



National Doctors' Survey 2025



Executive Summary

Australia's healthcare system has been under increasing pressure for many years and this situation has been greatly exacerbated by the pandemic. Public hospitals are struggling to meet current demand in part due to [workforce pressures](#)¹ and [resource constraints](#).² As [population demographics](#)³ in Australia presage increasing demand for healthcare there is no realistic prospect of any reduction in the level of demand placed on our public hospitals. Responding to these escalating stresses will require [highly functional relationships](#)⁴ between hospital administrations and the staff they support.

The results of the 2025 *ASMOF National Doctors' Survey* present a deeply disturbing picture of dysfunction in the working relationships between administrators of Australia's public hospitals and the doctors who work in them. **At a time when our public hospitals must be functioning to the highest possible standard these findings are alarming and should prompt urgent action by state Health Departments.**

Respectful relationships between administrators and the doctors are [essential](#).⁵ **Only 25% of respondents reported unequivocally being treated with respect by their hospital administrators and managers.** The group reporting the highest levels of disrespectful treatment were specialty trainees – the next generation of hospital specialists. **These doctors are critical to the future of our hospitals and should be nurtured not maltreated.** More than two thirds of respondents reported that hospital administrators and managers lacked understanding of what the doctors in their hospitals actually did. Only 5% of responding doctors felt that hospital budgets were managed in line with clinical need.

Reporting of workplace issues and [incidents](#)⁶ is fundamental to quality improvement in healthcare. Only 25% of respondents reported feeling comfortable reporting **safety, workplace culture, or other adverse workplace issues to health service managers and administrators.** While the majority of respondents had informed managers of workplace concerns formally many reported being subject to later 'retribution.' **Nobody should experience or fear retribution for reporting workplace concerns especially when they involve patient safety.**

Many responding doctors reported being aware of colleagues who had been subjected to retribution. Of respondents who had made reports more than half reported subsequently bullying or intimidation to the point of being fearful. More than a third of doctors raising concerns reported accusations of misconduct or insubordination made against them as a result and over 25% had received lower performance evaluations.

The findings of this national survey are deeply concerning and suggest patient risk as well as revealing a picture of workplace dysfunction that threatens our public hospital system at a time where demand for care has never been higher – and will only increase.

Background

A recent survey conducted by ASMOF NSW of members working in regional and rural hospitals yielded concerning results. The relatively brief survey suggested that salaried hospital doctors were apprehensive about reporting patient safety or system concerns due to fears of ‘retribution.’

Unfortunately, this is a common experience for healthcare workers. For example, a recent survey of nurses in a teaching hospital revealed that less than 32% “agreed” or “strongly agreed” that they could report concerns without fear of retribution or punitive action. More respondents experienced support from clinical colleagues (64%) than from their manager (38%).⁷

There are few data available involving Australian hospital doctors. For this reason, ASMOF undertook a national online survey of its members in March of 2025. The aim overall of the survey was to provide insights into how comfortable ASMOF members were in reporting safety and other concerns.

To ensure that responses to the ASMOF survey were analysed independently, the raw data were redacted by ASMOF secretariat – to ensure that no individually identifying information left ASMOF curation – and analysis was contracted to me in my role with the Australian National University’s National Centre for Health Workforce Studies. The analysis was undertaken in early April and the results are presented in this report for ASMOF to consider and reflect back to members.



Professor Steve Robson
Canberra
April 2025

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1. Skinner C. Health workforce: not normal, not safe, but it can be fixed. *MJA Insight+* 28 March 2022.
 2. NSW Health. Alleviating record pressure on our hospitals. 29 May 2024.
 3. McPake B, Mahal A. Addressing the needs of an aging population in the health system: the Australian case. *Health Syst Ref* 2017; 3: 236-247.
 4. Varga AI, Spehar I, Skirbekk H. Trustworthy management in hospital settings: a systematic review. *BMC Health Serv Res* 2023; 23(1): 662
 5. Medical Board of Australia. Good medical practice.
 6. ACSQHC. Standards. Action 1.11. Incident management systems and open disclosure
 7. Joesten L, et al. Assessing the perceived level of institutional support for the second victim after a patient safety event. *JPat Safety* 2015; 11(2): 73-78.

Demographics of Respondents

The survey asked two initial demographic questions:

What is your level of experience?

- I am a specialty trainee
- I am a specialist qualified for under five years
- I am a specialist qualified for five years or more
- Other

Is your workplace a:

- Large metropolitan hospital?
- Medium or small metropolitan hospital?
- Regional, rural or remote hospital?

The demographic characteristics of respondents are as follows:

	Major Metro	Other Metro	RRR	
Specialty Trainee	102	17	30	149
Specialist less than 5 years	32	19	13	64
Specialist 5 years or more	285	57	96	438
All other doctors	30	10	10	50
	449	103	149	701

