The Lived Experiences of Physicians Engaging in Moonlighting Before Residency Training: A Qualitative Phenomenological Study in Cebu City, Philippines

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ABSTRACT

Moonlighting is a common transitional practice among licensed physicians awaiting entry into residency training. Although it provides opportunities for income generation and continued clinical practice, little is known about how physicians experience moonlighting during this period in the Philippine setting. Given the limited qualitative evidence describing physicians' lived experiences during the transition between medical licensure and residency training, particularly in the Philippine context, this study explored the lived experiences of physicians who engaged in moonlighting before residency training in Cebu City, Philippines.

Methods. This qualitative study employed Husserlian descriptive phenomenology to explore the lived experiences of licensed physicians who engaged in moonlighting prior to residency training. Eight physicians were purposively selected, with additional participants recruited through snowball sampling until data saturation was achieved. Data were collected through semi-structured, in depth interviews lasting approximately 45–60 minutes. Interviews were audio-recorded, transcribed verbatim, and analyzed using Colaizzi's seven-step phenomenological method. Trustworthiness was established through credibility, transferability, dependability, confirmability, and authenticity. Ethical approval was obtained before data collection, and written informed consent was secured from all participants.

Results and Discussion. Three overarching themes emerged from the analysis: (1) Driving Forces of Moonlighting, encompassing financial necessity, meaningful use of time, service to communities, and opportunities for professional development; (2) Breadth of Moonlighting Experiences, highlighting diverse clinical, community, and academic responsibilities that strengthened physicians' autonomy, clinical judgment, communication skills, leadership, and adaptability in resource limited settings; and (3) Essence of Moonlighting, describing moonlighting as a transformative experience characterized by lifelong learning, humility, resilience, confidence, and professional identity formation. Participants perceived moonlighting as an important bridge between internship and residency, enabling them to assume greater clinical responsibility while preparing for future specialization. The findings suggest that moonlighting contributes substantially to physicians' professional growth while simultaneously exposing them to challenges associated with workload, limited resources, and independent decision making.

As a qualitative study conducted among physicians in Cebu City, the findings provide in-depth contextual insights but may not be generalizable to all healthcare settings.

Conclusion. Moonlighting before residency training serves as a meaningful transitional stage in physicians' professional development. Beyond financial benefits, it enhances clinical competence, professional confidence, adaptability, and readiness for residency training while fostering a deeper understanding of patient care and healthcare systems. The findings support the development of institutional guidance and policies that promote safe, ethical, and educationally valuable moonlighting practices for early career physicians.

Keywords: Physicians; Internship and Residency; Qualitative Research; Professional Role; Career Choice; Philippines.

INTRODUCTION

The transition from medical school to residency represents one of the most formative and challenging periods in a physician's professional career. During this interval, newly licensed physicians move from supervised clinical practice to independent decision-making while preparing for postgraduate specialty training. In many countries, this transitional period is characterized by uncertainty, delayed residency placement, financial obligations, and the need to maintain clinical competence. Consequently, many physicians engage in moonlighting paid clinical work performed outside formal residency training to gain professional experience, generate income, and remain actively involved in patient care. [9,11–13]

Moonlighting has become an increasingly recognized component of early medical careers across diverse healthcare systems. Although the nature of moonlighting varies by country, physicians commonly provide temporary medical services in emergency departments, community hospitals, rural health facilities, outpatient clinics, corporate health services, telemedicine platforms, and academic institutions. These experiences expose physicians to greater clinical autonomy and responsibility while allowing healthcare institutions to address workforce shortages and improve access to medical services, particularly in underserved communities. [5,16]

Previous studies have identified several factors influencing physicians' decisions to engage in moonlighting. Financial pressures, educational debt, delayed entry into residency programs, family responsibilities, and limited employment opportunities have consistently been reported as major motivating factors. Beyond economic considerations, moonlighting has also been associated with continued clinical exposure, improvement of diagnostic reasoning, procedural competence, communication skills, leadership development, and professional confidence. However, these potential benefits must be balanced against challenges such as increased workload, fatigue, emotional stress, limited supervision, and the ethical responsibilities associated with independent medical practice. [4,9,11,16]

