

Table S2. Weighted Means and standard deviations (in brackets) for the wellbeing, work-related quality of life (WRQoL) by occupation and across phases.

Variables	Occupation				
	Nursing	Midwifery	AHP	Social Care	Social Worker
WRQoL					
Phase 1	76.65 (18.75)	75.55 (13.88)	80.12 (13.19)	77.29 (16.22)	78.90 (14.57)
Phase 2	73.06 (14.91)	73.42 (17.55)	77.51 (15.27)	75.34 (16.17)	75.93 (15.07)
Phase 3	73.56 (15.79)	68.91 (14.91)	75.39 (16.47)	72.37 (15.97)	71.34 (16.07)
Phase 4	73.54 (16.04)	67.75 (15.63)	74.74 (15.68)	70.57 (1.83)	70.68 (16.23)
Phase 5	72.62 (17.54)	65.86 (18.38)	76.07 (16.79)	72.27 (15.82)	72.05 (16.23)
Phase 6	72.63 (17.85)	67.00 (16.10)	74.74 (15.91)	68.76 (15.82)	70.93 (16.02)
Wellbeing					
Phase 1	21.79 (4.07)	21.35 (3.71)	21.28 (3.18)	21.30 (3.79)	21.40 (3.40)
Phase 2	20.74 (3.43)	20.84 (3.99)	20.88 (3.37)	20.20 (3.53)	20.32 (3.20)
Phase 3	20.80 (3.68)	19.84 (3.68)	20.80 (3.86)	20.33 (3.74)	20.36 (3.51)
Phase 4	20.91 (3.49)	20.13 (3.74)	21.11 (3.62)	20.16 (3.45)	20.29 (3.52)
Phase 5	20.91 (4.19)	19.67 (2.90)	21.43 (3.81)	20.64 (3.33)	20.76 (3.37)
Phase 6	20.90 (3.73)	19.58 (3.27)	21.14 (3.48)	19.79 (3.36)	20.31 (3.34)

Table S3. Weighted Means and standard deviations (in brackets) for wellbeing, work-related quality of life (WRQoL), coping strategies and burnout across study phases.

Variable	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	Phase 6	Phase Comparison
	M (SD)						<i>p</i> -Value
Wellbeing	21.36 (3.57)	20.43 (3.40)	20.47 (3.68)	20.65 (3.57)	20.79 (3.55)	20.32 (3.46)	<.001
Quality of working life	78.16 (15.29)	75.66 (15.57)	72.54 (16.04)	72.38 (16.49)	72.61 (16.58)	70.91 (16.34)	<.001
Coping strategies							
Active coping	6.08 (1.61)	5.01 (1.68)	5.38 (1.76)	5.34 (1.70)	5.28 (1.74)	5.19 (1.75)	<.001
Planning	5.84 (1.75)	5.48 (1.82)	5.43 (1.84)	5.37 (1.81)	5.34 (1.84)	5.24 (1.89)	<.001
Positive reframing	5.96 (1.62)	5.64 (1.67)	5.52 (1.70)	5.38 (1.70)	5.39 (1.73)	5.16 (1.73)	<.001
Acceptance	6.49 (1.43)	6.18 (1.52)	6.06 (1.54)	5.98 (1.53)	6.02 (1.57)	5.77 (1.73)	<.001
Use of emotional support	5.02 (1.77)	4.91 (1.79)	4.79 (1.77)	4.78 (1.73)	4.60 (1.79)	4.54 (1.80)	<.001
Use of instrumental support	4.47 (1.73)	4.50 (1.76)	4.37 (1.75)	4.42 (1.75)	4.33 (1.75)	4.27 (1.75)	<.001
Venting	3.52 (1.40)	4.22 (1.62)	4.26 (1.74)	4.26 (1.67)	4.20 (1.73)	4.21 (1.72)	<.001
Substance use	2.77 (1.39)	2.89 (1.49)	2.95 (1.58)	2.79 (1.44)	2.82 (1.44)	2.85 (1.50)	.004
Behavioural disengagement	2.62 (1.18)	2.96 (1.39)	3.04 (1.46)	3.91 (1.44)	3.05 (1.47)	3.12 (1.51)	<.001
Self-blame	3.27 (1.60)	3.92 (1.84)	4.18 (1.92)	4.09 (1.87)	4.04 (1.90)	4.10 (1.94)	<.001
Family–work segmentation	5.05 (.091)	5.06 (.92)	5.10 (.93)	5.03 (.93)	5.10 (.92)	5.08 (.87)	.044
Work–family segmentation	4.71 (1.06)	4.60 (1.10)	4.58 (1.15)	4.59 (1.14)	4.59 (1.15)	4.54 (1.16)	<.001
Working to improve skills/efficiency	4.33 (1.05)	4.22 (1.10)	4.20 (1.11)	4.20 (1.08)	4.14 (1.15)	4.08 (1.14)	<.001
Recreation and relaxation	3.76 (1.22)	3.59 (1.25)	3.52 (1.26)	3.48 (1.26)	3.40 (1.27)	3.41 (1.26)	<.001
Exercise	3.93 (1.35)	3.71 (1.41)	3.74 (1.39)	3.79 (1.43)	3.69 (1.45)	3.47 (1.46)	<.001

