

Supplementary material: S1 – Free text answers

Quote 1

I work in mental health and each appointment is often critical to the patient and family. No team member would like to let the patients down as they really rely on the key worker.

Respondent #666

Quote 2

No cover provided by hospitals therefore I feel an obligation to patients to go in no matter what even if it impacts on my own health. [sic]

Respondent #413

Quote 3

Working environment constantly feels understaffed. I tend to be of the opinion that the risk to the health of patients and my colleagues will be adversely affected by my absence. This is what I usually battling with in my head if I become sick. [sic]

Respondent #309

Quote 4

This is the worst thing about working as a NCHD. Every time I have to move my great little life that I love gets destroyed and all of the things I enjoy are removed and out of my reach. I feel that if I have to move one more time I will have to quit. It just isn't worth it any more. This work is hard enough without having the upheaval every six months/year to places where you may not know anyone or have any sort of life outside of work. Plus the destroyed relationships and ever increasing expense. There is just no need for the six moves I have made in eight years. Possible one or two to get the experience but six back and forth the country is a slow form of torture. [sic]

Respondent #43

Quote 5

I try to get exercise which is a great form of [de-stressing] but I don't actually have the time to do that. Working over 100 hours a week doesn't leave time to eat or sleep so exercise definitely doesn't happen.

Respondent #191

Quote 6

I mostly try to sleep as I am usually exhausted as well. I try to read a novel or have a bath. Other stress is to complete stuff outside

work – research, presentations, courses...I try to deal with that stress by doing the work at night or weekends.

Respondent #646

Quote 7

Revise the archaic system of rotating training posts which move people throughout the entire country, with little attention to family, previous post, location preferences etc. Focus training schemes around a single tertiary referral centre, with work there and in the satellites of each specific institution.

Respondent #317

Quote 8

The ability to control where you are sent would significantly improve things. Even as a year 3 SPR I have no control over where I am sent year to year. It's a constant source of fear- where will I be sent next??? Why can't I have some influence over this at this stage in my career? I cannot plan any sort of life with this hanging over my head. [sic]

Respondent #43

Quote 9

Manage the intensity and long hours of work and the rest of life falls into place. It's simple advice we as doctors pass onto our patients. Pity we can't do the same for ourselves.

Respondent #454

Quote 10

Biggest single stressing factor is lack of communication [and] respect towards NCHD body from management. [sic]

Respondent #638

Quote 11

Doctors receive very little support/debriefing after difficult/stressful or traumatic cases. We are just expected to work on and not bat an eyelid! This is very difficult especially as we can enter the system at such a young age (I qualified at 23ys). Friends and family are often incredulous that this happens, they presume we are equipped to deal with these situations but we are not.

Respondent #609

Quote 12

Induction sessions are stressful in themselves because there is nobody to cover you while you are at it [sic]

Respondent #147