Equity Sensitivity and Employee Retention through the Lenses of Social Exchange Theory among Specialist Doctors in Malaysia

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ABSTRACT

Purpose: Specialist doctors are the indispensable human resource asset of the healthcare industry due to their unique expertise built over time. They are the industry leaders in medical research and play a crucial role in providing specialized care producing better outcomes in overall patients’ treatment. Therefore, the increasing number of specialists leaving government health services has been concerning. In this regard, most research in specialist retention has focused on individual and job factors. However, there is scant research exploring the individual differences that may influence the intention to stay of specialists. Hence, this paper looks to contribute to the literature on specialist doctors’ retention by focusing on the role of equity sensitivity.

Design/Methodology/Approach: The study first establishes the problem of specialist doctors’ retention thru analysis of current reports, secondly investigates the past literature in the constructs relationship and theoretical underpinning to establish the theoretical basis and direction of this study.

Proposition: This paper heeds the limited theoretical precision of social exchange theory highlighted by previous studies to further specify the distinction between hedonically positive and negative values within equity sensitivity construct and in its relations with employee retention.

Implications/Originality/Value: This paper presents the theoretical ambiguity of social exchange theory suggested by prior studies in articulating the bipolarity within equity sensitivity and employee retention research and presents a proposal for the way forward from the challenges in this area of study.

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**Background**

The effectiveness of health care delivery is largely dependent on the availability of a quality health workforce capable of responding to the ever-changing health needs of the population (Ismail, 2023). The Kampala Declaration underscored the dire situation of health human resource (HHR) shortage and urged international effort to resolve the shortage (WHO, 2008). Heeding the call, World Health Organization (WHO) published the Global Strategy on Human Resources for Health: Work force 2030, suggesting four targeted objectives in bringing forward an integrated human health agenda. These objectives include targets to achieve equal access to health workers and to maintain a sustainable HHR through retention by 2030 (WHO, 2016a).

To achieve this objective, WHO adopted the Joint Learning Initiative suggested ratio of 4 health workers (inclusive of doctors and nurses) for every 1000 people (WHO, 2006). Following this, a report published by WHO identified up to 57 countries failing to achieve the 4 health workers per 1000 citizens threshold to be falling short of the minimum desired level of 80% health service coverage (WHO, 2006). The ratio of 4 health workers per 1000 people is a challenging goal to achieve due to the constant growth of global population and decreasing number of health workers. Further, the health workers shortage is projected to be 14.1 million health care professionals worldwide in 2030, including a shortage of 2.3 million doctors (WHO, 2016b).

In reference to doctors, WHO has recommended a ratio of 2 doctor per 1000 citizens (Adham, 2020), and Malaysia has achieved a ratio of 2.3 doctors per 1000 citizens, with 77,755 doctors serving in Malaysia (Ministry of Health, 2022). The ministry has targeted a ratio of 2.5 and 3.0 doctor for every 1000 population by the year 2025 and 2030 respectively to be appropriate (Ismail, 2023). Based on the targeted ratio, Malaysia needs an increase of doctors from the current 77,755 to an estimate of 90,057 and 114,187 doctors in 2025 and 2030 (Ismail, 2023). To identify the number of doctors needed in MoH health facilities, it is crucial to project the number of doctors according to the distribution of patients attended to as an indicator of the respective workload in the public and private healthcare facilities. Table below shows the patient admission and outpatient care provided at the public and private healthcare facilities for the year 2021.

<table>
<thead>
<tr>
<th></th>
<th>Patient admission</th>
<th>Outpatient care</th>
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<tbody>
<tr>
<td>Public healthcare</td>
<td>2,366,664</td>
<td>48,798,605</td>
</tr>
<tr>
<td>facilities</td>
<td>75.35%</td>
<td>93.69%</td>
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<tr>
<td>Private healthcare</td>
<td>774,197</td>
<td>3,285,071</td>
</tr>
<tr>
<td>facilities</td>
<td>24.64%</td>
<td>6.31%</td>
</tr>
<tr>
<td>Total patients</td>
<td>3,140,861</td>
<td>52,083,676</td>
</tr>
<tr>
<td></td>
<td>100%</td>
<td>100%</td>
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(Ministry of Health, 2022)