Despite the growing body of literature on physician well-being, residency training, and medical workforce development, relatively little attention has been given to the experiences of physicians during the transitional period between licensure and residency. Existing research has predominantly focused on resident physicians, physician burnout, working hours, or postgraduate medical education. Comparatively few studies have explored how newly licensed physicians experience moonlighting before entering formal residency programs, particularly from the perspective of their lived experiences. Moreover, evidence from low- and middle-income countries remains limited despite substantial differences in healthcare systems, workforce distribution, and access to postgraduate training opportunities. [4,9,16]

In the Philippines, moonlighting has become a common professional pathway for newly licensed physicians awaiting residency training. Many physicians accept temporary appointments in community clinics, rural health units, district hospitals, company clinics, diagnostic centers, and educational institutions while preparing for specialization. These positions not only supplement the physician workforce but also provide early-career physicians with opportunities to assume independent clinical responsibilities. Nevertheless, empirical evidence describing how Filipino physicians perceive and make meaning of these experiences remains scarce. [5–7]

Understanding the lived experiences of physicians who engage in moonlighting before residency is important for several reasons. First, it provides insight into how early independent practice influences professional identity formation, clinical preparedness, decision-making, and resilience. Second, it contributes to ongoing discussions regarding physician workforce development, transition-to-practice, and medical education. Finally, a deeper understanding of these experiences may assist medical schools, residency training institutions, healthcare administrators, and policymakers in developing supportive strategies that facilitate safe, ethical, and educationally meaningful transitions from medical school to residency training. [9,14,16]

Using Husserlian descriptive phenomenology, this study explored the lived experiences of licensed physicians who engaged in moonlighting before residency training in Cebu City, Philippines. Specifically, the study sought

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to understand the motivations that influenced physicians to engage in moonlighting, the breadth of their professional experiences across different practice settings, and the meanings they attributed to these experiences. By examining these perspectives, this study contributes to the growing international literature on physician transition, professional identity formation, and early career medical practice while providing evidence that may inform medical education, workforce policy, and future qualitative research.

Although physician moonlighting has been investigated in relation to work hours, fatigue, burnout, and resident well-being, little qualitative evidence exists regarding how physicians themselves perceive moonlighting before residency as a formative stage of professional development. Most available studies originate from high income countries and focus primarily on resident physicians rather than newly licensed doctors awaiting specialty training. Consequently, there remains a significant knowledge gap regarding the lived experiences of physicians during this transitional period, particularly within low and middle income countries such as the Philippines. By exploring these experiences through a phenomenological lens, the present study contributes context specific evidence that may inform medical education, physician workforce planning, and transition-to-practice policies. [4,9,14,16]

MATERIALS AND METHODS

Study Design

This study employed a qualitative research design using Husserlian descriptive phenomenology to explore the lived experiences of licensed physicians who engaged in moonlighting before entering residency training. Descriptive phenomenology was selected because it seeks to describe the essential structure of a phenomenon as experienced by individuals while minimizing the influence of the researcher's prior assumptions through reflexive bracketing. This approach was considered appropriate because the study aimed to understand the meanings physicians attributed to moonlighting during the transitional period between medical licensure and residency training. [2]

Researcher Reflexivity

The researcher is a medical doctor and Master of Science in Public Health candidate with prior clinical experience and an interest in physician workforce development and medical education. Recognizing that prior professional experiences could influence data collection and interpretation, reflexive bracketing was practiced throughout the study. Field notes and a reflexive journal were maintained to document methodological decisions, personal reflections, and emerging interpretations, thereby minimizing potential researcher bias and enhancing the trustworthiness of the findings.

Study Setting

The study was conducted in Cebu City, Philippines, a major healthcare and educational center in the Visayas region. Although participants were recruited in Cebu City, their moonlighting experiences occurred across various healthcare settings, including community clinics, rural health units, district hospitals, company clinics, diagnostic centers, and academic institutions. None of the participants were engaged in moonlighting within accredited tertiary residency training programs during the study period.

Participants and Sampling

Participants were licensed physicians who had completed medical school, passed the Philippine Physician Licensure Examination, and engaged in moonlighting before entering formal residency training. Purposive sampling was initially employed to recruit physicians who had direct experience with the phenomenon of interest. Snowball sampling was subsequently used, whereby participants referred other eligible physicians who met the inclusion criteria.

Eligible participants had at least one month of moonlighting experience before residency and were willing to participate in an in-depth interview. Physicians already enrolled in accredited residency programs at the time of

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data collection were excluded. Recruitment continued until data saturation was achieved, resulting in a final sample of eight physicians.