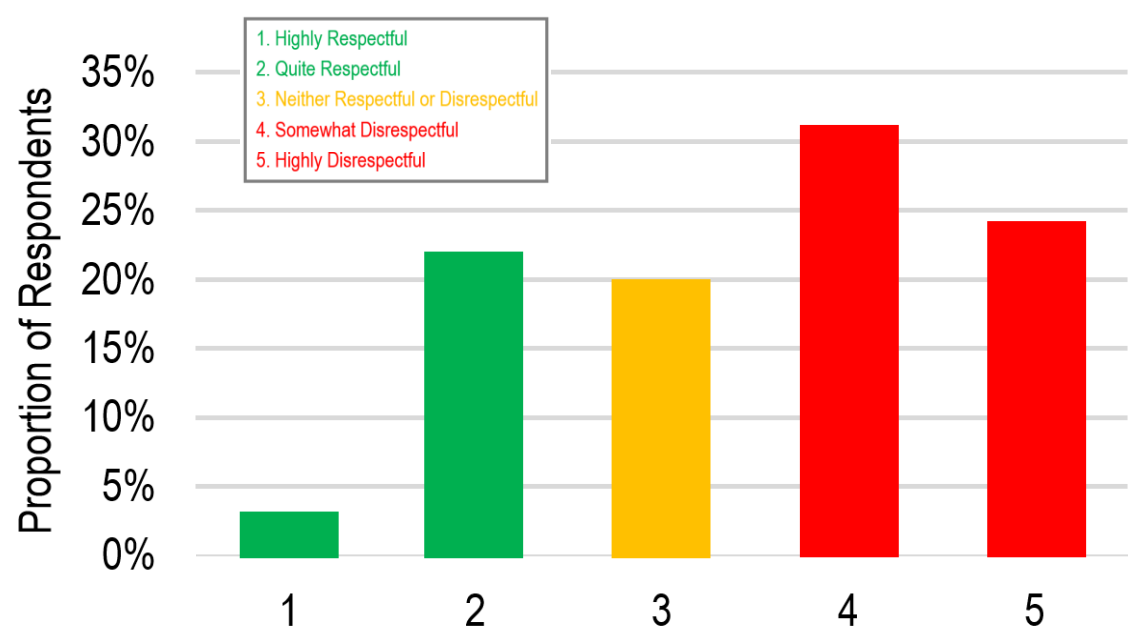
Question 3

How would you describe the level of respect exhibited by health administrators and managers towards clinical staff?

Table shows responses by employment group

	Trainees		Specialists		Other Doctors	
	Metro	RRR	Metro	RRR	Metro	RRR
Highly Respectful	1%	3%	3%	3%	3%	30%
Quite Respectful	15%	17%	25%	16%	19%	40%
Neither Respectful or Disrespectful	31%	17%	17%	20%	25%	10%
Somewhat Disrespectful	33%	40%	29%	35%	35%	0%
Highly Disrespectful	20%	23%	26%	26%	18%	20%

Graph shows overall responses for all employment groups combined



Question 4

Please describe your personal experience of treatment by administrators

Sample Responses

Admin will only engage in token gestures towards staff well-being and safe staffing. They will never commit to meaningful change due to the financial costs.

Administration has weaponised the complaint process and cherry picks which directions it applies. There is a considerable power imbalance tilted towards administration who can receive unlimited expensive legal support. There appears to be no avenue independent scrutiny.

Administrators have made my job incrementally harder every day I turn up for work for the last 23 years. It is now immeasurably more difficult to do simple things and perform my job as it should be done to the detriment of the patients. They rarely listen to suggestions for improvement and if they do listen they don't display any understanding of the fundamental issues causing the problems they try to solve with increasingly ridiculous and expensive money wasting programs

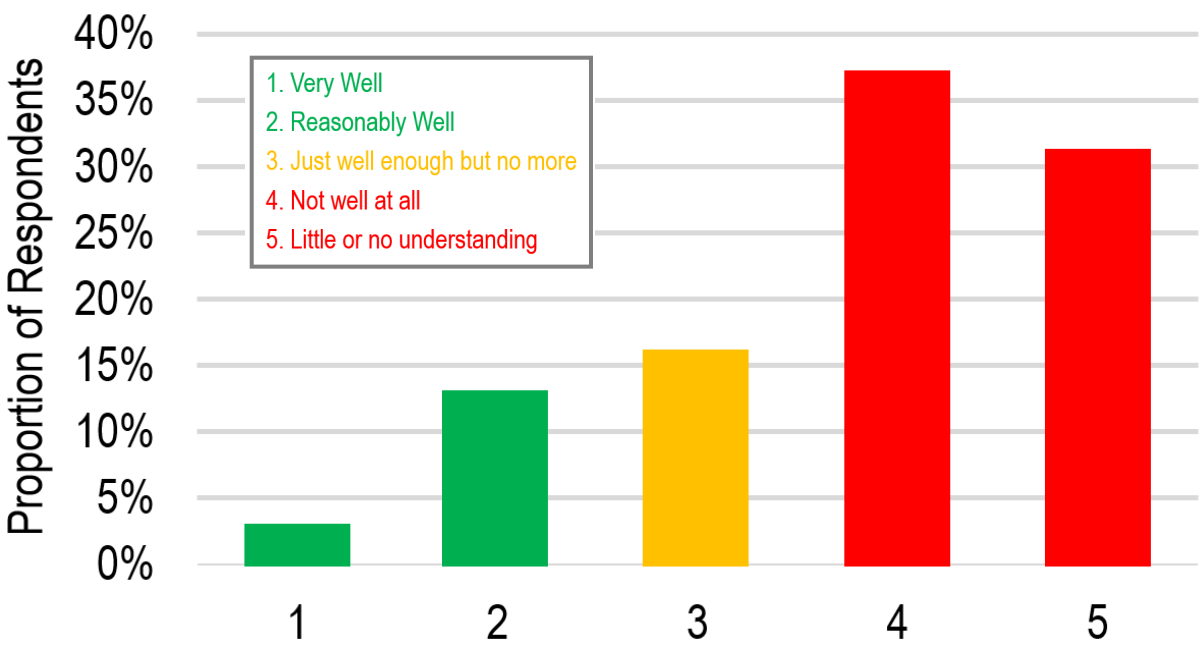
Question 5

In your opinion, how well do the health administrators and managers at your hospital understand doctors' frontline clinical work?

Table shows responses by employment group

	Trainees		Specialists		Other Doctors	
	Metro	RRR	Metro	RRR	Metro	RRR
Very Well	0%	0%	3%	5%	2%	0%
Reasonably Well	8%	10%	16%	10%	8%	40%
Just well enough but no more	18%	7%	17%	9%	13%	40%
Not well at all	35%	43%	36%	44%	42%	10%
Little or no understanding	39%	40%	28%	32%	35%	10%

Graph shows overall responses for all employment groups combined



Question 6

Please describe how you perceive the level of understanding by administrators of doctors' frontline clinical work.

Sample Responses

I feel as though they don't know or understand what we do on a daily basis, and they definitely don't respect it.

