

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	The strategies Australian junior doctors use to maintain their mental, physical, and social wellbeing – a qualitative study
AUTHORS	Hobi, Melanie; Yegorova-Lee, Sonya; Chan, Christopher; Zhao, Hailin; Jiang, Stephen; Tran, Dan; Nair, Gayathri; Borkoles, Erika

VERSION 1 – REVIEW

REVIEWER	G Parker University of New South Wales
REVIEW RETURNED	24-Mar-2022

GENERAL COMMENTS	The sample of volunteer doctors is very small and the recruitment method is likely to have generated a non-representative sample. A key limitation is what findings are new, both in terms of stress factors for junior doctors and the strategies found to be helpful? Such a 'handle' would be important to give the paper a unique component.
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REVIEWER	Melvyn Jones UCL, Research Department of Primary Care and Population Health
REVIEW RETURNED	29-May-2022

GENERAL COMMENTS	<p>Mental, physical, and social wellbeing of junior doctors: a qualitative study</p> <p>The Abstract is ok.</p> <p>The Background is well covered (but a lot of new and detailed references are included in discussion- eg international perspective). Much of what is described in the background has a very Australian focus and perhaps this would benefit from discussing models of intervention that are more international (redraft background and discussion)?</p> <p>The Methods are well described. The recruitment is via an opt in so we have no way of saying how representative these doctors are (could their demographics be compared with broader published details of junior doctors in Queensland) , but the response rate at the email invite stage would be useful to know? The interview questions were developed by the research team after a systematic review of the literature (but there is no ref to this review?) An SRQR checklist is included. Ethics approval was obtained.</p> <p>The data collection and analysis looks appropriate.</p> <p>I think a reflexive statement would be helpful? I wonder if there is a degree of collusion of fellow professionals? Or, even if these junior doctors were linked to the medical school team (hindering more frank responses). The authors identify their link to the local Medical school but their disciplinary background is not specified (were they all medical?).</p>
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	<p>The Results seem appropriate and themes are illustrated with appropriate quotes</p> <p>I was surprised to see such well adapted responses about diet and exercise that were discussed and that more concerning themes such as disclosure of suicidal thoughts, harms to patients or self prescribing/ medicating were not disclosed. This may genuinely be a healthier cohort or they may have chosen not to disclose?</p> <p>Among responses to stress, there was little mention of use of professional input eg counsellors (beyond concerns about their confidentiality), or the role of the GP (we know junior doctors often are disengaged from health services for their own health needs?)</p> <p>There was not much in the manuscript about changing these systems that cause such distress or harm (eg from overwork, long hours, not being paid for overtime). These structural issues may have “unrealistic” solutions like providing safe, decent working environments and adequately funded health services but these solutions should be discussed rather than solutions that require juniors just to be more resilient.</p> <p>I think for an international audience a little context about junior doctors working conditions in Queensland may be helpful (such as number of working hours/ days, oncall/ night shift rotas, premium payments for unsocial hours) as these are important factors on junior doctor stress and will vary by health care system.</p> <p>Is patronage and a reference system an issue (ie blocking career progress for those who don't just accept and comply?) Again if the need to be seen to cope is key for career progression then this can mask distress and mental health issues).</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer 1

Specific comments	Response/revision/rebuttal	Location in revised manuscript
The sample of volunteer doctors is very small, and the recruitment method is likely to have generated a non-representative sample.	We continued recruitment until reaching data saturation as per qualitative thematic analysis method based on Braun and Clarke. We would have continued data collection until saturation if we had not achieved this with 15 participants. Although the sample size is small, we believe the sample is representation of junior doctors in Australia, although we do acknowledge volunteer bias as discussed in the Limitations.	Methods Limitations
A key limitation is what findings are new, both in terms of stress factors for junior doctors and the strategies found to be helpful? Such a 'handle' would be important to give the paper a unique component.	Thank you for raising this point. Many studies have investigated the mental wellbeing of junior doctors, but not the physical and social wellbeing. This is where our paper is unique in addition to specific findings as now highlighted in the discussion. We realise that we did not explicitly point out the new findings of this study and have therefore amended the manuscript.	Background Discussion

