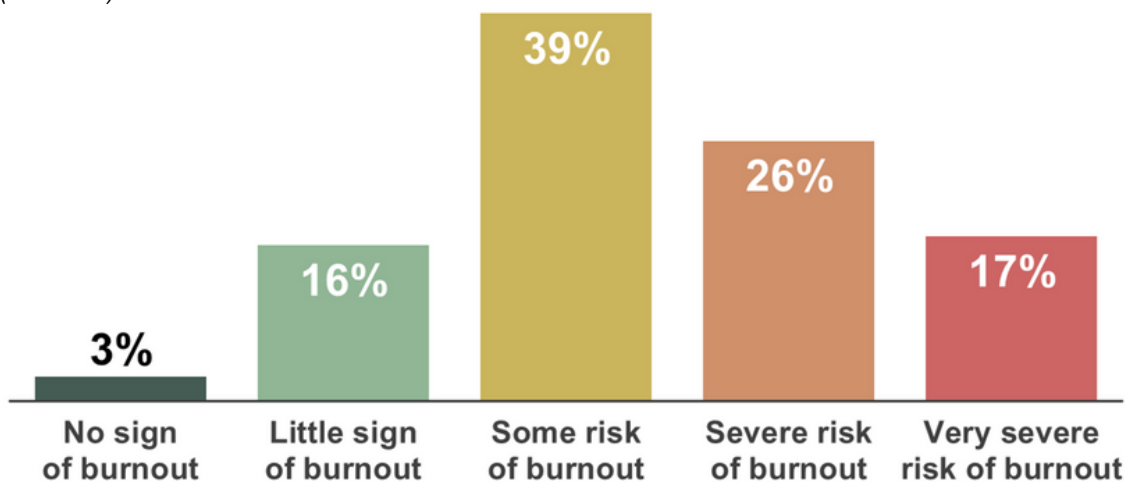
Publication pressure and future career prospects are leading the ranking, followed by a culture of constant evaluation, financial well-being, academic reputation, and the pressure to compete with peers.

(Question: “Considering the past month, how often have you worried about the following?”)

10

BURNOUT

(n = 1027)



Results on burnout are equally alarming. Almost 82% of the surveyed media and communication scholars showed at least some risk of burnout. 43% were classified as being at severe or very severe risk of burnout.

This is particularly true for both scholars at the early- and mid-career levels. However, researchers at all career levels are vulnerable to burnout. Numbers are only slightly lower for late-career scholars.



Four in five researchers showed some risk of burnout.

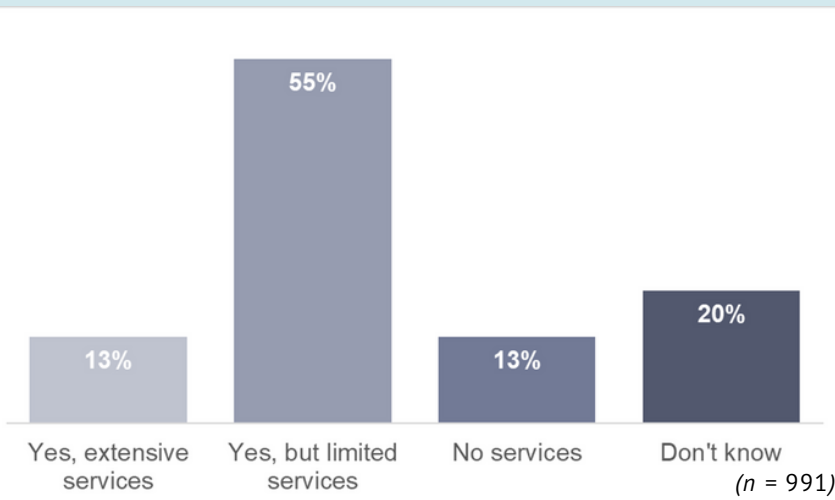
Three in seven were at severe or very severe risk of burnout.

Results on burnout were similar across career levels and employment conditions.