Data Collection

Data were collected during the second quarter of 2025 through individual semi-structured, face-to-face interviews conducted by the principal investigator. An interview guide with open-ended questions was used to encourage participants to describe their motivations, responsibilities, challenges, learning experiences, and perceptions of moonlighting before residency. Follow-up probes were used when necessary to clarify responses and deepen exploration of emerging concepts.

Each interview lasted approximately 45–60 minutes and was audio recorded with participants' written informed consent. Audio recordings were transcribed verbatim immediately after each interview. Field notes documenting contextual observations and researcher reflections were maintained throughout the data collection process to enhance reflexivity and support data interpretation.

Data Analysis

Interview transcripts were analyzed using Colaizzi's seven-step phenomenological method. [2,29] The researcher repeatedly read each transcript to achieve immersion in the data before identifying significant statements relevant to the phenomenon. Meanings were then formulated from these statements and grouped into clusters of themes. The thematic structure was refined through iterative comparison across participants until the fundamental structure of the lived experience was established.

Throughout the analysis, transcripts were reviewed repeatedly to ensure that the identified themes remained grounded in the participants' narratives. Significant statements were extracted, meanings were formulated, and themes were refined through constant comparison across interviews. Representative quotations were retained to illustrate each theme while preserving participants' intended meanings. The final thematic structure was reviewed against the original transcripts to ensure credibility, consistency, and faithful representation of the lived experiences.

Trustworthiness

Trustworthiness was established using the criteria of credibility, transferability, dependability, and confirmability. Credibility was enhanced through prolonged engagement with the data, member checking, and the use of verbatim quotations to accurately represent participants' perspectives. Transferability was supported through rich descriptions of the study context, participant characteristics, and research procedures. Dependability was strengthened by maintaining a detailed audit trail documenting methodological decisions throughout the study. Confirmability was achieved through reflexive journaling, bracketing of the researcher's assumptions, and careful documentation of the analytical process to ensure that the findings reflected the participants' experiences rather than researcher bias. [1,2]

Ethical Considerations

Ethical approval was obtained from the appropriate institutional ethics review committee before commencement of the study. All participants received verbal and written information regarding the purpose of the research and provided written informed consent before participation. Confidentiality was maintained by removing identifying information from interview transcripts and using pseudonyms in all reports. Participation was voluntary, and participants were informed that they could withdraw from the study at any stage without consequence. Audio recordings and research documents were securely stored and were accessible only to the researcher.

RESULTS

Eight licensed physicians who had engaged in moonlighting before entering residency training participated in this study. Participants represented diverse clinical practice settings, including hospitals, rural health units,

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outpatient clinics, corporate health services, and academic institutions. Analysis of the interview transcripts using Colaizzi's seven step phenomenological method identified three interconnected themes that collectively described participants' lived experiences of moonlighting before residency training: (1) Driving Forces of Moonlighting, (2) Breadth of Moonlighting Experiences, and (3) Essence of Moonlighting. Together, these themes illustrate how moonlighting served not only as a source of employment but also as a significant period of professional transition, identity formation, and clinical development.

Table I. Summary of Themes and Subthemes Identified from the Lived Experiences of Physicians Engaging in Moonlighting Before Residency Training

Overarching Theme	Subthemes
1. Driving Forces of Moonlighting	• Financial necessity• Service to humanity• Wise use of time• Skill development• Beyond technical skills
2. Breadth of Moonlighting Experiences	• Hospital setting• Community setting• Academic setting• Handling patients• Teaching students• Coordinating care• Resourcefulness• Typical day of moonlighting
3. Essence of Moonlighting	• Owning it: From supervised internship to independent practice• Shaping future physicians through teaching• A learning experience• A humbling experience• A fruitful experience• A rewarding experience• A fulfilling experience

Theme 1: Driving Forces of Moonlighting

Participants described moonlighting as a purposeful decision influenced by multiple interconnected factors rather than a single motivation. Although financial necessity emerged as the most immediate reason for seeking moonlighting opportunities, participants consistently emphasized that professional development, productive use of time, service to underserved communities, and preparation for residency were equally important considerations. These motivations frequently overlapped, reflecting the complex realities faced by newly licensed physicians during the transition from internship to residency.

Many participants reported that moonlighting provided financial stability following medical school. Income earned through moonlighting was used to repay educational loans, support family members, prepare for postgraduate education, and meet daily living expenses.

