Conceptual Framework of Equity Sensitivity, Training and Promotion on Specialist Doctors Retention in Malaysia: Moderated by Organizational Trust

*Pridhivraj Naidu*, Ph.D. Candidate, Othman Yeop Abdullah Graduate School of Business, Universiti Utara Malaysia  
**Abdul Halim Abdul Majid**, Professor in HRM, College of Business, Universiti Utara Malaysia  
**Francis Chuah**, Senior Lecturer, College of Business, Universiti Utara Malaysia

*Corresponding author’s email: naidupridhivraj@gmail.com*

**ABSTRACT**

**Purpose:** This paper presents a conceptual framework to ameliorate the retention of specialist doctors in the Ministry of Health (MoH) Malaysia, facilities underpinned by social exchange theory (SET) and equity sensitivity theory.

**Design/Methodology/Approach:** The study establishes the issues of specialist attrition from MoH facilities thru analysis of current reports and developments. Followed by an investigation of past literature to develop relationships and hypothesize based on SET tenets of reciprocity.

**Findings:** The framework establishes relationship and guidance for the development of specialist doctors’ retention in MoH facilities in Malaysia. From the findings of the study, the framework suggests that equity sensitivity, availability of training and opportunities for promotion have a significant impact on employee retention of specialist doctors in Malaysia. Organizational trust acts as a capable moderator of the relationship between availability of training, opportunities for promotion and employee retention in the framework.

**Implications/Originality/Value:** The paper presents a plausible model if validated can provide an invaluable insight in understanding the needs and expectations of specialist doctors’ retention in public hospitals. The framework also addresses the theoretical concerns put forth by previous studies concerning the ambiguities of the broad concepts of SET. Finally, the paper presents the context specific nature of employee retention among a scarcely studied occupation group, i.e., specialist doctors in the Malaysian public sector cultural setting.

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Introduction
Healthcare institutions around the world are constantly challenged by the need to retain highly skilled healthcare workers (Salameh et al., 2023; Sija, 2022). Similar circumstance is faced by MoH with a critical shortage of specialist doctors in government health facilities (Fadzil et al., 2022). The shortage of the highly skilled and experienced doctors of the public sector is a cause of concern as their expertise is crucial to train and develop new doctors and houseman in the government healthcare facilities. Loss of these specialists who are indispensable educators and trainers can reduce the capacity to provide quality training for new doctors (Muhammad & Sharifah, 2020). Further, in a service orientated industry such as healthcare that is highly dependent on the knowledge and skills of specialists not only in training new doctors, but also further advancing medical research and development of health services from within is largely hampered (Ahmed, 2021).

More importantly, as a healthcare service provider, the quality of care provided for patients is the most important benchmark for MoH. The expertise and treatment administered by specialists is found to produce better outcomes in patients’ treatment making the specialist doctors an asset to the healthcare sector. This is influenced by the specialist's knowledge in the area and their ability to adapt quicker to new and effective treatments than general physicians. Studies on critical disease treatment have identified the importance of specialist care for example in the diagnosis and treatment for stroke patients (Matsui et al., 2019), tuberculosis (Lamb et al., 2018), cardiovascular disease (Edwards et al., 2014), hemodialysis ministration (Furumatsu et al., 2010), cancer treatments (Grilli et al., 1998) and lung surgery (Silvestri et al., 1998). This is further confirmed by a comparison review of outcomes from general doctors and specialist care conducted in the United States found 24 out of 49 prior studies finding specialist care to provide better health outcomes (Smetana et al., 2007).

Despite these importance, specialist doctors’ attrition from public hospitals is being projected to increase in the future. Studies on turnover intention among the public sector health workforce conducted by Roslan et al., (2014) found 26.5% of public health workers to have received job offers from the private sector, of which 68.6% were medical specialists. The study further explained that 39.2% of the specialists that received the offer were keen to resign from the public sector. Another study by Idris et al., (2014) from the Institute of Health Management reaffirmed that 30% of the medical specialists in government service intend to leave MoH facilities within 3 years. This is found to be persistently increasing in a recent study by Amir and Ezat, (2020), showing 46.8% of the specialist that responded to have intention to leave the government sector.

