

Layer of modified SEM	Sub-theme	Quote
Individual Impression of work as a junior doctor	Successfully treating patients or contributing to their care	"Actually seeing your patients going home, especially the ones you've been taking care of for some time, like 1 month plus... You, you sort of see them facing issue after issue [...] When you finally get to discharge them back home or to some other disposition, it is quite rewarding and fulfilling. And sometimes you can just see the gratitude that patients do express." – Participant J1, junior cohort "You know, when they come in, they're like, oh, 'I'm so sick' [and they're] delirious. [...] Then on the day of discharge, they are inviting you to go for a beer. [...] These are things which are fulfilling and things that I look forward to." – Participant J7, junior cohort "That was fulfilling: that you were actually able to do something that was actually positive for patient care. You picked up the pneumo[thorax], then you ask your MO, you set the chest tube—there's a sense of achievement when setting a chest tube. Yeah, you picked up the pneumo and saved this guy from like, having a worsening tension pneumo right. So I thought that was really, really helpful." – Participant S9, senior cohort "Well, patient interaction. I always find it very satisfying when I empower patients with the knowledge of their own conditions, and help them down the patient journey." – Participant J4, junior cohort
Individual Institutional development as a doctor	Growth and learning	"I guess it's like, the idea that there was, there was growth, there was growth and development as a doctor. You came in as someone who's basically, you know, supernumerary you weren't terribly useful [...] and so and you can see yourself sort of developing [or] acquiring skills and acquiring some degree of clinical acumen. And I think that kept me going, in the sense that I could see that I was not the same person..." – Participant S6, senior cohort "I think for me [it] was the process of learning. As a junior, people will look out for you [or] they will check in on you, make sure you're doing the right thing. And therefore, [I felt] safe to do things, to make mistakes." – Participant M4, middle cohort
Individual Personal values, priorities and aspirations	Religion as a grounding force	"The biggest [thing that kept me going] was my faith. I'm a Christian, we believe that being called, being in [the] medical profession, it's God's calling, and that He would give me, God would give me the strength to be able to do what he wants me to do." – Participant M4, middle cohort "What kept me going? Hmm...maybe also, like some of the writings, the writings of the Baha'u'llah kept me going like, you know, the betterment of the world can be accomplished through pure and goodly deeds, commendable and seemly conduct..." – Participant M7, middle cohort
Individual Impression of work as a junior doctor	Enjoying the (hard) work	"It sounds sadistic or whatever, but there was actually a lot of joy in working hard. You come out all ready to work hard, and they really make you work damn, damn hard. If all the hard work [had] been on more productive tasks, it would be even better.... Most of us don't have problems working a bit hard when you need to, even though our mental health, everything, suffers a bit. But we do get the joy." – Participant S11, senior cohort "Yeah, it was fun. It was fun. It was really fun. Yeah, a lot of procedures, accompanying patients to scans, accompanying patients to ICUs, is fun" – Participant M6, middle cohort
Interpersonal Healthcare team	Camraderie	"What were my main motivators? I think, for me, it was a team like really, really the people around me. I was very affected by people around me. So I've had very good team[s], no matter what I knew we would get through this together because everybody was suffering. And we were all pulling the weight. So that really got me through one of the hardest postings." – Participant M3, Middle Cohort It's me versus 38 [patients] today, and, you know, the changes, everybody came in and helped me do changes. And it was good. So I think it's yeah, the workload was horrible, but because everybody was working together, it wasn't that bad." – Participant M8, middle cohort