I feel that they do not understand burnout, the impact of long shifts and after hours on-call and the mental and physical weariness that comes with our work. It's easy to forget these things when they sit at a desk all day and click on emails.

I don't think they understand the hours we put in, the responsibility that we take on, and how difficult and stressful our job can be at times. My job takes up 100% of my mental load. I don't have any capacity to chase up emails, chase up admin. Advocating for myself is so difficult. And it constantly feels like they are not on our team.

No understanding at all. We are simply a body on the roster and that is all they care about.

They don't understand what we do and make things unnecessarily difficult.

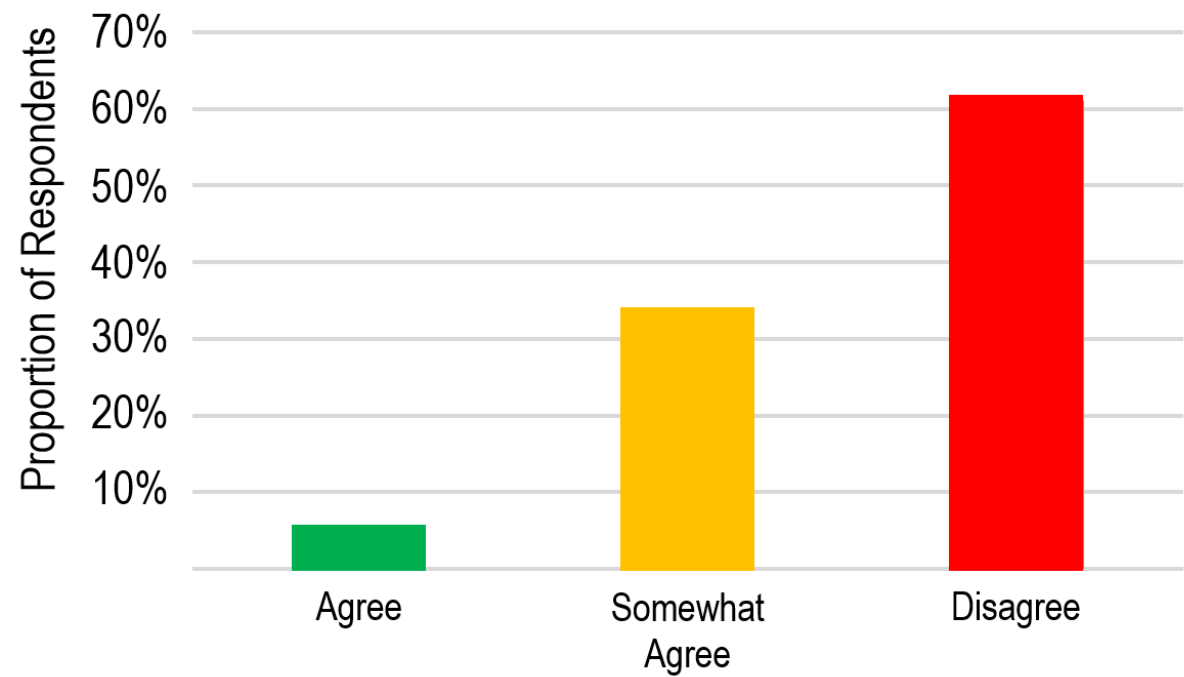
Question 7

In your opinion would you overall agree that administrators at your hospital manage budgets in line with clinical needs?

Table shows responses by employment group

	Trainees		Specialists		Other Doctors	
	Metro	RRR	Metro	RRR	Metro	RRR
Yes, I believe so	4%	0%	6%	3%	5%	40%
Somewhat agree	37%	37%	34%	28%	45%	50%
Disagree	59%	63%	60%	69%	50%	10%

Graph shows overall responses for all employment groups combined



Question 8

How would you describe hospital administrators' management of public hospital budgets?

Sample Responses

All I know is that we are so severely under resourced that I have daily concerns about physician wellbeing and patient care.

As with everywhere we are expected to "do more with less". Our hospital tries to be fiscally responsible but with chronic underfunding services suffer.

Budget bottom lines appear to be the main focus. There seems to be limited understanding of how a small expenditure now may result in a large saving.

Budgets managed with little consideration for patient safety or service delivery, but to look better than comparator hospitals in the LHD.

Clinical needs are not at the top of their priority list when it comes to public hospital budget management. A lot of money is wasted on hiring people who have very little input in clinical aspects but spend all day dealing with numbers of various kinds to influence clinician behaviour.