In the face of the rising intention to leave among specialist doctors, former health minister, Khairy, (2021) presented the need for an additional 15,000 specialists to be added to the already 13,000 specialists serving in both government and private health facilities to be able to handle the growing population of the country. Heeding the concerns highlighted by the minister, a multi-agency workshop conducted by MoH in December 2021 on health human resources (HHR) of MoH, suggested a minimum threshold of 30% of doctors serving in MoH facilities to be specialists (Ismail, 2023). In the contrary, 8,953 specialist doctors serving in MoH for the year 2023, only amount to 15.7% of the total number of doctors in healthcare facilities of MoH. In order to achieve the proposed 30% of doctors being specialist, MoH needs 16,792 and 19,714 respectively in 2025 and 2030 from the total number of projected number of doctors (Ismail, 2023). In order to achieve the targeted number of specialists, it is crucial to understand the needs and differences of specialist doctors in retaining qualified and dedicated specialists (Ahmed, 2021). This presents the continues challenge of understanding employee retention, especially in service orientated industry such as healthcare thru HHR management (Sija, 2022; Ahmed, 2021; Kossivi et al., 2016).
Employee Retention

The question on retaining employees from leaving an organization voluntarily has been a catalyst for research in various sectors of employment. This area of research has been categorically explored by scholars and psychologists since the 1900s, to understand and identify factors that cause-and-effect employee’s willingness to remain in the organization (Rowland & Ferris, 1982). Research developments in the area of employee retention has identified retention as an important tool of talent management in general (Das & Baruah, 2013) and more so in labor intensive HHR context (Salameh et al., 2023; Ahmed, 2021). In order to retain the experienced and quality employees, organizations compete by providing better personal and financial growth (Adil et al., 2020).

Overall retention can be understood from two perspectives, from the employees’ point of view, retention is the free will of the employee to continue serving based on the return and support received from the organization (Kossivi et al., 2016). On the other hand, retention identifies and explains the efforts and actions of the organization to provide a conducive environment for the employee to work longer in (Bharath, 2023). Therefore, retention is a continuous process consisting of multiple strategic approaches by the organization to motivate and sustain their employees to prevent loss of quality workers (Das & Baruah, 2013). Specifically, in the context HHR, employee retention is defined as the strategies implemented by healthcare institutions to improve availability and balanced distribution of skilled health workforce in various levels (Mdegela, 2020). Therefore, employee retention is defined as any action adopted by an organization in order to maintain a stable workforce to prevent the loss of competent employees (Kyndt et al., 2009). This requires the organization to have policies and practices that cater to the needs of the employees (Rahim et al., 2012) that can motivate and encourage the employee to stay in service for the longest period (Das & Baruah, 2013).

Numerous studies have been conducted to identify employee retention factors in various fields of study (Das & Baruah, 2013); with no fixed (Mehta et al., 2014), single (Fitz-Enz, 1990) or coherent retention strategies (Jelfs et al., 2014) on why employees leave. These studies have further come to agree that the factors are context sensitive, varying according to the environment of each industry, occupation and subject to the local geo-cultural effects (Kroezen et al., 2015). Hence, to understand the factors in relation to the problems facing the specialist doctors in MoH healthcare facilities in Malaysia, this research refers to a policy analysis paper done by Rahim et al., (2012), on the health workforce crisis. This paper identified factors that cause the poor retention of professionals in the public health sector. The factors were categorized at into three levels namely, individual health professional, organization and systemic level. Health professionals’ level investigates the individual needs of healthcare workers effecting their retention in public hospitals. Rahim et al., (2012) listed inadequate remuneration to affect the retention of health workers. Even though studies have indicated compensation as rarely the only reason for resignation (Almaaitah et al., 2017) but low salaries are found to be among the causes of doctors’ attrition (Ojakaa et al., 2014). Also, at the individual level scarcity in opportunities for promotion (Snow et al., 2011) and availability of training (De Silva et al., 2013) has also been identified to be the cause of poor retention of health workers in the public health service (Rahim et al., 2012). Individual factors primarily present the personal gains and development of the individuals within the employment.

