Registrars' well-being: the mediation of practices

Submitting to Centre for Work, Organisation and Wellbeing

Abstract

Psychiatry registrars undertake demanding clinical work alongside prolonged training and examinations, often in resource-constrained settings. This qualitative study explored how workplace-related factors shape registrars' well-being and how it might be better supported. Semi-structured interviews with registrars, former registrars, and senior training staff across public mental health services in one Australian state were analysed using reflexive thematic analysis. Well-being was shaped by interrelated practices spanning workplace structures and cultures, professional community and supervision, training demands, personal practices, and broader societal contexts. These domains interacted over time to amplify both risks and protective factors affecting registrars' capacity to sustain well-being while delivering complex care. The findings indicate that registrar well-being is produced through interconnected systems rather than individual factors alone, underscoring the need for supportive supervision, psychologically safe workplaces, sustainable training structures, and shared organisational responsibility for well-being.

Keywords: psychiatry registrar well-being; workplace practices; practices of professional community; personal practices; societal practices; qualitative study; Australia.

Understanding workplace impact on psychiatric registrars' well-being

Psychiatry registrars navigate prolonged training pathways that encompass demanding clinical roles and high-stakes examinations, often within resource-constrained mental health services. They commonly report significant challenges to well-being, including balancing intensive work and personal life demands during college examinations; working within increasingly busy, and at times unsafe, clinical environments; and managing complex and high-risk mental health presentations. Both international and Australian literature document high rates of burnout, distress, and compromised well-being among medical trainees, with contributory factors including workload intensity, extended working hours, examination pressures, and workplace culture. Recent research has further underscored these concerns and called for systemic and organisational responses rather than solely individualised solutions (Looi et al., 2024; Orlik et al., 2022). The purpose of the study reported in this paper is to improve understanding of how workplace factors influence psychiatry registrars' well-being and how this well-being can be supported during training. This is achieved by drawing on insights from current and former psychiatry registrars, as well as senior clinical and training staff, regarding factors that support and sustain registrars' mental health and well-being. In this paper, the term registrars refers to vocational trainees in psychiatry, including Principal Health Officers (PHOs) working in mental health services. The findings demonstrate how interconnected sets of practices across workplace, professional community, personal, and broader community domains mediate registrars' well-being. Based on these findings, the study offers practice-oriented recommendations aligned with current college guidance to support registrars' well-being throughout training.

Well-being and the healthcare workforce

Preventing burnout and proactively supporting trainee well-being within healthcare workplaces remains a significant challenge in medical education (Prentice et al., 2020). In Australia, high

prevalence rates of burnout, suicidal ideation, depression, and anxiety have been documented among medical trainees (Lawrence et al., 2013), with subsequent studies indicating that these concerns persist with little evidence of sustained improvement (Petrie et al., 2021; Prentice et al., 2023). Compromised well-being among trainees has consequences not only for individuals, but also for healthcare systems more broadly, including poorer patient care and satisfaction, increased career attrition, and higher rates of workforce turnover (Fahrenkopf et al., 2008; Rudman & Gustavsson, 2012; Rudman et al., 2014). These outcomes are accompanied by substantial financial costs related to staff welfare, recruitment, and training. Within the Australian context, psychiatry vocational trainees—including registrars and Principal Health Officers (PHOs), hereafter referred to as registrars—represent a cohort at particular risk. These junior doctors must balance intensive clinical responsibilities alongside preparation for college examinations while managing increasingly complex, high-risk, and emotionally demanding mental health presentations. Such conditions heighten vulnerability to distress and burnout during training.

Well-being is influenced by both individual and systemic factors. Historically, however, many well-being initiatives within medical education have focused on individual-level approaches, such as resilience training. Trainees have often expressed reluctance to engage with these initiatives, perceiving that workplace systems and cultures must first be addressed to meaningfully reduce burnout. This concern is echoed in research on curriculum-embedded well-being programs (Moir et al., 2023) and mindfulness-based interventions (Sekhar et al., 2021), which suggests that focusing solely on individual coping strategies is insufficient and risks shifting responsibility away from organisations. Similarly, the National Academies of Sciences, Engineering, and Medicine emphasise the necessity of systems-level approaches to understanding, preventing, and addressing clinician burnout (Sciences et al., 2019).