"Honestly, it was a financial decision. Moonlighting gave me a way to earn while still practicing and improving my skills." (Participant 1)

Others viewed moonlighting as a productive way to use the period before residency while maintaining clinical competence.

"It was a fruitful experience. I was able to make use of my time wisely and stay productive." (Participant 7)

Participants also described moonlighting as an opportunity to strengthen clinical decision making, improve procedural competence, develop communication skills, and gain confidence before entering residency.

"The decision was mine. It sharpened my decision-making skills and prepared me for the unpredictability of medicine." (Participant 1)

Several participants further described serving underserved communities as an important source of professional satisfaction.

"Most of my moonlighting was in rural health units. You try your best to help patients even when resources are limited." (Participant 3)

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Collectively, these narratives demonstrate that physicians perceived moonlighting as more than a source of income; it represented an opportunity for professional growth, service, and preparation for future specialty training.

Theme 2: Breadth of Moonlighting Experiences

Participants described moonlighting as exposing them to a wide spectrum of clinical, community, educational, and administrative responsibilities. Rather than working within a single healthcare environment, physicians practiced across multiple settings that required adaptability, independent clinical judgment, leadership, and collaboration with multidisciplinary healthcare teams. These varied experiences broadened participants' professional perspectives and strengthened their readiness for future residency training.

Hospital based moonlighting frequently required physicians to independently assess patients, manage emergencies, coordinate multidisciplinary care, and make timely clinical decisions.

"I was basically the doctor in charge of the emergency room. I assessed patients, ordered investigations, and initiated treatment." (Participant 1)

Physicians who worked in rural and community settings emphasized the need for adaptability and resourcefulness.

"In rural health units, you learn to work with limited resources while still providing the best care possible." (Participant 3)

Some participants also served as educators while waiting for residency.

"Teaching medical students allowed me to continue learning while helping prepare future physicians." (Participant 7)

Across all practice settings, participants consistently reported increased independence, leadership, communication, and responsibility. Moonlighting required them to function with greater autonomy than they had experienced during internship, contributing to their confidence as early-career physicians.

Theme 3: Essence of Moonlighting

Beyond the practical benefits of employment and income, participants consistently described moonlighting as a transformative experience that influenced both their personal and professional development. They viewed this period as a critical stage during which they gained confidence, resilience, humility, and a stronger sense of professional identity. Collectively, these narratives suggest that moonlighting served as an important bridge between supervised clinical training and independent medical practice.

Many participants viewed moonlighting as one of the most significant learning experiences of their careers.

"It was one of the most important learning phases of my life. It gave me confidence, resilience, and strengthened my clinical judgment." (Participant 1)

Participants also described moonlighting as a humbling experience that deepened their appreciation of patients' social circumstances and the realities of healthcare delivery.

"Medicine is not just about science. It is about understanding people and their circumstances." (Participant 3)

Others emphasized the personal fulfillment gained through caring for patients, teaching students, and contributing to underserved communities.

"The experience was rewarding because I was learning while also helping others learn." (Participant 7)

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Overall, participants described moonlighting as a period of profound personal and professional development. It fostered resilience, confidence, humility, adaptability, and a stronger sense of professional identity, while preparing them for the responsibilities and expectations of residency training.

DISCUSSION

This study explored the lived experiences of licensed physicians who engaged in moonlighting before entering residency training and provides new insights into how this transitional period contributes to physicians' professional development. Rather than functioning solely as temporary employment, participants consistently described moonlighting as a formative stage that fostered clinical competence, independent decision making, resilience, and professional identity formation. The three interconnected themes identified in this study demonstrate that moonlighting represents a meaningful developmental bridge between supervised internship and formal residency training, extending beyond its commonly perceived financial purpose. [9,14,15,16]

The present findings are consistent with previous research demonstrating that transitions between stages of medical training represent critical periods of professional growth and identity development. Teunissen and Westerman described transitional phases in medical education as periods characterized by uncertainty, adaptation, and accelerated learning, during which physicians acquire increasing responsibility and professional independence. Similarly, studies on professional identity formation have shown that authentic clinical experiences, particularly those involving independent decision making, play a central role in shaping physicians' values, confidence, and professional identity. The experiences described by participants in this study reinforce these observations by illustrating how moonlighting serves as an authentic learning environment that bridges undergraduate medical education and residency training. [9,14,23,24]