Where else, organizational and systemic level factors distinguish the incentive provided for the health workers to carry out work in the organization (Hongoro & Normand, 2006). The shortcomings in the organizational level that weakens health workers retention is specified by Rahim et al., (2012) to include poor structural facilities and working conditions (Sharma et al., 2012) to enable appropriate service delivery. Ineffective management (Andrews & Wan, 2009), weak supervision (Vultee et al., 2007) and poor staff allocations (Bradley et al., 2015) further increasing work related stress (Brown et al., 2002). Managerial weaknesses cause extended
working hours (Humphries et al., 2015) causing excessive workload (Sararaks & Jamaluddin, 1999), lack of manpower support, inflexible work schedules (Loan-Clarke et al., 2010) that interfere in the physicians’ work life balance and in evidently increase work stress (Varanasi & Ahmad, 2015) and lastly organizational level also includes staff under-appreciation from higher authorities or management (Willis-Shattuck et al., 2008) for their achievements and services as a cause of poor retention. Systemic issues largely encompass public policies and practices of the administration in the healthcare sector. This includes issues such as limited health sector funding, limited liberty in decision making regarding policies on health (Ashton et al., 2013; Loan-Clarke et al., 2010) and current issues such as government stimuli to the private healthcare sector with growth of Malaysian medical tourism (Mohd Daud, 2021).

Keeping in view the vast differences in previous research and limited classification available in employee retention factors, there is a need to understand hard-to-retain occupational groups (Allen et al., 2010) with specific retention factors (Kossivi et al., 2016). Therefore, this study takes heed from Blaauw et al., (2013) and Daniels et al., (2017) to identify how employees could be proactively retained by their employers in differing context. Such as, within the service industry (Babich, 2014) primarily focusing on the healthcare sector (Bibi et al., 2016). In the effort to identify factors that could increase retention, previous studies have relied on job satisfaction of physicians as the best predictor to intention to stay (Aman-Ullah et al., 2021; Yang, Saad, et al., 2021). Studies on doctors’ job satisfaction in Malaysia has reached a similar conclusion (Muhammad & Sharifah, 2020). Studies done by Omar et al., (2009) on government nurses, Jasmani et al., (2011) among physicians in National Heart Institute (IJN), Idris et al., (2014) on specialist doctors intent to leave public service, Aidalina and Aniza, (2015) on the physicians leaving public hospitals to private sector healthcare centers, Sharifah and Norwati, (2016) on family physicians in Malaysia and a more recent study by Muhammad and Sharifah, (2020) on physicians’ intention to leave government hospitals identified job dissatisfaction to be the main contributor to employer’s failure to retain physicians. The aforementioned studies in Malaysia identified pay, promotion, rewards and other personal factors to be the cause of job dissatisfaction among physicians.

Identifying the significant factors from the studies done on physicians in the Malaysian context and guided by Rahim et al., (2012) three level of factors contributing to poor retention. This study focuses on individual health workers level factors to incorporate strategies that address the needs of specialist comprising individual differences thru equity sensitivity construct, and specialist expectations for individual development by including availability of training and opportunities of promotion in the conceptual framework. By examining these factors together, this research will also discuss the implementation of the combination of measures on specialist doctor’s retention (Kossivi et al., 2016; Kroezen et al., 2015) moderated by the pressing concern of organizational trust of specialist doctors.

**Equity Sensitivity and Employee Retention of Specialist Doctors**

Equity sensitivity being an individual difference construct that explains the extent of preference and/or tolerance the individual personally has towards equity or inequity and consequently, serves as a predictor of their reaction to the situation (Palmer, 2022). In extreme conditions of failing to reach preferred equity, individuals have opted to the third assumption of equity theory, i.e., to leave the exchange relationship altogether. Studies conducted using the Equity Sensitivity Instrument (ESI) proved this assumption repeatedly. King and Miles, (1994) in the preliminary studies on equity sensitivity identified propensity to turnover to have a negative relationship with equity sensitivity. Further explaining an increase in benevolence showed a decrease in employee turnover intentions (Shore, 2004) and employee’s turnover (Allen & White, 2002). Studies conducted by Neill and Mone, (1998); Rai et al., (2020) and Shore and Strauss, (2008) established the unidimensional ESI, to be negatively correlated with intent to leave. Following this a study
presented by Kim et al., (2019) applying the Equity Preference Questionnaire (EPQ) in employee’s intent to leave also concluded the constructs to be negatively related. The studies above have focused on identifying the negative impact of equity sensitivity, influenced by employee’s withdrawal behavior by studying intent to leave and turnover intention. Therefore, presenting a case of bipolarity within the SET paradigm, that acceptable situations for benevolent individuals to be predicted as less conducive for entitled individuals, and vice versa (Cropanzano et al., 2017). Thus, hypothesized as,

H1: Equity sensitivity has a positive influence on the retention of specialist doctors of MoH