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Interpersonal Senior colleagues	Journeying alongside and mentoring junior colleagues	"I was very grateful that my MO stepped down and did some work. They clerked the case for me, [would] draw blood for me. And that really helped a lot, that I was not left alone to flounder. [...] That helped motivate me to say, 'Well, in order to be like them I need to get me to be as good as them, if not better.'" – Participant S3, senior cohort
		"(In a particular department), seniors focused a lot on our understanding, rather than just doing the work. I remember there were times where I made a wrong decision, [the] consultant would ask me, 'why did you do that?' [They] spent time to teach me [why] the decision wasn't so good. And because there was a lot of collaboration, the consultants would really listen to us during ward rounds; ward rounds [were] a discussion, rather than just following instructions." – Participant M4, middle cohort
		"The one that would that was a bit hard to enforce was the '1 in 7 rest days' (1 rest day every 7 days). Because [it] was actually sort of left to the teams [to enforce]. I know sometimes it was hard to get 1 day off in 7, but the registrars, to their credit, they tried to, they tried to give us that." – Participant J2, junior cohort
		"I remember this particular case [where] I actually couldn't figure out what was wrong with this patient [and] the patient didn't turn out so well. [By] the time the registrar was informed, she (the patient) was actually very, very ill. [...] [The registrar] had a private word with me [and] I never felt that I would be left on my own. [...] He actually worked out with me, [on] what we would say in the (morbidity and mortality) report." – Participant S7, senior cohort
Interpersonal Friends and family	Supportive presence of loved ones	"Certain departments, the registrar will come around at 11 o'clock at night and say, let's all go out for supper. And we all go out into his car for supper. Yeah, but not every department [would] do that. Yeah. Yeah. And then now, I think the departments are too big. [...] I don't think that happens anymore." – Participant S7, senior cohort
		"I really don't go home, but I feel, I mean I had a wonderful family who was very supportive of me, they message me, make sure I'm okay. I come home late and rush to work, I've always got a room to sleep in peacefully, very, very good support." – Participant M4, middle cohort
Institutional Employee and trainee management	Tangible measures to support learning, training and rest	"I guess the first thing I would say life outside of work? Even with less time but just whatever time you have with family and friends... I think that's what gets me going." – Participant J8, junior cohort
		"I will say my (residency) programme [is] quite good in terms of how they structured the postings, essentially making sure [...] we did most of our out-postings before our exams, to make sure that we got sufficient breadth of exposure before certain exams [...] and also making sure that the postings that we were in, like leading up to the exams, were ones that you can take leave in...
		"(Later on in the same interview) The most helpful ones were things like, the extra off days that we got along the way. I think any time off is always very useful as a wellness initiative." – Participant M11, middle cohort
		"I think leave regulation was actually fairly well enforced. They did ask us to clear leave, which is pretty good. I think most, most people [didn't] get shortchanged for their leave." – Participant J2, junior cohort
Institutional Employee and trainee management	Responding to needs and suggestions	"[Some of] my rights will probably be to be able to go post call a certain time, I think that is generally quite well protected." – Participant M2, middle cohort
		"In particular, the good thing is that the Department of <redacted> is very—they do listen to us. If we do decide to suggest any changes, they're quite welcome to that." – Participant J1, junior cohort
		"After my first houseman posting at <redacted: hospital>, I actually requested for a lighter posting. Because I had some...my own medical problems. I had to see a psychiatrist and all that. And so <redacted: national junior doctor employer> was actually quite nice. They, they told me, yeah, let's try to give you a lighter posting. So they sent me to <redacted; hospital>, which is generally known to have lighter postings. And so that helped a lot. And I was very grateful for <redacted: national junior doctor employer> to do that." – Participant M7, middle cohort

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		“(As overseas medical graduates) But overall, I felt like we were taken care of. I mean, <redacted: national employer of junior doctors>. As a PGY-1 (post-graduate year 1 doctor), <redacted: national employer of junior doctors> did have like regular meetings, like I think at the 6th month mark and the end of the year, to sort of meet up with us, check up on us.” – Participant J1, junior cohort
Institutional Employee and trainee management	Accounts of historical management of junior doctors as trainees and employees	“When we were going to take our clinical exams, we had to arrange our own tutorials. So the training programme, the, well, the professor’s—the senior tutors, were not the ones who arranged these for us. We had to go and ask around. [...] So we had to go to the different hospitals, arrange all these sessions with them...” – Participant M1, middle cohort
		“I remember going down to the department one day before I was supposed to start work and sort of said, hello. And everybody said, well, okay, here you go. And then you [were] just tossed [into the] deep end [...] there was really no systematic kind of training programme for housemen. We were given the handbook of the department if you were lucky [...] the teaching was really very disorganised.” – Participant S6, senior cohort
		“And I guess, you know, at the time, there was not much welfare per se, you know, they didn’t think very much about how we will cope.” – Participant S10, senior cohort