

Layer of modified SEM	Sub-theme	Quote
Individual Reflections on being a junior doctor	Rite of passage/formative experience	“You kind of have to go through that training to figure out what you want to do with your life” – Participant M2, middle cohort
		“But even if even if, let’s say I went to HO (house officer) and then I left immediately after HO I just wouldn’t feel confident in the private sector or doing locum.” – Participant J2, junior cohort
		“I would say there will be some aspects [of being a junior doctor] that were not quite worth it. Yeah, but like some of the time pressure and some of the stress and all that, I would say [it was] not really worth it. But I would say overall, it’s something that has helped me grow and helped me change and made me who I am.” – Participant M11, middle cohort
		“I think it’s made me who I am.” – Participant J2, junior cohort “Maybe some of it was necessary, otherwise, it wouldn’t have been possible for you to make such a drastic transition in such a narrow; such a short period of time.” – Participant S6, senior cohort
Individual Society/community Action and advocacy	Resolving to make things better/paying it forward	“Even though the experience was very tough, I learned things from it. Like I learned how to care for patients in crunch. I know how to manage long patient lists. I know what kind of senior I don’t want to be.” – Participant M8, middle cohort
		“Just remember that, when your time comes to be on top, you think about your times and resolve to make it better for the next... rather than say, ‘we went through it, so what’s your problem?’ That’s not the way of looking at it.” – Participant S2, senior cohort
		“I also hope that the juniors down the road, like you, right, would have a better experience... because sometimes I felt the environment was too discouraging [and] not helpful for personal growth.” – Participant M7, middle cohort
		“I always felt like I did it because I had no other choice [...] just because we went through it, does not justify, you know, perpetuating this toxic culture for the future generations.” – Participant M9, middle cohort
Individual Reflections on being a junior doctor	Extent of difficulty encountered	“I think it probably is one of most traumatic experiences of my life” – Participant S6, senior cohort
		“My classmate attempted suicide. She almost succeeded, if not for the fact that someone—she tried to off herself in the call room by injecting herself with [redacted: high-alert medication], it was only by sheer luck that one of our colleagues had to recover something from the call room, barged in and found her comatose and CPR her back and she survived. I’m not kidding.” – Participant S9, senior cohort
		“I felt like I wasn’t good enough to other house officers, I felt that I wasn’t efficient enough. I wasn’t as good at multitasking, you know. [...] It took me a very long while to realise that I’m not 100% fault-free for sure. But there were really a lot of things that went wrong with that posting in that department that were out of my control and that shouldn’t [have] happened.” – Participant M10, middle cohort
		“You know, not eating for like 12 hours, straight, things like that, it probably builds character. But again, I think you’ve got to make sure that it doesn’t affect your welfare as well. Because I did come across other HOs who didn’t take it so well. They do suffer from anxiety, depression. So it really depends... whether it’s all worth it at the end.” – Participant J1, junior cohort “I think it was just this sense of like how we’re being exploited? The long hours, the low salary, just the stress of it all, the continuity. If you do this for 1 day a week, I think it’s fine. But if you do it every single day without a proper break, it’s really very taxing.” – Participant M9, middle cohort