Financial necessity emerged as an important motivation for engaging in moonlighting; however, participants' experiences indicate that financial considerations alone cannot fully explain their decision making. Although income generation was essential for meeting personal and professional obligations, participants consistently viewed moonlighting as an opportunity to remain clinically active, expand their competence, and prepare for future residency training. This finding suggests that moonlighting represents both an economic necessity and a strategic investment in professional development, highlighting the complex realities faced by newly licensed physicians during the transition from medical school to postgraduate training. [9,11,16]

Similar findings have been reported internationally, where financial obligations, educational debt, delayed residency entry, and family responsibilities consistently influence physicians' decisions to undertake moonlighting. However, participants in the present study demonstrated that financial incentives were only one aspect of a broader professional journey. Most physicians viewed moonlighting as an opportunity to maintain clinical competence, develop practical skills, and prepare themselves psychologically and professionally for residency. This multidimensional perspective extends previous literature by emphasizing the educational and developmental value of moonlighting beyond its economic benefits. [11,14,16]

Beyond financial considerations, participants viewed moonlighting as an opportunity to maximize a period that might otherwise have been professionally inactive. Rather than allowing clinical knowledge and procedural skills to decline while waiting for residency positions, physicians intentionally sought opportunities to maintain and expand their competence. This finding reflects the concept of lifelong learning, which emphasizes continuous professional development throughout a physician's career. Participants perceived each clinical encounter as an opportunity to refine diagnostic reasoning, strengthen procedural competence, improve communication skills, and develop greater confidence in independent decision-making. In this context, moonlighting functioned as an informal extension of medical education that complemented, rather than replaced, formal postgraduate training. [8,9,16]

One of the most important findings of this study is the degree of professional autonomy experienced during moonlighting. Participants consistently contrasted moonlighting with internship, describing internship as a period of supervised learning whereas moonlighting required independent clinical judgment and personal accountability. For many physicians, this represented the first time they assumed complete responsibility for patient management without immediate supervision. Although participants initially described this responsibility

as intimidating, they ultimately regarded it as one of the most valuable aspects of their professional development. Independent decision-making challenged physicians to integrate theoretical knowledge with practical experience while simultaneously developing confidence in their clinical abilities. This transition from supervised learner to autonomous practitioner appears to represent a critical milestone in physician development. [9,14,23]

These findings align with theories of experiential learning, which propose that professional competence develops through direct experience, reflection, and increasing responsibility. Rather than learning exclusively through formal instruction, participants developed confidence by independently assessing patients, making clinical decisions, and reflecting on the outcomes of their actions. Such experiences appear to accelerate the transition from supervised learner to independent practitioner and may contribute positively to physicians' preparedness for residency training. [8,22]

The diversity of moonlighting experiences further contributed to participants' professional growth. Physicians practiced in hospitals, rural health units, outpatient clinics, company clinics, diagnostic centers, and academic institutions, each presenting unique clinical and interpersonal challenges. Exposure to these varied environments required physicians to adapt to different patient populations, healthcare systems, resource limitations, and organizational structures. Such experiences fostered flexibility, resourcefulness, leadership, and interprofessional collaboration. Rather than acquiring expertise within a single institutional environment, participants developed broad clinical perspectives that enhanced their readiness for future residency training. [16,22]

Exposure to diverse healthcare environments also broadened participants' understanding of health systems and population health. Physicians encountered patients from different socioeconomic backgrounds, practiced in both resource-rich and resource-limited settings, and collaborated with multidisciplinary healthcare teams. These experiences strengthened adaptability and systems thinking, competencies increasingly recognized as essential attributes of modern physicians. [5,16]

One of the most significant contributions of this study is the recognition of moonlighting as an important period of professional identity formation. Participants consistently described a transition from supervised learners to independent physicians who accepted responsibility for clinical decision making, patient outcomes, and professional accountability. This transformation extended beyond the acquisition of clinical skills, encompassing the development of resilience, empathy, ethical judgment, humility, and confidence. These findings suggest that professional identity evolves not only through structured residency training but also through authentic experiences of independent clinical practice, where physicians begin to internalize the responsibilities and values of the medical profession. [14,15,23,24,25]