Availability of Training and Employee Retention of Specialist Doctors

The perceived availability of training is taken to be the extent to which employees feel they can access training opportunities. Previous studies have found training and development opportunities to be an initiation of social exchange of the organization to the employee (Newman et al., 2011). Upon entering a reciprocal social exchange, and the employer recognize and grants the employees’ training needs, the employee reciprocates the positive action with a positive behavioral and attitudinal response (Newman et al., 2011). Training is devised to update employees’ skills and knowledge, enhancing employees’ commitment to work. The increased commitment of employees is understood to increase the probability of retention among employees (Kakar et al., 2017). Studies have recorded a significant and positive effect of training on retention (Kakar et al., 2017; Bibi 2018; Mampuru et al., 2024). Positive relationship explains the increase in of opportunities of training, increases their retention in return (Mampuru et al., 2024). The increase of availability and opportunities for training develops commitment and loyalty among employees, encouraging them to stay longer, hence increasing retention (Samuel & Chipunza, 2009). However, a different view has also been recorded where studies have found negative relationship between training and retention (Haider et al., 2015; Imna & Hassan, 2015), and weak effect of training on turnover intentions (Joarder, 2012). The mutual exchange of resources within an organization between employer and employee (Newman et al., 2011), is underpinned by the SET (Blau, 1964) which presents the existence of reciprocal and implicit obligations as well as trust between the employee and organization. This reciprocal relationship allows for the former to contribute to the progress of the organization in return for the benefits from the later. Therefore, hypothesized as,

H2: Availability of training has a positive influence on the retention of specialist doctors of MoH

Opportunities for Promotion and Employee Retention of Specialist Doctors

The opportunities of promotion given to employees within the organization affirms the transparency of institutional policies in place (Delery & Doty, 1996). Where else the promotion itself is the degree of professional upwards mobility within the organization (Joarder, 2012). Previous studies have found that providing employees with accurate information on the opportunities for promotion to develop strong commitment towards the organization. Promotion opportunities are confirmed to have a larger impact on employee retention in comparison to other factors among knowledge workers (Khoele & Daya, 2014). The organizations’ role of ensuring structured internal promotion and career development for the employee is found to have a positive impact on employee retention (Alagusundaram & Raghavan, 2017). This is also confirmed within the health human resource context, the institutionalization and access to a smooth career development opportunity is found to increase employee satisfaction and commitment towards the organization and in turn promote employee retention (Almaaitah & Harada, 2018). This structure allows for a regular promotion that promotes positive effect on health workers retention (Hassan et al., 2021). A study presented by Karemu et al., (2014), posited the availability of career development opportunities to have a positive impact on the retention of doctors in Kenyan public hospitals. The career advancement opportunity provided by healthcare facilities is also found to be positively reciprocated by doctors in Pakistan (Ahmed, 2021) and specialist in Indonesia
(Nurlinawati et al., 2023) by serving longer. In the pursuit to reduce and stop doctors from leaving government healthcare facilities, a study by Yang, Abidah, et al., (2021) in Malaysia found doctors to be more likely to remain and serve the government hospitals when provided opportunities for career development. Hence, hypothesized as,

H3: Opportunities for promotion has a positive influence on the retention of specialist doctors of MoH

Organizational Trust as Moderating Variable
In the organizational context, trust researchers have widely adopted the Mayer et al., (1995) definition of trust as; “the willingness of a party to be vulnerable to the actions of another party based on the expectation that the other party will perform a particular action important to the trustor, irrespective of the ability to monitor or control that other party”. Central to Mayer et al., (1995) definition is the expectation that an exchange partner will behave benevolently in a situation of risk and uncertainty. This iteration of trust firmly positions the construct as the most significant factor influencing the effectiveness of social exchanges (Ertürk & Vurgun, 2015). High trust is often a key facilitator in positive human relationships and creates a collaborative environment between managerial practices and employees' work-related behaviors, giving people a sense of security and attachment (Ertürk & Vurgun, 2015). The collaborative environment is captured by psychological contract of Robinson, (1996), that observed any breach of the contract to lead the employees to disengage from the organization as they are understood to be unreliable to honor their exchange obligations. In the obverse, organizational trust is perceived to be an acknowledgement for the support received by employees from the organization which reflects to the future exchange expectations (Ertürk & Vurgun, 2015).