2022 MoH fact sheet with the reference data from 2021 has provided the comparable information on the volume of patients admitted and cared for at the public and private health facilities. The public healthcare has provided care from 75% admitted patients up to 94% of outpatients from the total number of patients in Malaysia. Therefore, an estimate of at least 70% of the doctors are required to serve within the public healthcare system to share the workload (Ismail, 2023). Of the total number of doctors estimated to be needed in Malaysia, an estimate of 70% are required to serve in MoH facilities will be 63,040 and 79,931 in 2025 and 2030 respectively.

More crucially, Ministry of Health of Malaysia (MoH) has constantly identified a critical shortage of specialist doctors. A recent multi-agency workshop on HHR hosted by the MoH in December 2021 proposed the public sector to have at least 30% of its doctors to be specialists (Ismail, 2023).
Even though there is a gradual increase from the number of specialists in 2018 from 5,082 (Dzulkefly, 2018) to 8,953 in 2023 this only represents 15.7% of the total doctors within MoH (Ismail, 2023). 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 estimated doctors in the country.

**Research Problem**

Health services is a highly labor-intensive industry, and specialist doctors are vital to the long-term sustainability of the healthcare system (Ismail, 2023). At the time that MoH is looking to increase the number of specialist doctors serving the public facilities, records published by health agencies show a steady increase of specialist doctors resigning from the government healthcare system, as shown in table 2.

<table>
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<tbody>
<tr>
<td>Resignation</td>
<td>313⁴</td>
<td>291¹</td>
<td>660⁵</td>
<td>914⁶</td>
<td>302⁷</td>
</tr>
</tbody>
</table>

(Ministry of Health, 2006)⁴; (WHO, 2014)¹; (Subramaniam, 2018)⁵; (Khairy, 2021)⁶; (Lukanisman, 2023)⁷

Annual report of MoH (Ministry of Health, 2006) reported the accumulated resignation of 313 specialist doctors from 2000 to 2005. Followed by statistics of the Human Resource and Oral Health Division, MoH published by WHO, (2014) registering a 7% decrease in the accumulated resignation from 2006 to 2010, with 291 specialist resignations in total. This reduction is concurrent to the global economic recession, also experienced in Malaysia with a drop in employment up to 4%, reducing the employment opportunity for doctors in the private sectors during this period.

The accumulated resignation of specialists from 2011 up to 2015 recorded a spike of 126.8% compared to the previous 5 years (Subramaniam, 2018), followed by another increase of 38.48% specialist resignations from 2016 to 2020 (Khairy, 2021). MoH is evidently unable to curb the loss (Hilmi, 2015) of its most crucial manpower with the average annual resignation of specialist raising from 130 specialist doctors per year in 2011 to 2015 (Subramaniam, 2018) to an average of 180 specialist resignations per year from 2016 to 2020 (Khairy, 2021). Finally, the latest available statistics presents an accumulated 302 specialist resignation in 2021 and 2022, surpassing the annual averages of 108 specialist per year from year 2000 to 2020 (Lukanisman, 2023).

These trends create a serious maldistribution in health services between the general public and the paying few in the private sector. Employee attrition and increasing turnover effecting the service delivery of MoH emphasizes the need to enhance specialist doctor’s retention (WHO, 2016b). Guided by Rahim et al., (2012) suggestions to retain skilled health workers in the Malaysian public health sector, this study investigates the causes of weak retention at the health workers’ level; remuneration for ways to strengthen retention in MoH.

Analyzing further the remuneration issues, former health minister, Khairy, (2021), reported that specialists are leaving for the better employment opportunities and further made serious by MoH inability to match the remunerations with the competitive private sector. Even though the compensation is inequitable, the outflow of doctors from public to private hospitals is not only due to compensation but also emotional, psychological stress, negative working environment (Lukanisman, 2023), high number of patients (Jafri, 2023) and poor working conditions (Lum, 2015) making the private healthcare practice relatively a better employment opportunity. These reports confirms’ the observations recorded by Omar et al., (2009), that the financial remunerations, benefits, recognition, career development and facilities as not equitable to the
expertise, workload and intricacies doctors manage at work (Rahman et al., 2019) in comparison to counterparts in other sectors (WHO, 2006).