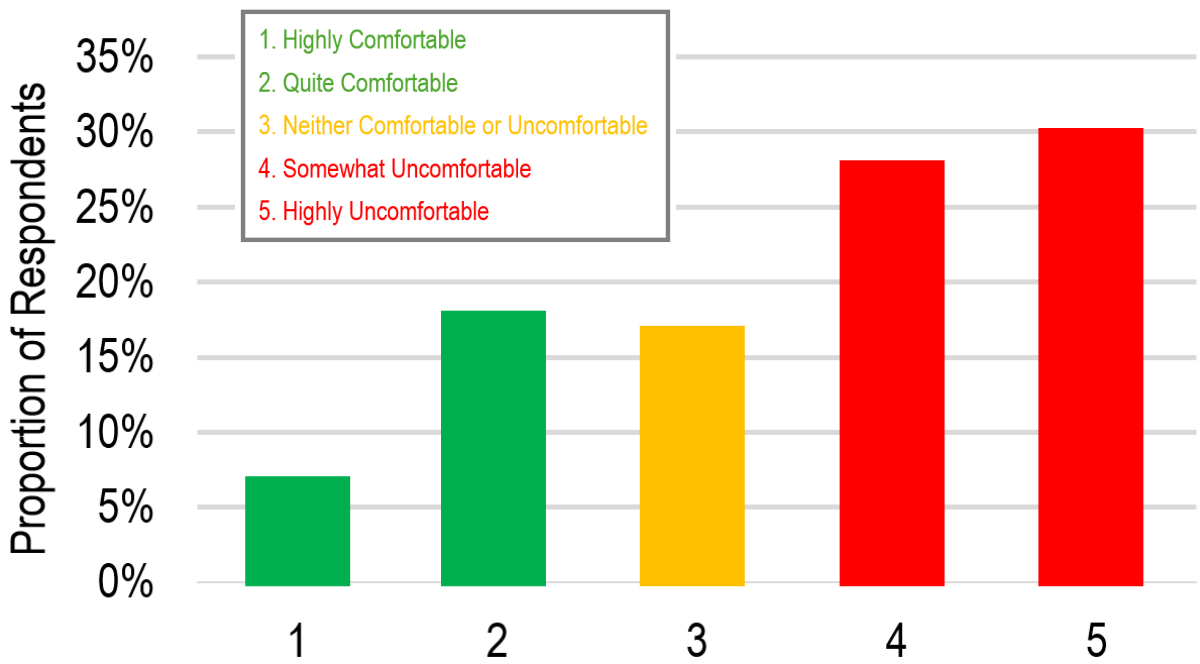
Question 9

How comfortable would you feel to report concerns about safety, workplace culture, or other adverse workplace issues to hospital or health service managers or administrators?

Table shows responses by employment group

	Trainees		Specialists		Other Doctors	
	Metro	RRR	Metro	RRR	Metro	RRR
Highly Comfortable	3%	7%	8%	10%	10%	10%
Quite Comfortable	12%	10%	21%	15%	10%	30%
Neither Comfortable or Uncomfortable	23%	20%	15%	16%	13%	20%
Somewhat Uncomfortable	34%	48%	26%	23%	35%	20%
Highly Uncomfortable	28%	15%	30%	36%	32%	20%

Graph shows overall responses for all employment groups combined



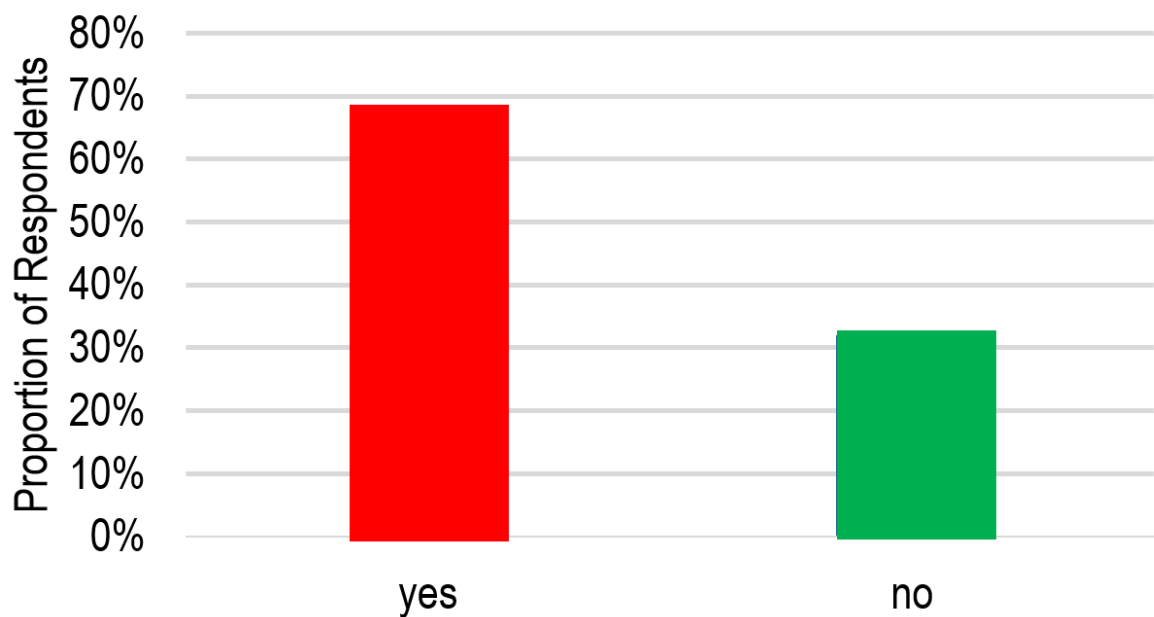
Question 10

Have you ever reported concerns about safety, workplace culture, or other adverse workplace issues to hospital or health service managers or administrators?

Table shows responses by employment group

	Trainees		Specialists		Other Doctors	
	Metro	RRR	Metro	RRR	Metro	RRR
Yes	54%	70%	73%	78%	43%	40%
No	46%	30%	27%	22%	57%	60%