In the context of this study, organizational trust is found to be negatively correlated to intention to quit (Ertürk & Vurgun, 2015), positively correlated to intention to stay (Lin & Guo, 2023) and less likely to have turnover tendency (Rahayuningsih, 2019) when employees trust the employing organization. Overall, employees morally believe in serving the organization due to trust in the organization (Akkaya, 2020). Further, in the context of HHR and among doctors specifically, there are limited studies focusing on the role of trust (Wilk & Platt, 2016). A review by Okello and Gilson, (2015) in the health sector established career development activities, training of health workers and human management practices to be crucial in establishing stronger trust relationships within the organization. As discussed, the empirical results of the effects of availability of training and opportunities for promotion on employee retention has appeared to be mixed (Haider et al., 2015; Joarder, 2012; Mampuru et al., 2024). The contradictory findings due to the differences in context and environment of study suggests including organizational trust as a moderator between availability of training, opportunities for promotion and retention influenced by the context of specialist doctors experience in MoH, Malaysia. This is in conformity to Baron and Kenny, (1986) suggestion to include a moderating variable when there is a weak and inconsistent relationship. The reciprocal exchange within the institution requires a highly trusting relationship, which forms a strong foundation as moderator between the employees and organization (Ertürk & Vurgun, 2015). Trust in the employer moderates the relationship between career development and training with turnover intentions, amplifying the positive relations (Alfes et al., 2012). Even though, the inclusion of trust as moderator is not new, the research incorporating organizational trust as moderator in job relations and organizational aspects is still scarce (Ramos et al., 2021). For the reasons above, hypothesized as follows,

H4: Organizational trust moderates the relationship between availability of training and retention of specialist doctors of MoH
H5: Organizational trust moderates the relationship between opportunities for promotion and retention of specialist doctors of MoH
Underpinning Theories

Social Exchange Theory

SET is one of the key theoretical perspectives in analyzing workplace relationships (Cropanzano et al., 2017). Homans, (1961) presented social behaviors as an exchange to explain the relationships of social interactions. The assumptions of SET were further expanded by Blau, (1964) to include and explain the ability of one party to influence another and the economic orientation of the social interactions. The theory was further enriched by Gouldner, (1960), by elaborating the exchange interaction between parties to be reciprocal in nature. Therefore, SET lays the basis for a long-term exchange between organization and the employee, allowing the theory to underpin the hypothesized relationships between individuals and organizations (Ahmad et al., 2023). In essence, SET explains the interaction between an initiator and the reciprocal response of the responder towards the primary action, studies have assumed the initial positive or negative action to be reciprocated in kind by the responder (Ahmad et al., 2023). The three independent variables included in this framework, represents the positive action of the organization to enhance and persuade the specialists doctors to remain longer in the organization. Therefore, underpinned by SET the interaction is predicted to initiate a positive reciprocal response i.e., to remain in the organization. Underpinning the established relationship between the constructs discussed, the research further highlights the broad (Cropanzano et al., 2017) and constant evolution (Ahmad et al., 2023) of SETs’ conceptual paradigm.

In analyzing the broad theoretical scope of SET, previous studies have been critical of the lack of precision and limited utility of SET. First of such challenge addressed by this framework is the issue of oppositional constructs (Cropanzano et al., 2017). Cropanzano et al., (2017) highlighted SETs’ failure to articulate the distinction between behavioral action and inaction, one such misunderstood variable is due to their oppositional nature. These are constructs that are similar, though distinguishable as positive and negative variables. The label of oppositional constructs refers to constructs that are theoretically related. The dependent variable of this study, employee retention has been subjected to such confusion. Research on employee’s movement from and within the employment has focused on turnover and turnover intentions, with limited attention given to factors that makes employees stay or employee retention (Bolt et al., 2020). Recent research has repeatedly reiterated factors of turnover and retention are not the obverse (Bolt et al., 2020) which have also been the case in healthcare research (Ahmed, 2021). Therefore, the framework seeks to address the theoretical ambiguity of SET by distinguishing intention to stay and employee retention from turnover.