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Individual Institutional Relationship with one's place of practice	Leaving their places of practice	"I prefer the outpatient setting [...] even then I also chose to leave [...] Because the numbers were too overwhelming, the time given is too short, you can't really do a good job. [...] I found going into primary care in private practice so much more fulfilling because you really develop relationships with the patients." – Participant S8, senior cohort "There were also health reasons and [...] I actually asked to take no-pay leave, but that was not granted unfortunately. [...] And so I had to choose between like deteriorating health and continue to work versus breaking the bond. So after discussing with family and all that decided to go with breaking the bond." – Participant M7, middle cohort "Pull [factors] [were] like, I just have quite a lot of family overseas [...]. I think part of that is my own aspiration [...] that I always kind of wanted to do residency overseas." – Participant J2, junior cohort "So I have a few friends that did decide to leave for like private practice, or go to GP, family medicine, things like that. I think it is <inaudible> individual experience and interest. Some of them didn't get their first choice, so [they] decided to choose an alternative path. A lot of them also decided to start a family early on, and wanted more of their work life balance." – Participant J1, junior cohort
		"Before us, we—I think the housemen, MOs (medical officers), didn't get any night duty allowances. But if you look back in the history, somewhere around the 80s, early-to-mid 80s, there was actually a small sort of a strike, small work-to-rule kind of thing over allowances, among other things, and after that, we got something like, I can't remember the sums, but we got paid for the first, like, 4 night calls, a certain amount..." – Participant S2, senior cohort "(Regarding a meeting with the manpower ministry that they managed to secure) It was actually an open meeting, I think people were actually talking about it. There were, I think 40 or 50 participants at the town hall. And I remember it was quite well received... that the nurses [were] there as well. [...] I think many doctors are not that keen to risk their residency or ruin their reputation in the eyes of the faculty. So I don't think it was very popular at the time to form a union among my friends, so we didn't, I didn't go [down] that route. I just went directly to <redacted: manpower ministry> as a concerned citizen." – Participant M5, middle cohort "I raised, like 10 or 13, points to HR (human resources) of <redacted: national employer of junior doctors> to, to ask them about all these things that are not mentioned in [our] employment contract, even though there are some resources on the MOM website that stipulate that these things need to be stated. So I think, I think we just discussed the shortcomings with <redacted: national employer of junior doctors> HR. And I think they gave a reply to all the points. And I'm not sure [whether] they looked into it after that, because, yeah, I remember after we, I think they revise the pay from time to time." – Participant M5, middle cohort "I used to blog when I was an MO. And the, it's very interesting because when I blogged it was during SARS and that time blogging and social media were quite non-existent... so I was the only local doctor blogging..." – Participant M1, middle cohort "I think only recently, with like social media becoming more influential, <redacted: national employer of junior doctors> is finally like, getting all this news from junior doctors about our welfare, especially like call systems and all that can be improved. Okay, I mean <redacted: national employer of junior doctors> did recently, I think last year, to try and improve our welfare. Like they did increase the call pay—but that's only a small amount of improvement that can be done. Yeah." – Participant J1, junior cohort "(Regarding experiences on the Residents' Welfare Committee) The only thing that did probably had to be escalated to <redacted: national employer of junior doctors>, [...] I think it was a bit about financial compensation when you're working on public holidays. So certain hospitals... wouldn't compensate you for coming back on a public holiday to work. But I think that that was brought up to the, this was in <redacted hospital>. So that was brought up to the Chief [of the] Medical Board. And I think they eventually discussed with [redacted: government ministry]. And they did agree to reimburse us, financially compensate us, if we do come back to work on a public holiday." – Participant J1, junior cohort
Individual Society/community Action and advocacy	Concrete actions taken by junior doctors	

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		"They put me in a few other committees to look at junior doctor welfare, gave me a lot of free rein [with] what I want to do with junior doctors, and if I now put my foot down and say no, my MOs (medical officers) are not doing this, [the senior management] really don't do this. [...] You need [a] junior doctor voice there to tell [the senior doctors] what the junior doctors actually need. I think <redacted: healthcare cluster> now has a junior doctor committee or something. Yeah. And I was looking at the list, right? A lot of them are quite senior people. Yeah, these people aren't junior at all." – Participant M8, middle cohort
Individual Policy Relationship towards policies and structures in place	Coping with the state of affairs	"The prevailing attitude then was that suck it up and stop whining." – Participant S9, senior cohort "If you're unhappy with something, you can't really escalate it [...] There was a lot of 'This is the way it is. You know, last time I had it worse,' that kind of thing. So you just felt like you can't really complain much." – Participant M8, middle cohort "I don't really feel that the policy level is going to help much honestly, because I think that we will always be overworked, there will always be work for junior doctors to do. Maybe it's pessimistic [to think] we're not going to change much even if there's anything, any further welfare[-related] policies implemented. But it's more of individuals, how we cope with this work ourselves. The system is not designed to benefit individual doctors, more designed to keep the system going and rooted in many years or so called in tradition, that you know, junior doctors are supposed to bear the grunt of the work and so on." – Participant J8, junior cohort