This study seeks to contribute to this growing body of work by establishing a foundation for understanding how well-being may be supported within the professional and institutional contexts of psychiatric training. Well-being remains central to the sustainability and effectiveness of the healthcare workforce (Australian Government Department of Health, 2021), influencing quality and safety of care, staff retention and continuity, and organisational adaptability in the face of evolving service demands. Healthcare work is frequently characterised by intense cognitive, emotional, and relational demands, all of which can threaten well-being. As such, preventing burnout and proactively supporting junior doctors' well-being requires more than goodwill; it demands informed, coordinated, and systemic strategies.

A traditional narrative literature review undertaken by the authors identified six categories of healthcare work practices that may support registrars' well-being: (i) effective clinical supervision; (ii) connection and professional community; (iii) workplace flexibility and autonomy; (iv) organisational support systems; (v) leadership that models and promotes well-being; and (vi) supportive educational provision and interventions. Building on this work, the study reported in this paper examines how workplace processes shape psychiatry registrars' well-being and explores what may be done to mitigate identified challenges. Specifically, it aims to illuminate current and potential barriers and facilitators to registrar well-being within a tertiary teaching hospital, and to inform how healthcare systems might be re-designed to more effectively support and sustain registrar well-being during training.

Registrars' well-being: An Australian investigation

The study employed a qualitative case study design using semi-structured interviews conducted within a hospital setting. Informants completed a brief demographic questionnaire

prior to interview, followed by open-ended questions exploring understandings of well-being, experiences before and during psychiatry training, and perceptions of how work practices currently support well-being and how they might be improved. Fourteen informants participated, including psychiatry registrars (n = 10), medical directors (n = 2), and training directors/supervisors (n = 2). Purposive sampling ensured variation in gender, stage of training, and clinical and training roles. Interviews, approximately one hour in duration, were conducted via videoconference between June and November 2025, audio-recorded, and transcribed verbatim. The study received ethical approval (HREC/2025/QTDD/117402). Written informed consent was obtained, and confidentiality ensured through de-identification and secure data storage. Participants were offered a $50 voucher in recognition of their time. Confidentiality and data security were prioritised: informants were recruited through indirect means, data were de-identified, stored off-site, and securely protected. Data were analysed using reflexive six-phase thematic analysis (Braun & Clarke, 2021), adopting a hybrid inductive–deductive approach. Analysis was informed by Communities of Practice theory (Gherardi, 2009), and the concepts of affordances and engagement (Billett, 2001), enabling examination of how social and institutional practices (Berger & Luckman, 1967) enabled or constrained registrar well-being.

Impact on registrars' well-being: a complex of practices

This study examined how psychiatry registrars and key stakeholders conceptualised well-being and how these understandings shaped perceptions of workplace support during training. Informants consistently described well-being as more than an individual psychological state or personal responsibility. Rather, well-being was understood as multidimensional, relational, and embedded within workplace, professional, and broader social contexts. Before presenting the thematic analysis of practices influencing registrar well-being, this section outlines informants' definitions of well-being (Table 1), providing an interpretive foundation for understanding what was perceived to support or undermine well-being during training.

Conceptualising well-being

Personal well-being was described as "functioning normally as a human," reflecting a holistic view extending beyond mental illness to encompass biological, psychological, social, cultural, and material dimensions of life. It was understood as relational rather than purely internal, involving the ability to engage meaningfully and safely with others. Indicators of personal well-being included contentment, emotional stability, and balance, while loneliness, isolation, and feeling unheard signalled diminished well-being. Informants consistently linked physical health and social connection with mental well-being, emphasising the role of supportive environments.

