

Appendix 1. Free text comments given by participants in reply to questions in the survey.

(Potentially identifiable information has been blacked out. Minor formatting, spelling and grammatical corrections have been made).

Q1. In your opinion and experience, what are the common causes of work-related mental health problems (in your workplace)?

Stress.

Bullying, excessive workload, employee burnout, senior who doesn't listen or understand your situation, no empathy, no team work effort.

Pressure to work up to par.

Excessive work or being asked to do tasks that workers feel are out of their depth.

Number of patients, equipment availability.

Lack of sleep.

Could be lack of support from seniors. Could be lack of support from other staff members including your colleagues and management (administration) staff.

Difficulty in getting multidisciplinary units to work together.

Stress, poor coping skills, lack of support

Long patient lists, inadequate manpower and resources. Unsupportive administration.

Unreasonable restrictions at workplace. No promotion (recognition) even if qualified.

Unsupported, workload.

Extreme work load leading to stress in personal well-being. Physical and mental exhaustion due to work overload. No support from higher administration for a healthy and professional work ethic.

Work overload. Unsupported environment. Inadequate allowance of leave.

Although I did not face any major issues. But I can say if you don't respect others or you are not being respected by your junior/senior staff and colleagues on a continuous basis then it may affect your mental health.

Overworked. Feeling like I am not knowledgeable enough. Bullying from seniors.

Overwork (less staffing), Over-expectations from senior docto. Over time.

Inadequate support from management. Demotivating environment. Patients poor conduct

Lack of rest and work life balance.

Burn-out. Dealing with the public. Being at the receiving end of the public's anger at what I had no control of.

Insecurity. Unclear guidance.

Anxiety.

Patient numbers. Limited resources. Patient demands.

Difficult colleagues or patients, Understaffing and unsupportive upper management- being biased and unprofessional.

Being overworked, being exhausted, being unsupported.

Non-supportive in- charges. Limited time for consultation with chronic disease cases

Management pretending to listen but just for show. Lack of proper infection control. Toxic work environments.

Unreasonable expectations and pressures from patients. Insensible expectations and pressure from admin and superiors especially with limited resources.

Lack of care for doctors' wellbeing - rest, leave, appreciation and financial incentives.
Colleagues.
Over time work, low salary, no overtime charges.
Probably lack of opportunity to recharge (away from work), lack of support at home, lack of perceived support at work (more flexible work).
Aggression of workload. Verbal bullying from some seniors. Racial discrimination.
Excess work /ego /non-cooperation /bullying.
Nothing as of now.
Inadequate rest between on-calls.
Heavy workload, lack of manpower, lack of support from senior.
Stress of multiple tasks. Stress of hurdles at work place. Stress of long breaks at work.
Unclear instruction, frequent change in procedure, work imbalance.
Lack of rest. Pressure from seniors or bosses. Work expectations. Patient dissatisfaction or complaints. Lack of support from heads.
Poor communication, lack of support from upper management, overwhelmed with juggling clinical, teaching & administrative responsibility.
Excessive working hours and short rest period. Unsupportive senior colleagues. Unrealistic expectations by the consultants.
Working over-time and more work load.
Burnt out -overwork Lack of supervision/support from seniors. Lack of personal time to rest.
Exhaustion. Fear of making mistakes.
Admin work with no protected time workload and number of patients difficult to take leave.
Increasing patient demand but pool of practicing doctors working still the same, lack of break during office hours as too many patients waiting to see / sorting out emergency cases.
Work load / in **internal medicine** you need to do job supposed to be done by 3 doctors at least.
Anxiety, stress at work due to time pressure, not enough manpower to handle the number of walk in patients, stress to handle unexpected emergencies both by doctors and nursing staff.
Stress, work overload.
Over work, carrying the work-related issues home.
Work stress, poorly equipped PPE, being deem unfit due to health reasons to be front liner but forced to do it.
Bullying by seniors and colleagues. Pressure from senior to finish work on time even though workload is not much comparing to other colleagues by consultant
Burn out. Inadequate manpower.
Lack of dependence on God.
Lack of chain of command.
Busy on-calls. Lack of manpower. Passing specialty training exams.
Bullying. Unsupportive seniors. Lack of manpower.
Not enough rest. No leave.
Competing work priorities; heavy workload; no recognition/appreciation by senior management.
Burnout, depression, anxiety.
High practitioner expectations - stressful work environment - burnout from insufficient periods of break (including poor adherence of staff to office hour vs after office hours).

Long hours at work leading to not enough rest Insufficient support from senior colleagues. Strained interpersonal relationships at work.

Lack of rest with current pandemic stress of affecting our family. Being a foreigner not able spend quality time with family in this current situation and worried about our beloved's well- being in home country.