Graph shows overall responses for all employment groups combined



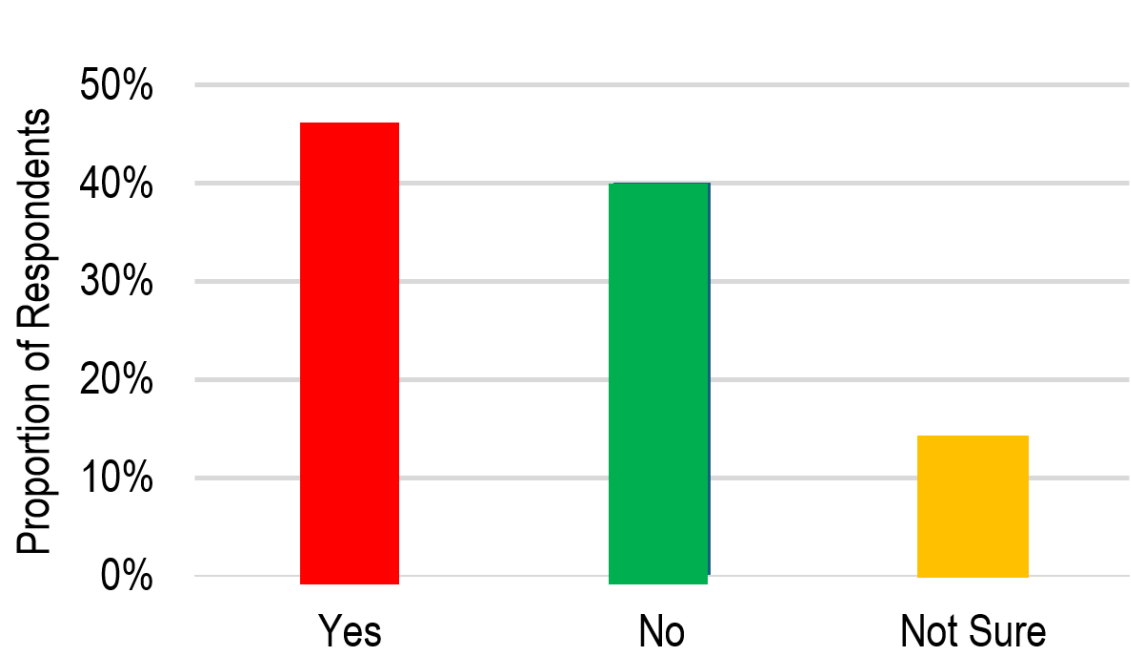
Question 11

If you have reported concerns about safety, workplace culture, or other adverse workplace issues, did you encounter any behaviour or events that you would consider to be ‘retribution’ initiated by health service managers or administrators of any level?

Table shows responses by employment group

	Trainees		Specialists		Other Doctors	
	Metro	RRR	Metro	RRR	Metro	RRR
Yes	42%	26%	47%	55%	44%	33%
No	45%	48%	41%	34%	28%	33%
Not Sure	13%	26%	12%	11%	28%	33%

Graph shows overall responses for all employment groups combined



Question 12

If you have experienced retribution, please describe in more detail

Sample Responses

I was discouraged from reporting [the] unprofessional behaviour I witnessed in -----, and consequently my theatre lists were removed.

Failed a term for asking for a week of leave off - they explicitly stated in my term review that it was my fault for taking leave during the first week.

Social isolation, management soliciting for targeted complaints, being targeted by management over fabricated issues, being subjected to performance management processes when clinical performance deemed excellent, denial that performance management processed being enacted, wage theft, lack of access to leave entitlements, reputational damage, exclusion from clinical work.

Subsequently targeted, attempts to redeploy, hearing from colleagues talking poorly of those who spoke up including myself in relation to raising it, talking about cutting hours etc

There are a number of colleagues who complained. Unfortunately, two were forced to resign and another had their EFT reduced.

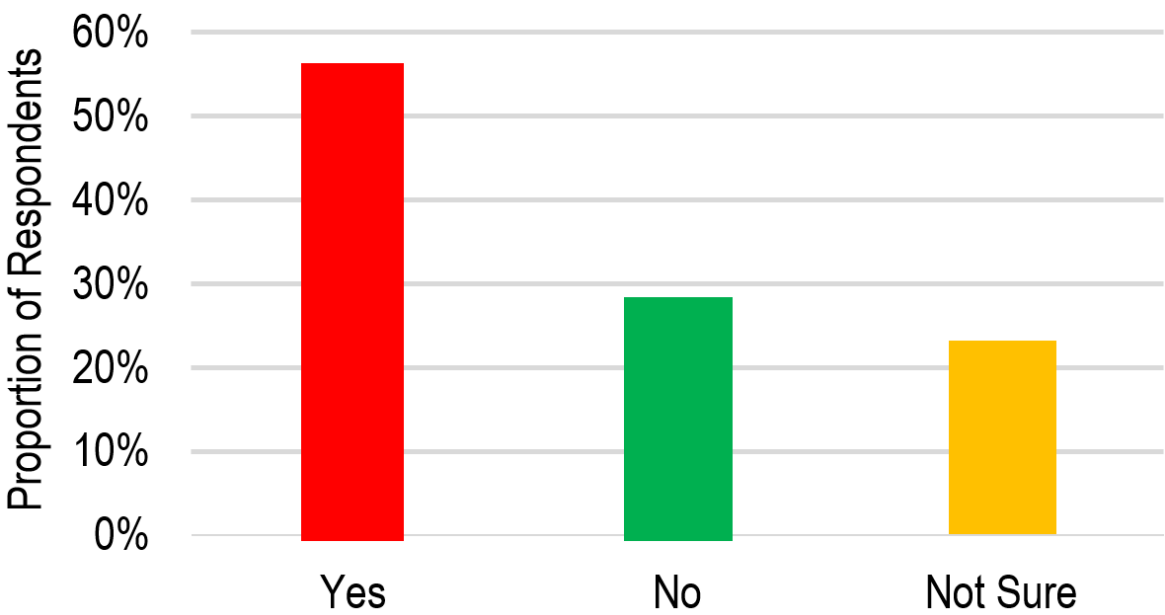
Question 13

Are you aware of work colleagues who have been subject to retribution for reporting their concerns?

Table shows responses by employment group

	Trainees		Specialists		Other Doctors	
	Metro	RRR	Metro	RRR	Metro	RRR
Yes	39%	50%	51%	58%	38%	60%
No	26%	17%	31%	25%	22%	20%
Not Sure	35%	33%	18%	17%	40%	20%

