



Workplace Challenges Facing Academic Staff in Medical Sciences: Toward a Culture of Transparency, Support, and Outcome-Based Evaluation

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Editorial

The pursuit of excellence in medical and health sciences demands not only intellectual rigor but also sustained psychological and professional well-being among academic staff. Beyond physical working conditions, faculty performance is significantly shaped by psychosocial factors like motivation, perceived value, and social recognition. This insight, which originated in the landmark Hawthorne studies [1, 2], reveals that productivity stems less from environmental changes and more from attention, inclusion, and interpersonal engagement. These findings catalyzed the Human Relations Movement, emphasizing that organizational effectiveness depends on open communication, constructive feedback, and employee involvement in decision-making. Applied to academia, this means institutions cannot solely rely on infrastructural support. Instead, they must actively cultivate a collegial culture defined by meaningful recognition and participatory governance. Failure to address these psychosocial needs may quickly undermine morale, decrease engagement, and diminish scholarly productivity, ultimately impeding the fundamental mission of the medical sciences.

In Iran's universities of medical sciences, faculty members—simultaneously serving as educators, researchers, clinicians, and mentors—operate within increasingly strained institutional ecosystems shaped by domestic fiscal limitations and external geopolitical pressures. The

foundational conditions for scholarly innovation and high-quality education are eroded by chronic underfunding, stagnant compensation, limited access to competitive national and international research grants, excessive teaching and administrative burdens, and sanctions that restrict access to global scientific databases, journals, and laboratory reagents [1, 2]. These structural stressors—often unacknowledged in official discourse—significantly heighten the risk of occupational burnout, a syndrome defined by emotional exhaustion, depersonalization, and reduced personal accomplishment [3]. Burnout among Iranian academic health professionals should be recognized as a systemic challenge, not a personal failure. It cascades across the academic enterprise, impairing teaching quality, stifling research output, weakening mentorship, and accelerating attrition [4,5]. Institutional surveys from several major medical universities consistently indicate that workload intensity and perceived unfairness in evaluation are among the most frequently cited sources of professional distress among faculty [6].

A particularly critical yet under-addressed issue is the persistent misalignment between prevailing performance evaluation systems and authentic indicators of academic contribution. In many Iranian institutions, faculty are still assessed using outdated proxies—such as physical office presence, administrative compliance, or raw publication counts in low-

impact journals—rather than meaningful outcomes. This practice contradicts global trends in higher education, where leading systems have transitioned toward mission-aligned, multidimensional, and impact-oriented evaluation frameworks grounded in organizational justice and self-determination theory [7, 8].

Toward an Outcome-Based Evaluation Framework

We propose a context-sensitive, yet globally informed, model for evaluating academic staff in medical sciences, structured around three pillars:

Teaching Excellence: Assessed through student learning outcomes, pedagogical innovation (e.g., flipped classrooms, simulation-based training), curriculum development, peer observation, and reflective teaching portfolios—not merely contact hours [9].

Research Impact: Measured not by volume alone but by reproducibility, citation influence in regional/global contexts, policy uptake, collaborative networks, and tangible contributions to public health—even when published in Persian-language or regional journals due to access barriers [10].

Community and Institutional Engagement: Aligned with the World Health Organization's call for 'people-centered health workforce development' and resonates with recent reforms in countries like South Africa and Brazil, where resource constraints have spurred context-adapted evaluation systems [11, 12].

Similar approaches are now emerging in the Eastern Mediterranean Region; for instance, medical schools in Jordan have piloted multidimensional faculty evaluation models that balance teaching, research, and service while accounting for local resource limitations [13].