Professional identity formation has become a central concept in contemporary medical education. Rather than developing solely through residency training, professional identity evolves continuously as physicians integrate clinical knowledge, ethical responsibilities, interpersonal relationships, and reflective practice. The findings of the present study suggest that moonlighting represents an important yet often overlooked stage within this developmental continuum, allowing newly licensed physicians to internalize the responsibilities associated with independent medical practice. [14,23–25,28]

Interestingly, several participants who engaged in academic moonlighting described teaching as an important contributor to their own professional development. Teaching required them to organize medical knowledge, communicate complex concepts clearly, and serve as role models for future physicians. Rather than interrupting clinical development, educational responsibilities reinforced their understanding of medicine while strengthening communication and leadership skills. These findings support the concept that teaching and learning are reciprocal processes in medical education and that early teaching experiences may accelerate professional maturation among newly licensed physicians. [10,21]

Another notable finding concerns the humanistic dimension of moonlighting. Participants consistently described encounters with underserved communities, limited healthcare resources, and socially vulnerable patients as experiences that reshaped their understanding of medicine. These encounters encouraged humility and reinforced the realization that effective medical practice extends beyond scientific knowledge alone. Participants

emphasized the importance of understanding patients' social circumstances, collaborating with healthcare teams, and making ethically sound decisions despite resource constraints. Such experiences appear to foster a broader appreciation of medicine as both a scientific discipline and a social responsibility. [5,21,25]

Taken together, the findings suggest that moonlighting functions as a bridge between undergraduate medical education and residency training. Rather than representing merely temporary employment, moonlighting provides newly licensed physicians with opportunities to consolidate clinical knowledge, develop professional independence, strengthen resilience, and construct their identities as physicians. This perspective expands current understanding of moonlighting by positioning it as an important developmental stage within the continuum of medical education. [9,14,16,23]

The present study extends existing literature by providing an in-depth phenomenological account of physicians' experiences before residency within the Philippine context. Unlike previous studies that have primarily examined moonlighting from the perspectives of work hours, burnout, or employment patterns, this study highlights moonlighting as a multidimensional developmental experience that contributes to professional identity formation, resilience, leadership, and readiness for independent clinical practice. These findings broaden current understanding of the role of moonlighting in the continuum of medical education and underscore its potential educational value beyond financial considerations. [14,15,16,23,28]

The findings of this study have important implications for medical education, residency training, healthcare institutions, and health workforce policy. Medical schools may benefit from incorporating structured transition-to-practice programs that prepare graduating physicians for the realities of independent clinical work before residency. Residency training institutions may consider recognizing previous moonlighting experiences as valuable sources of clinical maturity and professional development. Healthcare organizations employing moonlighting physicians should establish supportive mentorship, appropriate supervision, and clear clinical governance policies to promote both physician well-being and patient safety. At the policy level, greater recognition of moonlighting as a legitimate transitional phase may contribute to workforce planning strategies that strengthen physician preparedness while improving access to healthcare services, particularly in underserved communities. [5,6,16]

From a clinical perspective, physicians who engage in moonlighting acquire experience in managing patients with greater independence while working in diverse healthcare environments. These experiences may enhance clinical reasoning, communication, adaptability, and decision making before formal residency training. Educationally, the findings support the integration of structured transition to-practice initiatives that recognize supervised moonlighting experiences as opportunities for professional growth while ensuring appropriate mentorship, ethical practice, and patient safety. [10,16,24]

This study has several strengths. It provides one of the few qualitative explorations of physician moonlighting before residency within the Philippine context and offers an in-depth understanding of the meanings physicians attribute to this transitional experience. The phenomenological approach allowed participants to describe their experiences in rich detail, revealing dimensions of professional development that may not be captured through quantitative methods. [1,2]

Several limitations should also be acknowledged. The study included a relatively small number of participants recruited from a single geographic area, which may limit transferability to other healthcare settings. As with all qualitative research, the findings reflect participants' lived experiences and are not intended to be statistically generalizable. Future studies involving physicians from multiple regions and healthcare systems may provide broader perspectives on the role of moonlighting in physician development. Mixed-methods and longitudinal research may also help clarify the long-term influence of moonlighting on residency performance, career satisfaction, physician well-being, and professional identity formation. [9,14,16]

Despite these limitations, the study provides rich, context specific insights into an understudied phase of physicians' professional development. The phenomenological design enabled participants to describe their experiences in depth, generating findings that may be transferable to similar settings where newly licensed physicians engage in moonlighting before residency. Rather than aiming for statistical generalization, the study

sought to provide an in-depth understanding of the meanings physicians attribute to this transitional period, thereby contributing valuable qualitative evidence to the growing literature on medical education and workforce development.