Burnout from frequent on-calls, or staying late, verbal aggression from some seniors, verbal aggression by patients and family through social media/ direct.

Long-hours of shift work without rest. Bullying in the workplace. Not enough support at work

Burn out with no available leaves. Uncertainty of work situation and future (contract).

Superiors being ego. Superiors being toxic. Superiors being unfair.

Unsupportive/incompetent top management, lack of professional appreciation, still getting low salary pay-scale way below my current qualification and current tasks/responsibilities.

Stress from work continue even after working time (Whatsapp texts not helping). Lack of quality rest/sleep in between work. Lack of direction from management which causes anxiety about the unknown.

I feel unappreciated by my boss, and the higher-ups especially when it comes to issues like further training and or getting amenities like housing, allowance, etc.

When bad things happen to patients and you feel it is your fault. Or other factors beyond your control or maybe it was because you are tired and overworked.

Colleagues at work who think they are very smart [REDACTED] and have an arrogant attitude. The more knowledgeable you are the more down to earth you should be. Not the other way round.

Quick to point out faults but minimal acknowledgement and appreciation from seniors and administrative staff. Not being paid correct salary and having to wait very long (years!) for actual promotion into proper position. Having to balance administrative duties and clinical responsibilities. As a senior clinician, you have to attend various meetings, be appointed into various committees and complete lots of paperwork.

Unfriendly work place excessive work extreme stress.

Stress at work.

Lack of teamwork.

Overwork, stressful environment, colleagues who are not supportive.

Difficult patients -unable to perform well during clinical -lack of rest between working hours burnout / too many jobs at same time / too many meetings.

Managing people, overworked, frequent change to adapt to current SOPs.

Non-stop working condition.

Burnt out/overworked - Verbal abuse from patients/visitors.

Promotion issues, condescending staff, inadequate materials.

Long working hours.

Rude patients encountered.

Stress at work, expectations to perform more than your role, low morale in the dept due to lack of manpower and people feeling calculative.

Aggression from patient/visitors, lack of support from superiors, having to adapt to additional and continuously changing work processes.

Unable to provide adequate medical services -anxiety from catching covid-19 -mental health problems outside of work may indirectly pour over to work.
Inadequate support from subspecialties.
Busy shifts. Interdepartmental arguments regarding patient care/referrals
Over work load With unrealistic expectations Unethical, unprofessional, unsupportive admin.
Lack of administrative/management transparency and support, lack of communication, dictatorship style of administration.
Resident Call duties with continuous duty next day.
Unsupportive bosses.
Excessive workload. Need to cover the area beyond self-limit.
Doing a more than 24hours on call.
More working hours, less family time. Stressful working environment and burnout. Dissatisfaction due to no promotion or adequate allowance.
Constant interrogation/scrutiny of what we did "wrong". Lack of acknowledgement for what we did "right".
Not seeing a doctor as a whole person (e.g. also a parent struggling with home school due to covid, a new mother just coming back from mat leave and breastfeeding).
Anxiety.
Bosses and the way the department is run - hierarchical, welfare not cared for, no limit to working hours per week, poor system.
Workload. Environment (people you work with).
Bullying.

Q2. What suggestions do you have that could improve mental health of doctors and dentists working for the Ministry of Health?

Make staff feel valued.
Make sure they are working in safe environment. Clear guidelines SOPs in clinical and administrative side.
Doing this kind of survey so people realise that they're actually burnt out as most of us actually didn't realise that we are due to normalising things that are abnormal.
Better communication between staffs regardless of ranking, there should be a method of being able to voice out opinion without fear of oppression or being ignored.
Sincerely work without stress.
If we work like a team and support & appreciate each other including seniors, juniors and management staff then we can decrease our work-related stress.
Get the Ministry of Health to set up proper SOP in various units. No proper guidelines for doctors to reference to when dealing with public. The worry of being finger pointed is always there and not having the admin to back up if there are public complaints when the system fails.
Confidential hotline specific for healthcare workers, better working conditions especially hours at work.
Heads of Department should thoroughly check the duty roster in order for fairness in working hours and involved in social circumstances of the staff.