Pathways Forward: From Vision to Implementation

To translate this vision into practice, we recommend the following actionable steps for Iranian medical universities and the Ministry of Health and Medical Education:

- Pilot outcome-based promotion criteria in 2–3 universities, co-designed with faculty representatives.
- Develop national guidelines for teaching portfolios and research impact statements that account for sanction-related limitations.
- Establish Faculty Wellness Units offering confidential mental health support, workload counseling, and career development.
- Institutionalize transparent governance by publishing annual reports on resource allocation, promotion decisions, and gender equity metrics.
- Leverage regional collaborations (e.g., with Eastern Mediterranean Region) to bypass database restrictions and foster research partnerships.

In conclusion, the future of medical education and health research in complex, constrained environments like Iran depends not on individual resilience alone, but on systemic reform. Prioritizing faculty mental health, ensuring equitable access to resources, institutionalizing transparency, and adopting meaningful, impact-based evaluation metrics are both ethical and strategic imperatives. In fact, academic institutions must evolve from traditional administrative structures into supportive, adaptive ecosystems that value scholarly contribution over administrative visibility and human capital over procedural compliance. Only then can they fulfill their dual mandate: advancing scientific knowledge and improving population health—despite adversity.

References

- 1-Shanafelt TD, et al. Changes in burnout and satisfaction with work–life balance in physicians and the general *US* working population between 2011 and 2014. *Mayo Clin Proc.* 2015;90(12):1600-13. <http://doi.org/10.1016/j.mayocp.2015.08.023>. [PMID]
- 2-Farzadfar F, et al. Health system performance in *Iran*: a systematic analysis for the Global Burden of Disease Study 2019. *Lancet.* 2022;399(10335):1625-45.

[http://doi.org/10.1016/S0140-6736\(21\)02751-3](http://doi.org/10.1016/S0140-6736(21)02751-3).
[PMID]

3-Maslach C. Burnout: The cost of caring. London: *Ishk*; 2003.

4-Paradis KC, et al. Burnout among mid-career academic medical faculty. *JAMA Netw Open*. 2024;7(6):e2415593.
<http://doi.org/10.1001/jamanetworkopen.2024.15593>. [PMID]

5-Boone A, et al. Burnout in medical education: interventions from a co-creation process. *BMC Med Educ*. 2025;25(1):230.
<http://doi.org/10.1186/s12909-025-06833-4>. [PMID]

6-Abulela MA, et al. Well-being assessment for medical school faculty: do departmental type and disability status matter? *Acad Med*. 2023;98(11 Suppl):S192-8.
<http://doi.org/10.1097/ACM.0000000000005418>.

7-World Health Organization. Strengthening the collection, analysis and use of health workforce data and information: a handbook. Geneva: *World Health Organization*; 2023.

8-Damayanto A, et al. Management challenges for academic improvement in higher education in the digital era. *Nazhruna J Pendidik Islam*. 2022;5(2):572-92.
<http://doi.org/https://doi.org/10.31538/nzh.v5i2.2131>

9-Kim J, Lee M, Hong E. Evaluating the outcomes of patient safety education programs in nursing education: a scoping review. *BMC Nurs*. 2025;24(1):273.
<http://doi.org/https://doi.org/10.1186/s12912-025-02858-8>. [PMID]

10-Flint JA, et al. Development of an impact evaluation framework and planning tool for field epidemiology training programs. *Hum Resour Health*. 2025;23(1):20.
<http://doi.org/https://doi.org/10.1186/s12960-025-00974-9>. [PMID]

11-Mui P, Maiorana R, Resnick B. A holistic and sustainable approach to public health staffing and workforce development. *Front Public Health*. 2025;13:1493858.
<http://doi.org/https://doi.org/10.3389/fpubh.2025.1493858>. [PMID]

12-World Health Organization. WHO health workforce support and safeguards list 2023. Geneva: *World Health Organization*; 2023.

13-Kumar A, et al. Faculty development programmes in medical education in the Eastern Mediterranean Region: a systematic review. *East Mediterr Health J*. 2022;28(5):362-80.
<http://doi.org/https://doi.org/10.26719/emhj.22.014>. [PMID]

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