Secondly, SET has been found to assume bipolarity of constructs that are hedonically positive and negative. That is, the assumptions of SET predict the absence of something that is hedonically negative, however evidence suggests otherwise (Cropanzano et al., 2017). Equity sensitivity variable, that is inclusive of positive, or entitled and negative or benevolent ends is subjected to the priori prediction of SET as studies are only done with turnover, but none were found to test the positive impact of equity sensitivity on employee’s intention to stay or retention (Palmer, 2022). To distinguish deviant and norm behavior within organization, Cropanzano et al., (2017), sets the overall benefit and loss to the organization as a standard of reference known as the “shared performance-enhancing norms”. In accordance to shared performance-enhancing norms, entitled employees pose higher challenge to be pleased compared to the benevolent counterpart, therefore deleterious in enhancing-performance of the organization and benevolent serve a beneficial effect to the interest of the organization (Palmer, 2022). Therefore, presenting a case of bipolarity, where an acceptable situation for benevolent individuals is predicted as less conducive for entitled individuals, and vice versa. Hence, the inclusion of equity sensitivity within this framework allows to test the construct against employee retention to confirm the empirical results of benevolent and entitled with employee retention and intention to stay.
Thirdly, SET has also been presented as a general perspective that has led to development of constructs that play similar functions within the theory (Cropanzano et al., 2017). Blau, (1964) included trust as a foundational component of SET, presenting any imbalance in the exchange to have a negative effect on trust. Cropanzano et al., (2017) highlighted this key principle of SET of being one of the overlapping constructs within SET. Based on a study done by Fulmer & Gelfand, (2012) in the trust area of research highlighting the issue from an empirical point of view presented the importance of different referents to the development of trust research. Further identifying trust research to been primarily focused on individuals, leaving a dearth in other levels of trust research, i.e, organizational level. The inclusion of organizational trust within this framework as a moderator allows to provide substantial support in the understanding of this level of trust.

**Equity Theory**
Adams, (1965) presents equity theory as the employees’ motivation from the perceived equity they receive for the efforts individuals dedicate and the outcome they receive in return. The individual employee’s perception of fairness, justness and impartiality influences the perception of equity, and when the return for their dedicated service to the organization is different or lower than the perceived contribution, employees feel unfairly treated. Essentially, equity theory presumes that employees within the exchange relationship expect return that are consistent with their contributions and individuals’ personal perception of inequity can arise in cases of which two or more individuals are involved in an exchange (Adams, 1965). Equity theory operates under three assumptions; (a) individuals desire equitable condition; (b) experience distress during inequity; (c) employees alter the condition in order to restore equity (Huseman et al., 1985). Introducing equity sensitivity construct from the equity theory into the SET supported framework provides a deeper perspective in the evolution of reciprocity developed by Gouldner, (1960). Initially introduced as an action and the consequent reaction to an initiated exchange, was then enhanced by Costa, (2016), to an exchange that differs according to the willingness of individuals to reciprocate. Hence, reciprocal exchange proposes employees to respond differently either by reciprocating or not to an exchange initiated by the organization (Ahmad et al., 2023). The inclusion of equity sensitivity allows the difference of individual response towards an action be specified towards the preference and/or tolerance of the individual towards an exchange and their reaction towards it. Consequently, expanding whilst focusing the predictive ability of SET and reciprocal concept towards fairness of the exchange within the organization (Trané, 2017).

**Framework**
From the literature analysis and SET discussion presented above, a conceptual framework is constructed underpinned by the SET principles of initiating actions, relationship between parties and reciprocating action (Cropanzano et al., 2017) as follows; three initiating actions by the organization, i.e., equity sensitivity, availability of training and opportunities for promotion is moderated by a relationship between parties, tested by organizational trust and the reciprocating response of the specialist doctors to remain in MoH thru specialist doctors retention.
Conclusion
This paper has presented a conceptual framework on the moderating effect of organizational trust on the relationship between the expectations of specialist doctors (availability of training and opportunities for promotion) and a direct relationship between differing needs of specialist doctors (equity sensitivity) on the retention of specialist doctors in government hospitals in Malaysia as presented in figure 1. The purpose of this study is to invigorate and enhance employee retention studies. Primarily, if the proposed model is validated, the findings will provide imperative understanding to practitioners and organization on the factors effecting retention of specialist doctors. Secondly, the framework provides a new theoretical perspective by integrating equity sensitivity with SET, providing an avenue to understand further the theoretical depths of the constructs further enhancing the predictive ability of SET (Trané, 2017). Lastly, exploring the needs and expectations of critical but scarcely studied group of employees i.e., specialist doctors provide a context specific explanation of the constructs included in the framework (Ryan, 2023).

References


critical review with theoretical remedies. *Academy of Management Annals, 11*(1), 479–516.


branding facilitate the retention of healthcare employees? A mediation moderation study through organisational identification, psychological involvement, and employee loyalty. *International Journal of Hospitality Management, 112.*