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EXITING ACADEMIA

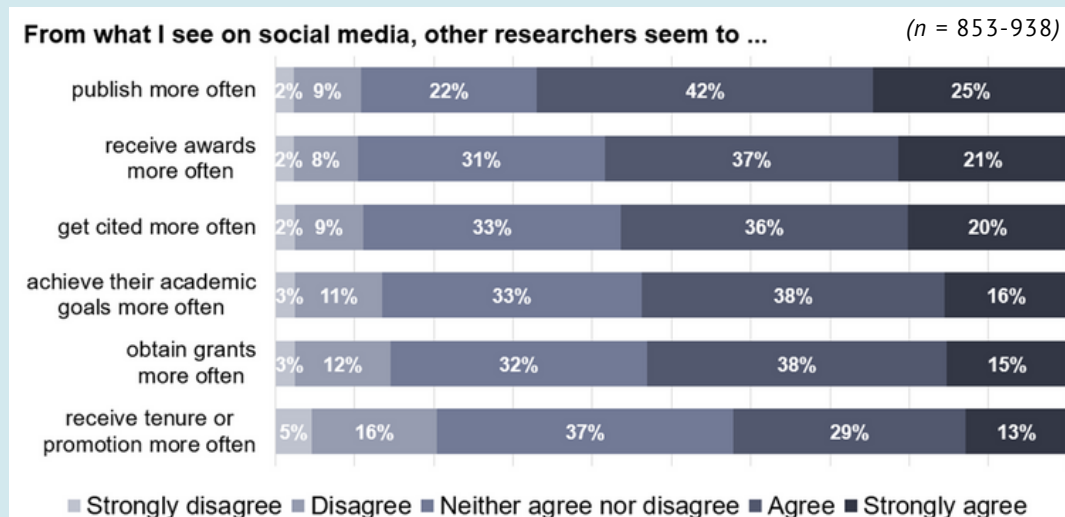
Mental health issues and excessive work-related stress can make people leave academia. Indeed, 44% of the surveyed media and communication researchers reported they had considered **leaving academic work** within the next year. This number was particularly high among early-career scholars (49%) and researchers working on non-permanent contracts (53%).



The **scarcity of organizational support** and resources might contribute to this problem. Only 13% of our respondents had access to sufficient mental-health-related services offered by their organizations.

(Question: “Does your organization offer any services related to mental health?”)

Another problem is related to **social media**. Many of the surveyed media and communication researchers feel that social media content gives them a sense that other scholars are more successful than they are.



12

WHAT NOW?

“I think it is a positive development that academics are paying more attention to mental health issues and ways to deal effectively with them.”

Build up mental health literacy: More research is needed to create knowledge about the scale and quality of mental health issues in the field as well as their causes and consequences. Building up mental health literacy on the individual and organizational levels can help break the stigma, promote support for colleagues with mental health issues, and improve help-seeking behavior.

Raise mental health awareness: High levels of work-related stress and emotional burden are the norm rather than the exception in today's academic world. Mental health problems are, significantly, a systemic result of our academic work environment rather than an individual failure. Community building can help researchers share their experiences as well as help working towards recovery and prevention.

Reconsider our academic culture: Our academic culture should become part of the solution rather than just part of the problem. Academia's competitive logic attributes achievement primarily to individual agency, while it tends to ignore the differential dispositions of individual researchers and the resulting inequalities in resources one can invest into the academic competition. In this context, a serious evaluation of our publication culture and the emphasis on "productivity" in quantitative terms is in order.

Level-up advocacy: It is exactly here where academic associations and scholars in leadership positions have greater leverage. By using their privileged positions in their organizations and fields, they should initiate and sustain a conversation about mental health and emotional well-being in our working environment.

SURVEY & SAMPLE

PRE-TESTED: AUGUST 2022

DATA COLLECTION: SEPTEMBER/OCTOBER 2022

QUESTIONNAIRE DISTRIBUTED BY ECREA, IAMCR, AEJMC, AND ALAIC

n = 1,028 completed questionnaires

- **Career stage:** Early-career 47% | Mid-career 27% | Late-career 26%
- **Employment:** Full-time permanent 54% | Full-time fixed term 22% | Part-time fixed term 8% | Fellowship/scholarship 9% | Other 7%
- **Position:** (Full) Professor 18% | Assoc. Prof./sen. lect./reader 24% | Assist. Professor/lecturer/post-doc 26% | Pre-doc/doctoral student 24% | Other 8%
- **Membership:** ICA 51% | ECREA 39% | IAMCR 28% | AEJMC 26% | ALAIC 4%
- **Gender:** Female 67% | Male 31% | Other 2%
- **Age:** Mean 43 years; Median 41 years
- **Academic experience:** Mean 13 years; Median 11 years

QUESTIONNAIRE

The questionnaire is available for download via <https://publishandperish.org/Survey/>

The survey included questions about mental health as well as a range of contextual factors (e.g., perceived stressors, organizational support, job satisfaction, social media use, and workplace environment).

Questions on mental health were drawn from established and clinically validated scales, including the K-10 for psychological distress (Kessler et al., 2002), GAD-7 for anxiety (Spitzer et al., 2006), PHQ-8 for depression symptoms (Kroenke et al., 2009). Measures of work-life balance and social support built on Syrek et al. (2011) and Hayton et al. (2012). Other scales (e.g., perceived stressors, approach to work, and social media perceptions) were developed by us.

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