Table 1 *Definitions of well-being*

Personal/workplace	Definition
personal well-being	• functioning normally as a human • holistic - whole spectrum of biopsychosocial cultural, spiritual, ethical, legal, financial • multifactorial - both an internal health but also allowing them to engage with other people in a healthy and productive way • contented feeling • experience of loneliness/isolation/being unheard • physical and social mental health
workplace well-being	• safety • psychological well-being

	• feeling valued and respected in the workplace
personal and work life well-being	• not about peak performance • contented feeling • sense of accomplishment • work-life balance • work + social/ family + self

Workplace well-being was defined more narrowly, with safety central to informants' accounts. Safety encompassed physical, psychological, and professional dimensions, including being able to ask questions, seek help, and raise concerns without fear of repercussion. Unsafe environments were described as undermining learning, functioning, and patient care. Feeling valued and respected—particularly being recognised as a trainee with learning needs rather than solely a service provider—was integral to workplace well-being. Supportive supervision, respectful communication, and organisational responsiveness fostered security and belonging. Informants rejected a strict separation between personal and work-related well-being, instead framing well-being as sustainability over time rather than peak performance. Work–life balance was understood as flexibility and autonomy across life domains; when work consistently displaced personal roles, well-being deteriorated despite professional success.

Four practices

Analysis identified four interrelated domains of practice that mediate psychiatry registrars' well-being: workplace practices, professional community practices, personal practices, and broader societal practices. Informed by Communities of Practice theory (Gherardi, 2009), these domains highlight how social, institutional, and personal practices shape everyday clinical work and how registrars come to engage with these conditions. Well-being is conceptualised as emerging from the dynamic interaction among these domains, rather than residing within any single domain (*see* Figure 1).

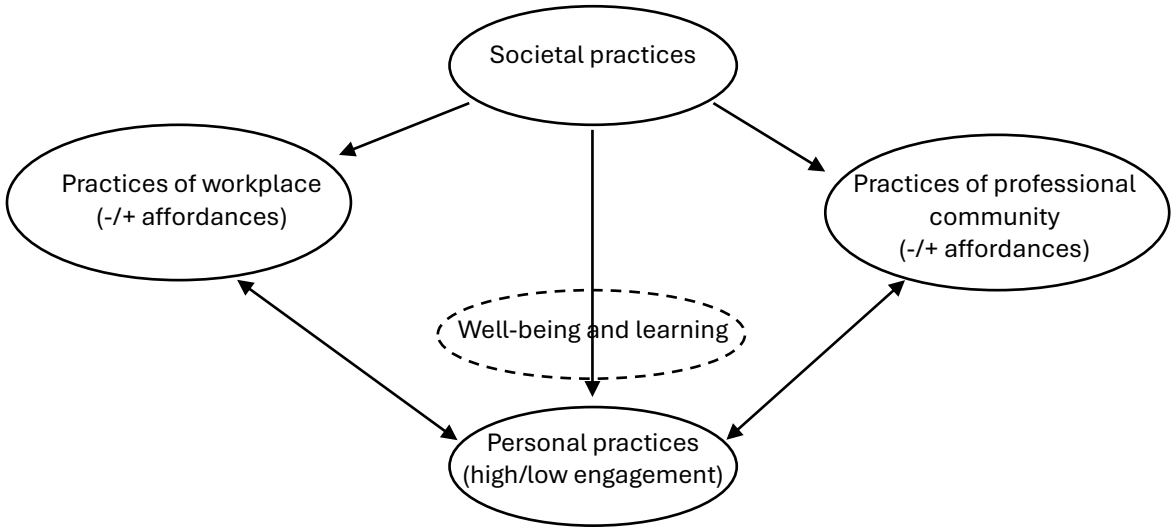

Figure 1. Conceptualising relations amongst practices

Each domain comprises distinct imperatives, norms, and expectations, and offers particular affordances—opportunities or constraints that may support or undermine well-being. These affordances may be experienced as positive or negative depending on their form and on registrars' capacity to engage with them.

Workplace practices (± affordances)

Workplace practices were a central influence on registrars' well-being, shaping the affordances available for safe practice, learning, and sustained engagement (Table 2).