More manpower; Trained or qualified staff to carry out administrative work.
Recognizing hard work.
Be more open.
Make it mandatory for all doctors for yearly mental health consultations and counseling, this can help a lot of doctors who are busy taking care of patients and family and forgetting about themselves.
Team building session. Allow leave. Supportive colleagues or bosses
Good team work with respect for each other. Need good support of management if any conflict/issues at work place. Should take frequent small breaks/vacation for mental relaxation as it is changing your routine atmosphere.
Stop 24 hrs on-call. Appropriate help from seniors.
More staffing.
Adequate support and improvement of a more positive motivational environment. I don't mean in the form of socialisation unnecessarily. Just support in terms of work.
Written law that must be follow that on-call doctors must have rest day when reaching agreed maximum hours/days of on-call work.
Better working hours/rotations between departments (on behalf of those working shifts or not working shifts but having been working normal office hours but every single day for the past 6 months - **specially flu desk (nurses)**)
time off work, support
Weekly positive thinking emails. Zoom CME talks on mental health. Shorter working time if involved with covid positive patients.
Where we can be heard without being judged and be fearful.
Be treated fairly and with respect where we can be understood why we have certain limits and why we may under-perform at times rather than be reprimanded immediately.
More manpower.
More compassion from seniors.
No idea.
Ability to report to authorities who do not go on the defensive as first line, are fair in their management.
Go for JCI. At least there is a medium of known quality and safety assurance and check balance .
Better system in place for patients to avoid long waiting times just to be seen. Huge pressure to clear the patients, often treatment rendered is not wholistic, but more like a factory.
Admin and superiors who have empathy. Admin and superiors who can provide better and more resources for the amount of work and expectations that they have set. Focus on doctors' wellbeing.
Peer support.
Shift time for doctors, salary according to international market, Charges of overtime to be paid .
A daily email reminder on mental health/motivational quote with a number they can reach out to at the bottom -more discussion on mental health among doctors and dentists to show that its OK to talk about it (perhaps also with the administrative staff/ upper management present?)
Occasional short courses on resilience, on stress management etc (taken during working hours).
Strictly stop and report senior bullying and racial abuse.
Cooperation /easy access of services /no ego problem.

Current working environment is good.

Allow part time work for mothers - fewer calls.

Implement working time directive e.g. doctor cannot work more than 24 hours without 11 hours uninterrupted break before the next shift, or provided the doctor receives one 24 hours off during that week.

Support from senior (and senior needs not be too degrading when their junior asked for help).

Good salary. Ease in getting promotions. Appropriate leave.

Enough manpower.

Easily accessible open clinic or hotlines for counselling and advice. Structured and transparency in work schedules and hours. Acknowledgement of extra work especially if outside of normal scope.

Improve delegation of responsibilities. More approachable upper management. Have a supportive working environment

Improve working hours which include adequate rest period. Improve out of hours incentives. A channel to feedback the dissatisfaction / burnt out problems in order for the issue to be recognised and for actions to be taken to overcome it.

For those department which are under staffed it should be solved.

To have an easily accessible platform for health care professions to seek for help if they have any mental issues.

Review on-call systems.

Better pay and hours, pay on-call claims on time and simplify it, allow to work part time private practice.

Dedicated physical exercise time during office hours e.g. 7.45 - 9am on one of working days,

Protected time for pumping for breastfeeding mothers.

Help line What's app number you can easily contact.

Bring more doctors to work in **internal medicine**

The patient wal- in system with unlimited number of patients to handle within a limited time. **GPs**

working under time pressure (work-related stress, can possibly overlook the serious problems for the sake of patients, and also the physical and mental well-being of doctors - frustration, I often have **no time to drink or go to wash room**) and muscle aches and pain with no position

change- (some settings not ergonomic) and non- stop typing. **GPs** should competently see the patients number around 30 a day including complicated follow up cases and emergency cases for admission.

Majority of patients here (this not allowed **in UK and US** one appointment, one complaint, for another complaint, they need to book another appointment) come for so many complaints and problems

At one visit, for example, cough and cold, eczema, frozen shoulder, plantar fasciitis, calcaneum spur, Carpal Tunnel Syndrome, tigger finger, headache, dizziness, impacted ear wax , requested general check-up, (so need referrals to, ENT, Ortho , Dermatologists for bad skin condition x ray orders , blood orders and review dates) , registered as one patient , but need to handle so many steps took longer than expected for one single patient.

A bit of modification of system can reduce the work -stress working under time pressure of our fellow **GPs** (we all feel the same), and to give The Quality Care (not Quantity).

Generally, doctors don't mind working overtime, but others do, so that we are working under pressure and stressed out. We understand that time management is important for **GPs**, but this

cannot be accomplished without the team work, (involves the system and competency of the team).

Monthly stress reliever activities

Counseling may help the affected individuals

Good breaks in between patients.

Think of this life as a temporary place and permanent place is in hereafter. Do talk to close friends and family. Nothing remains same and be patient as better days are coming.

Recruitment of more manpower - doctors, nurses and AHP.

Health Programs to help and cope with stress and burn out for health professionals. Incentives (eg free access to Uptodate, journals, books)

Work hard.

Use incentives.

Give us more doctors and manpower, show us some appreciation, pay our on-calls.