Overall, this study demonstrates that moonlighting is considerably more than temporary employment undertaken before residency training. It represents a critical developmental stage during which newly licensed physicians consolidate clinical competence, cultivate professional confidence, strengthen resilience, and construct their identities as independent practitioners. By reframing moonlighting as an integral component of physicians' transition into independent practice, this study contributes new perspectives to the fields of medical education, professional identity formation, and physician workforce development. These findings may inform future educational initiatives, institutional policies, and research aimed at supporting early career physicians during one of the most important transitions of their professional lives.

CONCLUSION

Moonlighting before residency training represents far more than temporary employment for newly licensed physicians. The findings of this study demonstrate that it is a significant transitional stage that facilitates the development of clinical competence, independent decision making, resilience, professional confidence, and physician identity. Through diverse experiences across hospital, community, and academic settings, physicians acquired practical knowledge and professional maturity that complemented their formal medical education and prepared them for the demands of residency training.

The experiences described by the participants suggest that moonlighting serves as an important bridge between supervised internship and postgraduate specialty training. Beyond its financial benefits, moonlighting provided opportunities to strengthen clinical judgment, adapt to resource limited environments, assume greater professional responsibility, and develop a deeper appreciation of the social and humanistic dimensions of medical practice. These experiences contributed to physicians' readiness for residency while fostering lifelong learning, leadership, and professional accountability.

Recognizing moonlighting as a meaningful developmental phase has important implications for medical education, residency training, healthcare institutions, and workforce policy. Supporting newly licensed physicians through appropriate guidance, mentorship, and ethical practice frameworks may maximize the educational value of moonlighting while promoting physician well-being and patient safety. Future research involving larger and more diverse physician populations across different healthcare settings may further clarify the long term influence of moonlighting on residency performance, career development, and professional identity formation.

The findings of this study underscore the need for medical schools, residency training institutions, healthcare organizations, and policymakers to recognize moonlighting as more than temporary employment. Developing structured transition-to-practice programs, mentorship opportunities, and institutional guidelines for moonlighting physicians may enhance professional development while safeguarding physician well-being and patient safety. Such initiatives could facilitate smoother transitions into residency training and strengthen the preparedness of early career physicians entering independent clinical practice.

Although the present study focused on physicians in Cebu City, the experiences described by participants are likely relevant to many newly licensed physicians in similar healthcare systems where delays in residency entry and workforce shortages make moonlighting a common career pathway. Future multicenter and longitudinal studies are recommended to explore how pre-residency moonlighting influences subsequent residency performance, career satisfaction, leadership development, physician well-being, and long-term professional identity formation.

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Conflict of Interest

The author declares that there are no conflicts of interest regarding the publication of this study.

Author Contributions

Mohamed Mukhtar Jama, MD, solely conceived and designed the study; developed the research protocol; obtained ethical approval; recruited participants; conducted all interviews; performed data collection, transcription, coding, and qualitative data analysis; interpreted the findings; prepared the original manuscript; critically revised the manuscript for intellectual content; and approved the final version for submission.

Ethics Statement

This study was conducted in accordance with the ethical principles outlined in the Declaration of Helsinki. Ethical approval was obtained from the appropriate Institutional Research Ethics Committee of the University of the Visayas before commencement of the study (Approval Code: NTP-2025-MSPH-HA-021). Written informed consent was obtained from all participants before participation. Confidentiality and anonymity were maintained throughout the research process, and all participants were informed that their participation was voluntary and that they could withdraw from the study at any time without consequence.

Data Availability Statement

The datasets generated and analyzed during the current study are not publicly available because they contain information that could compromise participant confidentiality. De-identified data may be made available by the corresponding author upon reasonable request, subject to approval by the relevant ethics requirements and institutional policies.

Author Contribution:

Sole author. Conceived and designed the study; developed the protocol; collected and analyzed the data; interpreted the findings; prepared and approved the final manuscript.

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Conflict of Interest:

The author declares no conflicts of interest.

Ethics Approval:

Approved by the University of the Visayas Institutional Research Ethics Committee (Approval Code: NTP-2025-MSPH-HA-021).

Data Availability:

Data are available from the corresponding author upon reasonable request, subject to ethics approval and participant confidentiality.

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