Graph shows overall responses for all employment groups combined



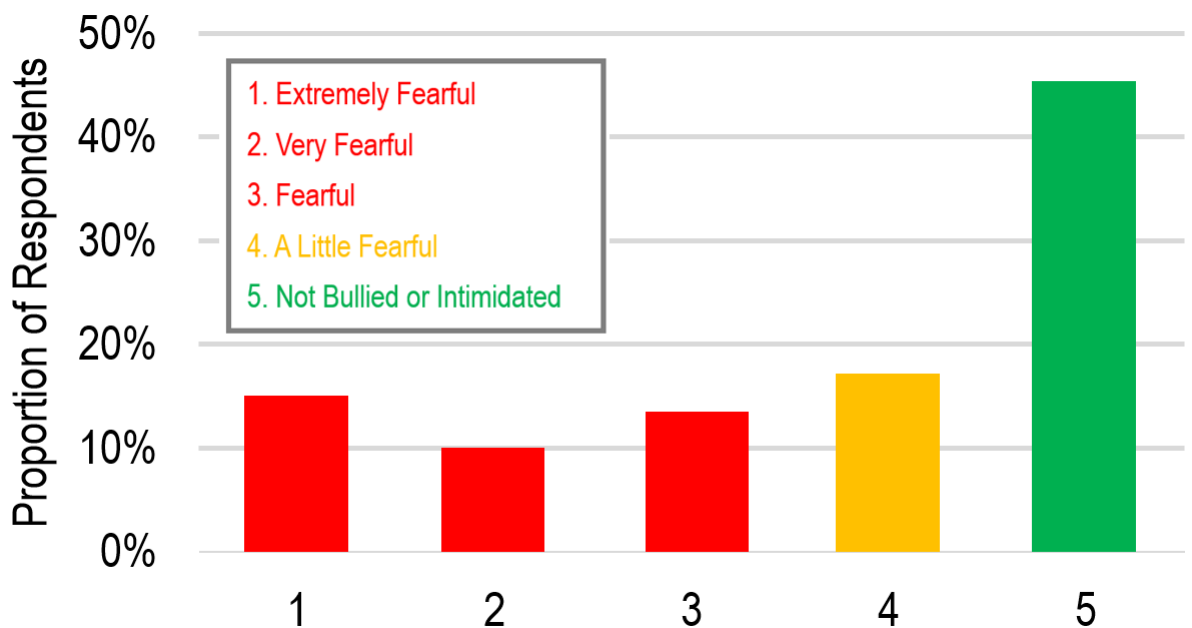
Question 14

As a consequence of reporting my concerns...

Table shows responses by employment group

<i>I have been bullied or intimidated in a way that made me...</i>	Trainees		Specialists		Other Doctors	
	Metro	RRR	Metro	RRR	Metro	RRR
Extremely Fearful	6%	9%	16%	18%	18%	33%
Very Fearful	10%	5%	9%	11%	24%	0%
Fearful	15%	5%	14%	12%	6%	0%
A Little Fearful	23%	27%	15%	21%	12%	0%
I have not been bullied or intimidated	46%	54%	46%	38%	40%	67%

Graph shows overall responses for all employment groups combined



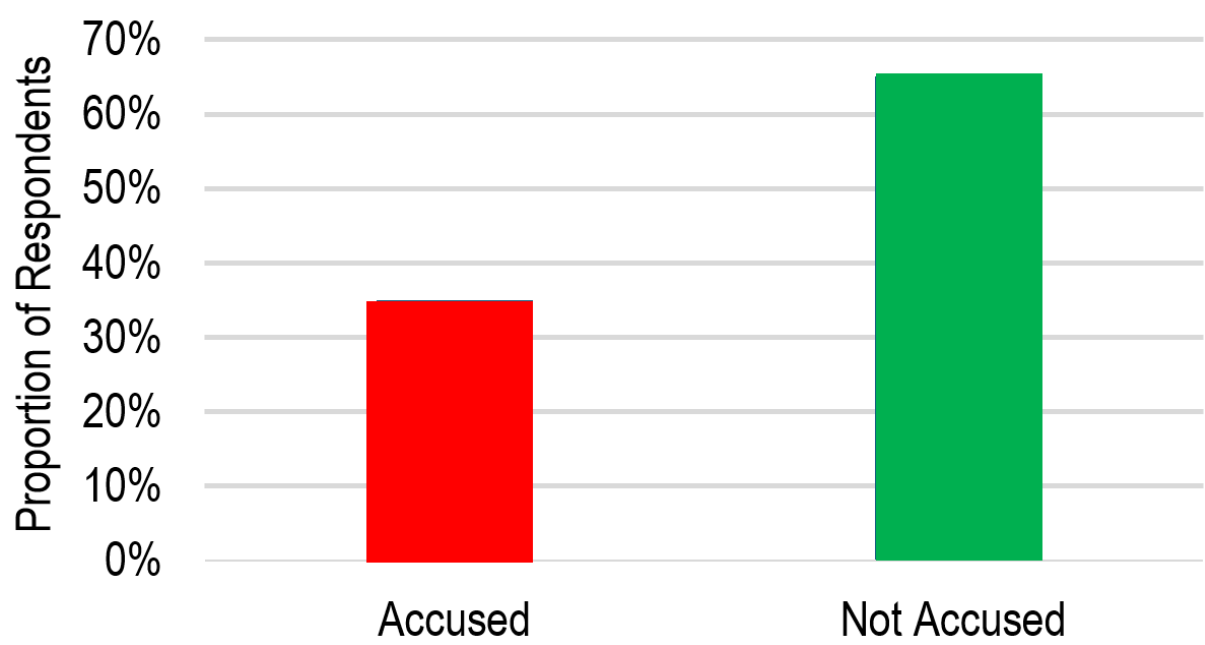
Question 15

I have reported concerns, and as a consequence of reporting my concerns...