Multivariate Analysis

Data were not normally distributed and therefore Kruskal–Wallis H tests were used to compare the scores on wellbeing, work-related quality of life, and the domains of coping. The weighted results showed that wellbeing significantly differed across the occupation groups in Phases 1 ($p=0.08$) and in Phases 2, 3, 4, 5 and 6 ($p < 0.01$). Overall WRQoL significantly differed across the occupation groups in Phase 1 ($p=0.02$), Phase 2 ($p=0.03$) and Phases 3, 4, 5 and 6 ($p < 0.01$). Within the occupational groups examined significant differences were evident. In the results showed that WRQoL scores, within for AHPs ($\chi^2(5) = 29.96, p < 0.001$), midwives ($\chi^2(5) = 29.94, p < 0.001$), social care workers ($\chi^2(5) = 111.89, p < 0.001$) and social workers ($\chi^2(5) = 162.76, p < 0.001$), significantly changed across the Phases. Across the phases there was no significant difference in scores for nurses ($\chi^2(5) = 8.13, p = .149$). Similar results were found for wellbeing scores, for midwives ($\chi^2(5) = 18.17, p < 0.001$), social care workers ($\chi^2(5) = 75.00, p < 0.001$) and social workers ($\chi^2(5) = 78.70, p < 0.001$). While no significant differences were found in across the nursing ($\chi^2(5) = 8.72, p = .121$), or AHP ($\chi^2(5) = 6.53, p = .258$) occupations. In comparing the occupations to each other results showed no significant difference between the occupation in terms of wellbeing scores in Phase 1, ($\chi^2(5) = 2.61, p = .625$). All other phases showed significant differences across the occupations, Phase 2 ($\chi^2(5) = 8.72, p < .001$), Phase 3 ($\chi^2(5) = 15.98, p = .003$), Phase 4 ($\chi^2(5) = 14.42, p = .006$), Phase 5 ($\chi^2(5) = 14.78, p = .005$) and Phase 6 ($\chi^2(5) = 23.92, p < .001$),

The results showed that wellbeing, ($\chi^2(5) = 142.21, p < 0.001$) significantly declined across the Phases. Phase 1 respondents reported the highest wellbeing (21.36), compared to Phase 2 (20.43) however wellbeing rose again Phase 3 (20.20.47), in Phase 4 (20.66) and Phase 5 (20.79) while decreasing in Phase 6 (20.32) which was the lowest reported. Dunn's pairwise comparison (adjusted using Bonferroni correction) revealed a significant difference between wellbeing in Phase 1 and 2, ($p < 0.001$), Phase 1 and 3 ($p < 0.001$), Phase 1 and 4 ($p < 0.001$), Phase 1 and 5 ($p < 0.001$), Phase 1 and 6 ($p < 0.001$). There were also significant difference between Phase 2 and 4 ($p = .014$), Phase 2 and 5 ($p < .001$), Phase 3 and 5 ($p = .004$), Phase 6 and 4 ($p = .006$), and Phase 6 and 5 ($p < .001$).

Overall WRQoL ($\chi^2(5) = 293.14, p < 0.001$) significantly differed across the six phases. Across the first three phases there was a decrease in scores with a mean rank WRQoL score of 78.09 for Phase 1, 72.53 for Phase 2, 71.98 for Phase 3. While Phase 4 showed a slight increase with a score of 75.65, before continuing

to decrease with a score 73.38 in Phase 5, 71.99 in Phase 6. Dunn's pairwise comparison revealed a significant difference in overall WRQoL between all individual phases ($p < 0.05$) except between Phases 3 and 4 ($p = 0.914$), Phases 3 and 5 ($p = 0.950$), Phases 4 and 5 ($p = 0.878$), which showed no significant difference.

Family work segmentation ($\chi^2(5) = 11.41, p = 0.044$), Work-family segmentation ($\chi^2(5) = 24.38, p < 0.001$), Working to improve skills/efficiency ($\chi^2(5) = 45.06, p < 0.001$), recreation and relaxation ($\chi^2(5) = 114.06, p < 0.001$) and exercise ($\chi^2(5) = 94.91, p < 0.001$) all significantly changed across the phases. Active coping ($\chi^2(5) = 370.92, p < 0.001$), Planning ($\chi^2(5) = 131.08, p < 0.001$), Positive reframing ($\chi^2(5) = 240.07, p < 0.001$), Acceptance ($\chi^2(5) = 232.79, p < 0.001$), Emotional Support ($\chi^2(5) = 91.28, p < 0.001$), Instrumental Support ($\chi^2(5) = 25.22, p < 0.001$), Venting ($\chi^2(5) = 361.45, p < 0.001$), Substance use ($\chi^2(5) = 17.33, p = 0.004$), Behavioural Disengagement ($\chi^2(5) = 195.40, p < 0.001$) and Self-blame ($\chi^2(5) = 407.99, p < 0.001$) all showed significant differences between the six phases. As shown in Table 2 a majority of the positive coping strategies (active coping, positive reframing, acceptance, use of emotional support, instrumental support) showed decreases over the first three phases while increasing in Phase 4 before decreasing again across Phase 5. The negative more avoidant strategies (venting, substance use, behavioural disengagement and self-blame) initially showed increases between Phases 1 to 3, while decreasing in Phases 4 before showing signs of increasing in Phases 5 and 6. While there are significant differences, the results show fluctuations between increases and decreases in the use of the positive or negative coping strategies.