Reviewer 2

Specific comments	Response/revision/rebuttal	Location in revised manuscript
The Background is well covered (but a lot of new and detailed references are included in discussion- eg international perspective). Much of what is described in the background has a very Australian focus and perhaps this would benefit from discussing models of intervention that are more international (redraft background and discussion)?	Thank you for raising this point. We realised that we had included international references in place of new Australian research and have now amended the manuscript to include more Australian references to maintain an appropriate and consistent context for the article.	Background Discussion
The recruitment is via an opt in so we have no way of saying how representative these doctors are (could their demographics be compared with broader published details of junior doctors in Queensland), but the response rate at the email invite stage would be useful to know?	Thank you of raising this point. We realised that we did not include this important detail. It has now been added.	Participants (in Methods)
The interview questions were developed by the research team after a systematic review of the literature (but there is no ref to this review?)	We have amended the manuscript to clarify the literature review.	Data collection (in Methods)
The data collection and analysis looks appropriate. I think a reflexive statement would be helpful? I wonder if there is a degree of collusion of fellow professionals? Or, even if these junior doctors were linked to the medical school team (hindering more frank responses). The authors identify their link to the local Medical school but their disciplinary background is not specified (were they all medical?).	Thank you for raising this important point. We agree that the background of the research team was not clear. We have added additional information to address this.	Participants + Data collection (in Methods)
I was surprised to see such well adapted responses about diet and exercise that were	Thank you for raising this point. We agree that suicide, self-medicating and seeking professional support	Limitations (in Discussion)

<p>discussed and that more concerning themes such as disclosure of suicidal thoughts, harms to patients or self prescribing/ medicating were not disclosed. This may genuinely be a healthier cohort or they may have chosen not to disclose? Among responses to stress, there was little mention of use of professional input e.g. counsellors (beyond concerns about their confidentiality), or the role of the GP (we know junior doctors often are disengaged from health services for their own health needs?)</p>	<p>are important issues to discuss in the context of wellbeing of junior doctors. These were not mentioned by the participants, and as mentioned in our Limitations section, we acknowledge there may be self-selection bias despite all junior doctors having a fair chance to be included in this study. The participants of this study are likely to have been passionate about self-care and wellbeing, resulting in generally healthier participants. We have amended the manuscript to highlight this potential bias, and discuss that there was no disclosure of suicidal thoughts, self-prescribing medications or seeking professional support from the participants.</p>	
<p>There was not much in the manuscript about changing these systems that cause such distress or harm (eg from overwork, long hours, not being paid for overtime). These structural issues may have “unrealistic” solutions like providing safe, decent working environments and adequately funded health services but these solutions should be discussed rather than solutions that require juniors just to be more resilient.</p>	<p>In our Recommendations, we have highlighted four changes within the system which are practical and implementable within the workplace which could improve junior doctor wellbeing. We believe they are much more than merely to make junior doctors more resilient. We initially had not mentioned “unrealistic” solutions as we believe our recommendations should be implementable in the immediate future within workplaces. However, we have now amended the manuscript to mention potential long-term changes which could improve junior doctor wellbeing.</p>	<p>Recommendations</p>
<p>I think for an international audience a little context about junior doctors working conditions in Queensland may be helpful (such as number of working hours/ days, on call/ night shift rotas, premium payments for unsocial hours) as these are important factors on junior doctor stress and will vary by health care system.</p>	<p>Thank you for raising this. We agree that context surrounding the working conditions would be beneficial to international audiences. Unfortunately, there is a lack of data on this in Queensland, however, the National Mental Health Survey for Doctors and Medical Students provides some data on this. We have amended the manuscript to include this additional information to provide context.</p>	<p>Barriers to wellbeing (in Discussion)</p>
<p>Is patronage and a reference system an issue (i.e. blocking career progress for those who</p>	<p>Thank you for raising this point. This was not raised by the participants, but we agree that it is an important</p>	<p>Barriers to wellbeing (in Discussion)</p>

don't just accept and comply?) Again, if the need to be seen to cope is key for career progression, then this can mask distress and mental health issues).	issue. We have amended the manuscript to include a comment about this important issue along with appropriate references.	
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VERSION 2 – REVIEW

REVIEWER	Melvyn Jones UCL, Research Department of Primary Care and Population Health
REVIEW RETURNED	18-Jul-2022

GENERAL COMMENTS	The authors have largely addressed my concerns.
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