Table shows responses by employment group

	Trainees		Specialists		Other Doctors	
	Metro	RRR	Metro	RRR	Metro	RRR
I have been accused of misconduct or insubordination	31%	19%	37%	36%	31%	25%
I have not been accused of misconduct or insubordination	59%	81%	63%	64%	69%	75%

Graph shows overall responses for all employment groups combined



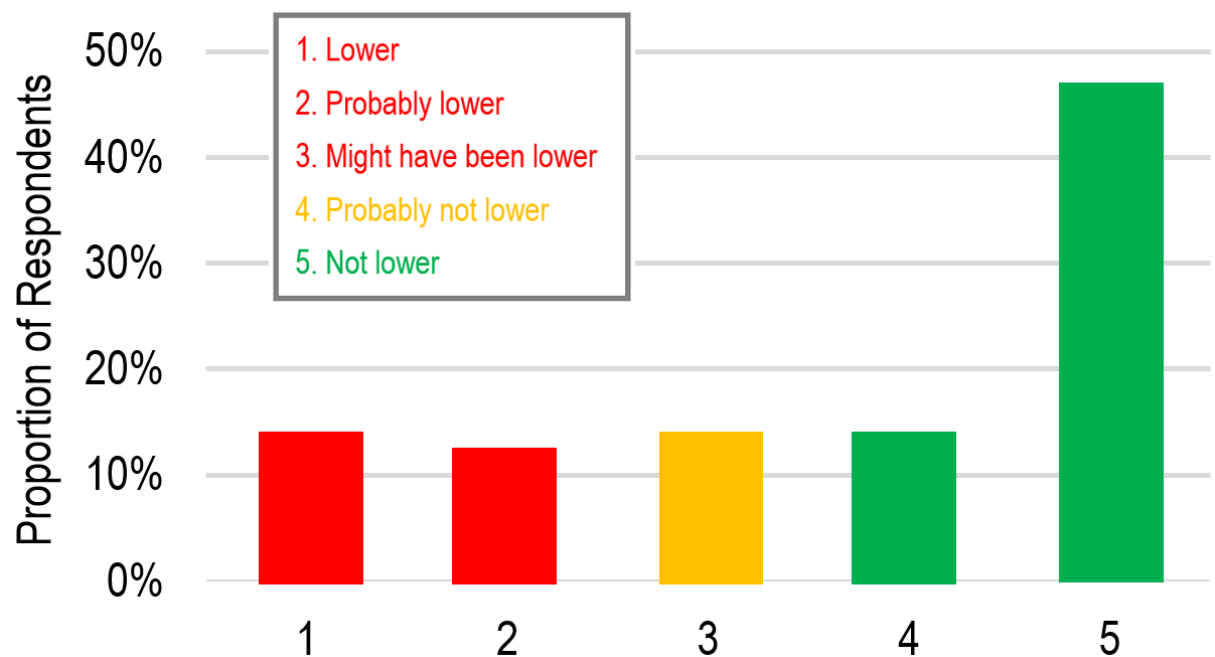
Question 16

I have reported concerns and as a consequence of reporting my concerns...

Table shows responses by employment group

	Trainees		Specialists		Other Doctors	
	Metro	RRR	Metro	RRR	Metro	RRR
I received lower performance evaluations	15%	14%	12%	18%	19%	20%
I have probably received lower performance evaluations	5%	0%	14%	14%	13%	0%
I might have received lower performance evaluations	18%	5%	14%	9%	12%	0%
I probably did not receive lower performance evaluations	21%	33%	10%	13%	19%	60%
I did not receive lower performance evaluations	41%	48%	50%	46%	37%	20%

Graph shows overall responses for all employment groups combined



Question 17

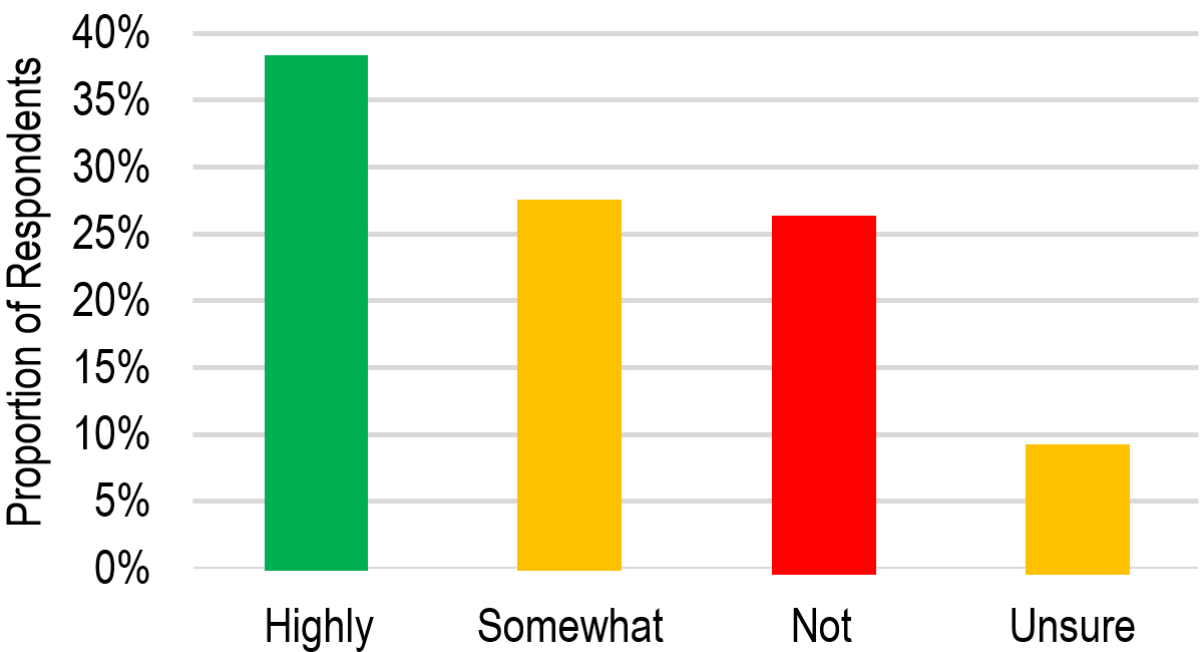
How likely are you to remain working in the public system during the next five years?

This response is analysed only for hospital-based specialist respondents (*n* = 502)

Table shows responses by specialists' hospital location

	Specialists	
	Metro	RRR
Highly Likely	37%	43%
Somewhat Likely	27%	24%
Not Likely	27%	28%
Unsure	9%	5%

Graph shows overall responses for all hospital locations combined



Question 18

If you have any specific insights into your or your colleagues' experiences of raising concerns with hospital managers or administrators, please detail here:

Sample Responses

A colleague raised concerns about unsustainable/unsafe work hours. The director of prevocational education and training at that hospital essentially dismissed the concern saying words to the effect of "back in my day we had it even harder, so you should not be concerned."

