

ENHANCING SOCIAL SAFETY FOR PHD CANDIDATES

Policy brief for Amsterdam UMC and the Doctoral School

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SUMMARY

Amsterdam UMC already provides a broad range of social safety support structures for PhD candidates. The main challenge is therefore not the absence of support, but limited visibility, coherence, local embedding, and follow-up. This is particularly relevant because PhD candidates work in strongly dependent relationships, where uncertainty about procedures or consequences may delay help-seeking and allow concerns to escalate.

A mixed-methods study combined a questionnaire among PhD candidates (n=81), a focus group (n=5), and interviews with organisational stakeholders (n=5). Three connected gaps were identified: **(1) fragmented information and unclear procedures**, **(2) insufficient mandate and follow-up**, and **(3) weak embedding within departments and supervisory teams**. These gaps reduce trust in the system and confidence that seeking support will lead to meaningful action.

POLICY AND GOVERNANCE RECOMMENDATIONS

1

Establish coordinated governance, escalation routes, and accountability.

Amsterdam UMC should establish a clear and standardised **escalation framework** that specifies:

1. **The escalation route:** define how concerns move from initial support to higher organisational levels
2. **The role of each support structure within this route:** clarify the role, mandate, referral criteria, procedures, and information-sharing boundaries between the support structures.
3. **Ownership of monitoring and follow-up:** assign clear responsibility for monitoring ongoing cases and recommendations, initiating follow-up, determining when further escalation is required, and ensuring that agreed actions are implemented.

What can Amsterdam UMC governance do? Appoint a named organisational owner responsible for overseeing escalated cases, follow-up, and further escalation where needed.

2

Create one central social safety platform for PhD candidates. Bring all relevant information together in one place, including practical examples, support roles, a decision guide, confidentiality, escalation routes, and what PhD candidates can expect after seeking support. *A joint Doctoral School and ASAP working group has already started developing this portal.*

What can Amsterdam UMC governance do? Require each social safety service to clearly define its role and working procedures, so responsibilities, gaps, and collaboration between services are transparent.

3

Implement continuous monitoring and organisational learning. Establish an annual monitoring cycle combining an anonymous social safety survey, (exit) interviews, and aggregated support data. Monitor awareness, findability, procedural clarity, trust, perceived effectiveness, reporting experiences, and departmental climate. Findings should lead to documented improvement actions and feedback to the PhD community.

4

Embed prevention within departments and teams. Departments should increase local visibility through trained social safety ambassadors or peer supporters, regular contact with the Doctoral School, and periodic team discussions. These local roles should offer listening, early signalling, and referral, but should **not** investigate complaints. Supervisor involvement is essential and should include awareness of support routes, responsibility for team climate, and skills for early, constructive conversations.

Suggested sequencing: prioritise governance first, followed by the central platform and continuous monitoring. Local embedding should be strengthened in parallel as an ongoing preventive practice.

1 INTRODUCTION

Social safety is a condition in which people can work, speak up, and seek support without fear of intimidation, exclusion, retaliation, or other negative consequences. It is essential to staff wellbeing, scientific quality, and research integrity (KNAW, 2022). PhD candidates are particularly vulnerable because doctoral trajectories are characterised by hierarchical and dependent relationships, temporary positions, performance expectations, and competitive academic cultures (Houben et al., 2025; Naezer et al., 2019).

Amsterdam UMC hosts approximately 3,400 PhD candidates. Institutional and university surveys show that undesirable behaviour remains relevant: 17% of Amsterdam UMC PhD candidates reported transgressive behaviour or feeling unsafe at work, while comparable figures were 27% at UvA and 22% at VU (Hartog, 2025; CPC UvA, 2025; Hamelink & Onkenhout, 2023). This policy brief summarises the findings and identifies management actions to strengthen existing support structures.

This study examined how existing social safety support structures for PhD candidates at Amsterdam UMC can be strengthened. Its central aim was to translate the experiences of PhD candidates and organisational stakeholders into context-specific management recommendations and implementation directions.

2 ORGANISATIONAL CONTEXT

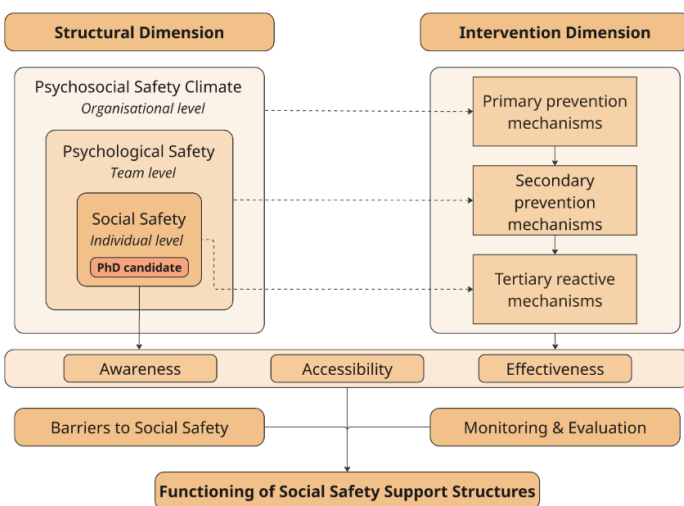
The Doctoral School is the main PhD-specific point for information, guidance, training, and referral. Existing support includes PhD advisors, a dedicated confidential counsellor, the ombudsperson, complaints procedures, the #Zouikwatzeggen app, workshops, and the Signalling, Intervention, and Action plan. These services broadly align with national recommendations on accessible, independent, and transparent support (KNAW, 2022; UNL, 2025).