Table 2 *Practices of workplace*

Practices of workplace	**Examples**
Administration	rostering; equity issue; role uncertainty; pressure of renewing contract
Supervision	models; supervision hours; continuity; part-time locum; mentorship
Work requirements	after-hours; workload; mandatedness (e.g., mandated mentoring)
Workplace environment	setting (public vs private, community); supportive; respectful and caring; violence/aggressiveness from patients; competitive system
Workplace processes	interview process; flexibility around work hours/shifts; limited interprofessional meetings; timing and workflow
Workplace support	activities to promote well-being; institutional support system; support program/channel; protected teaching hours

Administrative practices offered mixed effects: opaque rostering, role uncertainty, and contract pressures were destabilising, whereas transparent processes and clear role definitions supported predictability and psychological security. Supervision emerged as one of the strongest workplace affordances. Regular, protected, and continuous supervision supported learning and emotional containment, while fragmented supervision and reliance on part-time or locum supervisors limited access to support and signalled reduced organisational prioritisation of well-being. Work requirements, including workload intensity, after-hours demands, and mandated activities, further constrained capacity for engagement, particularly during examination periods, unless appropriately resourced and integrated into work time. Workplace environments also shaped experiences of psychological safety: supportive cultures promoted help-seeking, while exposure to patient aggression or dismissive interactions constrained it. Together, these findings illustrate how workplace practices cumulatively afford or undermine registrar well-being.

Professional community practices (± affordances)

Professional community practices shaped registrars' well-being primarily through access to personal, social, and professional networks (Table 3). Personal and social networks, including peers, family members, and familiar colleagues, provided immediate and accessible support that buffered workplace stress. Peer relationships were particularly valued for offering shared understanding, normalisation of challenges, and informal emotional support, especially during demanding clinical periods or examinations. The availability and accessibility of these networks functioned as key positive affordances, reducing isolation and sustaining engagement.

Table 3 *Practices of professional communities*

Practices of professional communities	**Examples**
Personal/social networks	peers; family; familiars – available and accessible
Professional network	advocacy network; professional alliances – collegiate and supportive

Professional networks further mediated well-being through advocacy, collegial alliances, and professional solidarity. Supportive professional relationships enabled registrars to seek guidance, negotiate workplace challenges, and feel represented within institutional contexts.

Advocacy networks were especially important in addressing systemic issues beyond individual capacity. In contrast, limited access to collegial or advocacy support constrained these affordances, leaving registrars feeling isolated or unsupported within hierarchical systems. Overall, professional community practices influenced well-being by shaping registrars' sense of belonging, collective responsibility, and legitimacy as developing clinicians.

Personal practices (high/low engagement)

Personal practices mediated registrars' well-being by shaping how they engaged with available workplace and professional affordances. These practices were influenced by personal circumstances, agency, and readiness for engagement (Table 4), rather than reflecting fixed traits.

Table 4 *Personal practices of registrars*

Personal practices of registrars	**Examples**
Personal circumstances	family commitment; work-life balance; personal health; gender-specific (e.g., woman reproductive health)
Personal agency/subjectivity	maintaining health/well-being; maintaining personal/social networks; mindfulness; self-care; preferences; personality
Readiness	awareness; preparation; engagement; proactivity; reluctance

Factors such as family commitments, work–life balance, physical and mental health, and gender-specific considerations affected registrars' capacity to meet work demands, with fluctuations across training often reducing energy for self-care or help-seeking. Personal agency was evident in efforts to maintain health, sustain social networks, and engage in preferred self-care strategies, though cumulative strain frequently diminished capacity and led to withdrawal from supportive practices. Readiness for engagement further shaped outcomes: awareness and proactive help-seeking supported well-being, while exhaustion or reluctance constrained engagement even when supports were available. Overall, personal practices reflected situational capacity and contextual demands, underscoring the need to consider capacity alongside responsibility.

Societal practices (shaping engagement)

Societal practices formed the wider context shaping how registrars interpreted and engaged with workplace, professional, and personal affordances. These practices included training and examination regimes, medico-legal and risk discourses, and broader social expectations of doctors (Table 5). Informants described how exam-driven training structures prioritised endurance, performance, and progression, often normalising sustained strain and limiting permission to prioritise well-being.