Broadly speaking, most people are unwilling to speak up about anything and the prevailing attitude is to suffer in silence, keep your head down, finish and try to leave the *** health system as quickly and painlessly as possible.

Colleagues who have spoken up regarding workplace culture and safety have been targeted by management. They have resigned due to the psychological stress. This had led to loss of clinically experienced staff, poor staff retention and recruitment. It has also deterred others from raising concerns.

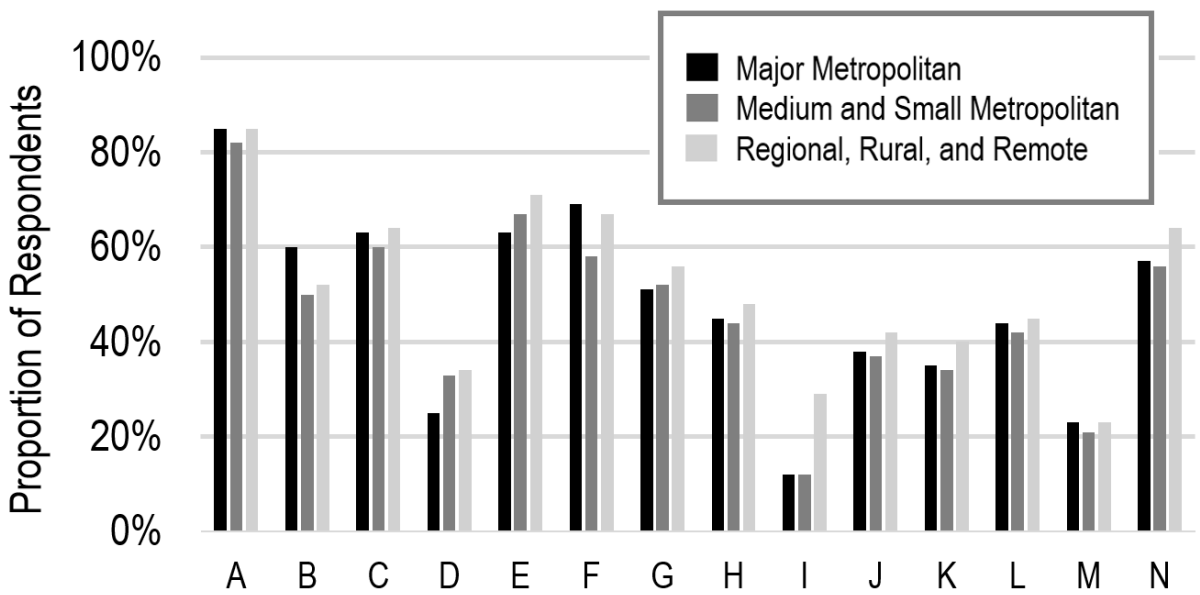
Currently afraid of voicing any concerns for fear of being told that I did not perform and being told that I do not know anything and usually the manager says she knows the bigger picture although there is no backup plan.

Question 19

What psychosocial hazards have you experienced and/or witnessed at work?

This analysis combines all types of occupational type and level and is plotted by location of hospital workplace:

- A High job demands
- B Low job control
- C Poor support
- D Lack of role clarity
- E Poor organisational change management
- F Inadequate reward and recognition
- G Poor organisational justice
- H Traumatic events or material
- I Remote or isolated work
- J Poor physical environment
- K Violence and aggression
- L Bullying
- M Harassment, including sexual & gender-based
- N Conflict or poor workplace relationships and interactions



Conclusions and Recommendations

Australia's health system faces major challenges in providing care for an ageing and increasingly co-morbid population. There is no prospect of these demands decreasing – or even stabilising – in the foreseeable future. Indeed, with potentially existential threats to the viability of private hospitals, of which maternity and mental health services are at particular risk, the possibility exists of some sectors of the public system being completely overwhelmed. To deal with the level of clinical activity currently extant our public hospitals must be functioning at as high a level of efficiency and productivity as can be achieved.

High performing hospitals require functional staff relationships, systems to identify and deal with clinical risks, and allocative efficiencies for limited resources. This national survey of ASMOF members has yielded deeply concerning results. Respondents describe dysfunctional relationships between hospital administrators and the doctors for whom they have management responsibilities. They report systems for the identification and escalation of workplace concerns and hazards that are riven by fear, thus completely defeating the aims and purposes of such systems. Instead of careful consideration and planning to overcome workplace problems and risks doctors experience or witness retribution that destroys trust. Doctors providing clinical care in challenging circumstances see use of scare financial and other resources that misalign with clinical need. **All of these issues threaten not only patient safety but the integrity of a fragile post-pandemic workforce.**

For Australia's public hospitals to continue providing the care the Australians need and value a number of important actions should occur:

- State and territory health departments must take steps to ensure that doctors who report workplace psychosocial and patient hazards are reassured that their concerns, when escalated, will be considered and acted upon without subsequent victimization or retribution. A culture of continuous improvement and respect should be a high priority.
- Doctors undertaking speciality training in public hospitals must be considered a precious resource and steps undertaken by public hospital administrations to understand the workplace pressures and hazards they face with a view to dealing with them expeditiously.
- Doctors and other clinicians involved in providing clinical care must be given the opportunity for input into decisions regarding resource allocation as a step toward ensuring maximum efficiency with a focus on patient care and outcomes.
- Hospital administrators must engage with the clinicians for whom they have managerial responsibility to undertake comprehensive evaluations of workplace psychosocial and other hazards with a view to improvement of conditions and systems.
- Regular surveys and evaluations should take place to ensure that the actions named above occur and that they are effecting positive change.