Even though the continues increase in resignation rate is of concern to MoH, 161 specialist that resigned from MoH in 2020 represents 2.6% of the 6,083 specialist doctors employed in the government health facilities in 2020 (Khairy, 2021). This indicates the intention to stay or leave an organization varies among people experiencing similar distress (Palmer, 2022). While equitable work conditions and remunerations are widely studied, the individual differences in response of medical personnel are neglected. A study of equity sensitivity explains the differences in response of individual specialists (Tuli et al., 2023; Rahman et al., 2019; Huseman et al., 1987).

Further, by employing equity preference questionnaire (EPQ) by Sauley and Bedeian, (2000), equity sensitivity construct quantifies the work input such as the magnitude of effort, breadth of responsibility, feeling of obligation and work ethics, in ratio to the expectations in wages and benefit. The operationalization also incorporates the behavioral response (e.g., intention to quit) of the specialist towards inequity (Shore & Strauss, 2008). Studies have constantly explored equity sensitivity and the urge to leave an organization, through turnover intention and intent to leave. However, to the best of the researcher’s knowledge, study on the influence of equity sensitivity on employee retention is not found. Therefore, inclusion of equity sensitivity explains the influence of individual difference in the intention to stay of specialist doctors within MoH hospitals, and simultaneously looks to addresses the concern of bipolarity identified between positive and negative valence constructs of social exchange theory (SET) highlighted by Cropanzano et al., (2017).

**Literature Review**

**Employee Retention**

Employee retention is the willingness of the employee to serve in the current organization based on the return and support they receive from the organization (Das & Baruah, 2013). To achieve this objective organization is to voluntarily develop and provide a conducive working environment that encourage and motivate employees to continue serving within the organization (Al-Damoe et al., 2011). Further, employee’s perception to continue serving within an organization is based on the knowledge that their work effort is profitable for the organization and will be reciprocated with job security and a supportive work environment. The retention efforts of the organization are partaken by the employee by contributing their skills and abilities in exchange for the rewards and benefits promised by the employer to meet their personal objectives (Govaerts et al., 2011).

The concern of employee leaving an organization voluntarily has been a catalyst for research in retaining employees in various sectors. Since 1900s scholars and psychologists have investigated the cause and effects of employees’ interest and possible opportunities to reduce employee attrition. More recent research on employee retention has developed into an important tool of talent management in general (Das & Baruah, 2013) and in 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).

Retaining employee is as crucial if not more, in service orientated industries such as healthcare which is highly dependent on knowledge and skills driven employees (Almaaitah et al., 2017). Maintaining a competent employee for longer period within the organization allows the organization to grow by utilizing their accumulated capabilities and experience as for the expertise of specialist doctors as an indispensable educator and trainer for upcoming doctors (Ahmed et al., 2020).

Understanding the importance, 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 their employees (Rahim et al., 2012) that can motivate and encourage the employee to stay in service for the longest period (Das & Baruah, 2013).

In the area of HHR and specifically specialist doctors’ retention, past studies have largely focused on rural health sector in various countries (Cosgrave et al., 2019). These factors contrast with the situation of specialist doctors in Malaysia, as the specialist doctors are serving in urban environment. This study attempts to fill the gap by focusing on the retention of specialist doctors in urban hospitals to ameliorate turnover and increase specialist retention (Hom et al., 2017).