However, the presence of multiple structures does not create an integrated system automatically. PhD candidates may know that support exists but remain uncertain about where to start, what each service can do, how escalation works, and what outcomes can be expected. This implementation gap is especially important in a merged organisation with different university affiliations, local departmental cultures, and dispersed responsibilities.

3 THEORETICAL FRAMEWORK

Figure 1.

Integrated Multilevel Framework for Social Safety among PhD Candidates: Structural and Intervention Dimensions



The study used a multilevel framework. At **organisational level**, psychosocial safety climate concerns whether management visibly prioritises psychological health and follows through on commitments. At **team level**, psychological safety concerns whether PhD candidates can raise questions or concerns without interpersonal risk. At **individual level**, social safety theory explains how signals of support, belonging, threat, or exclusion shape perceived safety (Savelle & Ellemers, 2024; Houben et al., 2025).

Interventions were also considered at three levels: **primary prevention** addresses structural and cultural risk factors, **secondary prevention** supports early recognition and dialogue, and **tertiary intervention** concern reporting, investigation, and follow-up after problems occur. Sustainable improvement requires all three, supported by monitoring and organisational learning (Van den Bossche et al., 2024; Hassel & Cedergren, 2021).

4 METHOD

The research followed a sequential explanatory mixed-methods design. An anonymous questionnaire among PhD candidates examined awareness, accessibility, perceived effectiveness, and reporting behaviour of existing social safety support structures (n = 81). A focus group with PhD candidates explored experiences and barriers in more depth (n = 5). Five semi-structured stakeholder interviews then assessed organisational feasibility and implementation options. Quantitative data were analysed descriptively, and qualitative data were analysed thematically.

The findings should be interpreted with caution. The questionnaire sample was small compared with the total PhD population, recruitment through the Doctoral School may have increased reported awareness of its services, and focus group recruitment through ASAP may have overrepresented engaged candidates. The convergence of survey, focus group, and stakeholder findings nevertheless provides a consistent basis for action.

5 RESULTS

64%	2.6/5	3.8/5	3.3/5
overall awareness	procedural clarity	trust in confidentiality	perceived effectiveness

5.1 Fragmented information and unclear procedures

Overall, 64% of respondents were aware of social safety support structures. Awareness was high for PhD advisors (94%) and confidential counsellors (73%), but much lower for the ombudsperson (31%) and #Zouikwatzeggen app (33%). Most information was received through the Doctoral School, often during onboarding, when candidates already receive substantial information.

Accessibility was moderate. Ease of finding information scored 3.0 out of 5, while procedural clarity scored only 2.6. Candidates described information as fragmented, difficult to retrieve when needed, and insufficiently connected to daily research settings. The practical barrier was not only knowing that a service existed, but understanding its role, mandate, process, and likely outcome.

5.2 Trust without sufficient confidence in impact

Trust in confidentiality (3.8) and impartiality (3.7) was relatively high. Perceived effectiveness was lower at 3.3, and 27% had hesitated to seek support because of concerns about effectiveness. Among candidates who had used support, experiences were generally positive, particularly with PhD advisors.

The main concern was whether support structures could achieve change when senior staff or recurring patterns were involved. Both PhD candidates and stakeholders reported uncertainty about mandate, ownership, implementation of advice, and long-term follow-up. When recommendations are not visibly implemented or monitored, the individual candidate may remain responsible for managing the problem, and organisational trust declines.

5.3 Weak embedding in departments and supervisory teams

Social (un)safety is experienced mainly within research groups, yet support structures can feel distant from daily work. Hierarchical dependency was the most consistent team-level barrier to social safety. PhD candidates may fear escalation, retaliation, reputational damage, or negative career consequences. Supervisors are expected to guide candidates towards support, but may also be involved in the concern and may not know the available routes themselves.

PhD candidates and stakeholders therefore viewed social safety as both a governance issue and a cultural issue. Early dialogue, communication skills, peer support, and mediation can prevent escalation, but they cannot replace clear authority and accountability when informal approaches fail.

6 MANAGEMENT IMPLICATIONS

Amsterdam UMC should manage its existing support structures as one coordinated system rather than as separate services. The main management priority is to clarify how information, referral, escalation, follow-up, and evaluation connect. Creating additional standalone structures without improving these links may increase fragmentation.

Responsibilities should be explicit. The Doctoral School can coordinate PhD-specific information, navigation, communication, and departmental collaboration. Faculty leadership and Amsterdam UMC governance must provide the authority required for complex or recurring cases, assign ownership after interventions, and monitor implementation. Department heads and supervisors remain responsible for the daily team climate and early recognition of concerns.

Management should not place excessive responsibility on individual PhD candidates. Training, peer support, dialogue, and mediation can support early action, but hierarchical dependency may make speaking up risky. Informal routes should therefore be voluntary, low-threshold, and supported by independent escalation options.

Implementation requires central governance, local departmental embedding, and continuous learning. Monitoring through surveys, focus groups, (exit) interviews, user feedback, and aggregated signals should result in documented actions and visible feedback to the PhD community.

7 CONCLUSION

Amsterdam UMC has a strong foundation, but **existing support structures do not yet function consistently as one visible, accessible, and accountable system**. The management priority is integration: clear navigation for PhD candidates, explicit ownership for action, systematic learning from signals, and stronger prevention in departments and supervisory teams. This approach can reduce reliance on late complaint handling and make social safety a normal part of doctoral governance and everyday academic practice.

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