Table 5 *Practices of society*

Practices of society	**Examples**
Societal change	accessibility of drugs; increased violence and aggression; enhanced expectations of patients and community members (sense of entitlements); impact of digital technologies
Systemic change of the profession	professional landscape; employment pipeline; demand and supply issue; system pressure
Cultural change	blaming culture; view about wellness

Prevailing medico-legal and risk-averse cultures further shaped engagement by reinforcing caution, hyper-responsibility, and fear of error, particularly in mental health settings. These norms amplified pressure on registrars and discouraged help-seeking or disclosure of vulnerability. Broader societal expectations of doctors—including assumptions of resilience, emotional containment, and self-sacrifice—also influenced what registrars perceived as

legitimate responses to distress. Collectively, these societal practices shaped cultural norms around coping and performance, indirectly constraining engagement with supportive practices and legitimising overextension as an expected part of training.

Practical suggestions for supporting registrar well-being

Informants identified multi-level practice-oriented strategies to strengthen registrar well-being across workplace, professional, and personal domains (Table 6). At the workplace level, suggested improvements focused on administrative transparency and inclusion, including equitable rostering, clearer contract renewal processes, and involving registrars in planning and decision-making. Strengthening supervision through expanded supervisory roles, structured continuity across training, and consistent mentoring was seen as central. Leadership practices that explicitly modelled well-being and embedded it within formal policy further legitimised well-being as an organisational priority. Adequate resourcing, including safe staffing levels and access to AI-enabled or institutional support systems, was also identified as critical.

Table 6 *Suggestions for improvement*

Practices	Areas of improvement	Examples
Practices of workplace	Administration	Rostering, renewing contract, involving registrars in planning/decision-making
	Supervision	Expanded role, structuring/continuity across training
	Leadership	Modelling well-being, well-being policy
	Resources	Staffing, AI support system
Professional practice	Professional-personal	Forming alliances of support, seeking support/opportunities, being involved in reliever role for learning
	Educational practice	Learning plan tailored to individual needs, educational process targeting the right people, strategies for managing stress and pressure
Personal practices of registrars	Personal well-being	Habits, hobbies, social/friend network
	Worklife well-being	Seeking support, building rapport with others (e.g., peer network, professional community)

Within professional practice, informants emphasised forming professional–personal alliances of support and engaging in educational practices tailored to individual learning needs. At the personal level, sustaining well-being involved cultivating interests, social networks, and supportive peer relationships, alongside actively seeking support and building rapport within professional communities. Collectively, these suggestions underscored the need for coordinated, system-enabled approaches rather than reliance on individual responsibility alone.

Discussion

Taken together, the findings demonstrate that registrars' well-being emerges through the interaction of workplace, professional, personal, and societal practices, reinforcing that responsibility for well-being cannot be individualised. Consistent with national guidance and recent scholarship emphasising psychosocial safety and system-level approaches (Looi et al., 2024; Orlik et al., 2022; Weightman et al., 2023), the study identifies multiple modifiable levers

across service delivery, training governance, and individual support structures. At the service level, clear workload baselines, transparent administrative processes, and escalation pathways are critical to mitigating cumulative strain and safeguarding patient care. Embedding zero-tolerance approaches to bullying and harassment, resourcing supervision and mentorship, and aligning rostering with examination and training demands further signal organisational commitment to registrar well-being.

Within training governance, strengthening registrar representation in decision-making and supporting cross-service peer and advocacy networks may counter professional isolation and enhance engagement. These measures shift well-being from a peripheral concern to a core feature of training design. At the individual level, the findings underscore the importance of legitimising help-seeking through confidential access to doctors' health services, general practitioner care, and flexible training arrangements during periods of heightened stress. Crucially, the effectiveness of such measures depends on their integration into supportive workplace and professional systems. Together, these implications highlight that sustaining registrar well-being requires coordinated, context-sensitive strategies embedded within everyday training and service practices, rather than reliance on individual resilience alone.

Conclusion

This study shows that psychiatry registrars' well-being is shaped through interconnected workplace, professional, personal, and societal practices, rather than individual factors alone. Addressing modifiable practices across these levels has the potential to strengthen well-being, support progression through training, and sustain high-quality patient care. While the qualitative findings are drawn from a purposively sampled cohort within one Australian state and are not intended to be generalisable, they offer important insight into how well-being is experienced and negotiated in practice. Future research should extend this work through mixed-methods and longitudinal designs, evaluate targeted interventions, and engage a broader range of stakeholders—including doctors' health services, training colleges, and health service administrators—to inform coordinated, system-level approaches to supporting registrar well-being.

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