To understand further, studies on employee movement have been focused on the turnover and turnover intentions, with limited attention given to the factors that makes employees stay (Bolt et al., 2020). Recent research has repeatedly reiterated factors of turnover and retention as not the two sides of a same coin (Bolt et al., 2020; Cardy & Lengnick-Hall, 2011) which have also been the case in the healthcare research (Ahmed, 2021; Loan-Clarke et al., 2010). Research has emphasized the importance of distinguishing turnover and retention, as the two entails different ways of framing and executing decisions (Tversky & Kahneman, 1981). The efforts of the organization in keeping the employee and stopping them from leaving could have diverse effect on employee’s perception. The actions of the organizations to keep an employee are focused in fulfilling employee’s concerns by providing a conducive environment of employment. In the contrary, actions taken in order to reduce quitting, appears to be an attempt to avoid losses to the organization (Cardy & Lengnick-Hall, 2011).

Hence, organization’s policies or practices to retain an employee is designed and executed differently to influences the intention of employees to stay. Intentions of an individual is presented to be the final stage of individual’s psychological decision-making process (Mobley, 1977). Intention, as the final stage of this decision-making process is further explained to be the best predictor of individuals actual action or behavior by theory of planned behavior (Ajzen, 1991). Therefore, by considering intention as the best predictor of individuals actual behavior (Ajzen, 1991) and the polarities of executing the two policies that effect the employee’s intention to stay or to leave an employment (Cardy & Lengnick-Hall, 2011). This study focuses on the actions of the organization that effect the intention to stay to study the retention of specialist doctors. Past literature supports the understanding of the causal influence of intention to stay as crucial to provide a stronger retention strategy for the organization (Cowden & Cummings, 2011).

Equity Sensitivity
Equity sensitivity derived from Adams’ equity theory (Adams, 1965), predicts individuals placed in inequitable conditions to experience dissonance, encouraging the employees to respond to relieve the stress and re-establish equity. To regain equitable position, the individual seeks to increase the output received or reduce the input given to match the output received or in extreme conditions to leave the situation itself (Carrell & Dittrich, 1978).

The equity sensitivity construct developed by Huseman et al., (1985) operationalizes equity theory by pin-pointing the differences among individuals. The differences in preference of equity (Sauley & Bedeian, 2000) and/or tolerance towards inequity (King & Miles, 1994) of employees is found to be influenced by the individual specific equity sensitivity (Sauley & Bedeian, 2000). The understanding and catering towards the individual differences in perception of equity can affect workplace outcome (Shore & Strauss, 2008).

Past research in this area has confirmed that inequitable conditions elicit negative responses ranging from psychological distress to workplace deviant behaviors (Bourdage et al., 2018),
causing employees to be dysfunctional at the workplace. Negative behaviors identified and studied at workplace include increase of absenteeism (Torre et al., 2015), reduction in organizational commitment, job satisfaction (Shore et al., 2006), organizational citizenship behavior (Akan et al., 2009), job performance (Bing & Burroughs, 2001) and work outcome preferences (Miles et al., 1994).

Individual differences explained by equity sensitivity has allowed previous studies to identify and explain the contrast in individuals’ consistent response towards differences in equity and its effect on organizational behaviors and outcomes. As presented by a study on perception on psychological contract breach by Shih and Chuang, (2013), benevolent individuals to be less likely to claim a breach on psychological contract compared to entitled individuals. This is due to the lower expectations of outcome in comparison to others, entitled individuals are found to be more likely to claim psychological contract breach due to the high expectation of return for the input given to the organization.

In extreme conditions of failing to reach preferred equity, individuals have acted on the third proposition of equity theory, i.e., to leave the exchange relationship altogether. Studies conducted using the equity sensitivity instrument (ESI) proved this hypothesis repeatedly. King and Miles, (1994) in the preliminary study on equity sensitivity identified propensity to turnover to have a negative relationship with equity sensitivity. Also pointing out increase of benevolence among employees to show a reduction in employee turnover intentions. Allen and White, (2002) reconfirmed the emphasis on increase in benevolence to reduce employee’s turnover intention. Following studies done by (Rai et al., 2020; Shore & Strauss, 2008) established the unidimensional equity sensitivity, be negatively correlated with intent to leave. Shore, (2004) on the other hand, specified entitled to have a higher turnover intention compared to benevolent employees.