Assigning a mentor to junior doctor and arrange for timely catch up session (for eg. every 6 months). Putting up advert in the hospital walkway / anywhere that's clearly visible to staff, encouraging them to seek help when necessary. Seniors to show support to junior staff.

Psychiatrist access but under Occupational Health.

Sort out core/root problems eg. insufficient staffing; better planning and management of services & programmes.

Helpline.

Stricter work hour limitation adherence.

Shorter on-calls for doctors More supportive environment.

Vacations, Appreciation at the work place, Reduce working hours.

Need a well-established medical protection association for doctors including from social media.

Bullying, feed-back on senior doctor's performance including consultants by junior doctors, to have one day no-clinic day/ward jobs.

Shorter shift hours.

Regular leave to avoid burn out. Organizing support groups.

Remove superiors from admin (no experience/unfair/heartless). Listen to staff

better pay and hours, give appreciation and acknowledgement, better government benefits such as loans, allowances etc.

Ban WhatsApp texting about work after work. Improve self-time management. Clear direction and support from upper management.

Budget for appreciation dinner or events. Access to counselors. Coping skills with stressful situations and people.

Role play for Heads of Department on good leadership.

Seamless training. All this BS about being unable to go for Advanced Training in Brunei is nonsense. Training in Brunei can happen and should happen. We improve the standards of practice of our hospitals and clinics by making the hospitals a teaching hospital as opposed to just a place to work. We create change by way of research and teaching. When standards improve the hospital system becomes efficient and people working conditions are better. Patient safety is better. We can work with a sound mind.

Better transparency and communication between the administrative staff in hospitals and Ministry of Health with clinicians. Give proper explanations when there are delays with contracts, promotions and/or salary issues. Show actual guidelines/SOPs, instead of quoting unseen "internal arrangements".

Offer flexibility in work - allocate one day as non-clinical day and for administrative work.

Offer easier access for psychological assistance and counselling for staff. It is difficult to access help, if we have to see and speak to work colleagues. Ideally, assistance should be provided from independent practitioners.

Helpful environment enough rest between shift good management.

Equality in workload.

Proper weekends for rest.

Mental health screening during routine 3 yearly health checks, access to independent psychologist if there is anonymity issue, mental health awareness activities for healthcare providers.

Have gathering activities at least every 2-3 months -ensure all of the employees have hobbies other than their work.

Easy access for health professional / mental health assessment / workplace programme.

Get people interested to do non-clinical work.

Rest time. Need proper time for lunch/dinner.

Take time off work (leave) prior to getting burnt out. Good support system to detect and manage mental health. Mandatory weekly exercises to release endorphins. Regular motivational lectures to remind our purpose of work in helping others when we decided to choose this career.

Promote accordingly because we are qualified, fulfil the scheme of services requirements and already performing specialist procedures, also receiving referrals from senior consultants in the same specialty. It's demoralising.

Have zero tolerance for workplace bullying from patients and staff Have enough space for the staff to rest.

More support, common doctor lounge, meetup groups.

Adequate time frame to see patients e.g. 15 minutes.

Ensure confidentiality for consults and more awareness to remove the stigma that as a doctor, to have a mental health issue is considered a weakness. Have an easier access to mental health care and educate the senior/each other on how to pick up worrying signs from colleagues.

Active engagement of senior officials with staff working at ground level.

Mental health related messages / advertisement of mental health help line on the desktop so everybody can read it after logging into the computer.

De-stigmatise mental health issues (easier said than done may take decades of shifting that mindset), offer counseling but not to be recorded on **Druhima**, as we all know anyone can easily access your notes, confidentiality is the key issue from preventing lots of people to seek help.

Better support from subspecialties in managing difficult patients

Occasional breaks. Occasional bonuses/salary increment.

Make it mandatory to have yearly mental health check-up for all doctors.

Improve communication between Admin and doctors at all levels to put forward all their opinions and difficulties at work place (major problem is no admin is bothered to know about problems faced by the doctors at the ground level).

Regular leave, better administration/management, shift work.

More staff to ease work load.

Not sure.

Enough rest time.

Doctors based in the hospital should have 8-12hours shifts [REDACTED]

Regular counselling sessions. Timely promotion to next grade. Working hours less than 40 hours per week.

There should be someone that we can talk to that does not affect our job/career / training / appraisal

Anxiety.

To make it a requirement that all our specialists require multi-source feedback (MSF) forms as well, so that we can provide confidential feedbacks regarding them to the higher ups.

Limit the working hours per week (may need to address manpower issues).

[REDACTED] Paediatrics department should not allow pregnant doctors beyond 28 weeks to be on-call (at the moment, it's 32 weeks which has created a lot of issues for the doctors).

Reducing night shift hours, finishing the night shift in early hours of morning.

Good communication, appreciation for shift workers,