Only one research to date has applied equity preference questionnaire (EPQ), in studying equity sensitivity in relation to employee’s intent to leave, to understand turnover intention. The study by Kim et al., (2019) identified employees with low equity sensitivity referring to benevolent in nature to leave the organization without communicating the causes to the management. To explain this phenomenon, the study presented entitled or high equity sensitive employees to be communicating their grievances or less favorable conditions to the employer prior to leaving, compared to benevolent employees that leave without communicating due to unresolved equity imbalances. These findings empirically support equity theories' proposition of inequity (Adams, 1965) and different equity preferences to impact work attitudes towards withdrawal behaviors (Taylor et al., 2009).

The studies mentioned have concentrated on the negative impact of equity sensitivity, by looking at the employee’s withdrawal behavior and studying intent to leave and turnover intention. Leaving a void in understanding the impact of differences in employee’s perception of equity on the employee’s intention to stay or the retention of employees. This is crucial as the factors influencing individuals’ intention to remain are not the same as the reasons employees decide to leave an organization (Bolt et al., 2020; Cardy & Lengnick-Hall, 2011).

By including the third assumption of equity theory that employees may leave the organization to alter the perception of equity is plausible from the attrition rate in the case of specialist doctors in Malaysian government hospitals (refer table 2). In order to understand the cause of specialist doctors' response in this manner, it is necessary to study the specialist doctor’s individual preference and/or tolerance of equity within MoH, as not all employees perceive fairness in the same way. With that every individual is found to have different responses towards the output received on par to the input given and their individual comparison to the relevant others is operationalized by equity sensitivity construct (Huseman et al., 1985; Sauley & Bedeian, 2000).
The application of equity sensitivity to understand intention to stay and employee retention heeds the proposal to examine the potential influences of equity sensitivity on the ever-changing employment relationships such as various aspects of job turnover (Das & Baruah, 2013). Further, a search of meta-analysis studies of employee retention (Das & Baruah, 2013), human resource management (Daniels et al., 2017), employee turnover (Hom et al., 2017; Rubenstein et al., 2017), equity sensitivity (Palmer, 2022) and literature search done to date confirms a missing link in this area of study.

The inclusion of equity sensitivity also addresses the persisting recommendations to focus on equity perceptions of individuals in non-university settings (Taylor et al., 2009; Shore, 2004). Equity sensitivity is also found to be unique to different work context and culture (Ryan, 2023). Therefore, this study on equity sensitivity, on a sparsely researched occupation, specialist doctors in Malaysian cultural context aims to provide insight to address these suggestions and bridge the knowledge gap in these aspects.

Theoretical Support

Social Exchange Theory

Social exchange theory is among the most affluent theoretical views in understanding workplace behaviors (Cropanzano et al., 2017). The seminal work of Homans, (1961) introduced SET to understand the individual behavior in social interactions. The theory was expanded by Blau, (1964) developing the theory to include emergent properties of social system that could not be reduced to only individual actions. Gouldner, (1960) further elaborated social exchange to have reciprocal nature with the voluntary actions of the organization towards the employee, creating a sense of obligation between both parties with an expectation that the treatment will be reciprocated. The resources exchanged in the reciprocal relationship includes economic and socioemotional exchanges (Foa & Foa, 1980). Conceptually SET explains the long-term exchange between the organization and employee, allowing the theory to underpin studies of employee behaviors and attitudes as this research proposes (Ahmad et al., 2023).

Equity Theory

Equity theory explains employee’s motivation in the workplace from the perceived equity they receive for the efforts individuals put into a job and the outcome received in exchange (Adams, 1965). These sentiments are influenced by socially constructed perceptions of the extent to which employees perceive fairness, justness, and impartiality. Individuals are motivated by the perception of equity sensitivity of the ‘input given’ and ‘outcome received’ ratios in comparison to a referent other (Adams, 1965). Whenever employees perceive that the return for the contributions to an organization is different or lower, they will feel unfairly treated. In essence, equity theory presumes that employees in an 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). In order to achieve equity in exchange conditions, employees may resort to directly increasing or reducing their inputs, or cognitively altering their perception of equity sensitivity or by leaving the exchange relationship all together (Carrell & Dittrich, 1978).

The Proposition and Discussion

The proposition of this paper is based on the broad (Cropanzano et al., 2017) and constant evolution (Ahmad et al., 2023) of SETs’ conceptual paradigm. In essence, SET presents the exchange interaction to happen between an initiator and responder (Cropanzano & Mitchell, 2005). The initiator starts an interaction with positive or negative action and being responded to in kind, with reciprocity (Ahmad et al., 2023). In discussing the constructs that are positive and negative in
relation to shared performance-enhancing norms of the organization, Cropanzano et al., (2017) has put forth that SET assumes bipolarity. That is, SET predicts the absence of something hedonically positive to be a presence of something that is hedonically negative, however evidence suggests otherwise.

Firstly, 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. To execute this, by definition equity sensitivity, has a “high and low” extent of individual differences in perceiving and reacting to the said equity situations (Huseman et al., 1987). The high equity sensitivity limit is presented to be entitled individuals, who prefer and/or tolerate less of inequitable conditions and lower extent are benevolent individuals that prefer and/or tolerate more of the inequitable of the same conditions. 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. Therefore, presenting a case of bipolarity that acceptable situations for benevolent individuals to be predicted as less conducive for entitled individuals, and vice versa. To empirically distinguish the theoretically related “high and low” bipolarity in SET, Cropanzano et al., (2017) presented the possible solutions as; (a) to place them as opposite ends of a single continuum or (b) treat them as distinct but negatively and positively valanced construct. Huseman et al., (1985) initially operationalized equity sensitivity construct as a continuum through ESI and was later reintroduced by Sauley & Bedeian, (2000) with EPQ, a unidimensional instrument with positive and negative ends within it, to address the psychometric concerns of ESI. Adapting either one of the instruments, addresses the concern of including both positive and negative valence in testing the relationship.

Secondly, in evaluating employee retention and employee turnover, empirical studies have come to agree that retention and turnover are not obverse to each other as the factors and actions causing the outcomes are not the same (Ahmed, 2021; Bolt et al., 2020). Hence, in the context of this study, previous research has empirically established an overwhelmingly negative relationship between employee’s equity sensitivity and intention to leave an organization (Rai et al., 2020; Kim et al., 2019; Shore et al., 2006; Shore, 2004; Allen & White, 2002; King & Miles, 1994). Even though these findings theoretically presents’ a priori prediction, where the empirically proven negative effect of equity sensitivity on intention to leave is presumed to have positive reaction on intention to stay or employee retention. Assumption of such bipolarity in exchange relationship neglects meaningful differences and explanation of positive and negative characteristics of equity sensitivity construct (Mackey et al., 2018) and ignores the conclusion reached on the differences in predictors of employee retention and turnover.

Finally, inducting equity sensitivity from equity theory with social exchange theory, strengthens the evolution of reciprocity introduced by Gouldner, (1960) initially as being an interdependent action and reaction to an exchange that differ according to willingness of individuals to reciprocate (Costa, 2016). In this perspective, employees may respond differently in their belief to reciprocate or in their ability not to reciprocate to the exchange provided by the organization (Ahmad et al., 2023). Equity sensitivity embodies the individual differences described in reciprocal relationship and further focuses the exchange on individual acceptance of degree of equity experienced and their reaction to it.

**Way Forward**

Considering the theoretical and empirical ambiguities discussed above, studying the equity sensitivity of specialist doctors by considering various work inputs and behavioral responses provides an avenue to understand the theoretical depth of the construct, further enhancing the
predictive ability of SET (Trané, 2017). This inclusion also suggests there are more to be explored and explained by the positive or benevolent, and negative or entitled ends within the equity sensitivity continuum (Palmer, 2022; Sauley & Bedeian, 2000) than the simple priori prediction of SET. Further, the lack of studies empirically investigating the relationship of equity sensitivity and employee retention provides an avenue for future research. Lastly, the context of specialist doctors could provide an insight on the preference and/or tolerance of the highly trained and sort after health care providers towards the equity they have experienced in MoH, providing a context specific explanation of the construct (Ryan, 2023).

References


